

# **Market research – Demand for rest home level care facilities on Waiheke Island**

*Reported to:* The Waiheke Housing Steering Group, October 2017

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## I. Report summary

### Research rationale and method

A survey was undertaken in August to September 2017 targeting Waiheke Island residents and others to assess the market demand for a range of rest home and associated residential-level care services on the island, and the projected timing for such services. A total of 290 people responded to the survey, representing a broad range in age, sex and ethnicity. The majority were full-time Waiheke residents. One sixth of respondents completed the survey on behalf of a close relative or friend.

### Summary of findings

#### Anticipated level of need

- There is a high level of demand in actual numbers for both rest home and semi-independent living facilities on Waiheke.
- The identified need for hospital-level care reflects respondents' strong wish to have continuity of care until they die (see **Figure 1**).
- The perceived need for dementia or disability care, while lower and less certain than that identified for semi-independent and rest home care, was still substantial, with two thirds to three quarters of the sample (200+ people) identifying a need for those types of care as either likely or possible.
- A need for short-term service types – respite care, and either part-time or full-time hospice accommodation – was identified as either likely or possible by around four fifths of the sample (n=220+).

#### Anticipated timing

- Across all service types, the majority of respondents envisaged their need for residential services in 10-30 years time from now, roughly equally distributed between 10-20 and 20-30 years in the future. *Note* that this pattern reflects the age range of most respondents being under 80.
- However, substantial numbers of respondents identified a service need either immediately or within the next few years.
- Semi-independent and rest home accommodation were seen as the most common needs in 10-20 years from now.
- Dementia, hospital and hospice services were seen as the most common needs in 20-30 years from now.

#### Priority rest home service features

- What mattered most to respondents was being able to remain on the island, and having rest home services that are based on a dignity-based care model, choice, self-determination, equity, and access to their community at large.

### Conclusions

The findings demonstrate a substantial need for the full range of rest home and associated residential care services on Waiheke Island. In addition to a need for services within the next 5-10 years and beyond, there was an apparent need for the range of such services immediately.

## II. Background to the research

Currently there is no rest home facility operational on Waiheke Island, since the closing of the rest home in Surfdale. Given the aging of the Waiheke population, faster than the general population,<sup>1</sup> there is likely to be a need for such a facility in the near future. The purposes of the proposed research were to:

- Assess the market demand for a range of rest home and associated residential level care services, and the projected timing for such services
- Inform discussions with commercial rest home operators and providers of other residential level care services who may be interested in rest home and residential level care provision on the island.

## III. Research approach

### A. Data collection

A short survey sought data from potential services users of rest home or similar residential level care facilities on Waiheke. The survey method was as follows:

#### Target groups

- People who live on Waiheke Island and would ideally like to remain there for rest home or other types of residential care services
- People who have family or others they are responsible for who might use rest home and other types of residential care services on the island.

#### Structure and content

The survey (**Appendix 1**) comprised nine questions with a combination of rating scales (e.g. ‘Highly/Somewhat/Not very’ likely) and open-ended questions for respondents to voice spontaneous preferences. Question areas were:

#### *Questions about service needs and preferences*

- Multi-choice response questions on the likelihood of use of various service types, including:
  - Semi-independent ‘studio’ accommodation
  - Rest home care
  - Respite care
  - Hospital care
  - Hospice care
  - Disability and dementia care
  - Other related services
- At what time in the future, if known, the service might be needed (e.g. immediately/1-2 years from now/3-5 years away/5-10 years away, etc.)

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<sup>1</sup> *Waiheke Local Board Profile - Initial results from the 2013 Census*. Auckland Council, 2014. <http://temp.aucklandcouncil.govt.nz/SiteCollectionDocuments/aboutcouncil/localboards/waihekelocalboard/waihekelocalboardcensusprofile.pdf>

- For what period of time, if known, the services might be needed by people
- A question asking respondents to prioritise selected rest home features that had been identified in the survey pilot phase as likely priorities<sup>2</sup>

**Demographic questions** – for the following potential service user variables: age; sex; ethnicity and cultural background; current residence (Waiheke or elsewhere).

A set of definitions of service types was provided at the beginning of the survey for reference.

A draft survey was piloted with 10 people representative of the target group, including women and men, Māori, and a range of ages from 50s to 80s, and a range of income level.

### **Ethical considerations**

The survey invitation and preamble clarified that:

- The survey was anonymous
- The raw data would be available only to the research team
- People could contact the research team or Local Board if they had queries about the survey
- The findings would be disseminated to the Waiheke community through one or more of the local newspapers.

### **Recruitment**

The survey was available for participation from 29 August to 30 September 2017. ‘Opportunity’ sampling was adopted as the only viable recruitment process in the absence of a definitive database of the target population.<sup>3</sup> To maximise exposure and responding from the *relevant* population,<sup>4</sup> the survey was made available in both online and paper form, and advertised as follows:

#### **Target group**

- The survey invitation specified that people should respond to the survey “*only if you personally might want rest home care on Waiheke Island in the next 30 years, for yourself or someone whose care is your responsibility now*” (see **Appendix 2**).
- If people wanted to complete the survey on behalf of another person, they were asked to “*please check first that no one else has done so and you have the person’s consent*”.

#### **Advertising the survey**

- Invitation to the public to participate was advertised through:
  - ✧ Relevant social media (e.g. the Waiheke Community Page)
  - ✧ Two newspapers on the island
  - ✧ Email data base of the Waiheke Local Board
  - ✧ Posters in various public locations (e.g. supermarket; RSA; Waiheke library; medical centres; Waiheke Island Council Service Centre)

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<sup>2</sup> Ten Waiheke residents in the target group had been invited to each list up to 10 priority rest home features; the features listed in the forced-choice selection in the survey question were the 19 identified most frequently within the 100 listed by the 10 residents.

<sup>3</sup> <https://www.simplypsychology.org/sampling.html#opp>

<sup>4</sup> People over the age of 50, who might need rest home services within the next 30 years.

### *Online response*

- Computer tablets were set up at the Local Board offices, the RSA and the Oneroa Medical Centre for people to answer the survey online, with support available from staff if needed.

### *Paper response*

- Paper questionnaires were available at key locations, including the Waiheke health care centres, aged care providers, Waiheke library, and the Local Board Office.

### *Incentive to participate*

To incentivise participation, people completing the survey were entered into a draw for three computer tablets to the value of \$90 each.

## **Data analysis**

Data were analysed through:

- Simple frequency and percentage counts
- Cross-tabulation of data by variables of interest (e.g. by sex)
- Content analysis of open comments.

## **Additional data**

Additional feedback was received from more than 10 Waiheke residents who spontaneously contacted one or the other of the two researchers, ostensibly to clarify survey questions, but in doing so offering additional views. These anecdotal views are included in the results chapter where pertinent.

## **B. Response rate**

In total, 290 people completed the survey (228 online and 62 on paper). This number represents roughly 20% of the general Waiheke population over 65,<sup>5</sup> which is a robust response rate for an opportunity sample where no definitive database is available for recruitment purposes.<sup>6</sup> Note that the survey invitation specified responding only if people thought they might need rest home services on Waiheke in the future, to avoid irrelevant responding. That is, the survey did not seek to identify a demand for rest home services from the entire population, but only from a relevant target group of over-50s. The data from this response revealed clear patterns of demand.

## **C. Portrait of respondents**

The demographic distribution of responses is set out in **Table 1**. The distribution is roughly representative of the ethnic distribution on Waiheke at large (91% Pākehā).<sup>7</sup> In summary, the

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<sup>5</sup> *Waiheke Local Board Profile - Initial results from the 2013 Census*. Auckland Council, 2014. <http://temp.aucklandcouncil.govt.nz/SiteCollectionDocuments/aboutcouncil/localboards/waihekelocalboard/waihekelocalboard/censusprofile.pdf>

<sup>6</sup> <https://www.uaf.edu/files/uafgov/fsadmin-nulty5-19-10.pdf>. The Manager of Survey Sampling International (NZ) advised that a 5%-10% response rate for opportunity sampling of a reduced population is considered a robust response rate based on industry norms.

<sup>7</sup> Ibid p ii: “The proportions of usual residents who identified with an Asian or Pacific ethnicity were considerably lower in Waiheke than they were in Auckland as a whole.” Māori participation was lower than in the Waiheke population, but probably proportionate to the *older adult* Māori population on the island (no data available).

majority of respondents were Pākehā, aged 60-79, female, and living full-time on Waiheke Island. Twenty-five percent of respondents were male<sup>8</sup> and 27% aged less than 60.

<b>Table 1: Respondent demographics</b>		
<b>Age</b>	<b>%</b>	<b>n=</b>
Under 50	9%	25
50-59	18%	51
60-69	33%	97
70-79	30%	88
80-89	7%	19
90+	3%	10
<b>Sex</b>		
Female	75%	218
Male	25%	71
Transgender	n=1	1
<b>Ethnicity (multiple ethnicities possible)</b>		
Pākehā /NZ European	93%	271
Māori	2%	5
Pasifika	4%	11
Other	5%	15
<b>Table 1: Respondent demographics (cont)</b>		
<b>Current residence</b>		
Waiheke full-time resident	89%	259
Waiheke part-time resident	6%	17
Auckland region	3%	8
Other	2%	6

The five Māori respondents were from a range of mostly northern iwi.<sup>9</sup> Pasifika respondents were not asked about their nationality.

One sixth (16%) of responses were from people replying on behalf of someone else. The majority of those respondents (86%) were full-time residents on the island; only 14% lived elsewhere.

<sup>8</sup> This ratio is consistent with rest home populations generally, where male mortality is younger than female and men are more often cared for by wives until death than vice versa. See <http://www.dailymail.co.uk/news/article-2131296/Women-40-likely-men-care-homes.html>

<sup>9</sup> Ngāpuhi, Ngāti Porou, Ngāti Paoa, Ngāti Whanaunga, Maniapoto, Ngāti Ra, and Tainui waka.

## IV. Survey results

### A. Perceived need for rest home and similar services

Respondents were asked to rate (i) the perceived likelihood, in their estimation, that they might need any of a range of rest home or similar services within the next 30 years on Waiheke Island, (ii) how soon they envisaged needing such services. They were also asked for an estimation where possible of how long they might need such services; however it was acknowledged that respondents might not be able to make such estimates, given the multiplicity of factors that might affect duration.

Although respondents were not asked to describe how they arrived at their ratings, anecdotal feedback from several respondents<sup>10</sup> was that they took the following factors into account in their calculations:

- Knowledge of their genetic propensity for illnesses, including dementia and other disabling conditions, the age/s at which those had occurred in older family members, and whether those people had used rest home or similar care
- The perceived availability of family members or others to assist them to remain living independently or semi-independently, or to take care of the respondent in family members' own homes, either full- or part-time
- Their knowledge of current Waiheke services to support people to remain living independently
- Their experience of visiting people in a range of rest home and other retirement facilities on the island and elsewhere
- Their knowledge of various models of rest home and end-of-life (EOL) care services.

#### 1. Overall perception of demand

**Table 2** illustrates the perceived demand for such services. Shaded data highlight the service demand identified by a quarter or more of respondents. *Actual numbers are shown to demonstrate the level of perceived demand.*

The apparent pattern of demand had the key features described below.

- There is a high level of demand in actual numbers for both rest home and semi-independent living facilities on Waiheke.
- The perceived need for hospital-level care reflects respondents' strong wish to have continuity of care until they die (see **Figure 1**).
- The perceived need for dementia or disability care, while lower and less certain than that identified for semi-independent and rest home care, was still substantial, with two thirds to three quarters of the sample (around 200+ people) identifying a need for those types of care as either likely or possible.
- A need for short-term service types – respite care, and either part-time or full-time hospice

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<sup>10</sup> Many respondents rang the researchers to voice additional views. That input has been included in the report where it is directly relevant to the survey questions.

accommodation – was identified as either likely or possible by around four fifths of the sample (n=220+).

- The majority of respondents identified a ‘possible’ rather than ‘likely’ need for most types of services, indicating a clear preference to remain in their own home for as long as feasible. This preference is evidenced by the “other” types of service nominated by one third of respondents (35%), most commonly general home help support in varying degrees (94%) or in-home medical/nursing support (4%). It also reflects an optimism that family will be able to provide care.
- While respondents were not asked to give reasons for wanting rest home or similar care on Waiheke, anecdotal feedback from many respondents was that they are reluctant to live anywhere else for reasons of both (i) chosen lifestyle and values and (ii) the importance of retaining proximity to family and close friends.

<b>Table 2: Perceived likelihood of service need</b>				
<b>Type of service</b>	<b>A. Highly likely</b>	<b>B. Fairly likely</b>	<b>C. Possible</b>	<b>D. Not likely/not applicable</b>
<b>Permanent home</b>				
Semi-independent ‘studio’ accommodation	37% (106)	17% (48)	31% (91)	15% (45)
Rest home care	28% (82)	28% (81)	38% (109)	6% (18)
Hospital-level care	21% (60)	17% (50)	51% (148)	11% (32)
Dementia care	11% (33)	9% (27)	53% (153)	27% (77)
Disability care	13% (37)	11% (31)	44% (129)	32% (93)
<b>Occasional or short term use</b>				
Respite care (relief for carers)	22% (63)	15% (45)	47% (135)	16% (47)
Hospice care – at end of life	28% (80)	18% (52)	41% (120)	13% (38)
Hospice care – occasional need	16% (46)	22% (63)	46% (133)	16% (48)

## 2. Rest home 24/7 accommodation

- Rest home 24/7 accommodation was the service type identified most often as either ‘likely’<sup>11</sup> or ‘possibly’ needed by respondents (94%, n=272).
- However nearly 90% of respondents (n=258) thought it at least possible that they could need hospital-level care on the island at some time. This perception is mirrored in the strong preference amongst respondents for a facility where services included hospital-level care,

<sup>11</sup> Either ‘highly’ or ‘fairly’ likely.

providing for the ability to remain in the same residential facility on the island until people die (see **Priority features...**, **Figure 1**, p 13).

### **3. Semi-independent living**

- Semi-independent studio accommodation was seen as reasonably likely ('highly' or 'fairly' likely) to be needed by 154 people (54%). A further 91 people (31%) thought they might 'possibly' need studio-type accommodation within the next 30 years. This pattern suggests that a majority of respondents hoped to be able to remain living either independently or semi-independently as long as possible, and potentially moving directly from that type of accommodation to hospital care.

### **4. Hospital-level, dementia and disability care**

- While a majority of respondents were optimistic that they were not 'likely' to need full-time dementia or disability care, most acknowledged at least the possibility that they might need either dementia care (n=213, 73%,) or disability care (n=197, 68%).
- The large majority of respondents (89%) thought it either likely (38%, n=110) or possible (51%, n=148) that they would need hospital-level care.
- These figures indicate that the majority of respondents had a strong wish to remain on the island through their years of infirmity and until death.

### **5. Occasional and short-term care services**

- Respondents were more likely to see these types of services as a 'possible' need than likely, perhaps reflecting the difficulty in predicting how their aging process will manifest.
- Nonetheless, respite care, and either part-time or full-time hospice accommodation, were each identified as either likely or possible by around four fifths of the sample in total. More than 100 people saw each service type as 'likely' to be needed and a further 120+ as a 'possible' need.

## **B. Projected timing of service need**

**Table 3** outlines how soon respondents thought they might need such services. Results in shaded boxes highlight the projected timing identified by a quarter or more of respondents. *Actual numbers are shown to demonstrate projected usage.*

### **1. Reliability of the predictions**

It is not possible to predict how the Waiheke population demographic might change within the next decade, and data are not yet available on recent population trends. However the view of two people working in real estate on the island for more than 20 years is that the population is continuing to 'age' due to the major increase in property prices, including rentals, resulting medium income people with young families leaving the island and being replaced by more affluent people, often in their 60s.

<b>Table 3: Timing of service need</b>					
<b>Type of service</b>	<b>A. Now</b>	<b>B. In the next 5-10 years</b>	<b>C. In the next 10-20 years</b>	<b>D. In the next 20-30 years</b>	<b>E. Never / not applicable</b>
<b>Permanent home</b>					
Semi-independent 'studio' accommodation	7% [19]	22% [65]	37% [107]	20% [57]	14% [42]
Rest home care	5% [14]	17% [50]	42% [120]	31% [91]	5% [15]
Hospital-level care	4% [12]	12% [34]	34% [99]	40% [117]	10% [28]
Dementia care	5% [13]	9% [27]	20% [59]	38% [109]	28% [82]
Disability care	3% [10]	9% [27]	24% [68]	29% [84]	35% [101]
<b>Occasional or short term use</b>					
Respite care (relief for carers)	7% [19]	20% [59]	30% [87]	25% [73]	18% [52]
Hospice care – at end of life	2% [6]	11% [33]	33% [95]	42% [122]	12% [34]
Hospice care – occasional need	3% [9]	15% [44]	30% [87]	36% [104]	16% [46]

## 2. General pattern of anticipated timing

- Across all service types, the majority of respondents envisaged their need for residential services in 10-30 years time from now, roughly equally distributed between 10-20 and 20-30 years in the future. *Note* that this pattern reflects the age range of most respondents being under 80 (see **Table 1**).
- However, some respondents identified a service need either immediately (n=up to 19; see below and column A, **Table 3**) or within the next 5-10 years (n=up to 65; column B).

## 3. Immediate need

- The actual numbers indicate that there are:
  - ✧ 19 people needing residential respite care on Waiheke right now
  - ✧ 19 needing semi-independent accommodation
  - ✧ 15 people who have a current need for either occasional or continuous (end-of-life) residential hospice care
  - ✧ 14 people who believe they need 24/7 rest home care now
  - ✧ 10-13 people needing full-time disability, dementia and/or hospital-level care respectively.

#### 4. Need within 5-10 years

- From 27 to 65 respondents anticipated a need for each service type within the next 5-10 years (see column B).
- The service types identified most often as needed in 5-10 years were:
  - ✧ Semi-independent studio accommodation (n=65)
  - ✧ Rest home accommodation (n=50)
  - ✧ Residential respite care (n=59).

#### 5. Need within 10-30 years

##### *10-20 years*

- The service needs anticipated most commonly in the next 10-20 years were:
  - ✧ Rest home accommodation (n=120)
  - ✧ Semi-independent accommodation (n=107)
  - ✧ Hospital-level care (n=99)
  - ✧ Hospice EOL care (n= 95)
  - ✧ Respite care (n=87)
  - ✧ Hospice care – occasional (n=87)
- Substantial actual numbers also predicted a need for disability care (n=68) and dementia care (n=59) within 10-20 years.

##### *20-30 years*

- The figures for 20-30 years from now show a similar continuing need for all types of services surveyed, but with a stronger emphasis on hospice, hospital-level and dementia care services than on residential services for still capable people.
- Again, around one third of respondents (34%) identified home support as the “other” service that most might need in the next 30 years.

#### C. Estimated duration of service need

Although between one third to a half of respondents felt unable to make an estimate of possible duration of need for the various types of service (see column E), many were able to make some estimate. Anecdotal feedback to the researchers was that where respondents did make estimates, they took the following factors into account:

- Current level of disability or dementia and projected rate of increased disability or illness (self or the person on whose behalf they had responded)
- Current actual need for various care and support services (see column A, **Table 3**)
- Perceptions of anticipated longevity compared with ability to live independently, typically based on experiences of older family and friends
- Perceptions of how long people typically or potentially spend in EOL facilities.

A key informant with extensive experience in rest home management made the following comment on the question about duration: *“I do think that [this question] is probably going to provide no real information that is useable. We should operate off the averages in terms of*

*length of stay currently – we can easily establish how long people stay on average after entering care.*” While such data from existing facilities may provide some indication, there is no guarantee that averaged data from Auckland facilities will be reliably relevant to the Waiheke context.

<b>Table 4: Envisaged duration of service need</b>					
<b>Type of service</b>	<b>A. Short-term only</b>	<b>B. 1-10 years</b>	<b>C. More than 10 years</b>	<b>D. Not at all / not applicable</b>	<b>E. Don't know</b>
<b>Permanent home</b>					
Semi-independent 'studio' accommodation	3% 9	37% 107	26% 76	10% 28	24% 70
Rest home care	4% 13	41% 119	23% 66	3% 9	29% 83
Hospital-level care	15% 43	32% 91	13% 38	3% 10	37% 108
Dementia care	3% 9	25% 71	9% 27	7% 21	56% 162
Disability care	5% 16	19% 56	10% 28	13% 37	53% 153
<b>Occasional or short term use</b>					
Respite care (relief for carers)	21% 61	23% 66	10% 29	10% 29	36% 105
Hospice care – at end of life	25% 71	20% 59	9% 27	4% 11	42% 122
Hospice care – occasional need	23% 67	17% 49	10% 28	4% 12	46% 134

The general pattern emerging from the responses of those who *did* estimate duration was as follows:

***Studio and rest home accommodation***

- Nearly two thirds of total respondents (63%, n=183) anticipated needing studio-type semi-independent accommodation for up to or more than 10 years.
- Similarly, nearly two thirds (64%, n=185) anticipated potentially needing rest home care for up to 10 years or more.
- Only small percentages of respondents envisaged a short-term stay in these types of residences.

***Hospital-level, dementia and disability care***

- A quarter of respondents (n=71) envisaged needing residential dementia care for up to 10 years, and another 9% (n=27) envisaged an even longer duration of dementia care need. The figures were similar for perceived duration of disability care.

### ***Designated 'short-term' care types***

- The services described in the survey as for 'short-term' or 'occasional' use were anticipated by around a quarter of respondents as being needed for such short-term periods. However another 27% to 33% anticipated such occasional service types and potentially being needed for up to or more than 10 years.
- The open responses identifying "another" type of care potentially needed indicated that many people saw a need for a place providing "*temporary care following accident or illness*" on the island, rather than the person having to stay in an Auckland hospital rehabilitation unit where contact with spouse or family members was extremely difficult.

### **D. Priority features of a Waiheke rest home**

In the final survey question, respondents were asked to prioritise up to six of 19 rest home features, with an option to nominate "another" priority feature for the particular respondent. **Table 5** (p 14) illustrates the ranked importance of the listed features for respondents.

The two features prioritised notably most often were having "Staff who are well trained, sufficiently paid and local" (75%) and "Continuity of care till death" (69%). These priorities reflect two key principles for respondents – to remain in the same community, on Waiheke, for the rest of their life continuously; and a philosophy of service provision that respects Waiheke values and a dignity-based model. Other priorities selected commonly by respondents that also reflect these principles were as follows:

- Ready access to specialist geriatric services (44%<sup>12</sup>; e.g. not having to travel to Auckland for such services)
- A dignity-based care model (43%)
- Proximity to community amenities (38%)
- Hospital-level care (31%)
- Flexibility of daily routines (31%)
- A not-for-profit business model ( 27%).

Other commonly prioritised features were access to bus services (25%), unlimited WIFI access (22%), and vegetable gardens and kitchens for resident use (20%).

In summary, what mattered most to respondents was being able to remain on the island, and having rest home services that were based on dignity, choice, self-determination, equity, and access to their community at large.

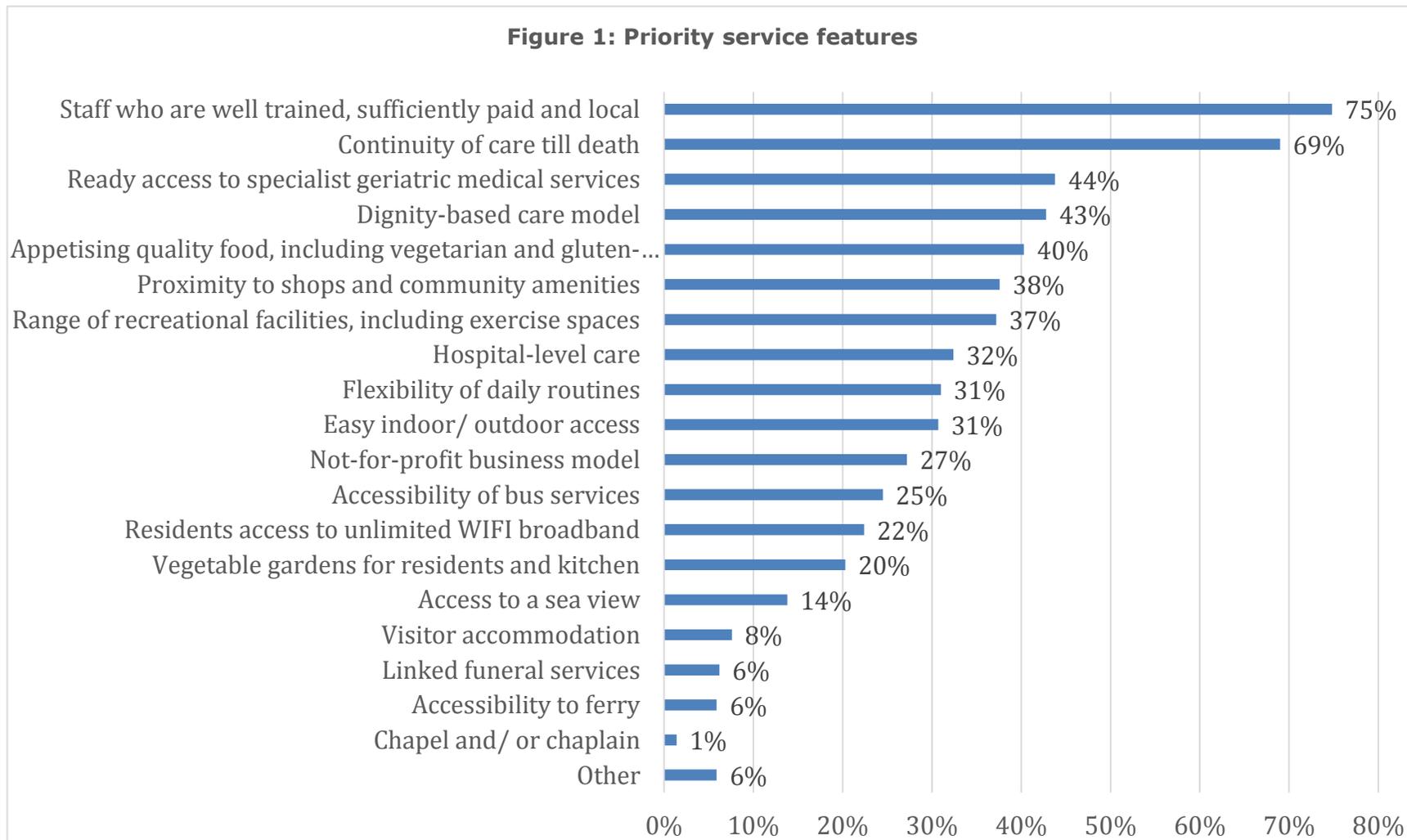
### **V. Conclusions**

The findings demonstrate a need for the full range of rest home and associated residential care

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<sup>12</sup> *Note* that these percentages reflect highest priorities, not preferences. That is, respondents may have wanted all of the features listed in the question, but could select only six.

services on Waiheke Island. In addition to a need for services within the next 5-10 years and for the foreseeable future, there was also evidence of a need for the range of such services immediately and imminently.



## Appendix 1: Survey structure and content

**Yellow highlight = non-mandatory questions; all others mandatory**

### Welcome to the survey

Kia ora, greetings

You are warmly invited to take part in this short survey to identify whether there is a need for residential rest home services or similar on Waiheke Island.

### Why is a survey needed?

Given the aging of the Waiheke population, the Waiheke Island Local Board has funded the Waiheke Housing Steering Group to assess the potential demand for residential rest home services on the island.

### About the survey

*Please respond to the survey only if you personally might want rest home care on Waiheke Island within the next 30 years, for yourself or someone whose care is your responsibility.*

**The survey takes only 5-10 minutes to complete. It is completely anonymous and voluntary.**

*If you want to complete the survey on behalf of another person, please check first that no one else has done so and you have the person's consent.*

If you have any queries about the survey, you are welcome to contact the researchers, Sue Watson 021 711858 / [kahikitea@gmail.com](mailto:kahikitea@gmail.com), or Local Board Advisor, Mark Inglis 021 503 849 / 09 980 5395.

### Definitions

**Semi-independent living:** Some minor support services provided as needed, e.g. cleaning, some meals, emergency button, but requires the ability to live largely independently; it is not care as such.

**Rest home care:** Full-time residential care with 24/7 staffing; however residents are still able to do many activities of daily living for themselves.

**Hospital-level care:** Full-time residential care with 24/7 staffing; caters for people with significant medical and/or physical disability issues, or dementia, and includes provision of full care for all activities of daily living, as needed.

**Dementia care:** Specialised care for people with dementia who require a secure or specialist facility due to their vulnerability and/or behaviour.

**Disability care:** Rest home care for people under 65 with particular disabilities requiring 24/7 support.

To start the survey, [click here](#).

### **Section A. Information about the potential 'service user'**

Please provide some *details about the potential user* of Waiheke rest home services – that is, you, or someone else.

1. Are you replying to the survey on behalf of:

- Yourself
- Someone you have care responsibility for (please specify the person's relationship to you \_\_\_\_\_)

**SURVEY SEPARATES INTO TWO STRANDS HERE, DEPENDING ON WHETHER ANSWERING FOR ONESELF OR ANOTHER PERSON.**

**[If answering on behalf of another:]**

**1A. If you are replying on behalf of a family member living on Waiheke, where do you live?**

- Waiheke Island
- Auckland region
- Elsewhere
- Not applicable

**[Both versions]**

2. Your/ the person's age group now is: (Click one)

Under 50 / 50-59 / 60-69 / 70-79 / 80-89 / 90 and over

3. Your/ the person's sex is: (Click one)

Female / Male / Transgender

4. Your/ the person's ethnicity is: (Click all that apply)

Pākehā/NZ European / Māori / Pasifika / Asian / Other (please specify \_\_\_\_\_)

**4a. If you answered 'Maori' to Q4, please specify your / the person's iwi and/or hapu if you wish.**

Open answer

5. Your/the person's current residence:

Waiheke – full-time resident

Waiheke – part-time resident

Auckland mainland region

Elsewhere – please specify \_\_\_\_\_

**[NEW PAGE]**

***Please answer the rest of the questions to the best of your knowledge right now.***

## Section B. Likelihood of service need

6. *How likely* is it that you/the person will want any of the following services on Waiheke? Please click one answer for each sub-question [a] to [h]

<i>Type of service</i>	<i>Highly likely</i>	<i>Fairly likely</i>	<i>Possible</i>	<i>Not likely / not applicable</i>
<b><i>Permanent home</i></b>				
a. Semi-independent 'studio' accommodation				
b. Rest home care				
c. Hospital-level care				
d. Dementia care				
e. Disability care				
<b><i>Occasional or short term use</i></b>				
f. Respite care (relief for carers)				
g. Hospice care – at end of life				
h. Hospice care – occasional need				
i. Another type of service – please describe _____				

## Section C. Type and timing of services needed

7. Based on your/the person's current situation and health, *approximately when* do you/the person envisage needing rest home or similar services? Please click one answer for each sub-question [a] to [h]

<i>Type of service</i>	<i>Now</i>	<i>In the next 5-10 years</i>	<i>In the next 10-20 years</i>	<i>In the next 20-30 years</i>	<i>Never / not applicable</i>
<b><i>Permanent home</i></b>					
a. Semi-independent 'studio' accommodation					
b. Rest home care					
c. Hospital-level care					
d. Dementia care					

e. Disability care					
<b><i>Occasional or short term use</i></b>					
f. Respite care (relief for carers)					
g. Hospice care – at end of life					
h. Hospice care – occasional need					
i. Another type of service – please describe _____					

### Section D. Duration of service need

8. To the best of your/the person’s ability to estimate, *for how long* might you/the person need any of these services? *Please click one answer for each question [a] to [h]*

<i>Type of service</i>	<i>Short-term only</i>	<i>1-10 years</i>	<i>More than 10 years</i>	<i>Not at all / not applicable</i>	<i>Don’t know</i>
<b><i>Permanent home</i></b>					
a. Semi-independent ‘studio’ accommodation					
b. Rest home care					
c. Hospital-level care					
d. Dementia care					
e. Disability care					
<b><i>Occasional or short term use</i></b>					
f. Respite care (relief for carers)					
g. Hospice care – at end of life					
h. Hospice care – occasional need					
i. Another type of service – please describe _____					

### Section E. Service features

Which of the following service features would be *most* important to you/the person? (Click up to six)

#### Medical

- Continuity of care till death
- Hospital-level care
- Ready access to specialist geriatric medical services

#### Style of services

- Staff who are well trained, sufficiently paid and local
- Not-for-profit business model
- Dignity-based care model

#### Resident focus

- Flexibility of daily routines
- Visitor accommodation

- Resident access to unlimited WIFI broadband
- Vegetable gardens for residents and kitchen
- Range of recreation facilities, including exercise spaces
- Easy indoor/outdoor access
- Appetising, quality food including vegetarian and gluten-free

**Location**

- Access to a sea view
- Proximity to shops and community amenities
- Accessibility of bus services
- Accessibility to ferry

**Other**

- Linked funeral services
- Chapel and/or chaplain
- Another feature – please describe \_\_\_\_\_

*Many thanks for your input to the survey. The results will be available through the Waiheke newspapers later this year.*

*If you would like to be entered for the prize draw, please add your email address or phone number [here](#).*

**Entry to prize draw**

*My email address/phone number is \_\_\_\_\_*

**Please note that this information will be kept completely separate from your answers to the survey.**

**Winners will be informed by no later than 15 October 2017.**

## **Appendix 2: Invitation email**

*Subject heading: Does Waiheke need rest home care services? Give your views.*

*Email text:*

Greetings, kia ora

You are warmly invited to take part in a short survey to identify whether there is a need for residential rest home or similar services on Waiheke Island. Given the aging of the Waiheke population, the Waiheke Island Local Board has funded the Waiheke Housing Steering Group to assess the potential demand for such services in the future.

***Please respond to the survey only if you personally might want rest home care on Waiheke Island in the next 30 years, for yourself or someone whose care is your responsibility now.***

**The survey takes only 7-10 minutes. It is completely anonymous and voluntary.**

***If you want to do the survey on behalf of another person, please check first that no one else has done so and you have the person's consent, thanks.***

***Everyone completing the survey before 30 September 2017 will go into the prize draw for one of three Ollee 7" computer tablets.***

**To start the survey, click on this link –**  
**<http://waiheke-rest-home-survey.2017.sgizmo.com/s3/>**

***If you do not have computer access, you can ask to do the survey at any of the following places – just ask at the counter:***

**Local Board offices, Belgium St  
Waiheke library  
Ostend Medical Centre  
Oneroa Medical Centre**

If you have any queries about the survey, you are welcome to contact the researchers, Sue Watson 021 711858 / [kahikitea@gmail.com](mailto:kahikitea@gmail.com), or Local Board Advisor, Mark Inglis, 021 503 849 / 09 980 5395.

***Many thanks for your valuable input.  
Tihei mauri ora, maioha atu.***