

HE ARA WHAKAMUA

Where from here

Essential information for older people

2024

Mid 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



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- ✓ Dryer
- ✓ Heat pump
- ✓ St John alarm



Contact Wayne Besley
027 247 2016



www.coromandelvillage.co.nz
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FOLLOW PAT & CHRIS



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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)

THE **eldernet**
GROUP



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

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

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 follow 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. Further changes are expected.

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 16 October 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.

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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 135).

ACC: Accident Compensation Corporation (page 14).

ADDITIONAL SERVICES: (As relating to residential care.) These are services that are over and above the services required under the ARRC agreement. If you want them, you have to pay for them (pages 133 & 135).

ADVANCED CARE PLAN & ADVANCED DIRECTIVES: Plans for your future care needs (page 51).

ARRC: Age-Related Residential Care. Term often used in relation to the Te Whatu Ora/public health system agreement with care home providers (page 133).

ASSET THRESHOLD: As relating to residential care (page 145).

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 137).

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 resale of your unit or apartment. The figure is defined in your contract (page 113).

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 137).

EPA: Enduring Powers of Attorney. Also referred to as EPOA (page 33).

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 137).

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 \$1,355.76 - \$1,406.79 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. It regulates and monitors our health system and advises the Government on health policy.

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 (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 12).

ORA: Occupation Right Agreement (page 125).

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

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

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

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

RCS: Residential Care Subsidy. A subsidy available to assist with payment for residential care for those who meet specific eligibility criteria (page 145).

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 137): 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 81).

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 133).

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

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

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

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

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



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OLDER PERSON'S SERVICES - CONTACTS

MAY ALSO BE KNOWN AS NASC

WAIKATO | TE WHATU ORA | DISABILITY SUPPORT LINK

Disability Support Link, Hamilton

Phone: (07) 839 8883 Freephone: 0800 55 33 99

Email: dslooffice@waikatodhb.health.nz

HAUORA A TOI BAY OF PLENTY | TE WHATU ORA | SUPPORT NET

Tauranga, 190 Seventeenth Avenue, Tauranga South

Phone: (07) 571 0093 Freephone: 0800 262 477

Email: SupportNet.BOPDHB@bopdhb.govt.nz

Whakatāne, Whakatāne Hospital, Stewart Street

Phone: (07) 306 0986

Email: SupportNet.BOPDHB@bopdhb.govt.nz

TARANAKI | TE WHATU ORA | COMMUNITY SUPPORT SERVICES (CSS)

Phone: (06) 759 7214 Freephone: 0800 823 443

Email: olderpeoplesnasc@tdhb.org.nz

LAKES | TE WHATU ORA | NEEDS ASSESSMENT SERVICE COORDINATION

Phone: (07) 343 1030 Email: nasc.admin@lakesdhb.govt.nz

Rotorua Hospital, Private Bag 3023, Rotorua Mail Centre, Rotorua, 3046

TAIRĀWHITI | TE WHATU ORA | NEEDS ASSESSMENT SERVICE COORDINATION

Phone: (06) 869 0500 ext 8758 Email: Healthy.Ageing@tdh.org.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.

10 HE ARA WHAKAMUA MNI

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

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

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 10.

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) 021 311 055 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 the Retirement Villages Association (04) 499 7090

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



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E: admin@cancersociety.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 dependants 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 12), 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 28), 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 16).

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	www.dementia.nz More information on pages 44-45.
Disability Information Centres	Freephone 0800 693 342. www.thefederation.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 10.
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. Here, we introduce you to 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 meet up is an occasion Pat really looks forward to. Sometimes the group uses video calling to keep in touch. Pat is becoming more confident navigating the internet and has even joined an online book forum. Pat also volunteers at a local charity shop two mornings a week.

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

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

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

- Find tips to keep the heart pumping and brain cranking on page 19.
- Discover gadgets and tools to help make life easier on page 23.
- There are myriad housing options; weigh them up using page 24.
- Technology can help people stay connected, healthy, and independent; read more on page 27.
- Learn more about how to build community connections on page 31.
- What if Pat or Chris can no longer make their own decisions? Page 33 explains Enduring Powers of Attorney and its importance.



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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 catchcry. 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.

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 28) 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 362 253 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

More expensive gear includes:

- Walkers and scooters
- Power lift armchairs

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

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

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

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

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

SHOULD I STAY OR MUST I GO?

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

Subdividing a large section While this can feel overwhelming, subdividing can free up capital and reduce garden and property maintenance etc. Downsides

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?

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

Moving to a smaller place If your home is no longer suitable due to a variety of reasons, moving may be the answer. Downsizing doesn't always give the gains you might expect, so investigate fully and do the sums. (See page 48)

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. If you are new to renting make sure you obtain information from tenancy services.

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 116-121 show examples.

Supported living/boarding These are often family/whānau style homes such as an Abbeyfield home. Residents are independent and have their own

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

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

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

Safety and suitability 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, usability, suitability, safety and value. You may be able to adapt an existing home, although those that fit these standards are usually new builds. Goodhomes has 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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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 lockdown have been if people weren't able to video call each other through Zoom, Skype or one of the other similar services?

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

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

'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.

The Age Concern Visiting Service, which provides regular visits to people in their own

homes, is offered by a number of Age

Concerns in the region. 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 Waikato, Tairāwhiti, Whanganui, and Taranaki are contracted Elder Abuse Response Service (EARS) providers in this region. This service helps protect the rights of older people.

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

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



**AGE
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AGE CONCERN WAIKATO

150 Grantham Street, Hamilton
(07) 838 2266 or 0800 65 2 105
enquiries@ageconcernwaikato.org.nz
Hours: 9am-4pm weekdays

Age Concern Waikato support older people across the region. They aim to keep people socially connected through regular day trips, lifelong learning activities, 'Staying safe' driver refresher courses, and Total Mobility assessments. They provide visiting services delivered by volunteers, educational workshops, and the Elder Abuse Response service. Other events include an annual 50+ Lifestyle expo and International Day of the Older Person events. To volunteer or participate in a programme, or for help and support, call their office.

AGE CONCERN HAURAKI COROMANDEL

200 Mary Street, Thames
(07) 868 9790 or 0800 652 105
info@achc.org.nz www.achc.org.nz
Mon-Wed 9am-2.30pm, Thurs 9am-12pm

Age Concern Hauraki Coromandel provides information, advice and support for older people and their families throughout Thames-Coromandel and Hauraki districts, with a focus on supporting those experiencing loneliness or social isolation. As well as providing a community-based volunteer Visiting Service, they offer a variety of programmes to help nurture wellbeing and connectedness, such as Chinwag Cafes, Steady as You Go Falls Prevention exercise groups, Staying Safe Driver Refresher Courses, and discounted taxi services (Thames area only) via the Total Mobility Scheme. They also have a Counsellor available, providing free counselling for seniors in need.

AGE CONCERN TARANAKI

33 Liardet Street, New Plymouth
(06) 759 9196 or 0800 65 2 105
info@ageconcernntaranaki.org.nz
Hours: 9.30am-1.30pm Mon-Fri

Age Concern Taranaki's vision is to support older people to live valued and meaningful lives in an inclusive society. They support people to build friendships and community connections. Services on offer throughout Taranaki are the AgeConnect Social programmes, a Visiting Service, Elder Abuse Response Service, plus 'Steady As You Go' falls prevention classes and Aqua Exercise classes. They offer 'Staying Safe' driver refresher courses, as well as providing Life Tubes and hearing aid batteries and Tomorrow's Meals (frozen meals) to the community.

AGE CONCERN ROTORUA

5 Tawera Place, Rotorua
(07) 347 1539 or 0800 652 105
admin@acrotorua.nz
Hours: 9am-2pm, Tues-Thurs

Age Concern Rotorua provide support and advice to assist older people and their families. Its varied range of programmes include the Age Concern Visiting Service for the lonely and socially isolated, a shopping service, a Maintenance Handyman Service with low-cost Jack of all Tradesperson, the 'Staying Safe' driver refresher course, and 'Tech on Tuesdays' to upskill people's knowledge about a variety of tech. Other activities include their annual expo, minivan excursions, free bus trips, a seminar series, intergenerational projects and a board games club. They are also Total Mobility Scheme assessors.

AGE CONCERN TAUPŌ

Waiora House, 129 Spa Road
(07) 378 9712 or 0800 65 2 105
admin@ageconcerntaupo.org.nz
Hours: 9am-3pm, Mon-Thurs

Age Concern Taupō provides information and services to older people living in the Taupō district (Taupō, Turangi, Mangakino) and Tokoroa. They are committed to promoting the dignity, respect, wellbeing and quality of life of older people. Services include social activities, advocacy, 'Steady As You Go' falls prevention programme, the Total Mobility Scheme, seminars, the 'Staying Safe' driver refresher course, and the Age Concern Visiting Service. Their friendly Fieldworker is available by appointment for home visits in Taupō.

AGE CONCERN TAURANGA

177a Fraser Street
(07) 578 2631 or 0800 65 2 105
ageconcerntga@xtra.co.nz
Hours: 8.30am-3pm weekdays

Age Concern Tauranga provides specialised services and support for over 65s. Services include the Age Concern Visiting Service, supported by volunteers which aims to combat loneliness and isolation in older people, 'Staying Safe' refresher driver courses, 'Steady As You Go' (SAYGo) falls prevention classes, workshops promoting Positive Ageing, Elder Abuse awareness presentations, and social connection activities. They are also an assessing agency for the Total Mobility subsidised transport scheme. Information and resources are available from their office or website.

The advertisement features a red background with a white dotted pattern. On the left, a small image of a SuperGold card is shown. The main text reads 'REAL SUPERGOLD DISCOUNTS' in large, bold letters. Below this, it says 'Sign up today & enjoy NZ'S Real Service STATIONS'. A large circular graphic on the right contains the text 'Save 8¢ PER LITRE ON FUEL EVERYDAY' and a '+ EARN REWARDS' badge. At the bottom, a hand holds a SuperGold card with a challenge sticker that says 'MY CHALLENGE' and 'WITH THE COMMITMENT'. The website 'mychallenge.co.nz' and 'Terms & conditions apply.' are listed at the bottom left.

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MY CHALLENGE WITH THE COMMITMENT

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

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

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- ☎ (06) 278 4189
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Proposed render of villa exteriors



Proposed render of villa interior



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 36.
- If depression and grief strike, reach out for help; see pages 38 and 57.
- 70,000 Kiwis of all ages live with dementia; read more on page 43.
- Planning ahead could help put Pat and Chris’s mind to rest; page 51 lays out some options to assist them in getting their affairs in order, while page 58 will help them prepare in case of an emergency.
- Elder abuse can come in many forms; read more on page 46.
- Everyone deserves dignity at end of life; see page 54.

MANAGING YOUR MONEY

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

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

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

The following financial A-Z is general 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 has rolled out dementia-friendly services in its banks.

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

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

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

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

Donations and bequests

Charitable organisations often rely on donations and bequests and many older people like to assist their favoured charity in such a way. It's wise to discuss your intentions with family/whānau to avoid misunderstandings (page 51).

Downsizing - home-owners While downsizing seems to be a good way to free up some funds be aware that it can also impact eligibility for the RCS. Find out about your future options now. (See also pages 24 & 48)

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 48).

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 149.

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

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

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

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

Monitoring your bank account Check your statements each month. Watch

YOUR PIN NUMBER

Don’t give this to anyone. It can be tempting to give family/whānau or support people access to your bank account to make it easier for them to shop for you, but if money is stolen the bank will probably refuse a fraud claim. No one, not even the bank, should ask you for your PIN number or other passwords. If you need help accessing your funds, talk to the person who holds your Enduring Powers of Attorney for Property, your bank or lawyer. Age Concern may advise too (page 28).

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

In general, simplify your finances and make a plan for the future. The New Zealand Society of Actuaries has devised Decumulation ‘Rules of Thumb’ (www.actuaries.org.nz) 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 nor a recommendation for you to take a particular course of action. It simply raises some ideas and issues and is for general information only.

DEALING WITH DEPRESSION

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

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

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

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

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

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

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

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

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

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

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 19).

- 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



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 Text Netsafe to 4282

 Email help@netsafe.org.nz

 Online report form or chatbot 24/7 at [netsafe.org.nz](https://www.netsafe.org.nz)

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

KEEPING SAFE FROM SCAMS

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

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

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

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

Some scammers deliberately target older people, either by door knock, phone, 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.

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Phone: **06-869 0028**

Email: info@beetham.co.nz

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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 44) 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 Waikato (07) 929 4042

Rotorua (07) 349 0053

Taupō (07) 377 4330

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.

WHAT WE DO.....

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

Dementia Waikato

8 Keddell Street, Frankton, Hamilton 3204

P: (07) 929 4042

E: waikato@dementia.nz



Alzheimers Gisborne Tairāwhiti

Morris Adair Annex, Gate 2, Gisborne Hospital
421 Ormond Road, Gisborne 4010

P: (06) 867 0752

E: gisborne.alzheimers@xtra.co.nz



Alzheimers Taranaki

14 Manakohi Street, Spotswood,
New Plymouth 4310

P: (06) 769 6916

E: admin.taranaki@alzheimers.org.nz





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

W > dementia.nz
P > 0800 433 636

W > alzheimers.org.nz
P > 0800 004 001

Alzheimers Tauranga WBOP

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



Dementia Lakes

Please phone or email to make an appointment.

Rotorua

The Business Hub
1209 Hinemaru Street, Rotorua
P: (07) 349 0053
E: lakes@dementia.nz

Taupō/Turangi

Waiora House,
129 Spa Road, Taupō 3330
P: (07) 377 4330
E: lakes@dementia.nz



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:

Financial abuse is the inappropriate,

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. Or ring the free helpline 0800 32 668 65.

Greater Waikato region excluding Taumarunui

Age Concern Waikato (07) 838 2266

Kawerau & surrounds

Tūwharetoa ki Kawerau Hauora
(07) 323 8025

Ōpōtiki

Te Pou Oranga O Whakatōhea Social & Health Services
(07) 315 6150

Rotorua

Family Focus Rotorua (07) 346 2096

Tairāwhiti/Gisborne

Age Concern Tairāwhiti (06) 867 6533

Taranaki

Age Concern Taranaki 027 527 0733

Taumarunui

Age Concern Whanganui
(06) 345 1799

Taupō & Whakatāne

Manaaki Ora Trust, Tipu Ora
0800 348 2400

Tauranga

Whaioranga Trust (07) 544 9981

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

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



Te Tari Kaumātua
Office for Seniors

New Zealand Government

ASSET RICH CASH POOR

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

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

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

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

In the absence of sufficient, attractively priced, age-friendly homes in the community it's not hard to see that retirement villages (with their complexities – see page 109) become an attractive option (where incidentally non-discretionary housing and service costs take up some of the released capital). Selling and renting is another option but that exposes you to the vagaries of the market and a different set of issues.

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

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

So, who is this type of arrangement most suited to? You must be over 60 and mortgage free (or almost). Many Financial Advisors think it is best suited to those who are older (having

a shorter period over which interest accrues) and for specific reasons with clearly defined budgets (e.g., home renovation, access, and safety upgrades to the house, buying in more care assistance, replacing a car, medical or surgical treatment).

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

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

Taking out an Equity Release will mean your future options will be limited so get independent financial advice and do your sums. Know how different borrowing and interest rate scenarios will work out. Avoid borrowing more

than you need. Ideally, keep family/whānau informed of your intentions. It will help to avoid potential problems in the future. Understand what will be available to your estate?

Other options

- Some people borrow or sell to the family/whānau to free up cash. If this is an option for you, see your lawyer (who will make sure everything is discussed, understood and well documented).
- Council Rates Relief (a different offering to the rates rebate - see page 13). Contact your local council.
- Subdividing is now an easier option for those with larger sections.

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

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

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

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PLANNING PUTS YOU IN CONTROL

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

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

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

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

It's important to make a new Will

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

Advance Care Planning An Advance Care Plan, or ACP, spells out to family/whānau, those closest to you, those who hold your Enduring Powers of Attorney (page 33), 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.

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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, 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.

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 79).

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. Find detailed information about your rights under the Act on the Te Whatu Ora website.

HOSPICES IN YOUR AREA

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

- Gisborne (06) 869 0552
- Hamilton (07) 859 1260
- New Plymouth (06) 753 7830
- Rotorua (07) 343 6591
- Taupō (07) 377 4252
- Tauranga (07) 552 4380
- Whakatāne (07) 307 2244

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.

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.



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COPING WITH GRIEF

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

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

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

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

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

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

As we get older, we can become less willing to share our feelings with others, so as 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:

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

- Identify those who could support you if you had to isolate due to sickness. Could you be part of someone else's support crew?
- Talk to any in-home carers you have and agree in advance about what will happen if you, or they, need to isolate.
- Put together a wellness kit with face masks, hand sanitiser, gloves, tissues, rubbish bags, and cleaning products. If you become unwell, you'll also need your prescription medicine and other medicine (from a pharmacy or super-market) 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.

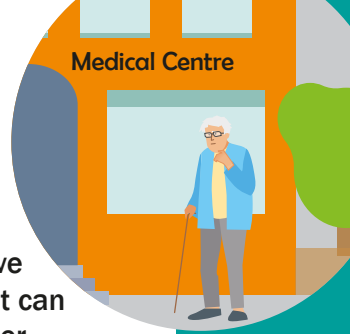
KEY CONTACTS

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

Regional Emergency Management:

- Bay of Plenty 0800 884 880
- Tairāwhiti 0800 653 800
- Taranaki 0800 900 049
- Waikato 0800 800 401

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 a slight stroke 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. Declining mobility is making everyday tasks, like cooking and cleaning, increasingly difficult, even with more help from friends and the son who lives nearby. While Chris felt embarrassed about being assessed, the outcome has been a blessing: Chris now has meals delivered and a carer to assist with tasks around the house (although 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 60.
- Discover a flowchart explaining the interRAI process and possible outcomes on page 62.
- How will Pat and Chris pay for any services they might require? Turn to page 63.

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

ASSESSMENT OVERVIEW

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

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. Eligibility factors include your assessed need, whether the service is considered to be essential, and whether you are able to pay (those who have a Community Services Card are usually eligible). Just what 'essential' means varies from person to person so make sure you let your assessor know what an essential service is for you. The aim of the new health system is to be more equitable and responsive to your needs so if the service you want can not be funded, it will be noted. If you can afford it, you can pay privately for services. Also see pages 63 & 71.

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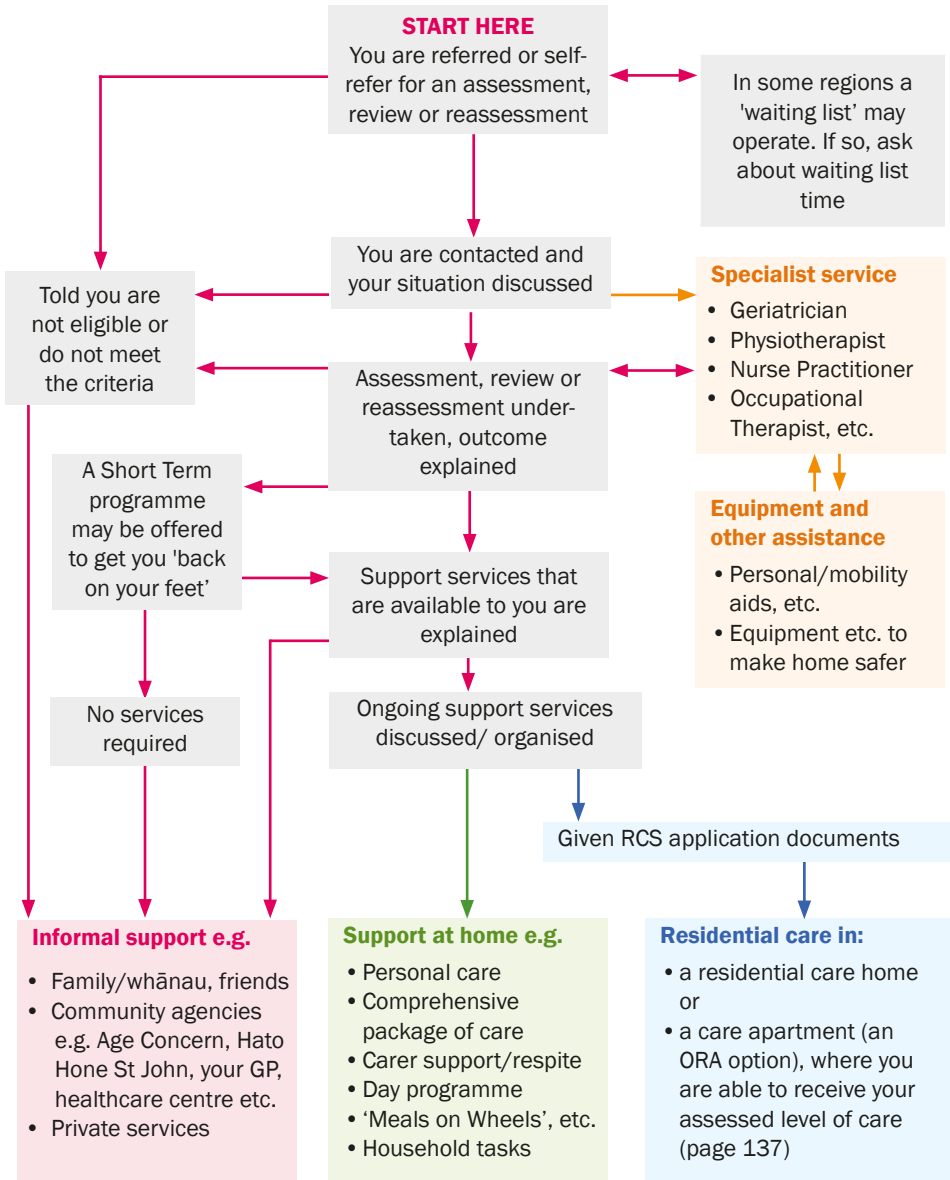


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ASSESSMENT PROCESS & POSSIBLE OUTCOMES



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**

Informal support **Ask for information about services you think might be helpful**

Community services, e.g. Age Concern, St John, your GP, etc.	Community services are often free (funded by grants etc.), some may be subsidised, others may ask for a private contribution.	Pages 16, 28
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Home support **You will be advised about your eligibility, etc.**

Household tasks	May be funded for those who have an identified need and who hold a Community Services Card; may be restricted to those with high and complex needs. Household members are encouraged to assist. Private payment is an option.	Pages 66-67 71-78
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment an option.	Pages 66-67 71-78
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	Page 71
Carer Support & Respite programmes	Usually funded if allocated; may require private 'top-up'. Residential care beds usually accessed on an 'as available' basis. Private payment an option. In some areas, advance booking may be possible.	Pages 79-86
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	Pages 82-86
Meals on Wheels (delivered)	Not available in all locations; may be subsidised if allocated; usually with small additional payment.	

Equipment etc. **Your older person's service may make a referral**

Personal/mobility aids	May be funded if eligible. Private payment an option.	Page 23
Equipment, etc. to make home safer	May be funded if eligible. Private payment an option.	Page 23

Residential care **You will be advised about your eligibility, etc.**

Rest home Dementia care Hospital Psychogeriatric	Private payment; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 145-149 155
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 137 145-149

*Funded services relate to funding through the public health system

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HELP IN YOUR HOME

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



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

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

Chris'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 66.
- What home support services might Pat and Chris access? Find out on pages 71-73.
- Discover a list of home support providers by region on pages 75-77.
- Maintaining a positive mindset can be key to a positive outcome; see page 68.
- Use the checklist on page 78 to prepare for what can be an unsettling time.
- Carers also need time out to recharge; read more on pages 79-86.

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 healthcare helps you maintain your independence.
- You may be eligible for some extra funding assistance to help pay for disability-related expenses. MSD manage this type of assistance through specialised funding, like the Disability Allowance (see page 13). 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."

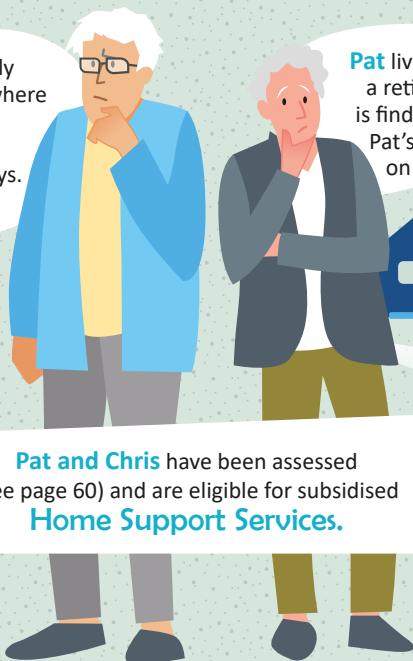
The key is to put a strategy in place to ensure you understand the path ahead. Planning will help you feel more in control of the situation and it will nurture your independence.

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 60) 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 to the following.

Publicly subsidised (funded) services
If you want to access funded services, then you have to have been assessed as needing these (page 60). 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.

- 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

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 10-11 and 46 for more information.

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 48) 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 48 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 district nurses, 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 71.

Key: * Has a Te Whatu Ora or Te Aka Whai Ora Age Related Contract for Home Based Support Services

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

^ Te Whatu Ora contracted provider based on Kaupapa Māori philosophy/practice

HAUORA A TOI BAY OF PLENTY		
Contracted home support services in this region are organised by Te Whakareia - Bay of Plenty Community Health Alliance, Bay Support Services, and Western Homecare. These providers work closely with other agencies to deliver services in the region (see below).		
HAUORA A TOI BAY OF PLENTY	PHONE	AREA SERVICED
Te Whakareia - Bay of Plenty Community Health Alliance* 0800 003 464		
HealthCare NZ	0800 326 668	Bay of Plenty East/West
Ngāti Ranginui Home & Community Support Services Company^	(07) 571 0934	Bay of Plenty West
Te Puna Ora o Mataatua^	0800 6282 2882	Bay of Plenty East
Whaioranga Trust^	(07) 544 9981	Bay of Plenty West
Bay Support Services* 0800 229 787		
Disabilities Resource Centre	(07) 307 1447 0800 227 363	Bay of Plenty East/ West
Enliven Northern	(07) 579 6125	Bay of Plenty
Western Bay Homecare* (07) 571 0093		
Pirirakau Hauora^	0800 747 442	Bay of Plenty West
Visionwest Home Healthcare page 67	0800 222 040	Tauranga/Bay of Plenty West
Access Community Health	0800 284 663	Bay of Plenty
Care at Home	(07) 834 2296	Bay of Plenty
Care on Call	0800 664 422	Bay of Plenty
Connect Care	(07) 541 0154	Tauranga
Custom Care Nursing	0508 687 737	Bay of Plenty
Geneva Healthcare	0800 436 382	Bay of Plenty
Golden Years Homecare	027 319 0625	Tauranga/Mt Maunganui
Healthvision	0508 733 377	Bay of Plenty

HOME SUPPORT PROVIDERS CONTINUED

HAUORA A TOI BAY OF PLENTY	PHONE	AREA SERVICED
Life Plus	0508 543 369	Bay of Plenty
Miranda Smith Homecare	0800 600 026	Tauranga
MyCare	(09) 887 9777	Bay of Plenty
Nova Health	0800 896 772	Bay of Plenty
Private Care page 74	0800 55 55 88	Bay of Plenty
TARANAKI	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Taranaki
Agecare Central*	(06) 765 7551	Central Taranaki
Geneva Healthcare*	0800 436 382	Taranaki
HealthCare NZ*	0800 002 722	Taranaki
Omahanui Homecare*	0800 662 426	Taranaki
Care on Call	0800 664 422	New Plymouth
Custom Care Nursing	0508 687 737	Taranaki
Healthvision	0508 733 377	Taranaki
MyCare	(09) 887 9777	Taranaki
Private Care page 74	0800 55 55 88	Taranaki
LAKES	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Rotorua, Taupō & region
Enliven Rotorua*	(07) 349 3162	Rotorua
Enliven Taupō*	(07) 349 3162	Taupō
HealthCare NZ*	0800 002 722	Lakes
Korowai Aroha*^	(07) 348 8454	Rotorua
Te Korowai Hauora o Hauraki*^	0508 835 676	Mangakino
Tūwharetoa Health*^	(07) 384 2882	Taupō & Tūrangi
Visionwest Home Healthcare* page 67	0800 222 040	Rotorua & Taupō
Care on Call	0800 664 422	Rotorua
Custom Care Nursing	0508 687 737	Lakes
Geneva Healthcare	0800 436 382	Rotorua
Healthvision	0508 733 377	Lakes
Life Plus	0508 543 369	Lakes
MyCare	(09) 887 9777	Lakes
Nova Health	0800 896 772	Lakes (Midlands)
Private Care page 74	0800 55 55 88	Lakes

TAIRĀWHITI	PHONE	AREA SERVICED
HealthCare NZ*	0800 002 722	Gisborne
Ngāti Porou Oranga*	(06) 864 6803	East Coast, Tolaga North
Care on Call	0800 664 422	Gisborne
CCS Disability Action Tairāwhiti Hawke's Bay Inc	(06) 867 1249	Tairāwhiti
Custom Care Nursing	0508 687 737	Tairāwhiti
Geneva Healthcare	0800 436 382	Gisborne
Healthvision	0508 733 377	Tairāwhiti
MyCare	(09) 887 9777	Tairāwhiti
Private Care page 74	0800 55 55 88	Tairāwhiti
WAIKATO	PHONE	AREA SERVICED
Access Community Health*	0800 284 663	Waikato
Enliven Hamilton*	(07) 850 9417	Hamilton
HealthCare NZ*	0800 002 722	Waikato
Te Kōhao Health*^	(07) 856 5479	Waikato
Te Korowai Hauora o Hauraki*	0508 835 676	Thames, Coromandel, Whitianga, Tairua/Pāuanui, Whangamatā, Hauraki Plains, Paeroa, Te Aroha, Waihi, , Tirau, Putaruru, Tokoroa
Visionwest Home Healthcare* page 67	0800 222 040	Waikato, King Country & Coromandel
Anchored Support	020 4189 2042	Te Awamutu, Cambridge, Ōtorohanga & Te Kuiti areas
Care at Home	(07) 834 2296	Waikato
Care on Call	0800 664 422	Waikato
Custom Care Nursing	0508 687 737	Waikato
Executive Housekeeping & Care	021 251 4475	Cambridge, Te Awamutu & Hamilton areas
Geneva Healthcare	0800 436 382	Waikato
Griffin Healthcare	(07) 856 5504	Waikato
Healthvision	0508 733 377	Waikato
Life Plus	0508 543 369	Waikato
Miranda Smith Homecare	0800 600 026	Waikato
MyCare	(09) 887 9777	Waikato
Nova Health	0800 896 772	Waikato
Private Care page 74	0800 55 55 88	Waikato



Home Support Checklist

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

GENERAL

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

PAYMENT

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

CHANGES

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

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 (page 60). 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 12-15).

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 15) and accept offers of help.

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



Day programmes or clubs

These are often held at small home-like community facilities or sometimes in areas of care homes set aside for this purpose (pages 82-86). People often attend several times a week. Various activities are offered, and morning and afternoon teas and a mid-day meal provided. Transport may also be offered, for which there is usually a cost. Group numbers are limited and kept quite small. Some programmes are publicly funded. A subsidy may be available if you have been assessed by your local older person's service as being eligible.

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

In this case a full-time carer is defined as someone who provides more than four hours of unpaid care per day.

The amount paid is according to the number of days for which a subsidy is provided. The minimum daily rate is \$80 (for historical reasons in a few regions it may be higher). The allocation of days is determined in consultation with your older person's assessment service after they have talked with you and your carer; with the focus being on the needs of your carer. Carers can claim a few days at a time or the whole annual budget at once.

Commonly Carer Support is 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.

The subsidy can also be used to buy products and equipment, such as a home monitoring device to support the care of someone living with dementia.

If Carer Support is taken at a care home, a top-up payment may still be required to cover the full cost of the service; ask the care home 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 claimed the full allocation), make any bookings needed, and arrange for payment. Email claim forms and other support-

FIND OUT MORE

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

ing documents to: csclaims@health.govt.nz or post to Private Bag 1942, Dunedin 9054. Find the Carer Support Claim Form (and tips for filling it out) on the 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 or 'gastro' bugs). For example, a day programme may have to close temporarily due to staffing shortages. Be patient, be kind and have a 'Plan B'

SOCIAL, KAUMĀTUA & DAY PROGRAMMES

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

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

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

Contracted Day Programmes and Other Social Programmes: Most of these day programmes and the more social and recreational programmes are generally based in one venue. Some residential care services may also provide a day programme; contact the care home directly (see pages 92-107 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 or Te Aka Whai Ora contracted service (subsidised)

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

Specialist dementia support (note: dementia day activity is not differentiated in the Waikato region).

TAIRĀWHITI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Gisborne Sherwood Club Day Facility *# page 44	(06) 867 0752	Morris Adair Annex Gisborne Hospital, Gate 2, 421 Ormond Road, Gisborne
KAUMĀTUA SERVICES	PHONE	ADDRESS
Ngāti Porou Oranga	(06) 864 6803	4 McKenzie Street, Te Puia Springs
Te Hauora o Turanganui-a-Kiwa - Turanga Health	(06) 869 0457	145 Derby Street, Gisborne
Te Whare Hauora o Te Aitanga a Hauiti	(06) 862 6629	8-12 Main Rd, State Highway 35, Tolaga Bay, Te Tairāwhiti
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Pacific Islanders' Community Trust Gisborne	(06) 868 5620	395 Palmerston Road, Gisborne
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Care & Craft	(06) 867 6199 021 111 5551	St Andrews Church Hall, Gisborne
Haven Senior Citizens	021 030 5524	6 Tokomaru Street, Tokomaru Bay
Menzshed Tairāwhiti	022 465 0396	12 Parkinson Street, Gisborne, The Old Hunting Club building

WAIKATO

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Avonlea Rest Home*	(07) 896 8131	52 Ward Street, Taumarunui
Beattie Community Trust Inc.*	(07) 873 8789	172 Maniapoto Street, Otorohanga
Enliven Coromandel Day Services*#	0800 373 654	Papa Aroha Fire Station, 1085 Colville Road, Papa Aroha, Colville
Enliven Hillcrest Day Services*#	0800 373 654	Te Ara Hou Village, 100 Morrinsville Road, Hillcrest, Hamilton
Enliven St Andrews Day Services*#	0800 373 654	22 Delamare Road, Hamilton
Enliven Thames Day Services*#	0800 373 654	Thames Elim Church, 117b Jellicoe Road, Thames
Enliven Whangamatā Day Services*#	0800 373 654	Whangamatā RSA, 324 Port Road, Whangamatā
Enliven Whitianga Day Services*#	0800 373 654	St Andrew's by the Sea Community Church, 82 Albert Street, Whitianga
Rangiura Home* page 154	(07) 885 1040	17 Matai Crescent, Putāruru
Rauawaawa Kaumātua Charitable Trust*	(07) 847 6980	50 Colombo Street, Frankton, Hamilton
Tairua Care & Friendship Club*	021 137 5688	Tairua Community Hall, Main Road, Tairua
Tamahere Eventide Home*	(07) 856 5162	61 Bollard Road, RD 3, Tamahere
Te Aroha Community Hospital*	(07) 884 8519	72 Stanley Avenue, Te Aroha
Te Ata Resthome*	(07) 871 5617	588 Teasdale Street, Te Awamutu
KAUMĀTUA SERVICES	PHONE	ADDRESS
Raukawa Charitable Trust*	(07) 885 0260	1-11 Raukawa Way, Tokoroa
Ngā Miro Health	(07) 824 5129	29 River Road, Ngāruawāhia
Ngāti Maniapoto Marae Pact Trust	(07) 878 0028	Corner Taupiri & Sheridan Streets, Te Kuiti
Rauawaawa Kaumātua Charitable Trust	(07) 847 6980	50 Colombo Street, Frankton, Hamilton
Taumarunui Community Kokiri Trust	(07) 895 5919	121 Hakiaha Street, Taumarunui
Te Kōhao Health	(07) 856 5479	951 Wairere Drive, Hamilton
Te Korowai Hauora o Hauraki	0508 835 676	210 Richmond Street, Thames. Also in Coromandel, Paeroa, Te Aroha, & Whangamatā

SOCIAL, KAUMĀTUA & DAY PROGRAMMES

WAIKATO CONTINUED

CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
K'aute Pasifika Trust	0800 252 883 (07) 834 1482	960 Victoria Street, Level 1, Citisite House, Hamilton
Rainbow Chinese Community Centre	(07) 838 1320	15 Kowhai Street, Hamilton Lake
South Waikato Pacific Islands Community Services Trust	(07) 886 0010	23-25 Maraetai Lane, Tokoroa
The Asian Network Inc. (TANI)	(07) 262 2058	Level 1, 113 Alexandra Street, Hamilton Central
Waikato Ethnic Family Services Trust	(07) 847 0911 027 714 4411	14 Karen Crescent, Dinsdale, Hamilton
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed (Waikato & King Country)	021 0259 6454	Various locations in Waikato & King Country
Selwyn Centre	0800 473 599	Various locations
Western Community Centre	(07) 847 4873	46 Hyde Avenue, Hamilton

TARANAKI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Taranaki Day Programme*# page 44	(06) 769 6916	28 Campbell Street, Hāwera
Alzheimers Taranaki Day Programme*# page 44	(06) 769 6916	14 Manakohi Street, Spotswood New Plymouth
ASCOT@ Te Maru*	(06) 753 7699	11 Nursery Place, New Plymouth
Elizabeth R Lifecare*	(06) 765 8089	30 Elizabeth Grove, Stratford
KAUMĀTUA SERVICES	PHONE	ADDRESS
Mahia Mai A Whai Tara	(06) 754 4181	8 Warre Street, Waitara
Ngāruahine Iwi Health Services	0508 367 642	16 Tauranga-a-ika Street, Manaia
Ngāti Ruanui Whānau Ora	(06) 278 1531 0508 428 672	96 Collins Street, Hāwera
Tui Ora	(06) 759 4064	Various locations
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed (Taranaki)	021 070 2258	Various locations in Hāwera, New Plymouth & Waitara
Tainui Centre - Ōpunake	(06) 761 8080 027 379 6844	St Barnabas Church, Tasman Street, Ōpunake
Tainui Centre - Patea	021 088 25947	Hunter Shaw Building, Patea
Tainui Centre - Waverley	021 244 1199	The Church of the Good Shepherd, Weraroa Street, Waverley

HAUORA A TOI BAY OF PLENTY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Enliven Carruth Day Services*#	0800 373 654	Bethlehem Community Church, 183 Moffat Road, Tauranga
Enliven Pohutukawa Day Services*#	0800 373 654	Knox Presbyterian Church, 83a Domain Road, Whakatane
Huria Trust*	(07) 578 7838	1 Te Kaponga Street, Tauranga
Kauri Centre (Pāpāmoa)*#	021 135 9090	Corner Evans Road & Maesbury Close, Pāpāmoa
Kauri Centre (Te Puke)*#	021 135 9090	Te Puke Anglican Church 47 Jocelyn Street, Te Puke
Ngā Kākano Foundation*	(07) 573 0660	50 Jellicoe Street, Te Puke
Whaioranga Trust*	(07) 544 9981	531 Welcome Bay Road, Tauranga
KAUMĀTUA SERVICES	PHONE	ADDRESS
Huria Trust	(07) 578 7838	4 Te Kaponga Street, Tauranga
Maketu Health and Social Services	(07) 533 2551	3 Little Waihi Road, Maketu, Te Puke
Ngā Kākano Foundation	(07) 573 0660	50 Jellicoe Street, Te Puke
Ngāti Awa Social & Health Services	(07) 306 0096	15 Golf Links Road, Whakatāne
Ngāti Kahu Hauora	(07) 576 0160	69 Carmichael Road, Bethlehem, Tauranga
Pirirākau Hauora	0800 747 442	3 Lochhead Road, RD6, Te Puna
Poutiri Wellness Centre	0800 573 0091	35 Commerce Lane, Te Puke
Te Awanui Hauora	(07) 576 0160	Opureora Road, Matakana Island, Tauranga
Te Puna Ora o Mataatua	0800 6282 2882	92 King Street, Whakatāne
Te Rūnanga o Te Whānau	(07) 325 2726	RD 3, State Highway 35 Te Kaha, Ōpōtiki
Tūhoe Hauora	(07) 312 9874	44-46 Tūhoe Street, Tāneatua
Tūwharetoa Ki Kawerau Health, Education & Social Services	(07) 323 8025	28-30 Islington Street, Kawerau
Waipu Hauora	(07) 577 1921	24 Hungahungatoroa Road Matapihi, Mt Maunganui
Whaioranga Trust	(07) 544 9981	531 Welcome Bay Road, Tauranga
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
A Friends Place	022 123 1360	Waihi Beach Community Centre, Waihi Beach
Menzshed (Bay of Plenty)	021 025 9654	Various locations in Bay of Plenty

SOCIAL, KAUMĀTUA & DAY PROGRAMMES

LAKES

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Arvida Glenbrae*	(07) 349 0014	22 Hilda Street, Rotorua
Cantabria*	(07) 347 9587	369 Old Taupo Road, Rotorua
Daybreak Senior Daycare*#	(07) 349 6633	69 Lake Road, Rotorua
Ngāti Tahu - Ngāti Whaoa Rūnanga Trust*	027 372 0922	Whare Hauora, 224 Reporoa Road, Reporoa
Tūhourangi Tribal Authority*	027 291 3002	99 Sala Street, Whakarewarewa, Rotorua
Tūwharetoa Health*	(07) 384 2882	Tūrangi Community Health Centre, 28 Te Rangitautahanga Road, Tūrangi
KAUMĀTUA SERVICES	PHONE	ADDRESS
Korowai Aroha	(07) 348 8454	1292 Hinemoa Street, Rotorua
Manaaki Ora - Tipu Ora	0800 348 2400	16-20 Houkotuku Street, Ohinemutu Rotorua
Ngāti Pīkiao Rūnanga	022 356 9195	1208 Amohia Street, Rotorua
Ngāti Tahu - Ngāti Whaoa Rūnanga Trust	027 372 0922	Whare Hauora, 224 Reporoa Road Reporoa
Te Aka Matua Kaupapa Service	(07) 349 9009 ext 8829	Rotorua Hospital, Inpatient Base only
Te Arawa Whānau Ora	(07) 213 1995	1143 Hinemoa Street, Rotorua
Te Whare o Kenehi	(07) 349 6119	1415 Hinemoa Street, Rotorua
Tūhourangi Tribal Authority	027 291 3002	99 Sala Street, Whakarewarewa, Rotorua
Tūwharetoa Health	(07) 384 2882	Tūrangi Community Health Centre, 28 Te Rangitautahanga Road, Tūrangi
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Rotorua Pacific Island Development Charitable Trust	(07) 347 7217	1334 Hinemoa Street, Rotorua
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Family Focus Rotorua	(07) 346 2096	1115 Pukaki Street, Rotorua
Menzshed Taupō	(07) 377 4850	29 AC Baths Avenue, Taupō
Parksyde Community Centre	(07) 348 9892	9 Tarewa Place, Rotorua

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 88 and 112.
- How much can Pat expect to be left with after selling the villa? We explain how a Deferred Management Fee works on page 113.
- Find a list of every village and care home in the region on pages 92-107.
- Not sure where to start with choosing where to live? Find checklists to help with the choices on page 123 (villages) and page 151 (care homes).
- How will Pat and Chris pay for care? Discover more about the process (and the numbers) on pages 145-149.
- Finding the transition to care challenging? See page 140 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 113) 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 137) 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 60).

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 133).
- 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 135).
- Many villages now offer alternatives, such as care apartments, which combine village offerings and residential-care components (page 137).

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 60) 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 137), 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 137)

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 145)



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-
- Call us on 0800 909 303, visit us at [metlifecare.co.nz](https://www.metlifecare.co.nz) or drop into a village near you to find out more.
-



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

metlifecare

HOMES, HOSPITALS*, UNITS/VILLAGES GEOGRAPHICAL 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 137)

KEY ON PAGE 107

LAKES		RH	D	H	PG	CA	RV	SL	SEE PAGE
Rotorua	Arvida Glenbrae 22 Hilda Street (07) 349 0014	✓		✓		✓	✓		114 115
Rotorua	Bupa Redwood 429 Te Ngae Road (07) 349 7150	✓	✓	✓	✓		✓		op 1 118
Rotorua	Bupa The Gardens 15 Hodgkins Street (07) 347 9658	✓		✓			✓		op 1 118
Rotorua	Cantabria Lifecare & Village 369 Old Taupo Road (07) 347 9587	✓	✓	✓		✓	✓		
Rotorua	Fergusson Home 1 Carlton Street (07) 348 9053	✓					✓		
Rotorua	Lara Lodge 4 Pegasus Drive (07) 347 7604	✓							144
Rotorua	Lynmore Rise 40 Owhatiura Drive 021 197 3612						✓		
Rotorua	Makoha Rotorua 19 Ruihi Street (07) 347 8805	✓		✓					132
Rotorua	Regency Park Estate 3A Brent Road (07) 345 5836						✓		126
Rotorua	Rotorua Lakes 153 Pukehangi Road 0800 629 150						✓		
Rotorua	St Barnabas Close Village 24 Hall Road (07) 357 2121						✓		
Rotorua	The CARE Village 32 Tauhi Street (07) 347 9612	✓	✓	✓					

KEY ON PAGE 107

LAKES		RH	D	H	PG	CA	RV	SL	SEE PAGE
Taupō	Bupa Liston Heights 19 Liston Avenue (07) 378 2666	✓	✓	✓			✓		op 1 118
Taupō	LakeCrest Lifestyle Village Tauhara Ridge Drive 0800 089 000						✓		
Taupō	Monte Vista Residential Care 13 Shepherd Road (07) 378 0182	✓		✓			R	✓	136
Taupō	St Johns Wood 133 Tamamutu Street (07) 376 2000	✓		✓		✓			
Taupō	Summerset by the Lake 2 Wharewaka Road 0800 SUMMER (786 637)	✓				✓	✓		122 128
Taupō	Wharerangi 25 Kaimanawa Street (07) 378 4165	✓	✓	✓			✓		
TAURANGA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Bethlehem	Arvida Bethlehem Country Club 111 Carmichael Road (07) 579 2030						✓		114 115
Bethlehem	Arvida Bethlehem Shores 141 Bethlehem Road 0800 777 686	#	#	#			✓		114 115
Bethlehem	Arvida Bethlehem Views 186 Cambridge Road (07) 578 5500	✓	✓	✓					114 115
Bethlehem	Bob Owens 112 Carmichael Road (07) 579 3041	✓	✓	✓		✓	✓		116
Bethlehem	Kempton Park Lifestyle Village 40 Te Paeroa Road 027 505 7330						✓		
Bethlehem	The Vines at Bethlehem 143 Moffat Road (07) 578 0525						✓		
Bethlehem	Woodlands Boutique Village 30 Carmichael Road (07) 576 8874						✓		

KEY ON PAGE 107

TAURANGA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Gate Pa	Bupa Greerton Gardens 45 Greerton Road (07) 579 4972						✓		op 1 116
Gate Pa	Bupa Greerton Oaks 108 Greerton Road (07) 579 4972						✓		op 1 116
Hairini	Greenwood Park - Metlifecare 10 Welcome Bay Road (07) 544 7500						✓		90 91 117
Judea	Elmswood 154 Waihi Road (07) 578 6177		✓						
Judea	The Bayview 163 Waihi Road (07) 578 6006	✓		✓		✓	✓		
Matua	Makoha Rest Home - Tauranga 228C Levers Road (07) 576 1899	✓		#					134
Matua	Matua Lifecare Village 124 Levers Road (07) 570 1425					>	✓		
Matua	Radius Matua 124 Levers Road (07) 576 2802	✓	✓	✓		>			143
Mt Maunganui	Arvida Ocean Shores 80 Maranui Street (07) 547 4240						✓		114 115
Mt Maunganui	Bayswater Village - Metlifecare 60 Maranui Street (07) 547 4047						✓		90 91 116
Mt Maunganui	CHT Bernadette 25 Taupo Avenue (07) 575 4855	✓		✓					160
Mt Maunganui	Malyon House 4 Heath Street (07) 575 5619	✓		✓					148
Mt Maunganui	Pacific Coast Village 210 Maranui Street (07) 572 3029	✓		✓		✓	✓		61 117
Mt Maunganui	Pacific Lakes Village 242 Grenada Street (07) 262 0191						✓		117 122

KEY ON PAGE 107

TAURANGA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Mt Maunganui	Somervale Village - Metlifecare 33 Gloucester Road (07) 572 9020	✓		✓		✓	✓		90 91 117
Ohauti	Carmel Country Estate 11 Hollister Lane (07) 544 5553						✓		
Pāpāmoa	Pāpāmoa Beach Village - Metlifecare, 2 Te Okuroa Drive (07) 542 1933	✓	✓	✓		✓	✓		90 91 117
Pāpāmoa	Papamoas Sands 61 Golden Sands Drive (07) 282 8585						✓		
Pāpāmoa	Parewaitai Village 718 Grenada Street (07) 571 2152	#		#			✓		108
Pāpāmoa	Summerset by the Dunes 35 Manawa Road 0800 SUMMER (786 637)	✓	✓	✓		✓	✓		122 128
Pyes Pa	Althorp Village 9 Grantston Drive (07) 543 4008						✓		64
Pyes Pa	Arvida Copper Crest 52 Condor Drive (07) 282 7999	✓	✓	✓		✓	✓		114 115
Pyes Pa	Radius Althorp 9 Grantston Drive (07) 543 2912		✓	✓	✓				143
Pyes Pa	The Lodge 714 Pyes Pa Road (07) 543 0068	✓		✓					
Tauranga Central	Bupa Cedar Manor 30 Sixth Avenue (07) 578 8300	✓	✓	✓			✓		op 1 116
Tauranga Central	Devonport Palms 194 Devonport Road (07) 578 0205	✓							
Tauranga Central	The Avenues - Metlifecare 10 Tenth Avenue (07) 571 0400	✓		✓			✓		90 91 117

KEY ON PAGE 107

TAURANGA		RH	D	H	PG	CA	RV	SL	SEE PAGE
Tauranga South	Bupa Accadia Manor 101 Edgecumbe Road (07) 571 0052	✓					✓		op 1 116
Tauranga South	Fraser Manor 122 Fraser Street (07) 578 8986	✓							
Tauranga South	Hodgson House Lifecare & Village, 51 Botanical Road (07) 578 4846	✓		✓			✓		
Tauranga South	Killarney 138 Edgecumbe Road (07) 578 4347	✓	✓						148
Tauranga South	Ultimate Care Oakland 108 Thirteenth Avenue (07) 578 2514	✓		✓			✓		138
REGIONAL BAY OF PLENTY		RH	D	H	PG	CA	RV	SL	SEE PAGE
Athenree	Athenree Life 7 Marina Way (07) 863 4169	✓	✓	✓					130
Katikati	Radius Lexham Park 3 Binnie Road (07) 549 1015	✓		✓					143
Katikati	Summerset by the Sea 181 Park Road 0800 SUMMER (786 637)	✓		✓		✓	✓		122 128
Kawerau	Mountain View 192 - 202 River Road (07) 323 9392	✓		✓			✓ R		
Kawerau	Porritt Glade Lifestyle Village Piripiri Crescent (07) 306 9009						✓		118
Ōhope	Ohope Beach Care 4 Harbour Road (07) 312 4169	✓	✓						136
Ōmokoroa	CHT Acacia Park 134 Hamurana Road (07) 548 0400	✓		✓					160
Ōmokoroa	Ōmokoroa Country Club 113 Prole Road 0800 887 877						#		

KEY ON PAGE 107

REGIONAL BAY OF PLENTY		RH	D	H	PG	CA	RV	SL	SEE PAGE
Ōmokoroa	Omokoroa Country Estate 5 Anderley Avenue (07) 548 1170						✓		
Ōpōtiki	Peria Village 41 Richard Street (07) 315 6444						✓ R		118
Ōpōtiki	Thornton Park Retirement Village 137 State Highway 35 (07) 315 7867	✓		✓			R		
Te Puke	Bupa Te Puke 1 Number One Road (07) 573 9983	✓		✓			✓		op 1 118
Te Puke	Carter House Lifecare & Village 69 Moehau Street (07) 573 7317	✓	✓	✓			✓		
Te Puke	CHT Glynavon 50 Boucher Avenue (07) 573 6458	✓		✓					160
Waihi Beach	Karaka Pines Waihi Beach 8 Browns Drive 027 223 8822						✓		126
Whakatāne	Bupa Mary Shapley 4 Spence Lane (07) 308 8980	✓		✓			✓		op 1 118
Whakatāne	Golden Pond Lifecare 47 Bracken Street 027 547 1110						✓		
Whakatāne	Golden Pond Private Hospital 47 Bracken Street (07) 307 0180	✓		✓		✓			
Whakatāne	Sheaffs 17 Landing Road (07) 308 8837	✓							
TARANAKI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Eltham	Eltham Care Rest Home 54 Maata Road (06) 764 8330	✓	✓						130
Eltham	Eltham Masonic Village Corner London & York Streets (06) 751 0430						✓		

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TARANAKI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Hāwera	Annie Brydon Lifecare & Village 71 Glover Road (06) 278 6039	✓		✓		✓	✓		
Hāwera	Hawera Masonic Village 240 South Road (06) 751 0430						✓		
Hāwera	Trinity Hospital & Rest Home 47-61 Puriri Street (06) 278 4189	✓	✓	✓			R		34
Inglewood	Marinoto Rest Home 72 Matai Street (06) 756 7170	✓		✓					157
New Plymouth	Arvida Molly Ryan 269 Mangorei Road (06) 757 8773	✓		✓		✓	✓		114 115
New Plymouth	Brooklands Care on Timandra 33 Timandra Street 027 203 5712		✓						
New Plymouth	Brooklands Rest Home & Memory Care, 22 List Street (06) 758 8422	✓	✓						
New Plymouth	Chalmers Home 20 Octavius Place (06) 758 5190	✓		▲					
New Plymouth	Clawton Masonic Village 25 Clawton Street (06) 751 0430						✓		
New Plymouth	Coronation Lodge 125 Coronation Avenue (06) 758 5125	✓						✓	
New Plymouth	Jean Sandel 71 Barrett Road (06) 751 4420	✓	✓	✓		✓	✓		121
New Plymouth	Maida Vale 20 Pohutukawa Place (06) 755 0558	✓		✓		✓	✓		121
New Plymouth	Manadon Masonic Village 1 Freemason Avenue (06) 751 0430						✓		
New Plymouth	MiLife Bell Vista 131 Mangati Road (06) 755 2880						✓		

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TARANAKI		RH	D	H	PG	CA	RV	SL	SEE PAGE
New Plymouth	MiLife on Wills 49 Wills Road (06) 755 2880						✓		
New Plymouth	Radius Heatherlea 139 Vivian Street (06) 758 7302	✓	✓	✓					143
New Plymouth	Radius Thornleigh Park 25 Heta Road (06) 758 3642	✓		✓					143
New Plymouth	Riverside Lifecare 361 Mangorei Road (06) 758 1996	✓	✓	✓					
New Plymouth	Summerset at Pohutukawa Place, 70 Pohutukawa Place 0800 SUMMER (786 637)	✓	✓	✓		✓	✓		122 128
New Plymouth	Summerset Mountain View 35 Fernbrook Drive 0800 SUMMER (786 637)	✓		✓		✓	✓		122 128
New Plymouth	Sunhaven 48A Sunnyvale Street (06) 755 1021		✓		✓				
New Plymouth	Tainui Village 96 Clawton Street (06) 753 6597	✓		✓			✓ R	✓	73 121
New Plymouth	Taurima 85 Clawton Street (06) 753 5538	✓							
New Plymouth	Telford Lifecare & Village 15 Telford Street (06) 757 8554	✓		✓			✓		
New Plymouth	Ultimate Care Rhapsody 30 Mill Road (06) 759 0080	✓		✓					138
New Plymouth	Welbourn Masonic Village 16 Oriental Street (06) 751 0430						✓		
Ōpunake	Opunake Cottage 1 Layard Street (06) 761 8009	✓							
Pātea	Te Mahana 41 Chester Street (06) 273 8442	✓					R		

KEY ON PAGE 107

TARANAKI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Stratford	Elizabeth R Lifecare & Village 30 Elizabeth Grove (06) 765 8089	✓		✓			✓		
Stratford	Maryann Home & Hospital 59 Brecon Road (06) 765 7551	✓	✓	✓			✓		
Waitara	Kohatu 35B Nelson Street (06) 754 6621	✓						✓	148
Waitara	Norfolk Lodge 30 Princess Street (06) 754 7016	✓	✓						42
Waitara	Waitara Masonic Village 12 Park Lane (06) 751 0430						✓		
HAMILTON		RH	D	H	PG	CA	RV	SL	SEE PAGE
Beerescourt	Awatere 1340 Victoria Street (07) 838 3276	✓		✓		✓	✓		
Burbush	Brylyn Residential Care 200 Te Kowhai Road (07) 849 4025	✓		✓					134
Claudelands	Roselea 14 Stanley Street (07) 855 1545		✓						56
Enderley	Bupa Rossendale 2 Insoll Avenue (07) 854 7695	✓		✓	✓				op 1
Fairfield	Radius St Joans 371 Peachgrove Road (07) 855 5701	✓		✓					143
Fitzroy	Summerset down the Lane 206 Dixon Road 0800 SUMMER (786 637)	✓		✓		✓	✓		122 128
Flagstaff	Alandale 1199 River Road (07) 854 0468						✓		
Flagstaff	Karaka Pines Rototuna 75 Hare Puke Drive (07) 853 2448						✓		126

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HAMILTON		RH	D	H	PG	CA	RV	SL	SEE PAGE
Flagstaff	Linda Jones 1775 River Road (07) 853 3381	✓	✓	✓		✓	✓		119
Flagstaff	Netherville 4 Admiral Crescent (07) 854 0131						✓		
Flagstaff	Radius Glaisdale 50 Hare Puke Drive (07) 222 2300	✓	✓	✓					143
Hamilton East	Bupa Eventhorpe 32 Firth Street (07) 856 3063	✓		✓					op 1
Hamilton East	Eastcare Residential Home 194 Nixon Street (07) 856 5053	✓	✓						
Hamilton East	Hilda Ross 30 Ruakura Road (07) 855 9542	✓	✓	✓		✓	✓		119
Hamilton East	Roseland Park 18 Fox Street 021 449 147						✓		
Hamilton East	Steele Park Home 138 Firth Street (07) 856 1515	✓		✓					146
Hamilton East	Wilson Carlile Village 562 Grey Street (07) 838 1562	✓		✓			R		90 91 120
Hamilton Lake	Arvida Cascades 55 Pembroke Street (07) 839 2348	✓		✓		✓	✓		114 115
Matangi	Atawhai Assisi 158 Matangi Road (07) 856 3019	✓		✓			✓		
Maeroa	Radius Kensington 135 Maeroa Road (07) 846 6489	✓	✓	✓					143
Rototuna North	Summerset Rototuna 39 Kimbrae Drive 0800 SUMMER (786 637)	✓	✓	✓		✓	✓		122 128
Saint Andrews	Bupa St Andrews 26 Delamare Road (07) 850 0790	✓		✓			✓		op 1 119

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HAMILTON		RH	D	H	PG	CA	RV	SL	SEE PAGE
Tamahere	Tamahere Country Club 46 Tamahere Drive 0800 826 243	#	#	#			✓		
Tamahere	Tamahere Eventide 61 Bollard Road (07) 856 5162	✓	✓	✓			✓		
Te Rapa	Bupa Foxbridge 60 Minogue Drive (07) 851 8210	✓	✓	✓		✓	✓		op 1 119
Te Rapa	Forest Lake Gardens - Metlifecare, 2 Minogue Drive (07) 849 8243						✓		90 91 119
REGIONAL WAIKATO		RH	D	H	PG	CA	RV	SL	SEE PAGE
Cambridge	Arvida Lauriston Park 91 Coleridge Street (07) 444 5150	✓	✓	✓		✓	✓		114 115
Cambridge	Bupa St Kilda 91 Alan Livingston Drive (07) 827 0371	✓	✓	✓			✓		op 1 120
Cambridge	Cambridge Life 86 King Street (07) 827 5972	✓		✓					146
Cambridge	Cambridge Oaks 14 Terry Came Drive (07) 974 1919						✓		
Cambridge	Metlifecare St Andrew's 41 Bryce Street (07) 974 1641	✓		✓		✓	✓		90 91 120
Cambridge	Patrick Hogan 23 Hugo Shaw Drive 0800 600 446	#	#	#		#	✓		121
Cambridge	Resthaven on Burns 170 Burns Street (07) 827 4454	✓	✓	✓					158
Cambridge	Resthaven on Vogel 6 Vogel Street (07) 827 6097	✓	✓	✓		✓	✓ R		158
Cambridge	Summerset Cambridge 1 Mary Ann Drive 0800 SUMMER (786 637)	#	#	#		#	✓		122 128

KEY ON PAGE 107

REGIONAL WAIKATO		RH	D	H	PG	CA	RV	SL	SEE PAGE
Cambridge	Te Awa Lifecare 1866 Cambridge Road (07) 827 6103	✓	✓	✓		✓	✓		120 142
Cambridge	Ultimate Care Cambridge Oakdale, 58 Tennyson Street (07) 827 4480	✓	✓	✓					138
Coromandel	Coromandel Lifestyle Village 1737 Rings Road 027 247 2016						✓		1
Coromandel	Phoenix House 415 Kapanga Road (07) 866 8612	✓		✓					
Huntly	Kimihia Home & Hospital 76 Rosser Street (07) 828 9396	✓	✓	✓			R		
Matamata	Kingswood Rest Home Matamata, 175 Firth Street (07) 888 7418	✓	✓						150
Matamata	Matamata Country Club 102 Peria Road 027 301 3126						#		
Matamata	Matamata Country Lodge 20 Elizabeth Street (07) 888 4090	✓		✓			✓		
Matamata	Matamata Longlands 80B Burwood Road (07) 214 8190						✓		
Matamata	Pohlen Hospital 56 Rawhiti Avenue (07) 881 9100	✓		✓					
Morrinsville	Kingswood Rest Home Morrinsville, 59 Allen Street (07) 889 7850	✓	✓	✓	✓			✓	150
Morrinsville	Lockerbie Retirement Village 21 Village Boulevard 021 539 044						✓		52
Ngatea	Ngatea Masonic Village 71 Darlington Street (07) 867 7800						✓		
Ōhaupō	Radius Windsor Court 20 Sandes Street (07) 823 6696	✓	✓	✓			✓		143

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REGIONAL WAIKATO		RH	D	H	PG	CA	RV	SL	SEE PAGE
Ōtorohanga	Beattie Community Trust 172 Maniapoto Street (07) 873 8789	✓	✓						
Paeroa	Longridge Country Estate 44 Waimareia Avenue 0800 928 928						✓		161
Paeroa	Ohinemuri 24 Keepa Avenue (07) 862 7504	✓	✓	✓			✓		
Putāruru	Cardrona 16 MacKenzie Street (07) 883 3708	✓		✓					56
Putāruru	Rangiura Home 17 Matai Crescent (07) 885 1040	✓	✓	✓			✓		154
Putāruru	Springwater Country Estate Kennedy Drive 0800 397 397						#		
Raglan	Raglan Rest Home & Hospital 27-29 Manukau Road (07) 825 8306	✓		✓					
Tairua	Tairua Residential Care 7 Tui Terrace (07) 864 8720	✓		✓			R		136
Taumarunui	Avonlea 52 Ward Street (07) 896 8131	✓		✓			✓		
Te Aroha	Kenwyn 56 Kenrick Street (07) 884 8278	✓	✓	✓					56
Te Aroha	Te Aroha & District Community Hospital, 72 Stanley Avenue (07) 884 8519	✓		✓					
Te Awamutu	Arvida Whai Mauri Ora Manaia Road (off Frontier Road) 0800 278 432						✓		114 115
Te Awamutu	Camellia 1743 Rewi Street (07) 871 5505	✓							154
Te Awamutu	CHT Te Awamutu 414 Swarbrick Drive (07) 214 2010	✓	✓	✓					160

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REGIONAL WAIKATO		RH	D	H	PG	CA	RV	SL	SEE PAGE
Te Awamutu	Freeman Court 387 Roche Street (07) 871 5260						R	✓	
Te Awamutu	Highfield Country Estate 397 Swarbrick Drive (07) 871 2020						✓		
Te Awamutu	San Michele 175 College Street (07) 871 6226	✓		✓					154
Te Awamutu	Te Ata 588 Teasdale Street (07) 871 5617	✓						✓	
Te Kawwhata	Aparangi Village 6 Pilgrim Place (07) 826 3542	✓		✓			✓ R		110
Te Kuiti	Hillview 7 Hospital Road (07) 878 6904	✓		✓					52
Te Kuiti	St Andrews Court John Mandeno Drive (07) 878 6904						✓		
Thames	Bupa Tararu 921 Tararu Road (07) 868 6176	✓		✓			✓		op1 120
Thames	Bupa The Booms 604 Parawai Road (07) 868 7312	✓	✓	✓					op1
Thames	Bupa Waiokaraka 100 Campbell Street (07) 868 9299						✓		op1 120
Thames	Richmond Villas 82 Richmond Street 0800 868 548						✓		64 120
Thames	Wesley Courts 504 MacKay Street 021 0289 1213						✓		
Tokoroa	Victoria Place 9 Victoria Place (07) 886 1572	✓	✓	✓					
Waihi	Hetherington House 98 Parry Palm Avenue (07) 863 8526	✓	✓	✓					56

KEY ON PAGE 107

REGIONAL WAIKATO		RH	D	H	PG	CA	RV	SL	SEE PAGE
Waihi	Waihi Lifecare 18 Toomey Street (07) 863 8089	✓		✓			✓		112
Whangamatā	Moana House & Village 353 Tairua Road (07) 865 9643	✓		✓		✓	✓		
Whitianga	Whitianga Continuing Care 6 Halligan Road (07) 866 5483	✓		✓			✓		
Whitianga	Whitianga Masonic Village Seascape Avenue 021 224 9979						✓		
TAIRĀWHITI		RH	D	H	PG	CA	RV	SL	SEE PAGE
Gisborne	Arohaina Village 396 Aberdeen Road (06) 867 4759						✓ R		
Gisborne	Beetham Margaret Place (06) 868 3902	✓	✓	✓			✓		42
Gisborne	Dunblane Lifecare 178 Rutene Road (06) 867 4759	✓	✓	✓			✓ R		
Gisborne	Kiri Te Kanawa 12 Gwyneth Place (06) 863 3636	✓	✓	✓		✓	✓		121
Gisborne	Leighton House 2 Cheeseman Road (06) 867 7697	✓		✓					132
Gisborne	Riverdeen Park Various locations (06) 868 7505						✓		
Gisborne	Te Wiremu House Lifecare & Village, 621 Aberdeen Road (06) 867 5817	✓	✓	✓			✓		
Te Puia Springs	Ngāti Porou Oranga 4 McKenzie Street (06) 864 6803	✓		✓					82

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
>	Part of this service is provided by an adjacent and/or partnering service
▲	Temporarily closed/under refurbishment. Check availability

home is where the heart is



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 **retirement
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powered by **THE eldernet**
GROUP

every village, everywhere, for everyone



PAREWAITAI VILLAGE

Papamoa Beach, Papamoa

In the heart of Papamoa is Parewaitai Village. Villas are architecturally designed. Situated amongst generous lawns and gardens, sit back, and enjoy the comfort and freedom this new boutique village has to offer.

- Open plan kitchen/dining
- 2 bedrooms
- Spacious bathroom
- Separate WC
- Separate laundry
- Outdoor patio areas
- Internal garage and parking

The Villas are priced well and selling now. If you are seeking an independent lifestyle with the peace of mind of living in a gated village community

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PAREWAITAI
village

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.

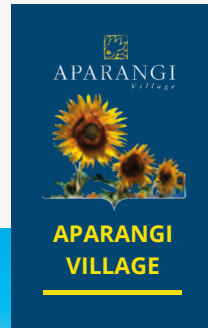
The differences are not just those you can see. The way the village operates can also vary. Factors that influence this include the ownership structure, the experience and/or stability of the ownership, and the associated philosophy towards village living.

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 contract and

KEY POINTS

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

RURAL RETIREMENT LIVING



Aparangi

- 116 independent homes
- 25 independent rental units
- 57 bed rest home & hospital level care unit

Aparangi Features

- Established 1973
- 13.9 hectares
- Not for profit
- Governed by a board of trustees
- Walking distance to town
- 30 minutes drive to Te Rapa & Pukekohe
- 5 minutes drive to the expressway

No matter what your pace, live your life on your terms. Aparangi offer social activities and the benefits of rural living. We provide privacy & security in our community atmosphere.

CONTACT US

www.aparangi.co.nz
gm.tkretire@aparangi.co.nz
14 Waerenga Road, Te Kauwhata
07 826 3542



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 112). A higher level of care may be obtained if you live in a care apartment (page 137).

All villages have associated costs, including weekly fees and exit costs, such as a Deferred Management Fee (see *The Village Journey*, page 113). 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 or ‘vibe’.

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

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

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.rvrnz.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 VILLAGES 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.

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 133). 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 137.



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Rest Home
Retirement Village

Proudly set amongst 2 hectares of land with beautiful views of surrounding farmland. We have over 50 rooms and 25 cottages and provide exceptional, compassionate care. Our focus is on resident's individual needs and enhancing their quality of life.



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CARING FOR THE COMMUNITY SINCE 1902

The Village Journey Explained

Pat decides to move to a retirement village. Pat uses the ideas on pages 123-125 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 panel on page 125 to understand more) Some important considerations are:



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

- 🎯 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	

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BUPA ST ANDREWS RETIREMENT VILLAGE

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(07) 929 5539

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www.bupa.co.nz/standrews



BUPA FOXBRIDGE RETIREMENT VILLAGE

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* Prices are subject to change without notice and are not guaranteed. For information about other costs for example, weekly fees, Deferred Management Fees see pages 109 & 124

VILLAGE DETAILS HAMILTON

WILSON CARLILE VILLAGE
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Rentals priced from \$380 per week*

Rest home and hospital care available on site (subject to availability)

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Priced from \$372,000*

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www.bupa.co.nz/tararu



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23 Hugo Shaw Drive, Cambridge

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under development

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Retirement Villages Checklist

Where would you like to live? There are plenty of options. Use this checklist to see if village life could suit you.

Download a printable version at www.retirementvillages.co.nz

BEGINNINGS

- Am I ready to downsize? How much space do I need? Your new home may be smaller.
- Have I considered alternatives? See page 24.
- What type of home will suit me best – apartment living, a villa or townhouse?
- What are the entry age criteria for the village? Do I (and my partner) meet these?
- Who owns the village – a listed company, independent operator, or community or religious trust? What are their principles and experience? Do they operate other villages?
- Is the village under development? If so, can I handle living on a building site? Developing villages often have a slightly younger resident group – will this suit me?
- Will buying into the village use all my capital? Can I still afford to do what I enjoy?
- Will I receive any capital gains? Do I need to share any capital loss?
- What is the initial cost of moving in? What does this cover?
- How are concerns or complaints addressed?

STARTING THE JOURNEY

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

PEOPLE & PLACES

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

MONEY

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

CARE & SUPPORT

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

NOTES

ORA - WHAT YOU ARE 'BUYING'

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

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

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

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

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

JOIN THE RETIREMENT REVOLUTION



“ If you sell your home we believe you should get the benefit. That’s only fair.”

ADAM YATES - CEO KARAKA PINES VILLAGES



You have so much more to gain

Fairness is what drives our approach to retirement living, and choices are a large part of that. From a wide choice of well-designed homes, fixed or non-fixed fees, or even whether you want to do your own garden or not, a Karakas Pines Village gives you the choices to stay independent without any of the burdens – we call that fair value.

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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 33).

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 must be certified by the Ministry of Health. An audit determines how long certification is granted for e.g., four years indicates very good compliance. See reports at www.health.govt.nz Keyword: rest homes.

Your options Care homes vary considerably and there can be a wide range of rooms to choose from. A feature that you are offered in one home and for which you are asked to pay additional charges, such as an ensuite, may not incur this charge in the next so you need to ask and make comparisons (remembering that the quality and philosophy of care is the most important component). Options 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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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 independent homes including villas, townhouses and apartments, with supporting services available if you need them. We also offer care in our fully certified care centres (subject to availability).

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

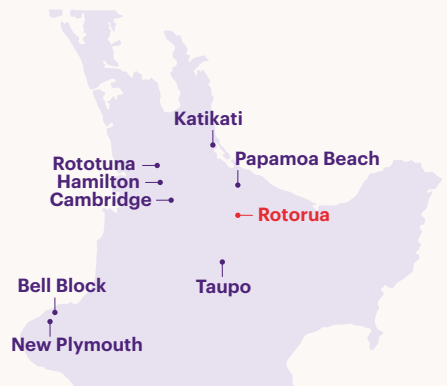
At a Summerset village, convenience and care mean more time to enjoy your home, family and friends, and retirement lifestyle.

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For your free information pack call us on 0800 SUMMER or visit summerset.co.nz



*** Proposed village**



- 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 135).
- Room or care apartment governed by an ORA (see pages 125, 137).

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 outlining all wider health and care issues, individual preferences and who to contact in an emergency.

You will be asked who holds your Enduring Powers of Attorney (page 33). 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.



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Contact us to arrange a visit.

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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 145).
- 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 shows you need 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 137), 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 151-153, 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 129).
- 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 155).



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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 (page 60). 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 6, 147.

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 145 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 135).

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 135).

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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). You can review your premium tenancy every six months; if you no longer wish to or can't pay the extra room fees. Adequate notice of this should be given. The provider then has three months to move you to a standard room, giving three days' notice, or cease charging premium room fees. There is discretion to waive the notice period for financial hardship.

There has been an increase in premium accommodation over recent

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 the home has over 90% occupancy and a standard room is vacant at another home within a 10km radius you may have to go there. However, if you are receiving a RCS you may still have funds that were just short of the asset threshold. You might wish to use these to pay any premium charges at your preferred home.
- If there isn't a home with a vacancy within 10km then your home of choice must accept you and not charge extra fees. They may move you to a standard room when it becomes available, giving three days' notice.
- Once resident; if a standard room becomes available in another home, you cannot be required to move.

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. It is worth noting that families may also be asked to act as guarantors to this arrangement. The '10km Rule' as it is commonly known, has gone partway to addressing this issue. The panel above outlines the main points.

Refundable Accommodation Deposit (RAD) This is an alternative option to paying premium charges, offered by

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some providers. It is a single upfront payment that is refunded in full after your room is vacated (page 7).

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 133). 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 147). You pay maintenance and property-related fees as per your ORA (page 125).
- 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

LEVELS OF CARE

An assessment determines the level of care you need. Current levels are:

Rest Home Those who require this level of care usually have some ability to get about on their own or with some help. They require some assistance with personal care and general day-to-day activities. Many have a degree of memory loss. Some people who have a dementia may be able to be safely and suitably supported in a rest home.

Hospital This refers to an age-related hospital rather than public hospital. The care is for those who have a significant disability, medical concerns, and possible cognitive decline, that requires the continual oversight and support of registered nurses. Most require the assistance of two people to move about.

Dementia This level of care is for those who need a secure home, usually because there are safety concerns for themselves or others.

Psychogeriatric Specialist Hospital. This level of care is designed for people with a mental health or dementia disorder who require a high level of nursing care and management of behaviour that can be challenging. They need a secure environment and the skills of specially trained staff.

allows for various levels of care to be provided in the same room. A possible exception is dementia care, which may require a move to a more secure environment. A premium charge may or may not apply.



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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 ‘OPCAT 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 10-11).

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 129).
- If you are able to, you may want to write things down, noting the steps you need to take to resolve your concerns.
- Make the home your own. Personalise your room with your furniture and sentimental items and bring your own flair, even if initially you don't feel much like doing this. You will find others respond positively. A personalised

room creates a more private feel that others tend to respect, and this will have a positive effect on you.

- Let the staff know your preferences including what things you like, clothing (retain your own style wherever possible), food, interests, even how you like your tea or coffee and what name they should call you by. These seemingly little things help staff get to know you and understand you.
- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.
- Try to avoid blaming others for your situation. If you have a carer or family/whānau then know that they have generally done their best to help you stay at home. Now, your needs are more than can be managed at home.
- Rather than being resigned to the situation and letting others make decisions for you; let people know what you do and don't like. Your opinions matter. In the longer term you will feel better for sharing them.
- Talking to someone independent may help. The manager of the home may be able to refer you to a pastoral worker, social worker or other professional who will listen and may be able to offer some coping strategies. Your conversations with them will be confidential, and the service should be free.
- Alternatively, talk to someone who is a good listener and non-judgmental. You may find you repeat yourself but that can be part of the healing process.



A 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.



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A helpful listener will acknowledge your story without trying to ‘straighten you out’ or ‘calm you down’.

- Use successful strategies that got you through tough times in the past.
- If you have given yourself reasonable time (a month or two) and tried everything you can and you’re still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a care home (page 38). Make sure however, that your sadness isn’t because the home isn’t the right one for you. If it isn’t, you can move. The person coordinating your services will explain the process.

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

- There are lots of opportunities to make new friends, both with other residents and staff.
- Your health conditions may stabilise or improve as medical conditions and medication will be monitored and nutritious meals provided. Some homes offer specialised programmes and physiotherapy to help you retain your abilities and sometimes, over time, improve them.
- There may be opportunities to discover new experiences. The growing number of older people learning to use computers is evidence of this. Some older people even learn these skills after taking up residency in a home. So being in a care home does not mean that modern technology is beyond your reach. Increasingly, care homes are making computer technol-

ogy 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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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;



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- 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 6).

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 current information from Work and Income. The Residential Subsidy Unit is free-phone 0800 999 727. You must return

WHAT IS INCOME?

Where a financial assessment considers income, this includes but is not limited to:

- NZ Super, Veteran's Pension or any other benefit.
- 50% of private superannuation payments.
- 50% of life insurance annuities.
- Overseas government pensions.
- Contributions from relatives.
- 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.

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.
- Inland Revenue's (IRD) gifting rules differ to the RCS gifting rules.

happens first. Payments under the loan stop when an RCS is approved. Application forms are included in the RCS application document, or contact Work and Income on 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.



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Assisted living houses situated next to our rest home in Morrinsville provide assistance for those who can still manage living alone to some degree.

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Specialized Care Unit: 14-16 Strathmore Street Morrinsville P: (07) 242 3001



Care Homes Checklist

There is a lot to think about (and sometimes not much time) to decide which care home is right for you.

Download a printable checklist at www.eldernet.co.nz

RESEARCH

- Can you find a home in your preferred area/suburb? If not, have you considered going on a wait list for your preferred care home?
- Have you considered how easy it is for your friends, family/whānau to visit? Is the home close to bus routes for those who don't drive?
- Have you had a financial assessment? Are you clear about who is paying for your care? If you cannot afford to pay, the government will subsidise your care. There is a cost associated with living in a care home.
- Many facilities offer different types of rooms, some with additional costs. What kind of room do you need? What are the associated costs?
- If you've agreed to pay additional amounts for your room (perhaps you're going to move into a care suite, or a premium room) do you understand the cost structure?
- Do you understand the admission agreement and what you might be agreeing to pay? How do you give notice if you no longer wish to receive any additional services?

THE CARE HOME

- Is the home clean, warm and odour-free?
- Are rooms sunny and well lit, with an outside window? Residents' rooms should be clean, well-ventilated, warm, comfortable, and roomy enough for ease of movement.
- Are there pets? Some homes have cats, budgies, or visiting dogs.
- Is there easy access to communal areas? Communal areas, both inside and outside, should be readily accessible for dining, relaxation and activities.
- Is the care home committed to respecting your values, beliefs and gender identity?
- Do you want an en-suite, does this care home offer them?
- Is there an activities programme, shared in advance? Do residents have any input?
- Residents should be involved in conversations and quiet or busier activities. Do current residents appear happy and well cared for?
- Are the meals varied, interesting, seasonally appropriate and nutritious? Is there a menu on display.
- If your level of care changes, will you have to move to another room or a different care home?

YOUR SPACE & PREFERENCES/COMFORT

- Is there space for personal furniture and items, e.g. your own computer or TV? Can you make it feel like home?
- Can you adjust the heat and ventilation to suit your preference?
- Can you choose what you wear for the day?
- What are the routines around showering and dressing?
- How much freedom will you have for individual preferences and routines? Are bedtimes flexible?
- What time are meals served? Can you serve your own? What if you want more, or less?
- If you require/prefer a special diet is it adequately catered for?
- Are drinks, fruit or snacks available at all times?
- Can a relative or friend join you for morning, afternoon tea or a meal? If so, is there a cost?
- Do the activities on the schedule appeal to you? Do some incur extra costs?
- If you are using a shared bathroom, can you access it easily?
- If you have an en-suite does it allow caregivers to support you in this space comfortably?
- Does your room allow the privacy you would need? Do staff and visitors knock before they enter?

STAFFING

- How are visitors welcomed and treated?
- How do staff get to know about a new resident's background, likes, dislikes?
- What are the Registered Nurse hours, and the caregiver-to-resident ratio?
- Do staff get on well with each other and work as a team?
- What qualifications do the staff hold? For example there are differences between a registered nurse and an enrolled nurse, a diversional therapist and an activities coordinator. What on-the-job training is offered to staff?
- What system do staff have for updating each other at shift handovers?
- What are the staffing levels at night and over the weekends?
- Can you retain your own GP? Is that workable? It will probably cost more. Is there a house GP on call?
- Is there regular input from other health professionals involved in your care, such as a physiotherapist or other specialists?
- If you have a concern about a staff member, do you know who to speak with?
- Are your emotional and spiritual needs considered? Who is available to attend to these?

CARE

- How will you and those close to you be involved in your Care Plan?
- How regularly is your Care Plan reviewed? What might trigger a review? Can you request one?
- Do you have Enduring Powers of Attorney in place? The care home will want copies of this so they know who they can speak with about your care if they need to
- Who do you want to be informed about your care? Make sure the staff know who has your permission to access this information.
- Is care delivered in a way that acknowledges your whole self including any gender, sexuality, religious and cultural needs?
- How often will you be seen by a nurse? And a doctor?
- How is medication managed? Are you able to administer some of your own medications?
- If you have family/whānau or others who have been involved in your care, can they still continue to be involved once you are living in the care home?
- When your care needs change will you have to move to another room or a different care home? Who will decide this?
- How is end of life care managed? Have you completed an advanced care plan? Does the care home have a copy?

DEMENTIA & PSYCHOGERIATRIC

- How is the resident's dignity maintained and respected?
- Are key relatives or former carers involved in making or revising Care Plans?
- How does the care home manage the balance between allowing residents to move about freely and keeping them safe?
- How are challenging behaviours managed? Are possible causes and triggers explored so they can be mitigated?

CHECKS & BALANCES

- How are complaints managed? Ask current residents and their relatives about their experiences.
- How are accidents managed, e.g. a fall? It should be recorded, and steps taken to prevent it recurring.
- What are the systems to ensure safe management and storage of medication and dangerous items?
- How often are emergency and fire drills held? The care home should have systems and procedures in place to ensure resident and staff safety.
- How long certification has been granted for? Longer periods (e.g. four years) generally indicate greater compliance with standards and requirements.
- Do you have contents insurance for your personal items?

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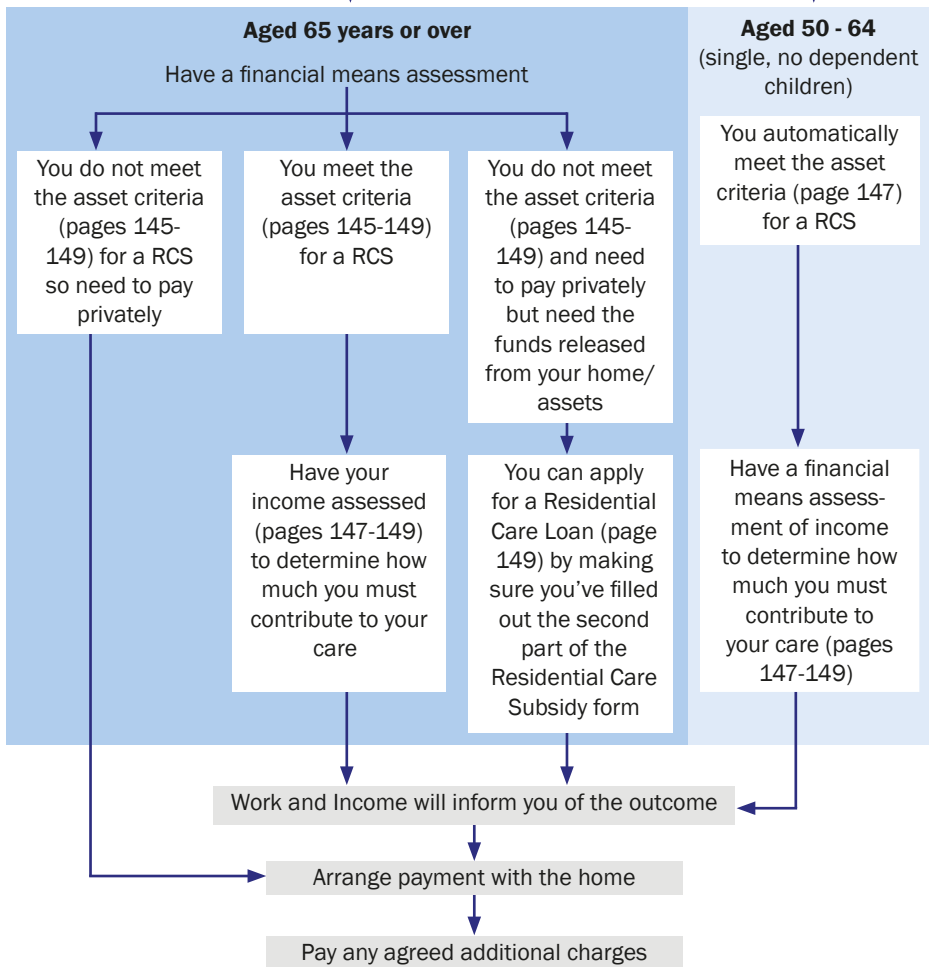
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HOW TO APPLY FOR A RESIDENTIAL CARE SUBSIDY (RCS) &/OR RESIDENTIAL CARE LOAN[^] (RCL)

Be assessed (page 60) to find out the level of care you need (page 137)

Decide what home you're going to (pages 92-107)

Apply to Work and Income for the RCS &/or Loan (pages 145-149) as soon as possible. Your older persons' service/needs assessor will supply the forms.



[^]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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