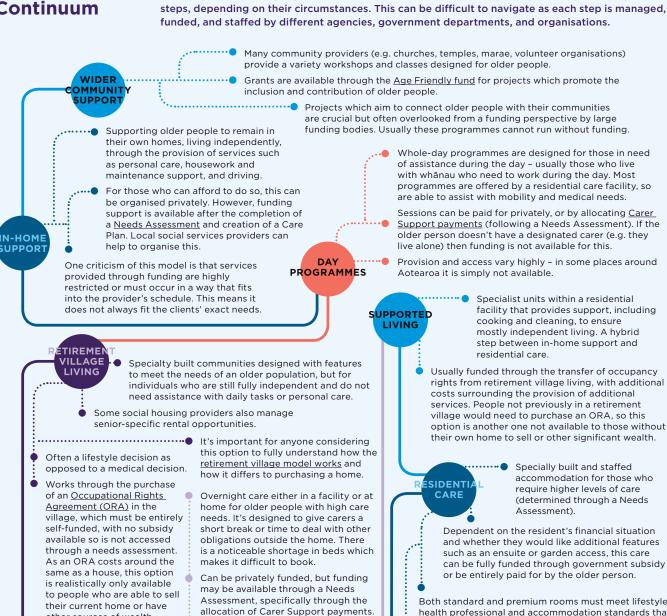
## The Aged Care Continuum

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.



Both standard and premium rooms must meet lifestyle, health professional and accommodation standards that enable the health and wellbeing of residents.

Premium rooms also provide additional features, such as ensuites or garden access, with an additional price tag to match.

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

Highly specialised units of secure residential accommodation specifically designed to cater to the unique needs of older people with dementia and other mental illnesses. Usually as part of a wider residential and/or hospital care complex, but with secure entrances and more highly trained and specialised staff.

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.

END-OF-LIFE

CARE

other sources of wealth.

An asset test still applies for hospital care, but the extra top-up costs for the increased medical aspects of the care are provided through Te Whatu Ora. A Needs Assessment is required to engage with this level of care.

Funded as

for hospital care, with

additional care

from the Needs

requirements

as specified

Assessment.

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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

RESPITE

CARE

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

> 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.

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.

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.

