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AN ASSESSMENT OF COMMUNITY CARE SERVICE PROVISION FOR OLDER PEOPLE RESIDING IN FEILDING

A thesis presented in partial fulfilment of the requirements for the degree of Master of Philosophy in Social Work at Massey University

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ABSTRACT

This study sought to assess whether the community care needs of a purposive sample of nine older people aged between sixty-seven and ninety-six years residing in the semi-rural township of Feilding were being met by current service provision. Qualitative interviews were conducted with nine client participants and thirteen key informants selected from service providers to the older population of Feilding.

Despite the political turmoil of tendering for contracts for specific community care services, providers were delivering a range of services and were aware of the issues concerning quality, access, appropriateness and coordination of services which were enabling these older clients in Feilding to maintain their independence at home. The major incentive for service providers is to keep clients mobile and out of hospital. However, the lack of information to older clients concerning their eligibility for services provided by service providers, may deter potential clients from accessing community care services, thereby decreasing the demand for services.

Providers were constrained by their budget and minimum staffing levels to supply services to meet the potential demand. The older disabled clients of community care in Feilding, faced issues of dependency on formal and informal support services, decreasing mobility, vulnerability and concerns relating to cultural sensitivity, safety in their homes, and the quality of the careworking relationship.
ACKNOWLEDGEMENTS

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I am sincerely grateful to the study participants who willingly contributed their time, experiences, knowledge, thoughts and opinions for the purposes of this thesis.
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# Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A.C.C.</td>
<td>Accident Rehabilitation, Compensation and Insurance Corporation</td>
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<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>ATR</td>
<td>Assessment, Treatment and Rehabilitation</td>
</tr>
<tr>
<td>CSC</td>
<td>Community Services Card</td>
</tr>
<tr>
<td>CHE</td>
<td>Crown Health Enterprises</td>
</tr>
<tr>
<td>CRHA</td>
<td>Central Regional Health Authority</td>
</tr>
<tr>
<td>DSS</td>
<td>Disability Support Services</td>
</tr>
<tr>
<td>G.P.</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HSMS</td>
<td>Home Support Management Service</td>
</tr>
<tr>
<td>IADL</td>
<td>Instrumental Activities of Daily Living</td>
</tr>
<tr>
<td>NSISS</td>
<td>New Zealand Income Support Service</td>
</tr>
<tr>
<td>REACH</td>
<td>Research with Elders and Carers at Home</td>
</tr>
<tr>
<td>RHA</td>
<td>Regional Health Authority</td>
</tr>
<tr>
<td>SNAF</td>
<td>Support Needs Assessment Form</td>
</tr>
<tr>
<td>SNAP</td>
<td>Support Needs Assessment Protocol</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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