**COOK ISLANDS POLICY ON AGEING 2012-2017**

**Background**

The proportion of people aged 60 years[[1]](#footnote-1) and over has increased in the Cook Islands in recent years, from 9.2% in 1996 to 12.6% in 2011. This is the result of several factors including a falling birth rate; high levels of emigration, especially of young people; and improved health care which has resulted in people living longer. This trend is expected to continue.

Table 1 below clearly shows other indicators of an ageing population such as the increasing median age, which has risen from 22.9 in 1996 to 27.5 in 2006. UNFPA projects that the proportion of older persons in the Cook Islands will be 15.5% in 2025 and 22.8% in 2050.[[2]](#footnote-2) The Cook Islands Census Report 2006 predicted that ‘the population aged 60 and older will be significantly larger than 1,711 in 2006, and will be 17-21% of the total population. Therefore the population will grow older regardless of which projection variant is used, as is expressed in the median age, which will increase from 27.5 years in 2006 to between 31 and 36 years.’[[3]](#footnote-3)

**Table 1: Cook Islands demographic data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1996** | **2001** | **2006** | **2011** |
| Total population | 19,103 | 18,027 | 19,342 | 17,791\* |
| % above 60 years of age | 9.2 | 10 | 11 | 12.6 |
| Number 80 years of age or older | 149 | 139 |  | 182\*\* |
| 80+ year olds as % of older persons | 9.4 | 9.0\*\*\* |  | 8.0 |
| Median age | 22.9 | 25.3 | 27.5 |  |
| Life expectancy at birth (males)[[4]](#footnote-4) | 68.4 | 68.2 | 69.5 |  |
| Life expectancy at birth (females)[[5]](#footnote-5) [[6]](#footnote-6) | 71.5 | 74.3 | 76.2 |  |
| Age dependency | 79 | 79 | 72 |  |

Source: Census data

\* Includes visitors. 2011 census data is provisional

\*\* Over 79

\*\*\*Mid 1999 (SPC estimate)

Demographic data also indicates that women live longer than men by some six years. In the 2006 Census, there were 848 men and 863 women over 60 years of age and 172 men and 187 women over 75 years of age. The same census found that at age 65 and older, only 20% of males were widowed, compared with 44% of females.[[7]](#footnote-7) This implies a higher level of dependent older women who may be vulnerable to poverty. Another gender implication is that women are typically the main care-givers of older persons and many older women provide care to both spouses and grand-children. This may limit their participation in the formal economy thus leaving them with few assets or savings.

This situation is not unique to the Cook Islands: it is a global phenomenon where the world population is rapidly growing older. There are many implications to an ageing population including the need for specialised health provision; the need for income support and for care-giving. In the Cook Islands context, concerns have arisen over older persons who do not have family members to care for them; older persons residing in the geriatric ward of the hospital for prolonged periods; and the relative lack of support for care-givers who are looking after family members in their homes. High levels of emigration to New Zealand and Australia have diminished the number of family members available to care for older relatives. It is not uncommon for people who have been in New Zealand or Australia for many decades to return to the Cook Islands to retire. In addition, some non-Cook Islanders have retired in the Cook Islands.

The population distribution of older persons shows that almost 70 per cent live in Rarotonga and the rest are in the *Pa Enua*, the outer islands of the country. Some of the *Pa Enua* have a relatively high proportion of older persons in their population as shown in Table 2. This has implications for the provision and accessibility of services, especially health services, to ensure that all parts of the country are well served despite geographical remoteness.

**Table 2 Distribution of Older Persons in the Cook Islands, 2011**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Island** | **Total population** | **Number of over 60s** | **Number of males over 60** | **Number of females over 60** | **% of over 60s in each island** |
| Rarotonga | 13,097 | 1,568 | 817 | 751 | 11.9 |
| Aitutaki | 2,035 | 281 | 140 | 141 | 21.9 |
| Mangaia | 573 | 126 | 62 | 64 | 13.8 |
| Atiu | 481 | 84 | 39 | 45 | 17.4 |
| Mauke | 307 | 61 | 30 | 31 | 19.8 |
| Mitiaro | 189 | 27 | 12 | 19 | 16.4 |
| Manihiki | 243 | 24 | 11 | 13 | 9.8 |
| Penrhyn | 203 | 18 | 10 | 8 | 8.8 |
| Rakahanga | 77 | 12 | 6 | 6 | 15.5 |
| Pukapuka | 453 | 38 | 19 | 19 | 8.3 |
| Nassau | 73 | 3 | 1 | 2 | 4.1 |
| Palmerston | 60 | 8 | 3 | 5 | 13.3 |
| **Total** | 17,791 | 2,254 | 1,150 | 1,104 |  |

Traditionally older people are revered, respected and held in high esteem for their age, wisdom, knowledge and the advice they give. On the islands of Pukapuka/Nassau those 80 years and over are bestowed the honorary title of *Wola* meaning they have attained the highest peak in life whilst honouring their wisdom and experience. Overall, the advice and knowledge of old people is much sought after on matters pertaining to land, family, community, health practices particularly local medicine, and primarily in all aspects regarding to the overall well-being of individuals and the community. The *Aronga Mana* (traditional leaders), made up of older people, make and enforce rules for peaceful and harmonious existence amongst the people and with other communities. They also put measures in place for sustainable food security and conservation known as the *Raui*. They hold a wealth of valuable knowledge passed down from generations and passed on through music, songs, dance and stories. Today, the *Aronga Mana* plays an important role in giving advice to Government on cultural, traditional and other matters of national importance, such as Cook Islands Marine Park.

An ageing population presents social and economic challenges to governments. Often out of the economic active work-force, older persons need to have the means or assistance to meet their basic needs. A shrinking proportion of the population in the working age group creates higher dependency levels. The Cook Islands‘ dependency ratio in 2006 was 72, meaning that for every 100 people of working age, 72 people were in the age dependent category. The higher the dependency ratio, the higher the number of people that needs to be cared for by the working age population, and of this group, only those who actually work and earn a living. The dependency ratio has decreased since the 2001 census when it was 79. Based on the population structure of the different region/island populations, the age dependency ratios of the different regions/islands vary accordingly. The most favourable dependency ratio can be found in Manihiki and Rarotonga with only 58 and 65 dependent people per 100 people of working age respectively. Dependency ratios were much higher in Mangaia, Mitiaro, Pukapuka, and especially Palmerston where the age dependency ratios was 148, meaning that there were almost 50% more young (0–14 years) and old people (60 years and older), than people aged 15–59.[[8]](#footnote-8)

There is a close relationship between ageing and disability. The 2006 Census found that the proportion of people with a disability increased with age and from age 45 the proportion of the population with a disability increased continuously until it reached about 33% of the population aged 75 and older.[[9]](#footnote-9) There are thus many aspects of the Cook Islands National Policy on Disability that are applicable to older persons, in particular training and support for care-givers; access to buildings and public spaces; prevention measures and caring for the most vulnerable including women and girls. Much can also be learned from the structure and operations of the Cook Islands National Disability Council and its working relationships with Government and NGOs.

Health needs change as people age, which has implications on the health system as more and different specialised services are required. Major chronic conditions affecting older people world-wide include: cardiovascular diseases (such as coronary heart disease); hypertension; stroke; diabetes; cancer; chronic obstructive pulmonary disease; musculoskeletal conditions (such as arthritis and osteoporosis); mental health conditions (mostly dementia and depression); blindness and visual impairments; deafness and hearing impairments.[[10]](#footnote-10)

Older persons in the Cook Islands receive a pension and potentially other state benefits. While lower than benefits received in New Zealand or Australia, it is a comprehensive system compared to other Pacific Island countries. The sustainability of pensions as well as the projected increase in the number of pensioners presents a challenge to the Government especially given the relatively low numbers of those in the working population. A list of benefits is at Annex 3. A very small number of people receive a pension from the contributory Cook Islands National Superannuation Fund (CINSF)[[11]](#footnote-11), which was established in 2000.

 There are currently a number of initiatives that assist older persons from both Government and civil society organisations. In some cases, civil society organisations receive grants from Government to partially support their operations. These initiatives are listed in Annex 2. These initiatives have been ad hoc; working in isolation from each other; and serving relatively small numbers of older persons mainly in Rarotonga. One of the purposes of the Cook Islands Policy on Ageing is to coordinate existing activities, avoid duplication and to enhance effectiveness.

There is a need to promote the value of care-giving and to coordinate family and Government support and responsibility for care work. Different agencies in the Cook Islands had plans to develop training for care-givers, both family and paid, and this training needs to be coordinated and standardised.

In 2010, as part of a loan package from the Asian Development Bank, a review of the Cook Islands welfare system was undertaken for the Government. The central concerns of that review were the continued appropriateness, adequacy and affordability of benefits, and, where appropriate, their targeting.[[12]](#footnote-12) Recommendations were made and these have been discussed in public consultations throughout the country. Early indications are that there is little appetite for any reduction in benefits, such as the removal of the $50 annual Christmas bonus.

The issue of ageing was recognised in the Cook Islands National Sustainable Development Plan (NSDP) 2011-2015, which as part of its Objective 5: ‘Cook Islanders share a strong national identity and sense of belonging’ states that ‘our elderly are acknowledged for their contributions to society and are looked after’.[[13]](#footnote-13) Concerns on the situation of older people and recognition of the importance of the issue led to the formation of an inter-agency committee in 2010.

The Committee for Action on Ageing[[14]](#footnote-14), spearheaded by the Office of the Prime Minister, has led the policy development process with technical assistance provided by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP). The Committee with the UNESCAP technical adviser undertook consultations in April 2012 to obtain information from a wide range of stakeholders and in particular to ascertain the views of older persons and to assess their needs. This included a public consultation on 16 April 2012 that was attended by some 80 people including many older persons. A draft plan consulted upon throughout the country before finalisation. Numerous comments were received and incorporated.

The Cook Islands Policy on Ageing is aimed at responding to the emerging needs of its older population. Through this policy, the Government endeavours to improve the living conditions, health, welfare, and general quality of life of older people in the Cook Islands both now and in the future. If ageing is to be a positive experience, it must be accompanied by continuing opportunities for health, participation and security as articulated in the Madrid International Plan of Action on Ageing:

It is essential to recognise the ability of older persons to contribute to society by taking the lead not only in their own betterment but also in that of society as a whole. Forward thinking calls us to embrace the potential of the ageing population as a basis for their future development.[[15]](#footnote-15)

While the Ministries of Health and Internal Affairs will be the key Ministries in implementing this policy, there needs to be a multi-stakeholder approach to include all of those who are involved in the care and concerns of our older persons. Churches and non-governmental organisations (NGOs) that are currently engaged in working with older persons will continue to be key stakeholders. The private sector is a key partner that can both contribute to and benefit from supporting initiatives for older persons such as the introduction of a Gold Card and encouraging the employment of older persons. The active participation of older persons in this process is essential and the formation of older persons’ groups and the inclusion into all decision-making bodies are key components of this Policy. Older persons must be empowered to influence the agenda for their own welfare to ensure ownership and the effectiveness and sustainability of this Policy.

A National Council for Older Persons comprising high-level representatives from key Ministries; civil society; the private sector; older persons and representatives from the *pa enua* will need to be established as an advisory body and importantly, to oversee the implementation of the Policy. The National Council will be accountable to the relevant Minister. Terms of Reference articulating the role and responsibilities of the National Council and its composition will need to be developed following endorsement of this Policy. Eventually the existence of the Council may be included in legislation.

In accord with the Constitution of the Cook Islands that guarantees the human rights of all people, as well as other human rights conventions that have been ratified, this is a rights-based policy that takes into account the rights, needs and preferences of older persons. There is currently no specific legislation on older persons in the Cook Islands. The Policy takes into account a number of key national and international plans, agreements, mandates and conventions, listed in Annex 4.

This Policy is part of a broader agenda to develop social protection polices to ensure that all Cook Islanders, including vulnerable groups, can enjoy active, healthy and quality lives.

**The situation of older persons in the Cook Islands**

The group of citizens aged 60 and over is not a homogenous group. There are widely varying socio-economic circumstances; living conditions; levels of health and mobility as well as different levels of family support. Many aged between 60 and 70 are still independent and active. The 2006 Census found that 27% of those aged 60 years and over was still in the labour force: 34% and 21% for males and females respectively, indicating that many older people keep providing economically for their households and families. Most of those economically active are in the 60-70 years age-group and this declines rapidly after 70 years of age when dependency increases, as shown in Figure 1 below. At 80 years of age, there is increased vulnerability and greater likelihood of health problems.

**Figure 1: Resident population aged 15 and over by age, sex and labour force participation, 2006[[16]](#footnote-16)**



Cook Islanders traditionally took care of their older family members but migration has resulted in the loss of family support in many cases. While there is still general respect for older persons and little perceptible discrimination, there is widespread agreement that social and economic changes in the past half century have brought lasting changes to the family structure. Fewer families live as extended families than previously and more as nuclear households. In Rarotonga particularly, it is common for both husband and wife to work in outside employment in order to meet their growing needs and expectations, leaving a vacuum for both child-care and care of the elderly. The 2006 Census found that 77% of families live in nuclear families (husband, wife and children) and 11% live in multi-generational families. Only 1%, or 116 households, had grandparents resident with a family.[[17]](#footnote-17)

Despite these changes, many families do endeavour to care for their older family members at home, as there is little alternative. Older people often prefer to live independently in their own homes as long as possible.[[18]](#footnote-18)

The roles and responsibilities of families and Government are changing in regard to the care of older people with Government taking a more active role than in the past, for example by providing a pension and care-givers’ allowance. Consultations for this policy showed that there is widespread agreement that more support is needed for those who care for older persons at home. The Ministries of Health and Internal Affairs report, however, that cases of extreme neglect are rare.

Although there is an expressed need for more social day centres for older persons, existing centres are not used to their maximum. There is some reported stigma associated with attending day centres, as with mental illness, disabilities and incontinence. Those who live with these conditions may shy away from social interaction. The more effective use of existing services is an objective of this Policy.

Consultations with older people in the preparation of this Policy found that there are many relatively small yet practical areas that Government and civil society could address to make the lives of older persons easier. For example, transport is an issue especially to reach appointments at the hospital and a system of volunteers may be able to be arranged to assist. More and better footpaths would enable older persons to walk and exercise safely. The removal of duty and /or subsidies on adult diapers would relieve a major expenditure item.

Currently there is no residential home for older persons. Consultations for this policy revealed some views strongly in favour of the establishment of such a facility while others believed that it would not fit well with Cook Islands culture. Preliminary discussions have taken place in the community but it is a topic that will require further discussion around options as it would involve considerable cost implications. Indications are that land has been donated for a residential home, which is a positive start in the process.

**The Vision of the Cook Islands Policy on Ageing is:**

A healthy, empowered and active older population supported to live a quality life with dignity and respect.

**Objectives**

The objectives of the policy are to:

* Ensure improved coordination of services for older persons;
* Ensure that services for older persons, including older persons with disabilities, are affordable, accessible and appropriate;
* Facilitate better utilization of existing services;
* Enhance the range and geographic distribution of services;
* Integrate the needs of older persons in all Government policies and sector plans;
* Ensure the participation of older persons in monitoring the implementation of this Policy and decision-making at all levels; and
* To protect the rights of older persons in the Cook Islands.

**Overarching principles / values**

* The core values and principles of Cook Islands traditional culture are fully recognised.
* The contribution of older people to social, cultural, economic and political development is recognised.
* The human rights of older persons are respected and upheld.
* Older persons are able to live a valuable healthy life with dignity and respect.
* Older persons are entitled to care by the family, community and the State.
* Older persons can participate in society in a meaningful way.
* The needs of older persons with disabilities are taken into account.
* The special needs of older women and of women as primary care-givers are acknowledged and taken into account.
* All parts of the country, including the special needs of the *pa enua* are included.

**The policy is articulated in nine priority areas with key actions for each area**

The nine priority areas of the policy and the actions within these areas will guide efforts towards reaching the vision of ensuring that our citizens can lead a quality life with dignity and respect. The action plan that follows this policy in Annex 1 sets out which agencies will lead on each action and the expected time-frame for implementation.

The Committee for Older Persons will monitor the implementation of the Policy on Ageing on an ongoing basis. An independent mid-term evaluation will be conducted in 2015 to assess the effectiveness of the policy and the status of implementation. The mid-term evaluation may recommend changes.

**Priority area 1: Enhanced coordination of services for older persons and the establishment of a Committee for Older Persons (Rau Ti Para Kumiti)**

One of the purposes of this policy is to coordinate existing services for older persons, including those with disabilities, and to enhance their effectiveness, levels of participation and scope. Coordination is necessary between government ministries, especially Health and Internal Affairs; with and between non-governmental organisations including churches; and with the private sector.

A key to the success of this process will be the establishment of a Committee for Older Persons to oversee and ensure that the policy is implemented. There will also need to be a full-time civil service position in the Ministry of Internal Affairs (INTAFF) to coordinate activities on an ongoing basis.

**Objectives:**

* Committee for Older Persons (Rau Ti Para Kumiti) established to be responsible for overseeing policy implementation; coordination of services and championing issues of older persons.
* Efficient delivery of services to older persons.

**Key actions**

1.1 Establishment of a Committee for Older Persons.

 1.2 Establishment of position in INTAFF to oversee and coordinate policy on older persons.

1.3 Compilation and publication of a community directory on all services available for older persons, including a section on services for older persons with disabilities.

**Priority area 2: Improved integration and participation of older persons in decision making and community affairs including the establishment of older persons’ groups**

Older persons are encouraged to participate actively in society, particularly in the implementation of the Policy on Ageing. It is important that older persons are empowered to engage in a meaningful way in the Committee for Older Persons. In addition, the establishment of older persons groups can serve an important social function as well as providing a platform for lobbying and advocacy for protecting the rights of older persons.[[19]](#footnote-19)

**Objectives:**

* Older persons remain integrated in society, participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations.

**Key actions**

2.1 Participation of older persons on the Committee for Older Persons.

2.2 MOE to institutionalise a role for older persons as a pool of adjunct teachers to help in schools in areas such as culture, crafts, reading, Maori language.

**Priority area 3: Support for families to provide quality care for older persons**

The family is the key care-giving institution in the Cook Islands. While families do their best to care for their older members, they often need support and assistance, which can enhance the quality of care and provide respite to the care-givers. Care-giving can also be a paid occupation and there needs to be uniform training and minimum standards set.

**Objectives:**

* Older persons benefit from family and community care and protection in accordance with Cook Islands cultural values.
* Families receive support to enable them to provide quality care to their older family members.
* The families of older persons with disabilities receive required support.

**Key actions**

3.1 Provide training for care-givers.

3.2 Establishment of pool of trained care-givers.

3.3 Establish home-care and nursing services under ADB-JFPR funding.

3.4 Expansion of meals on wheels scheme.

3.5 Develop minimum standards of care for services and programmes for older persons.

3.6 Provision of support for families to provide quality care for older persons with disabilities.

3.7 Establish a Caregiver Support Group for those caring for older persons.

**Priority area 4: Appropriate and accessible health care**

Health issues are often at the forefront of concerns about ageing. Older persons are inevitably more subject to health problems and increasing levels of disability. With good medical care and a healthy life-style, it is possible to survive life-threatening illnesses that might otherwise be fatal. To meet the increased demand on the health system, Government must prioritise the allocation of budgetary resources to geriatric care. A prevention approach is also important to ensure healthy ageing. This includes advocacy and the provision of information on nutrition, smoking, alcohol and exercise.

**Objectives:**

* Older persons have access to health care to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

**Key actions**

4.1 Older persons have access to free medical consultations, including specialist treatment and medicine from local hospitals.

4.2 Local doctors to train in geriatric medicine to provide specialist healthcare.

4.3 Develop programme on 'healthy ageing' to prevent unnecessary disabilities and encourage independence and quality of life. **4.44.4**

4.4 Develop strategies to make the health system more user friendly for older persons.[[20]](#footnote-20)

**Priority area 5: Financial security**

This policy area brings together actions by Government, the private sector and non-governmental organisations to work towards ensuring that older persons have a decent standard of living. In particular, it aims to reduce incidences of poverty among older persons by identifying vulnerable persons and bringing their situation to the attention of relevant authorities.

**Objectives:**

* Older persons have access to adequate food, water, clothing, shelter and health care through the provision of income, family and community support and self-help.
* Reduction of poverty among older persons.

**Key actions**

5.1 Development of a Gold Card discount card.

5.2 Explore feasibility of different modalities for residential care.

5.3 MOH and INTAFF staff report to relevant agencies on cases of poverty and hardship and take appropriate action.

5.4 Establish protocols and procedures for reporting and follow-up on cases of hardship to relevant agencies.[[21]](#footnote-21)

**Priority area 6: Improved provision of and access to recreation, education, community and sporting opportunities for older persons**

Older persons should be encouraged to continue to be involved in a wide range of physical and social and activities in the community so that they maintain positive social contacts, avoid isolation and live active lives. Providers of services will be urged to promote activities for older people to advance this area. There should be no barriers to prevent older persons from participating in community activities.

**Objectives:**

* Older persons are able to pursue opportunities for the full development of their potential.
* Older persons have access to the educational, cultural, spiritual and recreational resources of society.

**Key actions**

6.1 Basic computer training for those 50 years old and over.

6.2 Encourage senior citizens to pursue second chance learning opportunities including those of a recreational, leisure, vocational or academic nature.

6.3 Promote activities and other sporting and community initiatives in newsletter for older persons and through other relevant mediums.

**Priority area 7: Integration of the needs of older persons into national and sector plans**

The needs of older persons need to be mainstreamed into all government plans and strategies, at national and sector levels. This is particularly important for areas such as health and disaster preparedness.

**Objectives:**

The needs and concerns of older persons are mainstreamed across all government and ministry plans.

**Key actions**

7.1 Ensure that needs of older persons are reflected in government policies and plans including disaster preparedness plans for all agencies, the *Pa Enua* and the community.

7.2 Develop guidelines for the protection of older persons in emergencies and natural disasters.

**Priority area 8: Increased awareness and research on the issue of ageing and promotion of positive images of ageing**

The attention and awareness of the wider community needs to be drawn to issues surrounding ageing. This should focus on positive images of ageing. Recognition of the authority, wisdom, dignity and restraint that comes with a lifetime of experience is a feature of the respect accorded to the old. Older persons should not be portrayed as a drain on the economy.

There also is a need for research on ageing to better understand the situation and needs of older persons and those with disabilities in the Cook Islands. Age and gender-inclusive data collection and analysis provide essential evidence for effective policies and for monitoring purposes.

**Objectives:**

* A healthy positive image of older persons and ageing.
* Increased awareness of the needs and issues affecting older persons.

**Key actions**

8.1 Develop a communication strategy to promote, highlight and inform needs, challenges and activities for older persons.

8.2 Celebrate International Day for Older Persons. (1 October)

**Priority area 9: Increased labour force participation and self-employment of older persons**

The Cook Islands is facing a labour shortage and some older people may be able to continue working to contribute to national development. Older people can be encouraged to volunteer their services to provide services to the community and to improve their sense of involvement.

**Objectives:**

* Increased opportunities for older persons to work or have access to income-generating opportunities.
* Older people are able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities

**Key actions**

9.1 Advocate and facilitate income generating opportunities for older persons.

9.2 Develop a data base of expertise, qualified, experienced and capable persons and promote and liaise with stakeholders for appropriate consulting/mentoring opportunities for older persons in the work place.

9.3 Establish a pool of volunteers specific to those seeking volunteering opportunities.

**ANNEX 1**

**ACTION PLAN FOR IMPLEMENTATION OF THE COOK ISLANDS POLICY ON AGEING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority area 1: Enhanced coordination of services for older persons[[22]](#footnote-22) and the establishment of a Committee for Older Persons (Rau Ti Para Kumiti)** |  |  |  |  |
| **Objectives:*** Committee for Older Persons (Rau Ti Para Kumiti) established to be responsible for overseeing policy implementation; coordination of services and championing issues of older persons.
* Efficient delivery of services to older persons.
 |  |  |  |  |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges & assumptions** |  |  |  |  |
| * 1. Establishment of a committee for older persons.
 | Short term. | INTAFF | Terms of reference for committee agreed on. Committee established and meets regularly. Meeting records. | Include government, NGOs and civil society |  |  |  |  |
| * 1. Establishment of position in INTAFF to oversee and coordinate policy on older persons.
 | Short-term | INTAFF,  | Job description reviewed and officer appointed. | Government is willing to commit funding. Suitable applicants show interest in position. |  |  |  |  |
| * 1. Compilation and publication of a community directory on all services available for older persons, with a section on services for older persons with disabilities.
 | Short-term | INTAFF | Completed directory and brochure. | Need to obtain initial costs. Ongoing costs will be minimal. |  |  |  |  |
| **Priority area 2: Improved integration and participation of older persons in decision making and community affairs including the establishment of older persons’ groups** |  |  |  |  |
| **Objectives:*** Older persons remain integrated in society, participate actively in the formulation and implementation of policies that affect their well-being and share their knowledge and skills with younger generations.
 |  |  |  |  |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges & assumptions** |  |  |  |  |
| 2.1 Participation of older persons on the Committee for Older Persons | Short-term | INTAFF | Committee minutes and component of membership | Enough older persons are willing to participate. |  |  |  |  |
| 2.2 MOE to institutionalise a role for older persons as a pool of adjunct teachers to help in schools in areas such as culture, crafts, reading, Maori language.[[23]](#footnote-23) | Short/medium-term then ongoing | INTAFF, MOE | Number of volunteers with number of schools participating | Lack of transport may restrict participation of old people. Some form of remuneration may provide an incentive to participation. |  |  |  |  |
| **Priority area 3: Support for families to provide quality care for older persons** |  |  |  |  |
| **Objectives:*** Older persons benefit from family and community care and protection in accordance with Cook Islands cultural values.
* Families receive support to enable them to provide quality care to their older family members.
* The families of older persons with disabilities receive required support
 |  |  |  |  |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges and assumptions** |  |  |  |  |
| 3.1 Provide training for care-givers | Short-medium term | MOH, Creative Centre, ADB-JFPR fund | Training materials, records of training. Each training to have evaluation report. | Ensuring enough interest in training. |  |  |  |  |
| 3.2 Establishment of pool of trained care-givers. | Medium term | Red Cross, Te Vaerua | Documents on establishment of scheme; recruitment of workers; financial records. | Dependent on funding. (May get ADB-JFPR funding).Funding only required at initial start up. |  |  |  |  |
| 3.3 Establish home-care and nursing services under ADB-JFPR funding. | Short-term | MOH, Te Vaerua, Te Kainga | Documents on establishment of services, MOUs, monitoring and evaluation reports. | Need to get minimum of 100 people to receive these services. No ongoing funding after two years, sustainability may be an issue. Alternative options for funding will need to be explored by responsible agencies. |  |  |  |  |
| 3.4 Expansion of meals on wheels scheme | Short-term |  INTAFF, MOH, Are Pa Metua, RAC | Records of recipients, financial records, M&E reports. | Will need government or donor funding or else the charging of fees for sustainability. Can use volunteers and fund-raise for sustainability. |  |  |  |  |
| 3.5 Develop minimum standards for care giving services and programmes for older persons. | Short to medium term |  Cook Islands National Disability Council | Document with agreed minimum standards of care distributed to relevant stakeholders.  |  To be updated as necessary |  |  |  |  |
| 3.6 Provision of support for families to provide quality care for older persons with disabilities.  | Medium term / ongoing | MOH, INTAFF with cooperation from CINDC and service providers | Work-plan; record of home-visits | Challenges are lack of funding, lack of support staff. Need to ensure training and appropriate remuneration are available for care givers. |  |  |  |  |
| 3.7 Establish a Caregiver Support Group for those caring for older persons. | Medium term / ongoing | MOH with cooperation from CINDC and service providers | Meeting records etc. | Success will depend on level of interest from caregivers. |  |  |  |  |
| **Priority area 4: Appropriate and accessible health care** |  |  |  |  |
| **Objectives:*** Older persons have access to health care to help them maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
 |  |  |  |  |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges and assumptions** |
| 4.1 Older persons have access to free medical consultations, including specialist treatment with medicine from local hospitals. | Currently and ongoing | MOH | Appointment records/Med Tech[[24]](#footnote-24) | Political will of government to continue.  |
| 4.2 Local doctors to train in geriatric medicine to provide specialist healthcare. | Medium to long-term. | MOH | Medical records Med Tech | Doctors show an interest to specialise in this area. Young doctors may not converse in Maori. |
| 4.3 Develop programme on 'healthy ageing' to prevent unnecessary disabilities and encourage independence and quality of life. | Medium term | MOH with cooperation from CINDC | Media materials, brochures, press releases | Need dedication to drive the implementation process. |
| 4.4 Develop strategies to make the health system more user friendly for older persons.[[25]](#footnote-25)  | Short-term, ongoing | MOH. Transport may be provided by NGOs, churches.  | Acceptance and implementation of strategies.  | Cooperation of all partners. |
| **Priority area 5: Financial security**  |
| **Objectives:*** Older persons have access to adequate food, water, clothing, shelter and health care through the provision of income, family and community support and self-help.
* Reduction of poverty among older persons
 |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges and assumptions** |
| 5.1 Development of a Gold Card discount card  | Short to medium-term | Private sector with INTAFF.  | System in place. Progress should be monitored on an annual basis.  | Success of the scheme will depend on cooperation of private sector. |
| 5.2 Explore feasibility of different modalities for residential care.  | Long-term | Government, private sector, RAC CSO (Civil Society Organisation)  | Land obtained; financing secured and plans approved.  | Obtaining land and sufficient finance will be a challenge. Need to make it affordable.  |
| 5.3 MOH and INTAFF staff report to relevant agencies on cases of poverty and hardship and take appropriate action.  | Short-term, ongoing | MOH, INTAFF, NGOs,  | Reports from MOH and INTAFF staff.  | Cooperation from all stakeholders. |
| 5.4 Establish protocols and procedures for reporting and follow-up on cases of hardship.  | Short-term, ongoing | MOH, INTAFF, NGOs | Procedures and protocols developed, printed and distributed. Mechanism for reporting and follow up established.  | All concerned follow agreed procedures. |
| **Priority area 6: Improved provision of and access to recreation, education, community and sporting opportunities for older persons** |
| **Objectives:*** Older persons are able to pursue opportunities for the full development of their potential.
* Older persons have access to the educational, cultural, spiritual and recreational resources of society.
 |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges and assumptions** |
| 6.1 Basic computer training for those 50 years old and over. | Short-term, then ongoing. | ICT-OPM | Reports of courses.  | Funding restrictions; personnel constraints; limited places; access to transport.  |
| 6.2 Encourage senior citizens to pursue second chance learning opportunities including those of a recreational, leisure, vocational or academic nature. | Medium / long-term | USP, MOE, CISNOC | Enrolment data. Number of graduates. | Lack of confidence may discourage participation; entrance criteria may be a barrier; fees may be a barrier. Lack of job opportunities after graduating may discourage participation.  |
| 6.3 Promote activities and other sporting and community initiatives in newsletter for older persons and through other relevant mediums.  | Short-term / ongoing | INTAFF; CISNOC, older persons organisations. | News articles, newsletters. | Stigma attached to older persons in sports; injuries may prevent participation; lack of transport may be barrier. |
| **Priority area 7: Integration of the needs of older persons into national and sector plans** |
| **Objectives:*** The needs and concerns of older persons are mainstreamed across all government and ministry plans.
 |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges & assumptions** |
| 7.1 Ensure that needs of older persons are reflected in government policies and plans including disaster preparedness plans for all agencies, the *Pa Enua* and the community. | Medium/long-term then ongoing | INTAFF, EMCI, MOH | Number of policies and plans that reflect needs of older persons | Cooperation from all government ministries. Inclusion may be tokenistic without intent to implement.Competing with many other priorities. Need strong advocacy to ensure commitment. |
| 7.2 Develop guidelines for the protection of older persons in emergencies and natural disasters.  | Medium/long-term then ongoing | INTAFF, EMCI, MOHRed Cross | Guidelines developed and accepted.  | Ensuring that guidelines are distributed, understood and implemented. |
| **Priority area 8: Increased awareness and research on the issue of ageing and promotion of positive images of ageing** |
| **Objectives:** * A healthy positive image of older persons and ageing
* Increased awareness of the needs and issues affecting older persons.
 |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges & assumptions** |
| 8.1 Develop a communication strategy to promote, highlight and inform needs, challenges, activities for older persons. | Short-term/medium-term | MINTAFF, OPM | Strategy developed in timely manner. |  Need dedicated person to develop strategy. |
| 8.2 Celebrate international day for older persons. | Short-term / annually | INTAFF | Reports of activities including media reports.  | Funding may determine type of events held.  |
| **Priority area 9 Increased labour force participation and self-employment of older persons** |
| **Objectives:** * Increased opportunities for older persons to work or have access to income-generating opportunities.
* Older people are able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
 |
| **Key actions** | **Time frame** | **Agencies responsible** | **Indicators** | **Challenges & assumptions** |
| 9.1 Advocate and facilitate income generating opportunities for older persons. | Short/medium-term then ongoing | INTAFF, Chamber of Commerce, Committee for Older Persons | Number of successful applicants | Lack of funding may discourage the implementation of this strategy. |
| 9.2 Develop a data base of expertise, qualified, experienced and capable persons and promote and liaise with stakeholders for appropriate consulting/mentoring opportunities for older persons in the workforce. | Short/medium-term then ongoing. | INTAFF, Committee for Older Persons | Number of active participants | Need mechanisms in place to ensure that older persons are not exploited. |
| 9.3 Establish a pool of volunteers specific to those seeking volunteering opportunities | Short-term | INTAFF, Committee for Older Persons | Number of persons registeredDiversity of skills of volunteers | Volunteering opportunities could lead into paid positions.Guidelines for volunteering needed to prevent exploitation of elderly volunteers |

**Indicative time-frames:**

Short-term: within 12-18 months of endorsement of the policy

Medium-term: within 18 months to 3 years of endorsement of the policy

Long-term: to take place 3-5 years from endorsement of policy

**ANNEX 2**

**INITIATIVES FOR OLDER PERSONS CURRENTLY AVAILABLE**

**Ministry of Health (MOH)**

*Health care*

The MOH provides free health care for those over 60 years of age.

*Geriatric Ward of hospital*

The seven beds are always full with any overflow going to other wards. Although the MOH does not in principle encourage long-term stays, the patients in the geriatric ward have no families living locally to care for them and have been staying there for some years. The hospital allows respite care of one week but there have been cases where families refuse to take patients home as they are unable to care for them. This leaves little option for the public system but to accommodate those who have nowhere else to go.

*Public health nurse home visits*

Seven nurses in Rarotonga make home visits to referral cases from hospital, once or twice a week. In the outer islands, the one nurse per island works in the hospital and makes home visits as time and needs allow. The main purpose of the nurses’ visits it to teach family members how to care for their older relatives.

**Ministry of Internal Affairs (INTAFF)**

INTAFF staff conduct home visits to assess the need for care-givers’ allowance and to assess the need for alterations to bathrooms and toilets. Since February 2012, INTAFF officers have been conducting a home-based survey to investigate the situation of older persons. As the Ministry responsible for a pensions and a number of allowances, it is charged with the task of ensuring that recipients of such are eligible.

 MINTAFF staff are able to make more home visits in the outer islands due to the lower population numbers.

The 2010 ADB review of the welfare system noted that INTAFF was under-staffed and under-resourced to undertake this task effectively.

**Cook Islands National Superannuation Fund (CINSF)**

The CINSF was established in 2000 under an Act of Parliament and government workers started contributing in 2001-2002. It is a compulsory contribution scheme whereby employees and employers contribute a fixed amount. At December 2011, there were 6.608 members.

At the age of 60, payouts are made. If a member has contributed less than $15,000, it is paid out as a lump sum. If it is over $15,000, it is paid out as a pension and goes to the next of kin until the pension is fully paid out. At March 2012, there were 47 people were receiving pensions from the CINSF.

 **CIVIL SOCIETY INITIATIVES**

**The Creative Centre**

The Creative Centre caters for persons with disabilities. This includes a number of older people, which fluctuates as some come for short-term rehabilitation following strokes, while others attend on a daily basis. Deaths of older persons results in a fluctuating number but generally five older persons attend each day out of 23 registered users. The Creative Centre receives an operating budget of $160,000 annually from the Ministry of Education, as it is a registered school for adult learners. Fund-raising and donations from the wider community also provide support.

**Meals on Wheels**

The Creative Centre implements the Meals on Wheels programme**.** Under this programme, hot midday meals are delivered once a week to some 25 elderly and disabled people in and around Avarua. The programme is currently constrained by a lack of transport and staff but If more funding was available, it could be extended to more people and on more days.

INTAFF awarded a grant of $15,000 for the Meals on Wheels programme which operated for two years.

The Catholic Church on Mauke operates a Meals on Wheels service but does not receive any financial assistance from Government. The cost of fuel is a constraint to its operation.

**Te Kainga**

A day-care centre intended for rehabilitation and respite for both older persons and those with mental health problems, which is open two days a week. Two full-time staff are paid by the MOH. Around four volunteers also work there. With the assistance of a Japanese grant, Te Kainga has recently expanded its operations with a new building and will be able to provide more respite time.

 **Are Pa Metua**

Are Pa Metua started in 1998 as a day centre for older persons. It has a substantial building donated by Government and a van provided by the New Zealand Lotteries Commission. It receives an annual grant from Government.

**Te Vaerua Community Based Rehabilitation Services**

Te Vaerua provides home based support including physiotherapy services; occupational therapy; the provision of (donated) assistive devices; and palliative care.

**Red Cross**

The Red Cross is well established with a large new centre in Rarotonga that includes an evacuation centre. The Red Cross has branches in 11 outer islands that are run by volunteers. The Rarotonga branch undertakes transportation of older people, especially those in wheelchairs. The outer island branches tend to be reactive to requests for assistance with home improvements, clothing, assistive devices (from Te Vaerua) etc. In Mangaia and Mauke, the Red Cross organises lawn mowing, visits and picnic outings for older persons.

**The Cook Islands National Disability Council**

The Cook Islands National Disability Council is the umbrella organisation for Disability groups and Service Providers and operates centres on five outer islands. INTAFF provides a grant that covers salaries and operational costs and fund-raising is undertaken to raise funds for activities. Some older persons, both with and without disabilities, attend these centres.

**The Sixty Plus Group**

This group is an informal group with around 30 members. It meets monthly for lunches that sometimes have a guest speaker. Its objectives are strictly social: enabling those over 60 to meet and socialise.

**Hospital Comforts Group**

This group has been operating for many years by providing support to hospital patients particularly birthing mothers. They fund raise and seek sponsorship to assist with their ongoing support to the local hospital. This group is made up of mainly passionate women who offer their time and efforts in maintaining this service.

**Churches**

Many churches visit their older members. The Dorcas League of the Seventh Day Adventist church is notable for distributing food and diapers.

**Uniformed organisations and youth groups**

These groups visit older people and perform tasks such as gardening on an ad hoc basis.

**ADB funded home-care services project**

As a result of the 2010 ADB review of the welfare system, the ADB has agreed to fund a home-care services project with the value of USD300,000 in both Rarotonga and the outer islands. This is due to start in 2012 with a minimum of three pilot schemes for one year only.

**ANNEX 3**

**CURRENT BENEFITS AND PENSIONS**

|  |  |  |
| --- | --- | --- |
| **Benefit** | **Description / eligibility** | **Amount** |
| Child benefit payment | Paid to newborn children up to 12 years of age | $60 per month |
| Newborn allowance | One-off payment paid to Cook Island newborn children born within the country | $1,000 |
| Old age benefit | Paid to persons 60 years and overEligible pensioners 70 years and over | $400 per month$450 per monthAs of 01st July 2012  |
| Destitute benefit | Payment paid to persons who cannot work due to their circumstances. (Means tested) | $150 per month |
| Infirm benefit | Paid to persons who are unable to support themselves due to disability. (Means tested) | $150 per month |
| Caregivers benefit | Paid to people who are caring for those that are elderly and disabled who need full time care (Means tested) | $150 per month |
| Power subsidy | Paid to beneficiaries that are receiving a Cook Islands benefit and total income of $600 per month or less. (Means tested) | $60 per quarter |
| Funeral allowance(This is the equivalent of six extra months of benefit payment following the death of a welfare beneficiary). | Paid to beneficiaries who are receiving a Cook Islands benefit:Child benefitOld Age benefitDestitute / infirm benefit | $360$2,400$900 |
| Special assistance fund | Used to purchase building materials strictly for accessible sanitary purposes and assistive devices convenient to those most vulnerable and who are existing welfare beneficiaries. (Means tested) | Up to $5,000 |
| Crown Welfare Christmas bonus | Paid to all welfare recipients | $50 annually  |

**Notes**

1. Information provided by INTAFF and the ADB Review of the Welfare System 2010.
2. Those receiving the Cook Islands benefit may not be in receipt of a benefit from another country.
3. Child benefit residency requirements: The child, or its parent(s), must have Cook Island ethnicity or Permanent Resident status or a work permit for more than 12 months. A non-Cook Islander child must have lived here at least 12 months, and be likely to remain here.
4. Under the 1989 Welfare Act, the old age pension initially provided for all Cook Island Maori over the age of 60 years; The Welfare Amendment Act 1991-92 expanded eligibility to include non-Cook Island Maori who have resided in Cook Islands for 20 years during their lifetime, people with one Cook Island Maori parent who have lived here at least 10 years, on making an application for the old age pension, the applicant is required to have resided in the Cook Islands continuously for at least one year. The benefit ceases if a recipient is away from Cook Islands for more than 6 months but they can reapply for payment on their return. It does not apply if a person is receiving a similar type of pension from another country.

**ANNEX 4**

**LINKAGES TO NATIONAL AND INTERNATIONAL PLANS, AGREEMENTS AND CONVENTIONS**

**The Constitution of the Cook Islands**

The Constitution came into force in 1964. It is the highest law of the land and enshrines human rights for all but does not specific anything on age.

**Cook Islands National Sustainable Development Plan (NSDP) 2011-2015**

Objective 5: Cook Islanders share a strong national identity and sense of belonging states that ‘our elderly are acknowledged for their contributions to society and are looked after’

The NSDP contains a statement of intent to develop policy and legislation that is inclusive and that will be mainstreamed into national policy environment

The issue of ageing also links with other areas such as:

1 A vibrant economy (small businesses, creative industries, Maori language & culture)

4 Social development

There are no clear targets in the NSDP on older persons.

**Cook Islands National Policy on Gender Equality and Women’s Empowerment and Strategic Plan of Action (2011-2016)**

This comprehensive policy, adopted in 2011, is aimed at gender equality. It does not specifically mention older women.

**The Millenium Development Goals (MDG)**

The MDGs, adopted in 2000, provide a set of time-bound development targets to be achieved by 2015. The most relevant of the eight MDGs to the policy on ageing is Goal 1: To eradicate extreme hunger and poverty. The 2010 Cook Islands National Millenium Goal Report notes that while there is no extreme poverty, the Cook Islands average for Food Poverty was 2.0% and for Basic Needs Poverty 28.4%. There is however no age break-down so it is not possible to gauge the number of older persons who live in relative poverty.

**The Madrid International Plan of Action on Ageing 2002 (MIPAA)**

The MIPAA is a political declaration by member states of the United Nations. The MIPAA put ageing and the contribution and needs of older persons on the development agenda for the first time with some very clear ideas on how to include issues of ageing in the development policy making process. At the same time, it was an incentive to policy makers to embark on the process of adjusting to the challenges of ageing with the ultimate goal of creating a society for all ages.

**Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)**

CEDAW is a comprehensive convention on women’s rights. The Cook Islands ratified CEDAW through New Zealand in 1985 and in its own right in 2006. Ratification and accession commits the Government to reviewing domestic legislation in accordance with the articles adopted under CEDAW.

**Convention on the Rights of Persons with Disabilities (CRPD)**

The CRPD is a comprehensive treaty that aims to protect the rights of persons with disability. The Cook Islands ratified the CRPD in 2009 and submitted its first report in 2011.

1. The United Nations definition of old is 60 years of age and above. 80 years of age and above is termed the ‘oldest old.’ These definitions are used in this policy. [↑](#footnote-ref-1)
2. UNFPA, Population Ageing in the Pacific, 2009, p26 [↑](#footnote-ref-2)
3. Cook Islands 2006 Census of Population and Housing Final Report, p137 [↑](#footnote-ref-3)
4. The Cook Islands 2006 Census of Population and Housing Final Report calculated that the life expectancy for males at the age of 60 was 17.5 and at 80 was 7.3 [↑](#footnote-ref-4)
5. The Cook Islands 2006 Census of Population and Housing Final Report calculated that the life expectancy for females at the age of 60 was 20.4 and at 80 was 6.9 [↑](#footnote-ref-5)
6. The Cook Islands 2006 Census of Population and Housing Final Report, p143, notes that the estimated life expectancies are most likely an over estimate, as they are based on the number of registered deaths that do not include the deaths of Cook Islands residents which occur while they are overseas (in New Zealand hospitals). [↑](#footnote-ref-6)
7. Cook Islands 2006 Census of Population and Housing Final Report, p40 [↑](#footnote-ref-7)
8. Cook Islands 2006 Census of Population and Housing Final Report, p17 [↑](#footnote-ref-8)
9. Cook Islands 2006 Census of Population and Housing Final Report, p43 [↑](#footnote-ref-9)
10. WHO, Active Ageing: A Policy Framework, 2002, p16 [↑](#footnote-ref-10)
11. In March 2012, 47 people were receiving a pension from the CINSF. [↑](#footnote-ref-11)
12. Government of the Cook Islands, Review of the Social Welfare System, 2010 [↑](#footnote-ref-12)
13. The Cook Islands National Sustainable Development Plan (NSDP) 2011-2015, p19 [↑](#footnote-ref-13)
14. The Committee comprises representatives of the Office of the Prime Minister, the Ministry of Internal Affairs (INTAFF), the Ministry of Health, the Over 60s Group, Are Pa Metua, Te Vaerua Community Rehabilitation Services and the Cook Islands National Council on Disability. [↑](#footnote-ref-14)
15. United Nations, 2003, Madrid International Plan of Action on Ageing, p13 [↑](#footnote-ref-15)
16. Cook Islands 2006 Census of Population and Housing Final Report, p53 [↑](#footnote-ref-16)
17. Cook Islands 2006 Census of Population and Housing Final Report, p61 [↑](#footnote-ref-17)
18. In addition to official data, information for this policy was gained from consultations during the policy development period including feedback from INTAFF and MOH staff. [↑](#footnote-ref-18)
19. It is envisioned that older persons’ groups would be separate from the National Council. The former would be voluntary community groups that would primarily serve a social function, as with the current Over 60s Group in Rarotonga. The National Council would be a formal group with a fixed membership of Government and civil society representatives, including the representation of older persons. [↑](#footnote-ref-19)
20. For example by giving priority in appointments at the hospital; encouraging older persons to take a family member or caregiver to appointments; providing transport for medical appointments. [↑](#footnote-ref-20)
21. This could include Government agencies such as the MOH or INTAFF or relevant civil society groups such as the Creative Centre , Te Kainga, Are Pa Metua [↑](#footnote-ref-21)
22. In this policy document, older persons refers to those 60 years of age and above. [↑](#footnote-ref-22)
23. This is already happening in some *pa enua* in an ad hoc manner. [↑](#footnote-ref-23)
24. Med Tech is a medical records information system [↑](#footnote-ref-24)
25. For example by giving priority in appointments at the hospital; encouraging older persons to take a family member or caregiver to appointments; providing transport for medical appointments. [↑](#footnote-ref-25)