

Official publication of Age Concern Wellington

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9.30am - 4.30pm Mon - Fri

Winter 2016

**Age
Concern**

Wellington

He Manaakitanga
Kaumātua



Serving the needs of older people



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Executive Officers Report

I sat in the audience at Circa Theatre recently watching a performance of King Lear and thinking how some behaviours have not changed in 400 years since Shakespeare wrote the play. An elderly parent seeks affection from his daughters, is fooled by the declarations of two of them and enraged by the response of the third. He divides his kingdom between the two elder daughters who, once they have secured their inheritance reject him and drive him mad. Sadly, we see stories like this unfold not on the stage, but in real life everyday in our work with elder abuse and neglect prevention. King Lear is a tragedy and ends tragically. Fortunately, many of our interventions have much more satisfactory endings.

On the other hand, how heartening it is to see a completely different story unfolding for other seniors as we read about them remaining keen to be employed in the workforce, boosting the economy with their contribution, making plans for the future. According to the Office for Senior Citizens, since the late 1990s, the proportion of people aged 65 years and over who are employed has almost trebled, from 6 per cent in 1998 to 17 per cent in 2010. The increase in the employment rate has been particularly marked for those aged 65-69 years, rising from 12 per cent in 1998 to 35 per cent in 2010. The abolition of a compulsory retirement age in February 1999 was the key driver of this trend.

While barriers to employment still exist including misplaced perceptions about older workers these barriers are being overcome and participation in work by seniors is expected to increase.

Marion Cowden
Executive Officer

Living a Healthy Life with Diabetes - a Juggling Act!

As people get older, their risk of Type 2 diabetes increases. Like other parts of your body your pancreas can get tired and not produce as much insulin, or it can produce too much but it can't work properly because of too much extra body weight especially around our middles. Instead of the energy from your food getting into the cells so you can use it, the glucose sits in your blood stream so when you measure it the blood glucose level is higher than normal. Unused energy is converted into fat and stored. Insulin is like a key that unlocks the cell door to put the glucose inside so you can burn it as energy.

You can't cure Type 2 diabetes but you can manage it. You become a juggler! You need to juggle food, exercise and medication (if needed) to try and keep your blood glucose levels in the healthy range (4-8 mmols) as much as possible. This can help prevent or delay the complications of diabetes.

So to start on your journey with Type 2 diabetes you need to get educated about it. Diabetes New Zealand has an excellent website (www.diabetes.org.nz). Your practice nurse and GP are knowledgeable about managing type 2 diabetes. Or you could contact Diabetes Wellington, conveniently located next door to Age Concern in Anvil House in Wakefield Street. There are also education classes provided in some parts of the region.

There will be more articles on living with Type 2 diabetes this year. We will talk about food, exercise, medication, important numbers and caregiving.

If you have any questions about Type 2 diabetes, please do contact Age Concern who can pass questions on to me.

Kirsty Newton
Diabetes Nurse Specialist

Get out and about this Winter

Many senior citizens continue to enjoy a range of activities throughout the colder months. There are a range of positive benefits from regular activities which are great for your body, your mind, mood and memory. Whether it is going to meet friends, going to appointments or enjoying an exercise class - Driving Miss Daisy is here to get you there on time, every time.

Social isolation is a growing phenomenon within the elderly community. The companionship that Driving Miss Daisy can provide is a great tool to combat this. The drivers will accompany you to activities and appointments enjoying a chat and maybe a coffee along the way.

Most communities have a range of senior activities on offer. Gather a group of friends to try an activity together for fun and a few laughs. There's no harm in trying something new - if you don't like it you can try something else.

Often winter can be a time to stay indoors and wrap up warm. Research tells us that exercise and regular activity helps you to stay mobile longer, leading to a healthier life.

A few suggestions to get you out and about over winter:

- Bridge
- Fitness classes / Yoga or Pilates
- Church
- Library - Book clubs or lectures
- Community groups
- Volunteer organisations

At Driving Miss Daisy they love to help their clients stay healthy and active. They can drive you to your next activity and provide you with any assistance required. Please call them today to discuss your requirement. They look forward to seeing you soon!

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Lower Hutt - Andrew Dykes
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Mana-Porirua - Jo Rangiwai
(04) 235 7985 021 503 520

Wellington North - Philippa and Brett Marley
(04) 478 5535 021 256 6902

Wellington City - Ermanno Lubich
(04) 384 8344 021 215 3014

Note: This article is provided as an information resource only. Please consult your GP before commencing any exercise programme.

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Teeth and the Elderly

I recently had a conversation with Denise Hunter, dental hygienist, around dental care and the elderly. I was quite amazed at how different oral hygiene can be for the elderly.

As a starter, appointment times need to be different - not too early in the morning, or late in the evening. The dental chair is not levered back so much as this may bring on choking, coughing or breathing difficulties. Of course getting to the surgery in the first place can be a mission - there needs to be lifts and ready access for wheelchairs.

Once in the chair elderly people need time to adjust, the head rest needs to be made comfortable, and often a pillow is needed. They cannot stay in the chair too long either. Opening the mouth fully can be uncomfortable, and of course the elderly would probably rather have a chat than actual treatments!

Unfortunately the cost of dental care is a barrier for many older people, especially when they are only on Superannuation. It is often a good idea to shop around and get different quotes if the treatment is going to be expensive. Some dentists offer discounts for SuperGold Card Holders or Community Service Card holders, and you can apply to WINZ for a non recoverable special needs grant for emergency treatment. You can also apply for an advance on your Super to pay for dentures or dental treatment. In both cases, entitlement is based on income and savings and there are limits to how much can be given.

Denise always asks her clients what medication they are on - almost all drugs have some side effects, dry mouth (lack of saliva), thrush, cold sores, ulcers - the list goes on and on! Sometimes the elderly have a broken tooth which is not reported - this can result in decay and ulcers.

What is really important is the routine you establish. The use of electric toothbrushes is recommended, but sometimes dexterity is diminished and additional assistance is required. The Arthritis Society can help with large handles for toothbrushes, which make for easier use.

Often when people retire their lifestyle changes. There is more tea and coffee taken, along with that chocolate biscuits, and more snacking. This has a detrimental effect on teeth. Also, older people tend not eat so well - often the soft food favoured by the elderly does not contain enough protein (eating steak - difficult to chew, and in any case living on their own does not always encourage much cooking from scratch). It is important to eat lots of green vegetables and an overall balanced diet.

Denise in her imitable way, asks her clients about their diet, notices facial skin changes such as moles, and in general makes a summary of the health her patient since the last time they have been in the surgery. Changes happen fast as you age, so it is important to note changes.

Tips for elderly care:

- Visit your dentist at least every six months if possible.
- Have a dental routine and make your family aware of it - especially if going into a rest home.
- An electric toothbrush is a wonderful aid - appliances which assist from arthritis society can be a game changer.
- Use a high fluoride toothpaste
- For sensitive teeth use desensitising toothpaste
- Use interdental aids, such as brushes, Reach Flosser, and Floss. Remove dentures at night.
- The use of curasept gel for gum inflammation

With many thanks to Denise Hunter, dental hygienist, at Ben Catherwood Dental Surgery, 90, The Terrace, Wellington. Phone: 472 3510.

Ann Dalziel
Community Support Co Ordinator.



6 Friendly Villages

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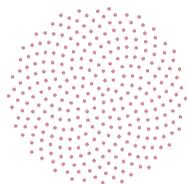
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WELLEIDER WORKS

Serving the needs of older people



Depression - Counselling can help!

Many older people experience depression, and it is frequently not recognised or diagnosed.

Depression is more than an “attack of the blues” or being in the doldrums for a short while. It is a persistent state of numbness or ongoing unhappiness, and can be something people have experienced often before, or come out of the blue.

Many factors can contribute to depression; such as grief, loss, change, loneliness, poverty, illness, reaction to medication, or a combination of these and other events. They are all issues that particularly affect older people.

Also, older people often don't seek help - they don't like to bother their GP (or family or friends) about something other than a physical illness, and can find it hard to put what is troubling them into words.

So if you experience things like:

- Feeling down, most of the day, for days on end
- Change in sleeping patterns
- Loss of appetite, or weight gain or loss
- Loss of interest and pleasure in life
- Loss of motivation
- Changes in behaviour such as irritability or withdrawing from others
- Feelings of hopelessness or worthlessness
- Poor concentration and finding it hard to make decisions;

You may be experiencing depression, and we encourage you to do something about it. Depression is something that with help, you can get through.

Many older people have developed strategies for dealing with times when they feel low. These include spending time with family or friends, persisting with

activities that usually give you pleasure, treating yourself to small treat, or picking up a hobby or activity in your community.

We encourage you seek help. Talk to someone about it - ideally your GP, or a trusted friend or family to ask advice about what to do. Consider taking someone with you to see your GP - they can assist by reminding you what they say and support you to follow up.

There is also great information online at www.depression.org.nz

Consider counselling - sharing your experiences can help. An experienced, independent and skilful person is surprisingly easy to talk to and can assist in finding ways forward, in making decisions and finding further help if you need it.

The experience of talking out loud about your thoughts and feelings can help make some sense of things when you feel very low. Sharing your experiences can help you understand what is happening to you, assist to find ways forward, to make decisions and find further help if you need it.

At WellElder we have counsellors experienced with helping people in this way. You can ring to discuss it with us on (04) 380 2440, or look us up at www.wellelder.co.nz

If you choose to see a counsellor, we can arrange this with you directly.

With thanks to Mental Health Foundation pamphlet Later Life Depression.



THE AGE CONCERN WELLINGTON CHARITABLE TRUST

Exists to enhance the wellbeing and interests of older people in the regional district of Age Concern Wellington (Inc), being generally the Wellington, Lower Hutt, Upper Hutt and Porirua territorial areas. The Trust will support provision of advocacy and services to older people in need of assistance and not reasonably addressed through conventional means.

The Trust seeks to create a strong capital base from which it can further its purpose in the short and longer term. This can be achieved through gifts and bequests.

INSTRUCTIONS TO YOUR SOLICITOR

To give a Bequest to The Age Concern Wellington Charitable Trust. Instruct your Solicitor to prepare the necessary documentation for a gift or bequest.

'I give to Age Concern Wellington Charitable Trust, PO Box 11-108, Manners Street, Wellington for its general purposes.'

This Bequest instruction is not effective until written into your will which must be signed.

Please let us know if you make a bequest, so we can thank you personally.

Fun Facts

1. People say “Bless you” when you sneeze because when you sneeze, your heart stops for a millisecond.
2. It is physically impossible for pigs to look up into the sky.
3. More than 50% of the people in the world have never made or received a telephone call.
4. If you sneeze too hard, you can fracture a rib.
5. Rats multiply so quickly that in 18 months, two rats could have over a million descendants.



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Sprott House offers a caring environment for those for whom total independence is no longer an option whilst enabling them to remain as independent as they can be.

The levels of care available are rest home, continuing care and a secure dementia unit; there are also independent care villas owned by licence to occupy.

Sprott House is set in lovely landscaped gardens for residents to stroll about or just sit and enjoy and the dementia unit has its own secluded sensory garden. It is on a bus route and is minutes away from Marsden Village and the Karori Mall.

There is a wide range of activities, both in-house and outings, offered to all residents. A hairdresser is on site during the week, a masseuse, podiatrist and beautician make regular visits and there is a weekly interdenominational church service and Catholic communion. A doctor's clinic is held on weekdays.



Serving the needs of older people

True Scam Story

Scamming is growing at alarming rates. This year scammers have taken \$2.5million from our citizens, an increase of 43% from this time last year. It is not just women that get scammed, men do as well.

I've been scammed. Met Michael on a New Zealand based Senior Dating Site, he sent me a message and we started to write to each other. Then it progressed to phone calls, he had an Auckland number so I naturally assumed that was where he lived.

Michael told me that he had to go to Canada for business but would be back in two weeks. It was a while before I heard from him, then the phone calls started again. He told me he had to go to South Africa, claimed he was involved with building an orphanage, again he stated he would be home within 2 weeks and would be flying directly to Wellington.

Then the sob stories started. He had no money for the hotel bill, he was in hospital with malaria, he had no money for food, no money for medication and so it went on. I started to send him money. Then he told me that he had broken his contract with the building

company and he needed to pay out of it because he wanted to come home. I helped him, finally the supposed debt was paid and he could come home. There was one final hurdle and that was the hotel bill. He told me he didn't want to die in South Africa, that he hated it and just wanted to come home and be a family with my granddaughter, whom I am raising, and myself. He said that his pay cheque wouldn't clear for a number of weeks. We had been talking 2 or 3 times a day over a 10 month period so I thought I knew him very well. Michael spoke to my granddaughter on numerous occasions and would say to her "take care of grandma for me."

The last payment Michael received he told me he was off to the airport to get his ticket. I never heard from him again.

Most scammers are based in South Africa or Nigeria. They will have a New Zealand phone number to make it realistic. They research their victims very well before making contact. They steal another person's identity from social media's like Facebook and LinkedIn. The photo they send may not be the person you are speaking with. Scammers are charming and easy to talk to. They make you feel very special and that is the object of their game as they lure you further into their web of lies and deceit. They will promise you everything and say all the things you want to hear.

If you are talking to someone online the golden rule is make sure to Skype. If they say they can't because their computer is broken, there is always an internet cafe or their work computer. If they won't for some reason Skype then they are only after your hard earned money.

Scammers will ask you to send money via either Western Union or Moneygram simply because it can't be traced. Sometimes they will even ask you for the deeds to your house.

If you have been scammed, the most important thing to remember this is not your shame, it is theirs. You may need counselling to get through it. You will have days when you are angry, cry and be depressed, this is normal as you come to terms with what has happened.

Sally Kabak - April 2016

My reason for speaking out is to educate people about how these scammers work and the mind games they play with you.

Funding retirement can be tough

Around 75% of people aged 65+ own or partly own their home. However, their median income is just \$20,900, with many depending entirely or largely on New Zealand Superannuation.*

While this is enough to get by, for many it doesn't cover unexpected expenses such as house maintenance, car repairs, or taking a trip to visit family. Kiwis' expectations of retirement have changed over the years. We're living longer, healthier lives and we're looking for an active, independent retirement.

If you're looking for a way to live a more comfortable retirement, or to help relieve day-to-day expenses, a Heartland Home Equity Loan could help. It's available to

homeowners, aged 60 years and over and allows you to enjoy the wealth tied up in your home, without selling it, or needing to make regular repayments. The money can be used for anything from home renovations to a holiday overseas. And the amount to repay the loan will never exceed the value of your home. That's a promise.

*Census results 2013

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Planning for our Future

We are human and we love to plan. We plan endlessly for upcoming holidays, celebrations or events, or even things that will probably never happen such as winning lotto. There is one area, however, that we don't like to plan for or even discuss and that is our end-of-life. It's a difficult and important subject and unfortunately talking about dying has become a taboo subject in our society.

Advance Care Planning (ACP) is the process of thinking about, talking about and writing down your wishes for your future and end-of-life. It's about identifying what matters to you - your hopes and personal beliefs. It is good to start this process when you are well.

Around 85% of us will die from a chronic illness (not suddenly) and more than half of us will not be able to communicate our wishes towards the end. Talking with our whānau and health professionals about what we might want if we are unable to speak for ourselves at some time in the future will mean that we have some control over the choices that are made and will make a difficult time much less stressful for family.



Dr Chris Kalderimis is a Wellington General Practitioner and Chair of the Sub-Regional Advance Care Planning Steering Group. He recently wrote about the death of his father a few months ago. Chris said that he discussed

end-of-life wishes with his dad, on several occasions, who made it quite clear that he wanted to die at home. He was aware that he was becoming more frail and breathless and there was no way he wanted to go to hospital and have any heroic measures done. He realized that these would not achieve an awful lot. Chris's dad had these discussions with his children as well as his GP so that they were all aware of what he wanted when his time came. This meant that although there were some crisis points in his final days, where hospital care could have been an option, Chris and his sisters, with support of the district nurses, cared for their dad at home the way he wanted it to be. They are left with the knowledge that his death was peaceful and dignified and that he was kept warm and comfortable in his own home.

New Zealand is very lucky to have a National Advance Care Planning Cooperative (established 2010) who have been helping break down the taboo of thinking about and planning for our future and end-of-life by promoting us to have these conversations at home and with our health professionals. See www.advancecareplanning.org.nz for a wealth of information and resources.

How do you do Advance Care Planning?

- 1) Think about your beliefs, values and goals for what is important in your life. You might like to start by working through this questionnaire: Thinking About Your Future Healthcare
- 2) Talk to your General Practitioner, hospital doctor &/or other health professionals and find out more about any illness you have and what may occur in the future.
- 3) Talk to your whānau and friends about your wishes for health care in the future.
- 4) Choose a person to be Enduring Power of Attorney (EPOA), and discuss your beliefs, values, goals and your wishes regarding medical treatment with them.
- 5) Write your choices and wishes in an Advance Care Plan.
- 6) Give copies of your document to relevant people. This includes your GP and EPOA. It may also include your family, friends, hospital, and lawyer.

For more information or to arrange a presentation to your community group about ACP contact Helen.Rigby@sidu.org.nz - Advance Care Planning Project Manager.

Medicine Use in the Elderly

The following is some information provided by Kathryn Marsh a pharmacist and also a volunteer for our visiting service. Some of her comments may be helpful as we age and often require more medication.

Possible changes in the body as we age which can change the way our body handles medicines:

- Immune system reduced
- Memory impaired
- Skin becomes thinner
- Changes in vision
- Less stomach acid
- Bones, joint changes
- Hormone levels change
- Lower albumin (protein)
- Muscle mass different

- Kidney function reduced
- Blood flow reduced to brain, liver and kidneys

These mean that for some drugs doses will need to be altered in older people and some drugs are not suitable for older people at all.

Pharmacist role:

- Will check that all doses are correct
- Check whether drugs interact with each other
- Check if medicines have changed/check history with patient
- Will check funding
- Will explain how best to take medicines
- Can give advice on side effects
- Will make sure patient is getting regular blood tests for certain medications
- Can advise on non-prescription drugs and lifestyle
- Can rationalise medicines (including advising doctors to stop some)
- Can do some checks in store (Warfarin/Blood pressure/Blood sugars)
- Can talk to the doctors for patients about medicines

Some tips and tricks for patients:

- Know your medicines
- Have an up to date list of medicines and keep this on you
- Take your medicines into hospital when you go
- Return unused medicines to pharmacy
- Tell Dr if you take it differently from how it is prescribed (*if you don't tell them then when you go into hospital you will get the dose prescribed and this could cause you harm*)
- Always question why something has been started and how long it should be used for
- If a medicine is stopped it can always be restarted in the future.



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Ultimate Care Group

Do you know your next move?

At Ultimate Care Group, we'll be with you at every step of the way on your journey to finding the right accommodation when it's time to leave your family home. Whilst it can be confusing making the right choice for your needs, you can be assured that we're here to help.

It's also worth knowing that what we offer - specialist aged care - is quite a different proposition from a retirement village. For us it's about looking after the needs of the individual. There are a number of care levels that we offer our residents to make sure they are looked after in accordance with their medical, physical and personal needs.

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Ultimate Care Group staff have many years of experience in assessing residents' requirements and providing the level of care that they need. We are one of New Zealand's leading specialist aged care providers with 18 facilities across the country.

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DEAR JOHN...



Dear John.....

Dear John
My friends and I are getting worried about a gentleman who lives in the same block of flats as us. We all moved in about forty years ago when they were first built and so know each other quite well without being nosy!

Andre told us he has no family here and that he jumped ship after the war so that he didn't have to go back to his country. His fiancée had been killed so there was nothing

for him to go back to. He's always been a bit of a loner but friendly and once fixed a tap for me.

Lately we've noticed that he doesn't seem to know our names anymore and that he's been wearing the same clothes for some weeks now. They're beginning to look quite grubby and he's always been so careful about how he dresses. I came home one evening to find him about to go out. When I made a comment about the time, I realised that he thought it was 8 in the morning not 8 at night and he agreed that this was not a good time to walk to the dairy in the dark. I gave him some of my milk to keep him going.

What do you think we should do?

Dear June
How heartening to hear that you all look out for each other. As you all know each other so well, I think you could start by asking tactfully whether he is all right and whether he needs some help. He may be unaware of what is happening but people should always be asked first about what they want to do.

However, he is likely to say that he is fine and doesn't need help, so a good course of action would be to phone our EAN Coordinator to get her help. She sees a lot of cases like this where people are getting a bit confused and become unable to look after themselves properly.

She could make a pop in visit, because if she rang, Andre would probably see no need for this. If he agreed to getting some help, that would be the best, but if he declined, she would alert the GP to what is happening. So I suggest that you give Sheila a ring and she can talk through what could be done.

Good, better, best.
Never let it rest.
'til your good
is better and
Your better is best.

Pacific Island Exercise Group

Every Tuesday morning at 10.30am the main hall of the Pacific Island Church on Daniel Street, Newtown, will be awash with a number of swaying bodies moving to Pacific beats. This is the Pacific Island Exercise group, and it celebrates 17 years this year. The Co-ordinator, Lafulafu - is the "queen" of the group, she greets and hugs everyone. Next they record their gold coin in a logbook. This must be the best deal in town? The day starts off with one hour of exercise encouraged by Kathy McConville, a registered physiotherapist. The group follows Kathy (who makes it look so effortless), she is up on the stage to demonstrate - there are swaying arms, twisting, squats (don't go too low!) and stretch bands and hand weights follow. Marching and clapping is also part of the "routine".

The ladies, and they are mostly ladies, gently perspire, but everyone is smiling, laughing and having a lovely time. They wear a uniform of yellow t-shirts and black trousers or skirts. The colours support their Wellington rugby team. Many have flowers

in their hair. At 11.45am it is time for lunch - and following the theme of healthy living, the day I visited it was home-made chicken soup, with vegetables. There is a roster of cooks who each week prepare the healthy and nutritious meal, and often afterwards is a talk by a health professional, which covers issues affecting members - such as gout, diabetes, or heart disease as well as Wellington City Council rebate refunds, Gold Card, insulation etc.

Talking to Lafulafu afterwards, she said that the weekly session was key to their good mental and physical wellbeing. It's so important to have a purpose, members had a reason to get up in the morning, moving to get showered, get dressed and travel (some by bus!) to get there! Hugs all around as they wave each other goodbye, see you next week! I think I would describe the morning as "joyous". It was a real delight to see.

Age Concern Wellington assists with the funding of this group.

Ann Dalziel

Community Support Co Ordinator.



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Declutter to destress: helping make a stressful situation easier

In February 2015 my mother passed away after a long battle with illness. We knew it was coming but in the end it was very sudden. She went into the hospice on Sunday and passed away on Tuesday. What we weren't expecting was for my father to pass away just 3 days later. He had struggled with his own health issues, but there was no indication that he was going to follow mum so quickly.

They had been married for 50 years, and had lived in the same house for 40 of those. With my parents' ill health, they had become distracted from everyday tasks such as filing paperwork.

Going through the house and dealing with the aftermath of both of them passing away so closely together, I was able to make the following observations:

The will: Mum and Dad did their own wills. While they were legal documents they weren't identical, and mum's had a potential major complication. It stated that if she died before Dad then her estate would go to him. However, it didn't set out what would happen if he died before her. If that had happened then the will would have been invalid, **so I would strongly suggest that everyone gets their will checked to ensure there are no snags.**

Assets: Mum and dad didn't have their assets written down anywhere. The obvious ones, like the bank accounts, were easy to locate. However, it took quite a bit of digging to find out that there was life insurance, shares, and bonus bonds, as well as others. Some of these could easily have slipped through the cracks. **Writing down a simple list and keeping it up to date could make things much easier.**

Paperwork: My parents liked to keep copies of all the paperwork they received - bank statements, insurance paperwork, receipts for work done around the house, that sort of thing. While that's understandable, it can also lead to confusion when trying to identify their assets. They had insurance

statements from long cancelled insurance and statements from bank accounts that had been closed for years. All things that muddied the waters. **I suggest going through your papers, or get a relative to go through them and decide what needs to be kept.**

Mementos: It was difficult going through their belongings and attempting to identify what they kept for sentimental reasons, and what was kept because they hadn't got around to throwing it out. There were diaries that my father had written in the 1960s while on his overseas trips, along with other mementos from those trips. The diaries were special and needed to be kept, but other things don't hold the same meaning to me as they did to them. **I would suggest making a note of those things in particular that you would like your relatives to keep. Better yet, maybe now is the time to go through and decide whether a train ticket from Tokyo in 1960 really needs to be kept.**

It's not easy keeping track of everything, I struggle with it at times, but it's a lot harder when you're trying to cope with the loss of a loved one as well. Preparedness can help ease the burden on grieving relatives.

Rodney Strong

Writer and marvellous son in law of Sheila Reed,
EAN Coordinator

