



CHAMPIONS TROPHY
Case Competition

Case Study: Hospice North Shore

Wednesday 31 January

Case prepared by Micah Hill-Smith under the supervision of George Lowndes. This case has been prepared solely for the Champions Trophy Case Competition. All data in this case has been obtained from publically available sources and Hospice North Shore. This case is not intended to serve as an endorsement, a source of primary data, or an illustration of effective or ineffective management.

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To: Hospice North Shore Project Team

Subject: Hospice Strategy Presentation

Dear all,

Hospice North Shore (Hospice) is a local charity that provides specialist end-of-life care for patients and their families. Hospice provides compassionate, specialist care to people living with a life-limiting condition such as heart failure, motor-neurone disease, multiple sclerosis (MS) or cancer.

Hospice's nurses, doctors and family support team work alongside GPs, hospital teams, district nurses and other healthcare professionals to provide specialist health and social care in patients' homes, or in an inpatient unit in Takapuna. Hospice services are provided free of charge to patients and their families.

As the population in Hospice North Shore's area of care ages and increases (over 200,000 more people are forecast to live in its district in the next 15 years), the demand on Hospice's service will triple. Current funding contracts with Waitemata District Health Board (government funding) contribute just under 50% of costs and Hospice believes this income stream will remain static while costs increase.

The two future challenges that Hospice is most concerned about are:

1. Population growth and increasing demand for more complex health services
2. The decline of its funding model

The major strategic question for Hospice today is how to generate more income from non-governmental sources to be able to continue to provide its clinical service.

Specifically, there are two key questions that Hospice is looking for answers to:

1. How can it increase the performance of their current fundraising activities?
2. What new opportunities should it be looking to develop to secure its financial future?

Hospice would be interested to hear your team's thoughts on what it is currently doing and whether there are other ideas it should be looking at.

As a strongly value driven organisation, Hospice wants to make clear the importance of only engaging in activities that are consistent with its mission and values.

Kind regards,

From: Charlie Charity

Overview

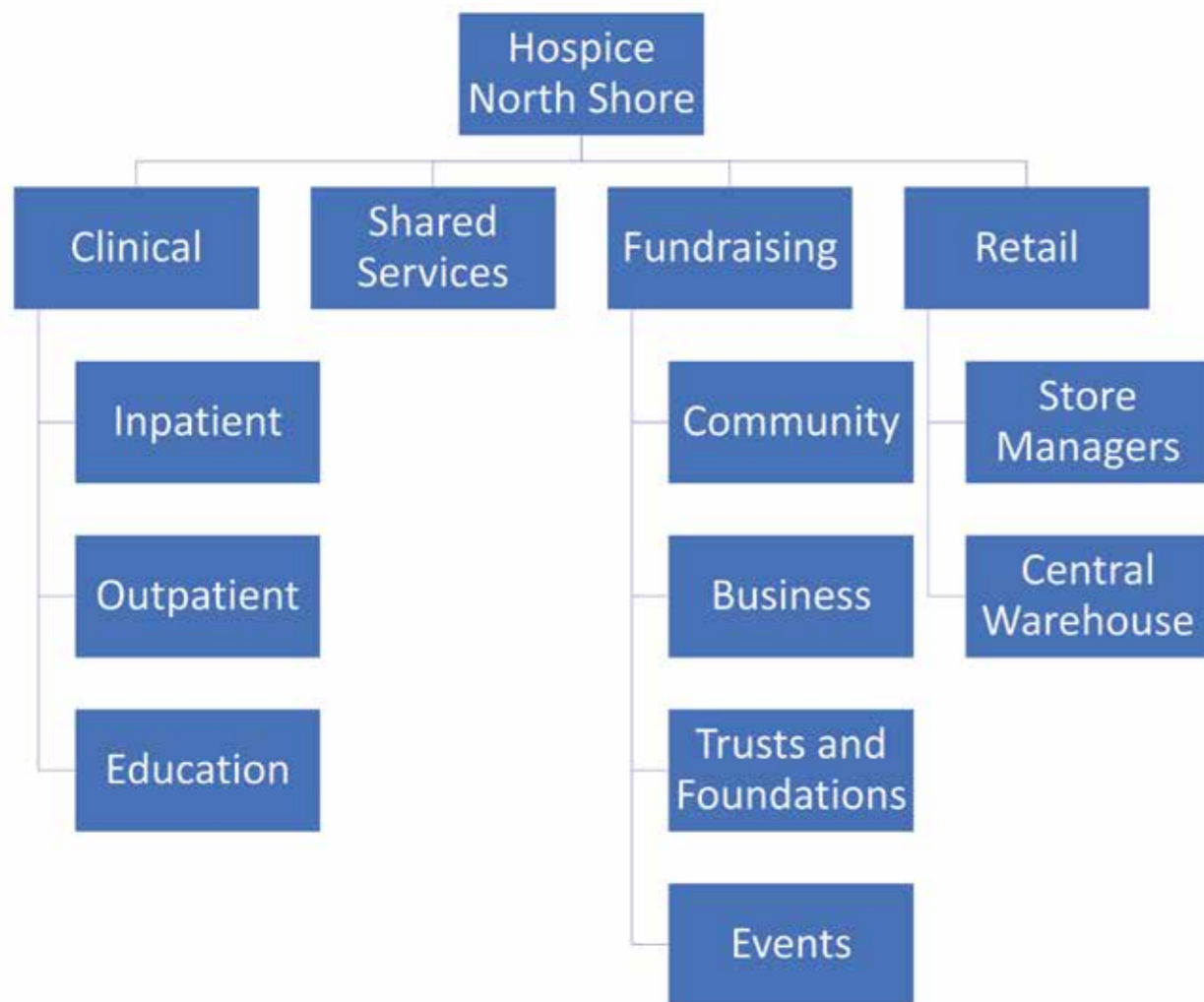


Introduction

Hospice North Shore's mission is to provide compassionate, specialist care to people at the end of their lives while supporting their families and caregivers. Hospice achieves this by providing a specialist team of doctors, nurses and other healthcare professionals to assist with specialist care. Around one in three New Zealanders pass away whilst in the care of a Hospice.

Hospice North Shore's high-level business structure is summarised below. North Shore Hospice Trust has a total of 141 employees (89 FTEs).

Figure 1 – Business structure diagram



Clinical Operations

Hospice provides palliative care services to patients in their inpatient unit and through their community support programmes.

The average number of nights stayed by patients in the inpatient unit is 8.7. Patients who come in for symptom management, respite care or for other reasons generally spend much longer with Hospice over a number of visits. Given the focus on life-limiting illnesses, the vast majority of patients are involved with Hospice for less than 2 years.

In order to come into Hospice care, patients have to meet certain criteria. Patients must be over the age of 18 and have an advanced life-limiting disease. Referrals are generally taken for patients with life-limiting diseases when they come to the end of active treatment.

Palliative Care Principles

Palliative care is an approach to medical and nursing care for people with life-limiting illnesses. The primary goal of palliative care is to enhance quality of life as opposed to curing underlying diseases and causes. This means that palliative care focusses on relief from symptoms – pain, physical stress and mental stress on both the patient and their family.

Palliative care is usually thought of in the context of end-of-life care but is not necessarily limited to this stage of life. Palliative care principles can be applied to anyone who suffers from an incurable life-limiting illness.

Hospice care can be thought of as an application of the principles of palliative care.

Care at Home

Hospice operates a network of staff who provide care to people in the community.

Hospice's team work with a patient's GP (general practitioner, similar to a primary care physician) and other healthcare professionals to help patients manage their symptoms and maximise their quality of life. The team provides different levels of care depending on the needs of the patient and works with people living in their own homes, residential aged-care facilities and private hospitals.

Inpatient Care

Hospice has 9 inpatient beds that are designed for short stays. Generally, patients are admitted for one of three reasons:

- Management of pain or other symptoms
- Short term respite care (giving family and other carers a break)
- Care in the final stages of illness (often where care at home is no longer possible)

Last year, Hospice provided 2155 nights' stay for 248 patients.

Figure 2 – inpatient unit photo



Wrap-around care

A critical component of Hospice's take on palliative care is that the quality of life of the patient is not the only factor to consider. Every individual has family and friends who are affected in innumerable ways by what happens to the patient. Although relatives might not have the disease themselves, the effects it can have on them are not any less real.

In that light, Hospice does not just concentrate on caring for the patient. The organisation is geared toward creating a positive experience for families and ensuring that their needs are not forgotten in what is a time of great hardship for them too.

Family support services provided include:

- Counselling – support on a one-to-one basis, with families and in groups. Counsellors can also provide resources for talking to children about illness.
- Social Work – social workers provide practical support and advice for patients who are dying and their families around a range of issues including housing and residential care placements, legal issues including benefits and wills, funeral planning and accessing equipment.
- Cultural support – Hospice's Pou Arahi staff walk alongside Māori patients and their whanau while an Asian liaison social worker is on hand to provide cultural support for Asian families in Hospice care.
- Spiritual Care – Hospice's chaplain is available to offer spiritual care for patients and their families, irrespective of faith and religion.
- Caregivers' Groups facilitated by a counsellor
- Bereavement Support Groups
- Patient Groups
- Self-care and Relaxation Groups
- Life Review – a service for patients and their families to record stories from the patient's life
- Quiet Room
- Weekly Candle Lighting Ceremony

Education team

Hospice has a dedicated education team that trained 2269 health professionals in palliative care in 2017.

A specific group that the education team has targeted recently has been nurses in Residential Aged Care Villages. The reason for this strategy has been to allow those nurses to support less complex patients before Hospice's team take over later. The hope is that this will lead to patients coming to hospice later than they otherwise would have – leaving Hospice in a more specialist place and able to influence a wider group.

Personal stories of Hospice care

Adapted from the Hospice North Shore website.

Connie

Seventy-nine year old Connie was diagnosed with leukaemia in late 2014. As her disease progressed, she was unable to care for herself and was forced to stay in bed. Connie didn't want to go to Hospice because she pictured it as a depressing place where people go to die – but after an uncomfortable stay moving ward to ward in hospital, she decided to explore the Hospice option.

At first, Hospice services came to Connie in her home. A doctor, nurses and a physiotherapist all made visits to manage her symptoms and allow her to live independently.

When Connie reached the point where she needed to come and stay in Hospice's inpatient unit, the change was seamless and she got all the care she needed until passing away in late 2015.

Connie's family say that the dignity with which Connie was treated is what stands out to them the most about their experience with Hospice.



Jack

Jack suffered from prostate cancer and while he and his wife coped with his illness for a long time at home, they had reached a point where they needed help. A nurse visited Jack and his wife and they decided together that Jack would benefit from having a week in Hospice's inpatient unit.

The couple was surprised by the brightness and warmth with which they were greeted and quickly came to enormously appreciate the services made available to them.

Jack arrived in a wheelchair, weak and in pain. After a week of careful management, he left pain free pushing the wheelchair out the door himself.

For Jack's wife, his week in the inpatient unit was a welcome relief from the physical and emotional intensity of taking care him.

The couple continued to come into Hospice for the weekly Day Group for patients and the weekly caregivers group respectively.



Sarah

Sarah was diagnosed with cancer over 2 years ago and was referred to Hospice care. Hospice provided therapy for Sarah and counselling service for her young children which was critical in helping them understand and come to terms with her illness.

Sarah said it's the personal touch from Hospice that is so valuable: "You have given me someone I can talk to; who comes in to visit; someone we can establish a real relationship with".



Retail Stores

Hospice operates a network of retail stores that sell donated goods. Hospice has nine stores located within the boundary of the geographic area that it cares for.

Hospice's stores stock a range of donated goods. Most are second-hand items donated by individuals and some are donated by businesses.

Hospice is always looking for places to open new stores or move existing stores but is not able to significantly increase its store numbers because of its geographic limitation to its area of care (other Hospices operate similar store networks in their own areas of care). Naturally, this means that Hospice's goal for the retail stores must be to grow sales in the stores they've already got.

Hospice has to contend with a perception that they're getting something for nothing when people donate goods to their stores. Equally, when people come and pay for items at the stores, they assume that the prices being charged for goods go directly to Hospice. In reality, there are significant expenses that go along with running the retail stores.

Logistics

Most donations are made by individuals who bring items to individual stores. Hospice also provides a pickup and delivery service for the collection of furniture and other large items.

After donations are made, most are shipped to the Ellice Rd Warehouse in Glenfield where the items are assessed and processed. Some items are shipped back to the store they were donated to ensure that people donating can see that their donated items are indeed being sold but often items are shipped to other stores where it's perceived they might sell more easily or for a greater sum.

Hospice aims to staff the warehouse with 1-2 paid staff and up to 5 volunteers each shift. For each store, the aim is to have 1 paid manager and a couple of volunteers each shift.

Hospice does not digitally catalogue the items donated and sold internally or have an online sales platform.

Retail store estimated income and expenses

Income

Revenue \$ 5,200,000.00

Expenses

Rent \$ 1,500,000.00

Salaries \$ 600,000.00

Logistics \$ 300,000.00

Waste \$ 200,000.00

Net profit \$ 2,600,000.00

While rent is the biggest cost driver, Hospice has a number of very generous landlords who rent them premises at well below market rates.

Salary cost is also significant as there is a paid store manager at every store.

There is a significant problem with people donating goods that aren't able to be sold that then have to be disposed of. There have previously been attempts to educate people about the cost of dumping but the problem persists.



Competition

Charity stores are increasingly becoming a popular fundraising technique for non-profit organisations.

Historically, local Hospices and The Salvation Army (religious group with well-known charitable activities) have dominated the charity shop market in New Zealand but in recent years Hospice has been seeing more frequent competition. Organisations including Habitat for Humanity, Red Cross and St John New Zealand have opened charity shops within Hospice's area of care. Specifically, at Hospice's Birkenhead and Brown's Bay locations there are now several stores operating a very similar model to Hospice close by. See Appendix 4 for a map of the locations of Hospice stores and competing charity stores.

It's therefore critical that Hospice remains the charity of choice in the minds of both prospective donors and shoppers.

Volunteers

Hospice North Shore would not be able to operate without its network of volunteers. Last year, 1,210 volunteers donated 162,636 hours of their time. At minimum wage, that would equate to a value of more than \$2.5 million.

Hospice volunteers are primarily in the retail and fundraising units but there are also volunteers in the service-provision side.

There is a concern that the general picture of volunteering in New Zealand appears to be a trend of a reducing number of hours given (see appendix 3). Volunteer-driven organisations in general are worried that as the world gets busier, fewer people will have time to give. Hospice needs to ensure that prospective volunteers choose its opportunities over other non-profit organisations.

Job	Tasks	Skills Required	Time commitment
Shop Volunteer	<ul style="list-style-type: none"> Serving behind the counter Helping to sort and price donations 	Minimal	Generally shifts are 4 hours, once a week
Receptionist	<ul style="list-style-type: none"> First point of contact for visitors to the inpatient unit Communicate with relatives and friends of patients 	Full training given but previous reception or office experience preferred.	Choice of shifts 7 days a week
Volunteer Massage/ Reiki Therapists	Providing massage and Reiki therapy for patients in a clinical setting	<ul style="list-style-type: none"> Diploma qualification (equivalent of NZQA level 5) in massage. Reiki level 2 qualification with at least three years clinical experience preferably in Palliative Care/ Oncology Current registration with Massage New Zealand Current comprehensive first aid certificate Valid full NZ drivers licence 	Flexible shifts available
Kitchen Volunteers	Working with Hospice's Housekeepers to prepare and serve meals	None	2 hour shifts available 7 days a week
Patient Drivers	Providing transport to and from patients' homes to the Inpatient Unit or hospital appointments	<ul style="list-style-type: none"> Welcoming, friendly and reliable Current NZ drivers' license and a clear driving record 	On call role, dependent on patient requests. Requests may be any time between 9am and 4pm
Home Visitors	Visiting patients in their homes to provide respite for their caregivers	None, one day Palliative Care Course provided	Visits are 2-3 hours long and are conducted on a weekly basis
Hospice Gardeners	Maintaining the beautiful gardens: planting,	None	4 hour shifts

Reasons for volunteering

Hospice does not have any quantitative data around what drives people toward volunteering but staff have observed a range of trends and factors.

The vast majority of Hospice's volunteers are not in full-time work. While Hospice ensures that there are flexible volunteering opportunities available outside of normal work hours, few people take the time to volunteer while in full-time work.

Hospice has a large community of volunteers who have retired. This is also driven by the over-representation of retired people in the demographic that it provides care for. Hospice regularly finds that volunteers became involved with them after having an experience with their services – often when a family member or friend comes through Hospice care and they have a good experience with the service provided.

Some of the reasons for volunteering that have previously been reported to Hospice are summarised below.

Group	Retirees	Recent Immigrants	Young People
Reasons for volunteering	<ul style="list-style-type: none"> Giving back to their community Maintaining social connections Having a purpose 	<ul style="list-style-type: none"> Opportunity to practise English Social opportunity Gratefulness to be in New Zealand Volunteering experience is considered in residency applications 	<ul style="list-style-type: none"> Experience in retail Volunteering experience for applications Volunteering requirements for the Duke of Edinburgh's Hillary Award Scheme often run in high schools
Average volunteer tenure	Long – can be regular volunteers for many years	Highly variable	Often relatively brief, although a not insignificant minority stay involved after high school

Issues with Volunteers

Hospice faces a range of issues with its volunteer workforce.

Many volunteers who have been with Hospice for a long time feel a sense of entitlement and that they know what they're doing, which can be problematic when putting in place new volunteer managers or changing processes. Because many volunteers have held their roles for so long, letting go of problematic volunteers is complex and time-consuming.

How do can Hospice attract, train and upskill its volunteer workforce? Can Hospice attract a younger workforce?

Marketing

Community Perception

Hospice has had some issues with people in the community it serves not correctly understanding its purpose. While there isn't any quantitative data about how people view Hospice North Shore specifically, anecdotally staff frequently come across two major misunderstandings.

First, that Hospice is just its network of charity stores – while this misunderstanding speaks positively to the reach and prominence of the stores, Hospice frequently finds that many in the community do not know anything about the services it actually provides.

Second, that Hospice is only about death and dying – while it's true that the inpatient unit's main use is indeed end-of-life care, Hospice's care involves a much broader range of services.

Hospice wants the communities it serves to be better aware of its existence and purpose so that more people will choose to support it and so that people will know it exists when they or their loved ones are in a place where they should be considering the role that Hospice care might play in their lives.

Sustainability

Hospice understands that its environmental, economic and social choices have an impact both now and in the future. It is committed to a sustainable future for its service, patients, families, employees, volunteers and communities. Hospice's ultimate vision is to thrive through the sustainable management of its service and it embraces the contribution it will make towards achieving the United Nations Sustainable Development Goals.

Further, Hospice's retail stores are fundamentally a recycling activity – selling used items to give them new life and prevent people from needing to buy new. A tagline used to represent this idea is "turning second hand goods into first class care".

Hospice has found recently that by telling the story of its sustainable practices it can provide better value to possible corporate partners. The question it faces for its sustainability programme is now more about how to tell the story of the work it has done to be sustainable.

Fundraising

Hospice has a fundraising team that works to raise income through donations. Donations are taken from a range of individuals, businesses and trusts.

Donations can be made through credit cards online, bank account transfers, in person, by mail and over the phone.

A significant proportion of donated money comes from bequests left by patients.

In 2017, \$851,312 was donated in bequests and the net profit from all other fundraising activities and events was \$1,263,467.

Events

Coastal Challenge

An event that Hospice has been a part of for 7 years now is the Coastal Challenge. The Coastal Challenge is an event that sees people of all ages challenge themselves to do a run along the North Shore coastline.

The event sees a significant number of businesses compete in the 33km team relay for the title "Coastal Charity Champions". Businesses see it as an opportunity for team building while supporting a local charity.

Front Up Challenge

In 2017, Hospice initiated a new challenge called "Front UP for Hospice challenge partnered with Harcourts Copper & Co".

The competition involved teams competing by fundraising against each other then having two members complete a secret challenge trail in fancy dress across the North Shore on Saturday 4 November 2017. Each team paid a \$100 entry fee and pledged to raise \$1000 for Hospice through their team online fundraising page.

For the first year, they only invited 16 teams of two to compete in the challenge but they hope to scale it in the future. Most of the team members were in their 20s and 30s.

Upcoming Events				Share Events
FEB 16	Hospice Legends of Golf 2018	North Shore Golf Club Auckland	Get Tickets	Interested
FEB 17	Cargo Plus Coastal Challenge	North Shore Coastal Challenge Auckland	Get Tickets	Interested

Past Events				
NOV 12	Rock the Hithe	Greenhithe School Hall, Suva		
NOV 4	Front UP for Hospice challenge partnered w...	Smiles Farm Takapuna		
JUN 22	The Time of their Lives movie fundraiser wit...	Bridgeway Cinema Auckland		
MAY 26	Hospice Legends of Golf - postponed date			
MAY 7	Hospice Tennis Fun Day in Northcote	Northcote Tennis Club Auckland		
FEB 17	Hospice Legends of Golf - postponed date T...			
FEB 5	Pick Your Own Strawberries for Hospice	114 Sunnyside Road, REO		



Corporate Partnerships

Hospice has developed a range of corporate partnerships that have been of great value to it. Several years back, Hospice made a distinct decision to shift its strategy from seeking sponsorship from companies to seeking to form deeper strategic partnerships that offer greater value to both Hospice and partner businesses.

There is still a lot of untapped potential for Hospice in developing corporate partnerships because the list is still short. Hospice is aware, however, that they are limited in the range of organisations that they are able to develop a relationship with by the work that Hospice New Zealand has already done: Hospice New Zealand is an umbrella organisation that leads the Hospice movement in New Zealand. Hospice New Zealand works with national partner organisations including Farmers, Harcourts Foundation, Dilmah, BNI, House of Travel, Quest and Craigs Investment Partners.

A recent focus for Hospice North Shore has been framing itself as a sustainable business when seeking partnerships and making clear that it is not just looking for monetary sponsorship grants. For example, actions of support like having donation stations at places of work for employees to donate goods that can be sold at stores can be extremely valuable to Hospice. Other ways partner organisations have added value for Hospice and demonstrated a committed partnership have been through participation at events or creating their own fundraising activities.

Conclusion

Hospice North Shore will only be able to keep doing its valuable work if it can continue to bring in enough money to make up its funding shortfall. With competition facing its critical retail stores, downward trends in New Zealanders' volunteering habits and need for its services going up, Hospice knows that it can't sit still.

In a perfect world, Hospice would also be able to think about putting more money aside in investments that would allow it to have confidence that it will be provided for in the event of a fundraising shortfall in the future.

Appendices



Financial performance

North Shore Hospice Trust
– including Hospice North Shore and Warkworth Wellsford Hospice

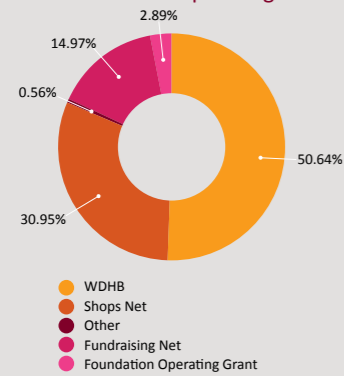
Statement of financial performance for the year ended 30 June 2017

Hospice North Shore is a Charitable Trust registered under the Charitable Trusts Act 1957 and the Charities Act 2005, and has been contracted by the Ministry of Health to provide hospice and palliative care to the North Shore and Rodney communities. The following summarised figures have been extracted from the full unmodified audited financial statements of the North Shore Hospice Trust.

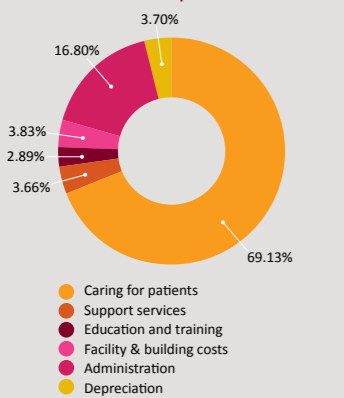
	2017	2016
Funding under Government Contracts	4,274,723	4,290,023
Operating deficit before Fund Raising Activities	4,288,117	3,935,499
Building Fund Donations (Net)	1,648,525	1,070
Bequests	851,312	
Fundraising Activities & Events (Net)	1,263,467	1,414,272
Retail Shops (Net)	2,612,321	2,341,610
Other income	47,471	
Reported Net surplus (deficit) for the Year Before Investment Income	2,134,979	221,483
Reported Net surplus (deficit) for the Year Consolidated accounts including Investment Income	3,092,912	
Total Gross Expenses		
All Activities Including Patient Care	12,038,768	11,686,333
Grant from North Shore Development Foundation for capital expenditure and to offset operating loss	534,406	665,907

Note: additional funds have been donated and are held for the Warkworth Wellsford Hospice building project and the Hospice North Shore Inpatient Unit refurbishment project.

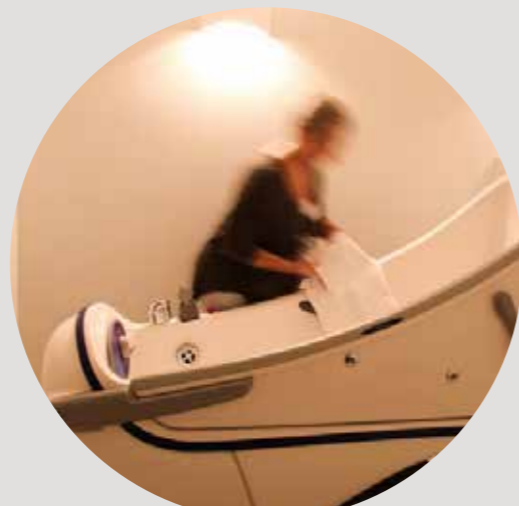
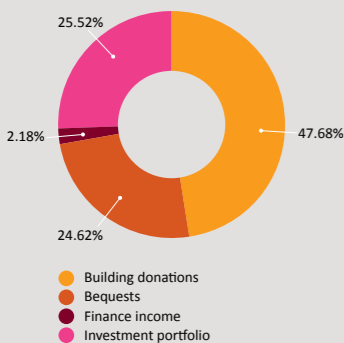
How North Shore Hospice Trust raises Operating Funds



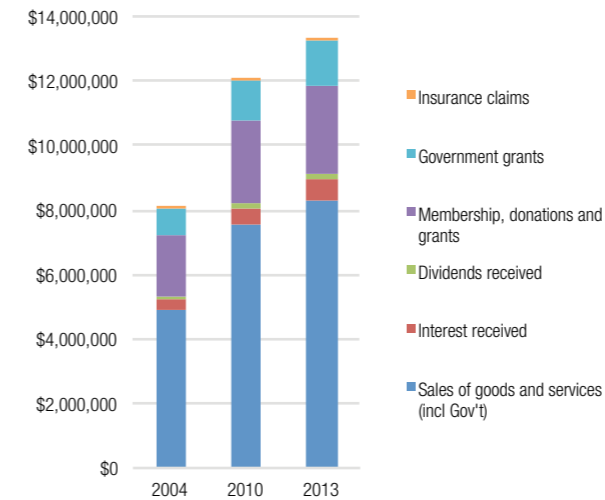
How North Shore Hospice Trust uses Operational Funds



How North Shore Hospice Trust and Foundation Raises Reserve, Building and Capital Expenditure Funds

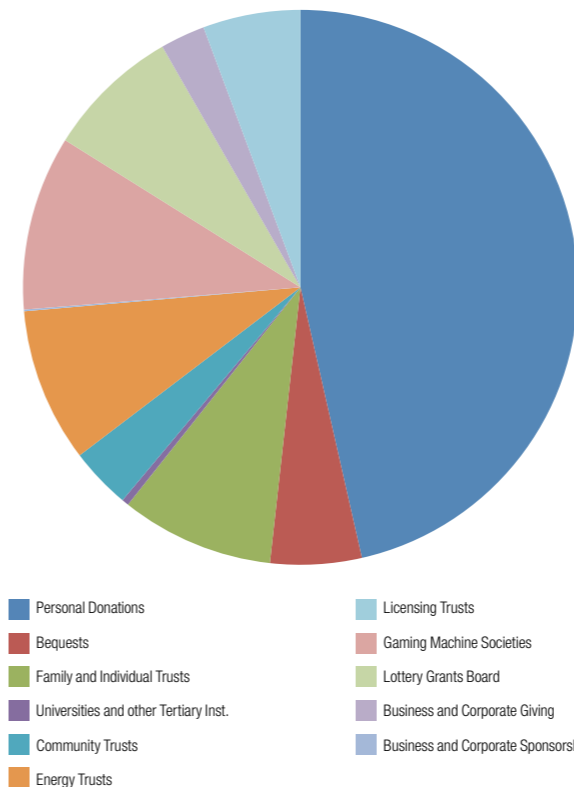


Income sources for non profit institutions (\$000)



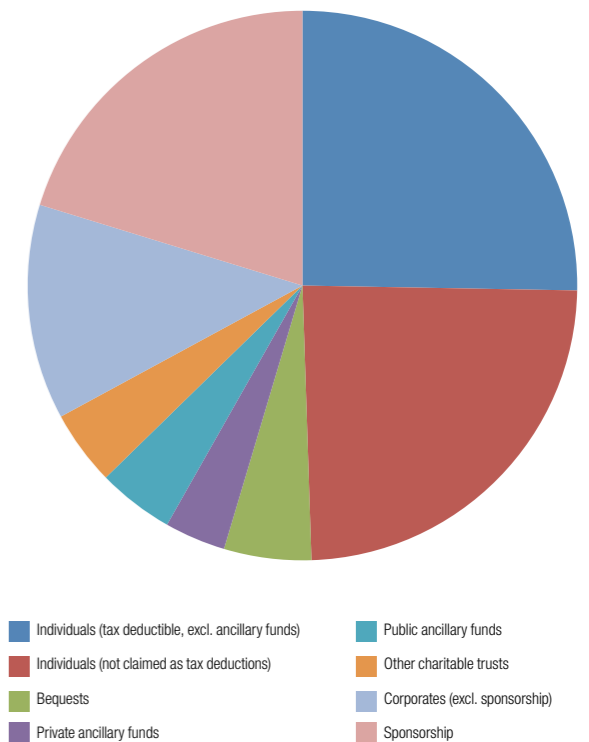
Income growth has been strong at 5.7% annually over the last decade and there have been significant changes to its mix. While sales of goods and services has dominated, when we separate Government contracts and add Government grants, we see total Government funding has grown at a faster rate of 7.4% over the same period, reflecting a greater reliance on more outsourced Government work. While good for volumes and growth, it generally doesn't come with a large built in profit margin. The share provided by donations and sponsorships has risen more slowly at 3.8% per annum over this period.

Sources of New Zealand Philanthropy



The breakup of philanthropy in New Zealand sees most support coming from a large number of people giving smaller amounts of dollars. This mass market philanthropy also dominates in Australia and the USA. A very important and somewhat unique part of the pie comes from the statutory trusts including the energy, gaming and lottery sectors. Combined they represent around 30% of all philanthropic giving. If we add corporate sponsorships to this pie (mainly to sporting organisations), we still only see corporate support at around 10% of the total. While the combined statutory and corporate support is similar to that seen in Australia, it is all from corporates and they have seen that area rise faster than overall philanthropy over the last decade.

Breakup of Charitable Donation Sources in Australia



Source ATO, ABS, JBWere Philanthropic Services

A similar pie chart for philanthropy in Australia looks remarkably similar to that seen in New Zealand. Individual, mass market philanthropy is the same as are bequests. Structured philanthropy is a little larger in Australia and is growing faster due to the introduction of the new giving vehicle, the Private Ancillary Fund, in 2001. They have built a corpus of around \$8B and currently distribute around \$400m per year, showing the value of new taxation initiatives for philanthropy.

The contribution of non-profit institutions in New Zealand

Number of non-profits



Activity group	2004	2013
Culture & recreation	43,220	50,380
– Culture and arts	5,020	6,090
– Sports	14,910	17,990
– Other	23,405	26,300
Social services	11,280	14,810
Development & housing	7,580	9,680
Religion	9,890	9,440
Education & research	7,400	7,960
Other activity groups	17,630	21,840
Total	97,000	114,110

Number of institutions



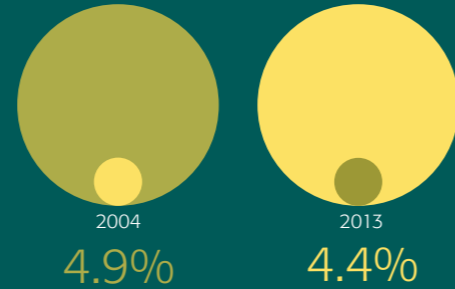
Economic contribution



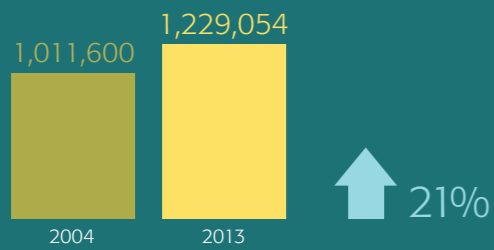
\$(billion)	2004	2013
Contribution to GDP	\$3.6b	\$5.9b
Volunteer labour contribution to GDP	\$3.3b	\$3.5b
Total contribution to GDP	\$6.9b	\$9.4b

GDP represents NZ's income earned from production in NZ

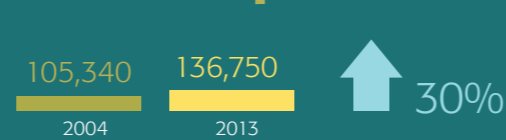
Total contribution to GDP



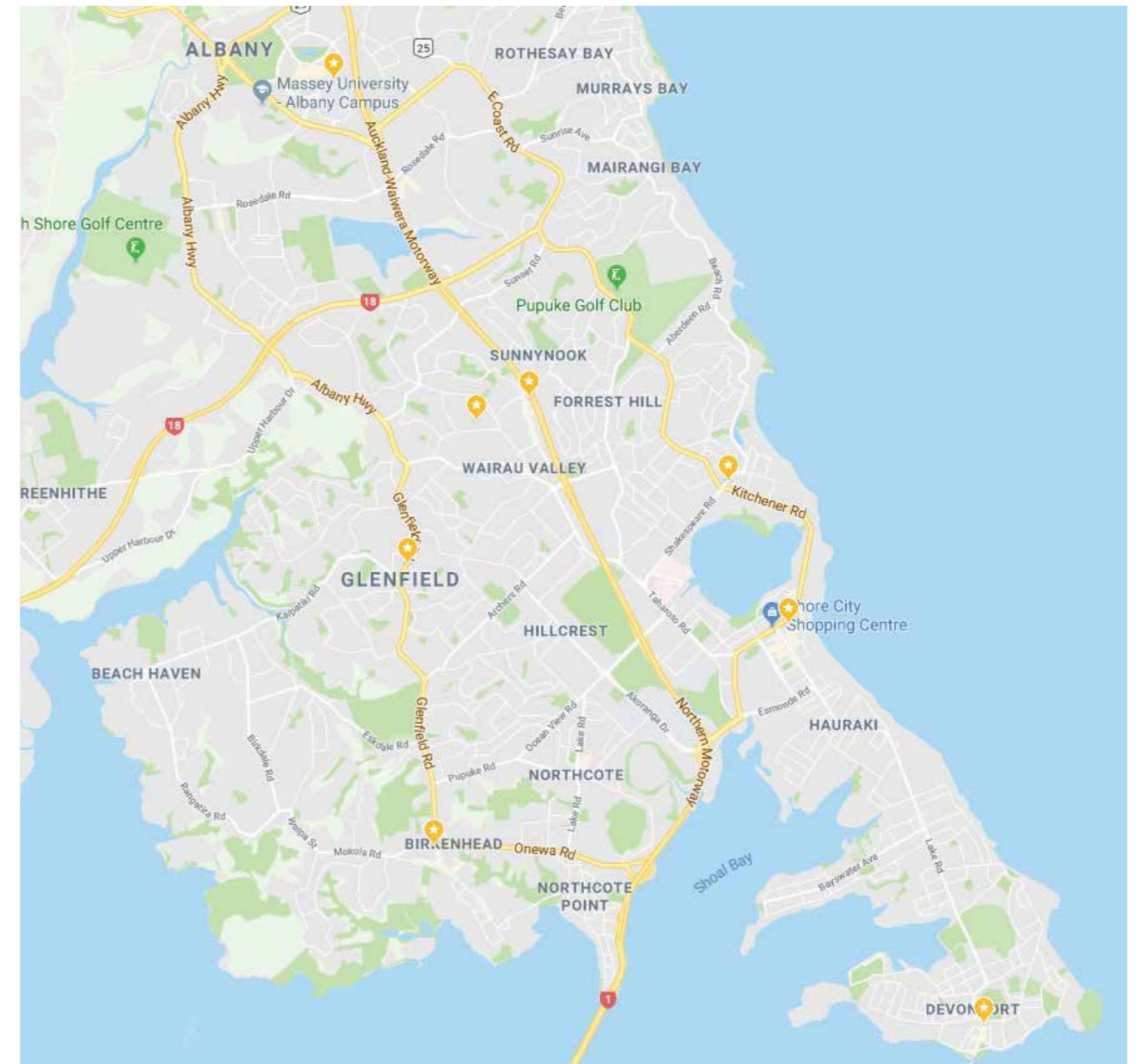
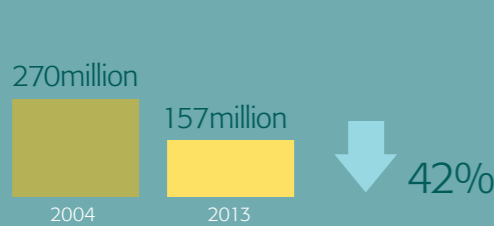
Number of volunteers



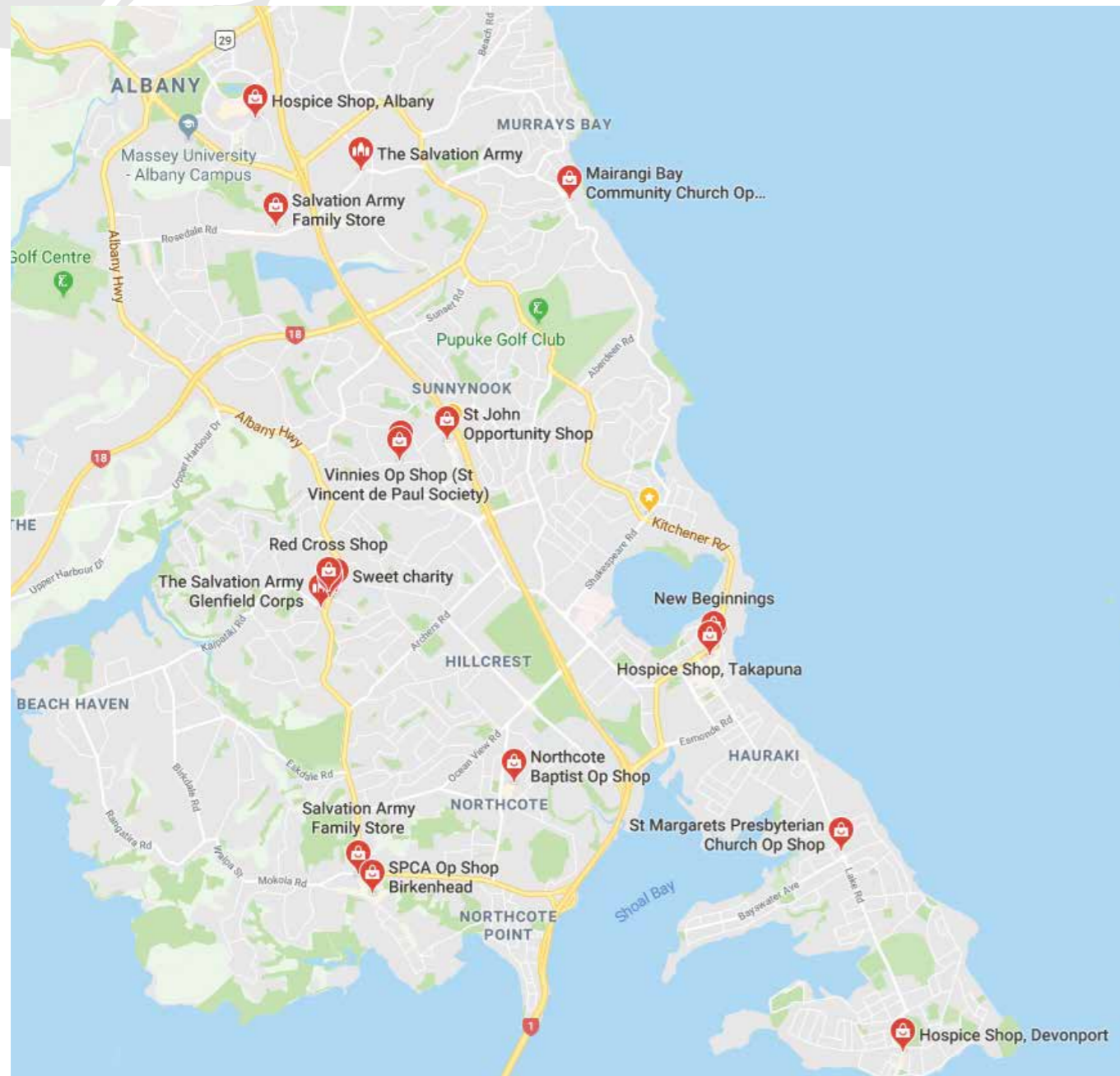
Number of paid staff



Volunteer hours worked



Appendix 4 - Locations of Hospice stores (competition overlaid)



Appendix 5: News Articles

Auckland businesses challenged to run in behind North Shore Hospice

Denise Piper, stuff.co.nz

January 23 2017

PAK'nSAVE Albany is ready to defend its title of Coastal Charity Champions in the Colliers Coastal Challenge.

Local businesses are being dared to fight for the title of Coastal Charity Champions in the North Shore Colliers Coastal Challenge.

The challenge, held on March 11, offers five different races from a 33km individual or relay run to a 6km "beach hop", all finishing at Windsor Reserve in Devonport.

The title of Coastal Charity Champions goes to the business with the most points for both race times and funds raised for Hospice North Shore.

The Colliers Coastal Challenge is an annual event for runners and walkers to support Hospice North Shore.

In February 2016, the title was won by PAK'nSAVE Albany in a hard-fought battle against PAK'nSAVE Wairau, The Warehouse Albany and Hospice North Shore's own Hospice Hobbler.

The event was a fantastic team builder, says Sam Cockroft from PAK'nSAVE Albany.

"There was an amazing feeling of camaraderie and it was brilliant knowing that, with every step, we were supporting people in our own community who need hospice care," he says.

Staff members took part in one of the two relay teams, individual events or just being part of the support crew, Cockroft says.

This year, the enthusiasm is even higher with seven relay teams ready to run.

Cockroft is throwing down a challenge to other businesses on the North Shore: "Think you can beat us? Bring it on!"

Funds raised will help Hospice North Shore provide free care to patients who are dying, and their families, mostly in their own home.

Contact Carol Herbert on 021 172 9245 or carol.herbert@hospicenorthshore.org.nz for more information about the charity challenge.

- Stuff

Rachel Hunter becomes public face for a charity close to her heart

Amy Wiggins, New Zealand Herald



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Kiwi supermodel Rachel Hunter has given back to the organisation which cared for her mother in her last days by being the public face of its latest campaign.

Hunter stars alongside a patient in the latest hospice appeal released by Hospice North Shore, Hospice: The Cause is Dying.

Hunter's mother, Janeen Phillips, was in the care of the North Shore hospice when she lost her battle with cancer in May this year surrounded by her family.

"I wanted to give something back to this amazing cause," Hunter said.

Hunter, through her own experience, emphasised that the hospice was not "just a place" but provided wrap-around care for the terminally ill and their families and urged Kiwis to support their local service.

"Hospice helps you live every moment. Hospice is not just a place and it's not just a place with doctors and nurses in it," she said in the video.

"Hospice is a whole service that wraps you and your family with lots of love care and support. Cultural support, volunteers, specialist therapy, spiritual care and social work. It comes to your home and offers physical, emotional and spiritual support.

"It's there for families long after their loved one has died - and it would

not be possible without the thousands of volunteers and donors which keep hospice alive."

Hospice North Shore chief executive Jan Nichols said the campaign was needed because of the increasing costs and the growing need faced by hospices around the country.

The combined populations of North Shore and Rodney were among the fastest growing in New Zealand and people were living longer and had more complex symptoms, requiring a higher level of specialist care, she said.

Hospices in New Zealand were facing increased costs and a shortage of skilled palliative care nurses, family support professionals and doctors.

The video, released this week, also coincided with tomorrow's official opening of the Warkworth Wellsford Hospice's new caring centre, Tui House.

General manager Kathryn Ashworth said the new purpose built facility, which had been 10 years in the making, would enable the Warkworth Wellsford Hospice to keep pace with the growing need for care as the local population grew and aged.

It was designed specifically for the rural community, she said.

"A lot of people in rural communities can feel quite isolated and feel like they are the only one with their condition. They can struggle to get the support that they need."

That support was now readily available in their community thanks to Tui House which provided outpatient care and support groups, she said.

The building had been inspired by Maggie's Centres in the UK and was designed to feel homely rather than clinical with people walking straight into a kitchen area rather than a traditional reception.

"It's about providing a little safe place that is normal life. Our patients are not disabled or sick, they are just dying."



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