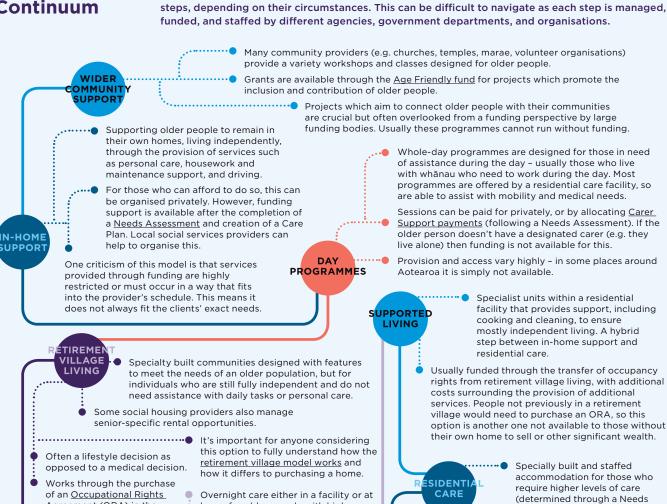
## The Aged Care Continuum

Aged care in Aotearoa exists across a continuum from least to most intensive levels of involvement of third parties. Some people will follow this continuum all the way along, while others will jump steps, depending on their circumstances. This can be difficult to navigate as each step is managed, funded, and staffed by different agencies, government departments, and organisations.



of an Occupational Rights Agreement (ORA) in the village, which must be entirely self-funded, with no subsidy available so is not accessed through a needs assessment. As an ORA costs around the same as a house, this option is realistically only available to people who are able to sell their current home or have other sources of wealth.

Overnight care either in a facility or at home for older people with high care needs. It's designed to give carers a short break or time to deal with other obligations outside the home. There is a noticeable shortage in beds which makes it difficult to book.

Can be privately funded, but funding may be available through a Needs Assessment, specifically through the allocation of Carer Support payments.

RESPITE CARE

HOSPITAL CARE (CONTINUING CARE)

**PALLIATIVE** 

CARE

A progression of Residential Care, where the growing medical needs of the older person require a more medicalised setting and higher levels of support. It is designed for residents who require 24/7 access to registered nurses alongside two caregivers.

An asset test still applies for costs for the increased medical aspects of the care are provided through Te Whatu Ora. A Needs

hospital care, but the extra top-up Assessment is required to engage with this level of care.

IALIST C DEMENTIA HOGERIATRIC. PS

Specialised care for those with medical conditions that greatly reduce their ability to care for themselves. This can be either temporary or terminal. Can be provided in hospital, in a residential facility, or in a hospice home

> Can be funded under multiple schemes depending on cause, including ACC,

END-OF-LIFE CARE

Funded care for those expected to die within the next 90 days.

Hospice care is provided free of charge, though residents in a residential care facility will still need to pay the normal rates for their bed occupancy (with applicable subsidy.

Funded as for hospital care, with additional care requirements as specified from the Needs

Assessment.

tag to match.

Our members are involved in every step of this continuum, and we are proud of the mahi they do to support and protect the mana, waiora, hauora hinengaro and wairua of the older people they care for.

Assessment).

Dependent on the resident's financial situation

and whether they would like additional features

can be fully funded through government subsidy

such as an ensuite or garden access, this care

or be entirely paid for by the older person.

Both standard and premium rooms must meet lifestyle,

health professional and accommodation standards that

Premium rooms also provide additional features, such

as ensuites or garden access, with an additional price

An asset test is performed to determine how much of

the cost of this care will be paid for by the resident

and how much through government subsidy. Many

Highly specialised units of secure residential

and more highly trained and specialised staff.

people will sell their homes in order to fund this care.

accommodation specifically designed to cater to the

unique needs of older people with dementia and other

and/or hospital care complex, but with secure entrances

mental illnesses. Usually as part of a wider residential

enable the health and wellbeing of residents.

There is further work to be done to ensure that the system is holistically sound and culturally safe for every older person who journeys along it.



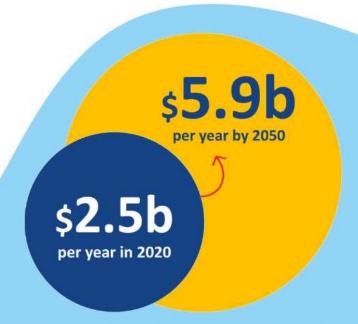




Urgent funding is needed for

## Dementia services

A new service model will provide early and ongoing support to people living with dementia and their whānau, and reduce the impact of dementia on the health system and the economy.



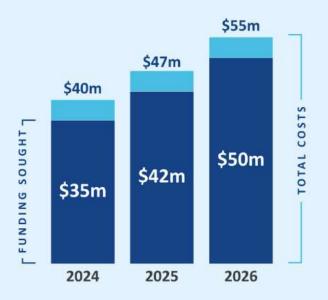
Annual cost estimates:

Dementia costs the economy \$2.5b annually. This is estimated to grow to \$5.9b by 2050.

Funding required over the next 3 years:



\$127.28m



Funding will:

Provide nationally consistent services for effective, evidence-informed, and evolving community-based support services

Keep up with the growing number of people living with dementia, and extend the reach of support through a new service model

Support a sustainable sector that provides a cost -effective alternative costly residential care and hospital services

and ultimately support:

37,400 Families

Community-based support services help people live their best possible lives...



It reduces costs by delaying entry to care



It improves wellbeing of people living with dementia and their care partners



It supports inclusive communities