How might we create environments that enable aged persons to thrive?

Report prepared for the College of Gerontology Nursing (NZNO)

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Executive summary

"How might we create environments that enable aged persons to thrive?"

This wicked problem has been proposed by the College of Gerontologist Nursing. Researchers from the Centre of Health and Social Practice and Design Factory have used the design thinking process to address this problem. This question was proposed based on the current issues facing New Zealand: an ageing population with increasing comorbidities, an ageing workforce and under resourcing of the aged care sector.

Secondary data was collated from a variety of peer reviewed sources. Primary data was collected from interviews done with health professional who work with those aged 65+, families of those who are 65+ and people who are 65+. This research was conducted during the global pandemic of COVID-19 which imposed limitations on the project. To aid the complete collection of data, these interviews were recorded and then transcribed for later use.

The key themes and insights from these interviews, through a process of defining, were used to further refine the initial question into more "how might we" statements. We focused on three of these new "how might we" statements to create two different prototypes: a My Wellbeing Book and a Wellness Expo. These low fidelity prototypes were created for user testing. The feedback has been collected and analysed in this report. Due to the time restrictions on this project, we were unable to further refine the two prototypes using the feedback from the users. However, a discussion of the feedback received has been included in this report.

Contents

Overview

Who We Are

We are a team of two Wintec students who have worked together to explore the wicked problem of "How might we create environments that enable the aged persons to thrive?". This wicked problem was proposed by our industry partner, the College of Gerontology Nursing.

Anneke Driessen

affected by Dementia and Multiple Sclerosis and Child Protection.

My work experience includes being a supervisor for coaching and mentoring social work students and new graduates. I also present as an Associate Tutor on the topic of supervision and self-care for workers in not-for-profit organisations that are working with children and their families in the community. My work is underpinned by a Bachelor in Applied Social Science and a Postgraduate Diploma in Health and Social Practice (Professional Supervision). Currently I am working towards completing my Masters in Professional Practice.

Shareen Hanif

I am a Social Worker with over 15 years of experience working with clients in varying environments, including Palliative Care, people

After obtaining a TESOL certificate in teaching English to Adult Learners from Melbourne, Australia, I spent the next two year working and teaching English in Tangerang, Indonesia.

After moving back to New Zealand to have my son, I went on to complete a Bachelor of Nursing through Wintec. I have worked in both rural and urban aged care facilities before moving to Waikato DHB as a Registered Nurse in an Older Persons Orthopaedic Rehabilitation ward.

I am working as a Nurse Educator for the Professional Development Unit at the Waikato DHB I am working towards completing my Masters in Professional Practice.

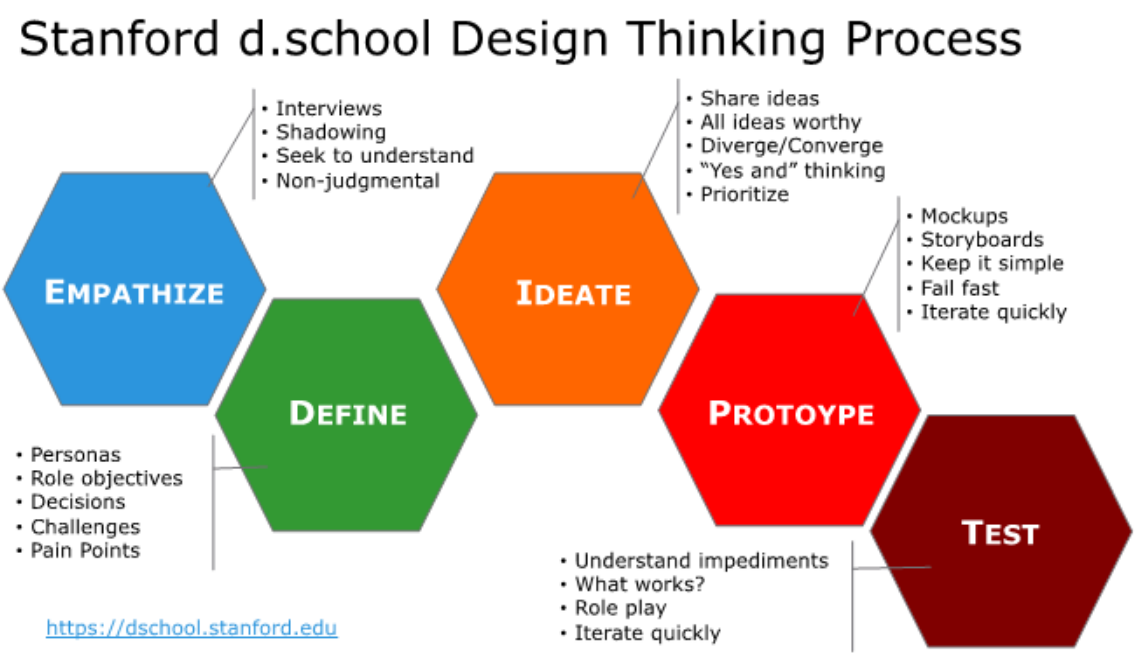
Design Factory

Design Factory New Zealand is part of a globally proven approach where students and industry partners come together to solve complex problems. The students come together from different disciplines, and build on their collective industry knowledge and past experience to produce creative solutions for organisational challenges. Working together with industry partners not only allows visibility of the work being done but also enables the industry partner to be have input on the process along the way. Previous industry partners have included the Waikato Regional Council, Hamilton City Council, Habitat for Humanity and Equus Education.

Over the duration of the course, students are supported by tutors to follow the design thinking process. Empathising with the industry partners and then users allow the students to gain insight into the different perspectives surrounding the complex problem. Armed with this knowledge, the students are then able to create and test out meaningful prototypes that address the wicked problem.

Industry Partner

The College of Gerontology Nursing has put forward this wicked problem in light of the current issues that New Zealand is facing with its' ageing population. Research shows that people are living longer, and with this comes its own set of challenges such as living with increasing comorbidities, and finding or creating suitable living arrangements and also the issue of staffing in the aged care sector. Members of the group have met with the students both in person and via Zoom throughout the project to provide valuable insight, feedback and support.



https://doctorious.org/2018/08/15/learning-design-thinking-at-stanford-university/

Design Thinking Process

The design thinking model is a 5 step process – empathy, define, ideate, prototype and test. For the empathy stage, we started with discussions within the team and with the industry partner. We identified some areas for research which formed the foundation of our secondary research and then our primary research which allowed us to explore and understand the different perspectives on the issues surrounding out project.

During the define stage, we combined our research to pull together all the different insights that we came across in our research. We were able to relay some of these insights to the College of Gerontology Nursing via an online meeting. By analysing our data, we created some "how might we" statements to then explore further in the ideate phase. The ideation phase was an avenue to set free our creative genius, and we put forward a range of ideas from the "wacky and wonderful" to the "so simple it might be silly" so that we could vote on what would be the most suitable for solving our wicked problem.

Next we went through the prototype phase. We believed that users would understand the ideas better when given a prototype compared to describing it all verbally. We created two low fidelity prototypes to user test with the general public, and not necessarily with those people that we had interviewed for our primary research. The feedback that we received from user testing combined with our research data will be used in the next part of our project.

Secondary Research

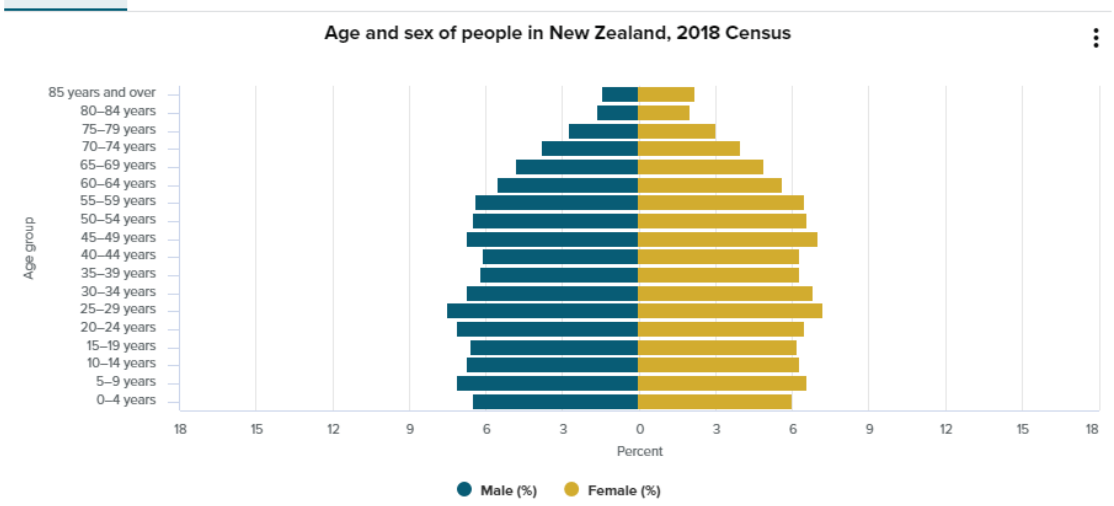
The purpose of our secondary research was to gather facts about the current status and trends in relation to older people.

Demographic Trends

Population studies alert us to the fact that we have an ageing population. By 2050 our population is expected to comprise 25% over the age of 65 years (Ministry of Health, 2019).

Population counts, by age and sex

GRAPH TABLE METADATA



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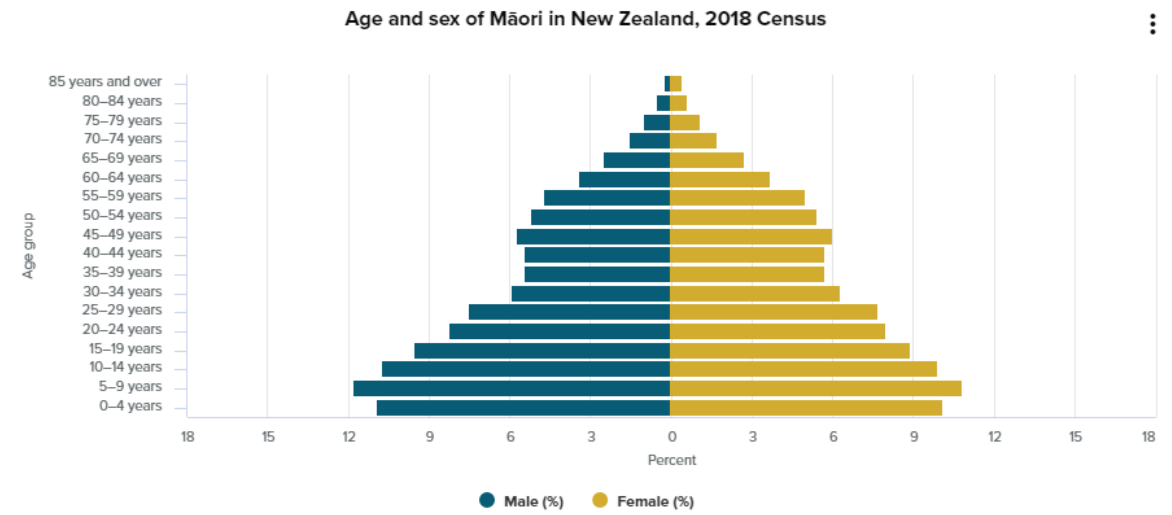


Statistics New Zealand, Population counts, by age and sex

Historically, Māori, have been under-represented in the older adult cohorts. While 15% of the country's population in 2015 identified as Māori, they constituted only 6% of older

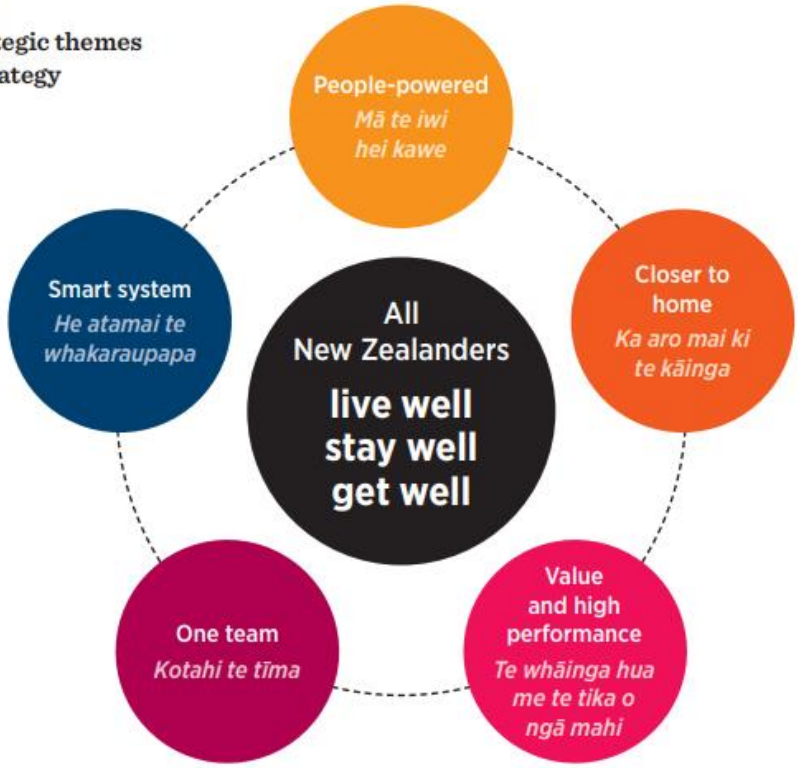
adults. Of significance for New Zealand's aging demographic, the proportion of those aged 65 and older who identify as Māori is projected to double, to 12%, by 2038 (Statistics New Zealand, 2015).

Political / Legal context - Government Policy

The NZ Health Strategy incorporates the Ageing in Place Strategy released in December 2016. It sets the strategic direction for the next 10 years for the delivery of services to people into and throughout their later years and is aligned to the World Health Organization's Global strategy. The vision for the Strategy is that older people live well, age well and have a respectful end of life in age-friendly communities. One of the goals of the strategy is to "Implement models of care that are needs based, person-centred and equitable." The balancing act is between the funding model that is required to support such strategy given that we have increasing numbers of older adults living longer, living longer with more co-morbidities, and living longer with increasing frailty and chronicity (Ministry of Health, 2019).

Māori experience poorer health outcomes overall than the non-Māori population and are therefore a priority group for this strategy. Consequently, an important associated strategy is He Korowai Oranga, the Māori Health Strategy, which was updated in 2014. It sets the overarching framework to guide the government and the health and disability sector to achieve the best health outcomes for Māori. He Korowai Oranga's overarching aim, Pae Ora – healthy futures – encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health and to provide high quality and effective services. Action taken under He Korowai Oranga is one way the health system recognises and respects the principles of the Treaty of Waitangi (Ministry of Health, 2020)

Figure 6:
Five strategic themes of the Strategy



New Zealand Health Strategy 2016

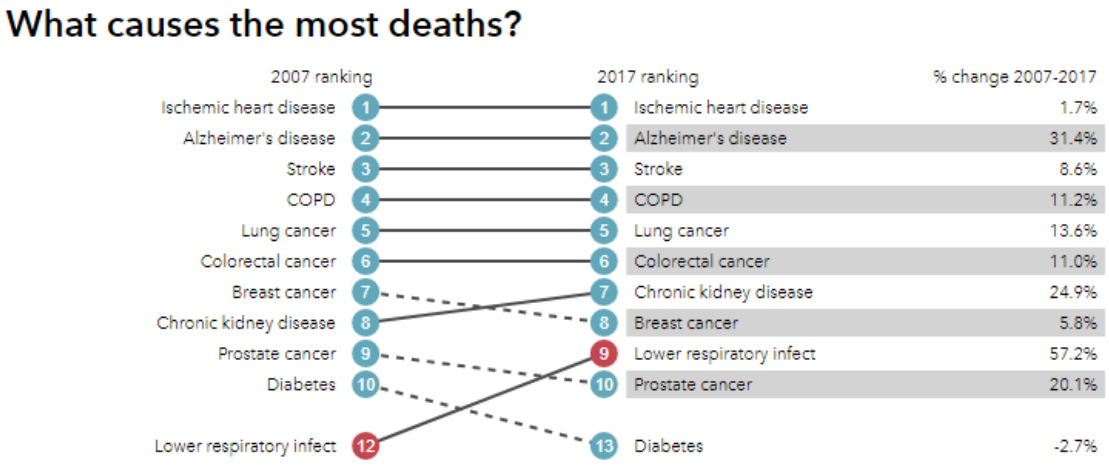
Social and Environmental Trends

The average age of entry to ARC has increased (currently 85 years of age), with residents more frail than in the past. Over half of residents have some form of cognitive limitation, and many have multiple co-morbidities. The median length of stay in ARC is now around 18 months . Latest data on population in this sector is based on the 2013 census. The total number of people aged 65 years and older in Aged Residential Care is 16,923 (Statistics New Zealand, 2020).

Demand for Aged Residential Care (ARC) has been more muted in recent years than earlier projections suggested. Demand is still expected to increase in the future due to population ageing and the role that ARC plays in providing palliative care for the frail elderly (TAS Aged Residential Care Funding Model review, 2019).

The following table illustrates the top ten causes of death across the ages, but it can be noted that the top three causes of death are more likely to affect older people and that it is likely that co-morbidities will exist amongst this age group. This is of relevance because co-morbidities and chronic disease directly link to social isolation and less participation in community and impede a person's quality of life and ability to be independent. This disease

burden will present itself on a regular basis to the General Practitioner. Sturmberg (2012) comments that for many people with chronic disease "health professionals become an important, and at times the only, close social contact" (p.1223).



Top 10 causes of death in 2017 and percent change, 2007-2017, all ages, number

New Zealand Data- Institute for Health Metrics and Evaluation (2017)

Perceptions of ageing and health functioning appear to have a direct correlation. Warmoth, Tarrant, et al. (2016) state older adults who held more negative ageing stereotypes and attitudes were less likely to exercise regularly and reported lower capacity for health promoting/maintenance behaviours compared to those who held more positive stereotypes and attitudes. Maintenance included medication adherence, nutrition, regular sleep patterns and socialisation (p.544-45).

Overall, evidence suggests that being actively engaged is valuable in advanced age, though which activities are important to individuals and how life participation is influenced by ethnicity for population cohorts is not well established. (Wright-St Clair, et al., p.435). Further, while research into activities in advanced age has predominantly examined the activities of older Caucasians, indigenous peoples' preferred activities have been less widely studied (p.436).

Because of cost cutting efforts and an improving economy, providers are finding it difficult to retain staff when there are perceived superior opportunities elsewhere. Providers are also experiencing difficulty to then recruit suitable replacements with the right level of skills, experience and commitment when they can only pay close to the minimum wage.

Over the next twenty years, this is expected to worsen as demand is expected to almost double (Home & Community Health Association, 2015).

In aged care work the prevalent 'gender regimes' are the norms that devalue care work. An association with 'mothering' means that care work is often unnoticed and not viewed as worthy of remuneration. Indeed, the underlying assumption of care work is that it should be undertaken out of 'love', not for money. This gendering of care work means that it is seen as women's work requiring few formal or professional skills and thus low skilled, low waged work (Ravenswood & Markey, 2018, p.730).

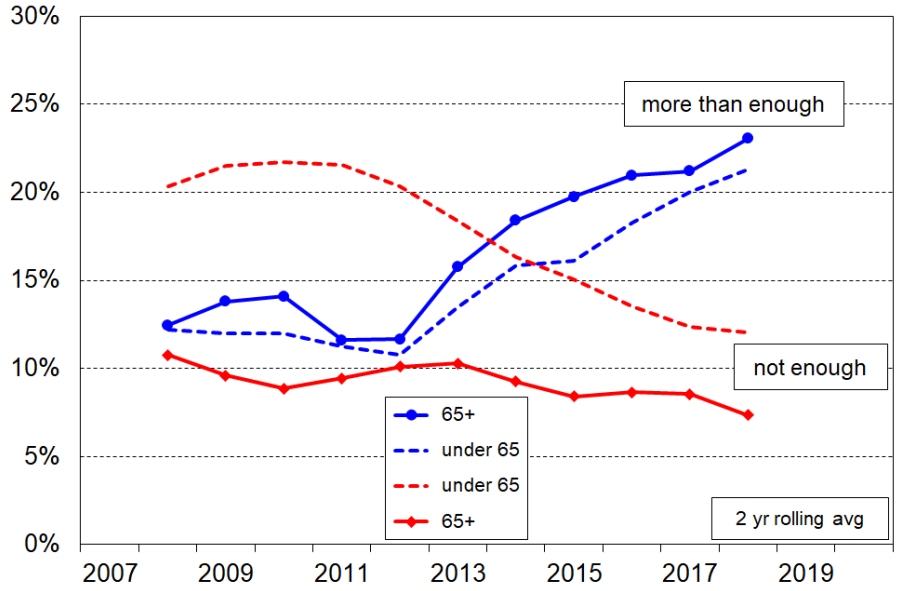
Economic Trends

Historically, on average, District Health Board (DHB) funder increases have not kept pace with minimum wage and other inflationary pressures. Over the past seven years only 3 regional DHBs, plus the national funders (Ministry of Health and ACC) provided increases of more than the minimum wage increases over the same period. Based on average 2014 funding rate increases, Home & Community Health Association have estimated that the average provider would have needed to find almost 10% savings in overheads in order to maintain margins (2015).

Older people are key contributors to our economy and our communities. They are skilled workers, volunteers, caregivers, mentors and leaders. They continue to make a large economic contribution as business leaders, taxpayers and consumers.

As the population ages, more people are choosing to stay in the workforce past age 65. Currently 22 percent of people over 65 are engaged in some form of paid work, and this is projected to increase to 32 percent in 20 years time. While many employers are aware of the ageing workforce, the majority of workplaces are not planning for an ageing workforce. Ageism in the workforce was also found to be high (Ministry of Social Development, 2019)

For a very large proportion of older New Zealanders, New Zealand Superannuation provides the bulk of their income.



Self-assessed income adequacy for meeting basic costs for food, accommodation, electricity (Ministry of Social Development – Household Incomes Report 2019)

Technology Trends

There are an ever-growing number of older adults using the internet and social media, with notable increase over the last decade. However, older adults remain less likely than younger generations to use the internet and social media. COVID-19 pandemic heightened the reliance on modern technology and highlighted the divide between those able to access and those excluded from online support. Older adults remain less likely than younger generations to use the internet and social media (Wilson, 2020).

Technology can potentially provide cost savings to home and community providers, however, most providers have delayed investment, partially due to lack of funding. In addition, in the short term, there are also implementation and training costs, which must be incurred, and there is still some uncertainty over the benefit of investments. (Home & Community Health Association, 2015).

Uncertainties/Anything Else

Diversity in the population of older people comprises a range of factors including culture and ethnicity; religion and spirituality; and gender identity, relationships and sexuality (people from LGBTQIA+ communities). With the Baby Boomer generation (people born between 1946 and 1964) comes greater diversity in gender identity, relationships and sexuality compared to their parents and grandparents' generations (Department of Health, 2015; Westwood, et al., 2015). There is also increasing religious and spiritual diversity among older people, due in part to greater religious freedom and openness among Baby Boomers, as well as immigration into New Zealand of people from a range of non-Christian religions, many of whose primary spoken language is not English (Te Pou o te Whakaaro Nui, 2019).

Development of the workforce is needed in mental health and addiction services for adults and dedicated services for older people (Mental Health Services for Older People) as well as health of older people services. This should include building capacity and capabilities to meet future increased demand. (Te Pou o te Whakaaro Nui, 2019).

Advance Care Planning (ACP) is a concept that was introduced internationally in the late 1980s but has only gained momentum in New Zealand in recent years. It is a process of discussion and shared planning for future health care that assists the individual to identify their personal beliefs and values and incorporate them into plans for their future health care. ACP assists in the provision of quality health care and treatment. It is becoming increasingly important, particularly with the growing range of medical treatment options available and the enhanced recognition of the importance of patient involvement in medical decisions (Ministry of Health, 2019)

Primary Research

The purpose of our primary research was to identify user perspectives and feelings on the proposed wicked problem "how might we create an environment in which older people can thrive".

Interview process (Empathise)

The need for change were identified in discussions between the researchers and the industry (see Appendix 1). Key findings from these initial discussions were:

- not being perceived as a viable career path to make it attractive to people
- ageing and decreasing workforce

- Public perception is that it's not an attractive area of nursing
- working in aged care facility carries a higher responsibility and autonomy, you must manage it yourself because there is not readily available Multi-disciplinary Team (MDT).

To support our understanding of different user perspectives, we identified the target groups for our interviews:

- Aged persons older than 85
- Aged persons between 75 and 85
- Aged persons between 65 and 75
- Health professionals who work with people 65+
- Families of people aged 65+

We also created the questionnaires for each of the target groups (see Appendix II). The aim was to include both Maori and non-Maori participants as well as member of the Industry in the target groups.

We kept in mind things such as building a rapport and explaining the research aims. We sought written and verbal consent was sought before the interviews were recorded. We explained to each participant that once the interviews were transcribed, we would not need to keep the recording of their images and voices. We interviewed twenty four participants over seven days in June, 2020. See Appendix III for transcripts of the interviews.

A constraint for conducting the interviews was the environment created as a response by the New Zealand Government to deal with the global pandemic of the COVID 19. Level 3 and 4 restrictions meant we has limited opportunity for face to face interviews. Some interviews were done via Zoom video calls and one participant recorded herself answering the questions that had been emailed to her.

People with a diagnosed cognitive impairment were excluded from our target groups due to the constraints imposed upon us by the Ethics Approval application.

Key findings.

"I don't want to be a burden on anybody". This statement gave us a insight into how vulnerable this population is to loneliness and isolation. Health professionals also touched on loneliness, one mentioning that there was a need for "improving services for isolated individuals". They went on to mention difficulties in setting up care plans for people "who haven't got family or friends nearby. A few interviews highlighted only one or two people as part of the support system. It was clear that support systems were not just family member or next of kin but friends and neighbours also featured as support.

Dealing with family was also shown to have its' own challenges. "Dealing with expectations of the patient, the family and other staff I think is something that's really hard". "When you've got family members who live across the other side of the world, that can't be with their elderly relative. It does limit us". "Involving Power of Attorney…the family's wishes versus the person's wishes". One interviewee summed the relationship as "sometimes with the best will in the world, people want things for people that they don't want themselves".

Other findings surrounded future care planning. One family member was relieved that there was a "definite not for resuscitation plan in place, which she talk to the doctor about by herself without involving us". Others also showed foresight, "my affairs are all attended to". Some rely on faith, "I am of Christian faith, the future really doesn't worry me too much". Others appeared more passive about their future, "I think it will be taken out of my hand".

Discussions with the health professionals showed some similar trains on thought. "I think multidisciplinary medicine is the way of the future". "We need people to make collaborative decisions". "You have the support of so many other people within that team. And you are empowered to do the best you can, for that person." One interviewee pointed out " as professionals we feel that we know better" but there were comments to point out the need for person centred care, "a real interdisciplinary thing, remembering that we always care about patients and their outcomes as well and what's important to them".

Further key findings centred around workforce such as, "getting other staff to actually revere older people and care for them". Other spoke of disrespect from colleagues about working in aged care, "I really hate how much we are diminished in the eyes of a real

nursing'. Other issues that were highlighted was the reality of working aged care means making decisions on your own, without a team there to support you. "Its something that makes aged care scary because you don't have the doctor right there". Staffing concerns were raised, "having enough staff to get everything done" and "for some staff members, looking after older people is not attractive".

Analysis of Data

Affinity Mapping

We used the affinity mapping as a tool to analyse our data from the secondary and primary research. We captured some thoughts and quotes that stood out to us from the research. Once we had identified all the key points, we could see that some themes had emerged from the research which allowed us to cluster all this information according to the themes that were now apparent.

Key Themes

By clustering key insights, we were able to organise and make sense of the data. We now had better understanding of the different perspectives within the community which gave us a better understanding of the wicker problem. The six themes that were highlighted in this research are:

1. Isolation, the need for connections and support from friends and family and the need for future care planning
2. Issues with workforce, attributes needed in the industry and the need for a multidisciplinary approach
3. Self-positioning about age from the aged person and wanting to age in place
4. Communication, advocacy and the valuing the voice of the aged person
5. Issues with current systems and facilities that are in place for aged persons, issues with access to health care and issues with the use of technology
6. Fear that comes with getting older and the stigma/perception surrounding aged care

'How Might We' Statements

Once we had identified our key themes, it was necessary to reframe and redesign our problem statements by taking into account what we had discovered during the empathy stage. Reframing the question allows the researcher to redefine the question based on the new insights so that the further work will be addressing an actual problem that research has identified. We used the key themes to create six 'how might we' statements, so that we could begin focusing on what the research says this problem needs instead of what we think it needs. We voted on the three 'how might we' statements that we would focus on for the rest of the research. In the following paragraphs we have shown some of the key insights that lead to the formation of these three 'how might we' statements.

Initial wicked problem: How might we create environments that enable the aged person to thrive?

Statement One:

How might we address discrepancies in accessing health care, ensuring there is adequate resourcing and funding, supported by technology to the meet the health needs of the older person?

Related insights

- There is a discrepancy between access to health care and health equity between aged persons and other population groups.
- There are not enough rest homes to meet the needs of the population. Rest homes are not adequately resourced and do not meet the needs of the ageing population.
- The systems are underfunded and under resourced and do not support the workers to meet the needs of clients. The system feels depersonalised and risk averse and negatively impacts the health needs of the clients.
- Older people struggle to cope with technology in an ever-changing environment.
- There is some recognition for what other countries are doing for positive outcomes for older people.

The first statement highlights the user experience of finding this sector to be under resourced and unable to sufficiently meet the needs of the aging population. The

traditional pathway of housing aged people in aged care facilities is no longer a viable option when we look at the rate at which our population is aging and how their needs are also increasing with increased age.

Another issue that our research highlighted was that aged people do not have the same access to health care as other age groups. While there could be different reasons for this finding, one of the factors that was identified was the increasing use of technology in health care and the increasing demand for health care users to be adept and using technology for their own health care needs.

For our research, this statement is aimed at exploring ways to address the current inequities we have in aged care while simultaneously addressing the impact of technology and the importance of adequate funding in this sector to cope with the changing needs of this population of people within our communities.

Statement Two:

"How might we foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing co-morbidities?"

Related insights

- Aged people are living longer, with more co-morbidities. Health care workers need to respect that what they see is just a snapshot of aged persons' whole journey.
- Aged care is not seen as a glamorous field but workers experience job satisfaction from the variety of work caring for older people and the ability to make a difference.
- A multidisciplinary and collaborative approach towards aged care is the future of healthcare.
- Working in aged care requires flexibility, having passion for the older person and tailoring care to meet the individual needs of the older person.
- Working in the aged care sector means job security and good career opportunities due to an ageing population with increasingly complex needs.
- There is inadequate staffing levels across all aspects of aged care.

- In order for older people to remain in their own homes more home carers will be necessary.
- Workers experience a lack of respect among different sectors in the aged care workforce.

Our research highlighted many issues for the aged sector, such as understaffing and that the sector is viewed as being unglamorous amongst health professionals so how to attract more staff into the sector. One interviewee pointed out that "respect from our health professional colleagues would be nice".

The second statement highlights the user voice as identifying a multidisciplinary approach towards aged care as vital. We want to explore the different ways in which we can encourage and enable a multidiscipline approach to this field of healthcare. By finding ways for different teams to work collaboratively, we theorise that there will be a better understanding between different teams about the complexities of aged care and therefore we can encourage and raise the profile of the aged care sector.

Statement Three:

"How might we support older people to stay in their own home environment for the duration of their life?"

Related insights

- The sector needs to improve how it provides culturally safe care and services, with a focus on Maori health and the health disparities faced by Maori compared to non-Maori.
- Older people experience their age as just a number.
- Older people believe age is attributed to attitude and wellbeing.
- Older people experience the need to realign their expectations in relation to their physical abilities
- Older people value independence when ageing.
- Workers value the rich history and stories of the older person and value the opportunity for increased connection through this storytelling.

- Older people want to remain in their own home environment and within their own communities and maintain their own routines until their death. Older people want to stay out of hospital and avoid aged care facilities.

The third statement highlights user feelings about wanting to age in place instead of leaving their home to move to an aged care facility. While people felt very strongly about wanting to age in place, a related finding from our research was that people were unwilling or unable to plan for a future where their needs would change and subsequently what measures people need to input into place so that that they may remain in place for as long as possible as they age.

While ageing is inevitable for most, we found that people were unprepared for the future, with one interviewee stating that “the decision will be out of my hand then”. The third statement is therefore also aimed at addressing the passive approach that some aged people take towards their own health and wellbeing. We want to explore ways to get the population actively participating in planning for their future, and drive a better understanding of the supports and the information available to assist future care planning.*

*Ideally we would have created personas from all research material and key insights, but in the interests of time we opted to move to the next part of the process.

Ideation

The Lotus Blossom Technique

We used the Lotus Blossom ideation technique to help us brainstorm ideas for this project. This technique allows the user to start with one central theme that is used to branch out and generate eight further ideas, which can range from low to high risk (Curedale, 2016).

For our project, we focused the ideation on the three 'how might we' statements that we had chosen as a team. With help from our tutors, we created a separate lotus blossom for each statement and we brainstormed up to eight ideas to address the statement at the centre. See Appendix IV for a bullet pointed version of the Lotus Blossoms.

Once we had compiled all the ideas into the Lotus Blossoms, it was time to decide which ideas were at the top of our lists. Anneke and I voted individually on which ideas we each wanted to pursue. Due to the size of our group, we needed the assistance of one of our tutors, Leanne to help in the voting process. The ideas that had any votes were then collated and put in a matrix (Fig. 1). We looked at each idea and placed them along the matrix based on the ease of implementation and the impact it would have

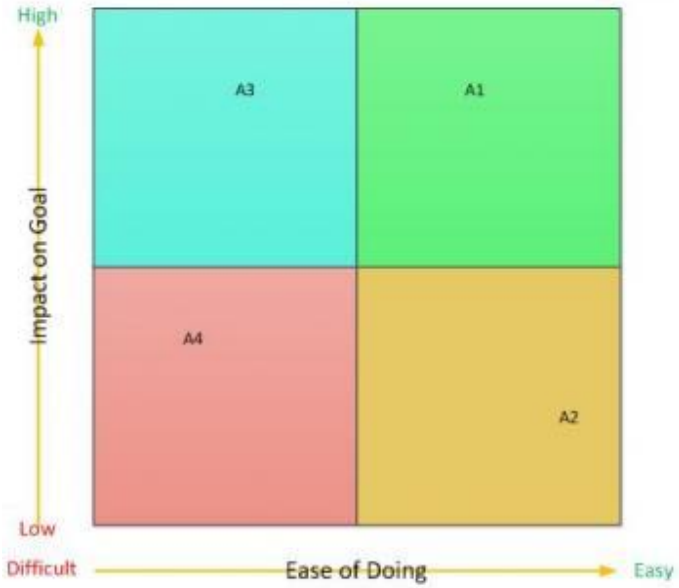


Figure 1 Ease of Doing Impact Matrix

https://www.changefactory.com.au/our-thinking/articles/strategic-prioritisation-ease-of-doing-impact-matrix/

Then we focused on the ideas that were in “A1” and “A2” section, being the easiest to implement with the highest impact. We compiled a list of the top ten ideas which are briefly explained in Appendix V. We had to undergo a selection process of looking at the merits and drawbacks of each of the ten ideas and whether they would have a high or a low impact on our user group. Again, we took an individual voting method to decide which ideas we thought would be best to pursue (see Appendix VI for voting results). The result of the voting were the ideas that moved onto the next phase – prototyping.

Prototyping

Prototyping allows researchers to create a physical representation of our ideas, which can then be used to carry out user testing. Prototypes are often an inexpensive and scaled down version of the product that the researchers have in mind. These are samples that can users can interact with, and provide valuable feedback on what works, what does not and what needs to change. Prototypes are either low or high fidelity. Projects begin with low fidelity prototyping and then adjust and make changes to the prototype once some initial feedback has been received. High fidelity prototyping is done when the product has been refined and improved to move onto the next part of user testing (Interaction Design, 2019, “Types of Prototyping”, para. 6).

We created two low fidelity prototypes for this part of the project.

Low fidelity prototyping

Idea 1: My Wellbeing Book

Fig. 2. Front cover of the My Wellbeing Book (See Appendix VII).

This prototype was in response to the statement “How might we address discrepancies in accessing health care, ensuring there is adequate resourcing and funding, supported by technology to meet the health needs of the older person? “. This represents a method of keeping vital information in one place that an aged person may carry with them. There is an opportunity to note down any relevant information, for example dates on which one may meet a specialist and what the outcome was. As the person interacts with a different service, there is an opportunity for the different services to see an overview of what is happening for this older person, for example the physiotherapist will know what the gerontologist was discussing at the last appointment. This removes pressure on the older person to remember and repeat details and will also serve as a prompt for services to ensure older people are accessing the services they are entitled to. For example, seeing that the older person has been see for a falling at home could lead to a physiotherapist recommending a community strength and balance class.

Idea 2: Wellness Expo

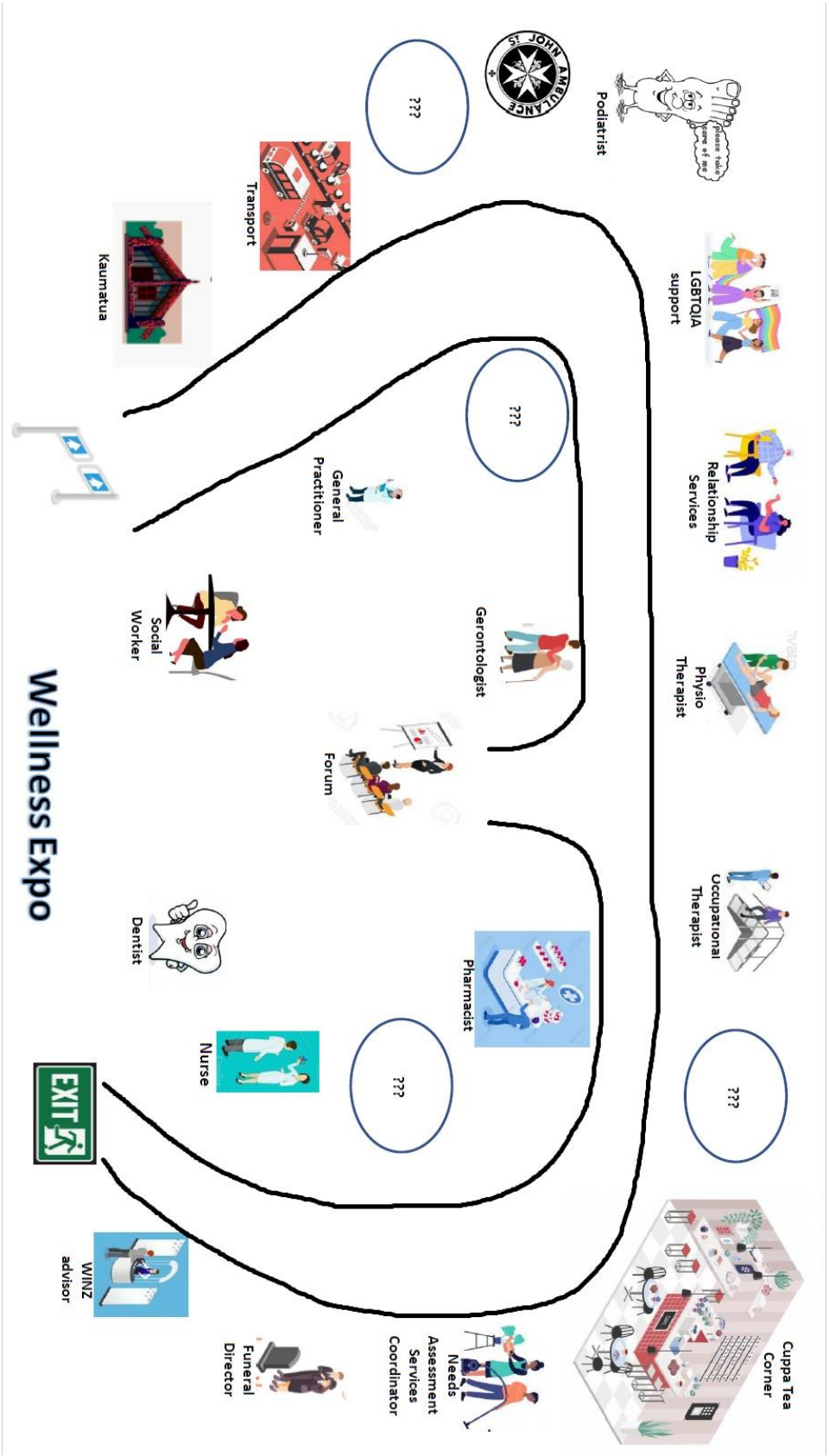


Fig. 3. Floor plan example for the Wellness Expo

Idea 2 was developed to respond to the statement "How might we foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities". There was a clear voice amongst health professionals that a multidisciplinary approach was the future for health. To encourage this approach, we ideated a way for health professionals to be available in one place at the same time for older people and their support network. This would be an opportunity to ask questions from disciplines that you may not necessarily come across at the local medical clinic. This would also be an opportunity for heath professionals to see and learn from each other and to keep up with what is happening currently out in the community. As health professionals develop a better understanding of what services they each provide, the idea is that they will be able to work better together to improve the health outcomes for the aged person.

User testing and feedback

We conducted user testing with nine different people of various background over seven days (see Appendix VIII for user testing questions and feedback). We were not able to interview all the same people that assisted us with the gathering of the primary research, though this is not necessarily a negative as the second set of people would have some with not preconceptions and would have seen the ideas with a fresh outlook.

Our user testing was done in person, where the researcher was prepared beforehand with a prototype for each idea, a predetermined list of questions, and something to note down responses. We gave the user one prototype, gave a short explanation of the idea and asked them the questions. Once completed, we gave out the second prototype and asked the same set of questions. We alternated which prototype we gave out first, to randomise the feedback and not appear to be favouring one idea over the other. However, users found it hard to give their responses in isolation to one idea but often looked at both ideas in comparison with each other and some felt that they had to choose one over the other.

Idea 1: My Wellbeing Book

Idea 1 generated positive feedback of having information all in one place. There were comments on the title of the book, one user saying he liked the word "wellbeing" because of the gentle connotations while another user commented "what does that even mean?", explaining that the title was not clear enough to explain what the purpose of the book

was. There were also user feedback regarding the size, one stating it was the right size “to fit into my handbag” while other users mentioned the size as a negative for those who may have vision or literacy problems. One user found the design to be “stark” and “it needs more” while another user stated it was “not too busy” and easy to follow.

Suggestions on improvement included comments on the “mood” section. Users thought it was unnecessary and not private and that people were unlikely to write their mood in and one suggestion was that “Mood” could be replaced by a mental wellness section. One user suggested we include details about people’s pets as some people can view pets as being part of the family.

Users gave varying responses to what barriers there would be in getting this idea to succeed. One user surmised that “it only has value for the person holding it”. A common response was that people, both aged people and health professionals would need to accept it. One user pointed out that it becomes double handling for health professionals, who already have to document in notes and other barriers included what to do if the book is lost or if the pages are filled up.

Idea 2: Wellbeing Expo

User liked the idea of the Wellbeing Expo, where people could have access to a lot of resources in one place. Users like that they would physically be able to speak to people and ask questions about costs or information from different disciplines even if they don’t use them now e.g. podiatrist. Other positive comments were that people could walk around and come back if they think of questions and that it would be held for the whole day or from one suggestion, either into the evening or over two days.

Some users did not know some terms, asking questions such as “What’s a gerontologist?” and “What’s LGBTQUIA?”. One user asked what provisions would be made to make this type of even accessible or relevant to the rural population of New Zealand. A recurring theme in feedback was that users did not see this idea as something they need now as a way to plan for the future but “for later on”, and “not for me personally because I’m not old”. However, one user did mention that it was useful for planning for the future and would have been useful when they were planning care for her family member.

Most of the users voiced accessibility, transport and location as potential barriers, some viewed access to transportation as their independence. Another suggestion was to add in

a sexual health and relationship advice section because while it's not something widely discussed, it's still a need. This feedback echoed a comment from an interview from our primary research where a comment was made that often health professionals can make assumptions that they (aged people) are old, so they won't need to talk about sex and what sexuality means (see Appendix III: Interview with CNM orthopaedic rehabilitation ward).

The user testing has provided valuable feedback both ideas. We now have data one what changed need to be made, what to delete and what to keep before we do any further testing.

Limitations

This project faced some limitations due to lockdown measures that were put in place as a response to the COVID-19 pandemic. We were limited in who we could interview due to aged care facilities being in lockdown and not allowing visitors. We were also limited in who we could interview face to face due to restrictions on movements during the lockdown period. The research project and all discussions had to take place electronically, via video conferencing, emailing or phone applications. The researchers, and the industry also had to use video conferencing to communicate and discuss idea.

This project also excluded any person with a diagnosed cognitive impairment due to the challenges of getting Ethics Approval in a timely manner.

Concluding remarks

This research project has aimed to explore and address the initial wicked question, "How might we create environments that enable aged people to thrive?". The researchers have followed the design thinking five-step process to empathise and redefine the original question, and we have chosen to focus on three of these refined "how might we" questions to create our prototypes. The "My Wellbeing Book" and the "Wellness Expo" both received positive and negative feedback, which has been discuss in this report. This project faced some limitations due to lockdown measures that were put in place by the New Zealand Government as a response to the COVID-19 pandemic.

References

Centre for Better Ageing. (2020). *How the digital divide affects older adults' use of technology during COVID-19.* Retrieved from https://www.ageing-better.org.uk/blogs/how-digital-divide-affects-older-adults-use-technology-during-covid-19

Curedale, R. (2016). *Design thinking: process & methods* (4th edition). Los Angeles, CA: Design Community College.

Home & Community Health Association Financial Review & Risk Analysis of the Home & Community Support Sector (2015). http://www.hcha.org.nz/assets/FINAL-Financial-Review-Risk-Analysis-Report-Final-13-April.pdf

Interaction Design. (2019). Stage 4 in the Design Thinking Process: Prototype. https://www.interaction-design.org/literature/article/stage-4-in-the-design-thinking-process-prototype#:~:text=One%20of%20the%20best%20ways,problems%20with%20the%20current%20design.

Lewrick, M., Link, P., & Leifer, L. (2018). *The design thinking playbook*. Hoboken, NJ: John Wiley & Sons Inc.

Mann, J., Gill, S.J., Mitchell, L. Rogers, M.J., Martin, P., Quirk, F., Corke, C. Locating advance care planning facilitators in general practice increases consumer participation. *Australian Family Physician. 46*(9), 691-695. (http://www.racgp.org.au/afp/2017/september/)

Ministry of Health. (2002). *Health of older people strategy*. Wellington: Ministry of Health

Ministry of Health. (2017). *The New Zealand Health Strategy*. Wellington: Ministry of Health

Ministry of Health. (2019). *Advance Care Planning: A guide for the New Zealand health care workforce.* Wellington: Ministry of Health. https://www.health.govt.nz/publication/advance-care-planning-guide-new-zealand-health-care-workforce

Ministry of Health. Healthy Ageing Strategy Update. https://www.health.govt.nz/our-work/life-stages/health-older-people/healthy-ageing-strategy-update

Ministry of Health. Healthy Ageing Strategy: update 2019. www.health.govt.nz › our-work › life-stages › health-older-people

Ministry of Social Development Office for Seniors. (n.d.). *Older People*. http://www.superseniors.msd.govt.nz/health-wellbeing/positive-ageing/older-people-stats.html

Ministry of Social Development. (2018). *Household Incomes in New Zealand: trends in indicators of inequality and hardship 1982 to 2018.* https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/monitoring/household-incomes/

New Zealand Institute for Health Metrics and Evaluation (2017). http://www.healthdata.org/new-zealand

Roth, B. (2015). *The achievement habit*. Broadway, NY: HarperCollins Publishers.

Statistics New Zealand. (2018). *Population counts, by age and sex*. Retrieved from https://www.stats.govt.nz/tools/2018-census-place-summaries/new-zealand

TAS Aged Residential Care Funding Model review (2019). https://tas.health.nz/assets/Health-of-Older-People/ARC-Funding-Model-Review-Final-Report.pdf

Te Pou o te Whakaaro Nui. Working with Older People. Mental Health and Addiction Workforce Development Priorities. https://www.tepou.co.nz/initiatives/working-with-older-people/240

The Health and Disability Commissioner. (2019). *Health and disability research with adult participants who are unable to provide informed consent.* Retrieved from https://www.hdc.org.nz/your-rights/about-the-code/research-with-adults-unable-to-provide-informed-consent/ISBN 978-0-473-47245-0 (PDF)

Yeung, P., Cooper, L., & Dale, M., (2015). Prevalence and associated factors of elder abuse in a community-dwelling population of Aotearoa New Zealand: A cross-sectional study. *Aotearoa New Zealand Social Work Review, 27*(3), p29-43.

APPENDIX I: Creative Briefs

Creativity Brief question 1

What is driving the need for change?

- Workforce shortages,
- we need to make it a viable career path to make it attractive to people
- Currently the workforce is ageing and decreasing.
- Public perception is that it's not one of the "wow" areas of nursing
- working in aged care facility carries a higher responsibility and autonomy, you have to manage it yourself because there is not readily available MDT.

Creativity Brief Question 2

Who else is trying to solve this right now?

- NOT the politicians (ministry of Health on a big picture)
- NZNO Aged care associations - they are speaking for the older person

Creativity Brief Question 3

What are the forces blocking change?

- Economy - availability of funding to the aged care sector.
- Aged care contracts are 20 years old that aren't relevant to the current needs of the public they are serving
- Old people aren't attractive
- Not much returns
- Minimum staffing - no time to innovate - the whole time is spent doing the job, keeping head above water - task focussed.
- No volunteers
- Certain groups aren't changing (hold on to old traditions)
- Perspectives of the industry
- Not considered a wow area of nursing
- Resentment that people are going into care

Creativity Brief Question 4

How will you define success?

- Being able to provide the level of service this group deserves
- Attracting nurses as a career pathway by choice into the aged care
- Being able to attract funding
- People are able to get care as needed/when needed/where needed
- When you mention Gerontology people know what you are talking about
- A larger public profile
- Benefits of aged care facilities are seen
- People are able to live independently where/how they can

APPENDIX II: Interview Questions

Category: Aged person

1. Tell me about yourself and your current living situation.
2. Talk me through a typical day
3. Tell me about your last meal.
4. Tell me about your last social event.
5. What does thriving mean to you?
6. What does old mean to you?
7. What makes you happy?
8. What makes you sad?
9. What do you experience as negative about being older?
10. What do you experience as positive about being older?
11. What does the future look like to you?
12. What do you want your future to include?
13. What would be the ideal place for you to live in?
14. What would make your life easier?
15. Can you tell me about your support networks?
16. Thinking about everything you have just said – what would be the one thing you want to change?

Category: Family member of aged person

1. Tell me about yourself and your current living situation?
2. What does thriving mean to you?
3. What does "old" mean to you?
4. What is your relationship to your older person and what role do you have caring for them?
5. What brings your older person joy?
6. What brings your older person sorrow?
7. Tell me about your old person's diet.
8. What makes you happy about your aged person right now?
9. What are you most concerned about?
10. Is there a future care plan in place for your older person?
11. What would be the ideal living situation for your older person?
12. How do you see the future?

Category: Health Professional

1. Tell me about your role. Tell me about a typical day at work for you.
2. Tell me why you are working in this sector.
3. Tell me about the positives about working in this sector.
4. Tell me about the negatives about working in this sector.
5. What does thriving mean to you?
6. What does “old” mean to you?
7. Tell me about some of the challenges you perceive that the people you care for have.
8. Tell me about the challenges you have during your work day, eg. collaboration with other services, other professionals, within your practice.
9. How do you see the future for older people?
10. How do you see the future for older people in your role?
11. Thinking about everything that you have just said – what would be one thing that you would want to change?

Appendix III: Interview transcripts

Category: 65+

Interview with Male 67

1. Tell me about yourself and your current living situation? I'll try and keep it short. I've got 68 years of life. I'm born in the Netherlands and came ot New Zealand in 1987 with my wife and three children. We have now 5 children and 12 grandchildren. I live now with my wife here in hamilton. Own our own home. I work 0.9 and my wife works part time as a counsellor in one of the churches and in one of the schools.

2. Talk me through a typical day? A typical day for me. A working day, I do get up at 630 in the morning. I work at the hospital, so I start work at, officially, at 8 but I;m always here at 0730. I'm one of those early birds. Um, yeha and then I work. I'm an assessor coordinator for disability support link. So in general our days are busy with assessing people within the hospital, that's face to face assessment. We get a referral from the ward, we contact family, we like family to be present at the assessment then we do the assessment and everything else that goes with it. Then we make a decision about care. It's usually residential care, that's what we do the assessments for. Yeha and so we work with family, we work with the ward, we work with the social worker, also with the facilities. We usually have contacted them. I finish work at 4, I go home. I love gardening. Usally as soon as I go home, I have a coffee with my wife. As soon as we go home, we have coffee together. We talk about, briefly, very briefly, about half an hour about work, my work, my wifes' work. And then that's the end. I never take my work phone home. Yup, so it's very start finish. And in the evening well it just depends. I mean we've just been through this very crazy COVID thing so that was not a normal typical day.

   But in general, in the summer we'll probably go for a walk after dinner. In the winter, we'll probably sit and watch tv. Weekend, I love gardening. I love painting, I might do a bit of painting. Sundays we go to church. WE've got one daughter here in Hamilton with children so we might visit them.

3. Tell me about your last meal. I don't do breakfast so that was not a meal. So that was last night. We're pretty set in our times. We usually have dinner at six. I can't really remember what we had last night. We've started ordering Hello Fresh and we'll usually have that 3 times a week. It's just brings a bit of variety. I';e been marie d46 years so with meals you tend to get into a bit of a routine and a habitim not daying same same same. My wife is a great cooks. But we found with hello fresh it changes things a bit. You get a recipe. When I cook I stick to a recipe. M wife is a free flowing. As I said last night, I can't remembe what we had, hoesntly. I think it was just a basic normal meal.

4. Tell me about your last social event. It think it was going to see our daughter and and son in law adn 4 grandchildren here in hamilton. And physically go into the house and hug them. And touch them and have a coffee with them . And that's probably a wekk ago.

   We enjoy going to the movies, we try ot do that on a regular basis. WE try and spend time with friends and family. Yeah we quite happy at home really. I think the thing is we both work with people. WE call it we're peopled out. We;re happy with our own company. As I said we both have our hobbies. So quite often we relax at home, We don't need to go out and meet people.

A Lot of our times on sundays is spent at church. My wife is a pastor, she does all the pastoral care so we do spend a lot of time there on a Sunday. But that's out as well at the moment.

5. What does thriving mean to you? It's really being well and being able to do the things you can and probably want to do. Yeah that's the main thing.

6. What does "old" mean to you?I think it's a weird thing, old. When I was young and my parents were in their forties or fifties and they were old. My kids and my grandchildren probably see me as old. I'm only 68! And they keep rubbing in that I turn 70 next year. I'm not even 69 yet but I;m turning 70 next year. I don't feel old at all. I think it's what society makes of it and probably a bit of cliche. It's how.. You feel as old as you are and I don't feel 68 and I don't feel 70 next year. I try to probably live a little bit better than what I used to do. But more conscious about that. But i think old is purely how you feel and I don't feel old.

7. What do you experience as negative about being older? Can't say I've experienced anything negative really. I mean there are probably more positive things for me being over 65 now now I mean a) I got a gold card and I use my gold card. It gives you discounts. It gives you all kind of, maybe not big amounts but I wave my gold card in all sorts of place and they'll give you a discount. I'm working full time but I;m also getting a superannuation. So financially a benefit. I get a heating allowance now in the winter, if you're over 65. As a couple you get an allowance to keep your house nice and warm and the government doubled it for the covid period. So instead of getting 60 dollars every two week I think it's 60 dollars every week. So it's 120 a fortnight so that's 240 dollars a month, which easily pays for the power bill so that's a positive.

Am I treated differently? Yeah maybe? Maybe there's a bit more respect with getting older. I've always enjoyed associating with people who are younger people. I don't think we have a lot of friend in our own age group but because we go to a church with a lot of young people we tend to mix and mingle more with the younger generation and I think that also keeps you young so I think that's another good thing. So… we … negative.. I get a bit slower. I think physically there is a bit of yeah...probably.. Tired a bit more easily. I have to pace myself a bit more. I mean we trying to really keep fit, we try to walk, ride a bike, swim. Thats the three things we both enjoy so we both do that so thats about. Very few negative things but mostly positive.

8. What do you experience as positive about being older? Yeah, like I said just before.

9. What do you want your future to include? Te thing is when you do get older you do think about it that you're not going to be here forever. And because I work with, I assess older people, I see soem really really really old people. I see a lot of people who are happy, are prepared to die, are okay with all that. I do also meet some people who are quite negative. So.. I think I'd probably want the same for the future to remain reasonably healthy. I keep saying to my family that I want to keep working until I've been at least nursing for 50 years. Which is in 2023. I started nursing in 1973. So if I can continue to work until September 2023 I will make 50 years of nursing. So that's part of my future. Probably continue a little bit to travel and see my children and grandchildren. Probably financially reasonably safe. Although we still have mortgage but ..whatever you do yu have to pay a rent or a mortgage so for us it doesn't make a difference really, mortgage or rent. So that's what I really want to happen. Stay together. I think I will be an absolutely hopeless person living on my own. Oh I could, and I would but I don't think I'd be a happy person.

10. What does the future look like to you? And so the future, I'm a pretty positive person. Even this whole Covid thing. And my faith. I'm of Christian faith, the future really doesn't worry me too much. I want to see my children happy, my grandchildren happy. I want to see them all do well and they all do well. They're all working, they're all healthy. And in that sense I;m blessed really, we are.So my future, yeah I;m not worried about the future. I mean I had a heart attack in 2013 so I had a stent put in. I had a moment of anxiety, oh what is happening, but you know. I was fixed and I'm up and running. So for me the future looks like yeah, continue to work, continue to enjoy life and continue to enjoy the family and really, help other people as much as we can through church and in the community and do what we are doing really. So it's not all about me.

This thing makes you look at yourself a little bit. And also really, probably how fortunate I am that I can do the work that I'm doing still at the age of 68. And working in a great team. One of our team retired last year, she was 74 I think when she retired so it gives me hope that this kind of job I can do for a while because it's not physically heavy. As I said I come home sometimes and I'm *sigh* my head is spinning or I'm tired emotionally . I can do that work so I;m probably lucky in that sense. ANd still flexible, I'm still meeting people, it's not the same same same.

Interview with Female 76

1. Tell me about yourself and your current living situation? Well we are just leaving at home my husband B and I. the dog and the dog. I am 76. we have lived here for four and a half years

2. What does thriving mean to you? being busy I suppose. making sure all the family are well. That everybody is happy. We live very busy lives.

3. What does "old" mean to you? I don't feel old for my age. I believe it is all in the mindset. we never look at ourselves at the age we are.

4. Tell me about your last meal. That was lunch, just yoghurt and crackers and a cup of tea.

5. Talk me through a typical day? We get up, we never sleep in much, we are pretty early by seven. We have breakfast, my daughter J comes in to pick up the lawnmowing stuff. We have a cup of tea. B goes off to work and I do housework and keep in contact with a lot of my friends. I often go out shopping I suppose, come home . Pick up my grandson at 3 o'clock. Be there for him after school. C is our grandson, he is 9. Do cleaning and cooking. I also cook meals for daughter J most days. Have dinner and then chill out, just watch tv.

6. Tell me about your last social event. Lots of phone calls with family and friends. Before Covid - family and friends. Saturday night roast dinner with family.

7. What makes you happy? Family and friends really. The simple things. I enjoy my home. I enjoy going for a drive. I like us going out for a cup of coffee.

8. What makes you sad? Gosh, that is a hard one. My sister makes me sad, she is going through a difficult time at the moment.

9. What do you experience as positive about being older? Not having to work, because I worked most of my life. You don't have to worry as much when you were younger, when you had businesses, etc. You feel more secure. Not the stress and being busy.

10. What do you experience as negative about being older? Probably your health. Comes back to health. You can't do things like you used to.

11. What does the future look like to you? A bit uncertain at our age. Because we are getting older and we don't know what is going to happen, who is going to die. One of us is going to be left, B is 80, so that is certain. Things are going to change at our ages. We don't have a long period of time left.

12. What do you want your future to include? Much the same as what we do with the family. Being useful I suppose.

13. What would be the ideal place for you to live in? Well, I would give in to B, because he needs all this work, but I would like something smaller, not necessarily a smaller house, but smaller grounds.We probably need to get inside, B will not let us die. We will not have peace. He has always done two things. At times it was stressful. We had a lot of things gone wrong. We had to get on top of that and move forward. What was the question again? I would like to live by the sea with a seaview. But that is not going to happen, as Brian doesn't like living by the sea.

14. What would you want to make your life easier? Nothing at the moment. Because with what we have, this is easy.

15. Can you tell me about your support networks? All our three girls are our supporters. And our grand children. And we have a lot of friends.

16. Thinking about everything you have just said - what would be the one thing you would want to change? I would like B not to be working so hard, more time for us. I think we should be toning it down a bit. But he doesn't want to.

Interview with Female 67

1. Tell me about yourself and your current living situation? At the moment my husband and I have one of my grandsons living here with his girlfriend. He is working and she is studying. Hes gone away for the weekend. We have lots of animals. We also have another grandson that comes to stay with us every weekend. Since he was a baby and now he is 14. I am 66 and a half. This is our own home.

2. What does thriving mean to you? Being happy and healthy.
3. What does "old" mean to you? Starting to feel it now. Ha ha. Old means being more dependent on other people. Um, just means that you can no longer do what you used to be able to do. There's a certain amount of ageism out there. The younger generation consider you as old even at my age and I dont feel like I'm there. Just before I retired I was starting to feel like they wanted me out (in my work environment), because of my age. They wanted the opportunity to get a younger person and train them the way they wanted. It made me feel angry.
4. Tell me about your last meal. Um, what did we have last night, scraps because we had a roast the night before.
5. Talk me through a typical day? Um pretty cruisy now. Usually I get up and Jimmy makes me a coffee and I'll have my smoke, Then I have a long soak in the bath, and then I have a big bowl of muesli and yoghurt and then go out and feed all the animals. Then I might sit in the sun for awhile. If its out and potter around in the garden. Do all the basics of housework and clean up

the animal messes from overnight. Ive got a little chook that I'm bringing in at night at the moment. Usually get up at 7am now it used to be alot earlier. Once youre awake, who wants to stay in by yourself. There maybe something interesting on TV in the afternoon aor I might go out and look about the shops or do some shopping. At times the garden is a big part of my life. Both of us do the dinner depending on who feels like it. Sometimes our grandson joins us or we share it between us. They get groceries and we share. They make a mess making butter chicken - its okay its only an oven. Generally we settle in in front of the TV of an evening and the other night we had my son come around and we played cards we taught them how to play 500. I teamed up with Jon and we won.

6. Tell me about your last social event. That was our social event - family around for dinner and cards.
7. What makes you happy? Kids, the family and Jimmy. The animals, just being here. Home. Yes, I'd hate to be stuck in an old people's home. Lack of freedom, privacy. Having to interact with people to close all the time. This Coronavirus has highlighted how vulnerable you are in those places. Especially those with caregivers, it must be terrifying.
8. What makes you sad? When the kids don't stay in touch. Um when i see my family hurting. Or when I see what's happening out in the world but that's out of my control. Usually it's the stuff that's made me angry that makes me sad.
9. What do you experience as positive about being older? Life experience. Knowing that things are what they are. Yes, acceptance. Making the best of what you've got.
10. What do you experience as negative about being older? I suppose the onset of losing your faculties I imagine, the fear of it. Not being able to wipe your own bum that sort of thing. Losing independence. Being done to.
11. What does the future look like to you? Future, I try and take one day at a time. You worry about the future too much, youve only got today. Id like to be able to stay here. But whether well be able to or not. Today we're enjoying it. We have stairs in the house and this is a very physical property. It's too much for us already. Our bodies might not make it. Peter has never been a physical person except for tennis.
12. What do you want your future to include? My family. Health happiness. Independence. Simple but the hardest things.
13. What would be the ideal place for you to live in? At the beach. I'd love it or the lakeside. By the water. Smaller easy to manage house but mind you there has to be room for the kids and dogs and cats. Very important.
14. What would you want to make your life easier? Um, someone to boss around and tell them to go and do this and that. A handyman. A jobs man. Maybe a chef coming in so now and then, someone to come and do the housework now and then. Money money. More money? You think so when you haven't got but the more you have the more you spend. You learn to live within your means. Lotto? Id possibly have those things, just possibly. Novelty of looking after a new house yourself you wouldn't want anyone else to come and do it.
15. Can you tell me about your support networks? Jimmy, my family friends. That's about it.
16. Thinking about everything you have just said - what would be the one thing you would want to change? I don't think so not at the moment anyway.

Interview with Female 81

1. Tell me about yourself and your current living situation? I'm living with my husband R in a very comfortable home. We have good heating and good facilities. Help, if needed and on a regular basis for cleaning. We have nothing more to wish for. We have enough money to get by. If we want to go out for dinner or to the cinema, we can. I am 81. No other dependants in the house.

2. What does thriving mean to you? Thriving means “to be healthy”, “ to be able to do what I want to do”. It also means to have good people around me, my family, my friends. To be able to go out. Being able to do things together with my husband.

3. What does "old" mean to you? The body. Physical aging and the complications with it.

4. Tell me about your last meal. Lunch. I had lunch. I had half an apple, one kiwifruit and I had two slices of Vogel bread, one with marmalade and one with Dutch cheese. That was very nice. Nutrition is very important to me.

5. Talk me through a typical day? Well of late, when I have nothing on in the morning I get up at 8:30. Often I am early enough to make overseas calls to my family that is about twice a week. And I do that beforehand, otherwise it is too late for them. Then I get up and then I sometimes shower first, because diabetic means being diabetic, I then go and have my breakfast, but having said that my husband will have already brought me a cup of tea in bed with a cracker. And that sustains me until my breakfast. Lately i have been taken porridge to sustain my weight. I put in at the moment whatever is available, blueberries and dates, cut up fine and that gives me being a diabetic a bit of sweetness. That is a nice combination and it suits me. A typical day, if we don’t talk about lockdown, sometimes I have appointments. One day a week I go to art until 12 o’clock, from 8;30 with a friend. In the afternoon I use my Ipad, or sometimes in the morning when I don’t have to make calls. I use my Ipad to see if i have any important emails or for R (because he can’t deal with emails) and I tell him about it and do for him what needs to be done. And then I play scrabble on the Ipad (on dutch and on english). And then I potter around after breakfast, tidy up the house, the kitchen, do what I have to do. Then we have a cup of coffee. Then sometimes the two of us, if I am able, go for a walk. Lately we have been taking the car to the park and walk around the park, which takes about 35 minutes. Just around Carmichel Park. And then R rests and then I will sometimes go out, with friends. Once per week we meet from 11 o’clock till 2. That is wonderful. It is something to look forward to. We go out for lunch, to a cafe of our choice, because there are three of us. And i meet on a regular basis with other friends. I sometimes do art at home. I keep in touch with my friends, this often has to be by telephone, especially because of lockdown. We have good conversation, because after all friendship is a 2-way street. And then I ask R to help me with preparing dinner. Sometimes, on some days I prepare soup in the morning, because i find it easier when I know it is done. Then I come home and spend time with him. He loves watching the Chase, he likes it. Sometimes we may have a glass of wine (not always) - it is about the company. It is important for him. If R has an appointment I go with him now. Supporting my husband is part of my routine. What he can do, I ask him to do. There is definitely a role reversing happening now. R has COPD and he is less physically capable. This has been going on now for more than 10 years. I love listening to music, but R finds it too loud. So when R goes to his volunteer job on Wednesday I sometimes listen to music and invite a friend to listen together or do art or talk. I do need my social life, it is important to me. I need my own space.

I am very grateful that I had my nursing training and have been a nurse for many years. And working in psychiatry and working sometimes with elderly has taught me already a lot. Now i can put it in practice. I am a patient person but sometimes i can get a bit on the edge and think “och”. But over the whole my nursing training has taught me a lot. Having had children, nursing ward, psych ward was a great experience.

6. Tell me about your last social event. We haven’t had a social event. During lockdown my daughter was married for 25 years, Julie and Martin, they live down on the farm and we were in about the fourth week of lockdown. I asked Julie if she would like us to come and she said “yes please”. We drove to the farm, we are already in the same bubble because she comes

here. I ordered her a lovely dutch cake, a bottle of wine, some nice chocolates and i found some silvery things for both Julie and Martin. So we had lunch with the wine, and cake at three and then drove home. It was my last social event and it was great.

7. What makes you happy? To feel well. To have my family around me. To have time with R. We seem to laugh a lot more. That is nice, because we are quite the opposite. Being with my friends. And doing things that I like doing, even on my own. I like being on my own, such as art. Seeing the sunshine, when it is a good day, so that we can go for a walk.

8. What makes you sad? My body. My body is not allowing me to be the person that I want to be. The body is part of the old, that is an obstacle. I am grateful for what i can do, but I would like it better.

9. What do you experience as positive about being older? To share with my grandchildren about my life, when i was a child of your age. Sharing. Playing with them, listening to them as they have so much to say and so much wisdom for their age. And laugh with them and doing things with them inside and out.

10. What do you experience as negative about being older? My physical limitations. Not my mental thank goodness. I feel that my mind is working well, like any other older person now and then there is a word that I can't think of, but then it comes back. I am quite proud that my mind is working so well. So far we haven't needed to use the family . My faith is very important to me. I like going to church. As I get older I get more appreciative. And more understanding of what it means to me. If I didn't have that I don't think I would cope as well as I do. Because it is the trust in God and that he will look after me. I wouldn't say I am religious, but it is the faith. And that is very positive for me.

11. What does the future look like to you? Uncertain. R's health is going down hill. Not knowing how to keep him at home. I know there is good help available, so I can cope. So I am seeing the specialist on Thursday for my back. Hopefully he can do something for me, and I trust he can, so I am back on deck.

12. What do you want your future to include? My health, as well as possible. mY family. To be able to see them regularly, not to go into a home, because that would kill me. I say that now, and it probably doesn't but that is what it feels like. I think it is horrific being locked up in a little room, and you can go to the day room, but that is not my scene. I need to be able to discuss situations, I need to be able to have a bite in my relationships with words. I find it quite difficult to have conversations where there is no substance, no conversation happening. I know some people can't help it, but I do struggle. Short term is fine. My sister has dementia, I ring her every week, but she repeats herself but they enjoy talking with me. And that can last up to half an hour. She is 87. I imagine my future that I will loose people around me.

13. What would be the ideal place for you to live in? Ideally I would like to live in my own home. That may involve having carers coming into the home. Driving is not a problem for me.

14. What would you want to make your life easier? Be able to move around better and not to have so much pain. I don't like the medication I am on and I want to get off it. I take hashoil at night. I need to see my doctor soon to make some changes to my medication.

15. Can you tell me about your support networks? We are blessed with all the people all around us. There are about 6 people that offered to help us with shopping and whatever else we need. I don't see myself as old. I am surprised but I am 81, and that is what it is. We haven't been in

any supermarkets or shops. Neighbours are a good support, family and acquaintances. Also good support from the househelp. Self arranged. I can ask her anything and she will organise it. She knows my needs and just does it.

16. Thinking about everything you have just said - what would be the one thing you would want to change? Better health for both of us. The wish that our family would live closer. Popping in more often, having a laugh, tell us what they are doing. It is very social and breaks the day.

17. Did you feel COVID confronting? Did the lockdown enhance your feeling of being older. No, but I had the realisation that I needed to let other people do things for us. It is easier to receive and I decided to receive it with grace. The days were filled quite well. It has gone very fast.

Interview with Male 91

1. Tell me about yourself and your current living situation? I live with my wife Maria. We've been married a damn long while, 60 odd years. We live in our own home. I wouldn't live in a village if you paid me.

2. What does thriving mean to you? Mm just being able to do things I enjoy doing.

3. What does "old" mean to you? To be honest it means I'm slightly deaf, slightly blind and slower. That's all it means to me. Though I could say I cant do all the things I used to like work. I used to be a high school teacher. I finished up at Te Puke.

4. Tell me about your last meal. Lunch. Apple, bread and a cup of tea. That's it. We are very careful to eat five vegies every day.

5. Talk me through a typical day? Oh ho. In my last 80 years or more I've got up at 6 in the morning. Now I get up, make my breakfast and then I go back to bed until about 9 oclock. No point getting up earlier unless I have to do something. I do jobs around the place. My wife is not very well and finding it a bit more difficult. I do all the cooking and the shopping. We have lunch at the same time, then sometimes in the afternoon I watch a DVD if the weather is not good, otherwise I carry on doing the jobs or go for a walk. I regret selling the section next door because I would have that in the garden and vegies. Now we have a 620m section we manage it ourselves. Our whole place is delawned, my wife doesnt like lawns. I'm reducing the camellia trees in size now. We have dinner at 5.30 every day the same if possible. I had bowel cancer 18-19 years ago and they took away a large part of the bowel so I cant eat much at a time so regular and ofter. They also put stents in my heart at the same time and since then Ive been fit. In the evening, to be honest its so damned awful I look at the news a little except its not news I look at Al Jazeera they have good programmes. You find out what's happening in the world. We are very insular in NZ. Always have been. My wife has been writing her family history and she's on volume three at the moment. Shes good on the computer and Im not. I go to bed around 6.30 6.45 I dont go to sleep. I listen to the radio actually. I don't listen to talkback radio theyre a "battlin eyre" of mine too! I have a large collection of CDS and dvds but these days I rarely wake up. I fall asleep. I can't read anymore there's something wrong with my eyes. I can't see the first and last letter of the words. I wanted to go to the optometrist but they've been shut (with COVID). Ill probably have to go to the specialist.

6. Tell me about your last social event. Because of the shutdown virtually nothing happened. I belong to Age Concern and we have the blokes day out for the gentleman, I belong to the Orchid Society but I dont attend very often because its at night and I don't drive anymore. Cactus Club had to shut down because of lack of members. This is what happens.

7. What makes you happy? Working to be honest. I don't like being idle. I've never smoked or drank so I think that helps me a bit. My memory isnt so good its alright if you don't ask me I can't tell you but if I go away I can remember
8. What makes you sad? To see the way of the world these days. No, I really think we've lived the best the world has seen this last century. You know I grew up at the end of the pandemic and then we had the slump which was diabolic and then we had the world but since then it's been all uphill in NZ until recently and I don't think it will be that way ever again. I have two daughters living in NZ one works as a university librarian and the other is a specialist doctor at North Shore hospital.

9. What do you experience as positive about being older? Thats a hard one, you look forward to it don't you. In my early life I always thought I wonder if Ill get to 70 because that's the year 2000 coz I'm the longest living in my family, my brother died last year and my sister is only just alive. My mother died very young. My father lived reasonably well but after two wars he had his … My wife grew up in London during the war.l

10. What do you experience as negative about being older? It is mainly not being able to do the things I used to do. Because take away a motor car makes it hard. The situation is that I cannot do those things even if I could. But I accept. Whereas my wife does not accept getting older one bit. Last year she spent a big part of it in hospital with one operation or another.

11. What does the future look like to you? To be honest I think it's going to be pretty grim. I cant see how economically NZ will be in a very bad way. The rest of the world is in a very bad way. I don't feel that any of our politicians have the remotest intention of doing what the country wants, getting in power is all that they want. You cant borrow trillions of dollars and expect to not pay it back. I've always worked on the assumption that I've never bought anything I can't afford. That's one of the secrets of old age if you don't own your own home you're in trouble.

12. What do you want your future to include? More or less as it is now. I don't wish to become as you know what most people become. Physically immobile, or blind. I hope to die in bed or just drop dead. I want to stay at home. My wife will go into a home as that's safer for her. She wants to go now but I won't.

13. What would be the ideal place for you to live in? Home where I am.

14. What would you want to make your life easier? Nothing that's practical. If I could drive again. I spend a great deal of time going to the shops because I can't carry all the weight of it so I go regularly by 2-3 trips a week. I don't see it as burdensome the wife does but I don't. The wife does but maybe because she's English.

15. Can you tell me about your support networks? No formal support the wife wont have it. She refused help even when she came home from the hospital and got into trouble for making others people's beds when she was in there.. My neighbour supported us during COVID. I was born in Temuka, I wish I'd stayed there. In my heart I'm a farmer.

Interview with Female, 89

1. Tell me about yourself and your current living situation? I live just around the corner here on my own, I'm unmarried and have been a nurse in my working life. I live locally in my own home which suits my needs. It's flat and fenced. I can walk everywhere. I've lived in Tauranga since

1960. I had a mishap with my car just before lockdown so my car was at the shop for all that time. Me and my dog Maya missed it I couldn't take her to the rugby fields for a big run as usual as I can't walk up steep hills. I like coming here to this park. Dogs and marching came together at the end of my working life, I've had dogs since then so that with showing dogs and marching I was always somewhere in New Zealand one weekend or the other.

2. What does thriving mean to you? Keeping fit, keeping interested, keeping your interests going, family and feeling secure. Keeping mentally fit and being able to do your own things for yourself. And not giving up to do your own thing. Don't give up on things you can possibly do for yourself.

3. What does "old" mean to you? Old can mean 50, 70 or my age. Giving up on life I suppose. People at 50 say I can't do that, people I know that are much younger than me that just don't keep their brain going and give up. I think it's an attitude, I know its an attitude. In the marching team a lot of us were the same age when we started and some of them retired and just gave up, the most exciting thing in their life is go to a cafe once a month for morning tea!

4. Tell me about your last meal. I can't remember what I had for lunch. I had an apple for lunch. I think a balanced diet is important but not anything special just because you are old.I walked Maya early for two hours and had late breakfast avocado and toast and tea. If I'm hungry I eat. Most nights I have meat and veggies for dinner. To me shopping for food is not important. People spend lots of money buying food that they are not going to eat. I don't buy takeaway foods. I love chinese. I missed it during lockdown as I went once a week. I go to the local place but now you have to queue and order from the door. I don't like it. I know the people at the local place, their young sons were just at primary school when they came and now they run the place.

5. Talk me through a typical day? Waking up at 6am and thinking it's too cold to get up. I get up at 7 now., Usually a cup of tea and then a shower and /or bath. I like a bath. I get some arthritic pain and that helps. I then take the dog for a walk and then come home for breakfast with the dog. Depending on what I've got to do I do some washing, chores and lately I've had to work on my pebble garden because the dog has been pulling up the weedmat. Usually there's something to do. Ive got sick of watching TV since the lockdown. I got sick of being told to wash my hands! I'm well over Covid 19, but I know weve got to do it and I do tune in at 1pm each day and were lucky we've got new cases for four days now. They've done a good job. I'm sick of the political stuff that's come into the discussion now, sick of it. I usually watch the six oclock news, seven sharp and depending on what's on I listen to the radio. I used to do a lot of cross stitch but now I can't sit still for too long. I get too sore if I sit still. I usually go to bed around 11pm. I only have normal tv with no other things necessary on the square box.

6. Tell me about your last social event. God since 8 weeks. I visit friends sometimes. Before lockdown I went to morning tea the last Wednesday before lockdown. All the members of our marching team go out to a cafe once a month at a different cafe so we've seen them all. I had to get used to driving again when my car came out of the shop. I felt a bit apprehensive. I'm usually a bit of a rush rush. Im being more careful. I realised how much I used to go the the supermarket unnecessarily. If there's a parking space outside the bakery I nip in for a sausage roll - Im controlled by parking spaces ha ha. No sausage roll.

7. What makes you happy? Mm just living a happy life. Not getting involved in other people's problems. Having no worries. I enjoy reading. I can get lost in a book for hours. My family.

8. What makes you sad? Family things mostly. Not being able to help the family. Some family members make problems and I can't help them. I had a younger sister that died very young and I've been a surrogate parent to her children. I've had a lot of time with them as I organised my life as a single working nurse around their holidays. I go to Gisborne and Napier a lot to meet the children and grandchildren.

9. What do you experience as positive about being older? Oh quite a funny thing actually. It annoys me in a way but I suppose it's positive. They say can I help you or can I do something for you. People assume because I'm a little old lady I need help. Why don't they want to help a young person? I experience it as positive because people are trying to be helpful. Can I help you dear? Ha ha. Often I accept but sometimes not.

10. What do you experience as negative about being older? One of the things it's my ability to use the internet. It drives me crazy. Everybody assumes that you will have a cell phone and be internet friendly. I consider myself intelligent but when someone tries to help me they do it too fast and I get frustrated that I cant pick it up quicker. When I was working I retired before they had computers in the wards. I have a computer but I use it mostly for contacting family and writing letters. I've been to senior net I used to do the marching admin. As time goes by I've lost it. I'm thinking of going back to see if I can get help with the cellphone. I probably will do it. I've got this fancy phone that the family bought me, a smart phone but not a smart person!

11. What does the future look like to you? Living and enjoying each day. I'm a realist. I realise that life goes on for so long you enjoy it while you've got it. Were so lucky in lockdown that we've had such good weather and could get out and about.

12. What do you want your future to include? I don't want to include anything more than I have. I want to include my family and my dog. I don't want to have any serious illness. Living and enjoying each day. I'm a realist. I don't want to have to rely on other people for personal cares and stuff like that. Independence for as long as possible

13. What would be the ideal place for you to live in? Right where I am now. Handy to the shops, the park everything that I need now.

14. What would you want to make your life easier? Having a few thousand more dollars. Not really. It would make it, Id feel better. I'd probably be no different. If I won lotto I'd pay all my young people's mortgages. I'd feel good. I don't need more money. I can live very comfortably on the pension. If you own your own home you're lucky because you don't have to pay rent. I got a state advances loan when I started working and I bought a section and a house for about 2500 dollars at 3 percent! I got a hot meal in the middle of the day at the nurses home and for the rest I lived off tomato soup and boiled eggs and I paid off my loan pretty quickly.

15. Can you tell me about your support networks? I had before lockdown a lady that came and did the vacuuming and the bathroom as I have a very bad back. She came for an hour once per week. I've just managed it now, but its not easy. I have to be careful as I have a bad back, but there will be people who need it more than me.

16. Thinking about everything you have just said - what would be the one thing you would want to change? Covid has been very bad for me. I haven't been able to go to the gym my usual times. I do dance and fitness. At the moment I think senior citizens are better off than they ever have been. Financially I mean we've got this energy supplement which is really good. It

makes a big difference. I know not everybody needs it but it would be really difficult to make it fairer. It has to be all or nothing.

Interview with Male 85.

1. Tell me about yourself and your current living situation? I am living here in my own home since 2006. What a pa lava that was. I had to book a time and then fill out this huge form, lucky the matron helped me a bit. I'm glad in some ways with the lockdown as I'm only going to go once a week. My wife is living in a care facility (name given) the last two years. I only got to see her yesterday for the first time since the lockdown. now instead of every other day.She's got alzheimers, it's tough. Yesterday she couldn't find the toilet. I've got two children from my first marriage and I've got my dog here and the cat.

2. What does thriving mean to you? Just means to exist in good health. And keep out of mischief.

3. What does "old" mean to you? Well, I know what it's supposed to mean but at the moment it doesn't mean anything because I'm still quite actIve. The guy that attacked back in 1985 he went to prison for ten years. I was involved in a robbery and the attack left me with my voice box broken - three years of therapy got me talking like this. (p/c from stepson in Auckland at this point where Ben updated him on his mother's progress and Ben's visit. He talked of taking in the dog too and how much his wife enjoyed that. Very warming call.) Old means not giving up. I'm in the older age group but normally you get like my wife for example got a disability, my Dad was 16 months in the nursing home he died a month short of his 87th birthday. Well as an individual you don't think about it (old,) I mean even if where my wife is she's not thinking about it.

4. Tell me about your last meal. Yeah I had a couple of pikelets and I also had a sandwich with a tonne of lettuce in it and that was my lunch. The night before, you know at Countdown they have the leftover piece of ham with the bone in it, there is a tonne of meat on it. That's what I had last night with veggies. And then I had apricot and ice cream and with cream. Yeah cream, I was brought up on a farm you gotta have everything.

5. Talk me through a typical day? Watching TV most of the time unless I get off me bum. You see outside my camellias are all nicely trimmed. I've dug up all my strawberries and put new ones in with all nice fertiliser. And see, look out there the feijoas all nicely trimmed. I do about the place and keep things tidy and I look after the dog and the cat. I do about the place and keep things tidy and I look after the dog and the cat. I go to bed usually about 10 half past 10, watch the late news sometimes a little bit more but mainly after the news I turn it off.

6. Tell me about your last social event. Well, now that son that just phoned up he and his girlfriend came down just before lockdown and we went to the chinese restaurant. I like chinese food, I like everything. I used to play ten pin but I didn't bother going back because every other day I'd go and see my wife and it was wearing me out.

7. What makes you happy? Nothing in particular. Everything. I'm just really content.

8. What makes you sad? I don't know. If something serious happens well like anyone um I don't know I suppose if someone close to you gets a bad turn and it's not gonna be recovered from those sorts of things. No, nothing in particular.

9. What do you experience as positIve about being older? Don't look back on your past life just lIve for the present.

10. What do you experience as negatIve about being older? I would think it's when you're not able to be reasonably actIve. Physically well.
11. What does the future look like to you? I never think about it. No, I'm in reasonable health. I'm living a moderate life and that's it. Like you know I can go and visit when I want to or whatever. I mainly think about her (my wife) and if anything there's to think of in the future she's got two daughters who have travelled a lot but they lIve here now. (in new zealand).

12. What do you want your future to include? I dont know I've had most things in life. I began working in a chicken farm, then with horses, and then in a grocer store and then I went to sea working on cargo boats. You can see a photo of my first ship by the door there. (big long conversation about shipping now). I can still drIve, I do my own shopping. I'm independent and if it comes to taking a bad turn I hope it goes quick, boom just like my brother, my younger brother.

13. What would be the ideal place for you to live in? So long as I am now, then where I am now. I want to stay here. This is it.

14. What would you want to make your life easier? Nothing, it couldn't be any easier unless I dropped dead.

15. Can you tell me about your support networks? I see a medical alarm, oh yeah if I felt I was getting a mild heart tremor, then I need to push it. I collapsed here once but I got up and got on the bed and my hands were a little shaky. They took me to hospital and I stayed a few days. This alarm works good it talks to you. I did the vacuum myself and I usually do it every few days and I was in the mood to do it, otherwise I do it every three days. I gotta be in the mood. No bloody lawn so it's all cobbled. I do my own shopping. I keep a list and I try to go on Tuesday so if you have a gold card you get a 5 percent discount plus any other discounts.

16. Thinking about everything you have just said - what would be the one thing you would want to change or add? No not that I know of love. I've lived a pretty actIve life. If I have to slow down a bit that's okay. If you've got your own home you're okay and now I'm on my own my pension is a little bit more. And from the first of May you get another $63 or so dollars. You can't pick and choose who gets it its got to be all or nothing. It's helpful to get a little more, course.

Interview with Female 89

1. Tell me about yourself and your current living situation? Well, I live by myself since the loss of my husband he passed away in 1964 no 1994 what am I saying, I was 63 and he was 73, a very young 73 I was 63. And so I just carried on as we'd only been in this house 5 months or 4 months I should say in this house and my husband died here at home in the lounge and um I did have somebody with me at that stage, they didn't have hospice things here at that time and so we the Norfolk hospital that was in Grace Road they supplied well one room for terminal patients if it wasn't to actually pass away it was to well their contribution and I was allowed to go as well so we both had two weeks in there but when we left to come back to here they said you won't be able to manage on your own you'll need to have someone to help but I and husband didn't need any help reallyI but anyway they named two different organisations and so I chose one so they would send someone you could have hourly, half day full day or all day or full day and night so I chose to have that one because who better to have it than my husband but she didn't have to do anything because husband he just faded away and he just got tireder and

tired because of his cancer from the prostate area had got into his pelvis and ribs and into his spine so he never he was able to stand up and walk assisted when we came to this house first and gradually got less and less, so I did have somebody with me so from then I just carried on my normal sort of life which was not as interesting and I had I had already been able to drIve the car from in the fifties so it wasn't altogether new so I was doing any long trips but ok I went back to Paeroa many times because mainly for funerals people that I knew some older than me that I had connection with and to a friend in Whakatane so I drove over there on regular occasions um but then I carried on with the badminton, oh yes I've been playing badminton since 1957 I was 27 or 26 no 27 so he played too. To start with in my married life we had no children but I've had two pregnancies that went to the fifth month and the next one to 7 months and the baby passed away after 12 hours that was in 1956 and ok they didnt have and Paeroa maternity hospital didn't have an incubator at all so the child and my husband, they didn't take me to Thames because it was full of flu down there at that particular time so they said it would be better for me to stay and just leave it for a little while as it so happened I went in the ambulance with one os the sisters from the hospital so all that happened so that throws a whole new aspect on your life and after the previous episodes the first one was in 52 we thought we would try again in 53 and didn't try again in 1956 and that was when all that happened. That was the last time, but you seeI've always worked on the fact that it doesn't matter what you've got that something else has probably been worse or somebody else had it. Around the time that um between the second and third pregancny a local girl in Paeroa became or was pregnant had a little son and when she went back for her six week check up when you usually go back they found a cancer and six months later she died and I thought goodness gracious me and then when all this happened to me I thought poor Gay Duff and there was that lovely little boy and Bruce wouldnt be able to manage on his own and go to work and oh anyway all those sort of things put myself back downwards and knowing tha tother people have got over things that way. You never really forget. I can picture the whole day as it was and the next day very plainly never really ever left me, I thought about many times if you keep things allve in your mind you don’"t forget like pushing it away I don't want to think about it many times. Certain things happen and it all passes through my mind, so therefore I came here to lIve on my own so yes I always try to make the most of things. I think the badminton and those down there have been the whole thing has been helpful to me and of course I've always had the piano. That's something but well with my hearing these days the piano and I aren't getting on so well. I can't hear it sufficiently once it gets a little higher and go up again. …….(helpful?) about badminton, the people, we always have some that we like better than others but then you know it's on that day so you make sure you go, so don't think I can't be bothered going today no. If you like something enough, because I played quite well well a lot better than today I did win the singles one year in Paeroa one year and the combines twice but thats going back. The standard of things, you didn't hear much about badminton in those days but it was very helpful and as husband said you know after the baby last episode well we have to do something someone told him that badminton was just going to be starting again in Paeroa, after it used to be they had a club many years ago and then the war came apparently and that was the end of it so um he said what about we both play well I didn't know I thought it was just another name for ping pong or something I didn't have any idea at all. Some people came from Te Aroha because that club had been going a bit longer so they came to gIve us a few pointers because you're all feet and missing but anyway if you try hard enough and you keep going you do get better, there's no doubt but you have to make the effort. So we'll finish the milking and we'd be down there at 7 oclock without fail, without fail and so of course we came here and we not only played in the Tuesday night club which was in the Memorial Hall we actually joined in the next hall which was the real Tauranga badminton club whereas this was only a social club so we payed Tuesday and Wednesday and I played then in the morning and then they only used to be once like once a week in the morning and only ever Tuesday

nights and Wednesday nights but then as the years went on and long before there there was morning badminton so I went to badminton at night and badminton in the morning so you keep going. But the fact that there's only two of us wasn't a problem, well that was my badminton morning and um we went together at night. We decided after that I still played in the morning we decided to play golf and then we also played tennis as well and so but you know you do I found Tauranga fairly hard place to get to know people to become involved with in any way. They'd be pleased to see you and say ta ta see you next week you know never say well pop around or or and I think also having no children is another thing you are quite different . Well, because everybody has got something to talk about with their family Josie is doing this and Bilie is doing that its a topic of conversation despite people saying I'm sick of hearing about what Michael can do and what can someone or other can do just in general conversation you know I've never made a comment like that I just listen always and think that good but um I found it, even badminton and other clubs very few of us have ever visited one another but the act of visiting people seems to have gone a little by the wayside. So people are so busy or busier, there's so many more things to to, they are enticing people more and I mean so far as older people are concerned bowls was an old man's game wasn't it in my youth and for quite a number of years, see when the war came that's what changed a lot of things you'd wonder what but people it seemed to excite them a little bit more and then bowls and indoor bowls and there was ladies playing and it was unheard of or if it was it was perhaps for the more elite group of people that have got lots more money than some of the other people maybe, but that I think the badminton group in going down here I must say well everybody is very friendly and yesterday as I say Sue came and Joanne came as well and Marie comes . Badminton is a connection, very much so more so than the neighbours, that's right a chit chat and then you come home and it makes you feel better. It's like going for a walk rather than sitting around. Its too easy to think well I've heard it this from others well why do I need to do that at this age, but you see you need to keep moving (mm ok let's keep moving …..ha ha

2. What does thriving mean to you? Good health, and um well not expecting more than you are capable of, good health eating properly and regularly. Some people say I haven't had lunch yet and it's 3 o'clock. I believe in eating regularly each day. I don’t know if that's got anything to do with it but thriving. Moneywise perhaps people think that oh well perhaps that's got something to do with thriving in your living life is probably easier when theres a dollar or two around the place against nothing much but then some people I don't know there's the spendthrifts and there's the don't have to go out and expect to buy something every time you go out I don''t know its an attitude. Attitude I think is everything in so many um so many spheres whether it what sort of car you drIve or what sort of house you've got or its very important to some people we all like to feel comfortable and um but thriving I can't think of.um your wellbeing. Does that help?

3. What does "old" mean to you? Well something that everybodys going to grow old if you're lucky enough if your going to reach that and trying not to think about it all the time it's only a number but then I'm not looking foIm fortunate with good health and so I'm not waiting to die I’m not looking forward to dying at all but um I know we've all got to go sometime but um I think it's no good saying Im 72 now and making something of it don't don't bring your age into it unless you're particularly asked how old you are. It's just a number. But if your well it's one thing, if you are racked with some problem that you've had for years and years and years it might have been something some inherent type of thing you've abused yourself with something smoking or drinking or I don't have anything against either of those things in moderation with people if they feel comfortable smoking then go on but sure there's enough talk about it not really being good an odd social smoke is probably not going to hurt anybody but its only certain people that can have it certain times and then not have it other times. So

it's just one of those things. I think being well. I don't feel my age. I don't know how I'm supposed to feel. I'm interested in myself and what I look like, my hair, my my I mightened be as up to date with my clothes but then I'm a little restricted with where I go for my clothes now because the clothes are a bit different than what you see in the paper like in Auckland whereas I haven't got the opportunity of going there. This is a lambswool type. Interested in making the best of yourself. Self pride without being um what's the word um um I know these words, see that the worse of being by yourself sometimes I feel my conversation and the words going round and round in you head (vain?). Ha ha I'm not vain. I wouldn't go out with scruffy shoes, no good being rough and looking rough.

4. Tell me about your last meal. I'm having the second of the same thing, a chicken thigh, broccoli, carrot and potatoes. And for dessert banana and prunes and some cream haha. So I've got that ready to reheat in the um um microwave.

5. Talk me through a typical day? Oh well. I get up at about half past six. Sometimes I ve made the bed before breakfast but um my cats waiting for me usually and so that makes me get up early she waiting she likes to see me and gI'ves me all sorts of smooches in the morning and then she sits on my knee at breakfast time when Im having my muesli and things and then I sit at the table for my drink and toast. She sits on my knee. I've gone out to get the papers first thing in the morning the herald and the times and bring them in and I I look them over while Im at the table and I make sure I've got the pen there from the night before I leave it before I go to bed (ha ha) so I've got it and so I get at the crossword while Im having that part. So that's a ritual a ritual. And then I do what I can I sort of break its back sometimes I sit a bit longer and I could be there after 9 o'clock and I think I better get on because somebody might come but of course with lockdown so that's been um I don't want to get caught sitting there coz I've got my dressing gown still on I've got a real warm type of dressing gown that I've had a long time it real warm not like todays. So then if the beds not made I do that I I, I showeer every night usually before tea but in the morning I have a proper wash and then I usually get most things and then it about 10 oclock and then I have morning tea. I like to have morning tea at 10 oclock doesn't matter what happens unless there's a particular interruption. I usually have some idea of what I'm going to do.Cleaned blinds yesterday and the day before. I do housework, dust and do around and then I went about the skirting boards down on my needs all around the hallway. There's usually always something to do. I don't do the silver on Tuesday or the washing on that day. I just do a bit everyday. And then it's lunchtime and if I haven't finished the crossword I listen to the news at 12 oclock I don't listen too much in the way of TV in the afternoon at all and I very seldom read during the day but I did have a little read today while I was waiting for Mr L to come so I might as well have a read in my book. And I read in bed, I go to bed at 9oclcok. I've never ever got used to sitting up in the lounge by myself. I don't like it. I don't like it at all. So I listen to what I want to on the TV not the silly petty stuff, all silly nothing concrete. Then I go to bed with my book and then I read for an hour but if its something exceptional I might read longer. And I like the crossword puzzle. So that's the day. And then I mow my own lawns and I clean the car.

6. Tell me about your last social event. The last real..., I go to Probus once a month. It's called Rebus now. Its once a month on a Tuesday. I have to miss badminton on that day unfortunately. I've been going for 23 years, I've been a ringer for about 21 years I have about six people to ring to tell them what's on. The committee decides what the programme is going to be and so that one person who is dedicated to inform us rings all the ringers and then we let people know. I'm thinking of giving it away if someone else wants to do it because my hearing is not so sharp. I will continue to go to Probus though. I can hear you clear as, but let's face it some

people are not good at speaking. They know their subject but they look this way and that and if I can't see them I can follow better.

7. What makes you happy? (long pause) Oh I don't know I feel happy most of the time. I haven't got anything happy and sad things. Everyone has them at some point in life. I feel happy most of the time. I never wake up feeling unhappy. I like happy people around me. You are mixed with some other people sometimes but I'm mostly happy.

8. What makes you sad? AA. I had a very sad thing happen but I got on top of it very quickly. I had been friends with someone for 50 years she could be a little bossy to me sometimes because she was a working person an accountant and she is on her own unmarried and but all of a sudden and I don't know because I didn't find out but she hung up on me on the phone one day. I thought there must be a crisi someone coming to the door or something as she has a neighbour with indifferent health, so I tried to ring her back as I didnt know she had hung up on me. So I rang three times and she never answered. But on the third time and I said oh gosh whatever happened did something happen did Christine come to the door or something and she said no no I hung up on you on a very blunt way. It was all to do probably, shes met Mr L and she didn't like him. But he can't, she said first to me did you know there was a rebate from the Council with rates and I said no I've never had anything to do with that as I've paid my own way or our way when it was us. But he came one day and he said I was at the library and I saw a line of people and wondered what they were all doing and he asked and said people were picking up papers for the rebate. He asked me if I knew anything about it and I said well I didn't until a month ago until Joan told me so I did go to the Council so the next year Mr L arrI've one day with this sheet but I never went in the end. Joan asked me if I went and I said no and she said you told me you went and I said I never told you that I went I just picked up the paper last year. She said well it's passed the day and then she hung up on me again. So whether she thought its no good talking to me about anything. I don't know what's it all about. That was last year in July or August. I used to go for coffee on a Sunday or so sometimes she'd ring and say come and have coffee. I knew her sister and her father. So in November I rang her and invited for coffee but she said no thank you, and I said bye bye Joan and that was that. It made me very sad at the time but later I've laughed about it. She wrote me a note much later and told me our interests have changed and we have nothing in common. I thought that's funny I knew her sister, nephews and nieces. So I thought it was nice while it lasted and you don't want me anymore then that's that. I feel sadness for other people and the kids on the TV over in Africa that have nothing, and the warlords ...

9. What do you experience as positI've about being older? Lucky to have seen the changes. Lucky to have, I've had a good life, happy life. I really am basically a basic sort of person not envious of people. I just hope that I've got a few more years still, I might make 100 I don't know. I'd like to think I might make a 100 I don't know. Id like to think I was in command of myself but hey, I'm not looking through rose tinted glasses. Just hope that I'm able to go on as I am now. Not looking for anything exciting all the time I think at this age and stage, one of the nicest things that I've been to was going to Michael Houston but he doesn't come so much. But I went to Dionne Warwick with Mr L and his wife and I really enjoyed that.What a charming lady. She had her slippers on.That was my first time to go to the Arena entertainment area.

10. What do you experience as negatI've about being older? Really cant think of anything. Only if I fell over or suddenly had a stroke. No I cant think of anything.

11. What does the future look like to you? So long as im able to do for myself that will satisfy me after that something will stop me from doing that

12. What do you want your future to include? Go on as I am. More of the same.

13. What would be the ideal place for you to lI've in? Well, I don't know. Ill probably stay here - the only thing will be if I change Id go into an age, I think I'm too late for a residential place. It will depend on my state. I don't really look forward to a rest home at all, a room and an ensuite. I think while I like my own home and while Im happy here, but it would have been maybe better if I'd bought into something fI've years ago because I don't know how long I can be doing the same thing and driving the car. Ill probably move when I need a small apartment or a room ensuite. I think it will be taken out of my hands. I prefer to stay here. I don't have to worry about what happens to me or my money and all that sort of thing I wont be there to know but I know you lose money on your investment in those villages but then I need to think only what's best for me not necessarily the others. My affairs are all attended to. I look after my own money. Yes, to peace of mind having my affairs in order. I have a ST Johns alarm.

14. What would you want to make your life easier? Nothing!

15. Can you tell me about your support networks? My cousin Mr L, used to be Joan but not anymore. My friend Shirley. Mr L is very good and he would see to things I need like insurance and other matters. See when you are by yourself and other people have families I don't want to encroach on other people. I have a slightly independent streak, not so that I wont accept anything I don't want to be a burden on anybody. I have no debts and don't owe anyone anything. I bought a new peugeot 14 years ago and its only done 49000 kms and I go to the same garage. They are good.

16. Thinking about everything you have just said - what would be the one thing you would want to change? Nothing. Other than have my husband back. I don't want another experience with a friend like I talked about. I'm all for a quiet life and don't want to cause any trouble. . I think I get my attitude from my mother.

Category: Family member of aged person

1. Can you please just tell me quickly about you and your current living situation.

My husband and I live on our own, and we've not long moved from Raglan. So, about six months ago we moved and prior to that we were living at Raglan. And we've had a lifestyle block and we had another house on the lifestyle block that my mother in law lived in for many years. In fact we built it especially for her and my father in law to live in, and he's since passed away. And she's need to move into a resthome out there. I think she's actually considered a hospital level care now. When she first went in, she was resthome care but now she's hospital care. I think she's gradually needed more support.

2. You've just described to me what your relationship is with your older person which was the next question and then the follow up question to that is, what is your role or what role do you have in caring for the older person.

At the moment, during this COVID period we've been making sure we ring in every day. I try and encourage my husband to do that because that's his mother, but we usually both there talking. And I will often ring her myself. Before that, we check in with the office, make sure she's got enough money available on her account, if she wants a hair cut or they sometimes buy fish and chips for them for Fridays and things like that, she really enjoys. So, because my work enables me to get out

there bit more often than my husband, I do tend to do that side of things. And the nurses at the hospital like talking to be because I'm a nurse. They think I understand what they're talking about. And also, I've been able to manage my work around, bringing Joyce into appointments and things in Hamilton so if she has to come to the hospital for appointments then I bring her and return her back to her resthome.

3. So what does thriving mean to you

Thriving means to me that she's happy, that she's pain free, and that she can do most of the things that she would like to do. She would like to go swimming every day, but she can't. She can't physically get there. THe resthome has a lovely view out to the harbour. She can see the water still.

4. What does old mean to you?

Well, it meaning different things every year. It needs context before you can answer a question like that. Like for me I feel like Joyce's older now because she's not able to manage for herself. When she was still able to manage at home, I was feeling like she was ageing but not exactly, old. And that tends to be how I look at age now, whereas somebody that's old is somebody that needs support to manage their everyday living. Yeah, cuz I remember when I was that child anyone over the age of 15 was old. And so, you know, by the time you got to 21, you saw anyone over 30 was old. And the closer I've got 65 is suddenly realising that it's not actually very old at all.

5. So what brings your older person joy?

Her family. Reading, she loves to read. She likes to watch television, sometimes not a lot. She loves poetry. My daughter is ringing her every day to read her a different poem each day during this lockdown time. So, they were supposed to be sharing it, Josephine to read one day and Joyce the next but she keeps losing the book. She loves eating too, she adores eating. She is a little bit overweight, but nobody worries about it. In fact, nobody ever has worried about. She's had the most amazing life and done lots and lots and lots of different things. And she loves telling us stories about living through the war in England, and being a police officer, and a lighthouse keeper, working on a radio station. What else has she done. She was a bus driver, she was an ambulance assistant, she did fruit picking. She's done all sorts of things. She lived in a bus before we built the house for the property so they were gipsies for a long time.

6. So then, what brings Joyce sorrow?

It annoys her that she's not as mobile as she used to be. Yeah, so she, like I said she loves swimming and it just about broke her heart when she realised she just can't manage it anymore, things like that. She's been really sad that she hasn't been able to see any family for all this time because it was even a fortnight before (COVID lockdown) they had stopped resthomes having people just randomly call in. So Richard managed to see her, I think we were, level 3, just before, they let him in for 10 minutes or 15 minutes or something before. He just took some time off work and went out to see her because he knew we wouldn't be able to see her for a while. And she hates hearing about friends that have died, that’s very upsetting for her. Her absolute best friend that she used to talk to on the phone died about three years ago. It was just very, very difficult for hers.

7. Can you tell me about her diet?

Well *laughs* I think she eats everything that's put in front of her, but we keep her well stocked with short breads, with sweets, with bars of chocolates, with chips. She's got a request in at the moment for mussels in vinegar, very specific on what she liked. And she likes having a glass of Baileys. I don't

know what she has for breakfast I think it's usually just cereal, with fruit and some toast. Lunchtime is usually their main meal. And she always has dessert with tea. See they're usually quite bland. When this new person took over, they tried to bring in a more varied diet for the residents which Joyce loved. She was one of the few that did so they went back. After all the complaints. The other thing that we had to do is we take her some salt because they don't always remember to put salt on the tray when they bring around the food. She eats in her room. She doesn't walk very well. And they would encourage her to go down to the dining room but she's quite a private person. She is. She likes her own company. Her husband was a chef. So she was used to eating very well. Very very well. She's never got over the fact that they were deprived during the war, and she's been making up for it ever since.

8. What are you most concerned about, in regards to Joyce?
I'm not. She's where she's at. We offered when we moved to Hamilton, to bring her into Hamilton to resthome here but she refused. So that made us realise that she really is happy where she is. She's getting the best help that she possibly can have, she absolutely adores the staff, they are so nice. There were some of those who weren't so fabulous but when the new person took over, they've all moved on to another happy place that suits them better. She's got a really nice team around her at the moment. It's lovely. She has numerous health issues, but she's 91. She's in the best place that she can be.

9. So, I was going to ask, what would be the ideal living situation for Joyce.
I think she's in the ideal place now. She's in a room with an ensuite. She's her own television. A bookcase that's absolutely chock a block full. She's got, I don't know how many videos in there plus, when we moved we got rid of all of our videos. We took them around to the rest home so they've got a whole library that was all of my parents and everybody else's videos that. No, don't use them at all so I mean she can see whatever she wants when she likes.

The one thing she's never been able to manage is technology though. We would have loved to have had a phone for her, that she could FaceTime us and things just managing our basic Bobby basic cell phone is stretched to the limit right and I still get a phone call saying hello Richard when she thinks she's calling her son. So we did have an iPad and things for her but it was just hopeless and she just couldn't do it. She manages her phone so that her two granddaughters, one that lives in England and one lives in Spain can ring when they get a chance. My daughter in Hamilton here rings her every night I think.

10. What's kind of changed over the years?

I think the ageing process changes your perspective on that. I know that it's certainly been changing mine as I've got older and choice. And I know that for Joyce, hearing friends have died that she's no longer got peer support happening anymore. None of her friends as still alive, her partners' died, or her husband I should say. She was an only child so she's never had siblings.

11. Is there a future care plan in place for Joyce.

Yes. Definite not for resuscitation plan in place. Which she talked to the doctor about by herself, without involving us. So that was nice. We also have Richard hss the power of attorney for which he also had for his father as well. His father has dementia. And Joyce hasn't but she's very forgetful. We sorted this as soon as we realised something was going on with James, because he had to be in a fit state to be able to sign up. Yeah, so Joyce asked Richard to organise it.

12. So ten the last question is, how do you see the future?

Well I can see it stretching out for a long time, for Joyce cos she is so well cared for. We had her 90th birthday, she spent about three days up in HDU, because we thought she was in heart failure. And she has been bounced back and you would never know. So we had her party with everybody there except for her because she had been taken away that night by ambulance into hospital. So, it was all a bit strange. It was fine. I think she's going to outlive us all. And she's got that Advanced Directive and she doesn't want to be resussed if anything happens to her. She doesn't want really want to go to hospital but she will as they seek to because it's a very little rewst home, not a great big one and it's a long way away from hospital, I mean no doctor's support on the weekends or anything. It is what it is. She's very chatty. She's had an interesting life, she loves listening to people, you know, like, it makes it very easy to look after her and to be with her. So, she's never really cross, it's not in her nature.

Interview with Mrs J. age 39 l Family Caregiver

1. Tell me about yourself and your current living situation? I am 39 years old married with two primary school children. I live on a property originally owned by my parents which we subdivided. My parents have lived here for over 47 years. They live in the same house they've lived in for that whole time and we built a house next door. I have three siblings who live in Katikati and in the Waikato. My Dad is 79 and my mum is 78. They've been married for 53 years and Dad has had an orchid nursery. The property has still got some of those things. Dad has never had the concept of retirement he's kept on doing the same thing really but slower and letting things go a bit, not exporting the same but almost like a hobby and business. Mostly he sells on Trade Me now. He hasn't since Christmas and we're not sure how he'll get on again because since COVID he hasn't kept up with all the technical things on Trade Me and I don't think he'll cope now. Mum trained as a teacher for a few years and then some office work but has mostly been a stay at home Mum and helping with the nursery. I work in my own business and at the hospice and husband 12 hours per week as a gardener now. Husband is taking on a lot more of most of the looking after of my parents aspect of things because hes the one at home and if he doesn't leave quite on time it doesn't really matter. Whereas if I'm heading out the door to work and Dad comes over with some sort of problem its usually go inside Im going Im on my way out. Mum has alzheimers which was diagnosed 8 years ago but she was deteriorating before that. Dad has not been diagnosed but he has been getting worse from a memory point of view. Hes had a few vascular events and I think he might have vascular dementia. His progression is more stepped than Mums. I think he lives under quite a lot of stress living with Mum but recently its been worse. Since COVID weve been cooking and taking dinner over each night. Before that it was once a week and they were eating out three times or four times and then having basic things like a can of tuna and potatoes. The kids have a really great relationship with my parents because they grew up with them. We lived in a shed on the property and Mum looked after my son when I first went back to work. Often the kids will run over and serve them a plate of dinner. We call out to Dad for dinner and Mum will be inside setting the table for breakfast. The other day she had the pressure cooker on and I asked her what are you doing and she said cooking dinner. Sure enough it was a pot of apples, on the wrong element. Shes definitely deteriorated. Since lockdown we've been doing all their shopping and cooking. They no longer drive, Mum used to forget where she parked the car. Dad was driving but we'd got more concerned about that. Interestingly he said, you drive me there so that showed me his confidence was dropped. He hasn't driven for 10 weeks now and I dont think hell go back to it now. He let my husband take him to town the other day for a haircut. Mum knows she has dementia she says "Im not having a good memory day". Shes placid, hes much more cantankerous. Hes started saying the last three months "I really dont know, this getting old M its no fun". We have to learn new ways of being or else we end up on the repeat cycle and that's hard. He'll often say I dont remember you saying that. He's trying to keep it together. They've lived a very sort of countryish life, his own time and way of doing

things. The house is just like it was when I was a kid. Nothing gets thrown out, its all still there. Thats actually helped Mum, she's a real routine person, but for Dad things have changed and he hasnt really kept up and things change. The banking has new security, the internet button is different, he's lost then. They had to call the callcentre to reset a password recently and had to wait for ages on the line and when he finally connected he walked on the cordless phone across to us but got disconnected of course. "Well you walk around on your phone, why can't I".
My husband is getting overwhelmed by all the requests for help so we have asked family to support but the organisation of that is really tough and there are so many opinions.It's more work for us when they come over. It's really hard, they don't really understand. They probably won't manage too much longer in their own house. They come to us to solve their problems, they always come to us. Mum got lost coming over to us the other day, things aren't getting better. It's a big responsibility, it's all our responsibility.

2. What does thriving mean to you? I guess in general doing well. So healthy, happy. Wellbeing with an exclamation mark, extra wellbeing. Not just surviving.

3. What does "old" mean to you? Its relative because my family traditionally get very old - my grandmother was 104. If it were an age I'd say 80s.

4. What is your relationship to your older person and what role do you have caring for them? Daughter, first point of call. I'm also power of attorney. We are the reason they can still remain in their own home. I do all their business accounts.

5. Is there a future care plan in place for your older person? No. They don't think they need one. They wont accept any outside help anyway. He's got his heels dug in, he's in denial and wants things just to be how they've always been. Dad protects Mum and doesn't acknowledge her alzheimers.

6. Tell me about your older person's diet. We take them over nightly meals. Mum is a really skinny old woman, and Dad's appetite is really reduced. They were making little effort on their own but when they eat with us they say oh this is really delicious and then they would eat it. So I think us taking meals is better. Mum sticks to routine - for lunch you have 4 bits of bread regardless of appetite or hunger.

7. What gives your older person joy? Um, Mums really enjoyed her grandkids particularly when they are younger, she likes the preschool age. She finds the older ones harder now, they talk more and faster and she cant keep up. She preserves fruit but now she thinks oh God not more fruit, but she was so proud of her filled jars. Dad, I cant really equate the word joy to my Dad. Yes, he's loved his flowers but he's not an exuberant personality Dad is so flat really, you dont talk about emotions. He likes being outside. He gets pleasure from things, likes being self employed and self determining.

8. What gives your older person sorrow? They both grieve the loss of wellbeing I guess. Loss of function and ability to be independent. "This getting old is no fun". Daily life is becoming a struggle.

9. What makes you happy about your aged person right now? Not much that makes me happy at the moment. It would have been awful having someone in a rest home during lockdown. I guess living this life of denial and keeping their life the same and them being able to keep living this life since Mum was diagnosed. They've been able to live this long really. I like that we can help them.

10. What are you most concerned about? I have concerns about Mums safety with elements for example. She used to go for long walks every morning and I worried about that She didn't understand COVID regulations. She got lost once before lockdown. She goes to church and gets

dropped off and picked up but she wanders off sometimes. With COVID these things haven't happened and I don't think they'll get back into them. Dads driving is a worry but I don't think he'll get back to that.

11. What does the future look like to you? I don't know, in relation to the care situation. How is this sustainable I just don't know. I think we're going to have to respond to it when something goes wrong. It's tricky on top of everything else.And you know the car never breaks down when you've got lots of time, who knows.

12. What would be the ideal living situation for your older person? If I had a magic wand they would remain on our property but possibly living in the flat without having to look after the whole place. If they could keep living in the bubble that they know just safely and us being able to solve things when things go wrong.

13. Thinking about everything you have just said - what would be the one thing you would want to change? I wonder if they could have a better relationship with their GP or some person like a NASC person or some external support like when they need a plan or something. Someone to guide those conversations. Dad's classic line is she can still do crosswords, she gets some words I don't know. He really loves her and finds it hard admitting things aren't right with her. We are trying to be the buffer to try and solve things so they can last a little longer. It's just exhausting being that buffer.

Category: Person working with people aged 65+

Interview with first member of College of Gerontology Nursing

1. Tell me about your role. Tell me about a typical day. Ok, I've been in this role for about 9 months now and I'm in the role of a clinical manager. I see it as actually supporting the staff, and the staff could be another registered nurse, an enrolled nurse, or hospital aide for them to able to feel comfortable, if they have any new skills that they have to learn, upskilling their clinical skills. Being in a first role of a clinical manager, it's also knowing just understanding the management side of being a clinical manager in our facility. And just knowing there's a slightly higher level up, and more responsibility that comes with is. Manegement of people and recruiting and just doing performance appraicals and kind of more the management side of things. Just to keep everything running as per the standards in our facilities that we have. Have to do all the audit that needs to be done. And those, I see as my role that the team are supported and there's a new admission that comes in, anything that's needed. Nancy is my service manager and I need to work along side her, to make sure that that transition of the residents coming in or vice versea, it's more of in the middle of supporting the people on the floor as well as Nancy who is overseeing the facility.

About a year and half ago, I was still working as a clinical nurse specialist, in XDHB, and my colleague had a brilliant idea, as Napat, you could be a great representation of gerontology nursing. I'm going to nominate you to be part of the committee , and I thought, yeah, what are the chances? I thought wrong. Because there's more than one applicant, it went to a voting process, and um, obviously people chose me and I became part of the committee.

Until then I only experience in gerontology nursing in an acute setting, a DHB setting. Which for me, as a nurse working with older people since I've graduated, in 2009, as a new grad, for about ten years I worked with older people. In the rehab side of things. WE know that older people are more than just in hospital. We only see a small chunk. Um, which means you know, there's more activities going on in our facilities, in the community. The reason why I changed the role is to get more experience, clinical progression, to practice what I preach really. You when I encourage

people to do it. You know, they know, theories are there but when you practice you then know what it's really like and you've got experience and you're on board.

My role in the committee is we do have a monthly newsletter, that's sent out to the committee members. So we have someone else that actually compiles all the articles and everything together and I just need to go through and make sure that everything is current, and not too political. Just making sure that everything is in the right balance. And it gets circulated out to the rest of the committee members. So that's my regular role. But otherwise in terms of being part of the committee, is actually offering, is for me the best of both worlds now, cos I get to work in the DHB as well as now I work in the community in an ARC. So I think can offer an input and any contributions I could have, um, from the perspective of being in different roles. So it's not that, I know that when I first started, my goal is to get the right balance, because people often see gerontology nursing or gerontology as only just in resthome and aged care facility. I think it still is. So I was quite proud, quite chuffed that I being part of the group, this is my chance to be able to, uh, offering in the way of you know, my knowledge and my skills, and my experience working in a DHB. And use what connections I know, to encourage people working in a DHB to actually see that there's more than just us. I believe that we still nee dto understand that older people.. We may not be as sexy but we do have good things going on and there'sa lot of passionate people working out there. And there;s a lot of residents who just have life knowledge and experience that we all could learn from.

2. What does thriving mean to you? Thriving for me, I'll start with myself, thriving for me personally is to be able to make a difference. I love working with older people. People use the word passionate but I describe it in a way that actually I get to learn from them. I get to know their quirks. I get to build that rapport, relationship with them. In a way that we can joke, tease one another. Getting them to understand it, if you have to put the foot down and actually encouraging them to try and take the medications and see if they feel better. Then you be able to explain it to them because you have that rapport. Not to coerce them to actually take the medication, but actually getting them to understand this is the benefit, this is the disadvantages, but decide what you want to do. I respect you regardless. But thriving is working me working alongside them to make sure that whatever they decision they make, they still feel like they have that control. Thriving is for me for them not to be in the facility and that's it, the door's closed. You know, all the decisions get made for them. But they can still feel that they can get empowered. THey can still make the decisions themselves. So I like to be able to work alongside them and that keeps me sane in the way of coming to work and I get to out a smile on their faces.

For me another thing that keeps me thriving is actually coming to work and having a great team. The team that I refer too is not just RNs or ENs, but the wonderful hospital aids, and even in my others roles as Clinical Nurse Specialist, it;s the team that you work with that brightens your day. Cos that's when I work as a CNM, it's not so much the patients but actually the staff that you're working with. You know, the respect that you gain from them, keeps me feeling good about what I do.

3. What does "old" mean to you? The word old, it doesn't.. I keep saying to some of the staff here, is encouraging them to think that you cannot blame old age to all the aches and pains that you have. Or when you say that you cannot remember things. So that's not what old means. But its its a way of being actually, just juggling the team along when they have a bad day. For me the word old it, the first thing I thought of is people who are older who live out in the community or in her, who doens't have family support. Even coming from a background where in Asia, people wrap the support around older people. There's always people looking after, the young generation looking after the older generation. The work Resthome and Facilty is completely foreign. Not anymore now. 21st century is different . But for me sometimes the word old means

social isolation. And um come in multiple, complex medical conditions. But to me, when I see the word old I just want to be able to help them. To be able to feel that they are still loved and they are still able to be cared for.

4. How do you see the future in healthcare for older people? What I see, for all nurses, all health professionals, to know that older people are not just people who are waiting to die. Not having the same services or the same opportunities as someone who's able. They need to be respected in a life work that they have done for so many years. THey need to be given the same opportunity that they would do in anyone else in any age group. So I like to see that they get the same equity of access to healthcare like anyone else.

5. Do you feel your practice is tailored to meet older people's needs? It's been very hot topic in the last few years. Of individualised care plans. Being realistic, and everything, the theory is fantastic. And I encourage people to do it. And that's because older people, they have life work, they have their thoughts, they have everything that theyve done in the past. THey would have lived life in a way that would not be used to someone telling them what to do. So for you to have a careplan or care needs that they don't agree to or it's not what they're used to, there's no way there's gonna do it. So for me, individuality is actually seeing what the older people you seeing are like. They might be people who really need structure, and they need that individualised, something that they are used to. Or it might be someone who you really need to give them or tell them what needs to be done. I know that the staff here a trying very hard, and sometimes they will learn it in a way, they will do things in a way that the older person doesn't want to do. So what they get is actually might be the behaviour that they presented, can sometimes be physical, it could be as a result of the fact that you are not respecting of what their needs are.

SO they learned it in a way that actually i need to make that they are individualised enough (?). At the end of the day you need to consult and talk with older people. And if it doesn't work they you need to link in with the family.

6. If you had no monetary constraints what would gerontology practice look like? In a facility, actually anywhere, if you don't have the money involved, it means that you can have any amount of.. A lot of human resources for you to be able to work. So the word "short staffed" doesn't come into play as much. Jus because you don't have the money or the roadblocks. Or actually we're not going to be able to quite fund that. So human resources would be great. So you know, if you don't have the money involved and you can hire an many people as you want. Obviously you need the right people for the right job. But you'l be able to support that and progress that without having that without having to have the conscious thinking that actually will I be able to offer that again. Another thing is actually having the equipment when we do need it. Because we are working in hospital level care, you changing equipment, particularly mobility equipments they require. And having it right there when they need it. Having the ability to have equipment, you know at the right time and at the right place would be quite good.

7. Thinking about everything you have just said - what would be the one thing you would want to add/change? I see it as an opportunity to improve or make it better. I don't think you could change it because working in a health profession, things constantly change. But I think this is an opportunity to improve. Wokring.. I've done a few hats… working in a acute setting as well as here, its actually workthing together as a team. A team in a way of secondary care to accompany community or an ARC. It's actually working together so it's not them and us. I think for me that will improve the health of older people. Improve the communication between the different settings. More transparent because we know we are still looking after them. It's sharing information so that people do have it. That's one thing that came into my head, you know, the one connected health system. One thing that come from that as well to make sure that.. What's

the word?..um.. The pay parity. That's a hot topic. But I don't think it's that, I think that it's more of the way it's portrayed. That people need to understand that there's more than one side of the story. And they need to understand that you know, what you see is they get paid better but what are the pros and cons that come with it. It's something that..one thing that I wanted to see an improvement on is actually to be able to, for the older people to benefit completely from that connected health system, where wherever they go it's not so much of oh, they haven't told me, or actually they can't quite get the equipment because they are in this funding. There's more of, if they need something they should be able to have to it and they should not have to go through the same or twice the amount of trouble just because they are over 65.

Interview with second member of College of Gerontology Nursing

1. Tell me about your role. Tell me about a typical day. I work at a rest home level (not hospital level). The RN role tends to be a little stepped back because the majority of the caring of the residents is done by the care staff. My role tends to be more the paperwork and the preparation of the care plans and generally overseeing the care. I manage the care staff to a degree. They've got their allotment of people. It's my job that if they've got a concern about the care staff to go to someone and say I'd like you to weigh that person, and put them in the shower and things like that. I've worked here since August last year but I've worked in aged care since I qualified from nursing in 2004. I've done radiotherapy for 20 years before that. I went straight to aged care when I qualified as a nurse. Primarily because it was just before they got the pay rises in DHB and the reality was financially I was better off going into aged care because although I was a new grad nurse I was not a 21 year old at 42 years of age I had life skills they were recognising my level of life skills. Also having done radiotherapy and having been involved in first aid for 30 years I was used to being an independent practitioner I didn't feel the need to have the doctor there to make me feel safe I will admit my first stint out in aged care I went out into hospital level it was mainly my first aid skills that I was using. Having done radiotherapy I've always had an interest in palliative care dealing with end of life and the reality is that in a rest home they may move up through the levels of care there is only one way that these people will be leaving. I feel comfortable dealing in those situations and having those sorts of conversations. I work for a Ryman facility. They are kinda rather proactive from moving them on from rest home care as soon as they need a slightly higher level where other rest homes that I work in we try to keep them there because it is their home. I'm not averse to having to put in any extra hours sometimes if its to help those people in those last weeks . And over my 16 odd years working in the aged care field I have had numerous conversations with them how they are feeling its ok to go you've worked had you know you can relax now so ive had many of those and you do make people cry but sometimes they need to cry. Often we have supported people without the funding. I organized with hospice to come and give the staff a debrief. I have established contacts and networks through my prior radiotherapy career to support my work here. A key message is about collaboration and networking and relationships among professionals, its invaluable. I'm a weird nurse that actually likes the inter rai assessment. Some of the smaller facilities and I think that this is an issue with why the job is not so attractive is that they refuse to pay you for time worked over hours. A lot of the work ends up being unpaid.

2. What does thriving mean to you? To keep the person thriving it all comes back to a quality of life. Having worked 20 years in radiotherapy My belief is its quality over quantity. I freely admit that my views on death dying quality of life is quite screwy compared with a bunch of others. Seeing somebody fight a condition for twenty years or they've had a disability for twenty years and they might be in their 70s and they're tired, they're ready to go. . Somebody else at 70 isn't ready to go coz they've still got a full life that they're ready to do and they havent had to

deal with that for 20-20 years. Like your multiples sclerosis patients, mnd, even rheumatoid arthritis . So to thrive is to have a good quality of life and you know enjoy the existence.

3. What does "old" mean to you? Not grey hair. It is only a number and i find its really quite funny because I sit here Its an attitude more than a numbI don't see myself as being 58 years of age which I am.er. My mother is 90 and has the same birthday as me she doesn't look 90 she's a lady that never tells her age when she had her cataracts done two years ago she suffered quite badly psychologically because she'd never been able to see her wrinkles before. She does not act like a 90 years old woman, you'd probably put her at 80. Conversely you've got other people at 70 and because they've given up on life and are just sitting and waiting on everything they are old in their mind and attitude. People are living longer.

4. How do you see the future in healthcare for older people? Yeah that becomes an issue. Over the last 10-15 years the levels of people coming into aged care. The people coming into rest homes would have been in hospital level care the people into rest home are the ones they are supporting at home. Hospital level aged care was a progression through rest home level to hospital level. Now the hospital level is one step from acute hospital. The problem is that the contracts have never reflected this. They still believe that for 20 residents you only need one caregiver on the floor and one RN on call. They get passed on audit because they deliver on what the contract says.12 residents on a caregiver shift 12 residents in 3 hours you cant do that. You cannot allow 15 minutes a resident. That doesn't work. But that's the reality of how it needs to be. And we are still asking of our caregivers to do this amount of work in this amount of time even though its not possible. The funding models don't work. You will get a division between the haves and the have nots. Because when you go into a rest home the subsidy doesn't cover all the rooms there are extra charges be it 5$ per week or $2 per day but where I work the more expensive rooms are the ones that are close to the lounge and dining room whereas future down the corridor are the cheapest ones and sometimes the ones that are right at the end of the corridor are the ones you need closer to you. So what's going to happen maybe not in NZ I don't think it will come to that not everybody is going to be able to afford to pay for the level of care that they want. Think of what we want if we went into a aged care facility we have a shower every day ok when you're unwell you probably can't cope with it i jokingly say that I have to write a list already now of how I want to be cared for in case I go into one of three places and cant talk for myself. I don't want blankets on my bed in a heated room, don't dress me in track pants and three layers I don't feel the cold. Most of the meals that are served I don't eat. I don't eat pork, I don't eat eggs. I'd need special meals all the time. Its a completely different cohort of people that are going to be coming in with different needs. And the current system cannot accommodate them. We try, but we can't accommodate those needs. If someone has special dietary requirements you make the food for them to a certain extent but I want a shower at this time.. People have to understand they cant fit in. And what's happening now is you've got people going into retirement villages into serviced apartments and they get services but they are still in their own apartment. At least if you are in a rest home wing you can see that someone is looking after 5 or 6 of you and you can kind of take a number and stand in line but if you're in your own apartment you want it when you want it but the staff levels are not able to cater to that. If you've got 12 residents you have to do them boom boom boom some of them are off site and you still have to go to them and I think the big companies are not advertising correctly. Not all serviced apartments have their own dedicated staff. These are shared between the departments often thus competing needs. The people in the apartments don't feel they are in the rest home. Their attitude is “we are paying therefore we deserve but it doesn't work like that.Theres going to be that disconnect. There is a place for it because I don't think people should be expected to keep their family members at home coz everyone is living longer and they've got their own lives. I spend a lot of time telling families don't feel guilty about putting this person in to facility you are their child you are their partner, you are

not their caregiver. Some families would love to look after their mother. My mother went into a rest home. But I was not going to take her into my home. I said to her at one stage I live on my own I have my own life I cant get absorbed in yours. It wasn't being selfish, it was looking after me. I think the attitudes need to change so that the rest home isn't necessarily the worst place to be because the one thing that is not being quantified in any assessment is loneliness and socialisation. So many people that have lived at home on their own even with support packages in place people coming into their home but they're on their own they come into residential care within about two or three weeks they're a different person. I had a wee lady she was a blind lady shed looked after mother in her younger years and now lived alone shed fallen pregnant when she was younger and we didn't talk about that and I said to her do you feel lonely and she said I didn't think I was coz my family would visit me during the week and their own families in the weekend but I really love the fact that ive got people here that I can talk to when I want to. I'm a firm believer that if you come into residential care I quite like to encourage them to take meal times with the others but then do things in their room if they want to. Some people like having their doors open because they love it when people walk by and say hello

5. Do you feel your practice is tailored to meet older people's needs? I think so as much as it can be. Interesting was that during COVID the whole facility has got zoom 5through it and these people were running things on zoom and all these oldies were up at the screen saying hello hello I haven't seen you for a while. Some of them really took to that. We're still doing zoom at the moment if we don't want to have a big group. We divide the group of 51 residents into two groups and zoom the others in. I like to get to know my residents and understand what makes them tick so that you can provide something for them in a way that's special to them. Fortunately the government has decided that the interrais don't have to be up to date at the moment so they've taken the pressure off but theres still paperwork and still more paperwork. Interestingly in the second week of lockdown theres no visitors, no entertainment and the residents going crazy so I decided for an hour before I went home I'd sing. I'd sung barbershop and stiff for years so ok I'd give it a go and all these ones came to the door to have a listen. I never got another opportunity to do it until mother's day and one of the men hese a grumpy old sod if it's not done his way he comes to the door to listen again. He'd tell the staff in the evening I didn't know that nurse could sing. I want her to sing again. Now he keeps asking me when am I going to sing again. He suggested on fathers day and I said I'll think about it. Interesting because somehow we've made a connection.

6. If you had no monetary constraints what would a GP practice look like? Have a better staff to resident ratio. Make it so that you could give people time.

7. Thinking about everything you have just said - what would be the one thing you would want to change? Over time what they have tried to do and I refer it to everything they are dumbing down things. In the interest of dumbing it down everything has to fit in a tick box. They are taking away our ability to think for ourselves. My ability to do things the way I want to do it away by insisting I follow a tickbox process and caregiver now suggest we make everything a tickbox. Tablets in the rooms now, everything is a tick box mark it off. You don't learn anything about the resident.

They've depersonalized it alot by thinking they are being efficient. I'd like to go back to do things individually for each person, not just make it so formulaic with tick boxes.

Auditing has depersonalized and dumbed down care plans.

Mistakes mean practising certificates are on the line. Risk aversion equals not thinking for yourself.

It's something that makes aged care scary because you don't have the doctor right there.

Nurses in management positions feel they've got no responsibility and they can't make decisions.

Interview with Support Worker and Union Delegate

1. Tell me about your role. Tell me about a typical day. Start off with someone that needs a shower and household tasks with the area that Im showering in, perhaps make a bed, clean the toilet. I work for Enliven, Prebyterian Support Northern. So taking care of somebodys personal needs so for someone else it might be all of that plus breakfast. I start at 7.30am - I used to start earlier but not anymore. From my home I go 16kms in travel distance for clients. I have about 5 clients on average daily. I work five days. Sunday through to Thursday. Now on top of what I start my day with I then go on to do home help. Same amount of clients. I tell you whats happened. The government implemented a system called guaranteed hours and also payment from home to someone over 15kms away. Anybody under 15kms you dont get paid for the first trip and in between if you travelled 10kms between clients you only get paid 3.75kms thats how its structured. So once upon a time I could have had 8 clients in a day no problem. We still do get some additional hours on top of our guaranteed hours but thats the system. The office is in Greerton so I dont go there too many times.. A support worker will only go to the office for a meeting once per month, for picking up paperwork or PPE gear and perhaps to have a meeting with the boss. We have a monthly meeting. I work autonomously and I love it. I dont feel isolated. I know where everybody is. What I will say is that we feel that there is a divide between being a support worker and your management which is fair that the nature of the job but we all feel that there is a separation its kind of like not a lot of communication.

2. Tell me why you are working in this sector. Very honestly its because after the jobs that Ive had in my life before children came along this is what suited me. Due to my experience. You get on the job training. PSN have always had training in place it comes in under NZQA you have induction and youre supposed to do NZQA level one in the first year. Its now changed and you can do three levels in the one year if youre clever and smart and quick enough which think is not so great. How do you know what a dementia client is if you havnt had the time to work with them before youre actually doing the study. It all takes time. Not such a diversity of clients anymore. I guess it depends on the area that you are working in and how many care workers there are. I dont know where the dementia clients have gone over time theyve diminished. Not sure where. Potentially reallocated to other support workers.

3. Tell me about the positives of working in this sector. For someone like me its being able to solve problems for people. Um and you have to be very flexible, you have to have compassion and empathy and all those things that go with elderly. I can use those attributes of mine. I guess its because Im the type of person that likes to move so going from one house to another suits me. Working one on one I guess.

4. Tell me about the negatives of working in this sector. The management gap I spoke about early. An example is with the situation of COVID. So our top management board leadership management general management, we have these wonderful emails coming to us just about all every second day theyve done amazing well and you have the local management and the only information they will share is with the ones that are working and you have a lot of people at home that are either immune compromised over 70 and are sitting there on tenterhooks wondering what is it going to be like when they get back and no matter how many times they ask I only know

this because Im the union rep they are not getting any answers so there is a fear running through the community around what its going to be like when they go back to work. There are people down in Rotorua who feel undervalued because their managers are not getting back to them when they ask for assistance for their clients. Handovers or feedback from our clients is getting to them but they are not responding and leaves the clients at risk. We used to focussed on handovers at our monthly meetings now we are focussed on how can I put this PC ness - you are not allowed to mention the clients name anymore it takes away the whole team support for that client. Nobody knows whether its personalities or pressure, ok we feel that our local managers are being instructed from above. They might have their hands tied by budget constraints. Our systems are crap. The amount of times we hear they cant do something because their systems dont allow it. Our managers / direct supervisor talk about how frustrating it is to get anything done. We have huge turnover of supervisors in our job more so than support workers - huge. To the point where we often feel we work on our own. Were managing as they are being replaced. Sometimes they take six months to replace someone. Its just terrible. It appears that there is a lot of work for those women to do. Yeah.

5. Tell me about the challenges you have during your work day? e.g. collaboration with other services, other professionals, within your practice? As above. We are not meant to advocate for our clients but you have to to some degree. I could feed back to a supervisor but they would say “they need to get back to support net”. In the first instance I would say they need to talk to my manager. If I advocate for them its standard they need to talk to Support Net. If I was to ask for more time with a client it is because I feel I would need it. I might then ask for extra time and that would probably be granted. I would ask for more time if their care needs changed and took more time.

You have a care plan which you share between support workers. Also progress notes and while they say they might have done their cares according to the plan. I might write up what I did to nudge the person along to remind the next worker this needs to be done. We use the communication page. In a perfect world it works, it used to work. Aa I dont know whats changed but . The nature of the job has changed I think. Where it used to be one of collaboration where we were all involved we were given good information about our clients that doesn't happen anymore. Soo if I have three new clients tomorrow I have to ring up my supervisor and ask for a handover or else I'm relying on the plan being good enough so for example I went to a client one morning and he was in a wheelchair and I didnt know. Also I had no idea of the behaviour of that household. If you work for my company you should know what's going on with my new client - our systems don't work! The after hours system doesn't work very well. That's the system again and funding.

6. What does thriving mean to you? Coming home and feeling fulfilled.
For my clients - having good service. Yeah I think alot of people feel vulnerable when they dont believe the person coming into their home knows what they are doing. Skilled service.

7. What does "old" mean to you? My comment people are set in their ways and they dont always stand up for themselves. That belief system of we cant make waves. In that respect they are vulnerable. Thats why we have to advocate for them even though we are not supposed to.

8. Tell me about some challenges you perceive the older people you care for have? Lack of communication from administration. Isolation depending on their circumstances. A man that stands out to me is a man that has brain damage in his life and so he hasn't got anything except his cats and tobacco and he sometimes gets to go the church on Sunday and without that particular contact I dont think he would have felt he had much of a life. Strangely enough after

COVID I went to visit him seven weeks in and its the best I've seen him in a long time! We let him down during that time. I think he needs a social worker to asses him more totally.
Heres a goodie, occasionally youll get a call from the office to say please go and see this person the District Nurses asked us to see them and by god you walk into nightmares absolute nightmare. Why, he might be a hoarder for example and ends up in hospital and they send him home but he's got to have a support worker to do his housework. OMG dont send us in there that's a health and safety risk but too late by then two of us have gone in and two of us have done our best to do whatever in the time what we've got. That District Nurse should tell our boss whats going on and then our boss should tell us. I don't know how that works. Normally STS (Short term services) should assess before service is allocated - it doesn't happen. I've cried sometimes. I don't know what happens to those people in the end.

9. How do you see the future in healthcare for older people? If, I have this inside information about certain things I don't see any positive change coming any time soon. More of the same, but possibly less of more of the same. There appears to be a drive from the DHB to get the services cut down. Since the COVID situation. They'll put the money they save somewhere else. They are just trying to work the budget I think. The writing is on the wall - the fact that I'm going into two peoples homes when I could be going into five. There's a couple of sisters at Omokoroa where one has very high needs and I'm sure her sister doesn't want to be doing all the personal cares but no one has asked me to go back in yet and I know they would need me back. Its not right for her sister to do that. I have a Parkinsons client whose wife has helped him but she has her own issues.its tough. Another client has had a neighbour help her and she rang up and insisted they come back weekly as they only offered fortnightly. She insisted they come back as before and got her way. One person would feel it puts too much pressure on their family to do the work themselves

10. Thinking about everything you have just said - what would be the one thing you would want to change? Systems. Organisational ways of working. Proper collaboration. I think the MOH and DHBs are not doing their job properly. Its the NZ contract model. We as a union have tried to get the Minister of Health to come and spend a day with us. Also too I think the unions have a huge part to play in this. They are advocating for the elderly through greypower through us delegates in a positive way. ETU home and community support. We have some wonderful people in that organisation. We have quite a few members but they just think someone will work it out for you. I believe I work for one of the best organisations in this sector but ..

Interview with OT

1. Tell me about your role. Tell me about a typical day at work for you. (Do not need to name your workplace here but please describe). I'm an occupational therapist on the stroke ward which comprises of acute patients and rehab patients. Um. Typical day is quite variable because you can't predict which patients are going to come in each day. But I guess on the whole, aspects of the morning are spent doing handovers, and figuring out what patients have come in, allocating new patients to different therapy staff to do initial assessments. So most of the morning will be spent doing initial assessments and then just working through the rest of your caseload.

Tell me why you are working in this sector.

So I'm a rotational occupational therapist as well. So it's really good opportunity to gain knowledge and understanding of working with the stroke patients and I guess primarily with the older adults in that area as well. Just a good cross section of experience.

1. Tell me about the positives about working in this sector. I guess it's really good when people make progess and you're able to help support them to discharge the way they would like to discharge. So working together to achieve the best outcomes for them. And I think it's amazing, the stories and experiences of people who have lived incredible lives. You just get an eye opener to such various experiences and things.

2. Tell me about the negatives about working in this sector. Sort of the opposites of those positives that some people are not on the track that they want to achieve the discharge plan that they would like and that may mean that, um, that alternative living arrangements or supports being put in place and things like that. And unfortunately at times it leads to death for some, and so you\re looking at that as well.

At times for certain people especially if they've been highly independent, to accept that the level of dependence may be altering as well. To kind of have that taken away from you, certain roles and responsibility, that you were used to in your day to day being. Um, it's just a massive adjustment. And I think at times there can be a stigma of some of those changes as well. That living in a retirement village, or a resthome, that certain people have certain perceptions of what that looks like.

3. What does thriving mean to you? Thriving is kind of quality of life and achieving best possible outcomes.

4. What does "old" mean to you? Old is kind of, not necessarily defined by age but sort of a frailty. And losing the ability of things that you used to be able to do.

5. Tell me about some of the challenges you perceive that the people you care for have. Obviously there's a range of challenges depending on the person's challenges and things like that. But a big challenge for some of them would be a change in living circumstances or having to go from not receiving care to receiving care. And that adjustment to what independence they are used to. Some of them having to accept that they can no longer drive. It's that change of role or responsibilities, I think. It would be really difficult to overcome at times.

6. Tell me about the challenges you have during your work day, eg. collaboration with other services, other professionals, within your practice. I think especially working in a rehab role at times. Some nursing staff and healthcare assistant staff don't have a rehab mindset or background, and so obviously they come from a very caring place. They want to provide care for people. Whereas us as a rehab team, we are trying to promote independence and really encourage people to do it for themselves. So that can be challenging And kind of that understanding of the rehab process. And understanding rehab terminology as well, where you write specific directions in the notes, that they don't always get followed up with uh, because people havent necessarily got that background or knowledge of the rehab role. And I guess that's the difficult part here because we have acute and rehab so those are two different roles in themselves. It's difficult because various challenges pop up all the time. That difficulty sometimes I guess when people are living in isolation. Trying to set up a concrete plan for them, people who haven't got family or friends nearby. That can be a challenging one with limited services. ANd i guess their willingness to engage.some people are happy to be left to their own devices and live their own way.

7. How do you see the future for older people? I kind of sit in two different minds about it. I think I guess if we think millennial wise as we get that next stream of older adults come through that they've grown up in the world of technology so keeping connected and engaged with things might be easier. There might be like you know accessing apps and things there might be a lot of

things available for people. However, at times I see that the millennial population is more sedentary, um, the current older adult population. So whether that plays a part? Don't know. Um, I think it's just so variable, it's hard to predict what's going to come. I guess we live in a world where there will always be advances with technology and medicine available. Um whether it may be a healthier population for longer I don't know.

8. How do you see the future for older people in your role? I think similar.. I think maybe if more research becomes available on stroke specific compared to the wider older adult population so there'll always be progressions and changes um given ongoing research towards that. I think there's more likely to be quite an overlap between the general future and the future within this role.

9. Thinking about everything that you have just said – what would be one thing that you would want to change? I think, improving sort of services for isolated individuals. And increasing understanding sort of the impact of the isolation, sort of the emotional and the mental health impact that they could have on people living in that situation. Yeah. Also sort of reducing that stigma around retirement village and rest home. I dunno where you would start to kind of go through that process and change those perceptions. But I think that's one of the more confronting things when people are suddenly faced with with rest home placement or retirement village that there automatically seems to be that guard up where it's because we value our independence so much or its because we don't actually you know, there's some preconceived idea of what those services look like and mean.

Interview with RN as in home carer

1. Tell me about your role. Tell me about a typical day at work for you. I am a live in carer in the borders of Scotland. A typical day for me would be to wake up whenever I want just about. I will go downstairs and open up the house, clean the house, check on my client. She's usually asleep about 9 or 10. If she's awake before then, I'll ofer her a drink. Um, I help her up, she needs full cares. I'll ofer her to have a shower, or to have a wash, we'll get some brunch. DEal to her and deal to her needs. Another carer comes in to give me a break, for about two hours, between 1 and 3, and I go off for a walk or whatever I'd like. Um, she has a nap. I get her up about 4, and the daughter comes over, I prepare some tea for her. For the client, not the daughter. And then spend time with my client in the evening and she goes to bed about 8 o' clock at night. So I settle her in, she's got a catheter as well, so I deal with her catheter cares. And secure the house, and then I go upstairs to my room, where I am now.

2. Tell me why you are working in this sector. Um, I've got a long history of working with the elderly, since I was a teenager. And I am a registered nurse in New Zealand, which I have predominantly been in elderly care . Um I thoroughly enjoy elderly care, and have a big passion for elderly. So I decided not to be a registered nurse in the United Kingdom, so that I could travel, and that hasn't worked out well for me this year with the virus. Um, but, so I chose to work in this sector to free up more time for me to travel

3. Tell me about the positives about working in this sector. Just the fulfilment of making a huge difference in an elderly person's life. Or just any kind of life, even having the families have that, um, sense of security, that they've got someone caring for their, that their loved one is well cared for, and, yeah. Just getting that quality of life for the end of life.

4. Tell me about the negatives about working in this sector. A lot of ignorance. I'm still learning every day. ANd also the lack of communication between different sectors, I find is quite a

challenge. Um, also, working with dementia, every day is very different and research is always changing and so trying to keep up with the research can be quite hard.

5. What does thriving mean to you? Thriving would be, uh, living to the best of your ability. Um, reaching goals, and pursuing something.

6. What does "old" mean to you? I've been saying for a long time you're not old until you're 95, after that you're old. But also there are some people that I have met, who are in their 70s that are old. Because they look like they've given up a little bit. That they're not wanting to walk anymore, they're not wanting to participate anymore. But I'm still sticking to the 95's old.

7. Tell me about some of the challenges you perceive that the people you care for have. Not being understood. So, especially at the moment my lady's got quite severe dementia and especially with this virus at the moment, the family keeps trying to explain it to her every day but she doesn't really seem to need to know. It just worries her. Um, I think, with previous places I've worked with elderly, I feel that they get frustrated with younger people trying to hurry them as well and try to rush them through things, when they just wanted to take their own time. ANd also, having choices, even with my lady with severe dementia, I give her choices of what she wants to wear each day which I know a lot of people don't. They just put on whatever they think will look good. But I will always give her two options, of each clothing, the top, the bottom, the socks. Just to give a bit of input so I think that that's another thing that they get quite frustrated that care workers seem to take over quite a bit.

8. Tell me about the challenges you have during your work day, eg. collaboration with other services, other professionals, within your practice. I really struggle with the management for my company. A lot of their decisions don't seem to make sense to me. And when I try to ask them the rationale behind them, they remind me that I'm not a nurse in this country andI shouldn't be questioning a lot of things. Which can be hurtful because as much as I'm not a nurse here and I'm not trying to be. I'm also… I have this knowledge and I want to know why they are telling me to do things that I don't think are safe. Um I find that I'm often between management and the staff, we're not sure what' going on a lot of othe time, And my client's.. The person I care for, her daughter is often out of the loop as well. So there's a lot of communication issues between management and the actual care staff.

9. How do you see the future for older people? Well I'm quite positive so I;m hoping it's gonna get better. It's gonna take a lot of um.. Long ways to go. I;m hoping that with more education, more research around elderly and what's best for them. What helps them thrive, that our cares homes will get better. I think they have definitely gotten better, over the last probably 20 years, um they've gotten more person centered or at least they've tried to. And I think especially the Scandinavian countries have a lot of good things going on which the rest of the world is watching. So I feel like it's gonna become more care centred, on what the person needs, whats going to help them have the best quality of life.

10. How do you see the future for older people in your role? That's a difficult one.. In my role. I think New Zealand needs a lot more in home carers. And I think that moving away from .. as much as care homes are good for a purpose, if people can afford it, live-in home care is definitely the way to go. Um living in their own homes as long as possible.

11. Thinking about everything that you have just said – what would be one thing that you would want to change? Education for carers, a thousand fold. I've noticed.. So one big thing, one story I tell everyone, is I noticed, being a carer for many years before I did my nursing training, I noticed my knowledge grow while doing my nursing training and working as a carer. And there was a

simple night where in hand over, a staff was.. This is in a care home and I was on a night shift, and a pad was dry on the previous shift. overnight, we were checking the pads and at 5 in the morning that lady's pad was still dry. Now previously my knowledge would have been oh that's good, we don't need to change her, but because I had to think about it because of my nursing training, I thought hang on. This woman needs help, she has not urinated in two shifts, and so I took that to the nurse, And I'm finding that that's a lot, that my client currently last week had a carer that wasn't as well educated and I came back to a very dehydrated client and constipated as well. So I think in general, care staff need so much more education than they get. That feels like very basic education, everytime you start a new role, but it doesn't keep going and there's not a lot of practical elements like if your client stops eating, check their mouth first, basic things like that. Like I think that education for carers needs to be done so much better than it is now. Very passionate about that.

I don't believe anywhere that I've worked completely um, cares for their elderly person at the high standard that I'd like it for everyone and I really hope that we can make a huge change in caring for elderly the way they deserve.

Interview with Physiotherapist

1. Please can you tell me about your role and tell me about a typical day at work for you. Okay, so I work on the stroke unit. So a typical day as a physiotherapist on the unit is looking into the new patients that I have, looking into what they've come in with, and working with families working with the nursing staff, the doctors to assess if their need is for rehabilitation, or if their need is acute or if they are able to go home and be supported in their own environment. That's part of it in terms of the key role but then I then work on the rehab wards as well. So that's the same area but it looks at more of our long stayers who are working to get from a very low level of ability in terms of mobility and also function to then try and enable them to get stronger and to enable them to hopefully the goal is always to return to their baseline to return home. Obviously that does have a degree of difficulty, and so sometimes my day does also involve meetings with families. A lot of work with the MDT, and also goal setting in terms of IDT meetings to work out what we are all working to together, and trying to collaborate with a patient that sort of at the centre of that.

2. Tell me why you're working in this sector. Um, I've known from a young age that I want to be physiotherapist because that was something that I loved the biology of movement I love the way that people works, but I also knew that I wanted to help and support people and working as part of a team was something that I found as I was going through from a junior and student I found that just working as part of a bigger group was really important. And I think that working with older people has so much to give. They have so much understanding, they are so much wiser and so much more motivated, in some cases to get stronger and to get better because of their years of experience and getting through difficult times. So, for me working with people who've had a stroke is so empowering because they are a person who's had a stroke. And that's something that they need to overcome or work with, and it becomes part of them but also they were that person beforehand that you want to try and get back to. And so to do that you have to work with all of the different people in the team but the family who was also part of their team know what they used to do what their occupation is who they are as a person, there's something that you have to have in your mindset, and so I love the fact that you can work tirelessly to build that person back to what they were. Why I come to work every day.

3. Tell me something about the positives of working in this sector. So the positives are in work with patients who are so diverse. You see, so many different people from all walks of life. You work with a big team. You have the support of your colleagues and you have the support of so

many other people within that team. And you are empowered to do the best you can, for that person.

4. Tell me something about the negatives of the sector. I think one of the hardest things is two things probably time constraints in order to do more for each person and you know that if that was your family member, you'd want to be there all the time to do more and more and more. And so, there is always that limit of how much you can do because you have other demands on your time. But I suppose it's when you've got the rest of the team come in because they can also support you in that so that's always a real benefit. The other negative i think is from a … expectations point of view, something that we've always worked with us, you know, stroke is a big thing in someone's life and it doesn't mean that we always can deliver the best they can be. Getting back to that level that they were. And so dealing with expectations of the patient, the family and other staff I think is something that's really hard, and building on your clinical understanding doesn't always mean that you feel that you've achieved. So, that's when you feel that you go home and you think - wish I could do more, but sometimes there is that limit. So I think that's really the hardest thing as a physio because there is a limit, and you can't always do everything that you want to do.

5. What does thriving mean to you? So I wrote this down beforehand because I thought about this question quite a lot. And I thought it was being able to do all you want to do as an individual, achieving your goals and aspiring for more so when you're working to a level that you want to achieve that you're working over if you were a child to be you thriving was being able to get the best grades, or being able to jump that biggest tree or climb the biggest tree, you know, it's setting that expectation for yourself and going above and beyond.

6. So what does old mean to you? I also wrote this one down. I thought it was having years and wisdom to your life deserving from society to give back to you as you age. Looking back, and savouring what you've had in the past I think there's that connotation to be old being weaker and not being able when actually I don't feel it’slike that. I feel it's being oldest being wise and being under needing to be understood that you have got so much to give, but it may just be in a different way to how you were in the past. Sometimes not being as physically able, that doesn't mean that you don't have so much still to be able to give emotionally or in a different way, you know, even our patients who have got advancing dementia, you can sit them down and talk about what they've done in the past, what their childhood was like, and they will give you so much wisdom and understanding from that is just being able to meet them where they're at. And you can compare that to someone who's younger, you can compare to someone my age, it doesn’t matter, you still have to meet me where I'm at. It doesn't matter if we're talking about what I did two weeks ago or what I did as a child, you can still learn so much from those experiences.

7. Tell me about some of the challenges you perceive and the people that you care have. I think one of the hardest things in the people that I care for are weak, they need a lot of building up and that deconditioning is something that is something that I'm really aware of in my role. They have a really high risk of deteriorating because they have so many more comorbidities, they are a different kettle of fish a young person who has come from fear to enable the horse sometimes they have so many things that have gone on before when we get to them, and particularly that falls as well something that is always something that I'm more aware of than I think people can work in the adult sector or the children sector is the amount of falls people have. So that's a challenge because you're not just thinking about the individual, you’re thinking about what they were like before that, what their ailments were before the impact of that as well. I think one of the only things that challenge that I find difficult is the family not being around. Sometimes we we rely so much on our family members just a child around their parents you know we do rely as a elderlyperson, not as fit and able in some cases you rely on your family. When you've got

family members who live across the other side of the world, that can't be with their elderly relative. It does limit us, and so family and connection. It doesn't have to be family, it can just be connection with people who love them. That is something that I find the real challenge. .

8. Tell me about the challenges that you have during your work day like professionally, like, collaborating with other services other professionals. I think one of the things we touched on sort of a negative thought thinking about a challenge that I have during my day is being able to manage those time constraints, we talked about before the time to manage to see people and to give them the time that they need. But I am. If I compared to other jobs I've worked in which is a lot better. So there are differences, tiredness of the patient fatigue of the patient, is I think that is a real challenge, trying to consider the role of other professions within the needs of the patient, because not everybody can see them all the time, not everybody can do everything. If you give them a wash then two minutes later you're going to go get them up for a walk but that doesn't sometimes work because it's a different population to those who can just keep going all day. So fatigue is a really big thing.

And the other expectation I have is, sorry the other challenge I have is the expectation of family. Well you're seeing five hours each day. I'm trying to but maybe not quite that we don't. And that's about it goes back to timing but the expectation of an individual and what you can do for them. And also, the understanding of family and that they do need rests. We may actually be asking for half an hour, because that's all they can tolerate. But, we will keep working and we'll see them three times a day for half an hour so actually they're getting a lot of input but you're not seeing that for long enough, sometimes to actually have so it's educating and it's empowering the patient to choose what they do and when they want to do it what I found really challenging.

9. How do you see the future for all the people? I think it's bright. I don't think but I think, as a society, we are very focused on individuals with, as a society, we are Western society that focuses on the individual first and then collective afterwards and I think that doesn't bode well for our elderly in society. But as we look at the community drive that we have, the more building on supporting each other, and the knitting together of people to build. And when compared to what is happening in the past at the moment it's, but what can we do to help our community what can we do to help our society and so I think it's bright because we value our elderly in our society is something that has given so much. And so if we value them then we will support them. And so if we can keep support network together, it will have a great impact on how that future is and how bright it is because we can make it such a positive one when we can include them into it. And I think that there is a there is more of a change towards a small change but there is a change towards more of a collective

society rather than that Western idea of individualism and I'm going to look after myself first but there are more people who are going - Yes, but what about that person, and I'm going to support them too. When that becomes your grandma or your grandma or an elderly relative who's your next door neighbour, or whoever, then that's when it becomes more supportive, and that's where their future becomes better.

10. How do you see the future for all the people in your role? I think that's something that's really coming out at the moment something that I've got really passionate, passion for is people of all ages self managing their conditions. So when people can understand what's actually going on for them and explain them what they need to do to make healthy changes in their lifestyle to come to their appointments because they want to to take on their exercises, or what they need to do to get better and to choose what they want to do to get better. And so when self management

comes in, they're able to assess okay I'm at this stage but I want to be at that stage. So I think that's where my role is changing because I'm an advisor to what they want, rather than telling them what to do. Yeah, and I think that's something that has to change with the health system as it is. We can't keep fixing things once they're broken, we have to go - okay, I'm here when you want to ask those questions. Today I want to get out of bed, because at home I want to get out of bed. Okay, I'm going to help you do that. Rather than me going back we're going to get out of bed today. There needs to be a shift in what people want and how people, how we deliver our services, because we can't keep fixing things when they're broken we have to go from the beginning. So if you think about the fractured NOFs in in our community. Well, where were you a week beforehand. Yes. Okay. Is that something that you feel that was a good thing for you. No. Is there anything that you did consider doing that we can support you with? Yes, I wanted to go to an exercise group. Okay. How are you going to get there. Oh, I can't. Okay, can we get a taxi so we can get you there, because if we can facilitate them getting stronger themselves. We then haven't got a hospital admission and that's where I think they have got to take control of their care and they're going to take control of their own conditions to benefit themselves long term.

11. Thinking about everything that you just need, what would be the one thing that you would want to change. I think when I saw that question beforehand. Older people have so much resources to give. They are able to in so many cases, volunteer to show family values to the younger generation to show respect. If I was to change something, in a dream world maybe not in my role as such but as a member of society, it would be support people in society, in societies for older people in society to be more active for themselves but also for their communities, so that they can be honoured as members of society that they are rather than the - you're old, you stay out. You know, let adults do it. They need to be part of that because, particularly when I think it's the Grey Pound that they talk about. You know the support that elderly people give to communities is so powerful, and their wisdom is so great that we need to include them more in that and make sure that they are involved in what's been going on what's going on in communities what's going on society more than we do at the moment. I think that's a resource that we don't tap into enough and we should tap into it.

Interview with CNM orthopaedic rehab ward

1. Tell me about your role. Tell me about a typical day at work for you. Okay, so my role is the charge nurse manager of an ortho geriatric, ortho rehabilitation ward, sorry, at a tertiary DHB. As the charge nurse manager, have responsibilities that sit with staffing but also with patients and my patient population sits...there's 26 beds, which run at about 98 to 100% occupancy. We are a very family focused ward, where it's not just ever working with the person in hospital but actually the wider community and who those people who those social networks are that support that person within their home environment wherever they might be. So, and then I also have the management part of my role which is around providing a safe and supportive work environment for team of 50 nursing and health care assistant, so regulated and unregulated workforce. And developing a place where people can grow develop and provide the best possible care for the patients and the families that we involve.

2. So tell me why you're working in the sector. I sort of transitioned into it actually over time so it wasn't a place where I've worked before. I think that I was drawn to working in OPR because of the interdisciplinary approach, and that was initially what attracted me and and what probably hooked me and kept me staying was the passion, the passion of the teams that I work with, but also a passion and, and the amazing stories of the patients that we have, you know, we have a really amazing opportunity working in an older person's health with actually having generational history so we get to hear things that we have privilege that we would never hear. These people have lived a long time.

Now the average age I think coming into this ward is something about it like 80 - 84, I think is our average age. And if we looked right now, we have some people in their early 40s, 85 - 90% of my patient population sits over 75, and that's pretty normal. And so, they've been toa lot of places, and done a lot of things, have a lot of really good stories to tell, and to share, and that's a privilege.

3. So some positives about working in this sector? Oh yeah, the stories, but the stories are amazing, I think, oral histories. It is oral histories it's understanding and learning from what people have been through and done. There's not many people that get to talk to people who are actually World War Two. There aren't many people who have opportunities to talk to people who have been at the coal front and actually seen history change in the sense of women's rights of New Zealand social development and actually what I've had is an amazing opportunity to have those experiences while working in OPR, and to be part of it.

I also see that these are the people that grew us, they grew us, they supported us they made our world whatever it is today. And actually it's quite a privilege to be part of actually be a part of the next part of the journey. Many people that we see are in the last hundred or thousand days of life, sorry last thousand years of life. And actually, how do we optimise that within the health setting. So they're highlights for me, they're challenges too but they are highlights.

4. So what are then some of the negatives of working in this sector? Society's view of what being old is. I probably shared a lot of those generalisations and assumptions that come with our ageing population. Older isn't 65. Sometimes older isn't 85. So I think that some of the challenges is redefining old or supporting people with an environment where supporting people to find ways to live in environments where there is assumptions about what old means.

So I mean, you know, they are old so they should go to a rest home or they are old, so they won't need to talk about sex and what sexuality means after a stroke and amputation or fractured neck of femur. Actually, why not? Like who defines what old is? We're putting people in boxes. And I think there's challenges around that. Because actually, you know 40 used to be the .. 40 was the new fit and fab, 50 is the new fit and fab. And actually I think we're pushing that out now and I think that's going to continue to.. And it should, because people are living longer, they're living healthier lives. They have the interest in the activities to be able to do the things that they love and enjoy. And how can we support them.

5. Thank you, you have gone on to the next question. What does old mean to you? Yeah, and I think that, I think it's about wisdom. Actually, it's not a number. And we have people that come to us who are 53 and are old beyond the years in the sense that they have significant comorbidities and they are incredibly unwell. And actually when we look pragmatically at where their journey, Health journey is going, probably going to not be here within the next 18 months. Then we have people who come, who are 87 and until they slipped off one small step trying to put the flour on the top shelf in the pantry were driving, were working for aged care. Had the best social life out, better than you and I do, and out and about. Are they old? They would really challenge you on that. They're not old. They're aged, yes, but it is number. And I think that's probably it.

6. So what does thriving mean to you? Thriving is my word this year. So thriving, for me, is flourishing. It's being able to do the things that bring you joy and bring you passion in whatever sense that might be. So I guess I've worked within health... thriving... You can thrive and still have a chronic health condition. You can thrive and have suffered a major health event. Thriving isn't about necessarily physical wellness. I think thriving is that passion, it is about zest for life. Tt is about finding the things that make you happy and finding ways to support that. So, you can be an incredibly introverted person who's not really into social interaction doesn't want to be out and

about and have a thriving and fulfilling world, because you've got the things that make you happy. You have your access to your online books that allow you to read. You're in an environment that shows and as your sanctuary and makes you feel grounded and present. You have your garden that you've worked on for 40 years and makes you happy, and you've watched that tree grow from a seedling or you planted it with one of your children when they were four or five and now they're in the 40s. Thriving can be that or thriving can be out for golf every day, swimming in the sea, overseas holidays every year. It could be, well when I retired at 72 I needed to have ways to challenge my brain. So I decided to go to uni and learn language, pick up a new skill of learning painting and mosaic, whatever. I think thriving is about passion, it's about fulfilment, but it is very much person centred, and it is defined by us.

7. Tell me some of the challenges you perceive for the people you care for have. Stereotypes. Think society's views on what they should and shouldn't have. Or should and shouldn't do. I think that society generally wants to put people in boxes as I said before. You are over 65 therefore you're old. You are 85, therefore, you shouldn't be driving. You have had a stroke, and you've got some cognitive impairment. Therefore we should not talk to you about sex and how you can maintain an active sex life, or you shouldn't be going down to the pub every Thursday and having a bender because you've done that for 30 years. But now you've had a health thing so you shouldn't do that. I think that from a working within a health sector, that the flexibility is coming with health systems. But I think there is also, we want to put people in boxes. You have fractured your neck of femur, therefore, you will need this much rehab and then you will need this so there is a... there is a sway around it and I think our team challenges that, but I think within health settings we do have - you should follow a pathway.

And also, probably within my profession, nurses you know... we want patients to behave a certain way and to do a certain thing. And I'm the nurse so why would you not, but actually hold on a second. I'm 65. You haven't been.. you've not born and I've already had a career, and you're gonna tell me when I can have my breakfast when I can have my shower, how I can do X, Y and z. So I think there's challenges around that. Stereotypes around things, and what thriving means actually and it's really interesting that those are your questions because they are things that I think are the challenges, what we see in how head and what that means.

8. Tell me about the challenges that you have during your work day in terms of your professional role by collaboration with other services or other professionals or within your practice. I think that probably one of the biggest challenges I have is around cognitive impairment, and that when people have a mild cognitive impairment that is often associated with older age. That people get to make bad decisions. And we let 20 year olds make bad decisions, they choose to drink, take drugs, doing risky behaviours. We'll say, it's not a really good decision but you can do that. When a population becomes a little older, and risky decisions might be actually we know that they're going to fall, but they want to go home and they will put some sports around them and do that. But as professionals we often think that we know better. I see that as a challenge because and actually having to challenge people going- It's alright that people make decisions that we don't agree with, and people are allowed to make decisions that we deem as bad because it's their choice. And I guess it probably comes back to those other questions you've asked me, Shareen, around thriving and about growing older and putting people in boxes. People get to make their decisions and trying to find an environment where we can support people to do that, as much as we can. And it happens every day. Actually I've got somebody right now, who's making the decision that I would say that nearly every single person that has cared for this person would not agree with. And that would be the safest option, but they get to make the decision. Yeah. I think the other, the other challenges are becoming less because I think from a population health point of view. Older people's health is growing and growing and we are becoming a much more powerful service in terms of actually having advocacy for our older population. Our frailty. That

some of the challenges around accessing services is reducing. We have the ability mearlyly to get people into nearly anything that we need. We have much more from, a nursing perspective, robust professional presence. We have a skill set that allow people to think outside the box. So I think there are nurse practitioners in the community, I think about some of our community services that will go, right, okay. I'm not quite sure how long it took that let me think right... if we did x y&z we could probably make this work.

And some of it is so creative and unusual but that I think that comes from a richness within the nursing profession within OPR or gerontology nursing, that allows people to have that so in terms of accessing service I think we are improving and I think we will go strength to strength.

9. How do you see the future for older people? They're going to take over the world! We know our population,s going to be significantly increased but particularly if we define older as over 65. I see that... I hope, hope that they older people are seen as a addon, as a possible. I hope and think that they will become an entity in their own right in terms of a very powerful voice. I think that older persons' health will become one of the forerunners within health, because it overarches everything. Everything feeds into it. If you look at the wards within this DHB barring women's and children's, a significant amount and I would guess set 60% but I think it might even be high, would be over 65. We, as a health group, will become formidable. And I hope that our voice becomes more powerful so that older people have an opportunity to be heard.

And not to be diminished, not to be put in that bloody box. You know, actually, to be quite powerful as an entity, just like cardiology, just like cancer patients just like everything else. I think as a population, there's a lot of growth there. I think that we will redefine what old means. I think the we will reshape it. And I think over the next 20 years or 25 years, which by that stage, I will be old. That it will, we will have. And you know, we will have a new norm around what does ageing mean, what is frailty mean, and hopefully a shift in thinking from society.

10. How do you see the future for all the people in your role? That it's more community based I think that this is not a place where I you know, we look at that people become more… have more capacity to stay within their home environment,s within the community, and acute hospital setting, isn't a place where people want to spend their time. But some of them need to. Those last thousand days of life are so precious. And flicking in and out of hospital because of health needs isn't a great quality of life, or use of those precious days. If you've lived 87 years and you're in your last 1000 days, three years of living. And you've had a great 87 years, those last 1000 years become more precious. And spending time with the people you love in the place you love, thriving, finding joy, doing things that you enjoy become more important than anything else. Hanging out with me at an orthopaedic rehab, because you're having lots of falls, because you've fractured your neck of femur, isn't where you want to be. So i think that.. I hope at the future of older people's care healthcare and gerontology is very firmly based in the community and we are a stop gap, no, a stop within a journey, not a destination, nor a long term stay. I hope… you know.. this has happened. I've had an event, I go in, I come out, I go back to my place where I can have my support.

11. The last question now thinking about everything you've just said, What would be the one thing you would want to change. Get people out of boxes. Let them be who they want to be. And I know that that's hard and I know that's challenging, because there's so many rules and regulations for us all. But actually, God help us when I'm old. But, you know, don't try and put me in a box don't try and tell me what I must or must do. Actually, let's find a partnership and let's work together around this within a system that has quite rigid rules so I hope that we can flexibility. And that we continue to grow and develop our service, and not just keep it the way it is because that's the way it always has been. Yeah, and we get rid of the boxes.

Interview with Kaitiaki at Tertiary hospital.

1. Tell me about your role and tell me about a typical day for you. I'm the team leader and the manager for Kaitiaki services. My role is simply to be the seer for Kaitiaki services. Just simply keep our people Maori, they come in to any of the DHB services, be it in a hospital environment, be it a community environment. To be normal. That's it. for them to still be normal. So what does normal look like? Normal is about trusting the environment and the people and the services of the care. Allowing our people to be comfortable and trusting in that environment. Allowing our people to laugh. To feel. To be sensitive. So it's all about the values and the beliefs. Because like every other culture, we do have those fundamental principles of growing up in our life. So my, my role as the seer of Kaitiaki is to ensure that the rest of the Kaitiaki are able to see the same values and beliefs.

2. Tell me why you are working in the sector. Maori health? It's because it's about my people. I'll be very honest. And the thing is that Maori don't get the same services in and cares and others. You know, it's all about equity. You know, it's an interesting when we're the Tangata whenua we're treated like that. It's inspiring. It's a whero, from my elders and my people to, to, to have me represent them.

3. Tell me some of the positives about working in this sector? Being Maori, that's it. It's about those equities and inequalities that's why.

4. What are the negatives of working in the sector? There's no negatives. The thing is everybody's trying to do the best but there are individuals in this environment to who haven't got out of their personal beliefs and values about Maori.

5. What does thriving mean to you? Change. Growing, but you gotta be careful with that conversation. Thriving. Because we're not here to thrive. See what I say to everybody, all my Kair Mahi that work in Kaitiaki, to work with me, the vision is quite simple. The vision is for us to work ourselves out of our jobs. Because if we achieve that, then no Maori need to come to this environment for health, because they'll look after themselves. Because it's not about a hospital environment. A lot of our people get it wrong. They believe that the hospitals will need to fix them completely but it's not. We're all here trying to achieve to get them to a point of wellness so they can go back out in the community to recover. That's thriving.

6. What does old mean to you? Old actually means nothing to me because age is not old, age is maturity. It's like a fruit. Certain fruits, you leave to mature, certain vegetables you leave to mature and they taste better. Like meat, ay.

7. Tell me some of the challenges that you perceive that people that you look up to and we come across that some of the challenges that they face. That's I've experienced with Maori patients is communication, the ony one. Maori are very clear about you and me. So the thing is, I see I grew up with analogies from my mother and I'll say it in English. The thing is she said, it's not about you, it's about us.

8. What are some challenges that you come across during your work day? I use the word seer. I don't look at myself as being the boss, I'm the seer. I'm the one that comes up with ideas for the team. You know, the thing is that it takes the team to get the end result.I'll talk about Waikato, the thing is that we have big challenges because of individuals. That's my challenge. It's about people not wanting to change. When you can see something there that needs to, you know, have some collaborative intervention. But because somebody wants to be in control, because it's

not their idea but they want to control that idea. That's my problem. Because you go back to what I just said, it's not about you. It's about us.

9. How do you see the future for older people? After COVID? Great. If we carry on with a prime minister like we've got now and a chief medical officer like we've got now I'm very confident. You know, she's gonna come to an end, and she most probably wants to but we need people like that. We need people to make collaborative decisions, not a “me, me” decision. It's not about money. See, COVID brought about that it’s not about being the richest person. The riches are the ones who really got infected. But the thing is, from a Maori perspective and as a Kau Matua, I'm a Kaumatia myself. The thing is, I believe COVID has done great for change for Kau Matua. It's actually taught us how to be grateful, more grateful, we're always grateful. We don't show most of the time everybody thinks that we've groaners and moaners and you know, too disciplinary and all those things. But the thing is when you get to a Kaumatua age, you see things before things happen. You know, you become more intuitive, spiritually. Just letting things come to you. You have more ability. And the thing is that when you try to protect people, not moan, but protect people, it sometimes comes out wrong.
But we need our young ones to communicate with us too. Not just say, Oh, koro! Oh, nan! Tell us why it's a Oh, kloro or Oh nan. And some do, some do it well. But a lot of young ones don’t because they are too busy. Too busy looking at a game which is agreeable all the time. Or they can push a button to make it agreeable. Bit unfair. Because when it comes to reality, the older people are always the ones to fix things. I hate using that word fix but they always seem to be the ones that help things grow, mature. Help young ones see a future

10. How do you see the future for all the people in your role? Oh, how it is, great. Yeah, with all these inequalities, and things going on here, it is great. The thing is, we don’'t want it to be great like that. Like I said, their vision, you know, is to get our people to a stage of wellness, that they're able to look out for themselves and their whanau and teach their whanau to look after themselves. And the thing is we won’t need to be here. But the future, great. If you want to look at it like that, as mahi. You know, we love our mahi, because we love our people. We all believe, every one of my team and there’s only five of us here in this hospital and this should be 25 of us. We have absolutely believe that it’s not about wages, its about our people. We come here in the night times and the weekends in our own time because we believe what people deserve.

11. So think about everything that you've just said in this the last question, what would be one thing that you would like to change? One thing I'd like to change is going to be time. Wel,l the thing is that we did in the past, you ever heard that korero, leave past... you know. So time, time from a Maori perspective is not I've got five minutes, not 15 minutes. Time is time. That's what I mean, to just let yourself do what you need to do. Time to go and relax. A lot of health workers as useless and as great we are, we don’t allow ourselves time. Time to read a book, time to play golf. That’s what I mean. This hospital has some of the greatest carers, I can vouch for that. All great at what we do we stuff it up because we get ourselves so involved with what we do. And we don't allow ourselves to be in the moment. Better than... healthier.. We’re the worst at advocating for that in health.

Interview with Gerontology Nurse Specialist.

1. Please tell me about your role and tell me about a typical day for you. So my role is Ortho-Geri Clinical Nurse Specialist so that means that I work with patients over the age of 65, who have had a fragility fracture, which is a fall from a standing height causing a fracture or similar. So a typical work day for me would be coming to it first thing in the morning and looking at the ward acute orthopedic ward list to see if there are any patients who have come in overnight or since the day before with a fertility fracture. Particularly we focus on hip fracture so if not enough time

for all fragility fractures then it's hip fractures, that's first and foremost our bread and butter. So, I would do that and if there is anybody that's new, I'd begin to collect some history from the tools that we have got such as clinical workstation that would involve things like looking at the bloods, when they came into hospital, their x rays, what's the story. If they've been booked for theatre. They've been on anticoagulants and they've wanted to do a washout period before they're okay to go to theatre, whether there's any history of any cognitive impairments, dementia, a power of attorney in place that kind of thing. And also, have a look at their Interai assessment, if they have had one done we can find out what supports are being put in place in the community or whether the person's in long term residential care.

So that's the beginning of the day and then I will normally attend the acute ward, generally with a colleague who is a Geriatrician, but if for some reason, she wasn't available. I'll just go up on my own. And then review the patient's up in the wards, in terms of the medical management. I guess, during the acute period and also my focus a little on it but perhaps more about where to from here. After the fracture how well were they managing before they had the fall and fracture. Are we going to get back to that or is this going to be the straw that broke the camel's back.

And so the second focus, which might be reiterating is planning where to from here with a person and their family if that's what's indicated or required, or if a person has a power of attorney, that kind of thing. A lot of it's about working together with the other nurses in the ward, not only passing on changes in treatment intentions or plans or whatever. But lots of education about different medications, why are we, choosing a different path that sort of thing. And then once that work in the acute Ward has finished. If the person is going to be coming to rehab then there's development of the initial treatment plan for the person to come to rehab and the processes for accepting them and if not, there are negotiations about returning people to their rest home, or sometimes straight home with the START programme so I guess it's about discharge pathways and what's appropriate.

2. Please tell me why you're working in this sector. I think it found me, probably sounds strange but when I was a nre grad, most jobs were hard to come by. So you took pretty much the first thing that got offered to you which for me was an acute orthopaedic job. And then when you're a new grad and you're on the bottom of the pecking order up all the patients to look after that nobody else wants. And generally in a fast paced acute environment like that they're multi trauma patients and the spinal patients are quite revered by the nurses, I suppose, and it's what they want to look. And the older patients with the hip fractures are not so attractive because of the delirium, the cognitive impairment, the fact that they are actually physically at work often. And so, my normal days as a new graduate nurse would be 4 hip fracture patients and 2 other patients in the side rooms. And sometimes it's a case of you know like the fish philosophy that you don't get to do the work you love but you can choose to love the work that you do. And so I think my interest, probably really stemmed from there, when you build more knowledge, you become more interested and then when you're more interested you're more interested in building more knowledge and so it's a circular thing. And so that's how I came to be working here and one of the benefits of working in the geriatric department rather than the acute geriatric department is definitely the interdisciplinary led support and the way different members of the team are more valued here than perhaps our and other areas of health care. So that's why I choose to be based here.

3. Tell me about the positives of working in the sector you've just mentioned something. Yes, so obviously the interdisciplinary I think there another positive is about the fact that you can take the time and it's respected that you take the time to know the whole person, not just the illness or whatever that brought them to the hospital. And for us, so for me it's about following people on the whole journey as well so you see people in the really acute, frail, vulnerable state when they

first come to hospital after their hip fracture. And you follow through, 98 - 99% of our patients do go forward for surgery, they come through the other side and it's about getting them back on their feet. Then they either go back to into care or they come to rehab and they can even better and they they go home. As part of the national hip fracture registry which Waikato contributes data for, I make a follow up phone call to either people or their care facility at four months after the fracture surgery, to see how they're getting going, and if they're back on their feet, walking, what level of aids they might need. And whether they've had any medication or management of osteoporosis and if not, that the time to have those discussions. So yeah, it's about the whole journey and the whole person I think that's what I like about it.

4. Tell me about the negatives of working in the sector. And one of the negative things I find is, I probably alluded to it earlier as well as about the whole looking after old people is less attractive for some staff members. And it's also when you look at, you know, when you only deal with hip fracture patients I guess you get to see the spectrum of care that's delivered. And last year we know that 48% of our patients, they were cognitively impaired prior to coming to the hospital. So these are people who can't fend for themselves that they can't always initiate the fact that they need pain relief that kind of thing, and time and time and time again we see these people not being given equitable analgesia, equitable opportunities to have good nutrition, those kind of things because when they're quiet... You know. they're perhaps not intentionally neglected but I do think that they receive a lower level of care because they can't put themselves forward and they can't ask for what they need.

5. What does thriving mean to you? Thriving means that providing they have the capability to make decisions for themselves they have the opportunity to do so. And we will respect their wishes. And it means people doing, living the good life with whatever need they need to live a good life, and rather than having people do things for them that could well be doing themselves. So it's about maintaining independence, as much as possible, maintaining quality of life, as long as possible, having a say in their own destiny.

6. What does old mean to you? Actually old means bad things to me. Old means that somebody's made a judgement to call that person old. I don't mind older, because we all get older. But to me, if somebody says somebody else is old then they've already associated … well there's connotations with that and not necessarily good ones.

7. Tell me about some of the challenges that you perceive that you have people that you care for. About being judged. I think another one of the challenges is whose needs are going to be met. Sometimes with the best will in the world, family want things for people that they don't want themselves. And it's very easy in our current society I think for older people to be taken advantage of. So it's a challenge that we come up against not only in the physical aspect of care but also the finances, whether people want to actually pursue treatment that they believe is futile but the family wants them to or not. Yeah. So I think those are all challenges and the other thing is actually other people caring about, you know, getting other staff to actually revere older people and care for them.

8. Tell me about some challenges that you had during your work day, but more centred around your work life challenges with other teams or involving other personnel. Um, one challenge that comes up time and again, is, I guess, getting people to act in that fast frenzy world where you have a mixture of older people and younger people in an acute ward for example. How do you highlight the needs of the older person in the urgency of their need, as opposed to the other urgent needs of the people that are making the more noise or whatever so that's a constant challenge. Collaboration with other services is, an ongoing thing but I wouldn't necessarily put it down as a challenge, because actuallyI think we do have quite good collaborative relationships

with the likes of anaesthetics, our orthopedic colleagues, and many of the community facilities, I think it goes quite well. So, not really challenges specifically with other professionals either. Yeah, I think the main challenges is just highlighting the needs of older people. Then sometimes the challenges come around involving Power of Attorney and what I spoke of earlier about the family's wishes versus the person's wishes.

9. How do you see the future for older people.? Well, I think the future for older people is quite bright. But I do think there are things your community can do to make it even brighter. You know people are living longer lives, they're tending to be healthier for longer. You know, getting the most out of their retirement years. I think it's trending in a good direction, I'd like to see more older people involved in the decision making for older people.

10. So how do you see the future for older people but in your role. In my role, I think that certainly that older people with hip fractures being taken seriously. The whole starting of things like the hip fracture register which are based on what's been done overseas is really the aim is to improve the care that delivered. That's the only reason you collect information, to see how you're doing and where you can improve. So as an example, we can see already that our hospital's leading the way in terms of people having nerve blocks before surgery to help with pain relief. So I guess knowledge is power, and it's good to see that that's been recognised... this has been recognised as an area in which we can improve.

In terms of outcomes for older people I don't know that you've changed the outcome that much in terms of that 30 day or the one year mortality rates for example but you can change the journey.

11. Thinking about everything that you've just said, What would be the one thing that you would want to change. I want to see our environment set up better for older people. I think our rehabilitation area's well set up for older people but other areas of the hospital like the emergency department and that are not. And I'd like to think that there are other like minded people like myself and yourself that actually want the care of older people to be just as good if not better than the care of kids and adults and be really passionate about what we do because I think it'll be a way that we do change things. If we love our work and we can sell that to other nurses that we love we all work with older people and why we do that then hopefully more people want to do what we do.

Interview with Geriatrician

1. Please tell me about your role and tell me about a typical day of work for you. So I'm a geriatrician at the hospital. And the way I describe myself to patients is as a doctor for young people over 65. And I think the information really all comes in there. It does two things: it's an icebreaker, it makes people laugh and smile and also I think when you talk about young people over 65, it's that attitude that we want, of go ahead and getting better and things being positive so that's why I choose it. So my role in the workplace is multiple actually. I have five inpatient beds, on a ortho geriatric rehabilitation ward, where because of my other role I tried to keep patients with complex fractures who are recovering, with the aim of getting them home. And that ties in with my other role which is as a ortho geriatrician where I work on the orthopaedic wards directly with people at the time they come into hospital, and for a few days after that when they're on the orthopedic ward. So it's really about looking at people in a holistic fashion to try and get the best management for the health care, nutrition, understanding the environment they come from, and the things that are important to them. To the perioperative medicine stuff, making sure they've got the right medications charted and making sure that we're thinking appropriately about things like blood transfusions and antibiotics and treatment, ceilings of care and up to the point where they're really either to come across to rehabilitation, or as we often see in people with marked dementia, looking at getting them back to their place of residence or the most appropriate level of care for them. We've developed some ways of assessing that which we've proven over the years work in terms of knowing what's best for the people who are there.

So a typical day at work will involve doing a ward round where we're required to do it. I also have a role in terms of on the orthopaedic wards, particularly in terms of supporting the junior doctors to work with older people and a lot of what we do is actually just talk. Because I think people can learn a lot through talking or discussing cases, whether or not they're coming to our, er, whether they need our expertise. I also have a role in teaching the students about the geriatric course, so I'm heavily involved with fourth years. In terms of their training as well, and it takes up a number of tenths of the week when they are here. Of course then there's clinic, on occasion, and fracture liaison work as well. A few other things as well. My role covers a lot of different areas, like governance stuff and boring things as well. Please tell me why you're working in this sector.

Most people in medicine and by that I mean across almost every role I think in the hospital you often influenced by something, somebody you've seen working or somewhere you've worked, or, or some experience in the job. For me when I was a medical registrar what I always liked best was sitting talking to patients often older patients. Hearing the stories when I was younger, it was often war stories and sitting and listening about people's experiences. Then I have the good fortune to be asked to cover a run. Covering 52 rehabilitation beads and one of the hospitals in Auckland was the professor, the first professor of geriatrics there and two other geriatricians. One of them started the Stroke Foundation in New Zealand and it was an absolutely amazing experience of such caring people, and the ability to enable people to get back to a degree of independence and to leave hospital, as good, is fantastic.

I also think that sometimes we have to make really hard decisions or guide people to make changes in their lives, which are unexpected to them and their families, and I think that one of my skills is helping people to sometimes say that this isn't necessarily the worst outcome. So all of those things kind of helped me to choose geriatrics, along with that, that run that I did one of the things I'm most enjoyable was the whole multidisciplinary team approach, and the meetings that we did there discussing each patient and the involvement of all the therapists. It's something that's quite hard to get right. We have MDTs all the time. That's often people are afraid to open their mouths, I think when you've got a good IDT going, people will say what they think and have those robust discussions about things and I think it's a fabulous way of working.

2. So you've mentioned this already but I had to go something more to add, tell me about the positives of working in this sector. It's just both patient and other therapists, kind of, led. It's a real interdisciplinary thing, remembering that we always care about patients and their outcomes as well and what's important to them.

3. Tell me the negatives of working in the sector. So again, that can really be about sometimes about the patients because we get people with all sorts of personalities and there are some people who are not particularly nice. Some people who are difficult. I think one of the hardest tasks I've ever had was having to see someone who was a convicted child abuser with over 40 crimes to his name. And I had to go in and be professional and I found that very very hard. Yeah, so it's often about the people about the people as much as anything. The other thing that I really detest and I can't find a way to get around is when we have patients with delirium. There is a tendency for people who are not to express beliefs or concerns, which they don't necessarily believe and when they well and the one that comes out frequently is racism and I hate it. It embarrasses me but I don't know how we get around and, and I, you know, this is like the little old lady who swears her head off with a delirium, it's not necessarily what she believes or thinks inside but it's something she's heard or had some exposure to in the past and it comes out and it's just horrible. You know, I fear that people are judged on their behaviour when they're delirious and actually a lot of patients fear that as well. If they are unfortunate enough to remember what goes on, they really fear the way they've been perceived as a result of it.

4. What does thriving mean to you? I think thriving is, again, a really individual thing. So, it to some extent depends on what the person wants. So if a person who wants to age in place, thriving is remaining well relatively well and supported and the place they want to be in. By the same token, a person who would rather be supported in residential care. I don't think that's not thriving I think that can be thriving as well. I think it's again about the choice of location about the feelings of security and positivity and really again enabling them to live the best way they can. So a person can be really quite unwell, but still thriving if they're given those positive supports and cares around them.

5. What does old mean to you? Depends on the person. I just got laughed at by a 95 year old who was probably dying but when I say that, for young people over 65 people there was great and she's not old in attitude. And I think that's the thing, sometimes see people who are in their 50s or 60s who are old in an attitude, the way they look at life as being end of life and the unwillingness to participate, or the horrible expression we sometimes get you know that you have the right to say what you like to whom you like when you're old, which is not true. But then you see a 95 year old who has none of those things I think old is a very individual thing. What does it mean to me precisely.. In some ways it's about giving in I guess. You know, I think.. If I think about people that I call old, it's people who are stuck in their ways, who are unwilling to learn, unwilling to change. And lose some of that care and compassion for the rest of the community… Unengaged? Disengaged. Maybe.

6. Tell me about some of the challenges that you perceive that the people you care for have. A myriad of challenges! I guess the hardest challenge is cognitive. And the reason I think it's the hardest because I think people early on on cognitive decline have insight, but unwillingness to admit just how bad things are getting, and finding, you know, that can be something that's easily manageable if you've got a partner there to care for you or to hide some of those things from, from the people you might be embarrassed to know about it like your children or things like that. When a person's on their own particularly if they've been widowed then often you see these becoming more evident in children having a great deal coping with it. So, as I say to my students, children often overstate the difficulties that their parents have, whether that's because it's easier for them if they're tucked away tidily in care or something like that, or whether it's just because

it's really hard to admit how bad mom's actually got. I mean that's a that's a, that's a moot point but I think that they, older person becomes judged really easily with their cognitive impairment. It's less of an issue later on because dementia is dementia and there's only so much care and support you can put into the home and things become a lot plainer and the patient has lost that awareness of exactly what's going on. So I don;t see that as quite as bad. I think it's early times that are really difficult.

The other really big issue that people have is mobility and by mobility I mean both in terms of strength and balance when they become mobility impaired. It reduces your ability to do as much as they'd like to do. There can be pain as a result of that which is a frequent complication. And that general decline into frailty that we can see in the older age group which is strongly linked with, with the mobility and ability to do things in the community.

The other big issue is probably nutrition, which as the other issues come into play seems to become more of a problem as well. It's not just about illness, I mean all these illness can contribute to all of these things, but illness in itself is manageable. But when you start impacting upon nutrition and have the weight loss and the poor and the protein loss and the poor muscle strength and all that sort of thing that goes along with it that's when we can really run into, into issues for the person and then the challenge really for them becomes about survival. And not just living and being alive but managing to be in the environment they want to be in all those things that make positive ageing a possibility.

7. Tell me about the challenges that you had during your work day, but more around the role. I guess like collaboration with other services or other professionals. Yeah, I'm kind of lucky I don't really have a lot of challenges I think that I've managed to build myself a role where I'm comfortable talking to everybody and I think they're reasonable comfortable talking to me. If I'm up in Orthopedics, I'll be talked to by the surgeons, the registrar, the house surgeons, the physios, the OTs, all the nursing staff, and to the point where anybody who knows me, not some of the new grads, is pretty comfortable asking me any question they want to ask. And they do, they come up to us and will actually ask us in their role for support, or knowledge. Sometimes I'll have a nurse come to me because the junior doctors won't listen and I'll mediate that appropriate response. And I mean that sort of thing. So yeah I don't see myself as having great challenges from that side of things and, and even with medicine, on orthos geriatrics particularly working really collaboratively with the orthopaedic surgeons and the anaesthetist so that's become a bigger thing as well and I think it's been very positive for all of us. I think multidisciplinary medicine is the way of the future. Certainly within the hospital environment and it seems to be working.

8. How do you see the future for all the people, and this is more general. Yeah, I think. I think there's quite a lot of things that we're going to have to fight as we get older, thinking as someone who's getting closer to that. Thinking of that, there was a TV programme in about 1990 called Waiting for God. And it was about a rest home in the UK. And the idea that when people went into care they were just waiting for God and shouldn't have a role to play. And these old people find a way to manage the rest home and make it work in their favour.

And I think that my generation and younger will feel very much the need to do that, to not be told what to do and I think the recent COVID example is actually a really good example. I personally wonder why the rest homes haven't been challenged about locking the gates of all retirement villages. I don't have such an issue with the rest homes themselves, but I don't see how a person can buy a property in a village and be told that their children can't come and drop off groceries. And I suspect that in 20 - 30 years time, you won't see that happening because we won't put up with it, basically.

So, I think that as a group, we will become stronger in terms of opinion and having management roles on some of these facilities and things to move forward and have more positivity and in roles in the world. Certainly there's an expectation that we keep working so we have an increasing workforce who are on pension and income. Having said that, the cost of surviving. As long as we're surviving as we will see an increase in dementia. It's not as bad as we've been predicting to date because we are controlling blood pressure rather better than we'd expected. And I think, we know that this has a positive effect. But we will see more dementia, we will see a prolonged period of ill health. We used to talk 30 years ago about all illness been concentrated in the last year of life. Now we've talked about the last two to three years of life. And there's a real possibility, it might be the last two to five years of life, right around the time we reach old age. That's not necessarily a happy picture. One of our former geriatricians here, used to talk about the fact that we've added 20 years of life but we've entered it in the wrong place, we haven't added when we're 40, we've added to when we're old and unable to enjoy it quite so much and there is some truth to that. I think there's some truth to that.

9. So how do you see the future for all the people in your role. So again, I think it's really about the ageing population and there is no doubt that there are times when our average age is over 90. So significantly older people with significantly older problems. Having said that, often if you get to that extreme age, you're actually in pretty good shape.

So there's something to that, either you're there or you're on the verge of dying. Not a lot in between. We do get a lot of people that age home, and we do get them back to independence which I think is so worth remembering but I think in terms of within the hospital particularly I think we'll see more multidisciplinary working if we can train enough people in geriatrics. And there's increasing evidence around the world for the role of the geriatrician and oncology in surgery and vascular surgery and orthopaedics and anaesthetics. And we know that physicians want it as well. So, increasingly will be our roles geriatricians will be to move out into the whole hospital community, the 70 - 80% of patients who are over 65 I guess.

10. Thinking about everything that you've just seen what will be the one thing that you would want to change. People's attitudes, a think that what we need to change is the attitude, often more than health care that older age is a terrible thing, full of illness and decline to death, because the reality is that most of our people age well. You know, we know that if we look at 85 plus 73% of them are living at home. With supports half of them but half of them with no support. And when you turn it on its head that means only 27% of people are living in facilities and that includes 105 year olds. So being reasonable. I think that's what's good but we need to change the community attitude. I think that comes back to that whole thing about what does old mean, that belief in yourself, not seeing yourself as old at 65 because your grandmother was because times have changed, life expectancies have changed, and the ability to look forward to the future has changed.

Interview with Social worker in Ortho rehab ward.

1. Tell me about your role and tell me about a typical day for you. Social Work role on OPR.Very interesting very challenging sometimes. It can be quite diverse depending on what patients you're working with and what you have to pack around their case and everything else, and I have been here now 15 years. So I think I've seen a lot in rehab. I think when I first came, I'll give you a bit of history when I first came, we worked a lot with war veterans and that sort of thing. And you heard some of their stories, the ones who did want to talk and did want to share their stories. We're not getting into many war veterans and that now. I think that's changing, and we have to change the way that we work and upskill because now we're getting more refugee families and multi cultures, and all of that sort of thing and every age groups. So we have to know

more about interpreters and culture and who to link them in with in the bigger networks that are out there as well. Okay, so there is one big change that I have been aware of going from this sort of patient now, many other patients of cultures I don't know about, which is interesting. And open to learning about but yeah, working with interpreters takes a lot of time as well.

I have also found based on the last few years that elder abuse has got worse as well so that can be a big thing. So, I'm unpacking those sort of cases and who's telling the truth and who's not, and what we do from here on. What's the best option? Always looking at a safe and sustainable discharge. And I think the patients are probably more on board with us, and okay. It can be the family sometimes that can be the demanding ones and demanding 24/7 care for my mom. But I just bring it back to the DHB process and policy says, this is what we can provide. We would love to do that. But this is our limit, and this is what we can do and this is what we can't do. And people don't always understand they can be quite demanding. Yeah, so it's quite diverse. We work well with the multi disciplinary team, I think. I think that team is very important. We all work well for the best outcome for the patient. No one is better than anybody else. No one's going to gain anything above anybody else. Everyone works really well together, which is why I've stayed in rehab for so long.

And we can always look at positives, you know it might not be back to the baseline and the patient had previously. But there are still a lot of positive that you can focus on in the whole picture of things. When it comes to patients that are passing away because we do have some of them on the ward or we are discharging them to palliative care. Then there's a different picture but we can, we can't change the situation. But we can make it work as best as possible for the patient and their family at the time. And we are also doing a lot more advanced care plans now as well which we never used to. So things are changing all the time which is good. I can see some progress amongst all of that as well. And that's really positive as well so that's why I'll stay here.

2. Tell me why you're working in this sector. It's good. I think as a team we all understand people come to us because they've been through a trauma of some sort or whatever that means to them. You know all those scenarios you can go through and it's good to see the progress and the smile coming back on their face and then maybe eventually walking out the door and getting on with life and making those changes and those plans and being that small part of a patient's journey while they are here. That's a big achievement, it's a positive side.

You can have more fun in rehab, you can do more things with people rather than medical surgical or renal, or that sort of thing. So, yeah, I really like rehab, and the older people have got so much to talk about and do and that as well. We see this old person or elderly person lying in their bed but really, we don't know all their history and what they've done through in life and who this person really is.

And I've had some awesome people who you go and talk to. I had this 93 year old man and I was talking to him about going to a rest home. And he told me there's two reasons why I'm not going to a rest home, dear. It's mainly full of women and I'm not old enough. You know they bring so much anyway. You know, it's so cool, the stories that they share and they appreciate what you do for them. Most of the time. Yeah. So it's cool. It's a good place to work, it's a good team.

3. Tell me about the positives of working in this. The team has a positive environment, where we are as positive. I think our patients in particular and really enjoyed the group settings. The group activities that they have which was really cool. Family meetings is really important that we have and we do a mighty lof of them. It's time consuming and I think oh, another family meeting, but the positive is you get all the family on board, eventually, they get their questions answered, the communication is really good and it works, works for everybody. And we also find

out what the concerns of the family. The whole bigger picture of the environment at home, even though sometimes they might not want to share that initially then usually they do at a meeting and it comes out. Usually, we get everyone in the family on the same page too, which is best outcome for the patient. So, I think it works really well.

4. Tell me about the negatives of working in the sector. Demanding families, demanding patients sometimes and sometimes it can be the ones that have the delirium and stuff and don't really understand what's going on. It can be a bit tricky. Sometimes it can be the diagnosis, where they walked in with back ache and where they've been given an ugly diagnosis where you've actually got cancer of the spine or something like that. It's just a shock factor and getting their head around all of this. But that's the lifetime things that we can't change anyway. But it's just about respect and communication and being part of information giving sometimes or supporting them through whatever.

5. What does thriving mean to you? Thriving means the warm fuzzies. Thriving is the positives. Looking at what the patient's goals, where they want to be, what they want in life. We're getting more bariatric patients as well. And some of those can be very challenging, about getting them on task and maybe changing their lifestyle. So, first of all they need to lose weight so their body can actually hold their weight so that they can walk out of here. Hopefully, changing lifestyles so that they can thrive so that the whole world will open up for them again. I've got one in particular, I've been working. He's 43. He's been bed bound for a long time. He's been in hospital since January, and he is now taking steps. Yay. So he's taking steps, and I've written up big goals in his room. And all going well, he might walk out of here. But it's been a huge thing.

Actually going back to those negatives. Some people need more emotional support or need psychological support. Yeah. And we've asked for this guy in particular, what was the block to stop that was stopping him from getting out and moving when he could. Now he's had his back operated on. And also why is he sitting at home, getting bigger and bigger. What is psychologically mentally going on for him. What's emotionally going on everything. And we haven't got any help. That I find frustrating.

We don't have enough psychology input or mental health input on the wards for people who have gone through many dramas, traumas, losing the children as they get older. Their child's died before them now they've gone to alcohol. So many scenarios I could tell ya, you know. There's just a block there, that is a negative for me. Yeah, we could help these patients, it's not... we don't have time as social workers to do it. We've been trained in grief and loss. But our input is very limited. Where grief and loss you open up a can of worms, and you don't want to leave the patient hanging and with all of this going on, and it's huge, just doesn't sit well. That for me, I find hard. And a lot of them have been through, whatever. Like car accident victims coming in. Maybe they were the passenger. The driver or the husband and he's just died or whatever else, and I've got all this to deal with, but we don't have time. Who's going to deal with all that. Yeah, it's huge. About moving them forward. We're going to keep moving people forward but, you know, caring and empathetic and stuff as well . That's a hard one, you know, time frames as well because we got to get this one out, and this one out yeah you know. But what about their emotions.

And another thing that's gonna bring up a patient moment too was COVID, because of COVID at the moment. We have patients, one in particular on the ward. He's been in a rest home. We went into a rest home to give his wife a break. He did two weeks of lockdown isolation. He came to the hospital because he got unwell. He was sent back to the rest home again so he did another two weeks of isolation in his room. Then he's come here. So he's been isolated for over a month. He has got a bit of dementia, and emotionally, he has really gone downhill. Now we gonna discharge him to a rest home tomorrow. And he's going into another two weeks of isolation, because those

are the rules currently. We can't change that, but emotionally for him, that's huge. He is just going rapidly downhill. No, stimulation or anything. No one talking to them, no, other than a phone conversation now and then with his daughter.

Another thing I found out during the COVID time, which is another negative is discharging patients. Patients on the ward that are in their 80s 90s who lived alone, they go - no, I don't want to go home. I don't know what I'm going home to. What about this team, this START team that are gonna visit? They're going to see someone else and then they're going to come to my house. They're going home to the children, and they're coming back to me tomorrow. What's gonna happen with all of that. Can I trust this that they're keeping safe. And what about the supports and how am I going to get shopping done and how am I going to do this, and fear factor totally. We had patients who just did not want to discharge. Yeah, I think it was huge. Yeah. And even now, some of them don't understand what's going on in the community and why you have to do this and this. Especially the ones with a bit of memory loss. I'm trying to explain it, and they haven't got family around here, they might be in Auckland, Bay of Plenty.

So it's not just an easy thing. It's emotional, but my family can't visit me. I've been up here for a month, and my family.. I haven't seen them at all. I try and explain it to them and I'm trying to get them on the phone but they're deaf and can't hear them on the phone. When we had no visitors on the ward, one lady that was very sharp said to me, but I haven't seen my daughter. All this time I haven't seen any of my children. They just said oh, I want to give up. I think we'll get a few deaths out of this, actually. And that's just the isolation. That's huge with the elderly.

A lot of the family, like we had to just charge, because we got this process from rest homes that you must swab them before you discharge, you must send them via ambulance transfer, and they go but we could take them on the can. But you're not allowed to because now the rule, is that we must go by an ambulance. But we don't want to pay for that. Who's gonna pay for that? But it's a COVID thing. It's the rule at the moment and we have to follow the process. Actually families do have to pay for it, but they will argue the point and we are the meat in the sandwich.

6. What does old mean to you? Old is a tricky one because young people can be old and older people. Yeah, it could be a mindset. It could be an attitude. Some people are in their 90s and they are not old. Depends on the person, depends on who they are, what their beliefs are. What drives them, all that sort of thing, think. If I was describing an old person. I would say that they were elderly and frail, that would be an old person. And there are other people who say, I don't know why they have that sign up there saying, older person and rehab and it should just be rehab because I'm not old. So, I might be this age but I don't feel old. But my grandkids would call me old.

7. Tell me about some of the challenges that you could see that people that you care for have. Sometimes, it's the emotional side of things. Like my job, I just go right this is the process, they're going to a rest home so this is what we do, family choose your rest home and off you go. But for them, that's huge. The adjustment, the transition, the emotional connection to their home. This is where I've always been and they say yeah you'll love it there. Yay. We don't look too much at the emotions, and that sort of thing here and I think that's where we lack. Like, people having a stroke. They've had a stroke, they've been a truck driver or a farmer or whatever else. They're the breadwinner, the career person, whatever. And they might be 40s - 50s, and then all of a sudden that whole thing is gone. What about the adjustment, to what their life was to what their life is going to be. And that's not a five minute job. That is a huge job and everyone's different, and there are no golden rules and there are no timeframes. And it's not going to be sorted just like that. Si I think that's one of the challenges but we don't have time. That's one of my challenges herem I don't have time. I skim the surface. I'm not doing social work... I'm doing it

to this standard. Sometimes it’s skimming the surface, sometimes I want to go higher. I would really like to be doing. But there is no time.

You can’t just sit. There’s no place quiet, to sit and talk one on one with the patient, because there's always people interrupting and coming in, and shared rooms and security curtains tjat keep in the noise that you have around. So thse sort of things. And where I sit on the ward, I sit there talking on the phone, I should say, and I talk about elder abuse and I talk about all these sorts of things and what's going on. And none of it's confidential really. I know you look at confidentiality but where do I go to be confidential. The locker room or the staff kitchen.

8. Tell me about the challenges that you had during your work day. Some times one patient can take your whole day, depending on the situation. Whether if it’s an elder abuse case or something like that. You might take many many phone calls. If it’s a tricky family with many people who are on different pages. You could be one day, with one patient. And that's just what you need to do. It's just what happens and the others just need to wait. Well in the challenges at the moment is bariatric patients and having to go and discharge to a rest home.

So, I've got a 43 year old, 190 kilos he's lost, heaps of weight. I've got a 56 year old who’s 265 kilos. I've got another one who's 300 kilos. So they're going to discharge from the ward to a rest home. They are beneficiaries already. So, emails to blah blah blah, applying for funding. The thing is they go, okay just get them a rest home. Rest home won’t take them. They go, first off, we don't have equipment to manage all of that right so we need equipment. So pricing out their equipment at the moment, the OT is doing that, the equipment came to be 35 to 40,000, and that's not including all the hoist. There's the bed, the matress, the commode. 35 000 each. Then the race time says you provide us the equipment, we will do it but we cannot afford to buy equipment for one patient. Then they saying to us. We will need at least two people to manage their patient, we need more staff, who's going to provide us the staff and accounts back to us because we're in the middle, looking for a facility in brown guys says to us well, seek them out to ones like Andrews or glades Dale that your recent times around because they have bigger doorways bigger equipment blah blah. I see very well Graham but the only trouble was these people have been fisheries on an ambulance benefit or something like that, they cannot pay the surcharge on their room. How are you can get around, they've been. I rang and returned rain the other day, many times, every one of them, but one has to charge on the road between $5 and $80 per day, how does a beneficiary afford a dog. Don't do it. So this is another blog straightaway. So, I had a meeting when our social media manager this afternoon and collegian are talking about the sort of the heater. This box and box and this is a handyman so OTS have got the process, regarding equipment, but they're told not to provide it to restart. Restart or not accept a patient at least they've got equipment so escalated out. Now we're going higher and higher. And it's just going to increase. And then this goes another month, the patient's line here and a beard, because we can't get them out. So there's another month here. Now the month before it gets signed off. We haven't even got the equipment and sign off yet and you know be another month before we even get her and get her sorted. Yeah. So, in because we deal with one patient, other patients, we're going to have to do it for as well. The fact that it gets patient out, and it's always aimed at the patient was going higher we will have to provide that equipment anyway. Right. The moment the guy that's 56 years old, who has huge saddlebags out here. He's still living at home with his wife who was a post polio patient with a lump. She pushes a commode can mentor taller.I wouldn't even be pushing that commercial by next time he comes with me We'll be back next time he comes on it's riester. Wow. Oh my goodness Imisspoke, and then takes time to organise that sort of stuff and email the equations of these people in the loop and, yeah, that's been huge time consuming, and we don't have a structured process for it.Yeah.

So, thank you. About tricks. Because barrier truth is going to be on the increase for us. So OTS here, and procedures about sending people home with equipment that's fine that's the process. one mouth one's going to restart. Yeah. Okay, to keep the attendance. Yeah, keep emailing me about that love but yes, we're going to have to get a process with strategy impounding, so I tend to think part of the social work role is advocacy as well, to see for change in the future. And we have made changes. Sometimes we have to walk inside the sample, or barrier treat patients with more changes have to happen, or processes. it's home Prime's. Yeah. Yeah, timeframes. Money game to go with. Yeah, I'm doing thing, and also they're on top of their beneficiaries. So, money in a different sense. See what I mean.

9. How do you see the future for older people? Oh, actually, to be honest, we have now got 1.6, or 1.8 social workers per board, and OPR. That is progress.Over the time frame I've been here, things have gone faster. So people used to stay for a couple of months, back then. Now they're likely to stay two weeks and the turnover is huge and the hospital's always full. So I would like more and more mental health, more emotional input for a lot of patients.

For me, my dream for the back. Yeah, and my other big thing. Changing here. We have your wave under 65. How would my dream would be to have a recess time facility, but I'm disabled 65. Yeah. And then, is to meet the needs, emotional needs the social needs, and directions with the influence of the trust so that younger ones, or even a 65 year old, we just have been discharged even. And he's in there because he's had heart attacks and renal issues. But he is young to be in a rest home. He's in there with 80 -90 year olds. And in a way, that's sort of like a discrimination because there are no other options for him to be with young people. Yeah. So, as far as that goes, there's all time because he was another one on a sickness benefit. Discrimination is getting worse. So you've got the upper class people who can go to St Kilda or Cascades adn the flash rest home and pay premium prices. You're getting all the beneficiaries going to the lower class rest homes because they cannot pay that. So that's discrimination. I'd like that changed but that's not going to happen, really. There's less options for beneficiaries now because they cannot afford the surcharge on a room. They need more options would be my dream and more facilities for the younger one. They need their music, activities, outings, that sort of thing.

Maybe more social things on the ward. I know a lot of them have really enjoyed doing the group activities and things like musical bingo and sit and be fit, well they hardly do those things now. They hardly do it because they're all too busy so people are sitting a lot in their rooms. We get physio for half an hour here on something else and that's about it. They need more stimulation and contact and discussion and support supporting each other, that sort of thing would be good. And maybe more physios on the ward to be honest because they're very busy. If they had more physio input then people are going to be out of bed, for doing your exercises more, and building their muscles up quicker and getting out of here. Benefits all round. I'd like to change that as well.

Interview witu CNM of rural aged care facility in South Island

1. Tell me about your role. Tell me about a typical day at work for you. I'm Clinical Manager of a 65 bedded rest-home that's made up of hospital level and rest-home level residents. My role is Clinical Manager. I'm the one that oversees the nursing staff and the HCA staff and I'm the one that deals with the complaints and the family complaints, and everything like that. A typical day for me, um, rostering.. That's a big part of it, making sure there's an appropriate skill mix and that everything happens, making sure that we've got the gear we need to do the work that we do., so ordering stuff. Coordinating between the different areas, between the clinical and the non-clinical.

So a typical day, I get to work, I go for a walk and say hello to everyone that's up. And I make sure nothing's burning down. *laughs*. I call this my fire run. And that I'll go back and read all my

progress notes to see what's happened and make sure there's nothing urgent that I need to deal with. Then I do handover with the nurses, so they come and talk to me about anything that I may have missed. If anyone is unwell or if there's any appointments that we have to deal with and we organise the structure of the day and work out what's our priority. At the moment there is a lot of audit stuff to make sure that we meet the health and disability stuff. So huge amounts of that work gets done.I always make sure to spend at least an hour every day with the residents. Every single day is different, it's never the same day. Every day starts the same but then it starts rolling out and it's managing what happens.

2. Tell me why you are working in this sector. I only ever wanted to work in Aged Care. I worked as an HCA When I was very young and I hated the way it was run it was back in the day when we were still using active restraints and I thought that was evil. The quality of care and the mode of care was very institutionalized. It was very dehumanising and heartbreaking. But you could see with the good caregivers on the floor how you could still make differences to people and you could still see the humanity and that kindness. So I moved away from it and did other stuff but I always kept coming back to Aged Care every time I needed a job because there's always so many jobs in it. And when I trained to be a nurse I trained to be a nurse specifically to go into aged care. So I went to work at the DHB Specifically to get enough experience to be able to go back to aged care with good sound clinical assessment skills, and networking skills and medical skills to be able to put them into place in a rest home. I've been very lucky because I had been able to move up the ranks very very quickly So I have been able to go from boredness into a clinical manager role In a very very short period of time But a lot of that is based on the fact that I worked So many years on the floor as an HCA As well so My Aged Care experience Was a lot longer than my nursing experience It was only ever going to be aged care .

I keep coming back to it because you know you'll make a difference Like you get a very visceral sense of reward. When you talk to somebody that lived a life and when you see them as a person Rather than as a statistic A lot of people see old people as dodery and don't see the life experience behind it you actually spend time with somebody And you're working with somebody And you can see the rich Richness of their life experience and you Make that connection and that friendship With them The friendships that you form with somebody that's Older, they're just deeper and richer than most of the friendships that you'll make with anybody else in your life.And you talk to them about it's just the same as What we are going to say to our kids When we talk to them about covert and living through Lockdown they are not going to have any clue about our lived and learnt experiences. So when you talk to these people, and they about you know, I can remember cooking on a coal range, I can remember when we had rations, I came here on a boat, those kind of conversations, it's rich. It keeps on drawing me back. It's the people that you work with that always draws you back.

3. Tell me about the positives about working in this sector. In a practical sense, career progression is really quick. Because no body else wants to be here. The job security is amazing because we have an ageing population so that's the really practical sense of it. Um, what else is positive… um, my day to day life is positive. You know, I go to work and people are happy to see me. NZ And there's no you know, it's a great place….even the grumpy old man down the road kind of guy that's there, You spend 15 minutes talking to him about something And you can get a smile out of him and that makes Your day. You feel like you've achieved something. So yeah, it's the little wins and the bigs wins, they make every day special. The money's not great but when you get to this stage, it gets better.

4. Tell me about the negatives about working in this sector. I really hate how much we are diminished in the eyes of a real nursing. You know, so when are you going to the DHB, when are you going to be a real nurse, when are you gonna go work in a hospital and be a real nurse. What

bad experience made you go back to aged care? That negative association that everybody thinks that rest-home nursing is easy. The medical knowledge that we have to have, that the experience that we have to have is superficial..um.. So even amongst other nurses, when I say that I'm a rest-home nurse, I get that look that that you know, so you're not a real nurse then. Um, you know, speaking to doctors and other medical professionals even, it's really disheartening how little aged care is thought of and yet it's such a primary factor of our whole health system because so much of our health system is tied up in looking after people over 65. And yet it's still diminished. Um they don't recognise the variety of things we have to do. Like I have to understand heart disease, cardiac disease, diabetes, stroke, physical deformities, mental health issues, all those kinds of things. Whereas people working in the DHB, you work in surgical, you work in orthopedics. I have to know everything about all that stuff. And I have to deal with people when they die. Now palliative nursing, if you work in hospice, everyone goes oh, bless you, you're so kind, you're so wonderful, that must be so hard. And yet the average rest-home nurse will hold the hand of 80percent (?) more people in their life that pass away. So if we highlighted the strengths of the things we have to do, we'd get more respect. The lack of respect is the biggest issue.

5. What does thriving mean to you? Thriving is finding joy in your life and doesn't necessarily have to be something that somebody else values. Um, being able to enjoy physical contact, mental contact with other people. I'm a big believer...like a lot of people don't have… like oh if I get dementia, kill me. … you know, like I believe in euthansia because if I ever get to this point I want somebody to put me out of my misery. You know I have worked so much with people with dementia that still laugh, and Still have fun and still have a Giggle and cry and still enjoy a hug. And have bad days and good days So that thriving And then you see the ones that don't thrive and they are the ones that give up and sit in one spot and don't engage With other people I think I probably more concern With older people That age in place but are isolated With that social isolation what comes with being older Older people don't thrive because they become very lonely And very insular their world becomes very very small to you know, two feet in front of them all the time. Those people don't thrive. People who are engaged in the community and have family and friends and activities and interests, those people thrive.

6. What does "old" mean to you? I don't actually use the word old very often. I think old is a mentality. Aged is a chronological thing. . I mean, I have an old brain, my kids have an old soul, but I look after aged people. But I have older people that I look after as well, I think it's a mental thing. How we become old is our how our brains change and how our outlooks change and how much enjoyment we show to the world but our chronological age doesn't always show up to that. I mean I've got a 99 year old at the moment that you'd think mentally was younger than us. (laughs) And I've looked after 65 year olds that have no outlook in life and have no enjoyment in their life and they age and become very old very quickly.

7. Tell me about some of the challenges you perceive that the people you care for have .Access to health care. Yeah, access to health care. Um. If you are over 65, the triage method of who should have a hip replacement, or the heart replacement, um that's a challenge. Being perceived as being human beings, rather than being written off as you know somebody that's just you know, old person's mentality, you know, whatever. THe COVID thing is a prime example of that. We have shut down our rest homes but Nobody consulted the residents We are basically institutionalizing theme and treating them Prisoners and we are not allowing them Say about what they would like to happen And as much as I love the fact that's the government is Stepping in to protect everyone that's over 65, did anybody consult anybody over 65 they made their decision. They are grown-ups with rights and dignity and everything else like that and yet we completely diminished them is being unable To make decisions for themselves By doing it We do it all the time with people in rest homes We automatically look to the family when we take them for An appointment at the hospital And they have a younger person with them, we look to them to answer the question. ANd

we do it every single time and it's no different , and we treat them like toddlers essentially, we talk to an older person like we talk to a toddler. And a lot of the time they don't recognise it until you point it out to them and then they get angry about it. I mean these are people that have had lives, that have made decisions, that have run governments, that have shaped our world that we're living in and we are taking away everything from them, we are taking away all their civil liberties in some senses, by making decisions for them.

8. Tell me about the challenges you have during your work day, eg. collaboration with other services, other professionals, within your practice. Um. Walking that fine line, between doing for people and doing with people. You know, like the families with ring up and ask "how's mum doing?" and I'm like "well, why haven't you rung mum to find out how mum's doing?" Maybe mum doesn't want you know how she's doing? But my responsibilities as a contractor is to you because you are paying for mum for being here. And throw in the Privacy ACT and yeah. My biggest challenge in my day comes from peoples' perception of service orientated stuff - why aren't you doing this? Well I can't actually do this because I have 65 other people that I need to do for. And this is the best I can do with what I can do. But then you've got a service orientated model, where there's an expectation that shouldn't we provide this amount… so balancing those needs with the real needs is very challenging some times. It's the balancing between the health model and the service model. Because we are what? You know, if we go to a restaurant and you say your dinner isn't cooked properly, you can send it back...andyou can say I'm not paying for that.. But in health, whether that's in the ward or not, they can't send that steak back. So how do we balance their service expectations because we are there for them

9. How do you see the future for older people? I think ageing in place is becoming a big thing, especially, with the baby boomers as they Age we won't have enough rest homes for them So we have to look at how we can keep people in Their own homes and in their communities And still be safe I think once upon a time When I first started working in rest homes We had very young ability wise people. THey would be more rest-home level people, they were mostly independent, just needed a little bit of support. In a rest-home, you would have very few co morbidities, very few challengings and hospital level residents. Now it has swung back the other way we are getting Very few people that are independent Cos we are managing to keep them ageing-in-place And in their own homes for longer And retirement villages for a lot longer So when they do come into care Long-term care facilities are becoming more complex medically, more complex care wise. Um the acuity is so much higher now, and that's within 15 - 20 years of working in that environment. SO I think that moving forward, long term care facilities are going to be for those people who are acutely unwell medically, that are older and that need care. I don't believe that we'll have as many, you know, I used to always call the you know, the bingo group. Cos they were lonely and wanted somebody to play bingo with. I don't think we'll see that anymore.

10. How do you see the future for older people in your role? My role.. I think it's important for nurses in aged care facilities to keep their skills up because we are dealing with complex medical stuff. I think that's really challenging for new grads and that seems to be the nurses that we tend to get, come into it and having to deal with 15 different disease pathways. With very little support from the DHB structure. So moving forward for my one, It's about making sure that that integrated team is there to wrap around people as they are coming into the facilities because the things that we are looking after are way more complex than what they ever used to be.

11. Thinking about everything that you have just said – what would be one thing that you would want to change? The perception of aged care. I think there's way more rewards for health care professionals to work in this part of the industry than what is recognised and the rewards are phenomenal. So yeah, just to change that perception about it . Even at Wintec, I remember sitting there talking about the unsexy part of nursing being aged care, I'm sitting there thinking that I

know I'm not sexy mate but that's where I want to go. We just need to change that preconception that we put out there as health professionals ourselves. And it would be nice if at least our colleague respected us. COs I bet you, I can guarantee you that 80% of the nurses that I ever worked with, would not manage a day on the floor in the rest-home.

Interview with in home care provider

1. Tell me about your role. Tell me about a typical day at work for you. Typical day would be, I arrive at work and check emails, to see what's come in since I left the day before, touching base with the boss to see if there's anything pressing on that day and also looking at referrals. We'l be receiving referrals from DSL (disability support link). So they go out and do their thing with the client so for example, a referral saying that Mrs SMith needs two hours of home management a week and 3 hours of personal care. So we will look at that, we will ring the client and we will organise a home visit to go and see them. And nest of kin is that's appropriate, and depending on what condition they've got. And we will also be in the back of our mind which support worker we're going to be putting in there and who's available in that area. Obviously if it's in an area, say Rototuna, we need someone from around that area to these cares throughout the week.

So we would organise a time and go see this person. We would go through what is quite a detailed careplan of what will be provided and what they need. So in that two hours home management, do they want it two hours all at once? Or do they want you know, one hour on Tuesday and one hour on Thursday? What days do they want their personal care? So it's kinda just working out those finer details. Establishing what are the services we actually provide. There can be a little bit of difficulty because support workers can be seen as cleaners so sometimes when the support worker goes in there, the client is expecting spring cleaning to be done which isn't the case.

Then its coming back to the office and doing paperwork. Uploading stuff into the computers. I'm not sure if we are doing that with interai at the moment, I know it depends on the contract so thats up in the air at the moment. The other thing is doing reviews. So every 3 months we do a phone call just to see how everything is going, after the service has started. THen we do a 6 month one and you know, we've got a set out paperwork of what you need to ask them. And obviously delving into if there are any issues. Then we do an annual review, so when we do those annual reviews we also ask them would you prefer to talk in person, because sometimes over the phone… it depends on the person obviously but sometimes if you're face to face they'll tell you more. And just like any business, its easier to address things earlier on other wise they start snowballing into bigger issues. So that's basically a typical work day.

2. Tell me why you are working in this sector. So the first reason, I do enjoy working with the over 65s, the elderly. I have always had passion for working with the older generation. I've never been interested in peads or anything like that. So this is always what I've been focused on. And I;ve worked for this company before I went into the hospital. I've worked for this company for ten years. The other part of me likes to advocate for people that can't. As you know, some people have family who are very supportive and then some people don't. So I really like the advocacy for the ones that don't have people to speak up for them or are too um, don't want to ruffle any feathers so they won't ask for what they actually need. So I like delving in and seeing how can we actually help these people. Make a difference.

The other reason is factual really. Because it's an ageing population, there will always be jobs with the older people. I think the projections for New Zealand, um, in 15 to 20 years time, 1 in 4 or 1 in 5 (i can;t quite remember) is going to be over 65. So you know, it's big. So that's another thing that's in the back of my mind as well is there will always be jobs for working with the elderly. And the other thing is, with the chronic conditions and how they are increasing so much

as the moment, like diabetes and all that kind of stuff and couple that with elderly, their needs are rising along with the population.

3. Tell me about the positives about working in this sector. SO the positives.. Like I said, I enjoy working with the elderly, I think they've got great stories to tell. I've got a huge respect for their life journey, leading up to where they are now. And I also, you know, think it must be really hard for someone to go through their life being really independent and then something happens, a chronic condition or some sort of acute condition,and you know, now they have to have care. THey'll never be back to what or where they were. So I like that side of things. Jsut working alongside them really and I just really enjoy old people really.

Also I think that promoting their independence. Well in my experience, a lot of the elderly, sometimes they can get to that stage and theyve been so independent and then theyre told you're going to be home and you're going to be receiving this care at home. And sometimes they can think of that as a bit of a, oh this is the end. So I like being able to bridge that gap and be like no, it's not the end, this is just nother stage. You're still able to be independent, you just need x, y and z each week. Just to help you along a little bit to maintain that independence and do the stuff that you wanna do. You know, there for you.

4. Tell me about the negatives about working in this sector. The negatives in this sector, probably expectation versus reality. There's a whole lot of different things. We do see a trend. There's two ends to the spectrum. There's the elderly that are gonna receive care and theyre very mae-mae about it. THey don't want to accept it, they feel like putting a burden on someone and they can't believe that they're , you know , someone's gonna pay for this person to come in, and oh my gosh. And they are really appreciative, and almost to the point where they don't get what they deserve because they just don't wanna put anyone out.

Then there's that other end of the spectrum where they expect the world. And so you send someone in there and they expect the gutters to be done, they expect that they just want to lie on the couch and everything will be brought to them. They see is a "cleaner's" coming in, or my carer who's going to everything for me. So ther's that two opposite ends of the spectrum. Ans sometimes, bringing it into the middle, that can be, a bit of a negative in a way, a negative as in it takes a lot of work to bring each end of the spectrum to the middle so they're getting the care that we can provide. And their expectations are way off the mark or way under the mark. ANd that takes a while.

And also, sometimes family dynamics. Sometimes you've got family that advocates so hard good on them but to the extreme where they're expecting the world and you know, we can't give.. The world. And as you would know, sometimes family guilt can come into it. You know, if Mrs smith's daughter lives down in Wellington and can't see her all the time, she will be a very strong advocate. AS she should be but to the extreme of … it's almost like… substituting that guilt in a way.

5. What does thriving mean to you? So thriving to me in this setting would be maintaining that independence for them. Maintaining their ability to live and do what they want to do. By providing a little bit of support, sometimes a lot of support , to be able to set them goals that matter to them, to achieve yduring the week. And sometimes, it's being able to go to bowls on Thurday or something. But then sometimes it's just being able to get up and make breakfast. The goals to differ depending on the person but I think the ultimate goa in any of this is to help them maintain that sense of normality. This is still my life and I'm still independent and I can still do things. It just means I've got someone coming in that can help me achieve these goals.

6. What does “old” mean to you? TO me, it means its a different phase in life. And even at my age now, I look back at my twenties or even my teens and I don’t feel much different to now except for when I look in the mirror or this phone.. And i imagine that must be like for them as well. But with the added thing of some people at that age they still thirty or they still feel forty. But their being told that you’re going into a rest home or you’re going to have “sally jo” come in each week because you can’t :cope” by your self. And I think that’s a bit of ahurdle sometimes for the elderly to accept is to that they are not what they use to be and this is the new stage in their life.

I guess, being old comes with it;s own challenges. They not only physical challenges, but also the mental health of th elderly as well. ANd I think that sometimes people can get so caught up in doing the tasks that they .. the things for so that they can physically achieve something but they forget about the mental health behind it as well.

7. Tell me about some of the challenges you perceive that the people you care for have. Basically accepting help, that can be a big one because they don’t feel like they’re at that stage where they need someone to come in or whatever. So that can kinda be quite a big barrier in some cases. aNd working through those basrriers can take time. Sometimes we just have to introduce it like someone will just coem and visit.= and after a few visits, can start saying things like oh would you like to cut up some vegetables for dinner, come with me and we’ll.. Promoting them accepting it, and promoting that they are still independent and that they are not going to lose that identity of who they were because they’ve accepted help.

WIth these contracts, unlike the 6 week ACC contracts, this is ongoing . Like we’ll review it but it can be in place for a year so this is them accepting that I’m gonna be like this for ever. And I think that loneliness is another challenge that they elderly have and sometimes that can get a bit skewed. You know the support work will go in and the client will say let m make you a cuppa and let;s talk. And even though that is a quality thing to do for a client, maybe a chat is what they need that day but practically they also need that shower because they haven’t showered in two days or whatever. It’s kind of trying to find that balance within the financial constraints of only having an hour visit that day .

8. Tell me about the challenges you have during your work day, eg. collaboration with other services, other professionals, within your practice. Support workers and professional boundaries. And because a lot of their work is autonomous. So i;ll be int he office and go out to do a careplans and talking on the phone to the support workers and occasionally they’ll come in, to the office. It’s you know, how do you maintain professional boundaries when basically they are a non-regulated workforce. With me advising them and writing up a careplan and leaving it for them. But I’m not there with them.

To be fair, most of them manage really well. They are perfect. You know, they get the mental and the physical side of things done. You know, chatting while doing the showeering.

The other challenge in a work day is if a support worker calls in sick. You’ve got to understand that these support workers arn’t just going in to see Mrs Smith. They’re going to probably 5 clients in one day. So you’ve got 5 clients to cover that day. And then taking into account also that not all 5 clients want a stranger in their home. Not all 5 clients are willing to accept that someone is sick and there will be someone else in. Someone of them can get quite upset that their support work is sick. Because that’s what they look forward to. For someone them thats the highlight of the week. There can also be the challenge of the same support worker going to a client for a long time and doing little extras. So they do have professional boundaries and they do have a code of conduct and everything but they are unregulated as well. So if a support worker started buying a loaf of

bread because Aunty Jo can't manage, and they end up doing just about the full shop every week and then they are sick and so the new person going in isn't good enough because they won't do all these extras.

9. How do you see the future for older people? I think the sector is always changing adn it's always trying to improve. The ageing population. The increasing chronic conditions. The need for resthomes building which can not keep up with the ageing population. Even though there are a lot of RHs being built and renovated around Hamilton currently. The RHs numbers wise are never gonna keep up. THe staying at home thing, I'm really really passionate about. I think it is the way of the future. One is maintains the older person's independence, who doesn't want to stay home really. If you've lived in your same house for x amount of years. If you can maintain your independence and keep your own home, amazing. It take the pressure off the DHBs .. i mean if someone has been working with Mrs SMith for a long time, they can notice the changes like a rash, or a wound, or depression nd notice it earlier before it becomes a big problem.

10. How di you see the future for older people in your role? I think if these services that send support worker into home didn't exist, there would be a huge burden on RHs and DHBs, THere will always be a place for in-home caring.

11. Thinking about everything that you have just said – what would be one thing that you would want to change?

TO be honest, it would be funding. Wouldn't it be amazing if we had, you know, endless funding and we could send a support worker in every day ot spend you know whatever the client wanted, whatever they needed. You want a shower in the morning? Do you want to go for a walk? Do you want to sit and have a cuppa tea? I;ve got 7 hours of funded care to give you. Whatever sector, there;s always financial constraints and you have to work within what money you have, like any business, maximise the funding coming in to what you're delivering and also make a profit so you can stay in business. So that bureaucracy that you have to keep in mind. In an ideal world, and dreams are free, Id have endless funding and oh, every older person could live their best lifem, couldn;t they?

APPENDIX IV: Lotus Blossom technique

1. How might we address discrepancies in accessing health care, ensuring there is adequate resourcing and funding, supported by technology to the meet the health needs of the older person?

- Every person over 65 to have panels installed in home to connect to health services.
- Establish social workers in GP practices for over 65-year-old clientele
- Create an uber type system for volunteers to take people to appointments
- Create lecture series for over 65-year olds to attend for life planning and "how to stay in your own home"
- Every person over 65 to be assigned to a community-based MDT, that checks on them once a week/fortnight.
- Identify where older people are getting their information from and use this medium to offer "agency" message in terms of how to thrive - tip for the day (potentially talkback radio)
- Create the health passport identifying what is potentially available to a person, then through technology ensuring each provider is aware of the involvement of the others. eg. continence nurse/products, district nursing, hospice at home, mobility vouchers, transport subsidies, WINZ benefits.
- Mobile van for technology support lessons in own street - appointment based

2. How might we foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities?

- Using TV and social media showcase the career of caring for older people using campaigns like the join the navy or police force.
- Create short film interview with older people voicing their needs for healthcare professionals to listen to
- Televise a TV channel specifically aimed for 65+, how to create ACP, sit and be fit exercise, etc
- Electronic note taking on a single record under the NHI number to keep all date i one place, so each discipline can see the health journey so far.
- Standardise monthly GP appointments for targeted older people at no cost.
- Dedicated respite/transition care post hospital
- Create persona with ideal world outcome for team to visualise how a collaborative approach could work
- Offer in home OT and Physio treatments/lessons

3. How might we support older people to stay in their own home environment for the duration of their life?

- Community app to show when lawns mowed last/ need help for rubbish to be taken out. Volunteers can use app to see who needs help nearby
- Homeowners club membership with a coordinated help team to sustain living at home
- Create family helpline for those supporting loved one at home
- Create the health passport identifying what is potentially available to a person, then through technology ensuring each provider is aware of the involvement of the others. eg. continence

nurse/products, district nursing,, hospice at home, mobility vouchers, transport subsidies, WINZ benefits.

- Create a tool for older people to learn from each other and hear their current stories eg. neighbourly for the older person, Facebook for the older person, community older persons newsletter (hand delivered by postman pat)
- Everyone over 65 is set up with a workshop in their own home to contribute back to the community (e.g. gardening, electrical work, handyman, painting)
- Create a system that supports intergenerational living
- Using television televise lecture series for how to stay in your own home

Appendix V: Idea Briefs

Idea 1	Title: *Referral free day*
	Challenge: HMW foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities
	Description: Having a referral free day every month (?) at medical clinics where different disciplines (Physio, Dieticians, etc) are available to answer questions without needing a referral. This would reduce health professionals working in silos. These days would allow professionals to see and understand what each discipline does, and how they may work together to help the aged person. It would also allow aged persons to get some advice/ suggestions on what to try and less people would have to wait for the public referral systems where appointments can take weeks to months to action. These referral free days would help people access the help they need from the medical centre instead of searching for help at the local hospital.

Idea 2	Title: Know your team
	Challenge: HMW foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities
	Description: Health professional study programs to include a segment where they must spend time with different disciplines to really understand what they each do. These would lead to effective referrals instead of “passing the buck” or clogging the systems with unnecessary referrals. All of this helps us to work in a collaborative way, waste less time triaging referrals and spending more time working together with the older person.

Idea 3	Title: Matchmaking
	Challenge: How Might We (HMW) support older people to stay in their own home environment for the duration of their life
	Description: Every aged person that is identified as someone who needs support to be matched up with a Social Worker or a Nurse, like a key support worker. This person can support the aged person with their health by explaining what is happening and helping them reach out for whatever support they may need but not know that 1) they need it and 2) where to find that support or how to access that support. For example, giving people advice on how to access programs like START or similar agencies that provide home help or if they qualify for subsidies, etc. Knowing and accessing support in a timely manner may help people to manage their daily living in their own home environment for longer.

Idea 4	Title: Wellbeing Book
	Challenge: How might we address discrepancies in accessing health care, ensuring there is adequate resourcing and funding, supported by technology to the meet the health needs of the older person?
	Description: Each person over 65 to receive a journal, similar to the WellChild initiative. This journal can be used to record (simply) the person's health journey, eg. which specialists they have seen and what was the plan/outcome from each visit. This will allow health professionals to see the person's journey without the person needing to repeat themselves OR having to remember all the details. While not as detailed as clinical notes, this will give an understanding of things that have already been tried or give a clearer picture of recurring patterns allowing health professionals/families/the older person themselves to make informed decisions on what has been done and what to do next. Entries in the journals will make it easier for different health professionals to see what the other is thinking or trying. Patients will not have to depend on the GP guessing what the physio might be doing or what the specialist was thinking when they ordered x,y and z.

Idea 5	Title: ElderLink
	Challenge: How Might We (HMW) support older people to stay in their own home environment for the duration of their life
	Description: A website aimed at addressing Frequently Asked Questions when it comes to Older Adult health. This can be a place for families and friends to search for answers regarding their older person. Having one place where FAQs are addressed makes it easier for families and friends (and the older person as well) to find related information. It would be free, accessible and they don't need a referral or an appointment with someone first to search for answers. They will be able to find out answers or helpful hints may help the sharing of useful information that is backed by government policies, etc. Having access to this type of information may help people in catching onto issues before they becomes big issues and allow the older person to age in place for as long as possible.

Idea 6	Title: create health cafe for over 65s (e.g. knitting cafe, death cafe,)
	Challenge: How might we address discrepancies in accessing health care, ensuring there is adequate resourcing and funding, supported by technology to the meet the health needs of the older person?
	Description: The health cafe would provide a forum for older people to discuss their health needs sharing their experiences of their day to day living successes and hurdles. This would result in information sharing in addition to providing a forum for an empathetic ear. The health cafe could be focussed on a particular need i.e. people with long term chronic illness or specific health groups eg. people with COPD. The health cafe could be facilitated by a volunteer.

Idea 7	Title: Older persons talk about their current lives - to each other, filmed. Like a short film festival entry. Each month, a new topic/aspect of life/shared historical experience could be recorded
	Challenge: How Might We (HMW) support older people to stay in their own home environment for the duration of their life
	Description: This film could be like country calendar. It would enhance the sharing of experience from which other people both old and young could appreciate and learn from. The generation of conversations could lead to discussions of future care planning resulting in security of peace of mind.

Idea 8	Title: dedicated respite/transition care post hospital
	Challenge: HMW foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities.
	Description: This service would extend the ability of people to remain in their own homes. Post hospital respite admissions would see older adults being in a position of safely transitioning back to their homes with a coordinated care plan in place to ensure safe transition and avoid returning to hospital in crisis mode. Dedicated respite outside of aged care facilities would relieve the burden of care for carers, extend the ability for older people to remain in their own homes and needs to be part of a general care plan and not crisis management.

Idea 9	Title: theme based day programme providers and smaller groups
	Challenge: HMW foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities.
	Description: Day programmes offer many benefits to both the attendee and the carer. They are respite for carers, and an opportunity for socialisation and a place of acceptance for attendees. They enhance the ability for attendees to remain living in their own homes. Addressing the needs of individuals in group settings is always a challenge, however providing a needs based assessment would result in people for example attending a mens day programme, a craft day programme, a peaceful reflective day programme.

Idea 10	Title: create persona with ideal world outcome for team to visualise how a collaborative approach could work
	Challenge: HMW foster a multidisciplinary and collaborative approach towards aged care, recognising that people are living longer with increasing comorbidities
	Description: A visual flowchart of “Mr Smith, diagnosed with COPD by the GP”. Lets look at What now? This flowchart would demonstrate the effectiveness of collaboration between health professionals and community agencies in supporting Mr Smith to remain in his own home. The flowchart will also address “hiccoughs” along the way for example when Mr Smith will be admitted to hospital with pneumonia, or when the support worker does not show up or when Mr Smith’s wife wants to attend a wedding in Invercargill.

Appendix VI: Selection of ideas

Step 1: As a group, select the criteria (see below for examples) to score your ideas and write them along the top of each column. Consider also the success criteria from your creativity brief. Write the name and brief description of each idea down the left column

Examples of criteria: Speed of outcomes realised, desirability to your users, desirability to your stakeholders, cost saving from implementation, ease to implement people change, cost efficient to implement, technical ease to implement, positive impact on wider community, highly innovative

Step 2: Individually, score each of the ideas with a 1, 2 or 3. 3 is high (for example high desirability, high impact, high ease to implement), 2 is medium, and 1 is low (for example, low desirability, low impact or low ease to implement.

Step 3: Total the scores and compare your results with others in your team and your industry partner. Based on the total scores of all, decide on your top 2-3 ideas

	COST **1 = costly to implement**	**HUMAN RESOURCES** **1 = high use of resources**	**FAMILY INVOLVEMENT** **1 = not as much involvement**	**ETHICS** **1= not as ethical**	**HUMAN IMPACT to 65+** **1 = low impact**	**IMPACT to HEALTHCARE PROVIDER** **1= Low impact**	**Enhancing inter-professional collaboration** **1 = low collaboration**	**Total score**
referral free day - pop in for health advice	A1 S2	A1 S3	A3 S3	A2 S2	A2 S3	A3 S3	A2 S2	32
Health professionals studies to include a segment where they must spend time with different discipline to really understand what they all do	A3 S1	A3 S1	A1 S1	A3 S3	A3 S3	A3 S3	A3 S3	34

Social worker/nurse matching per client for those needing support	A2 S1	A2 S2	A3 S3	A3 S3	A3+ S3	A3+ S3	A3+ S3	37
Well child book equivalent for older people	A3 S2	A3 S2	A3 S3	A3 S3	A3 S3	A3 S3	A3 S3	40
develop an online link to FAQs by family regarding their older person	A3 S3	A3 S3	A3 S3	A3 S3	A3 S2	A3 S1	A3 S1	37
create health cafe for over 65s (e.g. knitting café)	A3 S3	A2 S2	A3 S3	A3 S2	A3 S3	A3 S1	A1 S1	30
Older persons talk about their lives - to each other, filmed. Like a short film festival entry. Each month, a new topic/aspect of life/shared historical experience could be recorded	A1 S1	A1 S1	A3 S2	A3 S2 - consent for the cognitively impaired?	A3 S3	A1 S1	A1 S1	24
dedicated respite/transition care post hospital	A1 S1 -	A1 S1	A3 S2	A3 S3	A3 S3	A3 S1	A3 S2	30
theme based day programme providers and smaller groups	A1 S1	A2 S2	A3 S2	A3 S3	A3 S3	A3 S1	A1 S1	29
create persona with ideal world outcome for team to visualise how a collaborative approach could work	A2 S2	A2 S2	A1 S1	A3 S3	A3 S3	A3 S3	A3 S3	34

Appendix VII: My Wellbeing Book

My Wellbeing Book

NAME:

DATE OF BIRTH:

NHI NUMBER:

ADDRESS:

TELEPHONE:

GP NAME AND ADDRESS:

WINZ NUMBER:

SPECIAL AUTHORITY NUMBER:

ALLERGIES:

VACCINATIONS:

EMERGENCY CONTACT:

Historical Medical Data

Medications – Name / Purpose

Dietary requirements

Home supports

Key worker details

Mood

Advanced Care Planning

Estate Planning / Funeral Plan

Engagement Notes / GP, Specialists, Family, Whanau

Date	Type of engagement	Notes

Notes

Appendix VII: User testing questions and feedback

Interviewees for Booklet Prototype:

Male 78 visual impairment lives with wife in shared family home,

Female 68 lives with husband in own home,

Male 66 married english not first language lives in own home with wife,

Female 73 married in own home,

Female 89 lives alone in own home.

Charge nurse manager surgical ward

Family member of 91 year old in aged care

Family member of 90 year old in own home

Nurse educator in her 50s

What stands out to you about this idea? Why?

All information in one place.

Great to have everything in one place.

I guess that it's all in one place?

I really don't like the cover, I don't even want to read any further. It's not interesting.

What do you like about it? Why?

I like the title "Wellbeing" gentle for old people.

I like that it mentions ACP, but you'll need pointers and prompts in there like Is this something you need to discuss with your family?

Oh yes, like a Plunket book for old people. Good idea.

The book is a good idea, you can see your history x 2

I like the concept of trying to have a one stop shop

Not too many words, not too busy

What do you dislike about it? Why?

I am visually impaired this doesn't work for me.

I like that it mentions ACP, but you'll need pointers and prompts in there

Page for Mood - this is private. Not necessary in book.

Very small, hard to read, no one will want to write about mood, estate planning is very private issue, you're losing your privacy and confidentiality, double handling for health professionals. You need, more room. Could get really messy trying to add in different inputs

I'm an adult, this seems very infantile, might not want to discuss ACP because "hey, I'm fit and well"

The layout is very stark. Needs other words and more laymans' terms

Doesn't need mood, should be more mental health related, like do you have an advanced directive for mental health.

What do you think is missing? Why?

Online links to up to date information. Things change with time. Hard copy is static.

Could have picture of person? A space to jot questions down?

Blood group

Immunity status, mammograms and prostate checks

Pets, Next of kin (might be different from emergency contact)

Do you have a will? Does your family know which lawyer you use? Explain enduring ppower of attorney and who should have a copy of the documentation? Booklet form may not work, you'll need to keep adding to it- you need more pages, key contacts

What do you think is of value for you? Why?

You can share with your family

State what estate/funeral planning is because some families take over

Having it in my handbag, if I fall it's there when I get to hospital

What do you think would be of value for others? Why?

Good handbook

Easy if it's all in one place.

No repetition

Would you tell others about this idea? what would you say?

Maybe. Would need an electronic version – could then share it with family

Yes, perfect for my grandma, not having to keep little bits of paper.

Are there any questions that spring to mind when you think about this idea? Why?

What is a key worker? What do I do when I run out of pages? Is it a yearly thing?

Who would give this to me? GP? Nurse? Can they fill in stuff before they give it to me?

The title – my wellbeing book, what does it mean?

How do you think this idea could fail? Why?

What is no one take it anywhere? It only has value for the person holding it. What about literacy and language issues. Some cultures would prefer face to face input.

Older people like to keep things private, because it's nobody else's business. You would really need your GP/nurse to "sell" it.

I don't think it will fail, but you need people to take it everywhere with them.

People who couldn't read or write, language barrier, people would easily lose it.

What do you think are some of the barriers to implementation? Why?

Check if something like this is already available

What if it gets lost?

Getting people to accept it, lots of people don't think they are getting older, you'll need to ask them to bring it in with them for their check up.

Interviewees for Expo Prototype:

Male 78 visual impairment lives with wife in shared family home,

Female 68 lives with husband in own home,

Male 66 married english not first language lives in own home with wife,

Female 73 married in own home,

Female 89 lives alone in own home.

Charge nurse manager surgical ward

Family member of 91 year old in aged care

Family member of 90 year old in own home

Nurse educator in her 50s

What stands out to you about this idea? Why?

Expo like the womens one. I went with my daughter.

People like going to things, an outing.

Lots of different areas are covered in one expo

I like how it's set up

Good for 65+, aiming to address issues before you actually need to

What do you like about it? Why?

I would ask questions of people I think are important to me

So many things!

Like the concept of having it as an expo

There's so much variety, don't have to wait in line, you can go to someone else and then come back and you won't miss out on anything

It would be good to have variety because people are very different with different needs.

You could ask how much things cost even if you dont need it now - podiatrist

Cup of tea always good

Transportation is important x4 equals independence

I like that it's varied and covers a lot.

What do you dislike about it? Why?

This is all for later on x3 (as in when Im incapacitated/needy)

Some of these could be grouped together better, like dentists and nutritionists together so people needed help with dentures could get help there.

It'll just be a bunch of old people together and I'm not old.

Need some info on altering housing like "enable", someone specialising on eye and ear issues for elderly

Should have a wine and cheese corner with cuppa. Maybe a voucher for a wine at the door?

The design looks like a uterus with fallopian tubes, can I just say?

What do you think is missing? Why?

I think combine the expo with the womens expo for example. Go together.

No dietician, no sexual helath advisor or relationship advisor, computer support? Learning skype to keep in touch with family, gyms that run classes for aged people? Tai chi for balance?

NZ has a huge rural population, what about that? Where will it be, can rural people get there easily? Mental health component? alternative to kaumatua for non-Maori? Cultural support for non-Maori? Lawyer? Nutritional support, budgeting advice? This could be a great opportunity for life saving intervention, could have an Embarrassing bodies type section? Nothing here about hearing and vision

Clubs to join - socialisation/connection is important otherwise you get lonely x 2

Specific older age groups for exercise and activity

Disability support services

Citizen's advice bureau is not there. Could have low impact exercise in the forum section, what about Tai Chi? Travel advice for older people who don't have great mobility or are single? You need a goody bag and vouchers. What about the caravan association, more and more mobile homes now.

Home Maintenance services - people you can trust. Database with customer reviews like motels.

Reliable platform for donating to charity who really need help

Information about transitioning from home to retirement village/ supported facility

What do you think is of value for you? Why?

It's good to have everything because people don't know who to go to for advice and you have to book ages in advance.

Variety of info available

Great to get questions answered. Not me personally because I'm not old.

I like this but it would be a problem convincing my husband that he needs this. Would have been nice to go to this when we were sorting out aged care for mum in law. Huband more likely to go if daughter invited him along.

What do you think would be of value for others? Why?

My neighbour could use this

Some areas will be more relevant than others, good to have OT for questions and what extra someone could have without needing a referral

Make it a joint expo

Make sure you don't get just anybody but people who are specialists in this field. In the forum you can someone explain the different levels of resthome care.

Would you tell others about this idea? what would you say?

Good for planning for the future.

Yes, Ill tell my friend

Yes, It's a good idea, expos already happen but none that are pitched to just retirees or soon to retire

Yes my mum would like it, plenty of places to get her questions answered
Could advise patient and family for a one stop place to get questions answered

Are there any questions that spring to mind when you think about this idea? Why?

What is Kaumatua

What's LGBTQUIA, I don't think everyone will know what that means. How would this be run?

What is NASC? X 2

LGBT - "Im in the age of it but Im far away from it". This is too far from my world.

What is Advanced Care Planning x 4

What is a Gerontologist x 3

Will it be price friendly? I don't want to pay $8 for a cup of tea. You could have the local school do a fundraiser too. What about wine corner? Why just tea?

Is the venue accessible? Walking frame available? Golf carts?

How do you think this idea could fail? Why?

Covid - no one could go

parking/access.

Needs to be well publicised.

I don't know the best place to host it x 3

Parking issues, timing – not too late in the evening, costs too much to enter.

Maybe you couldn't get all the health professionals free and available on the same day and time, costs, people may not be prepared to travel out of town

If you don't sell it right, don't just aim it at old people, have it over two days or go into the evening to capture more people, where you hold it will matter, parking, may need a shuttle?

What do you think are some of the barriers to implementation? Why?

This is for people over 70

I can't see well enough

Needs transport, like free buses or shuttles, needs to be free or a gold coin donation, need a defibrillator on site, accessibility – frame? Wheelchair?

Location, make it easy for elderly to get there, wheelchair? Transport – uber, taxi, shuttle to get there and back?

Need appropriate venue, funding, advertising,