

Where from here

HE ARA WHAKAMUA

Essential information for older people

2025 – Mid 2026

Lower North Island

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Villas



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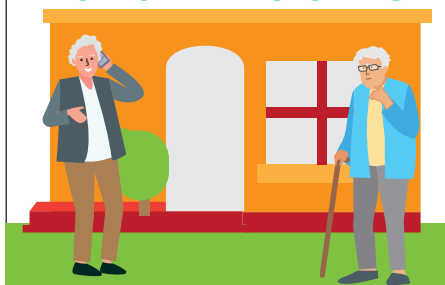
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PLAN FOR THE FUTURE YOU WANT

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.

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 130).

ACC: Accident Compensation Corporation (page 14).

ADDITIONAL SERVICES: (As relating to residential care.) These are services that are over and above the services required under the ARRC agreement. If you want them, you have to pay for them (page 129).

ADVANCE CARE PLAN & ADVANCE DIRECTIVES: Plans for your future care needs (page 53).

ARRC: Age-Related Residential Care. Term often used in relation to the Health New Zealand | Te Whatu Ora agreement with care home providers (page 129).

ASSET THRESHOLD: As relating to residential care (page 140).

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 112 & 130) or those who are fully private paying.

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

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

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

CONTACT PERSON: Your contact at your local older person's service (page 8).

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 111).

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 131).

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

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

GP: General practitioner or doctor.

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

HEALTH NEW ZEALAND | TE WHATU ORA: Provides and coordinates health services across New Zealand. Previously 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 131).

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 \$1,460.27-\$1,535.66 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 8).

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 119).

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

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

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

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

RCS: Residential Care Subsidy. A subsidy available to assist with payment for residential care for those who meet specific eligibility criteria (page 140).

RESIDENTIAL CARE: A 'live in' service for those requiring high levels of care i.e., a care home. It is provided in one of four settings related to levels of care (page 131).

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 129).

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 or Care Coordination Centre (CCC), and 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.

CAPITAL & COAST

Care Coordination Centre (CCC)

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

Email: wellington@careco.org.nz

Level 1, 13 Marina View

Paremata, Porirua

HUTT VALLEY

Care Coordination Centre (CCC)

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

Email: hutt@careco.org.nz

Level 3, 20 Pretoria Street

Lower Hutt

TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

Supportlinks | Health NZ

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

Email: supportlinks@supportlinks.org.nz

Community Village, Palmerston North Hospital, 1st Floor Rata Building,

50 Ruahine Street

Palmerston North

WAIRARAPA

Focus | Health NZ

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

Email: focus@wairarapa.dhb.org.nz

Level 2, 49-51 Lincoln Road

Masterton

TE MATAU A MĀUI HAWKE'S BAY

Needs Assessment & Service Coordination (NASC) | Health NZ

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

Email: NASC.HB@hbdhb.govt.nz

Napier Health Centre, Wellesley Road

Napier

WHANGANUI

Assessment, Treatment & Rehabilitation Community Services | Health NZ

Phone: (06) 348 3309

Email: referral.centre@wdhb.org.nz

Lambie Community Health, 100 Heads Road, Whanganui

Your Way | Kia Roha

Freephone: 0800 758 700

Email: whanganui@yourwaykiaroha.nz

244 Victoria Avenue, Whanganui

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RIGHTS & ADVOCACY

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

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

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

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

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

YOUR RIGHTS

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

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

NATIONWIDE HEALTH AND DISABILITY ADVOCACY SERVICE LOCAL CONTACTS

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

MAKING A COMPLAINT

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 who your GP is and the subsidy they get. The following may apply. For more information ask your healthcare provider.

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

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

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

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

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

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

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

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

A Veteran's Pension Paid at the same 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

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-

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.

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 31), your GP or disability agency for more details.

This section provides an overview only. Other help may be available; situations vary.

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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	Freephone 0800 433 636. www.dementia.nz
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 Free health advice over the phone.
Ministry of Social Development (MSD)	www.msd.govt.nz For income and other support.
Nationwide Health & Disability Advocacy Service	Freephone 0800 555 050. www.advocacy.org.nz See page 10.
Office for Seniors (MSD)	(04) 916 3300. www.officeforseniors.govt.nz
Seniorline	Freephone 0800 725 463. www.seniorline.org.nz
Stroke Aotearoa New Zealand	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
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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 34.
- What if Pat or Chris can no longer make their own decisions? Page 36 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 recommended 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.

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 31) 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 falling at home. Look after your emotional health and maintain your social networks.

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



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TOOLS TO HELP KEEP YOU ABLE

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

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

Subsidised services 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 8) for a referral. Enable provides equipment in the Lower North 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, meet-

GALAXY OF GADGETS

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

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

More expensive gear includes:

- Walkers and scooters
- Power lift armchairs

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

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

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

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

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

SHOULD I STAY OR MUST I GO?

If you are weighing up whether it's the right time to 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 free up capital and reduce garden and

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?

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, so investigate fully and do the sums (pages 50-51).

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 An increasing number of people now rent. Age-appropriate design and good landlord/tenant relationships are important factors to consider. For advice and market rent rates see the government's Tenancy Services website www.tenancy.govt.nz (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, making them a good option for some. Contact the local council regarding consent. Respectful relationships are important (see panel, right).

Moving into a retirement village This is an increasingly popular choice for those looking for age-friendly homes and lifestyles. Prices vary considerably. Pages 113-115 show a selection.

Boarding/Supported living These are often family/whānau style homes such as an Abbeyfield home. Residents

are independent and have their own room/unit, often with shared communal areas. There may be help with some tasks, such as housework or meals. Board or weekly rent applies.

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

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

Safety and suitability Look for a home that suits an older person. Websites such as www.lifemark.co.nz and www.goodhomes.co.nz advise you to think about accessibility, adaptability, usability, suitability, safety and value. You may be able to adapt an existing home, although those that fit these standards are usually new builds. Goodhomes has 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. If you need help with your financial affairs, your bank or Age Concern can advise you who to consult and how to set things up.

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TECH'S BRAVE NEW WORLD

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

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

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

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

Many GPs are now using online health portals that give you online

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. Spark and One NZ (previously Vodafone) are good stores to visit. 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.

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 but as technology catches up with people's demands, the products become increasingly innovative.

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

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



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

Age Concern 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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(06) 870 9060

hastings@ageconcernhb.co.nz

HOURS: 9am-3pm weekdays

Central Hawke's Bay

17 Ruataniwha Street, Waipukurau
(06) 858 9158

chb@ageconcernhb.co.nz

HOURS: 9am-1pm Mon; 9am-3pm
Tues-Fri

Age Concern Hawke's Bay provides the Elder Abuse Response Service across Hawke's Bay. Alongside the Elder Abuse Service, the organisation provides several social groups and health promotion programmes, exercise groups, workshops and social services in the Hastings, Havelock North and Central Hawke's Bay areas. The organisation is also an assessor for the Total Mobility Scheme which funds reduced taxi fares for those who meet the criteria.

AGE CONCERN KĀPITI COAST

Room 16, Kāpiti Impact Hub,
6 Tongariro Street, Paraparaumu
(04) 298 8879

admin@ageconcernkapiti.co.nz

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

Age Concern Kāpiti Coast is

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

AGE CONCERN HOROWHENUA

526 Queen Street, Levin
(06) 367 2181 or 0800 65 2 105
admin@ageconcernhoro.co.nz
www.ageconcernhoro.co.nz & on
Facebook

HOURS: 9am-3pm weekdays

Age Concern Horowhenua promotes the wellbeing, rights, respect and dignity for senior people by providing advice, services, and information. in the Horowhenua Region (including Tokomaru, Shannon, Foxton, Foxton Beach, Levin and Manakau).

Elder Abuse & Neglect Prevention

We believe all senior people should be safe and live without fear of being hurt. We work to improve the quality of life of older people in abusive situations and to prevent abuse by providing information, education programmes, advocacy and support.

Community Support

Our team are able to respond to enquiries on a number of subjects, and can offer expert information, advocacy, advice and referral to other organisations.

Social Connections

We offer many services that benefit the social connections such as volunteer visiting, companion walking, and others.

Health Promotion

Our goal is to improve and maintain a longer, independent and self-sufficient quality of life, so you can live dignified, flourishing and purposeful lives. We provide exercise classes alongside programmes, events, and workshops.

AGE CONCERN WHANGANUI

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

HOURS: 8.30am-4.30pm,
Mon-Thurs

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

AGE CONCERN NAPIER

98 Taradale Road, Napier
(06) 842 1346
napier@ageconcernhb.org.nz
HOURS: 9am-3pm, Mon-Thurs;
9am-12.30pm, Fri

Age Concern Napier is focused on contributing to the overall wellbeing of older people. Our services include community work, Visiting Service, health promotion and opportunities for social connection, exercise groups and Staying Safe classroom-based refresher driver workshops. Age Concern Napier can also complete Total Mobility Scheme assessments which provides reduced taxi fees. Support services include group transport to supermarket and general shopping trips, transport for hospital appointments and an approved providers list of trades people.

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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 40.
- If depression and grief strike, reach out for help; see pages 44 and 59.
- 70,000 Kiwis of all ages live with dementia; read more on page 47.
- Planning ahead could help put Pat and Chris' minds to rest; page 53 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 56.

MANAGING YOUR MONEY

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

The financial world is increasingly complex and as we age we will come across situations we may not be ready for, such as changes to how we access our money, where it's held and how we can use it. Each person's financial situation and the management of their affairs is unique. Some will remain in paid work 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 For those who are tech users online banking has made life much easier, despite having to be mindful of potential scams (page 43). For others, things have got harder, what with bank branch closures and then the disappearance of cheques. If the

latter is you, tell your bank about your difficulties and ask them about your options and how they can make money management easier for you. On a more positive note some banks now offer dementia friendly services.

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

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

Donations and bequests

Charitable organisations often rely on donations and bequests and many older people like to assist their favoured charity in such a way. Discuss your intentions with family/whānau to avoid future misunderstandings (page 53).

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.

Release of your equity in your home 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 143).

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

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

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

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

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

YOUR PIN NUMBER

Don't give this to anyone. It can be tempting to give family/whānau or support people access to your bank account to make it easier for them to shop for you, but if money is stolen the bank will probably refuse a fraud claim. No one, not even the bank, should ask you for your PIN number or other passwords. If you need help accessing your funds, talk to the person who holds your Enduring Powers of Attorney for Property, your bank or lawyer. Age Concern may advise too (page 31).

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

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

Keep your financial information in one place, prepare for unexpected events and put a plan in place for transferring responsibility so it's ready if needed. Involve trusted individuals, such as the person holding your Enduring Power of Attorney, your partner, or your children, and ensure they 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. It simply raises some ideas and issues and is for general information only.

Valuing who others are and what they do...

Lifesaver (friend)

Educator & Cultural Advisor

(grandparent, aunt, uncle)

Pro bono Worker
(volunteer)

Skills Mentor
(tradesperson, crafter)

Mental Health Sustainer
(baby sitter)

Financial Overseer
(club treasurer)

Health Sustainer
(family carer)

Security Networker
(caring, watchful neighbour)

Physical Fitness Champion
(walking group participant)

Calorific Defender
(meal sharer)

Preservation Overseer
(gardener, home maintenance)

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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.

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

Yes, scammers are out there, but 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, some of which may deliberately target older people by door knock, phone, text or online.

Unsolicited phone calls may come from someone claiming 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 refers to scams that 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 are cruel as they play on someone's sense of loneliness and desire for companionship. Once trust is established, they will ask for money or help with a banking transaction. Never send money/gifts or provide financial assistance to someone you haven't met in person.

Investment scams 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 is one of the latest ploys used by scammers. You may receive 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 and/or ask the scammer something only your 'person' would know.

The level of sophistication of these scams can take in even the most wary, so there is no shame in admitting you have been duped. In fact, reporting scams is the best way to ensure they are shut down, as authorities can issue warnings and take steps to block the offenders.

Awareness is our best defence, and we can all play a part in spreading the message. Forewarned is forearmed, and sharing these stories helps us all to remain vigilant.

REPORTING SCAMS

- If you've been scammed, stop all communication immediately and report it to police. 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

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

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

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

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

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

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

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

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

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

NEED HELP?

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

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

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

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

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

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

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

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



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Help for those with dementia is at hand

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

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

Dementia Hawkes Bay

Hastings office:

102-106 Windsor Avenue
Hastings
(06) 878 7502



Napier office:

1 Wilding Ave, Marewa, Napier
(06) 834 0417

admin@dementiahb.org.nz
www.dementiahb.org.nz

Dementia Wellington

Hutt Hub:

55 Hutt Road
Petone

Waikanae:

Office A/Level 1
9 Mahara Place, Waikanae

(04) 972 2595

admin@dementiawellington.org.nz
www.dementiawellington.org.nz



Alzheimers Wairarapa

Doug Lamb building
Solway Showgrounds
Corner York & Fleet Streets
Masterton

(06) 377 7522

referrals@alzheimerswairarapa.co.nz
www.alzheimerswairarapa.co.nz



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 diagnostic and medical 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 New Zealand

Freephone 0800 433 636

FACING UP TO ELDER ABUSE

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

Elder abuse is common in our homes and community. As many as one in 10 older people will experience some kind of abuse every year, and in most cases, this abuse isn't recognised or is ignored. We know it's hard to ask for help, regardless of whether you're the person being treated in this way or the person behaving in this way. Fears 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 you need. They will also help you dispel wrong messages you may have been getting about your worth and rights, so that you are better able to make the decisions you need for yourself and those you love.

There are six types of elder abuse:

Financial abuse is the inappropriate,

WHERE TO GET HELP

If there is immediate danger, call 111 for the police or ambulance.

If you are being abused or know someone who is, ring your local Elder Abuse Response Service below or the free helpline 0800 32 668 65.

Hawke's Bay

Age Concern Hawke's Bay

(06) 870 9060 (Hastings)

(06) 858 9158 (Central Hawke's Bay)

Age Concern Wairoa

027 334 6580

Te Taiwhenua o Heretaunga Trust

(06) 871 5350

Manawatū/Whanganui

Age Concern Horowhenua

(06) 367 2181

Age Concern Palmerston North & Districts

(06) 355 2832

Tararua Community Services

(06) 376 7608 (Tararua District)

Age Concern Whanganui

(06) 345 1799

Wairarapa

Age Concern Wairarapa

(06) 377 0066

Greater Wellington

Te Whare Tiaki

(04) 237 7027 (Porirua district)

Wesley Community Action

(04) 805 0880

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

numbers demanded; family/whānau may move in and take over the older person's home; there may be a sale of property or loans given under pressure that disadvantage the older person.

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

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

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

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

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

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

Dependency issues, a change in who makes decisions, loneliness and ageism all play a part. Those who cross the line may justify their behaviour to themselves: "I can do what I like in my own home"; "It's no one else's

business"; "They'd be in a rest home if it wasn't for me". They may tell themselves it's not theft but payment for what they do, or that they're going to inherit the money anyway. Other times there may be a lack of awareness or disregard of the needs and rights of the older person and the process of ageing. For example, not understanding that Koro needs help with taking pills, eating or personal care; or that Grandma cannot be responsible for childcare and needs the opportunity to get out of the house; or that it's best for Nana to be up and dressed each day if possible; or that the pension is for Poppa's needs.

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

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abuse is hidden
in plain sight**

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support@elderabuse.nz | text: 5032



Office for Seniors
Te Tari Kaumātua

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 financial products discussed here do not take account of individual personal circumstances and will not be suitable for all readers. You should seek financial advice before purchasing any financial product.

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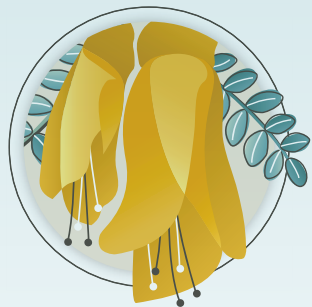


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PLANNING PUTS YOU IN CONTROL

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

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

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

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

It's important to make a new Will

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

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

Living Will or Advance Directive

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



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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.

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 80).

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

Palliative care This specialist type of care focuses on you and your support

networks. It takes a holistic approach, incorporating medical and nursing care with psychological, social and spiritual components. It aims to provide comfort and dignity by maximising quality of life, managing symptoms, and offering individual care and support to you and your family/whānau.

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

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

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

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

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

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

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

HOSPICES IN YOUR AREA

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

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

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

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

The decision to receive assisted dying is entirely yours and you should never feel pressured by anyone including a friend or family member. You can also change your mind at any time. You must first raise the subject with your doctor as they are not permitted to raise it with you. If you find your doctor unwilling to assist you through this journey, you have the right to choose another one who will. The SCENZ Group maintains lists and 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.

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 super-market) to help with any symptoms.
- Stay connected with your family/whānau, friends and community (online or over the phone if you are isolating).
- Write down any household instructions someone else could easily follow if you get sick and need hospital care. Cover things like feeding pets, paying bills and watering plants.

KEY CONTACTS

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

Call 105 for a non-emergency report.

Regional Emergency Management:

- Hawke's Bay (06) 835 9200
- Manawatū-Whanganui (06) 952 2800
- Wellington (04) 830 4279

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

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

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

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

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

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

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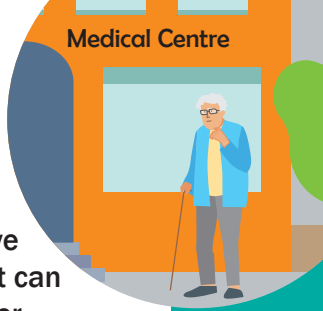


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KNOW YOUR OPTIONS

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 older 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 8). 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 8), 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 will include informal support from family/whānau, friends, the community and other agencies. As important decisions may be made at this time, it is helpful to include those closest to you in any discussions.

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

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

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

Several criteria determine what you pay for and what is publicly funded/subsidised. Eligibility factors include your assessed need, whether the service is considered to be essential, and whether you are able to pay (those who have a Community Services Card are usually eligible). Just what 'essential' means varies from person to person so make sure you let your assessor know what an essential service is for you.

The aim of the 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, 72 & 127.



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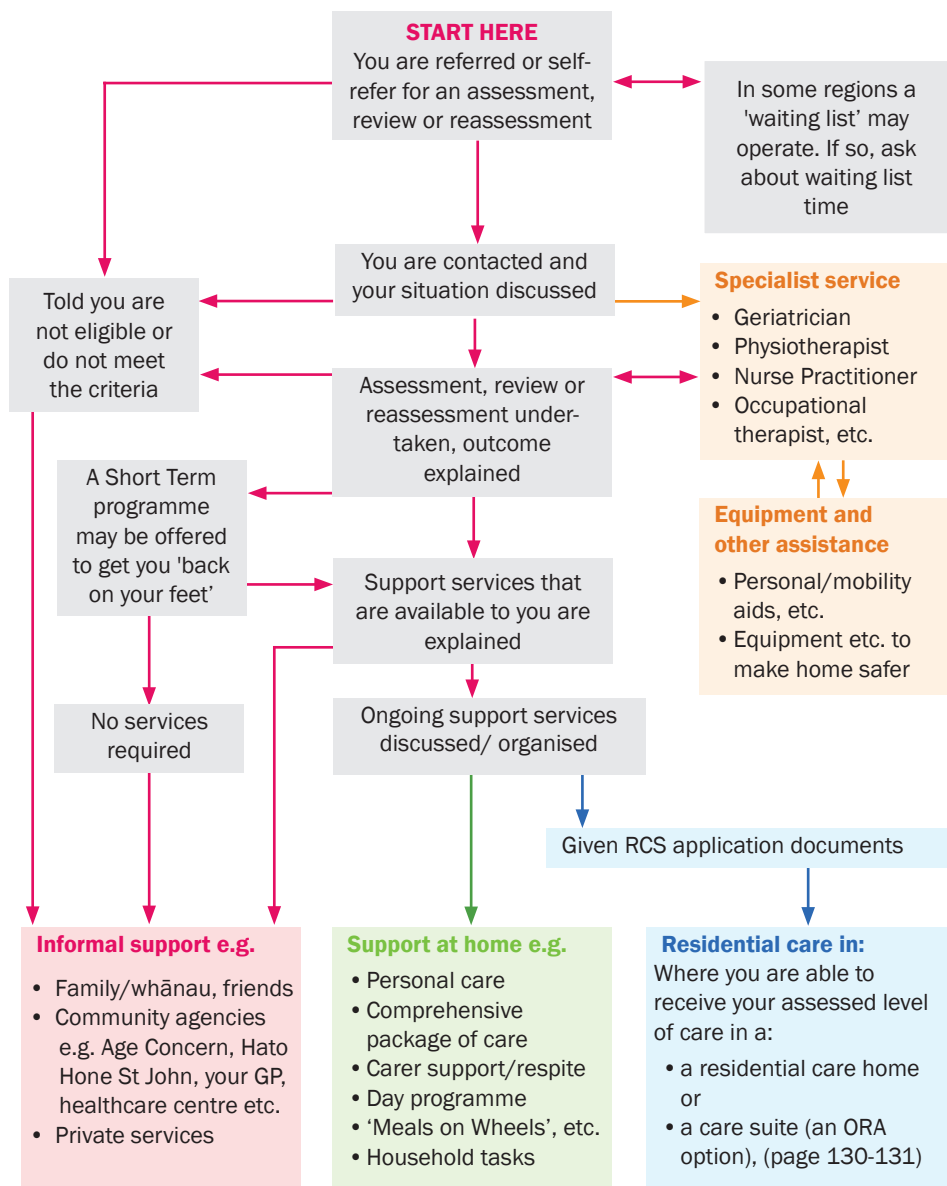
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ASSESSMENT PROCESS & POSSIBLE OUTCOMES



Let your service provider or older person's service (page 8) 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 17, 31 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 71-74
Personal care	Usually funded for those with complex needs and for others if assessed as required. Private payment an option.	Pages 71-74
'Higher needs' support	Support services adjusted as required. A care/case manager/navigator is often allocated to support you.	Page 72
Carer Support & Respite programmes	Usually funded if allocated; may require private 'top-up'. Residential care beds usually accessed on an 'as available' basis. Private payment an option. In some areas, advance booking may be possible.	Pages 80-85
Day programme	Usually funded if allocated; may require private 'top-up' or transport fee. Private payment an option.	Pages 87-90
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	Private payment; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 127 140-143 147
Residential care in a care suite	Capital Contribution that you pay; ongoing private payment for weekly fees; Residential Care Loan; Residential Care Subsidy (RCS) if eligible.	Pages 119 127 140-143

*Funded services relate to funding through the public health system

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HELP IN YOUR HOME

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



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

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

Chris' 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 72-74.
- Discover a list of home support providers by region on pages 75-78.
- 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 80-85.

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 can 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 8) directly to request this.

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

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

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

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

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

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

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

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

What happens next

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

LET'S SET SOME RULES

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

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

See pages 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.

You should also know:

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

Staying at home when you could go into a care home

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

Equity Release 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.

Kia ora How can we help?

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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. If you've been assessed as needing personal care, this is generally funded, regardless of your financial circumstances. See also page 72.

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

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

+ Provide short term home support.

WHANGANUI

PROVIDER	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 74	0800 284 663	Whanganui, Waimarino, Taihape & Rangitikei
Geneva Healthcare* page 60	0800 436 382	Whanganui, Waimarino, Taihape & Rangitikei
HealthCare NZ* page 86	0800 002 722	Whanganui, Waimarino, Taihape & Rangitikei
Te Taihāhā Disability Support Services (Te Oranganui Trust)*	(06) 349 0007	Whanganui
Care on Call	0800 664 422	Whanganui & Rangitikei
Carters Companions	027 324 6029	Whanganui
Chrissy's Caregiving Ltd	(06) 343 1711	Whanganui
Custom Care Nursing page 84	0508 687 737	Whanganui, Waimarino, Taihape & Rangitikei
Healthvision page 66	0508 733 377	Whanganui, Waimarino, Taihape & Rangitikei
Home Sweet Home Care	027 4444 948	Whanganui, Rangitikei & Manawātū
Life Plus	0508 543 369	Whanganui, Waimarino, Taihape & Rangitikei
Mycare	(09) 887 9777	Whanganui, Waimarino, Taihape & Rangitikei
Private Care NZ page 82	0800 555 588	Whanganui, Waimarino, Taihape & Rangitikei
Solora page 70	0800 725 705	Whanganui, Waimarino, Taihape & Rangitikei

HOME SUPPORT PROVIDERS CONTINUED

TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

PROVIDER	PHONE	AREA SERVICED
Geneva Healthcare* page 60	0800 436 382	MidCentral
HealthCare NZ* page 86	0800 002 722	MidCentral
Lavender Blue Nursing & Home Care Agency* page 30	(06) 353 7218	MidCentral
Access Community Health Uru Ātea page 74	0800 284 663	MidCentral
Care on Call	0800 664 422	MidCentral
Custom Care Nursing page 84	0508 687 737	MidCentral
Healthvision page 66	0508 733 377	MidCentral
Home Comfort	0800 435 749	Palmerston North & surrounds
Home Sweet Home Care	027 4444 948	Horowhenua
Life Plus	0508 543 369	MidCentral
Miranda Smith Homecare	0800 600 026	Horowhenua & Manawatū
Mycare	(09) 887 9777	MidCentral
Private Care NZ page 82	0800 555 588	MidCentral
Solara page 70	0800 725 705	MidCentral

TE MATAU A MĀUI HAWKE'S BAY

PROVIDER	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 74	0800 284 663	Hawke's Bay
Enliven Intensive Home Support* page 116	0800 436 548	Hawke's Bay
HealthCare NZ* page 86	0800 002 722	Hawke's Bay
Te Oranga Tautiaki*	0800 656 889	Hawke's Bay
Care on Call	0800 664 422	Hawke's Bay
Companion Care Solutions	027 364 6164	Havelock North & Hastings
Custom Care Nursing page 84	0508 687 737	Hawke's Bay
Geneva Healthcare page 60	0800 436 382	Hawke's Bay

TE MATAU A MĀUI HAWKE'S BAY CONTINUED

PROVIDER	PHONE	AREA SERVICED
Healthvision page 66	0508 733 377	Hawke's Bay
Life Plus	0508 543 369	Hawke's Bay
Miranda Smith Homecare	0800 600 026	Hawke's Bay
Mycare	(09) 887 9777	Hawke's Bay
Private Care NZ page 82	0800 555 588	Hawke's Bay
Solora page 70	0800 725 705	Hawke's Bay

CAPITAL, COAST & HUTT VALLEY

PROVIDER	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 74	0800 284 663	Wellington, Kapiti & Hutt Valley
Nurse Maude - Homecare and Personal Care* page 69	0800 687 738	Wellington, Kapiti & Hutt Valley
Care on Call	0800 664 422	Wellington, Kapiti & Hutt Valley
Connie's Angels Homecare Ltd page 78	0800 102 463	Wellington, Kapiti & Hutt Valley
Custom Care Nursing page 84	0508 687 737	Wellington, Kapiti & Hutt Valley
Geneva Healthcare page 60	0800 436 382	Wellington, Kapiti & Hutt Valley
HealthCare NZ page 86	0800 002 722	Wellington, Kapiti & Hutt Valley
Healthvision page 66	0508 733 377	Wellington, Kapiti & Hutt Valley
Home Comfort	0800 435 749	Wellington, Kapiti & Hutt Valley
Life Plus	0508 543 369	Wellington, Kapiti & Hutt Valley
Miranda Smith Homecare	0800 600 026	Wellington, Kapiti & Hutt Valley
Mycare	(09) 887 9777	Wellington, Kapiti & Hutt Valley
Private Care NZ page 82	0800 555 588	Wellington, Kapiti & Hutt Valley
RockPool Collective page 153	027 479 5799	Wellington, Kapiti & Hutt Valley
Solora page 70	0800 725 705	Wellington, Kapiti & Hutt Valley
The Good Companion	021 717 884	Wellington, Kapiti & Hutt Valley

HOME SUPPORT PROVIDERS CONTINUED

WAIRARAPA

PROVIDER	PHONE	AREA SERVICED
Access Community Health Uru Ātea* page 74	0800 284 663	Wairarapa
HealthCare NZ* page 86	0800 002 722	Wairarapa
Care on Call	0800 664 422	Wairarapa
Community Services (Homelinks)+	(06) 946 9803	Wairarapa
Custom Care Nursing page 84	0508 687 737	Wairarapa
Geneva Healthcare page 60	0800 436 382	Wairarapa
Healthvision page 66	0508 733 377	Wairarapa
Home Sweet Home Care	027 4444 948	Wairarapa
Life Plus	0508 543 369	Wairarapa
Miranda Smith Homecare	0800 600 026	Wairarapa
Mycare	(09) 887 9777	Wairarapa
Private Care NZ page 82	0800 555 588	Wairarapa
Solara page 70	0800 725 705	Wairarapa
The Good Companion	021 717 884	Wairarapa



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Home Support Checklist

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

GENERAL

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

PAYMENT

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

CHANGES

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

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 and 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 75-78. 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 31).

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 72) 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 72). 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 8).

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 72).



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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 87). 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.

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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 94-107 for a list of care homes in your region) or your NASC/older person's service for details.

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

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

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

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

Key: * Health NZ contracted service (subsidised)

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

Specialist dementia support

^ A service provided in the home

WHANGANUI

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Alzheimers Whanganui*#	(06) 345 8833	4/236 Victoria Avenue, Whanganui
Kowhainui Day Programme (Enliven)* inside cover	(06) 349 1400	88 Virginia Road, Otamatea
KAUMĀTUA SERVICES	PHONE	ADDRESS
Mōkai Pātea Services*	(06) 388 1156	130 Hautapu Street, Taihape
Ngā Waihua o Paerangi Trust	(06) 385 9580	Ngati Rangi Community Health Centre, 36A Burns Street, Ohakune
Te Kōtuku Hauora	(06) 327 5594	85 Hendersons Line, Marton
Te Puke Karanga Hauora	(06) 385 5019	Waimarino Health Centre, 22 Seddon Street, Raetihi
Te Taihāhā Disability Support Services (Te Oranganui Trust)	(06) 349 0007	133 Wicksteed Street, Whanganui
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations
Taihape Older and Bolder	021 0262 8835	REAP Building, 1 Tui Street, Taihape

CAPITAL, COAST & HUTT VALLEY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Chelsea Day Care Trust*#	(04) 387 7207	7 Toru Street, Lyall Bay
Kapiti Activity Programme (Enliven)*# inside cover	(04) 298 8060	14 Tongariro Street, Paraparaumu
Marsden Club*#	(04) 476 6719	11 Newcombe Crescent, Karori
Nikau Club (Kāpiti Retirement Trust)*#	(04) 297 0162	Lodge Drive, Paraparaumu
The Redwood Club*#	(04) 232 5521	83 Redwood Avenue, Tawa
Woburn Home Day Programme (Enliven)* inside cover	(04) 569 6400	57 Wai-iti Crescent, Lower Hutt
KAUMĀTUA SERVICES	PHONE	ADDRESS
Hora Te Pai Health Services#	(04) 902 7095	35 Warrimoo Street, Paraparaumu
Kokiri Marae Health & Social Services	(04) 939 4630	7-9 Barnes Street, Lower Hutt
Maraeroa Marae Health Clinic	(04) 235 8000	216 Warspite Avenue, Porirua
Ngahuru Charitable Trust	(04) 473 2502	24D Marine Parade, Lower Hutt
Ora Toa Health Unit	027 490 3677	22 Ngatitoa Street, Porirua
Orongomai Marae Health Services	(04) 528 9409	5-7 Railway Avenue, Upper Hutt
Porirua Whānau Centre	(04) 237 7749	16 Bedford Court, Porirua
Wainuiomata Marae Trust	027 439 3413	Corner Fitzherbert and Wellington Roads, Lower Hutt
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Taeaomanino Trust	0800 345 345	10 Prosser Street, Porirua
Vaka Tautua	0800 825 282	12 Lambie Drive, Papatoetoe
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Dementia Wellington# page 46	(04) 972 2595	Various locations
Friday Circle	(04) 384 6799	Brooklyn Community Centre, 18 Harrison Street, Brooklyn
Home4All#	021 897 605	146 Raumati Road, Paraparaumu
Menzshed	021 070 2258	Various locations
The New Zealand Federation of Women's Institutes	027 766 1584	26 Brandon Street, Te Aro, Wellington City

TE PAE HAUORA O RUAHINE O TARARUA MIDCENTRAL

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Adult Day Club*	(06) 368 3032	Levin Baptist Church, 17 Rugby Street, Levin
Marion Kennedy Centre (Alzheimers Manawatū)*#	(06) 357 9539	Various locations
KAUMĀTUA SERVICES	PHONE	ADDRESS
Best Care (Whakapai Hauora) Charitable Trust	(06) 353 6385	140-148 Maxwells Line, Palmerston North
Muaūpoko Tribal Authority	(06) 367 3311	306 Oxford Street, Taitoko, Levin
Ngāti Kahungunu ki Tāmaki-nui-a-Rua	(06) 374 9224	173 High Street, Dannevirke
Rangitāne o Tamaki nui-ā-Rua	(06) 374 6860	10 Gordon Street, Dannevirke
Raukawa Whanau Ora - Feilding	(06) 323 6446	19 Manchester Street, Feilding
Raukawa Whanau Ora - Levin	(06) 368 8678	152 Bath Street, Levin
Te Waiora Community Health Service - Foxton	(06) 363 6030	10 Ladys Mile, Foxton
Te Waiora Community Health Service - Himatangi Beach	(06) 363 6030	Community Hall, 6 Koputara Road, Himatangi Beach
Te Waiora Ki Kurawari	(06) 363 6030	2 Stout Street, Shannon
Te Wakahuia Manawatū Trust (Whānau Ora Service)	(06) 357 3400	Highbury Shopping Centre, 56 Pembroke Street, Palmerston North
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Coombrae Day Programme (Enliven)# inside cover	(06) 323 4491	32-34 North Street, Feilding
Manchester House Social Services Senior Hub page 81	(06) 323 2410	14 Bowen Street, Feilding
Menzshed	021 070 2258	Various locations

WAIRARAPA

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Iona Group (early dementia) in association with Glenwood Masonic*	(06) 377 7522	Glenwood Masonic Hospital, 74 Upper Plain Road, Masterton
Waicare Day Activity*	027 315 7773	Marist Rugby Club Rooms, 161 Dixon Street, Masterton

WAIRARAPA

KAUMĀTUA SERVICES	PHONE	ADDRESS
Ngāti Kahungunu Ki Wairarapa	(06) 377 5436	187-189 Queen Street (entrance off Dixon Street), Masterton
Whaiora^	(06) 370 0818	394 Queen Street, Masterton
CULTURE/ETHNIC FOCUS	PHONE	ADDRESS
Pasifika O Wairarapa Trust**^	0800 727 924	23 Intermediate Street, Masterton
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Mensshed	021 070 2258	Various locations

TE MATAU A MĀUI HAWKE'S BAY

CONTRACTED DAY PROGRAMMES	PHONE	ADDRESS
Dementia Hawke's Bay - Chatham*# page 46	(06) 878 7502	102/106 Windsor Avenue, Hastings
Dementia Hawke's Bay - Mahana*# page 46	(06) 834 0417	1 Wilding Avenue, Napier
Enliven Havelock North* page 116	(06) 281 2534	JH Mason Village Hall, 18 Durham Drive, Havelock North
Heretaunga Seniors*	(06) 870 7025	Various locations - Hastings & Napier
Pakeke Centre*#	027 257 5916	73A Porangahau Road, Waipukurau
Puteketeke - Dementia Hawkes Bay & Kahungunu Executive*#	(06) 834 0417	176 Marine Parade, Wairoa
KAUMĀTUA SERVICES	PHONE	ADDRESS
Kahungunu Executive	(06) 838 6835	65 Queen Street, Wairoa
Ko Wai Tōu Ingoa Hauora	(06) 870 8052	829 Huia Street, Hastings
Roopu a Iwi Trust	(06) 843 1590	32 Bledisloe Road, Napier
Te Kupenga Hauora - Ahuriri	(06) 835 1840	5 Sale Street, Napier
Te Taiwhenua o Heretaunga - Kaumātua Ageing Well Programme	(06) 871 5350	821 Orchard Road, Hastings
Te Wahanga Hauora Māori	(06) 878 1654	Maori Health Unit - Hawke's Bay Hospital, Gate 11, Omahu Road, Hastings
OTHER SOCIAL PROGRAMMES	PHONE	ADDRESS
Menzshed	021 070 2258	Various locations

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 92 and 121.
- How much can Pat expect to be left with after selling the villa? We explain how a Deferred Management Fee works on page 111.
- Find a list of every village and care home in the region on pages 94-107.
- Not sure where to start with choosing where to live? Find checklists to help with the choices on page 117 (villages) and page 144 (care homes).
- How will Pat and Chris pay for care? Discover more about the process (and the numbers) on pages 127 and 140.
- Finding the transition to care challenging? See page 136 for practical tips on navigating the process.

WHERE TO LIVE: THE BASICS

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

It used to be that care homes cared for those with long-term health conditions and/or disabilities while retirement villages provided a lifestyle choice for the fit and healthy. Recently, offerings have become more integrated including hybrid-type options, such as care 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 119. While you/your estate will receive the purchase price minus the Deferred Management Fee (page 111) 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 5) 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 131) 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 129).
- Premium accommodation. If you would like additional features, you can choose premium accommodation at an additional cost (page 130).
- Many villages now offer alternatives, such as care suites, which combine village offerings and residential care components (pages 130-131).

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.

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

This is an option for **Chris and Pat**. Once they know the level of care they need (see page 131), they may be offered a range of options including.

Standard accommodation

This meets all health contracted requirements for accommodation and care.

Premium accommodation

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

Refundable Accommodation Deposit

An upfront refundable payment option for premium accommodation.

Dual use room

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

'Buy' a Care 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 130-131)

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 140)

CARE HOMES & VILLAGES GEOGRAPHICAL INDEX

This index contains a list of all care homes and retirement villages across the Lower 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.

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 129-131). These pricing options may change from time to time. Please enquire at the facility for accommodation that meets your needs and budget. We hope to show care homes that offer standard rooms in the next edition of this book.

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

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

CENTRAL HAWKE'S BAY		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Waipukurau	Mt Herbert House 50 Mount Herbert Road (06) 858 7555	Rest Home		Hospital		
Waipukurau	Woburn Waipukurau 7 Holyrood Terrace (06) 858 9260	Rest Home	Dementia			
HASTINGS, HAVELOCK NORTH		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Clive	Voguehaven Rest Home 145 Main Road (06) 870 0392	Rest Home				
Havelock North	Arvida Mary Doyle 3 Karanema Drive (06) 873 8400	Rest Home	Dementia	Hospital		Yes
Havelock North	Duart 36 Duart Road (06) 877 8016	Rest Home		Hospital		
Havelock North	Hillcrest Rest Home 73 Simla Avenue (06) 877 5909	Rest Home				
Havelock North	James Wattie 122 Te Aute Road (06) 877 0700	Rest Home	Dementia	Hospital		Yes

HASTINGS, HAVELOCK NORTH		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Havelock North	St Lukes Close Village 24 Te Mata Road (06) 872 8930					Yes
Havelock North	Summerset in the Vines 249 Te Mata Road 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Havelock North	Waiapu House Lifecare & Village 10 Danvers Street (06) 872 8930	Rest Home		Hospital		Yes
Frimley, Hastings	Gracelands Rest Home & Village 730 Pakowhai Road (06) 873 8300	Rest Home		Hospital		Yes
Mahora, Hastings	Colwyn House Lifecare 707 Duke Street (06) 870 9529		Dementia		Psychogeriatric	
Mahora, Hastings	Eversley 400 Cornwall Road (06) 878 2005	Rest Home	Dementia	Hospital		
Mahora, Hastings	Summerville Rest Home 411 Frederick Street West (06) 876 6978	Rest Home				
Mayfair, Hastings	Brittany House Residential Care 221 Wolseley Street (06) 878 5606	Rest Home		Hospital		
Parkvale, Hastings	Hastings District Masonic Villages Various locations 027 452 4115					Yes & Rentals
Parkvale, Hastings	Peakviews 1259 Howard Street (06) 872 6233					Yes
Parkvale, Hastings	Summerset in the Orchard 1228 Ada Street 0800 SUMMER (786 637)					Yes
WAIROA		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Wairoa	Waikaremoana Masonic Villas 10 Marine Parade (06) 845 9220					Yes

NAPIER		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Ahuriri	Princess Alexandra 145 Battery Road (06) 835 9085	Rest Home	Dementia	Hospital		Yes
Green-meadows	Greendale Residential Care 169 Tait Drive (06) 844 2342	Rest Home				
Green-meadows	Mission View Masonic Village 190 Avondale Road (06) 845 9220					Yes
Green-meadows	Summerset in the Bay 79 Merlot Drive 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Green-meadows	Waverley House 5 Lannie Place (06) 844 3359	Rest Home				
Marewa	Roseanne Retirement Home 25 Taradale Road (06) 843 0250	Rest Home				
Meeanee	Bupa Willowbank 25 Ulyatt Road (06) 842 0184	Rest Home	Dementia	Hospital		Yes
Napier South	Elmwood Memory Care Home & Hospital, 44 Nelson Crescent (06) 845 9220		Dementia	Hospital		
Napier South	Scinde Masonic Village 161 Vigor Brown Street (06) 845 9220					Yes
Napier South	St Luke's Village 196 Vigor Brown Street 022 355 2616					Yes
Onekawa	Bardowie Retirement Complex 283 Kennedy Road (06) 843 2804	Rest Home				
Tamatea	Millvale House Napier 7 Glamorgan Avenue (06) 281 2801				Psychogeriatric	
Taradale	Ascot Park Retirement Village 79 King Street (06) 844 7209					Yes

NAPIER		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Taradale	Atawhai 421 Gloucester Street (06) 845 9711	Rest Home		Hospital		Yes
Taradale	Bryant House 79 King Street (06) 844 7209	Rest Home	Dementia	Hospital		
Taradale	Elbourne Masonic Villas 6 Elbourne Street (06) 845 9220					Yes
Taradale	Kensington Masonic Village 70 Kensington Drive (06) 845 9220					Yes
Taradale	Knightsbridge Masonic Village 17 Balmoral Street (06) 845 9220					Yes
Taradale	MiLife Riversdale Lifestyle Village 233 Guppy Road (06) 845 9820					Yes
Taradale	Otatara Heights Residential Care 8 Kotuku Place (06) 844 3535	Rest Home				
Taradale	Radius Hampton Court 80 Kensington Drive (06) 844 0063	Rest Home		Hospital		
Taradale	Taradale Rest Home & Continuing Care, 15 Devonshire Place, (06) 845 9220	Rest Home		Hospital		Yes
Taradale	Waiohiki Masonic Villas 37 Meeanee Road (06) 845 9220					Yes
Te Awa	Summerset Palms 136 Eriksen Road 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
HOROWHENUA, ŌTAKI		RESIDENTIAL CARE LEVELS OF CARE & PAYMENT TYPES				RETIREMENT VILLAGE
Foxton	Lonsdale Total Care Centre 14 Robinson Street (06) 363 8498	Rest Home	Dementia	Hospital		

HOROWHENUA, ŌTAKI		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Foxton	Te Awahou Masonic Village 79 Main Street (06) 363 5888					Yes & Rentals
Levin	Alden Madison 144 Queen Street West (06) 367 2305	Rest Home		Hospital		Yes
Levin	Bupa Te Whānau 603 Queen Street (06) 368 1081	Rest Home		Hospital		
Levin	Horowhenua Masonic Village 685 Queen Street East (06) 368 8144	Rest Home		Hospital		Yes & Rentals
Levin	Levin Poppy Fields Village 36 Prouse Street (06) 349 1409					Yes
Levin	Levin War Veterans Home Corner of Prouse and Matai Street, (06) 366 0052	Rest Home	Dementia	Hospital		
Levin	MiLife Rosewood Park 78 Queenwood Road (06) 368 1850					Yes
Levin	Millvale House Levin 42 Mako Mako Road (06) 367 2027				Psychogeriatric	
Levin	Reevedon Home & Village 37 Salisbury Street (06) 368 7900	Rest Home				Yes
Levin	Speldhurst Country Estate 100 Speldhurst Parade (06) 927 9903					Yes
Levin	Summerset by the Ranges 104 Liverpool Street 0800 SUMMER (786 637)		Dementia			Yes
Ōtaki Beach	Ocean View Residential Care 56-58 Marine Parade 027 348 7054	Rest Home				
MANAWATU		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Aorangi	Westella Homestead 84 Waughs Road (06) 323 9095		Dementia			

MANAWATU		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Feilding	Alexander House Rest Home 126 Denbigh Street (06) 323 9326	Rest Home				
Feilding	Coombrae Home & Village 32-34 North Street (06) 323 4491	Rest Home	Dementia			Yes
Feilding	Promisia Nelson Street 38 Nelson Street (06) 280 4839	Rest Home				
Feilding	Promisia Ranfurly Manor 6 Monmouth Street (06) 323 5050	Rest Home	Dementia	Hospital		Yes
Feilding	Wimbledon Villa 204 Manchester Street (06) 323 4637	Rest Home	Dementia	Hospital		
Feilding	Woodfall Home & Hospital 4 Bowen Street (06) 323 8489	Rest Home		Hospital		
Feilding	Woodlands of Feilding 77 Port Street East (06) 323 9607	Rest Home		Hospital		Yes
PALMERSTON NORTH		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Awapuni	Chiswick Park Lifecare 69A Maxwells Line (06) 354 4062	Rest Home		Hospital		
Fitzherbert	Summerset on Summerhill 180 Ruapehu Drive 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Highbury	Alden Aroha 128 Monrad Street (06) 358 8093	Rest Home	Dementia	Hospital		
Highbury	Arvida Olive Tree 11-13 Dalwood Grove (06) 350 3000	Rest Home	Dementia	Hospital		Yes
Kelvin Grove	Bupa Riverstone 243 Napier Road (06) 329 3053	Rest Home	Dementia	Hospital		Yes

PALMERSTON NORTH		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Kelvin Grove	MiLife Kelvin Grove Village 53 Brooklyn Heights Drive (06) 355 4665					Yes
Kelvin Grove	Radius Peppertree 107 Roberts Line (06) 353 0004	Rest Home		Hospital		
Milson	Julia Wallace 28 Dogwood Way (06) 354 9262	Rest Home	Dementia	Hospital		Yes
Palmerston North	Palmerston North Village - Metlifecare, 7 Fitchett Street (06) 350 6400	Rest Home		Hospital		Yes
Palmerston North	Willard Home 17 Russell Street (06) 357 6959	Rest Home				
Roslyn	Karina Lifecare 15 Karina Terrace (06) 357 6051	Rest Home				
Roslyn	Woodlands of Palmerston 544 Featherston Street (06) 356 4619	Rest Home	Dementia			
Takaro	Manawatu Masonic Village 25 Clausen Street (06) 363 5888					Yes & Rentals
Takaro	Masonic Court 13 Clausen Street (06) 358 9399	Rest Home		Hospital		
Takaro	Palmerston Manor Lifecare 117 Botanical Road (06) 357 5919	Rest Home		Hospital		
Terrace End	Brightwater Home & Village 69 Brightwater Terrace (06) 356 4190	Rest Home	Dementia	Hospital		Yes
West End	Cook Street Nursing Care Centre 141 Cook Street (06) 358 8530	Rest Home		Hospital		

TARARUA		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Dannevirke	Eileen Mary Masonic Village 44 Trafalgar Street (06) 374 8241	Rest Home		Hospital		Yes
Dannevirke	Rahiri Lifecare 348 High Street (06) 374 4155	Rest Home	Dementia	Hospital		Yes
Pahiatua	Waireka Lifecare 11 Halls Road (06) 376 8629	Rest Home	Dementia	Hospital		
RANGITIKEI		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Marton	Edale Masonic Care 30 Bond Street (06) 327 8562	Rest Home		Hospital		
Marton	Edale Masonic Village 39 Armagh Terrace (06) 363 5888					Yes & Rentals
WHANGANUI		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Castlecliff	Broadview Lifecare & Village 5 Te Repo Road (06) 344 6915	Rest Home	Dementia	Hospital	Psychogeriatric	Yes
Otamatea	Kowhainui Home & Village 88 Virginia Road (06) 349 1400	Rest Home		Hospital		Yes & Rentals
Otamatea	Living Waters Rest Home 136 Great North Road (06) 345 2319	Rest Home				
Saint Johns Hill	Abingdon Village 22 Oakland Avenue (06) 349 1494					Yes
Saint Johns Hill	Jane Winstone 49 Oakland Avenue (06) 345 6783	Rest Home	Dementia	Hospital		Yes
Saint Johns Hill	St Johns Hill Lifecare 2 Virginia Road (06) 348 1500	Rest Home		Hospital		
Springvale	Okere House 35 Treadwell Street (06) 348 4857		Dementia			

WHANGANUI		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Springvale	Springvale Manor Rest Home 47 Treadwell Street (06) 349 0002	Rest Home	Dementia			
Whanganui	New Vista 129 Harrison Street (06) 345 2381	Rest Home		Hospital		
Whanganui	Summerset in the River City 40 Burton Avenue 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
Whanganui East	Masonic Court Wanganui 1 Masonic Drive (06) 343 9091	Rest Home		Hospital		Yes & Rentals
CARTERTON		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Carterton	Carter Court Care Home 95-97 Pembroke Street (06) 379 8075	Rest Home		Hospital		Yes & Rentals
Carterton	Roseneath Lifecare & Village 227 High Street South (06) 379 4018	Rest Home	Dementia	Hospital		Yes
MASTERTON		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Lansdowne	Alden Lansdowne Court 1 Oxford Street (06) 377 3339	Rest Home		Hospital		Yes
Lansdowne	Arvida Lansdowne Park 100 Titoki Street (06) 377 0123	Rest Home		Hospital		Yes
Lansdowne	Kandahar Court 2 Colombo Road (06) 370 0449		Dementia			
Lansdowne	Kandahar Home 8 Roberts Road (06) 370 0447	Rest Home		Hospital		
Lansdowne	Kandahar Retirement Village 16 Totara Street 027 248 5694					Yes
Masterton	Cornwall Rest Home 3 Cornwall Street (06) 377 4165	Rest Home				

MASTERTON		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Masterton	Glenwood Masonic Hospital 74 Upper Plain Road (06) 377 0221	Rest Home		Hospital		Yes
Masterton	Lyndale Care 52/95 Cole Street (06) 378 7059	Rest Home	Dementia			Rentals
Masterton	Wairarapa Masonic Village 35 Edith Street (06) 378 7391					Yes & Rentals
Masterton	Wairarapa Village 140 Chapel Street (06) 378 2577	Rest Home		Hospital		Yes
SOUTH WAIRARAPA		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Greytown	Alden Palliser House 186 East Street (06) 261 9020	Rest Home	Dementia	Hospital		
Greytown	Greytown Orchards 67 Reading Street 0508 843 672					Yes
Martin-borough	Wharekaka Retirement Village 20 Oxford Street (06) 306 9701					Yes
KĀPITI COAST		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Paraparaumu	Coastal Villas - Metlifecare Spencer Russell Drive (04) 296 6317	Rest Home		Hospital		Yes
Paraparaumu	Eldon Lodge Rest Home 100 Valley Road (04) 298 8199	Rest Home		Hospital		
Paraparaumu	Kāpiti Village - Metlifecare 1 Henley Way (04) 296 1790					Yes
Paraparaumu	Millvale Lodge Lindale 91 Main Road North (04) 297 0059	Rest Home	Dementia	Hospital	Psychogeriatric	
Paraparaumu	Summerset on the Coast 104 Realm Drive 0800 SUMMER (786 637)	Rest Home		Hospital		Yes

KĀPITI COAST		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Paraparau-mu Beach	Kapiti Rest Home 91 Marine Parade (04) 902 6048	Rest Home				
Paraparau-mu Beach	Kapiti Retirement Trust 1 Lodge Drive (04) 297 0116	Rest Home	Dementia	Hospital		Yes
Paraparau-mu Beach	Kena Kena Rest Home 32 Percival Road (04) 902 9099	Rest Home				Yes
Waikanae	Arvida Waikanae Lodge 394 Te Moana Road (04) 902 6800	Rest Home		Hospital		Yes
Waikanae	Bishop Snedden Retirement Village, 5 Kapanui Road 021 666 405					Yes
Waikanae	Bupa Winara 9 Winara Avenue (04) 293 6034	Rest Home	Dementia	Hospital		Yes
Waikanae	Charles Fleming 112 Parata Street (04) 293 1350	Rest Home	Dementia	Hospital		Yes
Waikanae	Millvale House Waikanae 17 Millvale Street (04) 904 4340				Psychogeriatric	
Waikanae	Parkwood Retirement Village 99 Belvedere Avenue (04) 293 5142	Rest Home		Hospital		Yes
Waikanae	Summerset Waikanae 28 Park Avenue 0800 SUMMER (786 637)					Yes
LOWER HUTT		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Avalon	Shona McFarlane 66 Mabey Road (04) 577 1090	Rest Home		Hospital		Yes
Boulcott	Riverleigh Care 5 Connolly Street (04) 569 7955	Rest Home		Hospital		

LOWER HUTT		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Boulcott	Ropata Lodge 57 Ropata Crescent (04) 920 0846	Rest Home				Rentals
Boulcott	Summerset Boulcott 1A Boulcott Street 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
Manor Park	Manor Park Private Hospital 14 Manor Park Road (04) 563 5240				Psychogeriatric	
Petone	Bob Scott 25 Graham Street (04) 570 5800	Rest Home	Dementia	Hospital		Yes
Stokes Valley	Bupa Stokeswood 18 Glen Road (04) 562 9060	Rest Home	Dementia	Hospital		
Taitā	Aroha Care Centre for the Elderly 6 Cooper Street (04) 567 1026	Rest Home		Hospital		Yes
Wainuiomata	Wainuiomata Masonic Village 9 The Strand (04) 564 1118					Yes
Woburn	Woburn Apartments 61 Wai-iti Crescent (04) 978 2591					Yes
Woburn	Woburn Home 57 Wai-iti Crescent (04) 569 6400	Rest Home	Dementia	Hospital		Yes & Rentals
Woburn	Woburn Masonic Care 63 Wai-iti Crescent (04) 569 6839	Rest Home		Hospital		
UPPER HUTT		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Clouston Park	Hutt Gables Retirement Village 1094 Fergusson Dve (04) 526 9292					Yes
Elderslea	Benhaven Rest Home 29 Golders Road (04) 527 8727	Rest Home				

UPPER HUTT		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Elderslea	Elderslea Rest Home 29 Redwood Street (04) 528 0670	Rest Home	Dementia	Hospital		Yes
Heretaunga	St Joseph's Lifecare (Hāto Hōhepa Raupī Ora), 3 Perry Street, (04) 528 5089	Rest Home	Dementia	Hospital		
Silverstream	Heretaunga 2 Field Street (04) 527 8181	Rest Home	Dementia	Hospital		
Trentham	Bupa Fergusson 654 Fergusson Drive (04) 528 7689	Rest Home	Dementia	Hospital		Yes
Trentham	Summerset at the Course 20 Racecourse Road 0800 SUMMER (786 637)	Rest Home		Hospital		Yes
PORIRUA		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Aotea	Summerset at Aotea 15 Aotea Drive 0800 SUMMER (786 637)	Rest Home				Yes
Kenepuru	Summerset on the Landing 1-3 Bluff Road 0800 SUMMER (786 637)	Rest Home	Dementia	Hospital		Yes
Titahi Bay	Kemp Home & Hospital 21 Te Pene Avenue (04) 236 8099	Rest Home		Hospital		
Whitby	Bupa Whitby 4 Observatory Close (04) 234 7981	Rest Home	Dementia	Hospital	Psychogeriatric	
Whitby	Whitby Lakes Retirement Village 1 Newhaven Way (04) 234 6627					Yes
WELLINGTON CITY		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Berhampore	Vincentian Home & Hospital 2A Stanley Street (04) 380 0294	Rest Home		Hospital		
Churton Park	Alden Churtonleigh 24 Mallard Grove (04) 478 4273	Rest Home		Hospital		

WELLINGTON CITY		LEVELS OF RESIDENTIAL CARE				RETIREMENT VILLAGE
Crofton Downs	Bupa Crofton Downs 122 Churchill Drive (04) 479 1981	Rest Home		Hospital		Yes
Island Bay	Irwell Resthome 11 Irwell Street (04) 383 8485	Rest Home				
Johnsonville	Malvina Major 134 Burma Road (04) 478 3754	Rest Home		Hospital		Yes
Karori	Huntleigh Home & Apartments 221 Karori Road (04) 464 2020	Rest Home		Hospital		Yes
Karori	Karori Village - Metlifecare 29 Messines Road (04) 476 8759	Rest Home	Dementia	Hospital		
Kilbirnie	Rita Angus 66 Coutts Street (04) 387 7626	Rest Home		Hospital		Yes
Miramar	Millvale House Miramar 60 Weka Street (04) 388 6780				Psychogeriatric	
Newtown	Alden Pōneke House 135 Constable Street (04) 389 7007	Rest Home	Dementia	Hospital		
Newtown	Alexandra Rest Home 71 Rintoul Street (04) 389 1232	Rest Home				
Newtown	Arvida Village at the Park 130 Rintoul Street (04) 380 1361	Rest Home	Dementia	Hospital		Yes
Newtown	Te Hopai 51 Hospital Road (04) 380 2002	Rest Home	Dementia	Hospital		
Paparangi	Cashmere Home & Cashmere Heights Home, 51 and 16 Helston Road, (04) 477 7067	Rest Home	Dementia			
Tawa	Longview Home 14 Sunrise Boulevard (04) 232 6842	Rest Home		Hospital		



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CHOOSING THE VILLAGE LIFE

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

You will have your own reasons for considering village living. Think about what your needs are now and what they might be in the future. Before you get your heart set on any particular village or unit, spend plenty of time studying your options. Examine all the legal and financial arrangements of each of the villages you consider, as they all vary.

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.

Home-based support services may be delivered by the village or by an external provider. Some villages also offer serviced apartments where a range of services can be purchased from the village operator (page 112). A higher level of care may be obtained if you live in a care suite (pages 130-131).

All villages have associated costs, including weekly fees and exit costs, such as a Deferred Management Fee (see The Village Journey, page 111). 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.

Pat - The Village Journey

Pat decides to move to a retirement village. Pat uses the ideas on page 117-119 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 109 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 pays the \$120 per week.



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



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

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

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

SUPPORT IN A VILLAGE

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

While retirement villages commonly offer a variety of housing and accommodation choices, such as one, two or three-bedroom homes, units and villas (see samples of these on pages 113-115), 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 131.

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RETIREMENT VILLAGE OPTIONS

ABOUT THIS SECTION

This list shows a selection of village options across the Lower 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 111.

For a list of all villages and care homes within the region, see page 94-107.

WELLINGTON

HUNTLEIGH RETIREMENT VILLAGE

221 Karori Road, Karori
(04) 439 4949

1 bedroom apartment priced from \$565,000*

Village residents are given preferential entry to neighbouring Huntleigh Home

www.enlivencentral.org.nz



BUPA CROFTON DOWNS RETIREMENT VILLAGE

122 Churchill Drive
Crofton Downs
(04) 494 6474

Priced from \$651,000*

Rest home and hospital care on site

www.bupa.co.nz/croftondowns



KĀPITI COAST

BUPA WINARA RETIREMENT VILLAGE

9 Winara Avenue
Waikanae
(04) 494 6472

Priced from \$440,000*

Rest home, hospital and dementia care on site

www.bupa.co.nz/winara



COASTAL VILLAS METLIFECARE

Spencer Russell Drive
Paraparaumu
(04) 296 6333

Priced from \$330,000*

Rest home and hospital care on site

www.metlifecare.co.nz



KĀPITI VILLAGE METLIFECARE

1 Henley Way
Paraparaumu
(04) 296 1790

Priced from \$660,000*

www.metlifecare.co.nz



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

HUTT VALLEY

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



Priced from \$508,000*

Rest home, hospital and dementia care on site



www.bupa.co.nz/fergusson

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



Priced from \$650,000*

Village residents are given preferential entry to neighbouring Woburn Home



www.enlivencentral.org.nz

NAPIER

BUPA WILLOWBANK RETIREMENT VILLAGE 25 Ulyatt Road Meeanee (06) 929 0971



Priced from \$405,000*

Rest home, hospital and dementia care on site



www.bupa.co.nz/willowbank

LEVIN

REEVEDON VILLAGE 37 Salisbury Street Levin (06) 349 1409



Priced from \$330,000*

Village residents are given preferential entry to neighbouring Reevedon Home



www.enlivencentral.org.nz

LEVIN POPPY FIELDS VILLAGE 36 Prouse Street, Levin (06) 349 1409

2 bedroom villa priced from \$629,000*

Village residents are given preferential entry to neighbouring Levin Home for War Veterans

www.enlivencentral.org.nz



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each listing
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info

WAIRARAPA

KANDAHAR RETIREMENT VILLAGE 16 Totara Street, Masterton (06) 370 0662

2 bedroom villa priced from \$690,000*

Village residents are given preferential entry to neighbouring Kandahar Home

www.enlivencentral.org.nz



PALMERSTON NORTH & FEILDING

**BUPA RIVERSTONE
RETIREMENT VILLAGE**
243 Napier Road
Kelvin Grove
(06) 927 1527



Priced from \$695,000*

Rest home, hospital and dementia
care on site

www.bupa.co.nz/riverstone



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



Priced from \$380,000*

Village residents are given preferential
entry to neighbouring
Brightwater Home

www.enlivencentral.org.nz



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



Priced from \$450,000*

Village residents are given preferential
entry to neighbouring Coombrae
Home

www.enlivencentral.org.nz



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



Priced from \$410,000*

Rest home and hospital care
on site

www.metlifecare.co.nz

metlifecare

WHANGANUI

**ABINGDON
VILLAGE**
22 Oakland Avenue
St Johns Hill
(06) 349 1494



Priced from \$325,000*

www.enlivencentral.org.nz



**KOWHAINUI
VILLAGE**
88 Virginia Road
Whanganui
(06) 349 1494



Priced from \$535,000*

Village residents are given preferential
entry to neighbouring Kowhainui
Home

www.enlivencentral.org.nz



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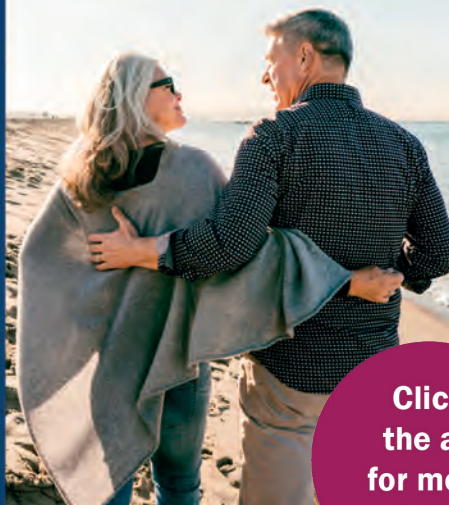
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Retirement Villages Checklist

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

BEGINNINGS

- ☐ Am I ready to downsize? How much space do I need? Your new home may be smaller.
- ☐ Have I considered alternatives? See page 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? 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?
- ☐ Do you understand what a statutory supervisor does? Who is the statutory supervisor for the village?
- ☐ Is the village is 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 to the village?

PEOPLE & PLACES

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

MONEY

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

CARE & SUPPORT

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

NOTES**ORA - WHAT YOU ARE 'BUYING'**

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

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

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

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

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



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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 36).

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

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

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

All care homes must be certified by MOH. An audit determines how long certification is granted for, e.g. four years indicates very good compliance. See reports at www.health.govt.nz, search 'rest homes'.

Your options Care homes vary considerably and there can be a wide range of rooms to choose from. A feature that you are offered in one home and for which you are asked to pay additional charges, such as an ensuite, may not incur this charge in the next so you need to ask and make comparisons (remembering that the quality and philosophy of care is the most important component). Options are further explained on page 129 and include:

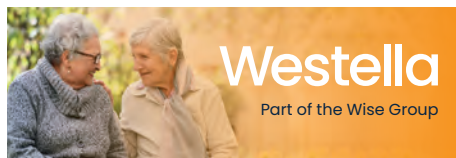
- Shared standard room (may suit couples and those who enjoy company).
- Standard single room, no ensuite – an ensuite is not essential if staff are

LISTEN UP

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

– Bowers et al., 2009.

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



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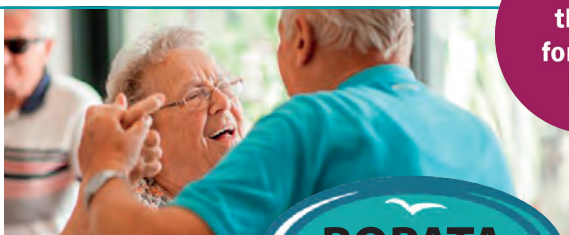
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required to assist with all personal care.

- 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 130).
- Room or care suite often governed by an ORA (pages 119 & 130).

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

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

Practical things A comprehensive Care Plan will be created in consultation with family/whānau outlining all wider health and care issues, individual preferences and who to contact in an emergency.

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

Make sure all clothing is named and your possessions insured.

A NOTE TO FAMILY/WHĀNAU

You may have had concerns about your relative for some time, or you may be facing a totally unexpected situation. When the recommendation for residential care is made you may have mixed feelings. Perhaps you worry that you or the health professionals are being too hasty, or you feel you should provide the care yourself.

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

Often a variety of family/whānau members come together at this time to help with finding a new home. It's possible you will disagree about what's best so try to understand that you will be seeing things from different perspectives.

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

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

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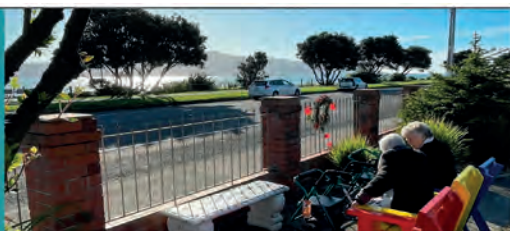


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KEY POINTS

- 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 140).
- If you wish to access any public funding, including a Health NZ top-up payment (page 127), 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 131) 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 from your assessment what level of care you need.
- 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 144-146 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 123).
- 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 147).



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~Trevor (Resident)

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Emma Taylor (General Manager and Registered Nurse)

M: 027 477 0828 E: manager@lyndalecare.co.nz.



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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 131).

The Maximum Contribution (MC) (page 4) 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 the government, you will need to access care via a needs assessment (page 62) and undertake a financial assessment (pages 140-143). 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 131).

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.

Riverleigh CARE

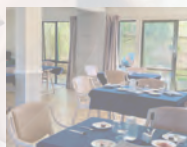
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Elizabeth - Resident

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 4). 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.

Because they do not attract additional fees, they are most suited to those with more limited funds.

Standard rooms are in short supply, which providers explain is due to a

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.)

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 4).

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 likely have a percentage deducted on

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 140 - 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.

exit (DMF, page 111) and others, such as a RAD (page 5), 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 assistance of two people to move about.

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

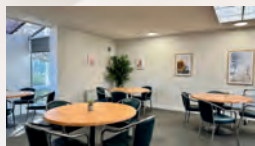
Psychogeriatric Specialist Hospital (occasionally known as D6) This level of care is for people with a mental health or dementia disorder who require a high level of nursing care and management of behaviour that can be challenging. They need a secure environment and the skills of specially trained staff.

- 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

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

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

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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really is the
best medicine

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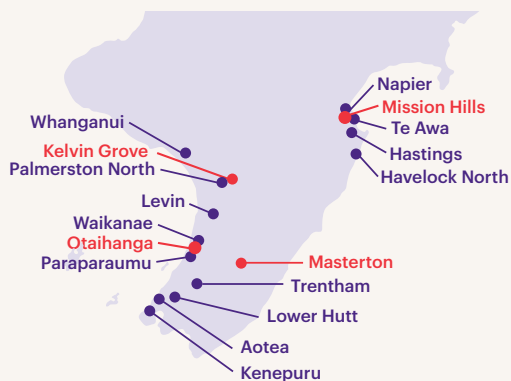
At Summerset, you can continue to live the life you choose, with the added peace of mind of living in a secure and friendly community where you'll feel entirely at home. Summerset villages offer many opportunities to take part in events and activities and to enjoy the shared facilities, including the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

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***Proposed
villages**

Summerset
RETIREMENT VILLAGES

LOOK ON THE BRIGHT SIDE

Some people welcome the security a care home offers. Others may be upset about losing some of their independence. Focusing on the positive things about the move will help you settle into your new home.

When making the decision to go into a care home it is common to experience a lot of conflicting feelings. You and your family/whānau may have had quite differing views on the benefits of this and the decision may not have

RIGHT TO PRIVACY

Privacy around your personal needs, health and finances should be protected and respected by all who provide your care and support. Many people when moving into a care home are concerned about their privacy; caring staff will understand your concerns and allay them by:

- Confidently and discreetly helping you with your personal care tasks such as showering.
- Knocking and waiting to be invited before entering your room.
- Conducting sensitive conversations in private.
- Protecting important documentation.
- Discussing your care only with those for whom they have permission.

been easily reached. This is one of life's major events and while there may be a sense of relief that your personal wellbeing and safety will now be taken care of, other feelings of hopelessness, loss, anger, and resentment can emerge. A sudden change in your health may mean that you have had little time to think about and plan for this, so you can feel totally unprepared. There are often fears too, about what life is like in a care home and this can add to your anxiety.

In coming to this point you have probably already experienced some losses, such as the loss of good health and your ability to do everything for yourself. Now there are other losses – no longer being able to make all decisions for yourself, the loss of a loved home or pet, or of regular contact with your friends or neighbours.

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

- Give yourself time to settle in. No matter how you feel about the move, it will take time to adjust to the situation and your new environment. Consider a trial period (page 123).
- If you are able to, you may want to write things down, noting the steps you need to take to resolve your concerns.
- Make the home your own. Personalise your room with your furniture and sentimental items and bring your own flair, even if initially you don't feel much like doing this. You will find others respond positively. A personalised

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

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

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

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

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

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

for you too, so if possible surround

yourself with people who can

offer you support. Initially, you

will notice the loss of a familiar

routine and over time a changed

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

Owner/Manager: Teresa Loughlin

Otatara Heights Residential Care:

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

- Use successful strategies that got you through tough times in the past.
- If you have given yourself reasonable time (a month or two) and tried everything you can and you're still feeling down, let staff know or talk to your doctor. Depression can be an issue for some who live in a care home (page 44). 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 127, 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.

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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- An exempt person or;
- An ‘elderly victim of crime’.

The rules differ to those for a qualifying person. For example, if you are aged 50 to 64, single and have no dependent children, your income will be means tested, not your assets. Contact Work and Income for more detail.

Income testing This can be rigorous. Although as a qualifying or special case person you may be eligible for an RCS, you must still contribute towards the cost of your care from income. The income assessment determines the amount; this is between you and Work and Income, not the care home.

Residential Care Loan (RCL) If owning your former home puts you over the Asset Threshold and your other assets are under it, you may be able to get a Residential Care Loan to cover your fees. Applications are considered case by case, are discretionary and must fit the scheme’s criteria. You will need to pay privately for your care while this is processed and cover any associated costs, such as lawyer’s fees.

If approved, you will need to sign a Residential Care Loan Agreement. The loan will be secured over your former home by lodging a caveat against its title. If your former home is a unit in a retirement village and your ‘title’ is a Licence to Occupy, the loan will be secured against the termination proceeds due to you. You will need to assign your interests in the termination proceeds to the Crown and this will be recorded in the loan agreement. The operator of your village will also need to agree to this arrangement.

The loan is generally repayable within 12 months of your death or when your home is sold, whichever

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.



Care Homes Checklist

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

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

RESEARCH

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

THE CARE HOME

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

YOUR SPACE & PREFERENCES/COMFORT

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

STAFFING

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

CARE

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

DEMENTIA & PSYCHOGERIATRIC

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

CHECKS & BALANCES

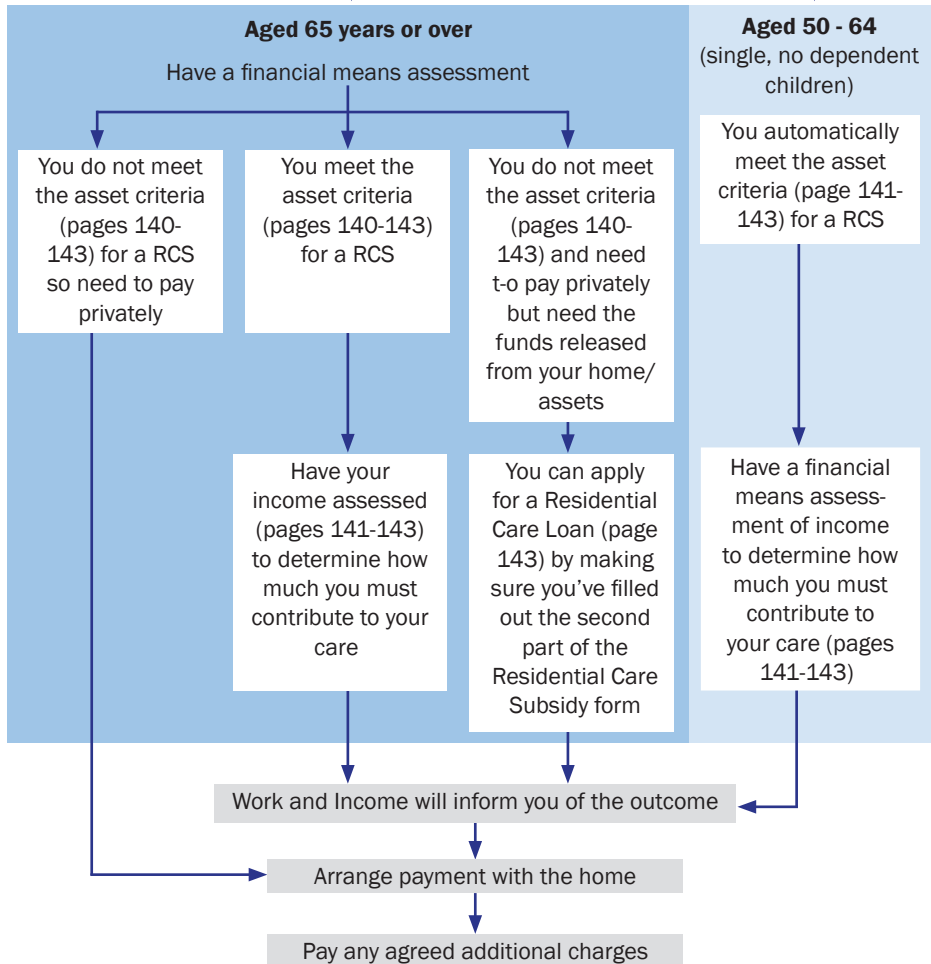
- ☐ How are complaints managed? Ask current residents and their relatives about their experiences.
- ☐ How are accidents managed, e.g. a fall? It should be recorded, and steps taken to prevent it recurring..
- ☐ What are the systems to ensure safe management and storage of medication and dangerous items?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

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 131)

Decide what home you're going to (pages 94-107)

Apply to Work and Income for the RCS &/or Loan (pages 140-143) within 90 days.
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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