



# PARLIAMENT OF THE COOK ISLANDS

## *Public Accounts Committee*

16 June 2017

Honourable Speaker  
Office of the Speaker of Parliament  
Parliament of the Cook Islands  
Nikao, Rarotonga  
COOK ISLANDS

Honourable Speaker

**RE: PARLIAMENT PAPER NO. 110: PAC REPORT 7-2017**

Pursuant to the Terms of Reference of the Public Accounts Committee, I have the honour to present the Committees Report on the Evidence Session with the Secretary of Internal Affairs, Director of Social Welfare and the Secretary of Health regarding an:

*Inquiry into the Caregivers Policy and Caregivers Allowances administered by the Ministry of Internal Affairs.*

I have the honour, Madam Speaker, to be your obedient servant,

A handwritten signature in black ink, appearing to read 'Mona Ioane'.

Hon. Mona Ioane  
Chairman  
Public Accounts Committee

[Cook Islands Public Accounts Committee@parliament.cookislands](https://www.facebook.com/CookIslandsPublicAccountsCommittee)

Parliament of the Cook Islands - Rarotonga - Cook Islands - Tel: +682 26509 - Mobile: +682 79369

Email: [plpg@oyster.net.ck](mailto:plpg@oyster.net.ck)

PARLIAMENT OF THE COOK ISLANDS  
Paper No. 110



## Public Accounts Committee

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Report on Evidence Session: Monday 12 June 2017

*Inquiry into the Caregivers Policy and Caregivers Allowances administered by the Ministry of Internal Affairs.*

PAC Report No. 7-2017  
12 June 2017

## Public Accounts Committee Members

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<b>Chairman</b>	Hon Mona Ioane, MP Member for Vaipae-Tautu Deputy Speaker of Parliament
<b>Deputy Chairman</b>	Mr James Beer, MP Member for Murienua
<b>Members</b>	Mr Tekii Lazaro, MP Member for Pukapuka-Nassau  Mrs Ngamau Munokoa, MP Member for Nikao-Panama  Mr Tai Tura, MP Member for Mauke  Mr Tangata Vavia, MP Member for Mitiaro

## Committee Staff

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<b>Committee Clerk</b>	Mr Tangata Vainerere Executive Director Pacific Legislatures for Population and Governance
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## Parliament Leadership

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<b>Speaker</b>	Mrs Niki Rattle
<b>Clerk</b>	Mr John Tangi
<b>Deputy Clerk</b>	Mrs Helen Maunga

# Public Accounts Committee

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## **Report on Evidence Session**

**Monday 12 June 2017**

*Inquiry into the Caregivers Policy and  
Caregivers Allowances administered by the  
Ministry of Internal Affairs.*

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PAC Report No. 7-2017

Presented by

**Hon Mona Ioane, MP**

Laid on the Table of Parliament on 19 June 2017

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# SUMMARY OF RECOMMENDATIONS

The following is a list of all the recommendations made by the Public Accounts Committee in respect of the Evidence Session conducted by the Committee on Monday 12 June 2017 with the Acting Secretary of the Ministry of Internal Affairs Mr Paul Allsworth, the Director of Social Welfare Ms Ngatuaine Maui and the Secretary of Health Mrs Elizabeth Iro (also the Chairperson of the Destitute and Infirm Committee). This summary of recommendations is not intended to stand alone and should be read in conjunction with the PAC NOTES AND RECOMMENDATIONS section of this report which contains the rationales for these recommendations.

## **Recommendation 1**

*The Committee recommends that INTAFF in cooperation with the Ministry of Health conduct a thorough public review of the Caregivers Policy to bring it up to par with prevailing living conditions and the review to include:*

1. *A comprehensive Study and Cost Analysis of the Caregivers Policy and the Quality of Care requirements and standards for the Policy; and*
2. *A study to capture more data on the aging population of the Cook Islands in order to inform future policy directions on aged care including the current trends in aged care and a call for an investment in an aged care facility with standards of care requisite to that found in Australia and New Zealand; and*
3. *A study of the cost of living in the Cook Islands in order to link and align the caregivers allowance rates to a realistic benchmark.*

## **Recommendation 2**

*The Committee recommends that the Ministry of Health investigate viable opportunities to reduce the costs of supplying quality disposable adult-sized diapers to pensioners and those being cared for under the Caregivers Policy, including but not limited to:*

1. *the establishment of a competitive bidding process for the supply of disposable adult-sized diapers to the Ministry of Health;*
2. *the establishment of a subsidy programme to reduce the costs of purchasing disposable adult-sized diapers.*

## **Recommendation 3**

*The Committee recommends that the Ministry of Internal Affairs and the Ministry of Health collaborate to seek funding to enable the replication of the Mangaia Community Mobile Carers Programme in Rarotonga, Aitutaki and any other island requiring such services.*

# CHAIRMAN'S FOREWORD

This is the 7<sup>th</sup> report of the Public Accounts Committee (PAC) of the Parliament of the Cook Islands. The report was tabled in the 48<sup>th</sup> session of Parliament during the Parliament Sitting on 19 June 2017 as Paper No. 110 (PAC Report 7-2017, 12 June 2017).

This report outlines the outcomes of the evidence session conducted by the Committee on Monday 12 June 2017 to examine the Caregivers Policy and Allowance Rates for Caregivers administered by the Ministry of Internal Affairs.

In attendance was Mr Paul Allsworth, Acting Secretary of Internal Affairs as the key witness. He was accompanied by Ms Ngatuaine Maui, INTAFF Director of Social Welfare and Mrs Elizabeth Iro, Secretary of Health and Chairperson of the Destitute and Infirm Committee. Also accompanying the officials to the hearing were Mrs Takingaiva Eitiare Framhein, Senior Welfare Inspector, Ms Pauline Teavae, Disability Officer and Ms Grace Chenowyth, Senior Welfare Officer.

## Background

The appearance of Mr Allsworth, Ms Maui and Mrs Iro before the Committee was to respond to questions by the Committee relating to the Care-givers Policy and Allowance Rates for Care-givers currently administered by the Ministry of Internal Affairs.

This issue was taken up by the Committee in response to references made to the issues during an inquiry held on Thursday 25 May 2017 into the residency and work permits fees charged by the Immigration Service for foreign workers employed by Cook Islands residents as care givers, nannies or housemaids.

There have also been expressions of concern raised by members of the general public to Members of Parliament concerning the Care-givers Policy and Allowances.

## The Committee Process

The Committee was briefed on the Caregivers Policy and also discussed with the officials the issues of immigration permit fees for caregivers; total number of caregivers; foreign caregivers as beneficiaries; updating the policy; a Pa Enea example; prevailing conditions and emerging challenges; importation of disposable nappies; dysfunctional families; a means tested system;

### About the PAC

The PAC was established by Parliament through Motion No. 3 as notified by Order Paper 17 on 14 December 2015:

*"To be the financial oversight of Parliament and to report on the Budget and Public Accounts, and also to examine reports of the Auditor General and any such report and to undertake any financial matters deemed necessary and to report all findings to Parliament."*

training for caregivers; Mangaia Mobile Carers Programme; the Social Impact Fund; Asian Development Bank Funding for Projects; support to local families employing foreign caregivers; the new trends in caregiving; the Disability Act and the Prison; and the aging population.

Please refer to the PAC NOTES AND RECOMMENDATIONS section of this report for the details of the proceedings of the evidence session.

Hansard reports on PAC Evidence Sessions are available on request to the Committee Clerk.

A handwritten signature in black ink, appearing to read 'Mona Ioane', with a long horizontal stroke extending to the right.

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MR MONA IOANE, MP  
CHAIRMAN



## PAC NOTES AND RECOMMENDATIONS

### The Caregivers Policy

1. The Committee heard that this form of financial assistance came into effect in July 2003 as a result of public enquires on a number of Cook Islands elderly beneficiaries and those with permanent disabilities who completely require day to day care from individuals within the community.
2. The Policy takes into consideration the task of caring for children with disabilities. They are classified as beneficiaries also. Some parents with disabled children have had to cease full time employment to care for their disabled child. The caregivers allowance should be available to them to assist in the care of their child, the purchase of everyday essentials like nappies and learning aids especially designed for children with disabilities.
3. Since 2014, the care-givers allowance has been NZ \$165.00 per month, payable twice monthly (on the 1<sup>st</sup> and 16<sup>th</sup> of the month) at a rate of NZ\$82.50 and is paid directly into the care-givers bank account with the Bank of the Cook Islands (BCI).
4. Currently Internal Affairs is looking at widening the scope of the caregiver's policy because at the moment the caregiver's policy is restricted to those that actually receive the caregivers allowance through the Ministry of Internal Affairs.
5. Local families are currently bringing foreign nationals as caregivers at their own expenses and a lot of families are doing that but Internal Affairs need to widen the scope of this policy and have a look at training these caregivers from overseas to ensure that they are legitimate caregivers. There is a need to put the checks and balances in place to ensure that they are there to guide effective implementation.

#### **Recommendation 1**

*The Committee recommends that INTAFF in cooperation with the Ministry of Health conduct a thorough public review of the Caregivers Policy to bring it up to par with prevailing living conditions and the review to include:*

- 1. A comprehensive Study and Cost Analysis of the Caregivers Policy and the Quality of Care requirements and standards for the Policy; and*
- 2. A study to capture more data on the aging population of the Cook Islands in order to inform future policy directions on aged care including the current trends in aged care and a call for an investment in an aged care facility with standards of care requisite to that found in Australia and New Zealand; and*
- 3. A study of the cost of living in the Cook Islands in order to link and align the caregivers allowance rates to a realistic benchmark.*

## Immigration permit fees for caregivers

6. On the question of whether the caregiver allowance contributes to the payment of the immigration fees for caregivers employed by local families, the officials advised the Committee that the caregivers allowance goes towards the compensation of the caregiver for their services to the beneficiaries and not to pay for their resident and work permits.
7. Families are paying to the Ministry of Foreign Affairs and Immigration the sum of \$480 per annum for a caregiver's permit, but the view of the Internal Affairs officials is that the Caregivers payment for the Immigration permit fee should not be factored into the existing allowance rate. It is a separate issue which needs to be addressed separately.
8. Discussions with Immigration hasn't happened formally, but these concerns have been raised with Internal Affairs and INTAFF is looking at opening dialogue with Immigration and Health in the not too distant future to address these issues.

## Total number of Caregivers

9. On the question of how many recipients of caregivers allowance are there at the present stage the Director of Social Welfare informed the Committee that there are about 220 caregivers in the country, including those in the Pa Enea but the majority are based here on Rarotonga. The statistics are attached to this report as Appendix Two: INTAFF Exhibit 2.

## Foreign Caregivers as Beneficiaries

10. On the question of why exactly is Internal Affairs paying the caregivers as opposed the people that are requiring care, say for example a situation where a caregiver is from overseas and brought into the country specifically to take care of somebody, that person is paid for by the person that is receiving the care or the family of the person receiving the care, why is the caregivers allowance going directly to the caregiver?
11. The INTAFF officials responded that it is basically to pay the services of the caregiver for looking after this person for possibly up to three to five hours per day on a daily basis. So it's to pay for the services of the caregiver.
12. On the question of whether the caregivers allowance should go to the caregiver or the cared for, the Secretary of Health confirmed that the current policy dictates that it should go to the caregiver but what we have on the side of common sense also kicks in that this is not enough to pay anybody so either the family member of whoever is in charge of that family circle will say no, they get that but we will top it up with this amount and so this is what we are finding is happening or we are encouraging that. This is not sufficient to keep the caregiver under the care, in a situation. So usually the family will buffer it up so that they get a decent wage, they can make a salary that's worth staying in employment to care for this individual and that's been our experience that we have found but we have not gone in to say that this is the salary. This is the caregivers benefit understanding that it is not sufficient for a salary.

## Policy requires updating

13. With the original caregivers policy drafted 14 years ago it needs to be updated. In 2014 there was only one change and that was a ten per cent increase from \$150 per month to \$165.00 per month. In this regard, the INTAFF officials informed the Committee that a technical expert will be employed very shortly to review the current caregivers policy.
14. The officials also reiterated that the popular climate of social welfare and disabilities has changed over the last 20 years. Those receiving the old age pension are at different levels of capability. Some are healthier than others and it's basically those that are in a disability situation that allows for the caregivers. Not all old age pensioners have caregivers. Some are pretty fit while some are less fortunate with their health disabilities and it's through the caregiver's subsidy that this assistance is provided.

## A Pa Enuā example

15. Quoting an example from the Pa Enuā, the Acting Secretary of Internal Affairs stated that he travelled to Mangaia recently to carry out a review of Internal Affairs office operations there and amongst the findings he can say that Mangaia has a very aging population. Eighty percent of the old age pensioners are above 75 years old. Within that group there is a group that requires caregivers because of their health situation and as a result of my review and discussions with Mama Gill Vaiimene, it was noted that a carton of elderly adult nappies cost \$84. If the average use is three per day if you take that off the total caregivers allowance it leaves very little to carry on, in fact just \$66.
16. Based on this scenario, the recommendation by the Acting Secretary is that there be some assistance either by government subsidy for the elderly nappies or the removal of the VAT to assist not only our outer islands elderly recipients but also those on Rarotonga. So as stated before, recommendations are in together with a review of the whole policy.

## Prevailing conditions and emerging challenges

17. On the question of emerging trends influencing policy directions the Chair of the Destitute and Infirm Committee Mrs Elizabeth Iro stated that one key factor that crops up all the time is the family structure in the Cook Islands has definitely changed over time. Children not wanting to look after their elderly, children trying to by-pass the responsibility, husbands, wives trying to by-pass responsibilities, caregivers wanting to be paid to look after what used to be considered in the Cook Islands as family responsibility. That is what the Committee have definitely encountered in terms of the applications coming forward to the Committee for support, especially with the caregivers support.
18. As to key concerns, Mrs Iro explained that there are some concerning factors for the Committee when it sits to review applications. At the same time they are actually probably forced to relook at the whole financial income of that application. If somebody has applied for a caregivers benefit the Committee have looked to see what other sources of income is actually coming into

that unit. It's not within the policy but it's probably common sense that the Committee asks what are actually some of the incomes coming into this family so that the Committee can be fair in its allocation or in approval status.

19. Mrs Iro further explained that there are issues around how comprehensive the information is in the application. There have been cases where the Committee was forced to actually ask for more information and so applications are not actually just approved easily. It is quite concerning so there are probably some capacity building that's required in terms of the officers out in the field. So there's quite a wide range of issues that she has found in the time that she has been the Chair.
20. Mrs Iro agreed that the review of the policy is one way of trying to capture some of these issues and that the Committee are actually managing it well. It may require that this policy actually needs further public consultations in order to get the input of the people who are actually in the situation so the Committee is not just coming with one perspective in regards to the policy but she thought that having drafted the reviewed policy it's important that the Committee actually push that document out publicly because at the end of the day it's those individuals facing hardship out there that are coming to this Committee for support.
21. With regards to what else could be done to support the families that are in hardship especially with the elderly and the disabled who need the adult nappies the Secretary of Health informed the Committee that the Ministry of Health had some old and disabled people living in the Ministry of Health by default.
22. The Committee noted that the MOH have been looking after some individuals (at max about ten individuals) for over a period of 30 years in the hospital because nobody else wanted to take care of them and nobody claimed them to be their relatives and so the MOH managed that group as a family. They are there and if somebody needs a diaper because there were some in that group under sixty so there were some, the pensioners of course get more money and so we used to share the costs because we viewed them as a family.

### Importation of disposable nappies

23. According to the Secretary of Health, in finding ways where the MOH can get cheap nappies the Ministry actually ended up going directly to contacts in New Zealand and in a round-about way using MOH nurses who travel to escort patients to NZ to bring back bulk supplies of nappies. There could be a better way but the Ministry had to resort to the current practice in order to save money and conserve the money that these individuals had for their own upkeep.

#### **Recommendation 2**

*The Committee recommends that the Ministry of Health investigate viable opportunities to reduce the costs of supplying quality disposable adult-sized diapers to pensioners and those being cared for under the Caregivers Policy, including but not limited to:*

1. *the establishment of a competitive bidding process for the supply of disposable adult-sized diapers to the Ministry of Health;*
2. *the establishment of a subsidy programme to reduce the costs of purchasing disposable adult-sized diapers.*

## Dysfunctional families

24. The Committee also heard that there has been some dysfunctional families and MOH found that once the elderly patients died because their savings are still under their name, their benefits are also still under their name. Families had come back to ask where these people's money are which is very, very sad. In this regard, the Ministry of Health tend to use all their money so as a result all the Papas graves are tiled and they get a headstone. The MOH have been doing that in the time that Mrs Iro have been in this role as Secretary so that they get a decent burial which is made public but usually it's only the Ministry of Health who attends the funeral and Honourable Mau Munokoa has been to a couple of them as well.
25. Mrs Iro also advised the Committee that with no additional budget she had to sacrifice four registered nurses positions so that she could employ six compassionate nurses at a lower salary to look after the elderly. That's why she was reluctant right now to make it easy for families or individuals to stay in the hospital long term under that kind of arrangement. The MOH want to encourage families to look after their needy relations but families are in hardship and our cases have shown that there is some suffering. They do need some support and according to the Member from Murienua that it's a 24/7 care. When somebody needs this kind of care it's not just five hours and that's it. It's a 24/7 care – you pay for somebody for eight hours but somebody else within the family has to care for the next eight hours and the next eight hours. So it is not that simple.

## A means tested system

26. On the possibility that a means testing of the caregivers allowance is on the card the Secretary of Internal Affairs thought that was a good question but that's down the line and what's important is that INTAFF carry out the review for not only the caregivers policy but the whole welfare system including a cost analysis of the various benefits administered by the Ministry of Internal Affairs and a review of the quality of care in the homes as well as the quality of the caregivers.

## Training for Caregivers

27. On the question of trained caregivers Mrs Iro shared her experience, sometimes it's very difficult to get a caregiver especially for the elderly because they are very particular. They don't want anybody else, they want this person and this person alone. So no matter if you are trained, they will probably insist and that's another difficulty that gets impacted on the family trying to find the right person to be a caregiver.

28. Just for the Committee's information Te Vaerua maybe about three years ago, four years ago they actually ran a training course. They had some funds, they were able to train caregivers because this concern was raised that we need people to have had some kind of basic training but when the funds run out you can't keep training but I think Te Vaerua did the first and has a study programme that was suitable for Cook Islands people but I am not sure but again it's about funding that to happen.

29. Around nine people have undergone this training but with the lack of funding they may have moved on to other things.

### Mangaia Mobile Carers Programme

30. The Chairman stated that when he was on Mangaia for the Family Law Bill consultations he was approached by Mrs Gill Vaiimene who mentioned the mobile caregivers for the old people in Mangaia and they have been doing very well with that programme. Now they ran out of funding they weren't able to continue.

31. Mrs Vaiimene wanted the Chairman to take this matter to the government to fund these nurses so they can continue with the care of the old people in Mangaia. At that time they just stopped because there's no funding available through the Ministry of Internal Affairs.

32. The Committee heard from the Speaker of Parliament after speaking with Mrs Vaiimene that they have received a sum of \$35,000 to continue the programme.

### **Recommendation 3**

*The Committee recommends that the Ministry of Internal Affairs and the Ministry of Health collaborate to seek funding to enable the replication of the Mangaia Community Mobile Carers Programme in Rarotonga, Aitutaki and any other island requiring such services.*

### The Social Impact Fund

33. Responding to a question from the Chairman whether INTAFF has funding available to support such programmes in Mangaia including the Disability Committee and the Vulnerable Committee the Acting Secretary of INTAFF advised that under the Social Impact Fund there are funds available, but these are contestable.

### Asian Development Bank Funding for Projects

34. The Director of Social Welfare reported on two projects in 2012 when INTAFF had the ADB project in place so part of that project ADB gave a three year funding to some organisations so Te Vaerua was one and they did the caregiver training and also employed some caregivers on Rarotonga so there were ten caregivers and at each time these caregivers needed to look after

four people each so there were forty people that were looked after at one time by these caregivers but then some passed away so a new one came on so in the end these caregivers looked after quite a few people over the three years.

35. Also part of that ADB funding was the elderly which is the one referred to by the Hon. Member in Mangaia and there was also the same caregiver programme on the island of Mauke. There was a meals on wheels programme in Atiu and there was also meals on wheels programme in Aitutaki which came on during the second year of the project.
36. In 2014 this ADB project ceased and Mangaia and Mauke applied for the Social Impact Fund to continue this service so for the last two years Social Impact Fund has continued the funding of these two caregiving services on Mauke and Mangaia.
37. The project on Rarotonga has ceased. Te Vaerua hasn't picked it up so there is no more caregiver programme of that sort funded outside of government on Rarotonga. So it's just Mangaia and Mauke currently funded by Social Impact Fund.

#### Support to local families employing foreign caregivers

38. The further question was raised by the Deputy Chairman of what other assistance could be given these families that were bringing foreigners from overseas to take care of their old people that they couldn't look after themselves.
39. In terms of the caregivers allowance, the Deputy Chairman asked whether it would be something that INTAFF would consider that the \$480 which is currently charged by Immigration is totally separate from INTAFF office functions is something that can be used through the caregivers allowance being paid to the 'cared for' as opposed to the caregiver in these circumstances so that money could be used to pay for the \$480 per annum for the work permit?
40. In response the Acting Secretary of INTAFF pointed to two issues that needed clarification – one is funds going to the beneficiary and that's the old age pension and the other is financial assistance going to the caregiver who is looking after the old age pensioner depending on his or her disability. There's two distinct financial assistance programmes here and once we understand that then we can probably analyse the dynamics of it.

#### The new trends

41. The Deputy Chairman reiterated the trend as the Secretary of Health mentioned that there is a greater trend for people not to be looking after their family members. It's a big social change we know that's happening all over the world. People obviously getting a lot more selfish that's the way things are. Unfortunately we can't change it but we need to try and manage it.
42. So what is the trend at the moment in terms of more and more people coming in or less people coming in from overseas to take care of aged or people with disabilities on Rarotonga or the

Cook Islands. Is that trend going to increase and if that trend is going to increase then we need to start doing something about it in terms of policy direction from INTAFF and from the Health Ministry how we can go about assisting it, making it easier for those people that need assistance because if that trend is existing we need to have a far reaching plan as well.

43. The Secretary of Health highlighted an issue that's been heavy on her mind in terms of our social responsibility for our elderly and our disabled. Right now we don't have, because there's been this persistence that we are not a country that encourages aged care facilities, care of the elderly. She has been pushing that we should consider it because she has seen this change in family structure being dysfunctional over time that this is something that government should want to do to actually look into supporting an aged care facility and disability care facility. Then the support for caregivers would be within the confines of that bigger picture.
44. The Committee further heard that Internal Affairs have done some reviews around options, around aged care. INTAFF haven't come to a conclusion or an agreement which is the best option only because of this persistence still that we are not a society like that.
45. Cook Islands culture prohibits that way of thinking and the Secretary of Health challenges this culture because she is seeing it and like she has expressed to the Committee the thirty years that the Ministry of Health has by default been this aged care facility and like Honourable member Mau Munokoa was saying it's in the basement, nobody else sees it. It was kind of hidden but actually it did exist and maybe the issue for the Committee maybe around what should be the bigger picture for the government to look at. Should it be about funding an aged care facility where then all this would come into play the caregivers would come into play in terms of that overall package so you are employing somebody to care for the aged?

### The Disability Act and the Prison

46. In terms of the Disability Act, the Deputy Chairman maintained that, because there is this notion that exist in the Cook Islands that we have Acts in play but it's not really administered at all and the Disability Act dictates that we keep our disabled people not in a facility proper for disabled people but we put them in the prison system.
47. The Secretary of Health responded that, that wasn't correct. If we look at the mental health, the mental health patient who are aggressive and very psychotic and needs to be managed in a secured environment the Mental Health Regulation has given the Minister the authority to designate an in-patient treatment centre.
48. Now in the absence of a secure unit, we have used the Prison as an in-patient treatment centre on two occasions. We have never used it for disability, only for the mental health aggressive cases and until they are actually medicated then we take them back up to the hospital. That's the only time that I'm aware of that we have used the prison but I think we have only taken an order twice that I'm aware of, that we used the Prison as an in-patient treatment centre.



## The aging population

49. We need more data on the aging population. Unfortunately we haven't got that before us but that can be provided to the Committee. Once that data is looked at we can easily extrapolate what the health and medical services burdens will be and also the care services.



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MR MONA IOANE, MP  
CHAIRMAN

## CHAIRMAN'S ACKNOWLEDGEMENT

1. Acting Secretary of Internal Affairs Mr Paul Allsworth, Director of Social Welfare Ms Ngatuaine Maui, and Secretary of Health (also Chairperson of the Destitute and Infirm Committee) Ms Elizabeth Iro for their cooperation in taking the time to appear before the Committee and for submitting the various exhibit documents requested by the Committee.
2. Committee members, Mr James Beer MP (Deputy Chairman), Mr Tekii Lazaro MP, Mrs Ngamau Munokoa MP, Mr Tai Tura MP and Mr Tangata Vavia MP for the collaborative and non-partisan way in which they have worked together.
3. Parliament Executive Team of Speaker Mrs Niki Rattle, Clerk Mr John Tangi and Deputy Clerk Mrs Helen Maunga for their solid support of the Committees work.
4. Head of Hansard, Hansard Staff and the rest of the Parliamentary Services Staff for all the technical and administrative support provided to the Committee.
5. Committee Clerk, Mr Tangata Vainerere, for his guidance, technical support and production of the Committee's report to Parliament.
6. Media agencies who were represented at the hearing, including Cook Islands News, Cook Islands Television and Te Kave Korero Programme as well as members of the general public who were present at the hearing.
7. UNDP Pacific Office for its ongoing funding support to the Committee.
8. Consultant Rob Oakeshott for empowering the Committee and the Secretariat with his immense technical knowledge and vast Committee experience.

## APPENDICES

### Appendix One: INTAFF Exhibit 1 - Caregivers Policy

# CAREGIVERS POLICY

## NOTES

- *The following Draft Policy is adapted from the 2003 version (in black) with additional criteria (in blue) to include issues which have become prevalent since the implementation of the original policy.*
- *The draft policy to be implemented as soon as practicable and further amendments may be made pending the recommendations of the Welfare Review and work of the JFPR team.*
- *Italics is the maori translation to assist our maori speaking beneficiaries.*

### **CARE-GIVERS POLICY– KAVEINGA NO TE MONI A TE ARONGA TIAKI (DRAFT 4) - 05/04/12**

#### **Purpose**

This form of financial assistance came into effect in July 2003 as a result of public enquires on a number of Cook Islands elderly beneficiaries and those with permanent disabilities who completely require day to day care from individuals within the community.

The Policy takes into consideration the task of caring for children with disabilities. They are classified as beneficiaries also. Some parents with disabled children have had to cease full time employment to care for their disabled child. The caregivers allowance should be available to them to assist in the care of their child, the purchase of everyday essentials like nappies and learning aids especially designed for children with disabilities.

At present the care-givers allowance is NZ \$150.00 per month, payable twice monthly at a rate of NZ\$75.00 and is paid directly into the care-givers bank account with the Bank of the Cook Islands.

1. The Caregivers Allowance is a form of financial assistance for elderly **beneficiaries living in the Cook Islands and those** with permanent disabilities who require day to day care from individuals within the community.

*Ko te moni a te **aronga tiaki** ka riro te reira ei tauturu I te au Metua pakari e noo nei I te Kuki Airani, pera te au **aronga pakipakitai** te ka anoano I te tauturu I te akono ia ratou I te au ra ravarai mei ko mai i tetai uatu Tangata I roto I to ratou matakeinanga.*

2. The care-giver shall be an adult person approved by the family of the concerned beneficiary. **Where the beneficiary is able to decide on the appropriate person to be their caregiver, they may exercise their right to do so.**

*Ko te Tangata tiaki, e aronga mamaata te reira kua akatika te kopu Tangata e nana e tiaki I te Tangata apikepike.*

*Me ka rauka I te Tangata apikepike I te iki e koai te Tangata tano no te tiaki iaia, ka oronga ia teia tikaanga ki aia.*

3. A formal letter of consent must be received from the head of the family confirming the name, date of birth and passport of the person approved by family members, to be the caregiver.  
*Ka anoano ia tetai peapa akapapu mei ko mai I te kopu Tangata o te Metua pakari me ko pakipakitai I te akakiteanga e kua ariki te kopu Tangata e ko teia ta ratou Tangata I inangaro ei tiaki I to ratou Metua, me kore Tangata pakipakitai. Ka anoano ia te ingoa, ra anauanga e te numero passport o teia Tangata nei.*
4. The Caregivers allowance shall include persons who are looking after the wellbeing of elderly people who are recipients of an overseas pension or other welfare support allowances and are very sick and unable to look after themselves.  
*Ka o mai rai te aronga e tiaki nei I tetai Metua pakari e ko'i nei I te moni pakari a Nuti Reni, e kua apikepikete kopapa e kare e rauka ia ratou I te akono ia ratou uorai.*
5. The duration of the care-giver benefit shall be for the term of the natural life of the beneficiary. When the beneficiary dies, leaves the country or the physical and mental state of the beneficiary improves so that full time care is no longer necessary, the payment for the caregiver ceases.  
*Ka ko'i'ia te tangata tikai I tana moni tiaki I te tuatau e noo apikepikete ra tana Tangata e tiaki ra. Me mate te Tangata e tiaki ia nei, akaruke I te basileia, me kore meitaki mai tona turanga apikepikete e kare aia e anoano akaou I tetai Tangata ei tiaki iaia, ka mutu te moni a te Tangata tiaki.*
6. The care-giver allowance shall not be awarded to a person in full time employment.  
*Kare e tika I tetai uatu Tangata e angaanga nei kia koi I te moni a te aronga tiaki.*
7. Where there is more than one beneficiary living in the same household requiring a care-giver the confirmed caregiver's allowance will increase accordingly.  
*Me rua Tangata makimaki e noo nei ki roto I te ngutuare Okotai, ka koi rai te Tangata tiaki e rua me kore e toru tuanga moni.*
8. A person shall be permitted to be the approved care-giver for up to 2 beneficiaries and not more. This is to ensure they provide the minimum time and quality of care required for each beneficiary.  
*Ka tika I tetai uatu Tangata kia riro mai aia e tiaki no tetai nga Tangata kare e maata atu I te rua. Ka anoano ia kia oronga aia I te tuatau tau no te akono meitaki anga I te Tangata maki.*
9. In special cases where a person is requested to care for a third person, the Destitute and Infirm Committee is required to consider the following:
  1. The physical status of the caregiver – they must be strong and healthy enough to provide care for 3 persons.
  2. The standard of care is to an acceptable level*I te au atianganga e ka anoanoia tetai Tangata tiaki kia akono e toru Tangata, ka inangaro ia te Kumiti kia akara I teia au akanoonoanga:*
  - *Te turanga o te Tangata tiaki – kia Matutu e te maroiroi tona kopapa no te tiaki atu anga I teia aronga e toru*
  - *Kia meitaki te turanga o te akonoanga I teia au aronga nei.*

10. The approved care-giver must be committed to care for the concerned beneficiary for a minimum of two (2) hours per day and a minimum of four (4) days per week.

*Ko te Tangata tiaki ka anoano ia aia kia akono I te Tangata makimaki e rua ora I tera, me kore maata atu, pera e a ra I te epetoma me kore maata atu.*

11. Duties of the approved care-giver shall include:

- Cleaning the beneficiary's bedding
- Bathing the concerned beneficiary
- Washing the beneficiaries wet and dry clothing
- Keeping the beneficiary's area in the household clean, tidy and in good order during his/her daily hours of duties
- Cook for and feed the beneficiary concerned
- Maintain, assist and monitor medication intake for the concerned beneficiary
- Assist with the basic exercise where possible and suitable for the concerned beneficiary.

*Te au angaanga ka anoano ia kia rave te Tangata tiaki koia oki:*

- *Akono I te ngai moe'anga o te Tangata apikepikē*
- *Akapai I te Tangata apikepikē*
- *Pu'a I te kakau mau e te maro o te Tangata apikepikē*
- *Tama a roto I te are me kore pia o te Tangata apikepikē kia vai ma ua rai te reira. Kia rave ia teia I te tuatau e akono ra aia I te Tangata apikepikē*
- *Tunu I te manga a te Tangata apikepikē pera te angai anga iaia*
- *Akaainu I te Tangata apikepikē ki tona vairakau*
- *Tauturu I te Tangata apikepikē I te akaetaeta anga I tona au uaua kopapa me kua anoano ia teia e te taote.*

**Qualification criteria – Beneficiary – Au akanoonoanga no te Tangata apikepikē ka tau kia tiaki ia**

12. An elderly citizen living in the Cook Islands receiving either the Cook Islands old age pension or an overseas pension

*E Tangata pakari e noo nei ki roto I te Kuki Airani e te koi nei I te moni pakari a te Kuki Airani me kore te koi nei I te moni pakari a tetai enua mei vao mai.*

13. A permanently disabled beneficiary mentally or physically, (this includes children with disabilities on the child benefit and who do not qualify because of age for the infirm benefit)

*E Tangata pakipakitai me kore kua tu ia te maki manako. Ka o mai te au tamariki tei tu ia teia nga maki nei e te koi nei I te moni tamariki, no te mea kare ratou e tika kia koi I te moni pakipakitai.*

14. The pensioner or permanent disabled beneficiary is partially or completely immobile due to his/her physical status

*Ko te Tangata pakari me kore te Tangata pakipakitai kare aia e rauka I te neke no te i tona apikepikē kopapa*

15. Unable to look after themselves in terms of cleaning bed, cooking, bathing, feeding himself/herself, household cleaning, medication intake etc

*Kare e rauka I teia Tangata apikepika I te maani I tona roi, akapai e te angai iaia uaorai, tama I tona pia me kore ngutuare pera I te inu I tona vairakau.*

16. A Doctor's certification of the beneficiary's requirement of a care-giver to look after the concerned beneficiary's wellbeing. The Doctor's certification must also include the current status of the concerned beneficiary and his/her (Doctor's) recommendation.

*Ka anoanoia tetai peapa akapapu mei ko mai I te taoate e kua apikepika te turanga o teia Tangata e ka tau rai aia kia oronga ia tetai Tangata tiaki nona. Kia akakite mai rai te taote I runga I teia peapa akapapu eaa tana akakeu'anga me ka tau rai kia oronga ia tetai Tangata tiaki no teia taeake.*

**Process for applying for a Caregivers Benefit – Au takai'anga no te patianganga I te moni a te aronga tiaki**

17. The appropriate application forms are completed by the Caregiver. A medical report is required to accompany the application. The report includes the medical practitioner's support for the beneficiary to have full time care.

*Ka akaki te Tangata tiaki I te au peapa tei anoanoia kia akaki aia. Ka anoanoia kia topiri ki teia peapa patianganga tetai peapa mei te taote no te akakiteanga I te turanga o te Tangata e anoano nei I tetai Tangata tiaki nona. Tei roto I teia peapa te akakiteanga me ka turu rai te taote kia akono ia teia taeake.*

18. The completed forms are submitted to the Destitute and Infirm Committee for approval. The Committee meets on the last Friday of each month to consider applications

*Ka oronga ia te au peapa patianganga ki te Kumiti o te Matiroiroi e te aronga pakipakitai no te tukuanga tika. E uipaanga ana teia Kumiti I te au Ruirua openga o te au marama*

19. Applicants are notified **seven** working days following the meeting of the outcome of their application.

*E rua ra I muri ake I te uipaanga, ka akaite ia mai me kua puapinga ainei taau patianganga*

20. If the application is successful, payment is back dated to the date of application.

*Me kua ariki ia taau patianganga, ka tutaki ia koe mei te ra I tuku mai ai koe I taau patianganga. Ka*

21. Each application shall be subject to a 2-test system based on:

1. The high care needs of the beneficiary – is the applicant bedridden or wheel chair bound and unable to provide personal care for themselves. As opposed to someone needing less care such as cooking meals and the supervision of medication intake. Do they need more than 5 hours care? The condition of the applicant is determined by a doctor's medical report.
2. Resources of the beneficiary – Does the applicant have the financial means to pay for a full time caregiver? Are there family members available to share the task of caring for this person?

## Appendix Two: INTAFF Exhibit 2 - Number of people receiving Caregivers Allowance

	<b>ISLAND</b>	<b>CAREGIVERS</b>
1	Rarotonga	70
2	Aitutaki	15
3	Mangaia	10
4	Atiu	5
5	Mauke	7
6	Mitiaro	10
7	Pukapuka	16
8	Penrhyn	8
9	Manihiki	2
10	Rakahanga	5
	<b>TOTAL CAREGIVERS</b>	<b>148</b>