Where from here

HE ARA WHAKAMUA

Essential information for older people

2026 – Mid 2027

Upper 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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PLAN FOR THE FUTURE YOU WANT

Welcome to *Where from here He ara whakamua* – a guide to ageing in Aotearoa New Zealand. You deserve to have a voice in the decisions that affect your life. This handbook provides information to give you the confidence to take control of your journey.

With so much information available, it can be hard to know what's truly important. That's why we at The Eldernet Group created this book. Founded by Eleanor Bodger and her business partner in 1997, and later joined by daughter Esther Perriam, The Eldernet Group (Eldernet) was built on the belief that as you age, your own experience and wisdom should guide your decisions, being mindful that family, friends and specialist advisors can help along the way; just as they have in earlier life.

Since we're a family-run, independent business, you can be sure that all the information you find in this book is unbiased and impartial. This book has been designed to empower you, not influence you. We've compiled all the facts and figures, and interpreted confusing terms, so you can feel confident that you understand everything related to the ageing journey.

So, who is this book for? You might be an older person looking for support, or a carer wanting to learn more about the ageing journey. Perhaps you're a young person with an age-related condition, or 100 years old and fit as a fiddle, but interested in how you can support your older friends. In short, this book is for everyone who wants to learn more about the ageing journey.

Here at Eldernet, we want to change the face of ageing: we want you to feel encouraged and emboldened. We encourage you to take the time to explore, research, and ask questions. Remember, the more information you have, the more confident you'll feel when making important decisions for your later life.

Where from here is produced for four regions across Aotearoa. Contact us if you'd like a book for a different area.

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This book is published annually. All details have been carefully checked before publication. All financial information was correct at time of printing but may be subject to change. Where possible, we have consulted experts, checked with relevant government agencies and their websites, public health services, and a wide range of service providers, groups and organisations. We do not take responsibility for any changes, errors and/or omissions, and we urge you to seek appropriate or professional advice on all issues.

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 151).

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 (page 149).

ADVANCE CARE PLAN & ADVANCE DIRECTIVES: Plans for your future care needs (page 57).

ARRC: Age-Related Residential Care. Term often used in relation to the Health New Zealand | Te Whatu Ora contract with care home providers (page 149).

ASSET THRESHOLD: As relating to residential care (page 163).

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

CARE SUITES: A MOH-certified suite, 'purchased' under an ORA, and that meets the requirements for providing care for those who have been assessed as needing it (pages 125 & 151) or those who are fully private paying.

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

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

CONTACT PERSON: Your contact at your local older person's service (page 7).

DMF: Deferred Management Fee. (Relates to registered retirement villages.) This is the percentage deducted from your purchase price; received on the resale of your ORA unit/home. The figure is shown your contract (page 123).

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 153).

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

FULLY PRIVATE PAYING: Someone who covers the total cost of their care without any financial assistance, such as top-up subsidies from the government.

GP: General practitioner or doctor.

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

HEALTH NEW ZEALAND | TE WHATU ORA: Provides and coordinates health services across New Zealand. Previously provided by district health boards (DHBs).

interRAI: A computer-based assessment and care planning programme (page 66).

LEVELS OF CARE: Relates to the type of residential care you need (page 153).

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. This is updated annually. As at 1 July 2026, the rates range from $1,513.33-$1,634.43 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. It regulates and monitors our health system, certifies care homes and advises the Government on health policy.

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

NASC: Needs Assessment Service Coordination (page 7).

NEEDS ASSESSOR: Usually 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 10).

ORA: Occupation Right Agreement (page 139).

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 generally 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 163).

RESIDENTIAL CARE: A 'live in' service for those requiring high levels of care i.e., a care home. (page 141).

RESPITE: A short-term care or stay option providing a break for carers (page 89). May be provided in a range of settings including a care home.

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 149).

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

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

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

OLDER PERSON'S SERVICES - CONTACTS

Your first point of contact in the health system should be your GP. To access funded or subsidised services such as home support, carer support or residential care, you will need to have an interRAI assessment (page 66). The team that manages this process is commonly known as NASC, but may have other names. You may be referred by your GP or another health professional, or you can self-refer by directly contacting one of the teams below.

WAITEMATĀ

Needs Assessment & Service Coordination (NASC) | Health NZ
Phone: (09) 442 7171
Email: nascinfo@waitematadhb.govt.nz

Ground Floor, Te Whare Karaka Building, 9 Karaka Street, Takapuna
Waitakere Hospital, 55-75 Lincoln Road, Henderson
Hibiscus Coast Community Health Centre, 136 Whangaparaoa Road, Red Beach

TE TOKA TUMAI | AUCKLAND

Needs Assessment & Service Coordination (NASC) | Health NZ
Phone: (09) 631 1234   Freephone: 0800 631 1234
Email: communityservices@adhb.govt.nz

Greenlane Clinical Centre, 214 Green Lane West, Epsom
Rehab Plus, 54 Carrington Road, Point Chevalier

COUNTIES MANUKAU

Community Central | Health NZ
Phone: (09) 277 3440   Freephone: 0800 262 368
Email: dutynasc@middlemore.co.nz

Middlemore Hospital, 100 Hospital Road, Ōtāhuhu

TE TAI TOKERAU | NORTHLAND

Needs Assessment & Service Coordination (NASC) | Health NZ
Phone: (09) 430 4131 Freephone: 0800 88 88 90
Email: NL-nasc@tewhatuora.govt.nz

Commerce Street, Whangārei

Hauora Hokianga Trust
Phone: (09) 405 7709
Email: nasc@hauorahokianga.org.nz

163 Parnell Street, Rawene

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 Aged Care Commissioner monitors the delivery of care and quality of life for older people, wherever they live.

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

Auckland Central	0800 555 050
Kaitaia	(09) 408 0006
North Shore	(09) 441 9001
South Auckland	0800 555 050
West Auckland	(09) 838 8068
Whangārei	0800 555 050

MAKING A COMPLAINT

Never feel bad about making a complaint: complaints help services improve. If the service has a complaints process, follow it. For all others:

Not confident? If you are not confident making a complaint yourself, find your local advocacy service where you can get support (page 8).

The manager In the first instance speak to the manager of the service. If they cannot resolve your complaint, follow the relevant process below.

For care homes and home support
Ring your main public hospital and ask for the Service Development Manager - Ageing Well team. Explain the situation to them.

If not addressed
For care homes HealthCERT 0800 113 813 and Aged Care Association (04) 473 3159 may be able to assist.

For home support contact Home & Community Health Association info@hcha.org.nz

The Health & Disability Commissioner
If your complaint is still not resolved, contact the Health & Disability Commissioner 0800 11 22 33.

For Retirement Villages
There is a formal process that must be followed. See www.retirement.govt.nz, or (09) 356 0052.

Or call the Retirement Commission on 0800 268 269 or the Retirement Villages Association (04) 499 7090.

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. There is no "age of retirement", so you are not required to be retired to receive NZ Super. 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 $1,110.30 a fortnight after tax on the M tax code (as at 01 April 2026). 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

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 your GP and available subsidies. 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.

Super/Veteran's Pension and they still need financial help, they will need to 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 rate as NZ Super; this 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. The maximum is $82.85 per week (as at 1 April 2026). 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 This assistance 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 $2,697.43 (as at 1 April 2026). Income and asset testing of the deceased and partner or parent/guardian applies.

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

RATES REBATE

For older people, particularly those on low or set incomes, rates increases can be stressful. A rates rebate gives some relief.

The maximum rebate you can receive for the period 1 July 2026 - 30 June 2027 is $830. Eligibility and the amount you receive depends on the amount of rates you pay, how many dependants live with you, your household income before tax, whether you own your property, and your living situation. Even if you live in a retirement village, you may still be eligible.

Contact your local council after you get your rates bill (they won't contact you) or visit www.govt.nz – search 'rates rebate'.

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, FamilyBoost, 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.

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. Whenever you buy something, ask if the SuperGold Card discount applies. You can also check the website www.supergold.govt.nz or app for details. If you qualify for a Community Services Card (page 10), 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 from 1 May to 1 October to help with the cost of home heating. It is paid automatically to those receiving 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.

Possible entitlements include:

• treatment and rehabilitation costs;
• aids and equipment;
• counselling;
• mileage, travel costs to go to appointments and related accommodation;
• a lump sum payment ('one off' or ongoing) if you are permanently impaired.

You have the right to have a support person attend appointments with you and you can apply for a review of decisions made about your claim. While ACC provides funded support for those who sustain injuries, a major focus is prevention.

Hearing Aid Subsidy & Hearing Aid Funding Schemes These are two types of assistance for hearing aids. Your eligibility depends on what type of hearing loss you have and your circumstances. You may be eligible for the Funding Scheme if you have hearing loss with additional disabilities, or hold a Community Services Card and are actively working, studying, volunteering, job seeking, or caregiving. 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 (also see page 21).

National Travel Assistance This scheme supports people who need to travel long distances or frequently for specialist medical appointments. You may not be eligible if you already receive funded travel support from another source.

You may be eligible if you are referred by one government-funded specialist to another and you meet one or more of the following criteria:

• travel over 350km one way per visit;
• visit 22+ times in 2 months;
• visit 6+ times in 6 months and travel over 50km;
• hold a Community Services Card and travel over 80km.

Accommodation assistance may be available if travel exceeds 100km one way. This scheme may also cover a support person if recommended by your specialist.

To claim:

• You must register: A hospital travel coordinator, health/disability specialist, or social worker must help you. If eligible, you will receive a confirmation letter and claim forms.
• Complete and sign the form.
• Get it signed/stamped by the facility or attach proof of attendance.
• Include original, itemised receipts.
• Provide bank details e.g. deposit slip.
• Submit within 12 months of the appointment. Send to:

National Travel Assistance
Sector Operations, Health NZ
PO Box 1026, Wellington 6140
For more information: 0800 855 066 ext 3, or email claimsmanagement@health.govt.nz

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

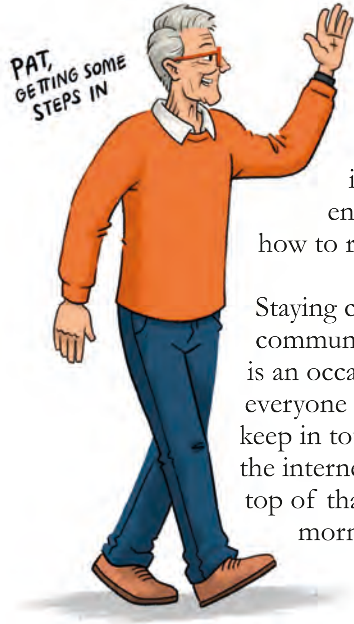
USEFUL CONTACTS

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 (Northland)	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.cancer.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 (Auckland)	www.dementia.nz More information on pages 49.
Grandparents Raising Grandchildren	Freephone 0800 472 637. www.grg.org.nz
Grey Power	Freephone 0800 473 979. www.greypower.co.nz Advocacy and lobby group.
Hato Hone St John - Caring Caller	Freephone 0800 422 5537. www.stjohn.org.nz Free telephone checking service offered by St John.
Health & Disability Commissioner	Freephone 0800 11 22 33. www.hdc.org.nz
Health New Zealand | Te Whatu Ora	Freephone 0800 855 066. www.healthnz.govt.nz Search ‘older people’.
Healthline	Freephone 0800 611 116. www.healthline.govt.nz
Ministry of Social Development (MSD)	www.msd.govt.nz For income and other support.
Money Talks	Freephone 0800 345 123. www.moneytalks.co.nz
Nationwide Health & Disability Advocacy Service	Freephone 0800 555 050. www.advocacy.org.nz See page 8.
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.
The Eldernet Group	Freephone 0800 162 706. www.eldernet.co.nz Extensive database of services for older people.
The Federation of Disability Information Centres	Freephone 0800 693 342. www.thefederation.nz
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

Here we introduce you to Pat and Chris, two people who are on very different ageing journeys.

Introducing Pat & Chris



Pat has lived in a retirement village for the past few years and enjoys leading an active, social lifestyle. Staying physically fit is high on the agenda - regular walks, a weekly swim in the village pool, and plenty of movement built into the day help keep him feeling strong and energised. While he's a busy person, he does know how to relax too.

Staying connected with friends, family and the wider community matters to Pat. The weekly crossword club is an occasion he really looks forward to, and when not everyone can make it in person, video calls help the group keep in touch. Pat is becoming more confident navigating the internet and has joined an online book forum. On top of that, volunteering at the local charity shop two mornings a week brings a sense of purpose and helps him connect with people outside the village.

Chris lives in the family home and mostly enjoys living independently. Mornings usually start with the radio to keep up to date with current events, followed by a chat with one or two of the children over the phone, even if it's sometimes a struggle to get the video function working.

Some ongoing health challenges impact mobility, but Chris still gets out and about when possible with the help from a walking stick. However, she can feel a bit isolated at home and would love to be more involved with the community, but isn't quite sure where to start. All this has sparked some thoughts about the future, and whether it might be time to downsize to a smaller home.

LEAFY GREENS & BRISK WALKS

Staying active as we age is good for our body, mind and spirit. As they say, 'use it or lose it'. 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 simply getting outside to garden, works wonders, whereas others need something more vigorous. High intensity exercises, if appropriately prescribed by a health professional, can benefit many older people. 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. Ask your GP if you need advice about specialised equipment for use in the kitchen, or 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 hearing aids if needed. Independent free hearing tests are available from Your Way | Kia Roha, which are publicly funded (freephone 0800 008 011). Many hearing clinics also offer free basic hearing tests and promotional offers (see page 15).

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 medication so you understand it, and ask 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. Exercise, 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 accidents 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.

WHO CAN HELP?

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

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 something out there that'll meet most people's needs.

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. You 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 that is the right fit for you and your situation.

Subsidised services An assessment by a suitably qualified health professional is required to access loan equipment and home modification services. Contact your GP or older person's service (page 7) for a referral. Accessable provides equipment in the Upper North Island region (0508 001 002).

Loan equipment To be eligible for publicly funded equipment, you must have a disability that will last longer than six months, need specific equipment to help you manage, meet residency requirements, and not have access to other funding, such as ACC.

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

Items that cost less than $50 are generally not part of the loan scheme and, if wanted, purchased privately. Disability equipment providers may also provide loan equipment.

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 for subsidised modifications.

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 change your current living arrangements, planning and research will point you in the right direction.

Moving home is stressful, even if you're looking forward to it. You may find yourself 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 services that can help you reorganise and/or downsize, 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 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. (page 55).

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 with shortages and strict criteria around assets, income and need. Contact Kāinga Ora (freephone 0800 801 601), your local council or

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?

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 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 (freephone 0800 836 262).

If you are new to renting, make sure you obtain information from tenancy services on your rights and obligations.

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. 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 128-135 show a selection.

Boarding/Supported living These are often family/whānau style homes. Residents are independent and have their own room/unit, usually with shared communal areas. There may be help with some tasks, such as housework or meals. Board or weekly rent applies.

Abbeyfield Housing These are specifically designed for people over 65 who are single and can take care of themselves. Residents have their own unit, but come together for shared meals prepared by a housekeeper; there is a strong emphasis on reducing loneliness and social isolation. Note that openings in Abbeyfields can be scarce.

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 Look for a home that suits an older person. Think about 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 (www.goodhomes.co.nz) has resources to help make housing decisions, plus ideas for 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.

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 can provide lots of ways to improve our lives.

The speed of technological change can make your head spin, but there's no denying the place technology has in making our lives easier.

For many, internet access is a necessity. This is because the internet keeps people connected, is easy to use once you've mastered the basics, and it allows you to find out almost anything you want to know. You can watch TV programmes (including past episodes), join interest groups, or use free video calling to talk to people all over the world. Social media platforms like Facebook can also be a good way to keep in touch with people who live far away.

Recently, we have seen a boom in the way we can use AI (Artificial Intelligence) in our daily lives. This technology enables computers to act in ways that mimic how people solve problems or understand information. You can use it for anything from meal planning, to providing live captions on video calls for people with hearing difficulties. If you are using AI for research, make sure to double check answers: AI can sometimes "hallucinate," meaning it could give you wrong information!

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

Many GPs are now using online health portals that give you online access to your health records and lab results, and allow you to book appointments and order repeat prescriptions.

'Telehealth' refers to the use of technology by health professionals to remotely manage aspects of your care or monitor your health and/or safety needs. Personal alarms are a common example of this.

There are gadgets that can help you test your own blood pressure or blood sugar levels; machines to help with medication management; and door, bed and movement sensors. Appropriate technologies can support people to live safely, with minimal intervention. While some people feel the use of any device can be intrusive, guidelines have been 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.

JUST IN CASE...

Mobile phones can provide a feeling of security for some people. They can be very useful for keeping in touch with others, especially during an emergency. Make sure you ask questions about what sort of mobile phone might be best for you and don't be swayed by salespeople who may promote a product/plan with extra features you don't need.

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 include free 'Staying Safe' refresher courses for older drivers, 'Steady As You Go' (SAYGo) falls prevention exercise classes and digital literacy sessions.

Age Concern Auckland and Age Concern Kaitaia & Districts are contracted Elder Abuse Response Service (EARS) providers. This service helps protect the rights of older people.

All offices are open to the public. Call 0800 65 2 105 for Age Concern offices not profiled on these pages.

AGE CONCERN
NEW ZEALAND
He Manaakitanga
Kaumātua Aotearoa

AGE CONCERN MID NORTH
Kingston House
123 Hone Heke Road, Kerikeri
(09) 407 4474
info@acmn.org.nz
HOURS: 9am – 1pm weekdays

Click a listing for more info

Age Concern Mid North offers a variety of services to support the needs of older people from its Kerikeri base. These include weekly strength and balance classes, Tech for Seniors, art and mindfulness, book club, monthly meet and greets, legal advice, a Visiting Service, advocacy, and 'Staying Safe' refresher courses for older drivers. Specialist equipment is available for hire.

AGE CONCERN AUCKLAND

www.ageconcernauckland.org.nz

Elder Abuse: See it, Hear it, Speak up!

ageconcern@ageconak.org.nz

Follow us on social media:

www.youtube.com/@AgeConcernAKL
www.facebook.com/ageconcernauck

Central & West

57 Rosebank Road, Avondale
(09) 820 0184
HOURS: 9am – 4pm weekdays

Counties Manukau

Cambria Park Homestead
250 Puhinui Road, Papatoetoe
(09) 820 0184

Age Concern Auckland supports older people, families, and carers with free, confidential advice and practical help. We help you stay independent, safe, and connected in your community, and offer support early, before situations become difficult.

Our services include health and wellbeing programmes, social connection opportunities such as in-home visiting, and an Elder Abuse Response Service to address abuse and neglect.

Our social workers provide guidance on a wide range of age-related concerns, including housing, health, and wellbeing. Support is available in Mandarin, Cantonese, English, Japanese, Korean, and Hindi.

Call us to talk through your situation - we're here to help.

AGE CONCERN AUCKLAND
He Manaakitanga Kaumātua Aotearoa

AGE CONCERN KAITAIA & DISTRICT

16 Commerce Street, Kaitaia
(09) 408 2997
027 408 2997
ageconcernkta@xtra.co.nz
HOURS: 9am – 4pm weekdays

Click a listing for more info

Age Concern Kaitaia & District supports the needs of older people in the Far North. Its drop-in centre provides free and confidential information, advice and advocacy for older people, their whānau and carers. It delivers the Elder Abuse Response Service (EARS) for all of Northland (Kaipara, Whangārei and Far North districts). Its Visiting Service helps combat loneliness and isolation in older people. There are also monthly health promotion meetings, outings, and a weekly exercise class.


AFFORDABLE RENTAL HOUSING FOR OLDER PEOPLE
Haumaru Housing provides affordable rental housing for people over 65 years of age who can live independently.
We offer comfortable one-bedroom homes for singles or couples across 63 village communities in Auckland – with our brand-new village in Green Bay also nearing completion.
If you're on the social housing register and looking for an affordable home to age in place, call us today.
We also offer rentals at 50% off market rent on selected units.
Visit www.haumaruhousing.co.nz/apply-now
or contact us on 0800 430 101 / info@haumaruhousing.co.nz.
Click the ad for more info

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.

Stay connected and independent with The Selwyn Foundation

Staying connected is key to wellbeing.
That's why The Selwyn Foundation and our community partners support older people to live independently at home, with services promoting social connection, wellbeing, and practical help.

Selwyn Centres - fun, friendship and community.
Selwyn Centres offer a welcoming space for older people to meet and socialise with other seniors in their area. Run with local Anglican parishes, these community hubs boost wellbeing through connection.
Find one near you at **www.selwynfoundation.org.nz.**

Selwyn Support Connector Service - help when you need it.
If you're needing some extra support, our Selwyn Support Connectors can help.
They can offer guidance with social connection, health, tech, counselling or home care.
To contact a Selwyn Support Connector, ring **Age Concern: 09 820 0184 | ageconcernauckland.org.nz**
Or contact **The Selwyn Foundation: 0800 473 599 | Enquire@selwynfoundation.org.nz**

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.

WHY YOU NEED TO GET AN EPA

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

SETTING UP AN EPA

- A lawyer or trustee corporation can set up an EPA. Costs vary.
- 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.

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 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 currently reviewing the law relating to adult decision-making capacity, which may result in changes to when and 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 corporation. 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 corporation. Thanks to Marcia Read, Solicitor at Anthony Harper, for reviewing this article.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Trying to decide where to start with your later life planning?
Explore hundreds of helpful resources, videos and podcasts to plan ahead so you can get back to enjoying life.
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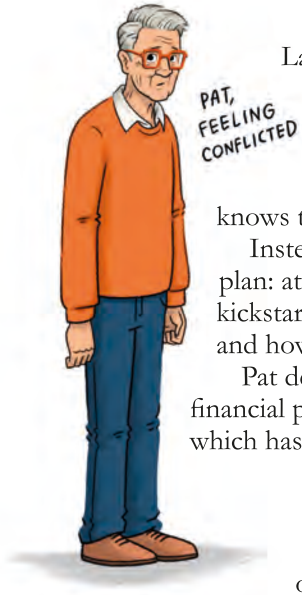
GO WITH GRACE


Dying Matters WEEK
Shaping Your Legacy
7th - 13th September 2026
Find events near you
gowithgrace.nz/dyingmatters

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.



Lately, Pat has been a little more forgetful and he's worried he might have dementia. After talking to his doctor, however, he is relieved to find it's a normal part of ageing. Regardless, Pat's children still suggested he take a step back from managing personal affairs. While he knows they mean well, it's not something he feels ready for.

Instead, Pat has taken it upon himself to make an end of life plan: attending more funerals than birthdays has kickstarted thoughts about what his final days might look like, and how he might communicate those wishes to people he loves.

Pat decided to use the Eldernet website to learn more about financial planning, and how to go about updating the Will, which hasn't been looked at for over 20 years.

Life has felt very heavy for Chris since her oldest friend passed away. She puts on a brave face, but doesn't really feel like herself, often feeling overcome by waves of anger, sadness, and guilt. Most days feel lonely, and she can go for days without getting out of bed. Her son lives far away and tries to visit when he can, but her daughter tends to only visit to ask Chris for money. Chris is starting to wonder if this counts as financial abuse.

A recent health scare hasn't helped Chris' state of mind either, and she can't help but worry about what might be around the corner. She knows it's important to start planning for the future, but right now that feels too overwhelming.

However, Chris heard about a local amateur radio club that meets up at least once a week over a coffee. Going for the first time felt a little daunting, but she fit right in and is feeling less socially isolated.

Click the ads for more info

MANAGING YOUR MONEY

As we get older our financial goals change. 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 later in life, 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 information, not personal advice.

Banking Online banking has made life much easier for tech users, despite having to be mindful of potential scams (page 45). For others, things have got harder, with bank branch closures and the disappearance of cheques. If the latter is you, tell your bank about your difficulties and ask them about how they can make money management easier for you. Some banks even offer dementia friendly services.

Bereavement In some cases, one person in a household is responsible for the finances. Things can become difficult if they no longer do this. Having a trusted person/financial advisor assist with partially filling that void can provide peace of mind.

Day-to-day expenses Many people struggle to meet rising house, health or living costs. 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. Discuss your intentions with family/whānau to avoid future misunderstandings (page 57). Ensure you are claiming back any tax deductions available to you.

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 25 & 55).

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. Most places charge a fee to use payWave so you can use your PIN instead.

Releasing of your equity in your home This may free up capital (page 55-56).

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 (page 167).

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. It's a good idea to regularly review whether you are comfortable with your fund's risk level, and whether you wish to withdraw some of it.

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.

YOUR PIN NUMBER

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

Monitoring your bank account Check your statements each month. Watch for spending discrepancies, cashflow and automatic payments. You may find it helpful to ask a trusted person to do this with you.

In general, It's helpful to organise your finances and plan for the future. When possible, it's good to get financial advice. For those not getting specialist advice, The New Zealand Society of Actuaries has devised Decumulation 'Rules of Thumb' (www.sorted.org.nz/tools/retirement-navigator) that are useful for making spending decisions.

Keep your financial information in one place, prepare for unexpected events and create a plan for transferring responsibility so it's ready if needed. Ensure trusted individuals understand your financial situation and what may be required of them.

The above is not personal financial advice nor a recommendation for you to take a particular course of action. Thanks to Matt Wenborn and Cam Irvine from Irvine Wenborn Investment Partners for reviewing this article.

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)

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.

Scammers are out there, but there's lots of help available to keep you safe: check out Consumer NZ and ANZ's Scam Academy for a start.

Scams can come in a variety of forms, such as door knocking, phone calls, texts or online approaches.

Unsolicited phone calls These people may claim to be from your bank. Hang up and call the bank on a publicly listed number. If it's genuine, they will have a record of the call.

Phishing This is an attempt to access your personal information. A common type is a fake text from a delivery company. Stay alert and look out for spelling and grammatical errors. Never click on links or download attachments in unexpected emails/texts.

Romance/dating scams These are cruel as they play on someone's sense of loneliness. Once trust is established, they will ask for money or help with a banking transaction. Never send money/gifts to someone you haven't met in person.

Investment scams These usually come via a phone call and may have paperwork and a website that appears legitimate. Consult a financial advisor about investment opportunities and always take the time to do your own research.

A false claim This involves an urgent message from a new number or social media profile claiming to be a friend or relative. Double check with your 'person' on their known number or ask the scammer something only your 'person' would know.

Deepfakes These are one of the latest ploys used by scammers: they are realistic but fake videos, images or audio that impersonate people, usually public figures. Deepfakes trick people into believing false information, or transferring money by promoting a fake investment scheme, for example.

They are harder to spot than traditional scams. Scrutinise the image or video closely. Does the skin appear too smooth or too wrinkly? Do the lip movements look unnatural? If yes, the video is likely not real.

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. Reporting scams is the best way to ensure they are shut down, as authorities can issue warnings and take steps to block the offenders.

IF YOU'VE BEEN SCAMMED...

- Stop all communication immediately and call 105 (NZ Police Non-Emergency).
- If you've received an online scam, report it at www.ncsc.govt.nz or www.netsafe.org.nz.
- If you've handed over your bank details, contact your bank on a publicly listed number and immediately suspend your account. Fraudulent credit card transactions can sometimes be reversed.

DEALING WITH DEPRESSION

Feeling low or depressed isn't a part of ageing, and it's something that can be treated. Many older people choose to keep it to themselves, but reaching out for help early can make a big difference.

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 drugs,

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.

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, 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.

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.

DEMENTIA MATE WAREWARE - IS THE OUTLOOK BRIGHTER?

In the past, a dementia diagnosis was seen as a fast track into a care home; today, new innovations provide better support, and research hopefully brings us closer to a cure.

Research into dementia has come a long way. There is a focus on efforts to improve brain health before the disease progresses. Lifestyle and environmental factors have been shown to improve our brain health, with such changes possibly explaining recent reductions in the risk of dementia found in some overseas studies. With consistently ongoing research to find the cause of and ways to tackle dementia, hope keeps emerging.

The IDEA study looking at dementia and equity is gaining a more complete picture of dementia in New Zealand so culturally appropriate services can be developed for our diverse population.

The government is supporting the Dementia Mate Wareware Action Plan by funding pilot programmes in some regions to provide new post-diagnosis support, Cognitive Stimulation Therapy, and respite services for family/whānau acting as carers.

An early diagnosis is vital to access therapies, medications, education and support services as soon as possible.

Improve your brain health

- Protect your head against injury.
- Avoid or limit toxins like smoking/vaping, alcohol, exposure to air pollution.
- Keep existing conditions well-controlled; e.g., diabetes, high blood pressure, high cholesterol and depression.
- Check your hearing and eye health regularly, and get hearing aids and treatment as early as possible.
- Stay connected with friends and family/whānau.
- Keep learning new skills.
- Maintain a healthy weight.
- Stay active with light aerobic and strength/balance exercises.

While we can do everything 'right' and live as healthily as possible, not everything is under our control and some of us will still develop dementia. We can always help our brain to be as healthy as possible, dementia or not.

What to do If you're worried about your brain health, note any worrying occurrences (such as brain fade, confusion, difficulty problem solving, or feeling fearful about what's going on) and book an extended appointment with your doctor. Take a support person if possible. Your doctor will use a range of tests to rule out alternative causes of your symptoms.

Normal ageing affects our short-term memory so it's important to know that general forgetfulness is not a sign of dementia.

FIND OUT MORE

Alzheimers NZ (Northland)
Freephone 0800 004 001

Dementia NZ (Auckland)
Freephone 0800 433 636

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. As many as one in 10 older people will experience some kind of 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. Fear of being ashamed or upsetting family/whānau will often prevent action being taken. The older person may think they won't be believed, that it's not that bad or it's their fault. Both parties often 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 needed. 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, 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 PIN numbers demanded; family/whānau

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, ring your local Elder Abuse Response Service below or the free helpline 0800 32 668 65.

Northland

Age Concern Kaitaia & Districts
(09) 408 2997

Auckland

Age Concern Auckland
(09) 820 0184

CNSST Foundation
(For Asian community)
(09) 570 1188

Mai Lighthouse
(09) 238 6233

Shanti Niwas Charitable Trust
(For Indian & South Asian community)
(09) 622 1010

Te Ahi Kaa Indigenous Solutions
(South Auckland)
(09) 238 1816 or 0800 524 942

TOA Pacific Incorporated
(For Pasifika community)
(09) 276 4596

Vaka Tautua
(For Pasifika community)
0800 825 282

Visionwest Waka Whakakitenga
(Rodney & Waitākere districts)
0800 990 026

Waiuku Family Support Network
(Franklin district)
(09) 235 9099 or 0800 937 656

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 pills, eating or personal care; or that Grandma cannot be responsible for childcare and needs the opportunity to get out of the house; or that it's best for Nana to be up and dressed each day if possible; or that the pension is for Poppa's needs.

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. Remember help is available.

Click the ads for more info

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 don't have the financial ability to do the things you want, then you might be casting around for a solution. Several solutions have emerged over the years, and no doubt others will continue to emerge.

Downsizing While this sounds like a good option, research suggests it may not deliver as much financial gain as hoped. Many family homes are old, poorly insulated, or expensive to renovate. Even newer ones may come with hidden issues like those from the leaky home era. A warm, low-maintenance, modern home in the same neighbourhood - close to friends, family/whānau, and essential services - can be difficult and costly to secure. Sometimes, a newer home may cost just as much as what was realised from the sale of the old one, so careful, thoughtful decision-making is needed.

Retirement Villages A retirement village offers lifestyle benefits for some, but not all. Make sure it's the right step for you, as buying in to a village can be a one-way decision, as capital loss may restrict your ability to re-enter the property market.

Selling and renting This exposes you to rental market fluctuations and insecurity. Freed-up funds may not last as long as expected, and could also impact eligibility for the RCS should you ever need residential care.

Equity release/reverse mortgage These arrangements let you convert some of your home's value into cash while continuing to live in it. You repay the loan (plus compounding interest) when you sell the home or die. The two main providers are Heartland and SBS banks.

This arrangement is most suited to those over 60 who are mortgage-free, though financial advisors say the older you are the better, as you have a shorter period over which interest accrues. It's also recommended to use them for specific purposes (e.g. urgent renovations or care needs) where you can clearly define the budget.

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. 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 and what the implications are if you need to go into a care home.

Lifetime Home model This is a new debt-free alternative to reverse mortgages that doesn't involve borrowing or compounding interest. Instead, you sell a portion of your home's equity (typically 35% over 10 years) and in return, receive regular fortnightly payments (around $873 for a $1 million home, after fees).

You remain in your home, with guaranteed lifelong occupancy. When the home is sold, sale proceeds are shared between you and Lifetime Home. If the property value has increased, the gain is shared in the agreed proportions (e.g. 65% for the homeowner, 35% for Lifetime Home). If the property value has decreased, the loss is shared similarly.

This model is appealing to those who want certainty and to avoid the ballooning debt common in reverse mortgages (e.g. $100,000 borrowed today could grow to $270,000 in 10 years at 10% interest).

It's available to those aged 70+, who own a standalone, mortgage free home (not a unit or apartment) in an eligible area. Homes in Trusts can qualify.

Other options

- Some people borrow or sell to family/whānau to free up cash. This should be properly documented with legal advice.
- Council Rates Relief or Postponement (different to the Rates Rebate page 11). Contact your local council.
- Subdividing is now an easier option for those with larger sections.

While each option has its pros and cons, speaking with an accredited Financial Advisor will help you decide what's right for you.

For free, comprehensive, unbiased information see www.moneyhub.co.nz

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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.

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 valid.

Advance Care Planning An Advance Care Plan, or ACP, spells out to family/whānau, those closest to you, those who hold your EPA (page 36), and your GP your intentions and wishes with regard to your future healthcare needs. Your wishes may be more detailed in your Advance Directive. Workbooks have been designed to guide you through the process. A template is available on the Advance Care Planning | Tō tātou reo website www.myacp.org.nz. If you don't use the internet, ask your healthcare team where you can get a paper copy.

Living Will or Advance Directive
A Living Will or Advance Directive conveys your wishes should you not be able to speak for yourself: for example, if you are unconscious and decisions need to be made. It allows you to indicate what sort of treatment/s you would like and/or the situations that you would not give your consent to. In reality, thinking through each possible situation can be complex, time-consuming and difficult.

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

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

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

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

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 (per person if a couple) for a prepaid funeral is exempt from the asset test.

Funeral insurance is different. Get financial advice and do your research. Consumer NZ and MoneyHub NZ are great resources.

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 needs. 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 85).

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 This specialist type of care focuses on you and your 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 by maximising quality of life, managing symptoms, and offering individual care and support to you and your family/whānau.

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 supporters.

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 equipment you need, 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 NZ do not agree with assisted dying, they will continue to support people regardless of their beliefs. Find practical resources 'A Hospice Guide for Carers' and 'The Palliative Care Handbook' at www.hospice.org.nz.

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.

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.

Assisted dying The End of Life Choice Act 2019 allows those over 18 who experience unbearable suffering from a terminal illness to legally ask for medical assistance to end their lives.

HOSPICES IN YOUR AREA

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

- Avondale (09) 828 3321
- Dargaville (09) 439 3330
- Glendowie (09) 575 4555
- Hibiscus (09) 421 9180
- Kaitaia (09) 408 0092
- Kerikeri (09) 407 7799
- Manurewa (09) 640 0025
- Ponsonby 0800 888 474
- Pukekohe 0800 372 001
- Takapuna (09) 486 1688
- Te Atatū (09) 834 9750
- Waiheke Island (09) 372 7131
- Warkworth (09) 425 9535
- Whangārei (09) 437 3355

If you live in a remote area, support may be available by telephone or video call.

The decision to receive assisted dying is entirely yours: never feel pressured by anyone including friends or family. You can 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 your doctor is unwilling to assist you, you have the right to choose another. The SCENZ Group maintains contact details of medical practitioners and psychiatrists willing to provide parts of the assisted dying services (freephone 0800 223 852). The legislation sets tight controls on who can avail themselves of the option. Find detailed information about your rights under the Act on the Health NZ website.

If you are in a care home and you intend to exercise your right to assisted dying, check whether your care home will support you.

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, cyclones, fires and floods, New Zealand can seem like nature's playground. Extreme events are becoming more common due to climate change. Here are some tips to help keep you and those close to you 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 waterproof 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 supermarket) to help with any symptoms.
- Stay connected with your family/whānau, friends and community (online or over the phone if you are isolating).
- Write down any household instructions someone else could easily follow if you get sick and need hospital care. Cover things like feeding pets, paying bills and watering plants.

KEY CONTACTS

Call 111 for Police, Fire, or Ambulance during an emergency. Call 105 for a non-emergency report.

Regional Emergency Management:

- Auckland 0800 222 200
- Northland 0800 002 004

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

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 someone you love, although loss can come in many forms. Some of us may experience a loss of independence (such as decreasing mobility or transitioning into care) while others may be faced with a life-changing health diagnosis. For many, grief can begin before a loss occurs. This is called anticipatory grief; it may be felt months or years before loss, and often brings a mix of emotions, such as sadness, guilt, helplessness or relief.

We all experience grief differently; 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, friend or pet is not an event to 'move on' from, as its impact is ongoing. Grief can accumulate over time and resurface unexpectedly, like coming across a power bill in your partner's name.

Anticipatory grief can bring similar waves of emotion, like grieving lost opportunities, or wondering if this is the last time you'll celebrate a birthday with a loved one. It is common to feel conflicted, wanting to remain hopeful while also preparing for reality. There are actions we can take to ensure grief doesn't rule our lives.

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; 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, whether it's feeling you should have done more, wishing your loved one's suffering would end, or allowing yourself moments of happiness. You don't need to diminish the negatives to accept the positives in your life. 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.

We can often be unwilling to share our feelings with others, so as not to 'burden' them with our problems. But it's important to share your grief. If you feel comfortable, open up to those you trust about how you're feeling (you may find that you're not alone in what you're going through). Otherwise, talk to someone impartial can help share the load - this could be a counsellor, social worker or a trusted member of your community, such as a leader from your spiritual/religious group.

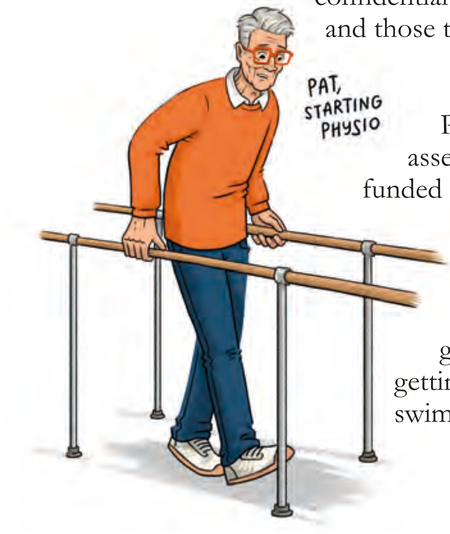
YOU'RE NOT ALONE:

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

KNOW YOUR OPTIONS

Health conditions or decreasing ability shouldn't necessarily compromise your ability to live as independently as possible.

Pat recently had a mild stroke, and Chris' mobility has been declining, so both have been referred for an interRAI assessment. interRAI is a programme used throughout New Zealand to assess a person's needs, both in the community and in care homes. The day for their appointments has arrived. Both are a little anxious, but their GPs have reassured them that the process is designed to give a clearer picture of what's best for them and their situation - it focuses on what they can do and how they function. Plus, the assessment is completely confidential to them, their healthcare professionals, and those they allow to see it.



Pat has waited almost six months for an assessment. While he doesn't qualify for funded assistance, the assessment has still been valuable, as it's helped clarify what will help him get back to what he loves to do. Pat has started physio, and weekly strength and balance classes at the village gym. He's looking forward to gradually getting back into swimming.

Chris' assessment has been fast-tracked after a tough week. Declining mobility makes everyday tasks like cooking and cleaning increasingly hard, even with growing help from friends at the radio club and her son, who has moved to live close by. While Chris felt embarrassed about being assessed, the outcome has been a blessing. Meals are now delivered, and a carer comes in to help her shower. For now, home support is the right fit, but a reassessment in the future will help ensure Chris continues to receive the right level of care as things change.

INTERRAI: HOW DOES IT WORK?

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

An assessment is not a test but a way to get the advice and/or support you need. You may be referred for an interRAI assessment or you can self-refer via older person's services (page 7). If you want or need to access publicly funded services, it is a requirement to have an assessment. The process begins with a health professional talking with you and your family/whānau or carers, making observations and referring to other clinical information. The assessment covers areas such as your physical, mental and spiritual wellbeing, health conditions, activities, medications and living circumstances.

Using this information, the assessor creates a profile of your needs. This profile is available to those who need to be involved in your further care so they are properly informed when planning your care with you.

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 often be known as NASC). Assessors are often based at your local hospital, in home and community support agencies, and at residential care homes.

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 long waiting list. If you can't manage or need further help during that time, go back to your local older person's service (page 7), 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.
- Be honest about any difficulties you may have.
- You can ask for a review if you do not agree with the outcome or the recommendations.
- Funded support services are reviewed regularly and as required.
- If your needs change, you will need a reassessment.
- If your circumstances (including financial) change, let your older person's service know.

Assessments are done in person, usually in the place you live, or occasionally over the phone. You can have a support person 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.

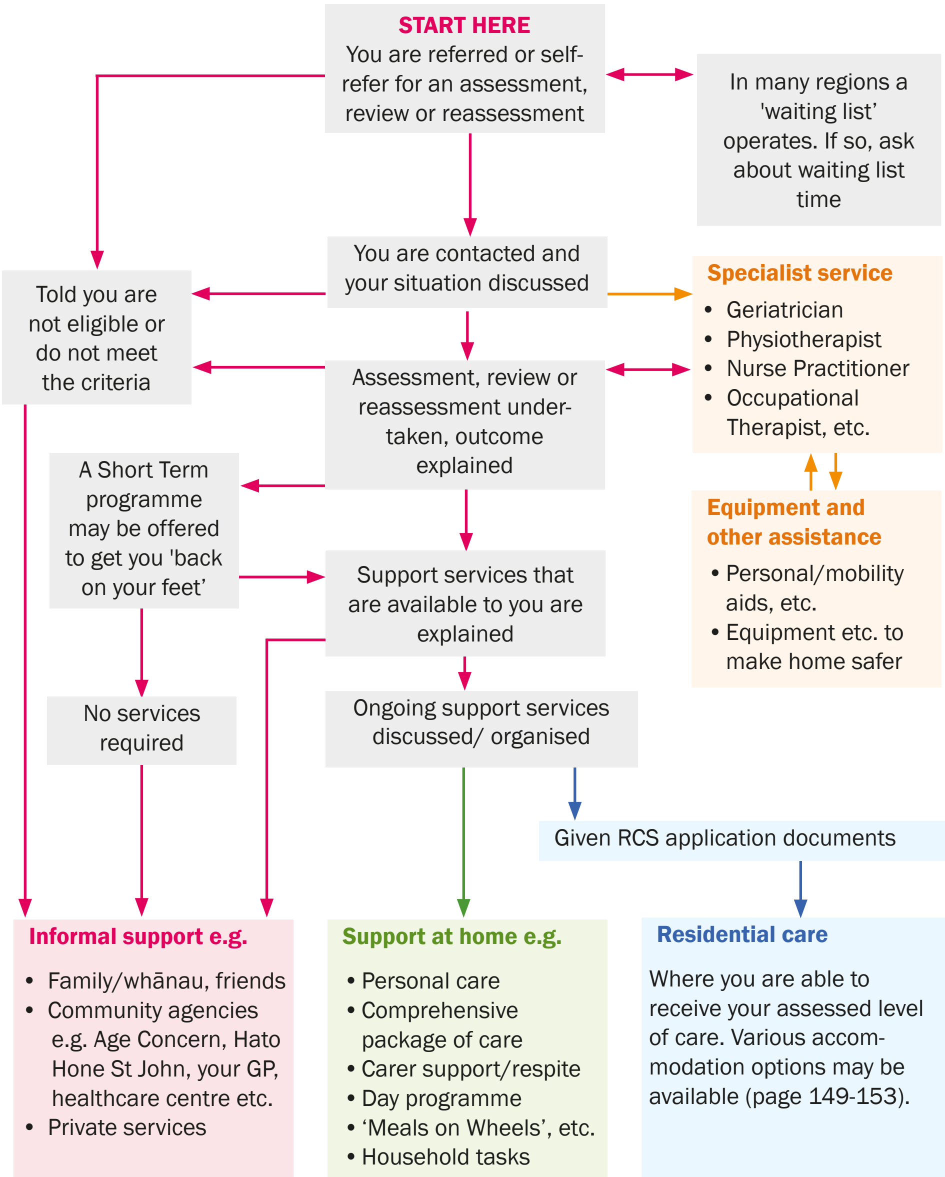
It will be discussed what formal services you may receive and who might provide them. Your support system can include informal support from family/whānau, friends, the community and other agencies. As important decisions may be made at this time, it is helpful to include those closest to you in any discussions.

Support services may include personal care, household/domestic assistance, equipment to make essential daily activities easier for you to complete, and carer support (if applicable).

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 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 69, 75 & 148.

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.

ASSESSMENT PROCESS & POSSIBLE OUTCOMES



Let your service provider or older person's service (page 7) 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, 30 85
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 10 74 75-77
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment an option.	Pages 74 75-81
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	Page 75
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 85-91
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	Pages 92-95
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	Various payment types may apply, including: • Private payment (this could be a lump sum, e.g. an ORA, RAD, regular ongoing payments, or a mix of both) • Residential Care Loan • Residential Care Subsidy (RCS) if eligible.	Pages 139 148 163-167 175

*Funded services relate to funding through the public health system

HELP IN YOUR HOME

While 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 has made good progress after sticking with all the exercises the physio gave him. He still enjoys living independently, but is finding it increasingly difficult to keep his home shipshape. Even the small garden - which Pat had been fastidious about looking after - is starting to feel unmanageable. Unfortunately, Pat's daughter lives a three-hour drive away and can't help with these daily tasks, so she's encouraged Pat to investigate getting help elsewhere. Pat has chosen to privately pay for someone to help tidy the house, and the village gardener is helping maintain the garden (which are services Pat's village contract allows).

Meanwhile, Chris' health has declined over the past few months. Although some support is already in place following a previous interRAI assessment, activities such as showering and personal care are becoming a struggle. Her son needs to come to help out everyday.

A reassessment shows that Chris' needs are high enough to qualify for residential care. This comes as a shock for Chris, who isn't ready to leave the family home just yet. Thankfully, Chris is also eligible for increased home support, including visits from a support worker twice a day and transport to and from appointments.

NAVIGATING CHANGE

Life is a journey marked with transitions. This next chapter might bring a few unexpected turns, but tapping into the wisdom you've gained over the course of your life can help you approach change with confidence.

Contemplating the idea that you need some support with your everyday activities can be challenging.

Perhaps you can't look after the house or property as you once could or find that making meals is not as easy or enjoyable as it used to be. This realisation is especially difficult to face when you're used to handling things on your own. Developing a mindset that prioritises resilience and adaptability will help you enjoy this stage of life.

Rather than viewing these changes as limitations, cast your mind back and think about how you adapted in the past. You've navigated countless life transitions: starting a career, relocating, raising a family, and more. Reflecting on these experiences will remind you of the strategies that have helped you in the past, whether it was planning, seeking support, or simply taking things one step at a time. Drawing on your experience can provide a solid foundation as you move forward.

Another helpful strategy is to differentiate between thoughts and feelings. Feeling apprehensive, frustrated, or uncertain is entirely natural, but letting these emotions guide decisions

FAMILIES, HOW YOU CAN HELP

Watching a family member transition to a stage of increased reliance on others can be emotional. You may feel worry, frustration, or guilt—especially if you've encouraged help they resisted or if you feel you haven't done enough. Perhaps this situation involves both of your parents and you are torn between the needs of each; balancing these needs, can add to this stress.

Your anxiety can be reduced by asking yourself some simple questions: How would I want my family to support me if I had a disability? When would I want others making decisions for me? Questions like these help shift your perspective and promote open, adult-to-adult conversations with older family members. Having more 'adult' conversations also allow other family/whānau to share their concerns and limitations without feeling solely responsible.

Maintaining a sense of choice and independence, even in the face of challenges, has proven benefits for the well-being of older people. Keeping this 'top of mind' in all decision-making can make a real difference. It doesn't solve all issues, but it's a good start.

This transition is new for everyone, reflecting broader societal changes—older people are no longer the "silent generation". Listening to your older family members, as equals, is essential on this journey.

can sometimes cloud your judgment. Stepping back and observing or naming your thoughts (e.g., I'm feeling worried, or I feel useless), rather than reacting to them, can help. Activities like chatting with a friend, engaging in a hobby, or going for a walk can help you gain the mental distance needed to approach decisions with greater clarity and a more balanced mindset.

We need one another

Modern western culture often celebrates independence, but history shows that interdependence - supporting one another - is central to human fulfillment. Reaching out for assistance when you need it doesn't lessen your independence; rather, it can show your appreciation of what others can add to your life. It may also give you back a sense of control. You are in charge.

Many studies show that giving and receiving support is beneficial for well-being, as is being part of a community. Simply making a phone call and being a listening ear can lift spirits and remind you of your own usefulness and that independence and interdependence are partners.

Maintaining open communication with your healthcare provider is key. Share any concerns with your GP/ healthcare service so they can provide reassurance, help you with this transition and continue to support you now and in the future.

Moving forward with purpose, embracing the support available, and knowing you have a lifetime of skills to draw on is a positive step that can help you through this time of transition.

Chris and Pat
The Home Support Journey

Chris lives alone in the family home. While she's been receiving some informal help from her son, it's slowly becoming more difficult to manage these days.

Pat lives alone within a retirement community and is beginning to think help is needed after a small stroke. Pat's options are dependent on the retirement village contract.

Pat and Chris have been assessed (see page 66) to see if they need some **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.

Chris is eligible for funded support

Pat was not eligible, but has decided to pay privately for services.

Support may include...

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

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

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.

These services may be paid for by private payment, public funding (a subsidised service), or a mix of both.

Note: short-term intensive support programmes 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 be assessed as needing these (page 66). If you haven't been assessed, ask your GP to refer you or contact your local older person's service (page 7) 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 of 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.

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

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.

What happens next

- A person from the agency will contact or meet with you (and your family/whānau if you choose) to talk

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 8-9 and 52 for more information.

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. Breaking your goals down into achievable targets will help you measure improvement: for example, this may be aiming to walk a little further or longer each day.
- When you have agreed on the plan, you will be asked to sign it.
- Your service will begin. Be aware that you may see different people for different services, such as a registered nurse for clinical issues or a support worker for showering assistance.
- Commonly, home support/help agencies (especially those that provide funded services) operate a restorative type of model/service. The aim of this type of service is to help you sustain, maximise, and even restore your skills where this is possible. This means your support worker is more likely to work with you rather than for you.

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

Occasionally things do not go as planned and you need to make a complaint. If this is not sorted out satisfactorily, or if you feel uncomfortable making a complaint to your home support agency, you can get guidance from your local Health and Disability Advocacy Service or follow the complaints process (pages 8-9).

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 appropriate support and ability to pay for yourself if necessary. Let health professionals know your perspective and wishes (and those of your family/whānau). To be successful, all parties need to agree.

Equity Release or the Lifetime Home model Home or property owners may consider unlocking the value of their home by investigating Equity Release or the Lifetime Home model. These financial options can help pay for private care services and may be particularly relevant for people who:
- have minimal assessed needs and do not qualify for subsidised support;
- have limited family or community support but want social interaction;
- require more care than is available under subsidised home support but are committed to staying in their own home. (See pages 55-56 for further details on how these options work.)

Once you arrange these types of services you reduce all other options, so don't take the decision lightly. Your professional advisor should alert you to any risks or long-term consequences.

HOME SUPPORT PROVIDERS

These pages list personal care, domestic and household management service providers. Services such as district nurses, meal services, transport and home maintenance etc. are not listed. If you receive private services, you will need to pay for these. See also page 75.

Key: * Health NZ Age Related Contract for Home Based Support Services. Note: Contracted providers may change over the life of the book.

CONTRACTED HOME SUPPORT PROVIDERS

TE TOKA TUMAI AUCKLAND	PHONE	AREA SERVICED
Aotea Family Support Group Charitable Trust*	(09) 429 0465	Great Barrier Island
Enliven Northern*	0800 365 4836	Greater Auckland
HealthCare NZ* page 64	0800 002 722	Greater Auckland
Healthvision* page 18	0508 733 377	Greater Auckland & Northland
Lifewise Health & Disability Services*	(09) 623 7631	Te Toka Tumai Auckland
Royal District Nursing Service NZ* page 58	0800 736 769	Greater Auckland including Waiheke Island & Northland
COUNTIES MANUKAU	**PHONE**	**AREA SERVICED**
Access Community Health | Uru Ātea*	0508 123 010	Greater Auckland & Northland
Counties Manukau Homecare Trust*	0800 500 238	Counties Manukau & Franklin
Enliven Northern*	0800 365 4836	Counties Manukau
Geneva Healthcare* page 88	0800 436 382	Greater Auckland & Northland
Healthvision* page 18	0508 733 377	Counties Manukau
Huakina Homecare Services*	(09) 237 3306	South Auckland
Pacific Homecare* page 77	(09) 274 9153	South Auckland
Whaiora Home Care Services*	(09) 263 7792	Māngere to Pukekohe
WAITEMATĀ	**PHONE**	**AREA SERVICED**
Access Community Health | Uru Ātea*	0508 123 010	Greater Auckland & Northland
Enliven Northern*	0800 365 4836	Waitematā
Geneva Healthcare* page 88	0800 436 382	Greater Auckland & Northland
Healthvision* page 18	0508 733 377	Waitematā
Te Hā Oranga o Ngāti Whātua*	(09) 423 6091	Waitematā
Visionwest Home Healthcare* page 95	0800 222 040	West Auckland & North Shore

CONTRACTED HOME SUPPORT PROVIDERS CONTINUED

TE TAI TOKERAU NORTHLAND	PHONE	AREA SERVICED
Access Community Health | Uru Ātea*	0508 123 010	Greater Auckland & Northland
Geneva Healthcare* page 88	0800 436 382	Greater Auckland & Northland
Hauora Hokianga - Hokianga Health*	(09) 405 7709	Hokianga
Healthvision* page 18	0508 733 377	Te Tai Tokerau Northland
Home Support North* page 90	(09) 430 2090	Mid/Far North, Whangārei and Dargaville
Ngati Hine Health Trust Home Support Services*	(09) 430 2386	Te Tai Tokerau Northland
Royal District Nursing Service NZ* page 58	0800 736 769	Te Tai Tokerau Northland
Te Hā Oranga o Ngāti Whātua*	(09) 439 3013	Te Tai Tokerau Northland
Te Hiku Hauora*	(09) 408 4024	Far North
Tlc4u2* page 87	0800 852 482	Greater Auckland & Northland

ALL HOME SUPPORT PROVIDERS

PROVIDER	PHONE	AREA SERVICED
Abode page 70	0800 226 330	Greater Auckland
Access Community Health | Uru Ātea	0508 123 010	Greater Auckland & Northland
Alternative Care Northland page 154	021 774 586	Whangārei
Aotea Family Support Group Charitable Trust	(09) 429 0465	Great Barrier Island
Care on Call	0800 664 422	Greater Auckland & Northland
Caring Company Limited page 40	022 022 6100	Te Toka Tumai Auckland & Waitematā
Chrissy's Caregiving Ltd	021 263 8994	Greater Auckland
Counties Manukau Homecare Trust	0800 500 238	Counties Manukau & Franklin
Custom Care Nursing	0508 687 737	Greater Auckland & Northland
Dovida page 84	(09) 300 6053	Greater Auckland
Dream Eldercare	(09) 242 4284	Greater Auckland & Northland
Enliven Northern	0800 365 4836	Greater Auckland
Geneva Healthcare page 88	0800 436 382	Greater Auckland & Northland
Graceful Care page 51	0800 767 343	Greater Auckland
Hauora Hokianga - Hokianga Health	(09) 405 7709	Hokianga

PROVIDER	PHONE	AREA SERVICED
Haven Care	(09) 243 7088	Greater Auckland
HealthCare NZ **page 64**	0800 002 722	Greater Auckland
Healthvision **page 18**	0508 733 377	Greater Auckland & Northland
Home Support North **page 90**	(09) 430 2090	Mid/Far North, Whangārei and Dargaville
Huakina Homecare Services	(09) 237 3306	South Auckland
JSR Homecare Services	021 0851 4401	Greater Auckland
Kate McLean Homecare Ltd **page 78**	(09) 579 1212	Greater Auckland
Life Plus **page 78**	0508 543 369	Greater Auckland & Northland
Lifewise Health & Disability Services	(09) 623 7631	Te Toka Tumai Auckland
MaiCare	022 674 1187	Greater Auckland
Miranda Smith Homecare	0800 600 026	Greater Auckland & Northland
Mycare	(09) 887 9777	Greater Auckland & Northland
Ngati Hine Health Trust Home Support Services	(09) 430 2386	Te Tai Tokerau Northland
Nova Health	0800 896 772	Greater Auckland & Northland
Pacific Homecare **page 77**	(09) 274 9153	South Auckland
Personal Assistance	021 0252 9448	Greater Auckland
Private Care NZ **page 82**	0800 555 588	Greater Auckland & Northland
Raewyn's Home Care	021 183 6652	Greater Auckland
RockPool Collective **page 67**	0800 ROCKPOOL (0800 762 576)	Te Toka Tumai Auckland
Royal District Nursing Service NZ **page 58**	0800 736 769	Greater Auckland including Waiheke Island & Northland
Solora **page 86**	0800 725 705	Greater Auckland & Northland
Te Hā Oranga o Ngati Whātua	(09) 423 6091	Waitematā & Northland
Te Hiku Hauora	(09) 408 4024	Far North
The Good Companion	021 717 884	Greater Auckland
Tlc4u2 **page 87**	0800 852 482	Greater Auckland & Northland
Visionwest Home Healthcare **page 95**	0800 222 040	West Auckland & North Shore
Waiheke Health Trust	(09) 372 8893	Waiheke Island
Whaiora Home Care Services	(09) 263 7792	Māngere to Pukekohe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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?


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CARING FOR YOUR CARER

Caring for someone requires dedication, empathy, and resilience. Carers also need support to avoid burnout, making caregiving sustainable and rewarding.

The rewarding yet challenging role of caregiving can creep up on us. It's an issue however that deserves consideration as caregiving is often an unseen role and is undervalued.

Most people want to stay living at home for as long as possible and a carer's (usually a spouse, partner, child/ren) ability to provide support is often the most important factor enabling it.

Your support network No matter how strong or capable your carer seems, they need to be properly recognised for their role and have regular support and breaks to recharge their batteries. If this balance is achieved, caregiving can be a rewarding experience.

Creating a family/whānau support plan (page 89) helps ensure care-giving remains as sustainable as possible for as long as possible.

While many people look to their family/whānau and friends in the first instance for support it's not always available, or possible. For instance, they may live far away, have other responsibilities, limited ability, or need to stay in paid work. Family/whānau and friends, when able, can assist by visiting, giving your carer regular time out, bringing meals, running errands, or offering financial help for necessities or respite holidays. If you don't have family or friends to call on, you will probably need help from formal support services, pages 79-81. See also page 83 for a checklist.

Often it's good to keep life as normal as possible. Some things will change by necessity, so stay open to trying new things, such as attending social events or a day programme. If required and you are eligible, use the Total Mobility Scheme to get out and about (operated by regional councils).

Emotional support for your carer One of the difficult issues to come to grips with is understanding that relationships and roles will change over time. Discussing and redefining roles together and checking in on one another regularly, helps to maintain emotional connections.

Acknowledging the hard work and dedication of your carer makes a big difference. Simple words of appreciation or small gestures of gratitude can boost their morale and show them they're valued.

Regular planned breaks reassure your carer that they matter too. Many carers report that having a regular break is a lifesaver and it helps sustain the caring relationship.

Practical matters Studies show that education reduces carer stress and helps them feel more prepared. Your carer needs time out to attend educational and training sessions. Training can include understanding medical conditions, the importance of medication management, learning safe caregiving techniques such as lifting and transferring from bed to chair, helping you shower etc. Many support

organisations provide these resources or education and training sessions for free. If you cannot access a local program, check online resources or contact Age Concern to ask about who might provide these services in your area (page 30).

Think about the practical tools and resources you may need. They can make life a lot easier. Because getting subsidised equipment through your healthcare service can take time (page 23), you might want to visit a mobility equipment shop. The equipment is varied and you're likely to be stunned by the simple gadgets that might make life easier.

Your carer may also need assistance with managing your care and duties around the home. There are several ways your carer can be supported.

- You may have the financial resources to pay for some private help which also gives you more options (page 75) or,
- You have an assessment to properly determine what your needs are, (page 66) and whether you might be eligible for any subsidised support (page 75). Help with personal care (showering etc.) is usually fully subsidised regardless of your financial situation. If your carer provides full time support (4-8 hours per day) they may be eligible for some respite or 'time out' to take a break (page 89).

Remember, caring relationships thrive with mutual support, patience, and understanding. As you work together to meet these challenges, keep in mind that help is available—whether through friends, family/whānau, or formal support services.

RESPITE AND SHORT BREAKS

Respite or short breaks are essential tools in the carers kit-bag that allow carers to take time for themselves, ensuring they can continue providing quality care without risking their own well-being.

This section outlines various types of respite options, how to access them and availability of subsidised support.

We use the term 'respite' to mean having a break from usual carer activities. 'Respite Care funding' is a type of subsidised funding option.

It's helpful to think of respite as having three components:

- The type or level of support you need e.g., rest home, dementia, hospital, rehabilitation, palliative etc.
- The places where you can take your respite e.g., at home, a day programme, a care home, a dedicated short stay facility or elsewhere
- How it's paid for e.g., subsidised, a 'top up' payment, private payment etc.

Do you know about this service?
Many full-time unpaid carers don't know about these services. We know there have been problems in the past with accessing these services such as; the respite guest or carer not enjoying the experience, carer guilt, unfamiliarity with the environment or uncertainty about whether a place will be available when it's needed etc. Many providers are working to address these issues and provide the services you are looking for. If you want this service, enquire at your older person's service (page 7).

Access to these services depends on your financial resources or the outcome of your assessment. Paying or part paying privately gives you many more options, easier access and control.

Funding for respite and short breaks
Eligibility for any subsidised/funded respite is determined via an assessment (page 66). Days or hours of subsidised support are allocated according to need. 'Carer Support' funding is less generous than 'Respite Care' funding which is for those with higher needs. Four hours of unpaid care per day qualifies as full-time care. When arranging a service always ask about any other fees that may apply.

Carer Support Subsidy This funding can be used in a variety of ways, such as paying for: formal support (from an agency) or informal support (from friends, family/whānau - conditions may apply); attendance at a day programme; or for a short stay in a care home. It can also be used as a total budget, which means you can request a lump sum payment (conditions apply). Before using these funds check to see if you qualify for other

TIPS FOR CREATING A FAMILY SUPPORT PLAN

- List your specific support needs.
- Identify family or friends who can contribute.
- Define and allocate specific roles and responsibilities.

Enquire about formal support services that might be available and your eligibility for any subsidised support (page 75).

subsidies (page 23). To calculate the amount of funding you have access to, multiply the days you have been allocated by the rate. The daily minimum rate of Carer Support funding is $83 (a few regions offer a higher rate) and 4-8 hours is equal to half a day. Some providers may therefore only receive $41.50 for up to 8 hours of care. The resulting shortfall may mean you have to pay a top-up fee. It's important to note that this rate does not go towards your main carer, but towards equipment or a relief carer, allowing your main carer to take a break.

Note: your carer must ensure the assessment and approval are complete, purchases meet the guidelines, receipts are kept, use is tracked, bookings and payments made and claims forms are returned within 90 days of use. For more information see the side panel.

Respite Care Funding In most areas Respite Care funding is allocated for up to 28 days per year. It is commonly taken in a care home as your care needs are usually higher.

Respite Care funding is relative to the type of care you need and is paid at the contracted residential care standard rate. For example, if the daily standard rate is $200 for rest home level of care then the rate for dementia and hospital care is higher. Payment is managed between the provider and funder. You may be asked to pay a top up fee to cover the full cost of the service.

Respite and short stay options The following are examples of where and how respite/short stay can be accessed:

- Community-based day programmes generally provide structured, engaging activities in a safe and informal setting.

CONTACT CARER SUPPORT

- Forms and instructions are on the Health NZ website.
- Email claim forms to: csclaims@health.govt.nz or post to: Private Bag 1942, Dunedin 9054.

Contact the Carer Support Line at: 0800 855 066 for assistance.

Attending one of these groups offers the chance to explore new friendships, enjoy recreational activities, social outings and share a meal with others.

There are often waiting lists for subsidised programmes, however, there may be other social programmes you can attend in the area (page 92). You can also ask your local care home whether you can join their on-site programme for a few hours or the day, and what the cost for that might be.

- Sometimes the best option is to stay in your own home, where you can receive support through the day, overnight or for several days while your carer has a break elsewhere. A formal carer from a home support agency a friend or family/whānau member could stay with you to provide support.
- Respite in a care home is often planned It is generally for longer periods e.g., a week, but may be shorter. It may sometimes be booked in advance especially when the care home is one where beds are dedicated for that purpose. In some areas there may be a few beds that are managed by Health NZ.
- Respite at a specially designed respite facility is still not common here, but it is popular overseas. Watch this space for any new developments.

SOCIAL, KAUMĀTUA & DAY PROGRAMMES

The following lists programmes and groups that provide opportunities for people to connect with a like-minded community and participate in a range of meaningful activities. Please note: this index is not comprehensive.

While many of these programmes are subsidised you may be asked for a financial contribution, or to pay for specific services, for example, transport.

Some residential care providers may also offer a day programme; contact the care home directly (see pages 99-118 for a list of care homes in your region) or your NASC/older person's service for details.

Contracted Day Programmes These are generally offered for an identified specific need and are Health NZ contracted.

Kaumātua Services Grounded in a Kaupapa Māori approach, these services are available to everyone. They may include traditional practices, clinics, whānau health hui etc. Referrals may be made to other relevant services as required.

Culture/Ethnic Focus These services connect people together and nurture their cultural and social needs. If you are a newcomer to an area, enquire as to whether there is a local Newcomers Group.

Other Social Programmes This lists other programmes that may be of interest.

Key: * Health NZ contracted service (subsidised).
Note: Contracted providers may change over the life of this book.
Specialist dementia support.
^ A service provided in the home.

AUCKLAND

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Aranui Home and Hospital*#	(09) 846 2944	19 Woodward Road, Mount Albert
Enliven Auckland Day Service*#	0800 373 654	Centennial Hall, 77 Grey Street, Onehunga
Enliven Counties Manukau Day Service Day Service*#	0800 373 654	217 Weymouth Road, Manurewa
EQUIP Totara Club Dementia Day Care*#	(09) 477 2637	550 East Coast Road, Windsor Park
HBH Howick Views Day Programme*# page 146	(09) 538 0800	139 Union Road, Howick
Lavender Cottage (Day Care)*#	(09) 815 4785	23 Wainoni Avenue, Point Chevalier
Palms Lifecare & Village*#	(09) 237 3070	100 Harris Street, Pukekohe
The Anchorage Dementia Day Care Centre*#	021 725 467	20-22 Lagoon Drive, Panmure
KAUMĀTUA SERVICES	**PHONE**	**ADDRESS**
Huakina Development Trust	(09) 238 0250 0800 622 874	15-17 Roulston Street, Pukekohe

KAUMĀTUA SERVICES	PHONE	ADDRESS
Manurewa Marae	(09) 640 0140	81 Finlayson Avenue, Clendon Park
Orakei Marae	(09) 521 4291	59B Kitemoana Street, Orakei
Papakura Marae	(09) 297 2036	29 Hunua Road, Papakura
Piritahi Hau Ora	(09) 372 0022	54 Tahatai Road, Oneroa, Waiheke Island
Te Hā Oranga o Ngati Whātua	(09) 423 6091 0800 698 342	158 Rodney Street, Wellsford
Te Oranga Kaumātua Kuia Disability Support Services Trust#^	(09) 255 5470	64 Mascot Avenue, Māngere
Te Whānau o Waipareira Trust, Te Roopu Kaumātua	0800 924 942	6 Pioneer Street, Henderson
CULTURE/ETHNIC FOCUS	**PHONE**	**ADDRESS**
Age Concern Auckland Asian Services page 31	(09) 820 0184	57 Rosebank Road, Avondale
Aotearoa Resettled Community Coalition (ARCC)	(09) 846 0110	869 New North Road, Mount Albert
Auckland Chinese Community Centre	021 164 0927	99 Taylor Road, Māngere Bridge
Bhartiya Samaj Charitable Trust	021 222 1020	13 May Road, Mt Roskill
CNSST Foundation	(09) 570 1188	Panmure and Albany
DISHA NZ Charitable Trust	021 208 2915	258 Balmoral Road, Balmoral
Independent Living Asian Advisory Service	(09) 625 0312	14 Erson Avenue, Royal Oak
Indian Kiwi Positive Ageing Charitable Trust	021 159 0928	82 Gracechurch Drive, Dannemora
Korean Positive Ageing Charitable Trust	(09) 271 1949	Various locations in East Auckland, & Flat Bush
Le Va	(09) 261 3490	Harakeke House, 15 Ronwood Avenue, Manukau
Multi-Ethnic Art Link Auckland	021 060 2088	Various locations in Auckland
Pakuranga Chinese Association	027 364 0371	Pakuranga Leisure Centre, 13 Reeves Road, Pakuranga
Pinnacle Club House/Activities Centre	021 385 518	203 Glenvar Road, Long Bay
Shanti Niwas Charitable Trust	(09) 622 1010	New Lynn, Manurewa, Mt Eden & Onehunga
The Asian Network Inc (TANI) - Auckland	(09) 815 2338	101 Church Street, Onehunga
TOA Pacific	(09) 276 4596	214 Great South Road, Ōtāhuhu

AUCKLAND CONTINUED

CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Vaka Tautua	0800 825 282	Manukau, Māngere, Ōtara & Mt Albert
Waitakere Seniors Association Inc	022 674 2004	399 Don Buck Road, Massey
Whau Ethnic Collective	021 074 5833	Avondale Fale Community House, 50A Rosebank Road, Avondale
OTHER SOCIAL PROGRAMMES	**PHONE**	**ADDRESS**
CMA - Companionship and Morning Activities for Seniors	(09) 489 8954	5 The Strand, Takapuna, North Shore City
Communicare 65+ Friendship Centres **page 35**	(09) 631 5968	Various locations in Auckland
Community Shed	027 434 3576	Various locations in Auckland
Dees Social Group	022 657 3223	8F Penzance Road, Mairangi Bay
Elderhood	021 970 819	69 Roseberry Avenue, Birkenhead
Golden Age Seniors Club	027 439 4377 021 610 187	Howick Bridge Club, 563 Pakuranga Road, Howick
Joy Club	(09) 838 4820	HubWest, 27 Corban Avenue, Henderson
Onehunga Senior Citizens Group	(09) 890 8725	Pearce Street Hall, Onehunga
Platinum Community Care#	021 259 0943	504A Peak Road, Helensville
Selwyn Centres **page 34**	(09) 302 7201	Various locations
Virtual Village East	(09) 538 0800	139 Union Road, Howick

TE TAI TOKERAU NORTHLAND

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Dementia Tai Tokerau*#	(09) 438 7771	Whangārei, Ruakaka & Paihia
Forget Me Not Adult Day Centre*#	(09) 437 1144	110 Boundary Road, Tikipunga, Whangārei
Hauora Hokianga Day Care*	(09) 405 7709	163 Parnell Street, Rawene
Kerikeri Retirement Village*# **page 136**	(09) 407 0070	Ruatara Drive, Kerikeri
Ngāti Hine Health Trust*	027 255 5983	2-4 Rayner Street, Kawakawa & Moerewa
KAUMĀTUA SERVICES	**PHONE**	**ADDRESS**
Ki A Ora Ngātiwai	(09) 435 4586	420 Kamo Road, Kamo
Te Hā Oranga O Ngāti Whātua	(09) 439 3013 0800 698 342	77 Awakino Road, Dargaville
Te Hau Ora O Ngāpuhi#	0800 484 006	113 Broadway, Kaikohe

KAUMĀTUA SERVICES	PHONE	ADDRESS
Te Hiku Hauora	(09) 408 4024	2 Te Reinga Street, Kaitaia
Te Rūnanga O Te Rarawa	(09) 408 0141	16 Matthews Avenue, Kaitaia
Te Rūnanga o Whaingaroa	(09) 405 0340	Cnr Waikare Ave and State Highway 10, Kaeo
Whakawhiti Ora Pai Community Health	(09) 409 7880	6652 Far North Road, Te Kao
OTHER SOCIAL PROGRAMMES	**PHONE**	**ADDRESS**
Central Community Care & Creativity (4Cs)	(09) 438 3948	Central Baptist Church, Whangārei
CMA Northland	(09) 281 2343	Wellsford
Mangawhai Social Seniors	021 041 4034	Mangawhai Community Hall, Fagan Place, Mangawhai
Menzshed	021 0854 1642	Various locations in Northland
Selwyn Centres page 34	(09) 302 7201	Various locations
Together on Tuesdays (TOTs)	(09) 439 2006 021 126 8683	Ruawai Community Church, 47 Freyberg Street, Ruawai
Wednesday Crafts	027 316 3940	Logan Street, Dargaville, Kaipara

Click the ads for more info

CARE WHEREVER YOU LIVE

When you need extra care and support your options will depend on a number of factors.

More people are now encouraged to remain in their own homes for as long as possible. While this can have many benefits, there may come a time when living at home becomes more difficult to manage or increasingly expensive to sustain.

It may be possible to receive more intensive support while continuing to live in your own home or retirement village unit. The key considerations are whether the services you need are available and who will pay for them.

Public funding is closely linked to your assessed need. It covers standard services (rather than premium options) and it supports people to remain at home up to the point where residential care becomes the more appropriate setting. While exceptions exist, eligibility criteria apply in these situations.

If you live in your own home and can afford to self pay, you may purchase services privately. Those receiving publicly funded support may also supplement this funding at their own expense. (Discuss this with the person co-ordinating your services.)

If you live in a retirement village, you are generally considered to be living independently, just as you would be in the wider community. Depending on the village, you may be able to access publicly funded home support services in the same way as people living at home. In other villages, support services are arranged directly through the village and paid for by the resident.

Many village contracts state that residents must be able to live independently. If this is no longer possible, you may need to move from the village. Transferring to an associated care home may be an option. All this information is available in your contract when you sign up to the village (page 125).

When your needs become too complex to manage safely residential care may be the most appropriate option. All residential care facilities must be certified by the Ministry of Health (page 5). Contracted care homes operate under an Age-Related Residential Care (ARRC) Agreement with Health NZ, which sets out the levels and types of care they can provide (page 153).

Access to subsidised residential care requires an interRAI assessment to determine both your care needs and eligibility for funding. Most people assessed as requiring a high level of care receive that care in a certified residential care facility. Care is guided by your assessment and documented in an individual Care Plan (page 66).

Your accommodation options may include standard rooms (page 149), premium accommodation (page 151), or care suites that combine aspects of retirement village living with residential care (page 151).

Wherever you live, the goal remains the same: to support you in a way that reflects your wellbeing, needs and preferences. The following chapters explore retirement villages and residential care in more detail, helping you understand which option will work best for you and your needs.

CARE HOMES & VILLAGES GEOGRAPHICAL INDEX

This index contains a list of all care homes and retirement villages across the Upper North Island. If you are looking for a care home, a needs assessment (page 66) determines the level of care you require. Use the residential care column to search for care homes with your required level of care in your desired location (in this index geographical regions are based on Land Information New Zealand data).

There are various pricing options that apply to each care home and to rooms or suites within the facility including: standard, premium, ORA and RAD (see pages 149-153). These pricing options may change from time to time. Please enquire at the facility for accommodation that meets your needs and budget.

If you are looking for independent living options, or the opportunity to rent, the Retirement Village (RV) column is for you.

Current care home bed availability can be seen on www.eldernet.co.nz/vacancies

KEY: RH - Rest Home, D - Dementia, H - Hospital, PG - Psychogeriatric

FAR NORTH DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Haruru	Radius Baycare 361 Puketona Road: RD1 (09) 402 7112	161	RH		H		
Kaeo	Whangaroa Health Services~ Kauri Lodge, 180 Omaunu Road, (09) 405 0649		RH		H		
Kaikohe	Kaikohe Care 22 Bisset Road 027 363 1000		RH	D	H		
Kaitaia	Claud Switzer Memorial Trust 71 South Road (09) 408 1480		RH	D	H		
Kerikeri	Arvida Te Puna Waiora 59 Hall Road 0800 202 420						Yes
Kerikeri	Kerikeri Retirement Village Ruatara Drive (09) 407 0070	136	RH	D	H		Yes & Rentals
Kerikeri	Oakridge Villas - Metlifecare 35 Cobham Road (09) 200 4592	134	RH	D	H		Yes
Kerikeri	Quail Ridge Country Club 82 Rainbow Falls Road 0800 782 457	124 133					Yes
Rawene	Hauora Hokianga - Hokianga Health, 163 Parnell Street (09) 405 7709		RH		H		

KAIPARA DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Dargaville	Hokianga Road Masonic Village 87 Hokianga Road (09) 438 3109						Yes
Dargaville	Kauri Coast Lifecare 102 Hokianga Road (09) 439 6367		RH		H		
Dargaville	Norfolk Court Home & Hospital 68-72 Normanby Street (09) 439 6214		RH	D	H		
Dargaville	Riverdale Retirement Village 140 Logan Street (09) 625 1270						Yes
Mangawhai Heads	The Tides - Metlifecare 15 Sailrock Drive (09) 222 1348	133					Yes
Maunga-turoto	Riverview - Maungaturoto's Haven for Senior Living, 136 Hurndall Street, (09) 431 8696		RH	D			Yes & Rentals

WHANGĀREI DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Kensington	Shalom Aged Care Limited 62 Mill Road (09) 437 6511		RH		H		
Maunga-karamea	Stonehaven Retirement Village 27 Stonehaven Drive (09) 432 3290						Yes & Rentals
Maungata-pere	Mountain View Rest Home 12 Mangakahia Road (09) 553 3184		RH				
Maunu	Ashbury Heights 58 Pompallier Estate Drive (09) 430 6422	op1 134	RH		H		Yes
Maunu	Whangārei Park Village - Metlifecare, 15 Sutton Close (09) 438 1099	134	RH	D	H		Yes
Morningside	Hummingbird House 68 Morningside Road (09) 438 2755	156		D			
Ngunguru	Ngunguru Retirement Village 8 Kakariki Road 021 0803 5704						Yes
One Tree Point	The Anchorage Lifestyle Village 80 Rauiri Drive (09) 376 8770	134					Yes

WHANGĀREI DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Otangarei	Cairnfield House 52-60 Jack Street (09) 437 0186		RH		H		
Parua Bay	Tranquillity Bay Care 839A Whangarei Heads Road (09) 436 2237		RH				
Regent	Parahaki Court 45 Kamo Road (09) 437 3311		RH				
Regent	Radius Potter Home 174 Bank Street (09) 438 2668	161	RH		H		
Ruakākā	Bream Bay 35 Waiwarawara Drive (09) 356 1820	142					Yes
Te Kamo	Bupa Merrivale 1 Winger Crescent (09) 610 9162	1 134	RH		H		Yes
Te Kamo	Kamo Home & Village 31 Ford Avenue (09) 435 5800		RH	D	H		Yes & Rentals
Te Kamo	Ryman Jane Mander 262 Fairway Drive (09) 435 3850		RH	D	H		Yes
Tikipunga	Bupa Tōtara Gardens 5 Kingfisher Way (09) 610 9172	1 134	RH	D	H		Yes
Tikipunga	Lupton Masonic Village 5 Waiatawa Road (09) 438 3109						Yes & Rentals
Tikipunga	Summerset Mount Denby 7 Par Lane 0800 SUMMER (786 637)	126 127	RH	D	H		Yes
Tikipunga	The Falls Estate Lifestyle Village 94 Boundary Road (09) 437 5844						Yes
Tikipunga	The Palms Lifestyle Village 45 Reed Street (09) 435 4020						Yes
Waipu	Ranburn 7 Nova Scotia Drive (09) 432 0675		RH	D	H		Yes

WHANGĀREI DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Waipu	Saorsa Retirement Village 18 Saint Marys Road (09) 432 1453						Yes & Rentals
Whau Valley	Puriri Court Lifecare 202 Kamo Road (09) 437 9302		RH		H		
Whau Valley	Radius Rimu Park 297 Kamo Road (09) 437 3933	161	RH		H	PG	
Woodhill	Hummingbird Hospital 93 Fourth Avenue (09) 438 3909		RH		H		

AUCKLAND CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Avondale	Avon 2095 Great North Road (09) 828 7391		RH				
Avondale	Avondale Lifecare 92 Rosebank Road (09) 828 0109		RH	D	H		
Avondale	Cosmopolitan Geddes Terrace 17 Geddes Terrace (09) 828 2885						Yes
Avondale	Lexis Care 24 Coronet Place (09) 828 3741		RH		H	PG	
Avondale	Rosehill Gardens 23 Elm Street (09) 828 9844						Yes
Avondale	罗莎丽娅养老院 Rosaria Rest Home, 23 Roberton Road (09) 828 3284		RH				
Blockhouse Bay	Bupa Sunset 123 Boundary Road (09) 610 9165	1 128	RH	D	H		Yes
Blockhouse Bay	Capella House 39 Bolton Street (09) 627 9780		RH	D	H		
Blockhouse Bay	CHT Peacehaven Care Home 55 Kinross Street (09) 627 8653	158	RH		H		

AUCKLAND CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Blockhouse Bay	Powley Village - Metlifecare 135 Connell Street (09) 627 0700	129	RH		H		Yes
Epsom	Arvida Aria Park 1-3 Claude Road (09) 630 8430						Yes
Epsom	Chadderton Rest Home 28 Alpers Avenue (09) 524 2169		RH				
Epsom	CHT St Johns Care Home 54 Pah Road (09) 625 6054	158		D	H		
Epsom	Cromwell House & Hospital 3-5 Warborough Avenue (09) 524 7700	150	RH	D	H		
Epsom	Elizabeth Knox Home & Hospital 10 Ranfurly Road (09) 523 3119	180	RH		H		
Epsom	Epsom South Retirement Home 57 Pah Road (09) 625 6481		RH				
Epsom	Epsom Village 67 Ranfurly Road (09) 631 5785						Yes
Epsom	Greenwoods House 20 Pah Road (09) 625 6144		RH				
Epsom	Kindred Hospital 17 Cornwall Park Avenue (09) 630 6076					PG	
Epsom	Rose Lodge Rest Home 2 Liverpool Street 022 212 7627		RH				
Epsom	St Patrick's Rest Home & Hospital, 3-7 Wilding Avenue (09) 638 8258	150	RH		H		
Epsom	Victoria Epsom 28 Orakau Avenue (09) 963 2848		RH				
Glendowie	St Andrew's Village 207 Riddell Road (09) 585 4018	98	RH	D	H		Yes & Rentals

AUCKLAND CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Greenlane	Concord House Rest Home 42 Matai Road (09) 523 1605		RH				
Greenlane	Karetu House 19 Karetu Road (09) 529 0364		RH		H		
Greenlane	Ryman Logan Campbell 187 Campbell Road (09) 636 3888		RH	D	H		Yes
Herne Bay	Jervois Residential Care 302 Jervois Road (09) 376 5418	172	RH		H		
Herne Bay	Little Sisters of the Poor 9 Tweed Street (09) 361 4600		RH		H		Rentals
Hillsborough	CHT Hillsborough Care Home 109 Frederick Street (09) 625 5347	158	RH		H		
Hillsborough	Liston Retirement Village 11 Delargey Avenue (09) 624 5313						Yes & Rentals
Hillsborough	Parkside Village - Metlifecare 42 Herd Road (09) 600 6034	129	RH	D	H		Yes
Lynfield	Ryman Murray Halberg 11 Commodore Drive (09) 627 2700		RH	D	H		Yes
Meadow- bank	Meadowbank 148 Meadowbank Road (09) 521 7700	142	RH	D	H		Yes
Mount Albert	Aranui Home & Hospital 19 Woodward Road (09) 846 2944		RH	D	H		
Mount Albert	Everil Orr Living 63 Allendale Road 0800 383 745	120 128	RH		H		Yes
Mount Eden	Arvida Mt Eden Gardens 467 Mt Eden Road (09) 630 6303						Yes
Mount Eden	Claire House 91 Prospect Terrace (09) 630 6236	164	RH				

AUCKLAND CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Mount Eden	Eden 22-28 View Road (09) 213 5070	142	RH		H		Yes
Mount Eden	Eden Rest Home 167 Landscape Road (09) 620 4569		RH				
Mount Eden	Edenvale Home & Hospital 9 Edenvale Crescent (09) 630 6482	174	RH	D	H		
Mount Eden	Wesley Home & Care 227 Mount Eden Road (09) 217 2075		RH				
Mount Roskill	Dominion Home 3 Hazel Avenue (09) 620 5533	156	RH	D	H		
Mount Roskill	Gracedale Care 68 Mt Roskill Road (09) 621 0011		RH		H		
Mount Roskill	Gracedale Village 20 Radnor Road (09) 625 7960						Yes & Rentals
Mount Roskill	Hillsborough Heights - Metlifecare, 1381 Dominion Road Extension, (09) 626 8060	129					Yes
Mount Wellington	Awanui Rest Home 454 Panama Road (09) 276 7534			D			
Mount Wellington	Ellerslie Gardens Lifecare 20 Clare Place (09) 570 1101		RH		H		
Mount Wellington	Radius Waipuna 118 Waipuna Road East (09) 570 5565	161	RH		H		
Mount Wellington	Summerset at Heritage Park 8 Harrison Road 0800 SUMMER (786 637)	126 127	RH		H		Yes
Mount Wellington	Sylvia Park Hospital 26 Longford Street (09) 527 3131		RH		H		
New Windsor	Blockhouse Bay Home 39 Batkin Road (09) 828 1043		RH		H		

AUCKLAND CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
New Windsor	New Windsor Aged Care 103 Tiverton Road (09) 828 9222		RH				
Orakei	Eastcliffe 217 Kupe Street (09) 521 9015		RH		H		Yes
Ōtāhuhu	Alexander Lodge Rest Home 5 Alexander Street (09) 276 9996		RH				
Ōtāhuhu	Riverside Home & Care 158 Avenue Road East (09) 280 3655		RH				
Ōtāhuhu	The Willows Home & Hospital 16 Princes Street (09) 270 3516	164	RH		H		
Parnell	The Foundation 541 Parnell Road (09) 869 3947	129					Yes
Point Chevalier	Selwyn Village 43 Target Street (09) 846 0119		RH	D	H		Yes & Rentals
Remuera	7 Saint Vincent - Metlifecare 7 St Vincent Avenue (09) 524 1420	129	RH		H		Yes
Remuera	Rawhiti Estate 14 Rangitoto Avenue (09) 522 7001		RH	D	H		Yes
Remuera	Remuera Gardens/Kensington House, 57 Richard Farrell Avenue, (09) 520 6269		RH		H		Yes
Remuera	Remuera Rest Home & Hospital 10 Macmurray Road (09) 520 6826		RH		H		
Remuera	Remuera Rise 30 James Cook Crescent (09) 522 7392	142	RH		H		Yes
Remuera	Ryman Edmund Hillary 221 Abbotts Way (09) 570 0070		RH	D	H		Yes
Remuera	Waimarie Private Hospital 9 Waiatarua Road (09) 524 4405		RH		H		

AUCKLAND CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Royal Oak	Catherine Lodge Home & Hospital, 663 Mount Albert Road, (09) 625 6741		RH		H		
Royal Oak	CHT Royal Oak Care Home 23A Mt Smart Road (09) 636 6211	158	RH				
Royal Oak	Turama House Rest Home 3 Turama Road (09) 625 8702	164	RH				
Saint Heliers	Ryman Grace Joel 184 St Heliers Bay Road (09) 575 1572		RH		H		Yes
Saint Heliers	The Helier 28 Waimarie Street (09) 356 1800	142	RH		H		Yes
Saint Johns	Bupa Remuera 10 Gerard Way (09) 610 9164	1 128	RH		H		Yes
Saint Johns	Shalom Court 169A Saint Johns Road (09) 521 7325	154	RH		H		Rentals
Saint Johns	Summerset St Johns 180 St Johns Road 0800 SUMMER (786 637)	126 127	RH	D	H		Yes
Saint Marys Bay	Shelly Beach Dementia 19 Shelly Beach Road (09) 378 8413	51		D			
Saint Marys Bay	St Catherine's 9 New Street (09) 376 3147		RH				
Sandringham	Lexham Gardens Lifecare 304 Sandringham Road (09) 847 9153		RH		H		
Three Kings	Ranfurly Hospital 539 Mt Albert Road (09) 625 3400	96 128	RH		H		Yes
Westmere	Lynton Lodge Hospital 45 William Denny Avenue (09) 376 3502	172			H		

WAIHEKE ISLAND DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Ostend	Waiheke Retirement Village 37 Natzka Road (09) 372 2820						Yes

FRANKLIN DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Glenbrook	Glenbrook Rest Home 131 Wymer Road (09) 235 3897		RH				
Karaka	Karaka Lifestyle Estate 329 Bremner Road 027 243 4469						Yes
Karaka	Summerset at Karaka 49 Pararekau Road 0800 SUMMER (786 637)	126 127	RH		H		Yes
Karaka	Vivid Living Karaka 241 Park Estate Road 0800 173 323	129					Yes
Pukekohe	Franklin 44 McNally Road (09) 237 0870	142	RH	D	H		Yes
Pukekohe	Palms Lifecare & Village 100 Harris Street (09) 237 3070		RH		H		Yes
Pukekohe	Ryman Possum Bourne 5 Lisle Farm Drive (09) 238 0370		RH	D	H		Yes
Pukekohe	St Patrick's Retirement Village 133 Seddon Street 027 485 7857						Yes
Waiuku	CHT Waiuku Care Home 14 Waimanawa Lane (09) 235 6955	158	RH		H		
MANUKAU CITY DISTRICT		**PAGE**	**LEVELS OF RESIDENTIAL CARE**				**RV**
Beachlands	Pōhutukawa Landing - Metlifecare, 3 Seventh View Avenue, (09) 553 5266	131	RH	D	H		Yes
Botany Downs	Ambridge Rose Cottage 7 Voltaire Court (09) 576 2590	140		D			
Botany Downs	CHT Lansdowne Care Home 105 Botany Road (09) 535 4244	158	RH		H		
Bucklands Beach	Ambridge Rose Beach House 23 The Parade (09) 576 2590	140		D			

MANUKAU CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Clevedon	Ōtau Ridge - Metlifecare 2 Kumekume Way (09) 222 2832	131	RH		H		Yes
Cockle Bay	Fencible Manor 112 Cook Street (09) 532 9502		RH				
Cockle Bay	HBH Senior Living Gulf Views 22 Selwyn Road (09) 535 6050	146	RH				
Dannemora	Ryman Bruce McLaren 795 Chapel Road (09) 535 0220		RH	D	H		Yes
East Tāmaki	Dannemora Gardens - Metlifecare, 30 Matarangi Road, (09) 272 2467	130					Yes
Flat Bush	Summerset by the Park 7 Flat Bush School Road 0800 SUMMER (786 637)	126 127	RH		H		Yes
Golflands	Fairway Gardens - Metlifecare 197 Botany Road (09) 890 9518	131	RH	D	H		Yes
Half Moon Bay	Pakuranga Park Village 6 Lodge Lane (09) 576 5990		RH		H		Yes
Highland Park	Highlands Village - Metlifecare 49 Aberfeldy Avenue (09) 533 0600	131	RH		H		Yes
Howick	HBH Howick Views 139 Union Road 09 538 0800	130 146	RH		H		Yes
Māngere	CHT Hillcrest Care Home 86 Friesian Drive (09) 275 8349	158	RH	D	H		
Māngere East	Christina's Rest Home 284 Massey Road (09) 276 5640		RH				
Māngere East	CHT David Lange Care Home 4 James Street (09) 256 0092	158	RH		H		
Māngere East	CHT Parkhaven Care Home 131 Buckland Road (09) 275 6069	158			H	PG	

MANUKAU CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Manukau	Palms Home & Hospital 54-56 Puhinui Road (09) 278 5966		RH		H		
Manurewa	Bupa Erin Park 50-60 Russell Road (09) 610 9129	1 130	RH		H		Yes
Manurewa	Elmwood 131 Hill Road (09) 269 0750	142	RH		H		Yes
Manurewa	Manurewa 39 Great South Road (09) 267 2536		RH		H		
Pakuranga	Ambridge Rose Manor 157 Edgewater Drive (09) 576 2590	140	RH		H		
Pakuranga	Edgewater Village - Metlifecare 14 Edgewater Drive (09) 577 1600	130	RH		H		Yes
Pakuranga Heights	Ambridge Rose Villa 369 Pakuranga Road (09) 576 2590	140		D			
Papatoetoe	CHT St Christophers Care Home 230 St George Street (09) 278 4637	158	RH		H		
Papatoetoe	Glencoe Rest Home 64 Kolmar Road (09) 278 5174		RH				
Papatoetoe	Kenderdine Park Hospital & Home, 26 Kenderdine Road (09) 279 5555		RH		H		
Papatoetoe	Kolmar Lodge Rest Home 136 Kolmar Road (09) 278 0076		RH				
Papatoetoe	Papatoetoe Residential Care 3 Fairview Road (09) 252 0000		RH		H		
Papatoetoe	St Johns 7A Konini Avenue (09) 268 5689	142					Yes
Wattle Downs	Acacia Cove Village 131 Wattle Farm Road (09) 268 8522	96					Yes

MANUKAU CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Wattle Downs	Bupa Wattle Downs 120 Wattle Farm Road (09) 610 9173	1 130	RH		H		Yes
Wiri	Bethesda Care 743 Great South Road (09) 262 5650	130 168	RH		H		Yes
Wiri	CHT Hayman Care Home 39 Trevor Hosken Drive (09) 262 1651	158	RH	D	H	PG	
NORTH SHORE CITY DISTRICT		**PAGE**	**LEVELS OF RESIDENTIAL CARE**				**RV**
Albany	Arvida Aria Gardens 11 Bass Road (09) 415 7035		RH	D	H		
Albany	Rosedale 255 Rosedale Road (09) 414 1144		RH		H		Yes
Albany	Settlers Lifestyle Village 550 Albany Highway (09) 415 2617						Yes
Bayview	Briargate Dementia Care 21-23 Anne McLean Drive (09) 444 4484			D			
Belmont	Belmont Lifestyle Village 12 Coronation Street (09) 486 8042						Yes
Belmont	Eversleigh Hospital 12 Coronation Street (09) 489 7292		RH		H		
Birkdale	CHT Beachhaven Care Home 249 Birkdale Road (09) 483 7019	158			H	PG	
Birkdale	Te Mana Lifecare 23 Gatman Street (09) 483 9209	142	RH		H		
Birkenhead	CHT Onewa Care Home 202-204 Onewa Road (09) 481 0447	158	RH		H		
Birkenhead	Ryman Bert Sutcliffe 2 Rangatira Road (09) 482 1777		RH	D	H		Yes

NORTH SHORE CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Browns Bay	Arvida Aria Bay 3-7 Woodlands Crescent (09) 479 1871		RH	D	H		Yes
Browns Bay	The Sands 9 Bayview Road (09) 475 0061	142	RH		H		Yes
Devonport	Devonport Retirement Village 46 King Edward Parade (09) 445 3044						Yes
Devonport	Kingfisher House 22 Calliope Road (09) 445 0257			D			
Devonport	Ryman William Sanders 7 Ngataringa Road (09) 445 0900		RH	D	H		Yes
Fairview Heights	Fairview Care 21 Fairview Avenue (09) 477 3980		RH		H		Yes
Forrest Hill	Arvida Parklane Auckland 106 Becroft Drive (09) 410 9615						Yes
Forrest Hill	Forrest Hill Home & Hospital 37 Bond Crescent (09) 410 6441		RH		H		
Glenfield	Glenhaven Rest Home 428 Glenfield Road (09) 444 7722		RH				
Glenfield	Greenvalley Lodge 4-10 Greenvalley Rise (09) 481 1000	173	RH	D	H		
Glenfield	The Orchards - Metlifecare 123 Stanley Road (09) 444 4010	132	RH		H		Yes
Long Bay	Pinnacle Long Bay Retirement Village, 203 Glenvar Road 021 385 518						Yes
Mairangi Bay	Norfolk Apartments 7 Ramsgate Terrace (09) 478 2368						Yes
Milford	Lady Allum 5 Brook Street (09) 488 2900	142	RH	D	H		Yes

NORTH SHORE CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Narrow Neck	Ascot House Retirement Home 137 Vauxhall Road (09) 445 2518	172	RH				
Narrow Neck	Palm Tree Rest Home 8 Grove Road (09) 445 0009		RH				
Northcote	Anne Maree Court Care Home 17-27 Fraser Avenue (09) 418 3118	166	RH		H		
Northcote	Iona Close 4 Woodside Avenue 027 386 5920						Yes
Northcote	Northbridge 45 Akoranga Drive (09) 488 3080		RH	D	H		Yes
Northcote Point	Regency Home & Hospital 60 Onewa Road (09) 419 2089	156	RH	D	H		
Northcote Point	Shoal Bay Villa Dementia 33 Church Street (09) 480 8552	51		D			
Northcross	Arvida Mayfair Auckland 14 Oteha Valley Road (09) 478 4000						Yes
Pinehill	Deverton House 634 East Coast Road (09) 479 7312		RH				
Pinehill	Deverton Lifestyle Village 632 East Coast Road (09) 476 8135						Yes
Rosedale	Arvida Knightsbridge 21 Graham Collins Drive (09) 477 2100						Yes
Rosedale	Bupa Hugh Green 105 Apollo Drive (09) 610 9161	1 131	RH	D	H		Yes
Takapuna	Puriri Park Retirement Village 15 Puriri Street (09) 486 1939						Yes
Takapuna	The Poynton - Metlifecare 142 Shakespeare Road (09) 488 5700	132	RH		H		Yes

NORTH SHORE CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Torbay	Freeling Holt House 9A Mawson Avenue (09) 478 5016		RH		H		
Torbay	Torbay Rest Home 102 Glenvar Road (09) 473 5977		RH	D			
Unsworth Heights	Greenwich Gardens - Metlifecare, 5 Greenwich Way (09) 440 6790	132	RH		H		Yes
Unsworth Heights	Highgrove Village & Patrick Ferry House, 47 Condor Place (09) 444 6655		RH		H		Yes

PAPAKURA DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Papakura	Janelle 25B Coles Crescent (09) 296 0215		RH				
Papakura	Keringle Park 16 Wellington Street (09) 298 5259		RH	D			
Papakura	Papakura Oaks - Metlifecare 21 Youngs Road (09) 297 2079	131	RH		H		Yes
Papakura	Papakura Private Hospital 7A Youngs Road (09) 299 6444		RH		H		
Papakura	Tui Lifecare 2 Trentham Road (09) 298 4506		RH		H		
Rosehill	Park Estate Home & Hospital 541 Great South Road (09) 217 2023	166	RH		H		
Takanini	Lady Elizabeth 140 Manuroa Road (09) 299 9020		RH		H		Rentals
Takanini	Longford Park Village - Metlifecare, 1 Longford Park Drive, (09) 295 0040	131					Yes
Takanini	Takanini Lodge 9-11 Taka Street (09) 298 1352	173	RH	D	H		

RODNEY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Algies Bay	CHT Amberlea Care Home 665 Mahurangi East Road (09) 425 5017	158	RH	D	H		
Huapai	Country Club Huapai 23 Vintry Drive (09) 476 4220	133					Yes
Kumeū	Kumeu Village Rest Home & Vineyard Villa, 507 State Highway 16, (09) 412 9112	160	RH	D	H		
Manly	Baycrest Retirement Village 6 Walbrook Road (09) 424 2719						Yes
Orewa	Crossley Court 398 Hibiscus Coast Highway (09) 426 7337		RH				
Orewa	Maygrove Lifecare 112 Riverside Road (09) 426 6391		RH		H		
Orewa	Maygrove Village 65 Tauranga Place (09) 427 0090	133			H		Yes
Orewa	Milton Court 10-12 Milton Road (09) 426 6210	152	RH	D			
Orewa	Orewa Beach 400 Hibiscus Coast Highway (09) 426 4867		RH				
Orewa	Ryman Evelyn Page 30 Ambassador Glade (09) 421 1915		RH	D	H		Yes
Orewa	The Grove Orewa 15 Centreway Road (09) 553 8970						Yes
Parakai	Craigweil House Home & Hospital, 143 Parkhurst Road (09) 420 8277		RH		H		
Red Beach	Bupa Northhaven 142 Whangaparāoa Road (09) 610 9163	1 132	RH		H	PG	Yes
Red Beach	CHT Halldene Care Home 35 Bay Vista Drive (09) 426 3252	158	RH		H		

RODNEY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Red Beach	Gulf Rise - Metlifecare 89 Symes Drive (09) 553 6103	132	RH	D	H		Yes
Red Beach	Hibiscus Coast Village - Metlifecare, 101 Red Beach Road, (09) 421 9718	132					Yes
Red Beach	SOLEMAR 163 Hibiscus Coast Highway 021 476 883		RH		H		
Red Beach	Vivid Living Red Beach 14 Tiromoana Drive 0800 173 323						Yes
Riverhead	The Ladybug 798 Coatesville-Riverhead Highway, (09) 200 4966			D			
Silverdale	The Botanic, Silverdale 17 Small Road 0508 268 264 (0508 BOTANIC)	181					Yes
Stanmore Bay	Arvida Peninsula Club 441 Whangaparaoa Road 0800 774 635						Yes
Stanmore Bay	The Beachfront Home & Hospital, 5 Arun Street (09) 424 7639		RH		H		
Taupaki	Radius Taupaki Gables 116 Taupaki Road (09) 412 6800	161	RH		H		
Wainui	Summerset Milldale 50 Waiwai Drive 0800 SUMMER (786 637)	126 127					Yes
Waiwera	Pinehaven Cottage 660 Hibiscus Coast Highway (09) 426 6695	51	RH	D			
Warkworth	Summerset Falls 31 Mansel Drive 0800 SUMMER (786 637)	126 127	RH		H		Yes
Warkworth	Totara Park 9 Melwood Drive (09) 438 3109						Yes
Warkworth	Warkworth Hospital 31 Blue Gum Drive (09) 425 9950		RH		H		

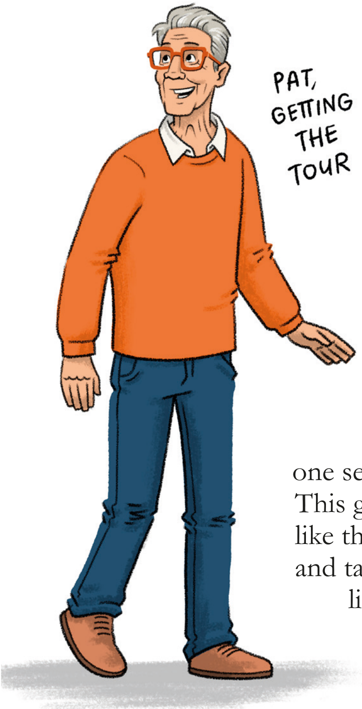
RODNEY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Warkworth	Warkworth Oaks 9 Queen Street (09) 425 8766						Yes
Wellsford	Heritage Rest Home 2 Olympus Road (09) 423 7092		RH				
Wellsford	Wellsford Masonic Village 18 Hanover Street (09) 438 3109						Yes & Rentals
Whangateau	Bethany Hill Dementia Care 582 Leigh Road (09) 422 6006	152		D			

WAITĀKERE CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Glen Eden	Greenview Park Village & Terence Kennedy House, 267 Glengarry Road, (09) 818 3800		RH		H		Yes
Green Bay	Pinesong Village - Metlifecare 66 Avonleigh Road (09) 817 1800	133	RH		H		Yes
Henderson	CHT Carnarvon Care Home 20 Lincoln Road (09) 838 8348	158	RH		H		
Henderson	Edmonton Meadows 46 Edmonton Road (09) 836 3607		RH	D	H		
Henderson	Ons Dorp Care Centre 36 McLeod Road (09) 838 6567	160	RH		H		Yes
Henderson	Roseridge Rest Home 120 Rathgar Road (09) 838 5822	154	RH				
Henderson	Ryman Miriam Corban 211 Lincoln Road (09) 838 0888		RH	D	H		Yes
Henderson	Tasman Care Home & Village 4 Wadier Place (09) 837 5218	162	RH		H		Yes
Henderson	The Waratah Retirement Home & Hospital, 196 Henderson Valley Road, (09) 836 5775	135	RH		H		
Henderson	Waitākere Gardens - Metlifecare, 15 Sel Peacock Drive, (09) 837 0512	133					Yes

WAITĀKERE CITY DISTRICT		PAGE	LEVELS OF RESIDENTIAL CARE				RV
Hobsonville	Orion Point - Metlifecare 62 Tahingamanu Road (09) 558 6869	132					Yes
Hobsonville	Ryman Keith Park 3 Scott Road (09) 416 0751		RH	D	H		Yes
Hobsonville	Summerset at Monterey Park 1 Squadron Drive 0800 SUMMER (786 637)	126 127	RH		H		Yes
Hobsonville	Waterford 84 Buckley Avenue (09) 905 4632	142					Yes
Hobsonville	West Harbour Gardens 315 Hobsonville Road (09) 417 0400	172	RH	D	H		
Massey	Abbey Heights 3 Dovey Place (09) 833 9106		RH				
Massey	Amberwood 499 Don Buck Road (09) 832 2728	173	RH		H		
Massey	Goodwood Seadrome 167 Colwill Road (09) 833 7506			D	H		
Massey	Royal Heights Rest Home 154 Royal Road (09) 833 9333		RH				
New Lynn	Bupa Glenburn 33-41 Astley Avenue (09) 610 9160	1 131	RH	D	H	PG	Yes
New Lynn	Crestwood - Metlifecare 38 Golf Road (09) 826 2020	132	RH		H		Yes
Sunnyvale	Lexall Care 19 Denver Avenue (09) 837 2533		RH		H		
Te Atatū Peninsula	CHT St Margarets Care Home 52 Beach Road (09) 834 4963	158	RH	D	H		
Te Atatū South	Arran Court Rest Home & Hospital, 85 McLeod Road (09) 838 9817	150	RH	D	H		

ALL ABOUT RETIREMENT VILLAGES

If you are considering retirement village living, there can be a lot to think about, and it's worth taking your time to go over the options.



Pat has been living in a retirement village for a while now, and has been enjoying the lifestyle it offers. Back when he was making the decision to move, it was no small task. Pat spent time researching and carefully weighing up his options to make sure he chose a village that felt right for him.

Villages differ in many ways, so Pat paid attention to what mattered most to him. He enjoyed staying active - in particular, swimming was an activity that made him feel himself - so a pool was high on his list. He took official tours of several villages and, when one seemed promising, he returned a few more times. This gave him a chance to get a real feel of the place, like the other residents and the culture. He met staff, and talked with those already living there to hear what life was like. Some residents had even started a crossword club, something Pat was interested in joining (and has enjoyed very much since he moved in). Pat felt like this village's community was something he wanted to be a part of.

At the time Pat moved in, he was healthy and independent. Even so, he knew that needs can change over time, which is why he chose a village that offered care suites (page 151). When Pat had a stroke and his health went downhill, this decision made all the difference. It meant he could receive a higher level of support without having to leave the village and community he had built there.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CHOOSING THE VILLAGE LIFE

When choosing to move 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.

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. This is likely to incur extra fees.

Depending on your contract and whether the relevant services are available, you may be able to continue living in your dwelling, even if you require

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.

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 125). A higher level of care may be obtained if you live in a care suite (pages 151-153).

All villages have associated costs, including weekly fees and exit costs, such as a Deferred Management Fee (see The Village Journey, page 123). You need to be fully aware of these.

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 and manager. Talk to residents too, 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 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.

USEFUL RESOURCES

- Search all Retirement Villages and available properties at www.eldernet.co.nz
- Te Ara Ahunga Ora Retirement Commission www.retirement.govt.nz
- Retirement Village Association www.retirementvillages.org.nz
- Retirement Villages Residents Association of New Zealand www.rvranz.org.nz 0800 787 699

RETIREMENT VILLAGES ACT REVIEW - UPDATE

Below are some of the key areas of proposed changes to the Act:

- maintenance and repairs of operator-owned chattels and fixtures
- weekly fees, fixed deductions and capital losses
- complaints and disputes
- options for incentivising or requiring earlier capital repayments when residents move out of a village.

It is expected that a bill reflecting the above changes will be introduced to Parliament in mid 2026.

Pat - The Village Journey

Pat decides to move to a retirement village. Pat uses the ideas on page 137-139 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.

Pat's lawyer explains that there's a lot of important information in this paperwork. (Read the article on page 121 to understand more) Some important considerations are:

- The 'purchase' price, which varies, widely.
- The Deferred Management Fee or DMF. This amount is deducted from the capital returned to you on exit.
- Weekly fees. These can be fixed or variable.
- Legal Title
- And much more

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

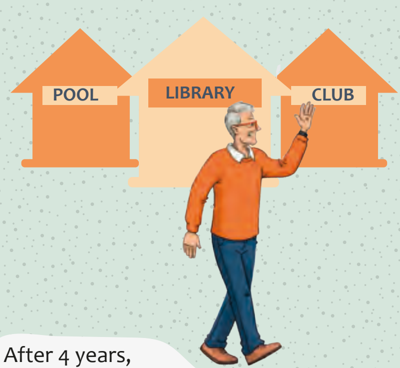
PURCHASE PRICE IS $ 500K

THE WEEKLY FEE IS $ 120 FIXED FOR LIFE

For this example:

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

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).

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

SUPPORT IN A VILLAGE

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

While retirement villages commonly offer a variety of housing and accommodation choices, such as one, two or three-bedroom homes, units and villas (see samples of these on pages 128-135), many also provide a range of support and care services, including serviced apartments and care suites.

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 on-site 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. Some providers now offer certified and contracted services in these apartments so check what applies in the villages you are interested in.

Care suites These offerings combine elements of a retirement village (commonly using the same type of funding model) and a care home. The layout usually includes more homelike features such as a kitchenette and there is often the potential for you to remain in the suite regardless of the level of care you need (unless these are very high and complex). Care suites must be certified (meeting government standards) but not all are contracted (allowing for more flexibility) page 153.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RETIREMENT VILLAGES

RETIREMENT VILLAGE OPTIONS

Click each listing for more info

ABOUT THIS SECTION

This list shows a selection of village options across the Upper North Island, and is not fully inclusive.

Units within these villages, as well as access to care, are subject to availability and eligibility criteria. Prices vary across villages, are subject to change without notice and are not guaranteed. For information about 'purchasing' into a village and related costs (e.g. weekly fees, Deferred Management Fees), see page 123.

For a list of all villages and care homes within the region, see page 99-118.

CENTRAL AUCKLAND

BUPA REMUERA RETIREMENT VILLAGE
10 Gerard Way
St Johns
(09) 634 9492

Priced from $1,095,000*

Rest home and hospital care on site

www.bupa.co.nz/remuera

BUPA SUNSET RETIREMENT VILLAGE
117/123 Boundary Road, Blockhouse Bay
(09) 355 0084

Priced from $515,000*

Rest home, hospital and dementia care on site

www.bupa.co.nz/sunset

EVERIL ORR LIVING
63 Allendale Road, Mount Albert
0800 383 745

Independent living apartments priced between $865,000 and $1,300,000*

Rest home and hospital care in the Care Centre on site

www.everilorr.co.nz

RANFURLY VILLAGE
539 Mount Albert Road, Three Kings
(09) 625 3420

Priced from $760,000*

Rest home and hospital care on site

www.ranfurlyvillage.co.nz

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

Click each listing for more info

THE FOUNDATION
541 Parnell Road, Parnell
(09) 869 3947

Priced from $1,825,000*

THE FOUNDATION PARNELL

www.thefoundationvillage.co.nz

VIVID LIVING KARAKA
241 Park Estate Road, Karaka
0800 173 323

2 bedroom, 1.5 bath villas priced from $905,000*
3 bedroom, 2 bath villas priced from $1,155,000*

www.vividliving.co.nz

vivid living.

7 SAINT VINCENT METLIFECARE
7 St Vincent Avenue
Remuera
(09) 524 1420

Priced from $1,350,000*

Rest home and hospital care on site

www.metlifecare.co.nz

metlifecare

HILLSBOROUGH HEIGHTS METLIFECARE
1381 Dominion Road Extension, Mt Roskill
(09) 626 8060

Priced from $600,000*

www.metlifecare.co.nz

metlifecare

PARKSIDE VILLAGE METLIFECARE
42 Herd Road
Hillsborough
(09) 624 2600

Priced from $540,000*

Rest home, hospital and dementia care on site

www.metlifecare.co.nz

metlifecare

POWLEY VILLAGE METLIFECARE
135 Connell Street
Blockhouse Bay
(09) 627 0700

Priced from $325,000*

Rest home and hospital care on site

www.metlifecare.co.nz

metlifecare

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

Click each listing for more info

BETHESDA VILLAGE

743 Great South Road, Manukau
0800 11 99 33

1 bedroom villas/apartments priced from $650,000*
2 bedroom villas/apartments priced from $750,000*
3 bedroom villas/apartments priced from $900,000*
Studio units priced from $300,000*

Rest home and hospital care on site

www.bethesda.org.nz

BUPA ERIN PARK RETIREMENT VILLAGE

62 Russell Road
Manurewa
(09) 320 5379

Priced from $495,000*

Rest home and hospital care on site

www.bupa.co.nz/erinpark

BUPA WATTLE DOWNS RETIREMENT VILLAGE

120 Wattle Farm Road
Wattle Downs
(09) 942 4354

Priced from $550,000*

Rest home and hospital care on site

www.bupa.co.nz/wattledowns

HOWICK VIEWS APARTMENTS

139 Union Road, Howick
(09) 538 0827

Priced from $480,000*
1 & 2 bedroom apartments (with additional study options)

Rest home and hospital care on site

www.hbh.org.nz

DANNEMORA GARDENS METLIFECARE

30 Matarangi Road
Botany Downs
(09) 272 2467

Priced from $642,000*

www.metlifecare.co.nz

EDGEWATER VILLAGE METLIFECARE

14 Edgewater Drive
Pakuranga
(09) 577 1600

Priced from $295,000*

Rest home and hospital care on site

www.metlifecare.co.nz

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

Click each listing for more info

EAST & SOUTH AUCKLAND

FAIRWAY GARDENS METLIFECARE
197 Botany Road
Golfiands
(09) 890 9518

Priced from $1,115,000*

Rest home, hospital and dementia care on site

www.metlifecare.co.nz

HIGHLANDS VILLAGE METLIFECARE
49 Aberfeldy Avenue
Highland Park
(09) 533 0600

Priced from $323,000*

Rest home and hospital care on site

www.metlifecare.co.nz

LONGFORD PARK VILLAGE METLIFECARE
1 Longford Park Drive
Takanini
(09) 295 0040

Priced from $335,000*

www.metlifecare.co.nz

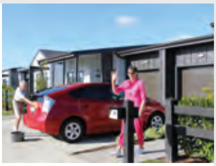
PAPAKURA OAKS METLIFECARE
21 Youngs Road
Papakura
(09) 297 2079

Priced from $715,000* Join our waitlist

Rest home and hospital care on site

www.metlifecare.co.nz

ŌTAU RIDGE METLIFECARE
2 Kumekume Way
Clevedon
(09) 222 2832



Priced from $955,000*

Rest home and hospital care on site

www.metlifecare.co.nz

PŌHUTUKAWA LANDING METLIFECARE
3 Seventh View Avenue
Beachlands
(09) 553 5266

Priced from $750,000*

Rest home, hospital and dementia care on site

www.metlifecare.co.nz

NORTH & WEST AUCKLAND

BUPA HUGH GREEN RETIREMENT VILLAGE
105 Apollo Drive
Rosedale
(09) 942 6117

Priced from $510,000*

Rest home, hospital and dementia care on site

www.bupa.co.nz/hughgreen

BUPA GLENBURN RETIREMENT VILLAGE
79 Margan Avenue
New Lynn
(09) 320 5378

Priced from $525,000*

Rest home, hospital, dementia and psychogeriatric care on site

www.bupa.co.nz/glenburn

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

Click each listing for more info

NORTH & WEST AUCKLAND

BUPA NORTHHAVEN RETIREMENT VILLAGE

142 Whangaparāoa Road, Red Beach
(09) 942 4358

Priced from $545,000*

Rest home, hospital and psychogeriatric care on site

www.bupa.co.nz/northhaven

CRESTWOOD VILLAGE METLIFECARE

38 Golf Road
New Lynn
(09) 826 2000

Priced from $379,000*

Rest home and hospital care on site

www.metlifecare.co.nz

GREENWICH GARDENS METLIFECARE

5 Greenwich Way
Unsworth Heights
(09) 440 6790

Priced from $595,000*

Rest home and hospital care on site

www.metlifecare.co.nz

GULF RISE METLIFECARE

89 Symes Drive
Red Beach
(09) 553 6103

Priced from $695,000*

Rest home, hospital and dementia care on site

www.metlifecare.co.nz

HIBISCUS COAST VILLAGE METLIFECARE

101 Red Beach Road
Red Beach
(09) 421 9718

Priced from $395,000*

www.metlifecare.co.nz

ORION POINT METLIFECARE

62 Tahingamanu Road
Hobsonville
(09) 558 6869

Priced from $917,000*

Rest home and hospital care under development

www.metlifecare.co.nz

THE ORCHARDS METLIFECARE

123 Stanley Road
Glenfield
(09) 444 4010

Priced from $775,000*

Rest home and hospital care on site

www.metlifecare.co.nz

THE POYNTON METLIFECARE

142 Shakespeare Road
Takapuna
(09) 488 5700

Priced from $1,040,000*

Rest home and hospital care on site

www.metlifecare.co.nz

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

NORTH & WEST AUCKLAND

PINESONG VILLAGE METLIFECARE

66 Avonleigh Road
Green Bay
(09) 817 1800

Priced from $590,000*

Rest home and hospital care on site

metlifecare

www.metlifecare.co.nz

WAITĀKERE GARDENS METLIFECARE

15 Sel Peacock Drive
Henderson
(09) 837 0512

Priced from $470,000*

metlifecare

www.metlifecare.co.nz

Click each listing for more info

COUNTRY CLUB HUAPAI

23 Vintry Drive, Huapai
(09) 476 4220

2 bedroom apartments priced from $945,000*
3 bedroom apartments priced from $1,200,000*
2 bedroom villas priced from $1,345,000*

Country Club
HUAPAI

www.countryclubhuapai.co.nz

MAYGROVE VILLAGE ŌREWA

65 Tauranga Place, Ōrewa
(09) 427 0090

1 bedroom apartments priced from $550,000*
2 bedroom apartments priced from $800,000*
2 bedroom villas priced from $1,000,000*

Hospital care on site

MAYGROVE VILLAGE
RETIREMENT LIFESTYLE

www.maygrovevillage.co.nz

NORTHLAND

THE TIDES VILLAGE METLIFECARE

15 Sailrock Drive
Mangawhai
(09) 222 1348

Priced from $925,000*

metlifecare

www.metlifecare.co.nz

QUAIL RIDGE COUNTRY CLUB
82 Rainbow Falls Road
Kerikeri
021 405 203

Priced from $679,000*

Hospital and dementia care planned

QUAIL RIDGE
COUNTRY CLUB

www.quailridgecc.co.nz

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

NORTHLAND

WHANGĀREI PARK VILLAGE METLIFECARE

15 Sutton Close
Maunu
(09) 438 1099

Priced from $675,000*

Rest home, hospital and dementia care on site

metlifecare

www.metlifecare.co.nz

OAKRIDGE VILLAS METLIFECARE

35 Cobham Road
Kerikeri
(09) 407 8549

Priced from $695,000*

Rest home, hospital and dementia care on site

metlifecare

www.metlifecare.co.nz

BUPA MERRIVALE RETIREMENT VILLAGE

61 Winger Crescent
Whangārei
(09) 940 1332

Priced from $410,000*

Rest home and hospital care on site

Bupa

www.bupa.co.nz/merrivale

BUPA TŌTARA GARDENS RETIREMENT VILLAGE

5 Kingfisher Way
Whangārei
(09) 887 9620

Priced from $730,000*

Rest home, hospital and dementia care on site

Bupa

www.bupa.co.nz/totara

THE ANCHORAGE VILLAGE

80 Rauiri Drive, One Tree Point
(09) 376 8770

Click each listing for more info

1 bedroom apartment priced from $600,000*
2 bedroom villa priced from $810,000*
3 bedroom villa priced from $1,100,000*

THE ANCHORAGE
LIFESTYLE VILLAGE

www.theanchorage.co.nz

ASHBURY HEIGHTS LIFESTYLE VILLAGE

58 Pompallier Estate Drive, Whangārei
(09) 430 6422

Care suites priced from $235,000*
Independent houses priced from $1,198,000*

Rest home and hospital care on site

ASHBURY HEIGHTS

www.ashburyheights.co.nz

* Prices are correct at time of printing and are subject to change without notice. Availability of units at these minimum prices is not guaranteed.

Ready for the good life? Come home to Kerikeri.

We offer worry free living in the middle of the township of Kerikeri. Multiple independent living options from 1 bedroom studios to cottages and apartments. Our units are modern, light and airy to make the most of the Far North sunshine. The Village offers Home Support Services when you might need that extra bit of help. And we have a 66 room care facility with rest home, hospital and memory assist care if and when you might need it.

Our 14 acres of established grounds are lush and tropical. Located centrally in Kerikeri we are a short, level stroll to the supermarket, and a little further to the library, doctors, services and cafes in town. A 10 minute drive to Kerikeri Airport connects you with Auckland in just 35 minutes.

Kerikeri Retirement Village is a registered charitable company established in the 1980s. Our profits go back into our village.

KERIKERI RETIREMENT Village

Caring for your future

Contact us today: 09 407 0070 or
Nathan Holt, Village Manager nathan@kerikerivillage.co.nz

Click the ad for more info

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.eldernet.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 25.
- 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 accredited by the Retirement Villages Association? www.retirementvillages.org.nz
- Do you understand what a statutory supervisor does? Who is the statutory supervisor for the village?
- Is the village part of a group? Can I transfer to a different village within the group?
- What will happen if the village is bought by another operator?
- What is the minimum age for entry?

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 the operator and residents and gives the resident the right to occupy a 'home' such as a unit, apartment, villa or care suite etc. Among other things it sets out each operator's terms and conditions.

This is different to purchasing a house. The sum paid is known as your Capital Contribution. The legal title to your residence can vary e.g. 'Licence to Occupy' (LTO) the most common, 'Unit Title', 'Lease'. The '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 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 there.
- 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.

ALL ABOUT CARE HOMES

Moving into a care home can be daunting if you don't know what to expect. Things can feel overwhelming, so it can be a good idea to ask others for help with navigating the system as a way to share the load.

With Chris' declining mobility, her son has been coming to help her everyday. It is important for carers to take breaks, and because her son was generally helping her for over four hours a day, he qualified for the Carer Support Subsidy.

This meant that Chris was able to receive respite care in a care home while her son went on holiday for a break. Much to her surprise, she rather liked it.

When her son returned, Chris spoke with him about how it might be time for her to move into a care home. The idea isn't so scary anymore since her short stay for respite.

While Chris liked the home she received respite care in, she wants to look at others just to see what's out there. She doesn't mind too much about what amenities are in the care home. That being said, Chris does like having her own space, so she would like to have a room with an en-suite to herself. Staying within the area is what matters most, as Chris wants her son and friends from the radio club to be able to visit easily.

If her health declines further, Chris knows she might need her son to make this decision on her behalf. Chris has prepared for this by appointing him as her Enduring Power of Attorney, allowing him to look after her welfare and property if needed.

Although Chris had planned for a time when her son might need to act on her behalf, she was still able to make her own choices. After finding a home that felt like a good fit, Chris decided to try a one-month trial. Although she had to pay for this herself, it felt like money well spent. It wasn't quite enough time to feel completely at home, but it was long enough to see how the place operated and what the staff were like. By the end of the trial, Chris could see that in time, it was somewhere she could imagine living permanently.

Click the ad for more info

Experience our personal approach to Aged Care

Where expert care meets exceptional comfort

At Oceania, you'll find expert care, exceptional comfort, and the reassurance of a team who take the time to build genuine relationships.

With over 25 locations nationwide, we offer Rest Home, Hospital and Dementia Care, giving families confidence that the right support is always close by*. Our Care Suites are thoughtfully designed to offer privacy, space and comfort. Care is delivered by experienced teams who understand what matters most.

Many of our care centres offer a range of care options, so you can often continue living in the same familiar community, surrounded by trusted faces, even if your needs change over time*.

Whether you're just starting to explore care, or feel the time may be approaching, our team is here to help.

Call our friendly team on 0800 333 688 to talk through your options.

oceaniahealthcare.co.nz

**For residents 65 years and above. Some villages do not provide dementia level care. Care subject to availability and not guaranteed.*

OCEANIA Aged Care

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 decisions 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 these sorts of decisions if you are unable to do so yourself. You can also nominate others you want involved in decision-making (page 36).

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

To start with, identify the criteria that are important to you. For some people location is important, so you can be nearer to people who will visit you: family/whānau, friends, clubs and familiar places. For others it's the size of the home or the size and type of the room that is important. Perhaps it's the other support or levels of care provided on site, such as dementia care.

All care homes must be certified by MOH. An audit determines how long certification is granted for, e.g. four years indicates very good compliance. See reports at www.health.govt.nz, search '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 premium 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 are further explained on page 149 and include:

- Shared standard room (may suit couples and those who enjoy company). These are often gendered and are common in some areas of the country.

LISTEN UP

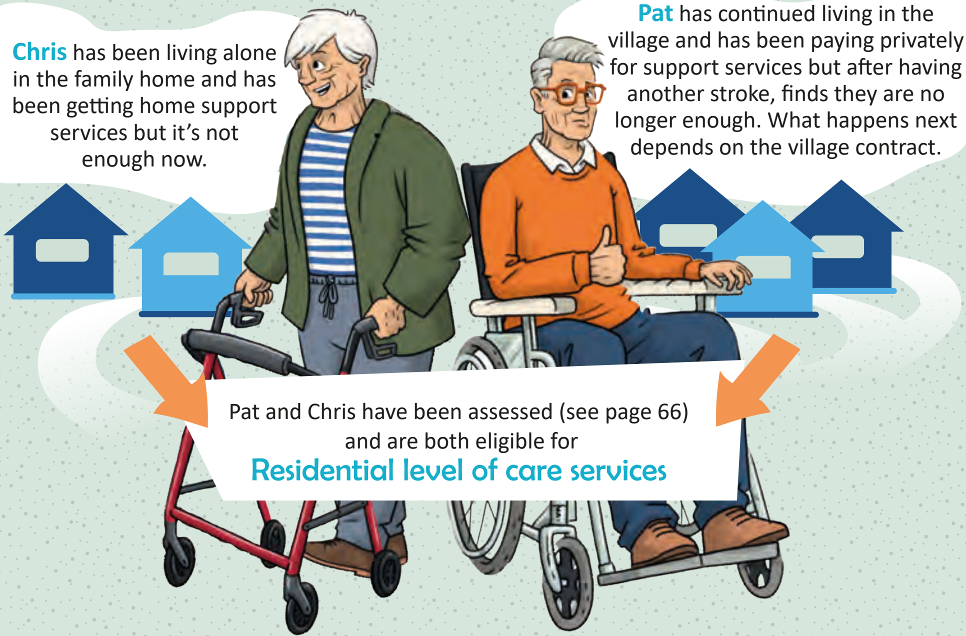
'The voices of older people with high support needs are so quiet as to be practically silent or indistinguishable from the other people who speak on their behalf.'
– Bowers et al., 2009.

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.

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 after having another stroke, finds they are no longer enough. What happens next depends on the village contract.



Pat and Chris have been assessed (see page 66) 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 help and funding available.

For **Pat** to stay in the village, he must move into the onsite care facility or buy a care suite as he is no longer independent and needs full time support. If these options are not available onsite, **Pat** would need to leave the village.

Move to a Care Home

Once Chris and Pat know the level of care they need (see page 153), 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.

Care Suite: If Chris and Pat have assets (e.g. from the sale of their homes) they may have the option to 'buy' a care suite (see pages 151-153)

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 163)

- Standard single room, no ensuite – an ensuite is not essential if staff are required to assist with all personal care.
- 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 151).
- Room or care suite often governed by an ORA (pages 139 & 151).

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. It's a good idea to 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 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 36). If you haven't made these arrangements, expect to be asked to set this up. Make sure all clothing is named and your possessions insured.

A NOTE TO FAMILY/WHĀNAU

You may have had concerns about your relative for some time, or you may be facing a totally unexpected situation. 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.

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 163).
- If you wish to access any public funding, including a Health NZ top-up payment (page 148), you need to have an assessment showing your eligibility for care. If you don'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 care requirements change, a reassessment will be done. 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 153) or care suite, 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 what level of care you need (page 153).

2 Discuss the options with your contact at your older person's service/service coordinator 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 99-118 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 (page 145).

8 Decide on your preferred home. Let your contact person at your older person's service/service coordinator 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 175).

PAYING FOR YOUR CARE

The financial aspects of residential care can be a difficult process to navigate. Here, we try to make things clearer, so you know who is paying for what.

There are a lot of things that surprise people about the payment details for care homes. Often the biggest surprise is that you are required to pay if you have the means to do so. Some people will be able to apply for a subsidy if they cannot pay the fees, however this will impact on the amount of NZ Super they receive. Finally, many people who are 'paying privately' for their care are not aware that if they are receiving a higher level than rest home care, the government is paying the care home a 'top up' subsidy for their care, so they are in fact partially government funded.

Payment for care This can be made up by one or more of the following:

- paid privately by you/NZ Super;
- the Residential Care Subsidy (RCS), if you are eligible;
- a 'top up' subsidy paid by Health NZ directly to contracted care homes, to contribute towards a higher level of care than rest home care (page 153).

The Maximum Contribution (MC) (page 4) is the maximum you can be charged for care and standard accommodation at a facility with an ARRC contract (page 149). If you choose to receive care in a premium room or care suite, these additional accommodation-related costs are over and above the MC, and you are required to privately pay these yourself.

Support with payment If you wish to have any aspect of your payment for care covered by public funding, you will need to access care via a needs assessment (page 66) and undertake a financial assessment (pages 163-167). You may qualify for a RCS or a RCL to cover the cost of your care and standard accommodation. Support with payment will not cover premium accommodation charges.

Note: There are emerging offerings from providers where you choose to receive care outside of this assessment system. In this case you will be 100% self-funded, i.e. you will not receive the Health NZ 'top up' or be able to apply for any financial assistance, as the care home will not be contracted to Health NZ (page 153).

Example of fee structure in a contracted care home for hospital level of care per day		
Daily bed rate (MC)	$200	Paid privately, or via the RCS, or a combination of both.
Extra fees for hospital level of care	$100	Automatically paid by Health NZ. This is the 'top up' subsidy.
Premium accommodation charges	$50*	Paid privately.
Total cost per day	**$350**	
Total paid by resident per day	**$250**	*i.e. minus the 'top up' subsidy.*

*Example only. Premium accommodation charges differ depending on the care home and agreement.

ROOM OPTIONS EXPLAINED

Choosing the right care home, and deciding what type of room or accommodation arrangement best suits you, can feel confusing. It may help to think of aged care in three components.

Layer one: assessed care. This is the care you need and are entitled to receive from a MOH certified and ARRC contracted provider (page 5) Care homes must be certified but they are not required to be contracted. Currently, all are contracted.

Layer two: accommodation. This is the room and physical environment.

Layer three: lifestyle and extras. These are optional services, personal preferences and convenience items that may improve day-to-day life but are paid for privately (also known as additional services).

The challenge for many people is that these layers can become blurred. In the past, a room in a care home was often fairly standard wherever you went. Today, this is no longer the case. In many areas, if you have more money, you are likely to have more accommodation options.

A premium room can feel like better care while a standard room can feel like a lesser option. This is not because people who pay more are entitled to better care. They are not. Certified and contracted care homes must provide the required standard of care to residents, regardless of room type.

For those who have been assessed as eligible for aged residential care, the ARRC agreement sets out the standard services that certified and contracted care homes must provide.

These generally include personal care and assistance; meals and snacks; accommodation; use of furniture, fittings, bedding and utensils; a clean, warm, safe, well-maintained and comfortable environment; cleaning and laundry services; accessible outdoor areas; and communal aids and equipment for personal care or mobility.

The care and standard accommodation component is included in the Maximum Contribution (page 4). Any extra fees should relate to accommodation options or additional services. These must be detailed in your admission agreement.

Everyone must pay for their own personal items and services, such as clothing, insurance, dentist, optician or hairdresser, etc.

Standard rooms Standard rooms are often suited to people with more limited funds, or to those who do not wish to pay extra for accommodation features.

A standard room includes the

ADDITIONAL SERVICES

- You may choose to buy additional services unrelated to care and not covered by the ARRC agreement, e.g., pay television.
- The contract you sign with the provider must show the additional services you accept or decline. You can change your mind about these services later.

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standard services required under the ARRC agreement and does not attract an additional premium accommodation charge.

In some parts of the country, standard rooms may be shared rooms. For some people this can work well, offering companionship and helping reduce loneliness. For others, privacy may be a priority.

However, standard rooms can be in short supply. Providers often explain this as being linked to the gap between government funding and the real cost of building, maintaining and staffing aged care homes. While government funding remains essential, it is realistic to understand that it is unlikely to cover every accommodation preference people may have.

If you have a choice of care home, visit before deciding. Standard rooms do not all look or feel the same.

Premium accommodation This includes the same required care and standard services, plus accommodation features above the standard offering.

These might include an en-suite, a larger room, a newer or refurbished room, tea and coffee facilities, a view, an adjoining garden, private outdoor access, or use of particular recreational spaces or equipment.

Premium accommodation charges are extra daily costs, on top of the Maximum Contribution. (page 4) These may range from a small daily amount to more than $100 per day.

It is important to think about these charges long term. A daily fee can sound manageable, but it adds up quickly over months or years.

Providers are required to publish their premium accommodation charges on a website. Find these at www.eldernet.co.nz/vacancies or on most provider websites.

If you cannot, or no longer wish to, pay premium accommodation charges, you can review your premium tenancy 18 months after admission and every six months after that. The provider then has six months to move you to a standard room, giving three days' notice, or stop charging the premium fee. The notice period may be waived in cases of financial hardship.

Care suites A care suite is different from a premium room charged by the day. With a care suite, the

THE '10KM RULE'

If your preferred care home only has a premium room available that attracts extra fees and you can't/don't want to pay these, the following applies:

- If a standard room is vacant at another home within a 10km radius, you may have to go there.
- If you are receiving a Residential Care Subsidy (RCS) - page 163 - you may still have funds that fall within 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, 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.
- If a standard room becomes available in another home, you cannot be required to move.

Bethany Hill
dementia care

about us

Bethany Hill Dementia Care is in a rural setting with views over Whangateau Harbour and Omaha Bay. There are beautiful bushes and hills on the area. Our residents can enjoy watching the chickens and guinea fowls in the courtyard.

We believe that living with dementia does not mean being confined indoors. The engagement with nature each day can bring physical and mental benefits.

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\- family of a resident

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accommodation is usually paid for through an upfront purchase-style arrangement, similar to buying into a retirement village.

The agreement may be called different things. Some care suites are offered under an Occupation Right Agreement, or ORA, and may have a Deferred Management Fee deducted when you leave. Others may involve a Refundable Accommodation Deposit, or RAD, which may be fully refundable.

Because the accommodation has already been paid for upfront, the provider cannot charge you, or Health New Zealand if you receive a subsidy, for the same accommodation component again. This means if you pay privately, the maximum contribution (page 4) cost of a care home in your area is typically reduced by 18% to reflect the fact you have already covered the cost of accommodation. You will still be charged for maintenance and property-related fees, such as rates and insurance, as per your ORA (page 139).

Dual use beds or swing beds These allow more than one level of care to be provided in the same room. This may mean, for example, that someone can remain in the same room if their needs increase from rest home to hospital-level care.

There are exceptions. Dementia or psychogeriatric care usually require a move to a secure environment. A premium accommodation charge often applies to a dual use or swing bed.

Government funding and subsidies are essential support for people's access to aged care. At the same time, many accommodation choices, room features and optional extras now sit outside what public funding is likely to cover.

This means it is important to plan with the current system in mind. Government will continue to have an important role in funding and regulating aged care, but you should not assume that public funding will cover every preference or provide a wide choice of rooms. In practice, more choice, more privacy and more accommodation features often come with an extra cost.

LEVELS OF CARE

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

Rest Home For people who need support with personal care and day-to-day activities but may still be able to get around independently or with some help. Some people with dementia may be safely supported in rest home care.

Hospital This refers to an age-related hospital rather than public hospital. It is for people with significant disability, medical needs or cognitive decline who require ongoing registered nurse oversight. Many need help from two people to move safely.

Dementia For people who need a secure environment because of safety concerns for themselves or others.

Psychogeriatric Occasionally known as D6, this is for people with dementia or mental health disorders who need a high level of nursing care, behaviour support, specialist staff and a secure environment.

LENS ON RIGHTS AND CARE

The Chief Ombudsman monitors 'secure' areas, like dementia and psychogeriatric units, to make sure people's rights are protected.

These are places where residents are unable to leave freely and can't come and go as they please.

John Allen has been the Chief Ombudsman since April 2025.

"We take an independent and objective look at the treatment of residents and their living conditions by visiting the facilities", he says.

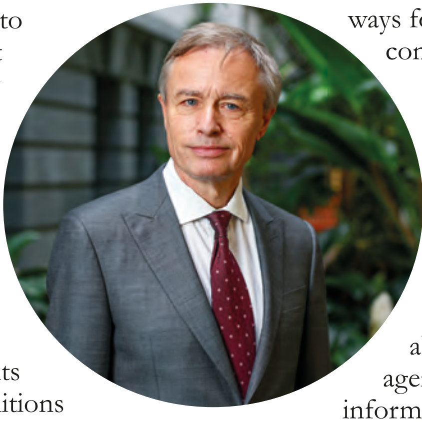
"This is to make sure they have safeguards in place to prevent ill treatment." If not, the Ombudsman recommends improvements based on international law and best practice. This work falls under the United Nations 'OPCAT monitoring', named after the international agreement that governs it.

Since the start of Mr Allen's term, OPCAT inspectors have made 64 visits to aged care facilities, ranging from sole owner businesses to those run by national providers.

"We have completed a total of 343 visits across New Zealand since the programme began in 2019/20. This means we have now inspected the vast majority of the aged care facilities within our jurisdiction at least once", Mr. Allen says.

"We are looking to build on those initial engagements in future visits. We will continue to look at how facilities are promoting best practice, like encouraging residents to have more choices in their daily lives rather than having decisions made for them.

We also want to see more accessible ways for residents to raise concerns or complaints."



Wider role The Ombudsman has many other roles, including monitoring the rights of disabled people. You can contact his office for help with resolving a complaint about a government agency. For more information visit: www.ombudsman.parliament.nz

HOW YOU CAN HELP

If you or someone you know has been recommended for secure care, make sure that EPOAs are activated and being followed. Inspectors may also want to talk to you as part of their visit. Speak freely to them about anything you think the Ombudsman should be aware of regarding your or your loved one's treatment and conditions in a facility. If you have a complaint about the facility's service, follow the usual complaints process (page 8-9).


Dominion Home

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 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.

While some people welcome going into a care home, it is also natural to feel upset. 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 145).
- 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.

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.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- 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 professionals 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 helpful listener will acknowledge your story without trying to 'straighten

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 the response of the person you have been caring for. 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 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 'person'. 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.

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 46). 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. Being in a care home does not mean that modern technology is beyond your reach. Increasingly, care homes are making computer technology available to residents. Even if you can't or do not want to use computers yourself, staff will often help you reap the benefits of them. They can do this by sending/receiving emails or setting up video calls for you so you can stay in touch with those who use the internet.
- You shouldn't have any worries about your general comfort. Your home should be warm, secure and comfortable.
- You won't have to think about maintaining your own home and garden.
- Most care 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 may offer a social/drinks evening, which is a good way to meet new people.

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.

As outlined on page 148, you are responsible for paying for, or contributing towards, your residential care. 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.

Residential Care Subsidy (RCS) This contributes towards the cost of standard services for those who qualify after a needs assessment (page 66) and an assets and income assessment has been completed. Depending on your assets and income, this could cover the full cost of care or only be a partial contribution (you would have to pay the remainder). To be eligible, 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.

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.

Asset testing If you are a qualifying person, a means assessment of assets is the next step in determining whether 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 $300,811 as at 1 July 2026.

Couple in long-term care You are eligible if you have combined assets equal to or below $300,811 as at 1 July 2026.

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Couple with one in care There are two threshold options:

- Combined assets of $164,731 as at 1 July 2026, not including the value of their home and car, or;
- Combined assets of $300,811 as at 1 July 2026, which does include the value of the home and car.

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, or someone you trust, monitors 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 $300,811. 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 $164,731. They own their own home (it's worth noting that retirement village units and serviced apartments will be treated as a home for RCS purposes) 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 freephone 0800 999 727. You must return the signed RCS application to Work and Income within 90 days of the date you want payment to start.

Special-case person You are a special-case person if you are:

- Aged 50 to 64, single and have no dependent children or;

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.
- Interest from bank accounts or term investments/deposits.
- Income or payments from a trust, estate or rental.
- Shares or portfolios.
- Employment or business income.

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 $1,306 a year for single people, $2,612 a year for a couple when both are assessed as needing care, and $3,918 a year for a couple where one of them has been assessed as needing care. (Figures as at 1 July 2026).

- An exempt person or;
- An 'elderly victim of crime'.

The rules differ to those for a qualifying person. For example, if you 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 or special case person you may be eligible for an RCS, you must still contribute towards the cost of your care from income. The income assessment determines the amount; this is between you and Work and Income, not the care home.

Residential Care Loan (RCL) 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 and cover any associated costs, such as lawyer's fees.

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 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 0800 999 727.

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 $8,500 per year is allowed. Gifts made in recognition of care, for which there are strict criteria, must not exceed $42,500 during this period. (Figures as at 1 July 2026.)
- 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.

KEY POINTS

- If you receive an RCS, you will keep a personal allowance of $58.34 a week and a clothing allowance of $365.92 a year (as at 1 April 2026) from your NZ Super.
- 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 $51.67 (as at 1 April 2026). They may also be eligible for NZ Super at the Living Alone rate.
- Private payers may be eligible for Work and Income assistance if they meet criteria. Subsidised residents are not eligible for a Disability Allowance as this is factored into the RCS.
- You can ask for a review of your means assessment or for a financial means assessment at any time.

Care Homes 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 bath-room, 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?

West Harbour Gardens

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Nestled in beautiful, large gardens in the quiet modern suburb of Hobsonville, West Harbour Gardens offers the best in rest home, dementia and hospital level care to residents in comfortable, homely surroundings.

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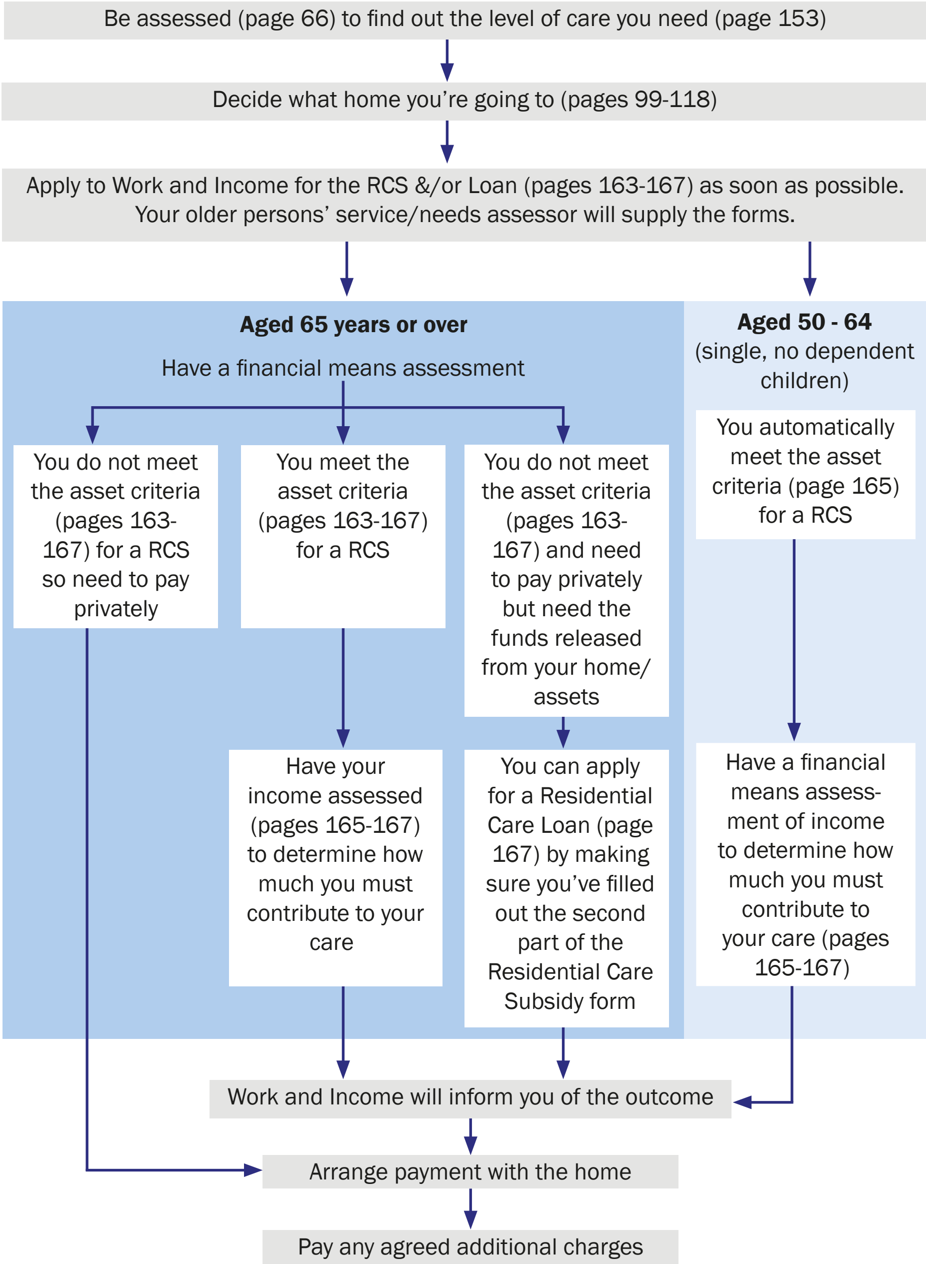
HOW TO APPLY FOR A RESIDENTIAL CARE SUBSIDY (RCS) &/OR RESIDENTIAL CARE LOAN^ (RCL)



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

CARE HOMES & VILLAGES ALPHABETICAL INDEX

TE TOKA TUMAI AUCKLAND, COUNTIES MANUKAU AND WAITEMATĀ

CARE HOMES & VILLAGES ALPHABETICAL INDEX

AUCKLAND CONTINUED

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