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HE ARA WHAKAMUA

Essential information for older people

Mid North Island 2026

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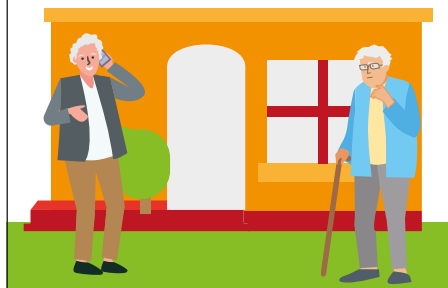
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PLAN FOR THE FUTURE YOU WANT

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 region.

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team@eldernet.co.nz
www.eldernet.co.nz

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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.

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Cambridge-Waipā	(07) 823 1998
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Taupo	(07) 377 0090
Gisborne	(06) 868 8081
New Plymouth West	(06) 215 4282
New Plymouth East	(06) 751 0209



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GLOSSARY & KEY CONCEPTS

10KM RULE: This rule deals with the situation where an intending resident's first choice of care home only has a room available that attracts extra fees and the person doesn't want to or cannot afford to pay those fees (page 138).

ACC: Accident Compensation Corporation (page 15).

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 135).

ADVANCE CARE PLAN & ADVANCE DIRECTIVES: Plans for your future care needs (page 52).

ARRC: Age-Related Residential Care. Term often used in relation to the Health New Zealand | Te Whatu Ora agreement with care home providers (page 135).

ASSET THRESHOLD: As relating to residential care (page 149).

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 114 & 138) 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 9).

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 115).

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 139).

EPA: Enduring Powers of Attorney. Also referred to as EPOA (page 35).

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 district health boards (DHBs) provided these services before they were centralised under a nationwide entity in July 2022.

interRAI: A computer-based assessment and care planning programme (page 62).

LEVELS OF CARE: Relates to the type of residential care you need (page 139).

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 2025, the rates range from \$1,455.16-\$1,571.57 per week (depending on where you live). The person coordinating your services can tell you the rate for your area.

MOH: Ministry of Health | Manatū Hauora. MOH works to promote and improve health outcomes for all New Zealanders. It regulates and monitors our health system and advises the Government on health policy.

MSD: Ministry of Social Development | 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 9).

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 12).

ORA: Occupation Right Agreement (page 125).

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

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

PREMIUM ACCOMMODATION CHARGES: (As relating to residential care).

Premium accommodation 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 149).

RESIDENTIAL CARE: A 'live in' service for those requiring high levels of care i.e., a care home. (page 139).

RESPITE: A short-term care or stay option providing a break for carers (page 83). 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 135).

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.

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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 62). 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.

WAIKATO

Disability Support Link | Health NZ

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

Email: dslooffice@waikatodhb.health.nz

HAUORA A TOI BAY OF PLENTY

Support Net | Health NZ

Tauranga 190 Seventeenth Avenue, Tauranga South

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

Email: supportnet.bopdhb@bopdhb.govt.nz

Whakatāne Whakatāne Hospital, Stewart Street

Phone: (07) 306 0986

Email: supportnet.bopdhb@bopdhb.govt.nz

TARANAKI

Community Support Services (CSS) | Health NZ

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

Email: olderpeoplesnasc@tdhb.org.nz

LAKES

Needs Assessment Service Coordination (NASC) | Health NZ

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

Rotorua Hospital Corner Arawa Street, Pukeroa Road, Rotorua

Taupō Hospital 38 Kōtare Street, Hilltop, Taupō

TAIRĀWHITI

Needs Assessment Service Coordination (NASC) | Health NZ

Phone: (06) 869 0558 Email: healthy.ageing@tdh.org.nz

RIGHTS & ADVOCACY

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

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

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

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

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

10 HE ARA WHAKAMUA MNI

YOUR RIGHTS

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

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

NATIONWIDE HEALTH AND DISABILITY ADVOCACY SERVICE LOCAL CONTACTS

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

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 10).

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.



The Fred Hollows Foundation NZ carries on the work of the late Professor Fred Hollows, an internationally acclaimed eye surgeon. **His vision was of a world where no one is needlessly blind or vision impaired.**

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PENSIONS & PAYMENTS

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

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

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

The amount you receive depends on your circumstances and living arrangements. A single person living alone gets \$1,076.84 a fortnight after tax on the M tax code (as at 01 April 2025). If you have paid work you will still get NZ Super although it may affect your income tax rate.

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

HELP WITH HEALTH COSTS

Most GPs belong to a Primary Health Organisation (PHO). These are bulk funded to look after the health of the people who are enrolled with their service. Most New Zealanders are enrolled. You generally pay lower overall fees and get access to a wider range of services. Costs vary depending on 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.

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.

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 2025 - 30 June 2026 is \$805. 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'.

The maximum is \$80.35 per week (as at 1 April 2025). 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 \$2,616.12 (as at 1 April 2025). Income and asset testing of the deceased and partner or parent/guardian applies.

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

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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, and there are other conditions.

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

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

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

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 have a Community Services Card (page 12), this is combined into the SuperGold Card.

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

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

Winter Energy Payment Paid from 1 May to 1 October, this is to help with the cost of home heating. It is paid automatically to those who receive NZ Super, Veteran's Pension or other benefits.







OTHER SUPPORT

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

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

- treatment costs;
- 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 There are two types of assistance for hearing aids – the Hearing Aid Funding Scheme and the Hearing Aid Subsidy Scheme. Your eligibility depends on what type of hearing loss you have and your circumstances.

The subsidy scheme may be available if you do not qualify for the funding scheme. The subsidy for each aid of \$511.11 (inc. GST) is available only via an approved assessor every six years.

If you do not qualify for either of these schemes but meet other criteria, you may be able to get help towards the cost of hearing aids through ACC or Veterans' Affairs (also see page 23).

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	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	www.dementia.nz More information on pages 47.
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 12.
Office for Seniors (MSD)	(04) 916 3300. www.officeforseniors.govt.nz
Seniorline	Freephone 0800 725 463. www.seniorline.org.nz
Stroke Foundation	Freephone 0800 787 653. www.stroke.org.nz
Te Ara Ahunga Ora Retirement Commission	(09) 356 0052. www.retirement.govt.nz Retirement income and retirement village information.
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



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

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

Staying connected with friends, family and the wider community is important to Pat. Being part of a weekly coffee group meet up is an occasion Pat really looks forward to. Sometimes the group uses video calling to keep in touch. Pat is becoming more confident navigating the internet and has even joined an online book forum. Pat also volunteers at a local charity shop two mornings a week.

Chris lives in the family home and mostly enjoys living independently. Chris likes staying up-to-date with current events, so is tuned into the radio every morning. Chris regularly talks to the children over the phone too, although sometimes struggles to get the video function working. Chris has some mobility issues that are hampered by an ongoing health condition. While Chris still gets out and about when possible (with help from some clever equipment), Chris can often feel isolated at home and would love to be more involved with the community but doesn’t know where to start. All of this has got Chris thinking about the future and whether it might be time to downsize to a smaller home.

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

- Find tips to keep the heart pumping and brain cranking on page 21.
- Discover gadgets and tools to help make life easier on page 25.
- There are a myriad of housing options; weigh them up using page 26.
- Technology can help people stay connected, healthy and independent; read more on page 29.
- Learn more about how to build community connections on page 33.
- What if Pat or Chris can no longer make their own decisions? Page 35 explains Enduring Powers of Attorney and its importance.

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LEAFY GREENS & BRISK WALKS

Staying active as we age is good for our body, mind and spirit. 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 gentle balance exercises work wonders, whereas others need something more vigorous. High intensity exercises, if appropriately prescribed by a health professional, can benefit many older people, for example. If you are considering an exercise programme that includes high intensity elements, ask your doctor or sports medicine expert about it to see if it’s right for you. Whatever you do, the message is clear: stay active and retain as many skills as you can.

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

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

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

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

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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 17).

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

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

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

WHO CAN HELP?

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

medication so you understand it, and 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.



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TOOLS TO HELP KEEP YOU ABLE

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

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

Subsidised services 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 9) for a referral. Enable provides equipment in the Mid North Island region (0800 362 253).

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

GALAXY OF GADGETS

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

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

More expensive gear includes:

- Walkers and scooters
- Power lift armchairs

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

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

Moving home is stressful, even if you're looking forward to it. 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

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?

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 50).

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 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 116-120 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.

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TECH'S BRAVE NEW WORLD

It's easy to be intimidated by the pace of technological change but advances in internet services, communication and health monitoring 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. How much harder would the COVID lockdown have been if people weren't able to video call each other online?

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.

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 tech-

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.

nology. 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.

AGE CONCERN HAS YOUR BACK

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

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

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

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

homes, is offered by a number of Age

Concerns in the region. The visitors are approved volunteers who are happy to spend an hour or so a week meeting up and building a friendship with an older person. Other programmes on offer include free 'Staying Safe' refresher courses for older drivers, 'Steady As You Go' (SAYGo) falls prevention exercise classes, and digital literacy sessions.

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

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

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



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AGE CONCERN WAIKATO

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

Age Concern Waikato support older people across Waikato. They aim to keep people socially connected through lifelong learning activities, 'Staying safe' driver refresher courses, digital literacy classes, 'Steady As You Go' falls prevention classes and Total Mobility assessments. They provide visiting services delivered by volunteers, education workshops and the Elder Abuse Response service, as well as providing Life Tubes. Other events include the International Day of the Older Person. To volunteer or participate in a programme, or for help and support, call their office.

AGE CONCERN TARANAKI

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

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

AGE CONCERN ROTORUA

5 Tawera Place, Rotorua
(07) 347 1539 or 0800 65 2 105
admin@acrotorua.nz
Hours: 9am-2pm, Tues-Thurs

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

AGE CONCERN TAUPŌ

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

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

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AGE CONCERN TAURANGA

177a Fraser Street
(07) 578 2631 or 0800 65 2 105
ageconcernnga@xtra.co.nz

Hours: 8.30am-3pm weekdays

Age Concern Tauranga's vision is to support older people to live a valued life in an inclusive society. Their varied community outreach programmes include the Visiting Services for the lonely and socially isolated delivered by volunteers, 'Staying Safe: A Refresher Course for Older Drivers', 'Steady As You Go' falls prevention exercise classes, Seminar Series, and Social Connection activities. They are also Total Mobility Scheme assessors. To volunteer or participate in a programme, or for help and support, call their office.

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STAYING IN TOUCH

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

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

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

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

FIVE THINGS YOU CAN DO

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

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

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

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

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

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

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

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

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

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

ADVICE FOR FAMILY/FRIENDS

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



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WHY YOU NEED TO GET AN EPA

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

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

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

If you lose mental capacity before appointing an EPA, your family or others concerned with your wellbeing must make an application to the Family Court for the appointment of a person/persons to act for you. This process comes with an emotional and financial cost, is complicated, must be repeated at prescribed intervals,

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.

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 company. Thanks to Marcia Read, Solicitor at Anthony Harper, for reviewing this article.

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HARD TO TALK ABOUT

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



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

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

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

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

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

- Learn more about money management on page 38.
- If depression and grief strike, reach out for help; see pages 42 & 59.
- 70,000 Kiwis of all ages live with dementia; read more on page 45.
- Planning ahead could help put Pat and Chris’ minds to rest; page 52 lays out some options to assist them in getting their affairs in order, while page 58 will help them prepare in case of an emergency.
- Elder abuse can come in many forms; read more on page 48.
- Everyone deserves dignity at end of life; see page 55.

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 41). 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 52). 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 26 & 50).

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 pay-Wave so you can use your PIN instead.

Releasing of your equity in your home

This may free up capital (page 50-51).

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 153).

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).

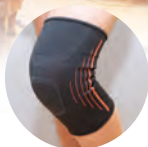
Monitoring your bank account Check your statements each month. Watch for spending discrepancies, cashflow and automatic payments. You may find it helpful to ask a trusted person to do this with you.

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.

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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

NEED HELP?

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

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

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

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

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

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

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

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

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

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

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

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

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

TIPS TO KEEPING WELL

Connect: Stay in touch with people if possible.

Give: Get involved with your community.

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

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

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

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

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

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

FIVE WAYS TO WELLBEING



TALK & LISTEN,
BE THERE,
FEEL CONNECTED



Your time,
your words,
your presence



REMEMBER
THE SIMPLE
THINGS THAT
GIVE YOU JOY



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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. There have also been clinical trials of new drugs that work to slow down disease progression, rather than only improve symptoms.

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 New Zealand

Freephone 0800 004 001

Dementia Waikato (07) 929 4042

Rotorua (07) 349 0053

Taupō/Turangī (07) 377 4330

Finding parts of life hard to grasp?

Help for those with dementia is at hand

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

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

WHAT WE DO.....

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lakes@dementia.nz

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The Business Hub
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(07) 349 0053
lakes@dementia.nz

Waikato

4 Tennyson Road, Enderley, Hamilton
(07) 929 4042
waikato@dementia.nz

FACING UP TO ELDER ABUSE

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

Elder abuse is common in our homes and community. 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

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.

Waikato

Age Concern Waikato

(07) 838 2266

Hauraki Māori Trust Board

(Check locations serviced)

(07) 862 7521

Raukawa Charitable Trust

(Check locations serviced)

(07) 885 0260

Bay of Plenty/Lakes

Family Focus Rotorua

(Rotorua)

(07) 346 2096

Manaaki Ora/Tipu Ora

(Taupō & Whakatāne)

0800 348 2400

Te Pou Oranga O Whakatōhea

(Ōpōtiki)

(07) 315 6042

Tūwharetoa ki Kawerau Hauora

(Kawerau & surrounds)

(07) 323 8025

Whaioranga Trust

(Tauranga)

(07) 544 9981

Tairāwhiti

Waiapu Anglican Social Services

(06) 834 0376

Taranaki

Age Concern Taranaki

(06) 759 9196

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 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 not 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.

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Office for Seniors
Te Tari Kaunatua

Te Kāwanatanga o Aotearoa
New Zealand Government

ASSET RICH CASH POOR

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

It's one thing to own a million-dollar home, but if you can't afford the maintenance, or 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 13). 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

This article is not financial advice nor a recommendation to buy any product. It is for general information only and any products discussed here do not take account of individual circumstances. Seek financial advice before purchasing any financial product. Thanks to Matt Wenborn and Cam Irvine from Irvine Wenborn Investment Partners for reviewing this article.



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PLANNING PUTS YOU IN CONTROL

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

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

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

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

It's important to make a new Will

whenever your circumstances change, such as leaving a relationship or entering into a new one, or if you have children or have purchased any appreciating assets. It is advisable to consult a specialist when looking to make a Will. Ask about the cost. Some organisations or lawyers may do this for free if they are also named as the executor of the estate. However, often administration costs are more than if you had paid for this in the first instance. You can also make a 'do it yourself' Will, but you need to investigate this fully and comply with certain criteria in order for it to be 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 35), 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

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.

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.

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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 83).

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.

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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

HOSPICES IN YOUR AREA

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

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

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

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.

The decision to receive assisted dying is entirely yours: never feel pressured by anyone including friends or family members. 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 through this journey, you have the right to choose another one who will. The SCENZ Group maintains contact details of medical practitioners and psychiatrists willing to provide parts of the assisted dying services (free-phone 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 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 water-

proof clothing, good walking shoes, a first aid kit and essential medicines.

- You may need a smaller 'get away quick' bag too, with sensible warm clothing, footwear and basic toiletries. Attach a note to the top reminding you to take any essential items (important documents, hearing aids, glasses, medication) and put it somewhere easy to grab if you must leave in a hurry.
- In a prolonged emergency, you'll need a stock of food and water and a plan in place if you lose power, water, sewerage or other basic services.

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

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

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

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

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.

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KNOW YOUR OPTIONS

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

Pat and Chris have each been referred for an interRAI assessment and the time has come for their appointments. Both are understandably a little anxious about the assessment process but have been assured by their respective GPs that the outcome will provide a clear idea of what is best for them and their situation.

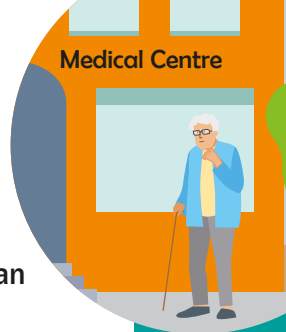
interRAI is an internationally recognised, computer-based assessment programme used throughout New Zealand to assess a person's needs, both in the community and in care homes. The assessment is completely confidential to you, your healthcare professionals and those you allow to see it. It focuses on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

Pat's assessment comes after having a slight stroke earlier in the year and has waited almost six months for an assessment. While Pat doesn't qualify for funded assistance, Pat now has a better understanding of what's going to help with recovery. Pat has been encouraged to attend some strength and balance classes (which happen weekly in the village gymnasium) and to gradually get back into swimming.

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

Learn more about Pat and Chris's interRAI journeys:

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



INTERRAI: HOW DOES IT WORK?

An assessment tool called interRAI helps 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 9). 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 also be known as NASC and are often based at your local hospital, in home and community support agencies, and at residential care homes. Assessments

ASSESSMENT OVERVIEW

- Assessment and service coordination are free to NZ citizens and those residents eligible for publicly funded services.
- Those with greater needs are given priority.
- It should be done as soon as possible after referral but there may be a waiting list. If you can't manage or need further help during that time, go back to your local older person's service (page 9), healthcare service or GP. In an emergency, call 111.
- It should be done in a culturally appropriate way and a trusting relationship established. A support person is often helpful.
- If your assessment identifies health conditions that require attention, these should be addressed.
- 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.

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.

The person coordinating your services will discuss 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 65, 71 & 133.

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.



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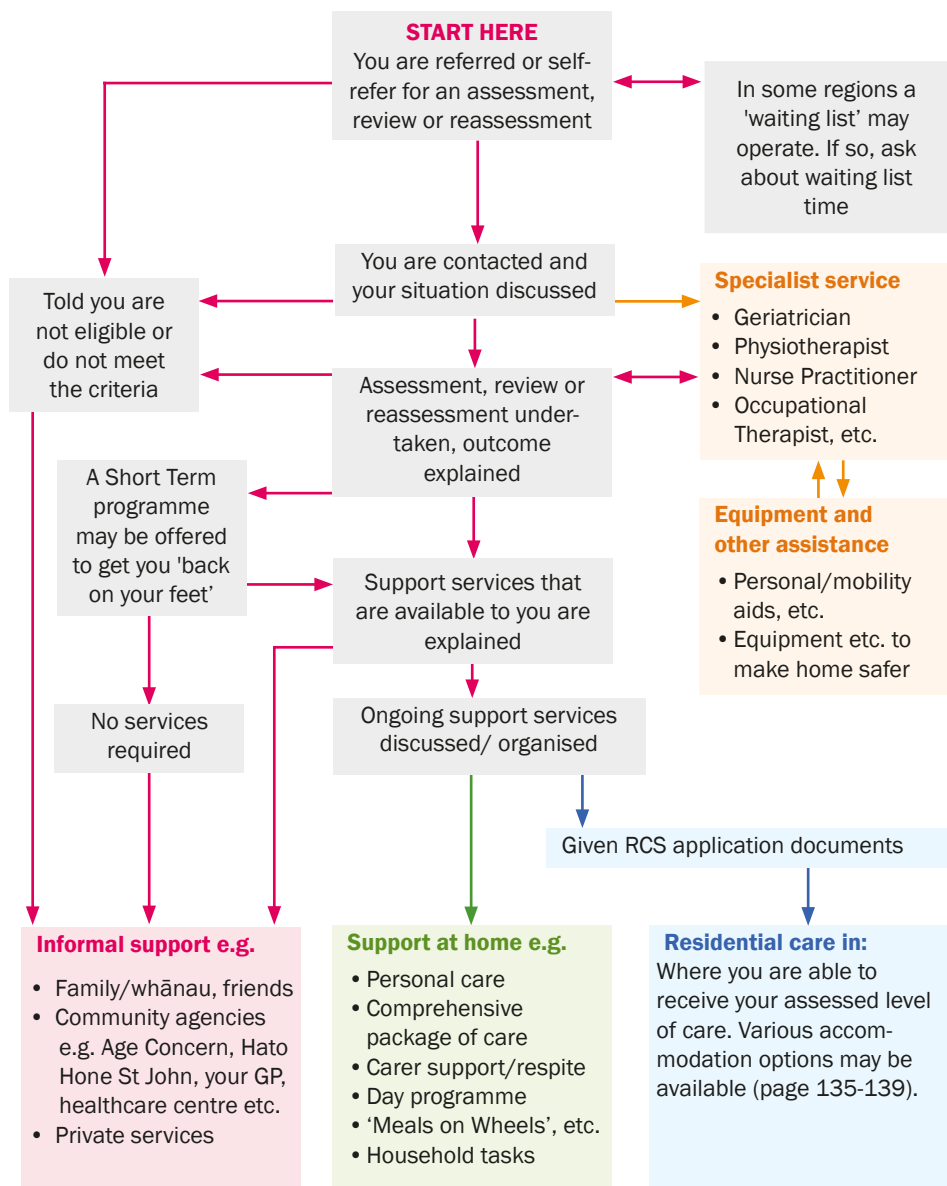
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ASSESSMENT PROCESS & POSSIBLE OUTCOMES



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

PAYMENT FOR SERVICES*

Service type	How provided & type of payment	More info
Informal support Ask for information about services you think might be helpful		
Community services, e.g. Age Concern, St John, your GP, etc.	Community services are often free (funded by grants etc.), some may be subsidised, others may ask for a private contribution.	Pages 18, 30 80
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 12 70 71-75
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment an option.	Pages 70 71-75
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	Page 71
Respite & Carer Support	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 80-84
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	Pages 85-89
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 25
Equipment, etc. to make home safer	May be funded if eligible. Private payment an option.	Page 25
Residential care You will be advised about your eligibility, etc.		
Rest home Dementia care Hospital Psychogeriatric	Various payment types may apply, including: <ul style="list-style-type: none"> 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 125 133 149-153 159

*Funded services relate to funding through the public health system

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HELP IN YOUR HOME

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

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

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

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

Learn more about Pat and Chris' home support options:

- Getting a little support when needed can make a world of difference; read more on page 68.
- What home support services might Pat and Chris access? Find out on pages 71-75.
- Discover a list of home support providers by region on pages 76-78.
- Use the checklist on page 79 to prepare for what can be an unsettling time.
- Carers also need time out to recharge; read more on pages 80-84.



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.

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Chris and Pat

The Home Support Journey

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

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

Pat and Chris have been assessed (see page 62) and 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.

Support may include...

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

Chris is eligible for funded support

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

If an event occurs...
(e.g. a health event or social 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 62). If you haven't been assessed, ask your GP to refer you or contact your local older person's service (page 9) 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

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LET'S SET SOME RULES

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

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

See pages 10-11 and 48 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 10-11).

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.



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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 50-51 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.

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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 71.

Key: * Health NZ Age Related Contract for Home Based Support Services

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

^ Health NZ contracted provider, Kaupapa Māori philosophy/practice

HAUORA A TOI BAY OF PLENTY		
Contracted home support services in this region are organised by Te Whakareia - Bay of Plenty Community Health Alliance, Bay Support Services, and Western Bay Homecare. These providers work closely with other agencies to deliver services in the region (see below).		
HAUORA A TOI BAY OF PLENTY	PHONE	AREA SERVICED
Te Whakareia - Bay of Plenty Community Health Alliance* 0800 003 464		
HealthCare NZ* page 8	0800 002 722	Bay of Plenty East & West
Ngāti Ranginui Home and Community Support Services Company*	(07) 571 0934	Bay of Plenty West
Te Puna Ora o Mataatua*	0800 628 228	Bay of Plenty East
Whaioranga Trust*	(07) 544 9981	Bay of Plenty West
Bay Support Services* 0800 365 4836		
Disabilities Resource Centre Trust*	0800 227 363	Bay of Plenty East & West
Enliven Northern*	0800 365 4836	Bay of Plenty
Western Bay Homecare* (07) 571 0086		
Pirirākau Hauora*	0800 747 442	Bay of Plenty West
Visionwest Home Healthcare* page 63	0800 222 040	Bay of Plenty West & Tauranga
Access Community Health Uru Ātea page 69	0800 284 663	Bay of Plenty
Care on Call	0800 664 422	Bay of Plenty
Connect Care	(07) 541 0154	Tauranga
Custom Care Nursing	0508 687 737	Bay of Plenty
Enliven Tauranga	0800 365 4836	Tauranga
Geneva Healthcare page 56	0800 436 382	Bay of Plenty
Golden Years Homecare Ltd	027 319 0625	Tauranga & Mt Maunganui
Healthvision page 82	0508 733 377	Bay of Plenty
Life Plus	(09) 354 3202	Bay of Plenty
Miranda Smith Homecare	0800 600 026	Tauranga
Mycare	(09) 887 9777	Bay of Plenty
Nova Health	0800 896 772	Bay of Plenty

HAUORA A TOI BAY OF PLENTY	PHONE	AREA SERVICED
Private Care NZ page 66	0800 555 588	Bay of Plenty
Solora page 16	0800 725 705	Bay of Plenty
The Good Companion	021 717 884	Tauranga
TARANAKI	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 69	0800 284 663	Taranaki
Agecare Central*	(06) 765 7551	Central Taranaki
Geneva Healthcare* page 56	0800 436 382	Taranaki
HealthCare NZ* page 8	0800 002 722	Taranaki
Omahanui Homecare*	0800 662 426	Taranaki
Care on Call	0800 664 422	New Plymouth
Custom Care Nursing	0508 687 737	Taranaki
Empower You page 72	027 257 7987	Taranaki
Healthvision page 82	0508 733 377	Taranaki
Mycare	(09) 887 9777	Taranaki
Private Care NZ page 66	0800 555 588	Taranaki
Solora page 16	0800 725 705	Taranaki
The Good Companion	021 717 884	Taranaki
LAKES	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 69	0800 284 663	Rotorua & Taupō
Enliven Rotorua*	(07) 349 3162	Rotorua
Enliven Taupō*	(07) 378 0762	Taupō
HealthCare NZ* page 8	0800 002 722	Lakes
Korowai Aroha*	(07) 348 8454	Rotorua
Te Korowai Hauora O Hauraki*	0508 246 632	Mangakino
Tūwharetoa Health*	(07) 384 2882	Taupō & Tūrangi
Care on Call	0800 664 422	Rotorua
Custom Care Nursing	0508 687 737	Lakes
Geneva Healthcare page 56	0800 436 382	Rotorua
Healthvision page 82	0508 733 377	Lakes
Life Plus	(09) 354 3202	Lakes
Mycare	(09) 887 9777	Lakes
Private Care NZ page 66	0800 555 588	Lakes
Solora page 16	0800 725 705	Lakes
Visionwest Home Healthcare page 63	0800 222 040	Rotorua & Taupō

TAIRĀWHITI	PHONE	AREA SERVICED
HealthCare NZ* page 8	0800 002 722	Gisborne
Ngāti Porou Oranga*	(06) 864 6803	East Coast & Tolaga North
Access Community Health Uru Ātea page 69	0800 284 663	Tairāwhiti
Care on Call	0800 664 422	Gisborne
Custom Care Nursing	0508 687 737	Tairāwhiti
Geneva Healthcare page 56	0800 436 382	Gisborne
Healthvision page 82	0508 733 377	Tairāwhiti
Mycare	(09) 887 9777	Tairāwhiti
Private Care NZ page 66	0800 555 588	Tairāwhiti
Solora page 16	0800 725 705	Tairāwhiti
WAIKATO	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 69	0800 284 663	Waikato
Enliven Waikato*	0800 365 4836	Hamilton
HealthCare NZ* page 8	0800 002 722	Waikato
Te Kōhao Health*	(07) 856 5479	Waikato
Te Korowai Hauora o Hauraki*	0508 246 632	Thames-Coromandel, Hauraki, Te Aroha, Kaiaua & South Waikato
Visionwest Home Healthcare* page 63	0800 222 040	Waikato, King Country & Coromandel
Care at Home	(07) 834 2296	Waikato
Care on Call	0800 664 422	Waikato
Custom Care Nursing	0508 687 737	Waikato
Geneva Healthcare page 56	0800 436 382	Waikato
Griffin Healthcare	(07) 856 5504	Hamilton & Waikato
Healthvision page 82	0508 733 377	Waikato
Life Plus	(09) 354 3202	Waikato
Miranda Smith Home Care	0800 600 026	Waikato
Mycare	(09) 887 9777	Waikato
Nova Health	0800 896 772	Waikato
Personal Assistance	021 025 29448	Cambridge, Hamilton & Te Awamutu
Private Care NZ page 66	0800 555 588	Waikato
Solora page 16	0800 725 705	Waikato
The Good Companion	021 717 884	Waikato



Home Support Checklist

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

GENERAL

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

PAYMENT

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

CHANGES

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

CARING FOR YOUR CARER

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 83) 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 76-78. See also page 79 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 25), 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 71) or,
- You have an assessment to properly determine what your needs are, (page 62) and whether you might be eligible for any subsidised support (page 71). 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 83).

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.

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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 9).

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 62). 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 71).

subsidies (page 25). 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 \$80 (a few regions offer a higher rate) and 4-8 hours is equal to half a day. Some providers may therefore only receive \$40 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 85). 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 are 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 94-109 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.

^ A service provided in the home.

Specialist dementia support

Note: dementia day activity is not differentiated in the Waikato region.

TAIRĀWHITI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Gisborne Sherwood Club Day Programme*# page 46	(06) 867 0752	Gate 2, Gisborne Hospital, 421 Ormond Road, Gisborne
KAUMĀTUA SERVICES	PHONE	ADDRESS
Ngāti Porou Oranga	0800 67 67 68	4 McKenzie Street, Te Puia Springs
Te Hauora o Turanganui-a-Kiwa Turanga Health	(06) 869 0457	145 Derby Street, Gisborne
Te Whare Hauora o Te Aitanga a Hauiti	(06) 862 6629	8-12 Main Road, State Highway 35, Tolaga Bay, Te Tairāwhiti
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Pacific Islanders' Community Trust Gisborne	027 378 8702	395 Palmerston Road, Gisborne
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Haven Senior Citizens	021 030 5524	6 Tokomaru Road, Tokomaru Bay
Menzshed	022 465 0396	The Old Hunting Club building, 12 Parkinson Street, Gisborne

WAIKATO

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Avonlea Rest Home and Hospital*	(07) 896 8131	52 Ward Street, Taumarunui
Beattie Home & Hospital*#	(07) 873 8789	172 Maniapoto Street, Ōtorohanga
Enliven Colville Day Services*#	0800 373 654	Papa Aroha Fire Station, 1085 Colville Road, Papa Aroha, Colville
Enliven Hillcrest Day Services*#	0800 373 654	Te Ara Hou Village, 100 Morrinsville Road, Hamilton
Enliven St Andrews Day Services*#	0800 373 654	22 Delamare Road, Hamilton
Enliven Thames Day Services*#	0800 373 654	Thames Elim Church, 117B Jellicoe Crescent, Thames
Enliven Whangamatā Day Services*#	0800 373 654	101 Ocean Road, Whangamatā
Enliven Whitianga Day Services*#	0800 373 654	St Andrews by the Sea Community Church, 82 Albert Street, Whitianga
Rangiura Retirement Village and Care Home* page 158	(07) 885 1040	17 Matai Crescent, Putāruru
Tairua Care & Friendship Club*	021 137 5688	Tairua Community Hall, Main Road North, Tairua
Tamahere Eventide Home & Retirement Village*#	(07) 856 5162	61 Bollard Road, RD3, Tamahere
Te Aroha & District Community Hospital*	(07) 884 8519	72 Stanley Avenue, Te Aroha
Te Ata*	(07) 871 5617	588 Teasdale Street, Te Awamutu
KAUMĀTUA SERVICES	PHONE	ADDRESS
Rauawaawa Kaumātua Charitable Trust*	0800 333 359	50 Colombo Street, Frankton, Hamilton
Raukawa Charitable Trust*	(07) 885 0260	1-11 Raukawa Way, Tokoroa
Ngā Miro Health	(07) 824 5129	29 River Road, Ngāruawāhia
Ngāti Maniapoto Marae Pact Trust	(07) 878 0028	51 Taupiri Street, Te Kūiti, Waitomo
Taumarunui Community Kokiri Trust	(07) 895 5919	121 Hakiaha Street, Taumarunui
Te Kōhao Health	(07) 856 5479	951 Wairere Drive, Hamilton
Te Korowai Hauora o Hauraki	0508 246 632	210 Richmond Street, Thames, Also in Coromandel, Paeroa, Te Aroha and Whangamata
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
K'aute Pasifika Trust*#	(07) 834 1482 0800 252 883	100 Seddon Road, Frankton, Hamilton

WAIKATO

CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Rainbow Chinese Community Centre	(07) 838 1320	15 Kowhai Street, Hamilton Lake
Shama Ethnic Women's Trust	(07) 843 3810	8 Liverpool Street, Hamilton
South Waikato Pacific Islands Community Services Trust	(07) 886 0010	23-25 Maraetai Road, Tokoroa
The Asian Network Inc (TANI)	022 807 0002	Level 1, 113 Alexandra Street, Hamilton Central
Waikato Ethnic Family Services Trust	(07) 847 0911 027 714 4411	14 Karen Crescent, Dinsdale, Hamilton
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 963 354	Matamata, Morrinsville, Paeroa, Cambridge, Tokoroa, Ngāruawāhia, Te Awamutu, Ōtorohanga
Selwyn Centre	(07) 857 0020	Various locations
Western Community Centre	(07) 847 4873	46 Hyde Avenue, Hamilton

TARANAKI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Taranaki Day Programme** page 46	(06) 769 6916	14 Manakohi Street, Spotswood, New Plymouth
Alzheimers Taranaki Day Programme** page 46	(06) 769 6916	28 Campbell Street, Hāwera
ASCOT@ Te Maru*	(06) 753 7699	11 Nursery Place, New Plymouth
Elizabeth R Lifecare & Village*	(06) 765 8089	30 Elizabeth Grove, Stratford
KAUMĀTUA SERVICES	PHONE	ADDRESS
Mahia Mai A Whai Tara*	office@ mahiamai.org.nz	8 Warre Street, Waitara
Ngāruahine Iwi Health Services	027 525 9361	16 Tauranga-a-Ika Street, Manaia
Ngāti Ruanui Whānau Ora	(06) 278 1531	96 Collins Street, Hāwera
Tui Ora	0800 TUI ORA 0800 884 672	Various locations
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed Taranaki	Various	Visit menzshed.org.nz for locations & contact details
Patea Elderly-Aged Group	021 0882 5947	Hunter Shaw Building, Pātea
The Barnabas Centre	(06) 761 8080 027 379 6844	St Barnabas Church, Tasman Street, Ōpunake
Waverley Seniors Exercise and Social Group	021 244 1199	The Church of Good Shepherd, Weraroa Road, Waverley

HAUORA A TOI BAY OF PLENTY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Enliven Pohutukawa (Whakatāne) Day Services*#	0800 373 654	Knox Presbyterian Church, 83A Domain Road, Whakatāne
Enliven Tauranga Day Service*#	0800 373 654	126 Eleventh Avenue, Tauranga
Kauri Centre (Mt Maunganui)*#	021 135 9090	St Mary's Church Hall, 1 Marlin Street, Mt Maunganui
Kauri Centre (Te Puke)*#	021 135 9090	Te Puke Anglican Church, 47 Jocelyn Street, Te Puke
KAUMĀTUA SERVICES	PHONE	ADDRESS
Huria Trust*	(07) 578 7838	4 Te Kaponga Street, Judea, Tauranga
Maketu Health and Social Services*	(07) 533 2551	3 Little Waihi Road, Maketu, Te Puke
Ngā Kākano Foundation*	(07) 573 0660	50 Jellicoe Street, Te Puke
Whaioranga Trust*	(07) 544 9981	531 Welcome Bay Road, Tauranga
Ngāti Awa Social & Health Services	(07) 306 0096	15 Golf Links Road, Whakatāne
Ngāti Kahu Hauora	(07) 576 0160 0800 760 160	69 Carmichael Road, Bethlehem, Tauranga
Pirirākau Hauora	(07) 552 4573	3 Lochhead Road, RD6, Te Puna
Poutiri Wellness Centre	0800 573 0091	35 Commerce Lane, Te Puke
Te Awanui Hauora	(07) 578 7862	Opureora Road, Matakana Island, Tauranga
Te Puna Ora o Mataatua#	0800 628 228	92 King Street, Whakatāne
Te Rūnanga o Te Whānau	(07) 325 2726	RD3, 6773 State Highway 35, Te Kaha, Ōpōtiki
Tūhoe Hauora	(07) 312 9874	44-46 Tuhoe Street, Tāneatua
Tūwharetoa Ki Kawerau Health, Education & Social Services	(07) 323 8025	28-30 Islington Street, Kawerau
Waipu Hauora	(07) 577 1921	24 Hungahungatoroa Road, Matapihi, Mt Maunganui
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
AvaNiu Pasifika	(07) 282 8913	1444 Cameron Road, Greerton, Tauranga
Pacific Island Community Trust, Bay of Plenty	(07) 577 1270	26B Twelfth Avenue, Tauranga South
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
A Friends Place	022 123 1360	Waihi Beach Community Center, 106 Beach Road, Waihi Beach
Menzshed	021 963 354	Various locations in Bay of Plenty

LAKES

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Arvida Glenbrae*	(07) 349 0014	22 Hilda Street, Rotorua
Cantabria Lifecare & Village*	(07) 347 9587	369 Old Taupo Road, Rotorua
Daybreak Senior Day Care*#	(07) 349 6633	69 Lake Road, Rotorua
Lara Lodge Care Home* page 164	(07) 347 7604	4 Pegasus Drive, Rotorua
Tūwharetoa Health*	(07) 384 2882	28 Te Rangitautahanga Road, Tūrangi & 80 Tūwharetoa Street, Taupō
KAUMĀTUA SERVICES	PHONE	ADDRESS
Korowai Aroha Home Based Support Services*^	(07) 348 8454 extn 214 or 021 421 835	1290 Eruera Street, Rotorua
Ngāti Tahu - Ngāti Whaoa Rūnanga Trust*	027 372 0922	Whare Hauora, 224 Reporoa Road, Reporoa
Te Whare o Kenehi*	(07) 349 6119	1415 Hinemoa Street, Rotorua
Tūhourangi Tribal Authority*	027 291 3002	11 Meade Street, Whakarewarewa, Rotorua
Manaaki Ora - Tipu Ora	0800 348 2400	1272 Fenton Street, Rotorua
Ngāti Pikiao Rūnanga	0508 PIKIAO (745 426)	1208 Amohia Street, Rotorua
Te Arawa Whānau Ora	(07) 213 1995	1143 Hinemoa Street, Rotorua
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Hindu Heritage Centre	hhc.rotorua@gmail.com	225 Malfroy Road, Utuhina, Rotorua
Rotorua Pacific Island Development Charitable Trust (RPIDCT)	0800 774 328	1115-1123 Pukuatua Street, Rotorua
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Family Focus Rotorua	(07) 346 2096	1115 Pukaki Street, Rotorua, Rotorua
Menzshed Taupō	027 442 4015	29 A C Baths Avenue, Taupō
Parksyde Community Centre	(07) 348 9892	9 Tarewa Place, Rotorua

Chris and Pat The Care Journey

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

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

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

What are Chris and Pat's options?

Stay living where they are?

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

For **Pat** to stay in the village, **Pat** must move into the onsite care facility or buy a care suite as **Pat** is no longer independent. 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 139), 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 138-139)

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 149)

VILLAGES, HOMES & CARE

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



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

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

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

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

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

- What are the differences between living in a village compared to a care home? Learn more on pages 93 and 127.
- How much can Pat expect to be left with after selling the villa? We explain how a Deferred Management Fee works on page 115.
- Find a list of every village and care home in the region on pages 94-109.
- Not sure where to start with choosing where to live? Find checklists to help with the choices on page 123 (villages) and page 155 (care homes).
- How will Pat and Chris pay for care? Discover more about the process (and the numbers) on pages 133 and 149.
- Finding the transition to care challenging? See page 143 for practical tips on navigating the process.



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WHERE TO LIVE: THE BASICS

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

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

Registered retirement villages

‘Buying’ into a retirement village can be a great option for those who are wanting to maintain their independence while living among a like-minded community of people. Retirement villages operate under specific legislation and have unique ownership structures. ‘Purchasing’ a dwelling in a village is not the same as usual property purchases; it is not an asset you own (like your family home). See page 125. While you/your estate will receive the purchase price minus the Deferred Management Fee (page 115) and any other exit fees when your unit is on-sold, you are unlikely to receive a capital gain (although there are now villages offering this).

The options for receiving care are more varied than ever so it’s important to understand what these options

might mean for you.

Traditional residential care Any facility where residential care is provided must be certified by the MOH (page 7) to provide that care. With very few exceptions, care homes have an Age-Related Residential Care (ARRC) Agreement with government funders (i.e. contracted by Health NZ) to provide a specific type of service.

To receive subsidised services, your needs must first be established by an interRAI assessment and you must meet eligibility criteria for funding. The majority of people who have been assessed as needing a high level of care will receive it in a certified and contracted care home. A few care homes offer all levels of care (page 139) while others specialise in perhaps one or two. All care must meet the needs identified in the resident’s interRAI assessment and subsequent Care Plan (page 62-63).

Your options may include:

- A standard room. A room in a care home that fully meets the requirements of the ARRC Agreement for accommodation, care and services (page 135).
- Premium accommodation. If you would like additional features, you can choose premium accommodation at an additional cost (page 138).
- Many villages now offer alternatives, such as care suites, which combine village offerings and residential care components (pages 138-139).

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

CARE HOMES & VILLAGES GEOGRAPHICAL INDEX

This index contains a list of all care homes and retirement villages across the Mid North Island. If you are looking for a care home, a needs assessment (page 62) 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 135-139). 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

HAMILTON DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Beerescourt	Awatere 1340 Victoria Street (07) 838 3276	Rest Home		Hospital		Yes
Burbush	Brylyn Residential Care 200 Te Kowhai Road (07) 849 4025	Rest Home		Hospital		
Claudeland	Roselea 14 Stanley Street (07) 855 1545		Dementia			
Enderley	Bupa Rossendale 2 Insoll Avenue (07) 974 8519	Rest Home		Hospital	Psychogeriatric	
Fairfield	Radius St Joans 371 Peachgrove Road (07) 855 5701	Rest Home		Hospital		
Fitzroy	Summerset down the Lane 206 Dixon Road 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Flagstaff	Alandale 1199 River Road (07) 854 0468					Yes
Flagstaff	Karaka Pines Rototuna 75 Hare Puke Drive (07) 853 2448					Yes

HAMILTON DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Flagstaff	Linda Jones 1775 River Road (07) 853 3381	Rest Home	Dementia	Hospital		Yes
Flagstaff	Netherville 4 Admiral Crescent (07) 854 0131					Yes
Flagstaff	Radius Glaisdale 50 Hare Puke Drive (07) 222 2300	Rest Home	Dementia	Hospital		
Hamilton East	Bupa Eventhorpe 32 Firth Street (07) 280 0792	Rest Home		Hospital		
Hamilton East	Eastcare Residential Home 194 Nixon Street (07) 856 5053	Rest Home	Dementia			
Hamilton East	Hilda Ross 30 Ruakura Road (07) 855 9542	Rest Home	Dementia	Hospital		Yes
Hamilton East	Roseland Park 18 Fox Street 021 449 147					Yes
Hamilton East	Steele Park Home 138 Firth Street (07) 856 1515	Rest Home		Hospital		
Hamilton East	Wilson Carlile 562 Grey Street (07) 838 1562	Rest Home		Hospital		Rentals
Hamilton Lake	Arvida Cascades 55 Pembroke Street (07) 839 2348	Rest Home		Hospital		Yes
Maeroa	Radius Kensington 135 Maeroa Road (07) 846 6489	Rest Home	Dementia	Hospital		
Rototuna North	Summerset Rototuna 39 Kimbrae Drive 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
St Andrews	Bupa St Andrews 26 Delamare Road (07) 929 5480	Rest Home		Hospital		Yes

HAMILTON DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Te Rapa	Bupa Foxbridge 60 Minogue Drive (07) 974 3996	Rest Home	Dementia	Hospital		Yes
Te Rapa	Forest Lake Gardens - Metlifecare, 2 Minogue Drive (07) 849 8243					Yes
HAURAKI DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Ngatea	Ngatea Masonic Village 1 Masons Way (07) 867 7800					Yes
Paeroa	Longridge Country Estate 44 Waimareia Avenue 0800 928 928					Yes
Paeroa	Ohinemuri 24 Keepa Avenue (07) 862 7504	Rest Home	Dementia	Hospital		Yes
Waihi	Hetherington House 98 Parry Palm Avenue (07) 863 8526	Rest Home	Dementia	Hospital		
Waihi	Waihi Lifecare 18 Toomey Street (07) 863 8089	Rest Home		Hospital		Yes
MATAMATA-PIAKO DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Matamata	Kingswood Rest Home Matamata 175 Firth Street (07) 888 7418	Rest Home		Hospital		
Matamata	Matamata Country Club 102 Peria Road 027 301 3126					Yes
Matamata	Matamata Country Lodge 20 Elizabeth Street (07) 888 4090	Rest Home		Hospital		Yes
Matamata	Matamata Longlands 80B Burwood Road (07) 214 8190					Yes
Matamata	Pohlen Hospital 56 Rawhiti Avenue (07) 881 9100	Rest Home		Hospital		

MATAMATA-PIAKO DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Morrinsville	Kingswood Rest Home Morrinsville, 422A Thames Street (07) 889 7850	Rest Home	Dementia	Hospital	Psychogeriatric	
Morrinsville	Lockerbie Retirement Village 1 Camellia Court 021 539 044					Yes
Te Aroha	Kenwyn Rest Home 56 Kenrick Street (07) 884 8278	Rest Home	Dementia	Hospital		
Te Aroha	Te Aroha & District Community Hospital, 72 Stanley Avenue (07) 884 8519	Rest Home		Hospital		
ŌTOROHANGA & WAITOMO DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Ōtorohanga	Beattie Home & Hospital 172 Maniapoto Street (07) 873 8789	Rest Home	Dementia	Hospital		
Te Kūiti	Hillview 7 Hospital Road (07) 878 6904	Rest Home		Hospital		
Te Kūiti	St Andrews Court John Mandeno Drive (07) 878 6904					Yes
SOUTH WAIKATO DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Putāruru	Cardrona 16 MacKenzie Street (07) 883 3708	Rest Home		Hospital		
Putāruru	Rangiura Home 17 Matai Crescent (07) 885 1040	Rest Home	Dementia	Hospital		Yes
Tokoroa	Victoria Place 9 Victoria Place (07) 886 1572	Rest Home	Dementia	Hospital		
RUAPEHU DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Taumarunui	Avonlea Rest Home and Hospital 52 Ward Street (07) 896 8131	Rest Home		Hospital		Yes

THAMES-COROMANDEL DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Coromandel	Coromandel Lifestyle Village 1737 Rings Road 027 247 2016					Yes
Coromandel	Phoenix House 415 Kapanga Road (07) 866 8612	Rest Home		Hospital		
Tairua	Tairua Residential Care 7 Tui Terrace (07) 864 8720	Rest Home		Hospital		Rentals
Thames	Bupa Tararu 921 Tararu Road (07) 245 1711	Rest Home		Hospital		Yes
Thames	Bupa The Booms 604 Parawai Road (07) 245 1480	Rest Home	Dementia	Hospital		
Thames	Bupa Waiokaraka 100 Campbell Street (07) 245 1729					Yes
Thames	Richmond Villas 82 Richmond Street 0800 868 548					Yes
Thames	Wesley Courts 504 MacKay Street 021 0289 1213					Yes
Whanga- matā	Moana House & Village 353 Tairua Road (07) 865 9643	Rest Home		Hospital		Yes
Whitianga	The Moorings Village Whitianga 91 Joan Gaskell Drive 021 972 591					Yes
Whitianga	Whitianga Continuing Care 6 Halligan Road (07) 866 5483	Rest Home		Hospital		Yes
Whitianga	Whitianga Independent Lifestyle Village, 22 Seascape Avenue 021 179 5906					Yes
WAIKATO DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Huntly	Kimihia Home & Hospital 76 Rosser Street (07) 828 9396	Rest Home	Dementia	Hospital		Rentals

WAIKATO DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Matangi	Atawhai Assisi 158 Matangi Road (07) 856 3019	Rest Home		Hospital		Yes
Raglan	Raglan Rest Home & Hospital 27-29 Manukau Road (07) 825 8306	Rest Home		Hospital		
Tamahere	Tamahere Country Club 30 Tamahere Drive (07) 222 3600	Rest Home	Dementia	Hospital		Yes
Tamahere	Tamahere Eventide 61 Bollard Road (07) 856 5162	Rest Home	Dementia	Hospital		Yes
Tamahere	Te Whare Manaaki o Tamahere 54 Clearway Rise 027 7700 883	Rest Home		Hospital		
Te Kauwhata	Apārangi Village 14 Waerenga Road (07) 826 3542	Rest Home		Hospital		Yes & Rentals
WAIPA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Cambridge	Bupa St Kilda 91 Alan Livingston Drive (07) 245 7087	Rest Home	Dementia	Hospital		Yes
Cambridge	Cambridge Life 86 King Street (07) 827 5972	Rest Home	Dementia	Hospital		
Cambridge	Cambridge Oaks 14 Terry Came Drive (07) 974 1919					Yes
Cambridge	Metlifecare St Andrew's 41 Bryce Street (07) 974 1641	Rest Home		Hospital		Yes
Cambridge	Patrick Hogan 23 Hugo Shaw Drive 0800 600 446					Yes
Cambridge	Resthaven on Burns 170 Burns Street (07) 827 4454	Rest Home	Dementia	Hospital		
Cambridge	Resthaven on Vogel 6 Vogel Street (07) 827 6097	Rest Home	Dementia	Hospital		Yes & Rentals

WAIPA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Cambridge	Summerset Cambridge 1 Mary Ann Drive 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
Cambridge	Te Awa Lifecare 1866 Cambridge Road (07) 827 6103	Rest Home	Dementia	Hospital		Yes
Leamington	Arvida Lauriston Park 91 Coleridge Street (07) 444 5150	Rest Home	Dementia	Hospital		Yes
Leamington	Cambridge Oakdale 58 Tennyson Street (07) 827 4480	Rest Home	Dementia	Hospital		
Ōhaupō	Radius Windsor Court 20 Sandes Street (07) 823 6696	Rest Home	Dementia	Hospital		Yes
Te Awamutu	Arvida Whai Mauri Ora 10 Frontier Road 0800 278 432					Yes
Te Awamutu	Camellia Resthome 1743 Rewi Street (07) 871 5505	Rest Home				
Te Awamutu	CHT Te Awamutu Care Home 414 Swarbrick Drive (07) 214 2010	Rest Home	Dementia	Hospital		
Te Awamutu	Highfield Country Estate 397 Swarbrick Drive (07) 871 2020					Yes
Te Awamutu	San Michele 175 College Street (07) 871 6226	Rest Home		Hospital		
Te Awamutu	Te Ata 588 Teasdale Street (07) 871 5617	Rest Home				
ROTORUA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Fenton Park	Arvida Glenbrae 22 Hilda Street (07) 349 0014	Rest Home		Hospital		Yes
Glenholme	Fergusson Home 1 Carlton Street (07) 348 9053	Rest Home				Yes

ROTORUA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Lynmore	Lynmore Rise 40 Owhatiura Drive (07) 578 0525					Yes
Ngongotahā	St Barnabas Close Village 24 Hall Road (07) 357 2121					Yes
Ngongotahā	The CARE Village 32 Tauī Street (07) 347 9612	Rest Home	Dementia	Hospital		
Ōwhata	Bupa Redwood 429 Te Ngae Road (07) 974 3986	Rest Home	Dementia	Hospital	Psychogeriatric	Yes
Ōwhata	Regency Park Estate 3A Brent Road (07) 345 5836					Yes
Pukehangī	Bupa The Gardens 15 Hodgkins Street (07) 245 1797	Rest Home		Hospital		Yes
Pukehangī	Rotorua Lakes 153 Pukehangī Road 0800 683 750					Yes
Springfield	Cantabria Lifecare & Village 369 Old Taupo Road (07) 347 9587	Rest Home	Dementia	Hospital		Yes
Sunnybrook	Lara Lodge 4 Pegasus Drive (07) 347 7604	Rest Home				
Victoria	Makoha - Rotorua 19 Ruihi Street (07) 347 8805	Rest Home		Hospital		
TAUPŌ DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Hilltop	Bupa Liston Heights 19 Liston Avenue (07) 245 7086	Rest Home	Dementia	Hospital		Yes
Richmond Heights	LakeCrest Lifestyle Village Taupo 5 Kokomea Village Drive 0800 089 000					Yes
Taupō	St Johns Wood 133-139 Tamamutu Street (07) 376 2000	Rest Home		Hospital		

TAUPŌ DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Taupō	Wharerangi 25 Kaimanawa Street (07) 378 4165	Rest Home	Dementia	Hospital		Yes
Waipahihi	Monte Vista Residential Care 13 Shepherd Road (07) 378 0182	Rest Home		Hospital		Rentals
Wharewaka	Summerset by the Lake 2 Wharewaka Road 0800 SUMMER (786 637)	Rest Home				Yes
TAURANGA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Bethlehem	Arvida Bethlehem Country Club 111 Carmichael Road (07) 579 2030					Yes
Bethlehem	Arvida Bethlehem Shores 141 Bethlehem Road (07) 777 0152					Yes
Bethlehem	Arvida Bethlehem Views 186 Cambridge Road (07) 578 5500	Rest Home	Dementia	Hospital		
Bethlehem	Bob Owens 112 Carmichael Road (07) 579 3041	Rest Home	Dementia	Hospital		Yes
Bethlehem	Kempton Park Lifestyle Village 40 Te Paeroa Road 027 505 7330					Yes
Bethlehem	The Vines at Bethlehem 143 Moffat Road 021 328 767					Yes
Bethlehem	Woodlands Boutique Village 30 Carmichael Road 021 0265 3536					Yes
Gate Pa	Bupa Greerton Gardens 45 Greerton Road (07) 245 7084					Yes
Gate Pa	Bupa Greerton Oaks 108 Greerton Road (07) 245 7083					Yes
Hairini	Greenwood Park - Metlifecare 10 Welcome Bay Road (07) 544 7500					Yes

TAURANGA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Judea	Elmswood 154 Waihi Road (07) 578 6177		Dementia			
Judea	The Bayview 163 Waihi Road (07) 578 6006	Rest Home		Hospital		Yes
Matua	Makoha - Tauranga 228C Levers Road (07) 576 1899	Rest Home				
Matua	Matua Village 124 Levers Road (07) 570 1425					Yes
Matua	Radius Matua 124 Levers Road (07) 576 2802	Rest Home	Dementia	Hospital		
Mount Maunganui	Arvida Ocean Shores 80 Maranui Street (07) 547 4240					Yes
Mount Maunganui	Bay Sands Village - Metlifecare 33 Gloucester Road (07) 572 9020	Rest Home		Hospital		Yes
Mount Maunganui	Bayswater - Metlifecare 60 Maranui Street (07) 547 4047	Rest Home		Hospital		Yes
Mount Maunganui	CHT Bernadette Care Home 25 Taupo Avenue (07) 575 4855	Rest Home		Hospital		
Mount Maunganui	Malyon House 4 Heath Street (07) 575 5619	Rest Home		Hospital		
Papamoa Beach	Pacific Coast 210 Maranui Street (07) 572 3029	Rest Home	Dementia	Hospital		Yes
Papamoa Beach	Pacific Lakes Village 242 Grenada Street (07) 262 0191					Yes
Papamoa Beach	Pāpāmoa Beach Village - Metlifecare, 2 Te Okuroa Drive (07) 542 1933	Rest Home	Dementia	Hospital		Yes
Papamoa Beach	Papamoa Sands 61 Golden Sands Drive (07) 282 8585					Yes

TAURANGA DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Papamoa Beach	Parewaitai Village 718 Grenada Street (07) 571 2152					Yes
Papamoa Beach	Summerset by the Dunes 35 Manawa Road 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
Pyes Pa	Althorp Village 9 Grantston Drive (07) 543 4008					Yes
Pyes Pa	Arvida Copper Crest 52 Condor Drive (07) 282 7999	Rest Home	Dementia	Hospital		Yes
Pyes Pa	Radius Althorp 9 Grantston Drive (07) 543 2912		Dementia	Hospital	Psychogeriatric	
Tauranga	Bupa Cedar Manor 30 Sixth Avenue (07) 974 3984	Rest Home	Dementia	Hospital		Yes
Tauranga	Devonport Palms 194 Devonport Road (07) 578 0205	Rest Home				
Tauranga	The Avenues - Metlifecare 10-12 Tenth Avenue (07) 925 6400	Rest Home		Hospital		Yes
Tauranga South	Bupa Accadia Manor 101 Edgecumbe Road (07) 974 3995	Rest Home				Yes
Tauranga South	Fraser Manor Rest Home 122 Fraser Street (07) 578 8986	Rest Home				
Tauranga South	Hodgson House Lifecare & Village, 51 Botanical Road (07) 578 4846	Rest Home		Hospital		Yes
Tauranga South	Killarney 138 Edgecumbe Road (07) 578 4347	Rest Home	Dementia			
Tauranga South	Oakland 108 Thirteenth Avenue (07) 578 2514	Rest Home		Hospital		Yes

WESTERN BAY OF PLENTY DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Athenree	Athenree Lifecare 7 Marina Way (07) 863 4169	Rest Home	Dementia	Hospital		
Katikati	Radius Lexham Park 3 Binnie Road (07) 549 1015	Rest Home		Hospital		
Katikati	Summerset by the Sea 181 Park Road 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Ohauiti	Carmel Country Estate 11 Hollister Lane (07) 544 5553					Yes
Ōmokoroa	CHT Acacia Park Care Home 134 Hamurana Road (07) 548 0400	Rest Home		Hospital		
Ōmokoroa	Ōmokoroa Country Estate 5 Anderley Avenue (07) 548 1170					Yes
Pyes Pa	The Lodge 714 Pyes Pa Road (07) 543 0068	Rest Home		Hospital		
Te Puke	Bupa Te Puke 1 Number One Road (07) 280 0791	Rest Home		Hospital		Yes
Te Puke	Carter House Lifecare & Village 69 Moehau Street (07) 573 7317	Rest Home	Dementia	Hospital		Yes
Te Puke	CHT Glynavon Care Home 50 Boucher Avenue (07) 573 6458	Rest Home		Hospital		
Waihi Beach	Karaka Pines Waihi Beach 8 Browns Drive (07) 571 3600					Yes
WHAKATĀNE DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Kawerau	Mountain View 192-202 River Road (07) 323 9392	Rest Home		Hospital		Yes & Rentals
Kawerau	Porritt Glade Lifestyle Village Piripiri Crescent (07) 306 9009					Yes

WHAKATĀNE DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Ōhope	Ohope Beach Care 4 Harbour Road (07) 312 4169	Rest Home	Dementia			
Whakatāne	Bupa Mary Shapley 4 Spence Lane (07) 245 7089	Rest Home		Hospital		Yes
Whakatāne	Golden Pond Lifecare 47 Bracken Street 027 547 1110					Yes
Whakatāne	Golden Pond Private Hospital 47 Bracken Street (07) 307 0180	Rest Home		Hospital		
Whakatāne	Sheaffs 17 Landing Road (07) 308 8837	Rest Home				
ŌPŌTIKI DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Ōpōtiki	Peria Village 41 Richard Street (07) 315 6444					Yes & Rentals
Tirohanga	Thornton Park Retirement Village, 137 State Highway 35 (07) 315 7867	Rest Home		Hospital		
GISBORNE DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Gisborne	Arohaina Village 396 Aberdeen Road (06) 867 4759					Yes & Rentals
Gisborne	Riverdeen Park and other locations, 241 Stanley Road (06) 868 7505					Yes
Inner Kaiti	Leighton House 2 Cheeseman Road (06) 867 7697	Rest Home		Hospital		
Kaiti	Dunblane Lifecare 178 Rutene Road (06) 867 4759	Rest Home	Dementia	Hospital		Yes
Lytton West	Beetham Margaret Place (06) 868 3902	Rest Home	Dementia	Hospital		Yes

GISBORNE DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Lytton West	Kiri Te Kanawa 12 Gwyneth Place (06) 863 3636	Rest Home	Dementia	Hospital		Yes
Te Hāpara	Te Wiremu House Lifecare & Village, 621 Aberdeen Road (06) 867 5817	Rest Home	Dementia	Hospital		Yes
Te Puia Springs	Ngāti Porou Oranga 4 McKenzie Street (06) 864 6803	Rest Home		Hospital		
NEW PLYMOUTH DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Bell Block	Maida Vale 20 Pohutukawa Place (06) 755 0558	Rest Home		Hospital		Yes
Bell Block	MiLife Bell Vista 131 Mangati Road (06) 755 2880					Yes
Bell Block	MiLife on Wills 49 Wills Road (06) 755 2880					Yes
Bell Block	Summerset at Pohutukawa Place, 70 Pohutukawa Place 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
Bell Block	Sunhaven 48A Sunnyvale Street (06) 755 1021		Dementia		Psychogeriatric	
Highlands Park	Radius Thornleigh Park 25 Heta Road (06) 758 3642	Rest Home		Hospital		
Inglewood	Marinoto Home & Hospital Care 72 Matai Street (06) 756 7170	Rest Home		Hospital		
Lower Vogeltown	Rhapsody 30 Mill Road (06) 759 0080	Rest Home		Hospital		
Merrilands	Arvida Molly Ryan 269 Mangorei Road (06) 757 8773	Rest Home		Hospital		Yes
Merrilands	Riverside Lifecare 361 Mangorei Road (06) 758 1996	Rest Home	Dementia	Hospital		

NEW PLYMOUTH DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Merrilands	Telford Lifecare & Village 15 Telford Street (06) 757 8554	Rest Home		Hospital		Yes
New Plymouth	Chalmers Home 20 Octavius Place (06) 758 5190	Rest Home		Hospital		
New Plymouth	Radius Heatherlea 139 Vivian Street (06) 758 7302	Rest Home	Dementia	Hospital		
Spotswood	Manadon Masonic Village 1 Freemason Avenue (06) 751 0430					Yes
Upper Vogeltown	Summerset Mountain View 35 Fernbrook Drive 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Waitara	Kohatu 35B Nelson Street (06) 754 6621	Rest Home				
Waitara	Norfolk Lodge Resthome 30 Princess Street (06) 754 7016	Rest Home	Dementia			
Waitara	Waitara Masonic Village 12 Park Lane (06) 751 0430					Yes
Welbourn	Brooklands Care on Timandra 33 Timandra Street 027 203 5712		Dementia			
Welbourn	Brooklands Rest Home & Memory Care, 22 List Street (06) 758 8422	Rest Home	Dementia	Hospital		
Welbourn	Coronation Lodge 125 Coronation Avenue (06) 758 5125	Rest Home				
Welbourn	Welbourn Masonic Village 16 Oriental Street (06) 751 0430					Yes
Westown	Clawton Masonic Village 25 Clawton Street (06) 751 0430					Yes

NEW PLYMOUTH DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Westown	Tainui Village 96 Clawton Street (06) 753 6597	Rest Home		Hospital		Yes & Rentals
Westown	Taurima 85 Clawton Street (06) 753 5538	Rest Home				
Whalers Gate	Jean Sandel 71 Barrett Road (06) 751 4420	Rest Home	Dementia	Hospital		Yes
SOUTH TARANAKI DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Eltham	Eltham Care Rest Home 54 Maata Road (06) 764 8330	Rest Home	Dementia			
Eltham	Eltham Masonic Village Corner London & York Streets (06) 751 0430					Yes
Hāwera	Annie Brydon Lifecare & Village 71 Glover Road (06) 278 6039	Rest Home		Hospital		Yes
Hāwera	Hawera Masonic Village 240 South Road (06) 751 0430					Yes
Hāwera	Trinity Hospital & Rest Home 47-61 Puriri Street (06) 278 4189	Rest Home	Dementia	Hospital		Yes
Ōpunake	Opunake Cottage Rest Home 1 Layard Street (06) 761 8009	Rest Home				
Pātea	Te Mahana Rest Home 41 Chester Street (06) 273 8442	Rest Home				
STRATFORD DISTRICT		LEVELS OF RESIDENTIAL CARE				RV
Stratford	Elizabeth R Lifecare & Village 30 Elizabeth Grove (06) 765 8089	Rest Home		Hospital		Yes
Stratford	Maryann Home & Hospital 59 Brecon Road (06) 765 7551	Rest Home	Dementia	Hospital		Yes



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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.

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 quite a lot of support.

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.



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A UNIQUE LIFESTYLE

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 114). A higher level of care may be obtained if you live in a care suite (pages 138-139).

All villages have associated costs, including weekly fees and exit costs, such as a Deferred Management Fee (see The Village Journey, page 115). 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, the manager and other residents. Talk to several residents to hear their perspective.

Find out if there are regular social events or meetings and ask if you can come along and see if the village community feels like a place you would want to be a part of. Staff at some villages have quite an active role in village life, while at others they have less.

Research shows most people enjoy a

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.rvrnz.org.nz 0800 787 699

high level of satisfaction when living in a retirement or lifestyle village. Residents say the benefits of a village are numerous, and they will be different depending on your personal needs. These may include giving you peace of mind, new and varied activities and interests, new friendships and a feeling of being free to do the things you enjoy and not having to worry about home maintenance and other chores.

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

RETIREMENT VILLAGES ACT REVIEW - UPDATE

Commenced in 2023 the review is now focusing on three priority areas:

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

Some topics in the 2023 discussion paper are now out of scope. Decisions on any legislative changes are expected to be made between November and December 2025.

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 116-120), 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 139.

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Pat - The Village Journey

Pat decides to move to a retirement village. Pat uses the ideas on page 123-125 to help. After viewing a number of villages Pat finds the perfect village. ✓ \$



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



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

Pat's lawyer explains that there's a lot of important information in this paperwork. (Read the article on page 111 to understand more) Some important considerations are:



For this example:

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

🎯 The 'purchase' price, which varies, widely.

The Deferred Management Fee or DMF. This is how much is returned to Pat at the end of occupation. 🎯

🎯 Weekly fees. These can be fixed or variable.

🎯 And much more

Legal Title 🎯

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

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



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

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

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

RETIREMENT VILLAGE OPTIONS

ABOUT THIS SECTION

This list shows a selection of village options across the Mid 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 115.

For a list of all villages and care homes within the region, see page 94-109.

BAY OF PLENTY

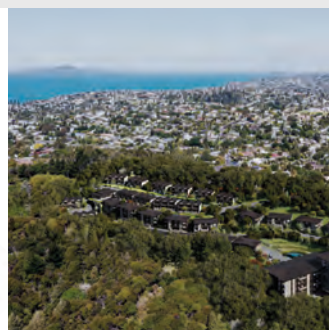
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Peria Village



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BUPA MARY SHAPLEY RETIREMENT VILLAGE

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Whakatāne
(07) 245 7050

Priced from \$326,000*
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on site

www.bupa.co.nz/maryshapley



MORRINSVILLE

PORRITT GLADE LIFESTYLE VILLAGE

Piripiri Crescent
Kawerau
(07) 306 9009

Priced from \$375,000*

www.kaweraudc.govt.nz



LOCKERBIE VILLAGE

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www.bupa.co.nz/tararu



BUPA WAIOKARAKA RETIREMENT VILLAGE

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Thames
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RICHMOND VILLAS

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Thames
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HAMILTON

BUPA FOXBRIDGE RETIREMENT VILLAGE

**60 Minogue Drive
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(07) 245 1724**

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care on site

www.bupa.co.nz/foxbridge



BUPA ST ANDREWS RETIREMENT VILLAGE

**26 Delamare Road
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(07) 929 5539**

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on site

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Retirement Villages Checklist

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BEGINNINGS

- ☐ Am I ready to downsize? How much space do I need? Your new home may be smaller.
- ☐ Have I considered alternatives? See page 26.
- ☐ 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 residency 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, my own garden, or a community space?
- ☐ 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 (e.g., 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.

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CHOOSING A CARE HOME

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

Choosing a new place to live when you are feeling vulnerable, frail or have complicating medical conditions is difficult. As this is such an important decision it is a good idea to involve those closest to you. Remember, though, that wherever possible you should make the final decision – this will be your home. The following pages outline the different care options available in most New Zealand residential care homes, explain how to pay for care and provide a practical list to help you choose the best home for you.

Sometimes, due to health issues, others need to make 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 35).

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 135 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.

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- 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 138).
- Room or care suite often governed by an ORA (pages 125 & 138).

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 35). 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.



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KEY POINTS

- You are responsible for the payment of your care.
- If you cannot afford it, you may apply for a Residential Care Subsidy (RCS). You need to be considered a 'qualifying person' to begin the process (page 149).
- If you wish to access any public funding, including a Health NZ top-up payment (page 133), 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 139) 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 139).
- 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 155-157 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 129).
- 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 159).



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PAYING FOR YOUR CARE

The financial aspects of residential care may 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 by you, from private funds/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 139).

The Maximum Contribution (MC) (page 6) is the maximum you can be charged for care and standard accommodation at a contracted facility. 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 62) and undertake a financial assessment (pages 149-153). 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 139).

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>i.e. minus the ‘top up’ subsidy.</i>

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



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ROOM OPTIONS EXPLAINED

Choosing the right care home and deciding on what accommodation offering best suits you can be confusing (and often daunting).

A good place to start is by understanding standard services.

In the past a room in a care home was pretty standard wherever you went – hence the term ‘standard room’. Nowadays this is not the case. New Zealand has changed; if you have more money, you likely have more options (and potentially more control over your ageing journey). Exactly what you might choose to pay more for is easier to understand if you separate ‘standard’ offerings into two parts. One part of the payment covers care and the other accommodation and other related features.

You can be assured that whilst you can choose to purchase what might be considered ‘better’ accommodation, you cannot purchase better care. Regardless of the accommodation type your care will be to the same high standard. That’s because there is a contract, called the ARRC agreement which determines (for those who’ve been assessed as eligible by having an Inter-RAI assessment) the standard services that must be provided by certified and contracted care homes.

The care component of the payment is included in the Maximum Contribution (MC) (page 6). Any extra fees you might be charged can only be related to accommodation options, or

related features which must be detailed in your admission agreement. All verbal agreements should also be included.

Everyone must pay for their own personal items and services, such as clothing, toiletries, insurance, dentist, optician, audiologist and other specialists, hairdresser, dry-cleaner or lawyer, as these are not covered by the agreement and MC payment.

Standard rooms These offer the standard services outlined in the ARRC agreement including: personal care and assistance; nutritious meals and snacks; accommodation (including the use of furniture, fittings, fixtures, bedding and utensils); a clean, warm, safe, well-maintained, homely and comfortable environment; cleaning and laundry services; an accessible outdoor area; and communal aids and equipment for personal care or general mobility.

In certain parts of the country, they can often be shared rooms, which can be a good way to build friendships and reduce loneliness. Because they do not attract additional fees, they are suited to those with more limited funds.

Standard rooms are in short supply,

ADDITIONAL SERVICES

- You may choose to buy additional services unrelated to care and not covered by the ARRC agreement, e.g., incidental services that can easily be stopped such as paid television/streaming subscriptions etc. Check what these might be.
- 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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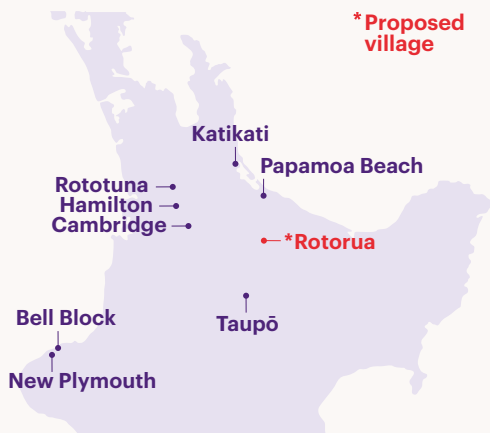
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which providers explain is due to a shortfall in government funding. The '10km Rule' can help locate standard beds when required (see panel opposite). Not all standard rooms look or feel the same, so if you find you have a choice of care home, make sure you visit them before making a decision.

Premium accommodation This offering includes the same services outlined above for a standard room, plus extra services that could include fixed features (such as an ensuite, tea/coffee making area or a view) or features associated with the room (such as an adjoining garden or access to recreational equipment). These services are over and above the ARRC agreement requirements and attract additional daily costs of \$5 to over \$100, on top of the MC (page 6).

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 the premium accommodation charges, you can review your premium tenancy 18 months after admission and every six months thereafter; the provider then has six months to move you to a standard room, giving three days' notice, or cease charging premium room fees. There is discretion to waive the notice period for financial hardship.

A care suite This service type is where the payment for the accommodation is made by way of upfront 'purchase price' in the same way as you would buy into a retirement village. What this payment is called and how it is treated will vary. Some, such as an ORA, will

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 149 - 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.
- Once resident, if a standard room becomes available in another home, you cannot be required to move.
- If you have a disagreement with a care home over the 10km rule, contact Health NZ, as this rule is part of their contract with the care home.

likely have a percentage deducted on exit (DMF, page 115) and others, such as a RAD (page 7), are fully refundable on exit. Of course, because you have already paid for the accommodation, the provider cannot charge you (or Health NZ, if you're receiving a subsidy) for the same thing.

If you are a non-subsidised resident, your care provider must pay you back 18% of the maximum price (inclusive of GST) for your care home services.

You will still need to pay maintenance and other property-related fees, such as rates and insurance, as per your ORA.

If you already had an agreement with the provider before July 1, 2013, and it was in line with the rules back then, the provider doesn't have to pay you back the 18% mentioned above.

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

Non-contracted facilities There are new options entering the market that are only available to fully private payers. They may be provided as care suites, premium accommodation or as another fully private offering. The key points of difference with these (compared to those listed previously) are:

- The facility will not be contracted with Health NZ under the ARRC agreement for care provided within the care suite/room.
- The facility must be certified to provide care that meets the Health & Disability Services (Safety) Act 2001 standards, staff them appropriately and undergo audits.
- It is unlikely an assessment or referral will be required. An in-house assessment should still be conducted by the facility to create a care plan.
- The facility will determine the fees, which will not be subject to the MC or Health NZ 'top up' subsidy. Those entering under an ORA are required to get legal advice, and it is advisable for all others. A clear contract must be in place, which includes your care plan.

LEVELS OF CARE

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

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

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

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

Psychogeriatric Specialist Hospital (occasionally known as D6) This level of care is for people with a mental health or dementia disorder who require a high level of nursing care and management of behaviour that can be challenging. They need a secure environment and the skills of specially trained staff.

- You can still apply for an interRAI assessment if you think your financial situation could change in the future and you may need to access funded care. If this happens, you will need to move to a contracted facility.

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LENS ON RIGHTS & CARE

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

The Ombudsman takes an independent and objective look at the treatment of residents and their living conditions by visiting the facilities.

This ensures 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.

In March 2025, then Chief Ombudsman Peter Boshier released a report on his observations in the secure aged care sector. Between 1 July 2021 and 30 June 2024, inspectors made 148 visits to facilities, ranging from small, single owner businesses to those run by national providers.

The Ombudsman reported that most staff were highly dedicated to the wellbeing of the residents they cared for, and facilities generally responded well to inspectors’ feedback.

He also recommended improvements, emphasising how residents should have their decisions supported, not substituted, and need accessible ways to complain about care they are receiving. Residents still have preferences, even if they cannot always act on them independently. Facilities also need clear guidance on verifying the legal basis for placing people in secure care.

John Allen became Chief Ombudsman in April 2025 and is continuing this important work.

The report, and more, is at: www.ombudsman.parliament.nz/agedcare.

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.



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 10-11).



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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.

Some people welcome going into a care home, but 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:

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.

- Give yourself time to settle in. No matter how you feel about the move, it will take time to adjust to the situation and your new environment. Consider a trial period (page 129).

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

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others tend to respect, and this will have a positive effect on you.

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

- Involve yourself in the exercise programme that many homes offer; physical and mental wellbeing are closely linked.

- Try to avoid blaming others for your situation.

If you have a carer or family/whānau then know that they have generally done their best to help you stay at home. Now, your needs are more than can be managed at home.

- Rather than being resigned to the situation and letting others make decisions for you; let people know what you do and don't like. Your opinions matter. In the longer term you will feel better for sharing them.

- Talking to someone independent may help. The manager of the home may be able to refer you to a pastoral worker, social worker or other 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



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.

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your story without trying to 'straighten you out' or 'calm you down'.

- Use successful strategies that got you through tough times in the past.
- If you have given yourself reasonable time (a month or two) and tried everything you can and you're still feeling down, let staff know or talk to your doctor.

Depression can be an issue for some who live in a care home (page 42). 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 homes provide opportunities to go on outings to places such as the local cafe, RSA, park or beach, for those able to manage this. There may be a small cost for such outings.
- The home will provide a range of activities during the week and some have regular 'happy hour' clubs.



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FACTS, FIGURES & ASSET TESTS

There's a lot to get your head around when it comes to how much of your care home fees you have to pay yourself and for how long. The rules and regulations governing this include means assessments and asset tests.

As outlined on page 133, 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 62) 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

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.

may negotiate the cost of care with the provider and pay privately.

Asset testing If you are a qualifying person, a means assessment of assets is the next step in determining whether 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 \$291,825 as at 1 July 2025.

Couple in long-term care You are eligible if you have combined assets equal to or below \$291,825 as at 1 July 2025.



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Couple with one in care There are two threshold options:

- Combined assets of \$159,810 as at 1 July 2025, not including the value of their home and car, or;
- Combined assets of \$291,825 as at 1 July 2025, 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 \$291,825. 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 \$159,810. 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

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 \$1,267 a year for single people, \$2,534 a year for a couple when both are assessed as needing care, and \$3,801 a year for a couple where one of them has been assessed as needing care. (Figures as at 1 July 2025).

information from Work and Income. The Residential Subsidy Unit is free-phone 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;

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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

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 \$8,000 per year is allowed. Gifts made in recognition of care, for which there are strict criteria, must not exceed \$40,000 during this period. (Figures as at 1 July 2025.)
- Before the five-year period, gifts of more than \$27,000 a year for each application may be included in the assessment.
- Inland Revenue's (IRD) gifting rules differ to the RCS gifting rules.

happens first. Payments under the loan stop when an RCS is approved. Application forms are included in the RCS application document, or contact Work and Income on 0800 999 727.

KEY POINTS

- If you receive an RCS, you will keep a personal allowance of \$56.58 a week and a clothing allowance of \$354.89 a year (as at 1 July 2025) 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 \$50.11 (as at 1 July 2025). They may also be eligible for NZ Super at the Living Alone rate.
- Private payers may be eligible for Work and Income assistance if they meet criteria. Subsidised residents are not eligible for a Disability Allowance as this is factored into the RCS.
- You can ask for a review of your means assessment or for a financial means assessment at any time.



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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 an extra amount 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 the activities programme shared in advance? Do residents have any input?
- ☐ Residents should be involved in conversations and quiet or busier activities. Do current residents appear happy and well cared for?
- ☐ Are the meals varied, interesting, seasonally appropriate and nutritious? Is there a menu on display.
- ☐ If your level of care changes, will you have to move to another room or a different care home?

YOUR SPACE & PREFERENCES/COMFORT

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

STAFFING

- ☐ How are visitors welcomed and treated?
- ☐ How do staff get to know about a new resident's background, likes, dislikes?
- ☐ What are the Registered Nurse hours, and the caregiver-to-resident ratio?
- ☐ Do staff get on well with each other and work as a team?
- ☐ What qualifications do the staff hold? For example there are differences between a registered nurse and an enrolled nurse, a diversional therapist and an activities coordinator. What on-the-job training is offered to staff?
- ☐ What system do staff have for updating each other at shift handovers?
- ☐ What are the staffing levels at night and over the weekends?
- ☐ Can you retain your own GP? Is that workable? It will cost a lot 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 if necessary.
- ☐ 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 behaviours that challenge others 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? They should be recorded, and steps taken to prevent it recurring.
- ☐ What are the systems to ensure safe management and storage of medication and dangerous items?
- ☐ How often are emergency and fire drills held? The care home should have systems and procedures in place to ensure resident and staff safety.
- ☐ How long certification has been granted for? Longer periods (e.g. four years) generally indicate greater compliance with standards and requirements.
- ☐ Do you have contents insurance for your personal items?



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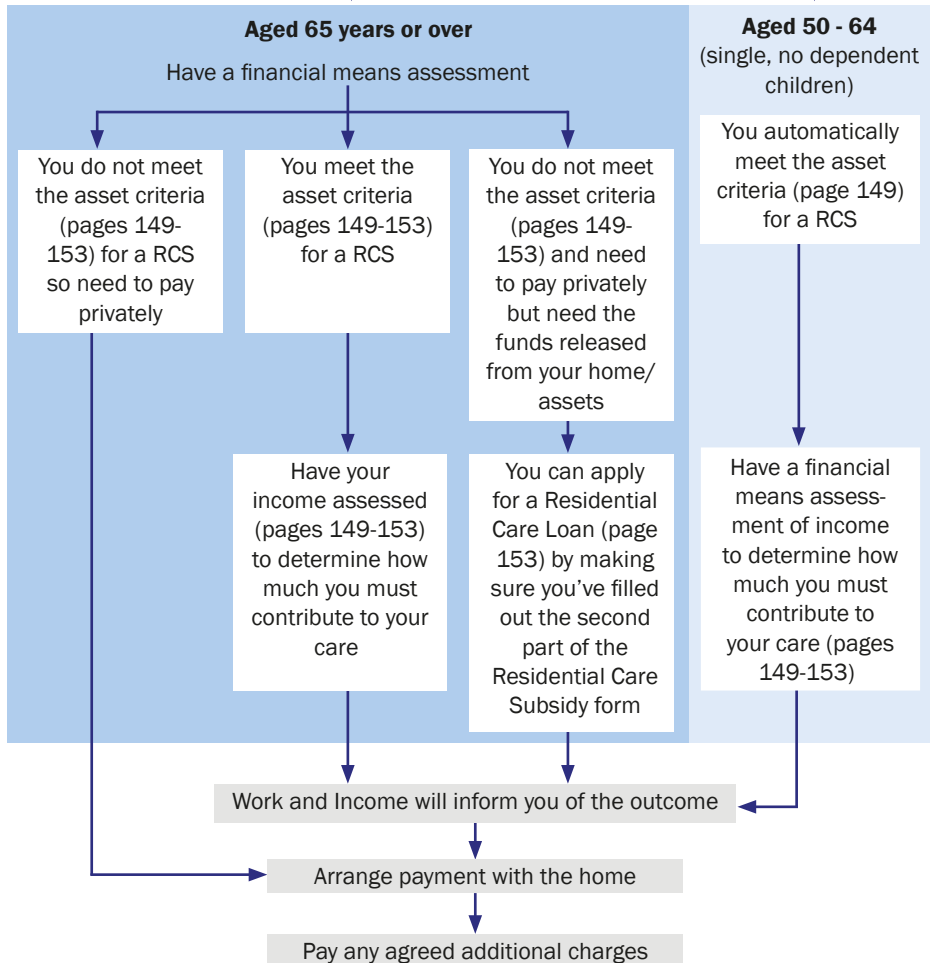
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HOW TO APPLY FOR A RESIDENTIAL CARE SUBSIDY (RCS) &/OR RESIDENTIAL CARE LOAN[^] (RCL)

Be assessed (page 62) to find out the level of care you need (page 139)

Decide what home you're going to (pages 94-109)

Apply to Work and Income for the RCS &/or Loan (pages 149-153) as soon as possible.
Your older persons' service/needs assessor will supply the forms.



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

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