

Grey Power Survey of Domestic Care Levels Nationwide

"This survey is being compiled by Grey Power NZ Federation for presentation to Health Minister the Honourable Simeon Brown and the Minister for Seniors the Honourable Casey Costello." No personal data will be disclosed - only summary responses will be provided to the Ministers.

Thank you for completing this survey

"This survey is for anyone who is entitled to Domestic Care as part of their Home Care Plan in 2025. If you know of someone who could participate please encourage them to take part."

| lf y | you know of sor you have any querie nce again many thar | s regardii | ng this Survey | please do no | t hesitate to | call the Gre | y Power | Survey Team or | | | | | |
|------|--|---|--|--|--|---|-----------------------|-----------------------|---------|---------|--------|----------|--|
| | | | | | | *************************************** | | com/r/GPCare | | | | | |
| | Are you currently er 1.1. If Yes: Do you | ntitled to du u currently ys O Y ou given | lomestic care (receive the D es, but it is irre a reason why y | housekeepin omestic Care gular O Y ou presently | g) as part o componer es, but rare | f your officia It of your car Iy O No | l care pa e packaç | ckage in 2025? ge? | 0 | | | No No | |
| 2. | Please circle below | the appr | opriate numbe | r to show how | v satisfied y | ou are with t | he Dom | estic Care you re | eceiv | e. | •••••• | | |
| | Very Dissatisfied | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Ve | ry Sat | isfie | :d | |
| | Please explain why | y you gav | e that score: | | | | | | | | | | |
| | If you would prefer | to speak | to someone al | oout your res | oonses. <i>Pl</i> | ease give yo | ur Name | + Phone Numbe | ər (in: | cl area | э со | de). | |
| | Has your total care package been reviewed since 1 Jan 25? O Yes, already completed and I am happy with the outcome. O Yes, already completed but I am NOT happy with the outcome. O No, but a review is planned. O No, no review is planned at present. Has your Domestic Care ceased since 1 Jan 25? O Yes O No O Not Applicable 4.1. If your Domestic Care ceased, was there a review? O Yes O No 4.2. Were you given a reason for the stoppage? O Yes O No If you are happy to, please share what the reason was for the stoppage. | | | | | | | | | | | | |
| 5 | Please note: We (| | | | | | | vel of care. | | | | | |
| υ. | Please provide details of your current provider of Domestic Care services below: 5.1. Which type of service best describes your provider? O Public - eg Min of Health/MSD O ACC Funded O Private - I pay for this service 5.2. Name of your current provider of Domestic Care: | | | | | | | | | | | | |
| | - | | rovider of Dom | estic Care: | | | | | | | | | |
| 6. | Where do you live? Northland Auckland Waikato Bay of Plenty Gisborne | thland Hawke's Bay Horowhenua West Coast Stewart Island kland Taranaki Wellington Canterbury Live in a mobile home kato Whanganui Tasman Otago Overseas of Plenty Rangitikei Nelson Southland | | | | | | | | | | | |
| 7. | What is your age? O Under 18 O 18-24 years | | 4 years O 75 4 years O 81 | • | , | | to say | | | | | | |
| P | Please provide your co | • | | • | | | 340 | Please respond b | efore | 30 Sep | 25. | | |

OR you can email your responses to: fed-office@greypower.co.nz