

NATIONAL POLICY ON AGEING FOR BARBADOS

Towards a Society for All Ages

January 31 2012

TABLE OF CONTENTS

List of Acronyms	6
Executive Summary	8
1.0 POLICY STATEMENT	17
1.1 Purpose	17
1.2 Philosophy	18
1.2.1 Equal Opportunity	
1.2.2 Equal Access	
1.2.3 Inclusion	
1.2.4 Active Ageing	
1.2.5 Spiritual and Moral Values	19
1.3 Organization of the Paper	22
4.5 NATIONAL POLICY ON AGEING AND ITS INTERNATIONAL PRECEDENTS	22
2.1 The Issue of Population Ageing	
2.2 Benefits and Challenges of Population Ageing	23
2.2.1 Benefits	
2.2.2 Challenges	
2.3 International and Regional Background to Policy Formulation	24
2.4 General Background to the Treatment of Matters Related to the Ageing Population at the Regional, Hemispheric and International Levels	25
2.5 International Principles	26
2.6 Towards a National Policy on Ageing in Barbados	28
2.7 The Concept of Older Persons and Ageing in Barbados	29
4.5 POPULATION AGEING IN BARBADOS: THE DEMOGRAPHIC AND SOCIAL DIMENSIONS	31
.1 Demographic Profile	
.5 Heads of Households	32
.5 Marital Status	33
.5 Older Persons in Institutions	
.5 Gender Dimensions	34
.5 Educational Status	
.5 Health Status	35
.5 Chronic Non communicable Diseases	
.5 Alzheimer's Disease	36
.5 Disabilities	
.5 Mental Health	37
.2 Economic and Social Security	37
.5 Economic Security	
.5 Employment	38

.5	Social Security	
.5	Social Assistance	
.5	Social Support Systems	39
.5	Changing Family Relationships	
.5	Implications of Population Ageing	40
PRIORITY AREAS AND RECOMMENDATIONS FOR ACTION		41
4.5	FINANCIAL AND ECONOMIC SECURITY FOR OLDER PERSONS IN BARBADOS	41
4.1	The Right to Work, Employment and Participation in Economic Life, and the Age of Retirement.	41
4.2	Preparation for Retirement	42
4.3	Retirement Benefits, Pensions, and Income Security	
4.4	Consumer Protection and Cost of Living	43
4.5	Recommendations: Financial and Economic Security	43
4.5.1	The Right to work, Employment and Participation in Economic Life	
4.5.2	Preparation for Retirement	44
4.5.3	Retirement Benefits, Pensions and Income Security	
4.5.4	Consumer Protection and Cost of Living Increases	
4.5.5	Education and Training for Employment of Older Persons	
5.0	HEALTH AND HEALTH CARE	47
5.1	General Health Care	47
5.2	Impact of Chronic Non Communicable Diseases	49
5.3	Institutional Health Care	50
5.4	Home and Community Health/Medical Care Services	
5.5	Mental Health	51
5.6	Coordination between the Ministry of Health and the Ministry Responsible for Older Persons	
5.7	Recommendations: Health and Health Care	52
5.7.1	General Health	
5.7.2	Chronic Non Communicable Diseases (CNCD)	55
5.7.3	Institutional Health Care	
5.7.4	Home and Community Health/Medical Care Services	56
5.7.5	Mental Health	57
6.0	THE PHYSICAL AND BUILT ENVIRONMENT	58
6.1	Housing Policy and Building Code	58
6.1.1	Housing Stock	
6.1.2	Buildings (including access to buildings)	59
6.2	Public Roads	59
6.3	Public Transportation	60
6.4	Disaster Preparedness	
6.5	A Safe Environment	61
6.6	Accessibility of Services	

6.7 Recommendations: The Physical Environment	61
6.7.1 Housing Policy and Building Code	
6.7.2 Public Roads	61
6.7.3 Public Transportation	62
6.7.4 Disaster Preparedness	
6.7.5 A Safe Environment	63
6.7.6 Accessibility of Services	
7.0 THE SOCIAL ENVIRONMENT	66
7.1 Social Vulnerability	66
7.2 General Social Environmental Factors	67
7.2.1 Intergenerational Relations	
7.2.2 Elder Abuse	68
7.2.3 Social Exclusion	69
7.2.4 Social Protection	70
7.2.5 Community Support Services	72
7.2.6 Education and Life-long Learning	74
7.3 Health-related Social Factors	74
7.3.1 Social Dimensions of Dementia and Alzheimer's Disease	
7.3.2 Respite Services for Caregivers and Families	75
7.3.3 End-of-Life Planning and Care	76
7.4 Recommendations: The Social Environment	77
7.4.1 General Issues	
7.4.2 Elder Abuse	78
7.4.3 Social Exclusion	79
7.4.4 Social Protection	80
7.4.5 Community Support Services	82
7.4.6 Education and Life-long Learning	83
7.4.7 Health-related Social Factors	84
8.0 LEGISLATION	87
8.1 General	87
8.2 Gaps and Shortcomings in the Legislation	87
8.2.1 Community Legal Aid Services	88
8.2.2 Deprivation of Property, Real or Personal, by Family, Friends or Caregivers.	86
8.2.3 Absence of Representation	
8.2.4 Cruel Treatment, Abuse and Neglect	
8.2.5 Discrimination on the Grounds of Age (Ageism)	89
8.2.6 Standards of Care	
8.2.7 Improper use of Restraints	
8.2.8 Establishment of Rights and Responsibilities	90
8.2.9 Recovery of Costs by the Government in Specified Circumstances	
8.2.10 The Need for a New Operating Legislative Framework for Elder Affairs	

8.3 Recommendations: Legislation	91
8.3.1 General Recommendations	
8.3.1 Gaps and Shortcomings in the Legislation	
9.0 RESEARCH	94
9.1 Recommendations: Research	94
10.0 INSTITUTIONAL ARRANGEMENTS	96
10.1 Review of existing arrangements	96
10.2 Rationale for the Establishment of a Commission of Elder Affairs Supported by the Appropriate Legislation	98
10.3 Statutory Board for the Commission Elder Affairs	99
10.4 Public Participation	98
10.5 Establishment of an Administrative Procedure to Facilitate Appeals by Older Persons in Relation to the Delivery of Government Services	99
10.6 Recommendations: Institutional Arrangements	102
10.6.1 The Minister with Responsibility for Elder Affairs	
10.6.2 National Advisory Committee on Ageing	103
10.6.3 Statutory Board to Oversee the Department of Elder Affairs	
10.6.4 Commission of Elder Affairs	104
10.6.5 Public Participation	106
10.6.6 Proposed Charter of Rights and Responsibilities for Older Persons	107
10.6.7 Establishment of Mechanisms to Facilitate Appeals by Older Persons	108
11. SUMMARY AND RECOMMENDATIONS	109
11.1 Summary	109
11.2 Recommendations	111
Annex I SUMMARY OF THE MADRID POLITICAL DECLARATION ON AGEING – 2002	141
ANNEX II SUMMARY OF THE UN INTERNATIONAL PLAN OF ACTION ON AGEING ADOPTED AT THE SECOND WORLD ASSEMBLY ON AGEING IN MADRID IN 2002	144
ANNEX III BRASILIA DECLARATION	148
ANNEX IV Summary of services provided by the National Assistance Board	153
Annex V The Vulnerable Persons Committee	154
Annex VI Background to the National Committee on Ageing	155
ANNEX VII CHARTER OF RIGHTS AND RESPONSIBILITIES	157

LIST OF ACRONYMS

BARP	Barbados Association of Retired Persons
BECA	Barbados Elderly Care Association
BVHS	Barbados Vagrants and Homeless Society
BIMAP	Barbados Institute of Management and Productivity
BSU	Bereavement Services Unit
BWU	Barbados Workers Union
CALC	Country Assessment of Living Conditions
CARICOM	Caribbean Community
CBO	Community-Based Organization
CDRC	Chronic Disease Research Centre
CNCD	Chronic Non Communicable Disease
COLA	Cost of Living Allowance
ECLAC	Economic Commission for Latin America and the Caribbean
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
HRD	Human Resource Development
IADB	Inter American Development Bank
MDG	Millennium Development Goal
NCD	Non Communicable Disease
NGO	Non-Governmental Organization
NIS	National Insurance Scheme
NORC	Naturally Occurring Retirement Centre
OAS	Organization of American States
PAHO	Pan American Health Organization
PWD	Person With Disability
QEH	Queen Elizabeth Hospital
RDC	Rural Development Commission
SBA	Small Business Association
UDC	Urban Development Commission
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme

UWI	University of the West Indies
VPC	Vulnerable Persons Committee
WHO	World Health Organization

EXECUTIVE SUMMARY

INTRODUCTION and POLICY STATEMENT

The National Policy on Ageing for Barbados, ***Towards a Society for All Ages***, is grounded in a philosophy of equal opportunity, equal access, inclusion and active ageing and articulates the position of the Government of Barbados on the rights of older persons. The policy examines the status of older persons with a view to securing their full participation through removing barriers and establishing an enabling environment.

There has been significant growth in the world's older population with populations ageing worldwide, largely because of the success of public health interventions. Unfortunately this ageing too often takes place in a context of low economic performance, changing intergenerational relations and reduced access to health-care services, and presents tremendous challenges.

The United Nations has spearheaded international efforts to have governments focus on population ageing, resulting in an agreement to improve the living conditions of older persons, with a major focus on health and well-being. An international strategy has been adopted in the form of the Madrid International Plan of Action on Ageing and this is followed up at the regional level through the Economic Commission for Latin America and the Caribbean (ECLAC) and other regional organizations.

Barbados first responded to its own population ageing challenge by setting up a National Committee for the International Year of Older Persons in 1998. A draft policy document, *Guidelines for the Development of a National Policy on Ageing*, was prepared in 2000 and was used to inform the Green Paper on a National Policy on Ageing that was approved by Parliament in 2004. A new National Committee on Ageing, appointed in 2008, submitted in 2010 a draft White Paper that was guided by the research carried out by the earlier National Ageing Committees, starting with the document entitled "Supported Environments for Older Persons in Barbados" published in December 2000.

Following the establishment of the Ministry of Social Transformation in 1999, with oversight for the National Assistance Board, institutional arrangements to deal with older persons were effectively consolidated under the National Assistance Board.

Evidence indicates overlap and even duplication of roles between Government agencies that provide support services for Older Persons, and one of the objectives of this White Paper is to clarify institutional roles, reducing duplication and resulting in more effective and efficient delivery of services to the elderly in Barbados.

Situational Analysis

The demographic transition in Barbados has occurred alongside an increase in opportunities afforded by education that will allow many older persons a better

quality of more active life and greater financial security. Others however will face economic insecurity and poor health.

Barbados's population has an average life expectancy of 77.0 years with 13.7% of its people currently 65 years and over. By 2025 older persons will make up 20.4% of the population. The (provisional) old-age dependency ratio of 20.7 per 100 in 2010 is expected to reach 33.3 per 100 by 2025.

Women are in the majority over men in the older population and older women tend to have better support systems through children they have raised and through wider social networks. The majority of displaced elderly are men but more women are likely to be widowed in old age and may be more likely to be poor. Women, with longer life expectancy, are more affected by problems of old age.

In general older persons have become more vulnerable as children can no longer be relied on to support them and women's roles are less restricted to primary care giving. Some 4% of the elderly live in institutions like the Geriatric Hospital and the district hospitals and 232 more in 36 nursing homes under the Ministry of Health's Alternative Care of the Elderly Programme.

Responses to population ageing now demand more attention and increased life expectancy requires individuals to take greater responsibility for their well-being and communities to ensure that older persons are included.

The shift from infectious to chronic non-communicable diseases is particularly visible among the elderly in Barbados. Most prevalent of these diseases are hypertension, coronary (artery) disease, diabetes mellitus, stroke and cancer. On average, 38% of men 65 years and over and nearly 52% of women suffer from hypertension. The figures for diabetes are 17.5% and 24% respectively. Managing these diseases is labour intensive and drug therapy very expensive, adding significantly to health care costs.

Dementias, chief among them Alzheimer's disease, are already a challenge to health care services and population ageing trends suggest a likely higher incidence with implications for the family as care givers and for the demand for institutional care.

Disabilities, including blindness and amputations, affect some 14.6% of older persons.

Economic and Social Security

Over 3% of the elderly have university level education and 36% attained secondary level. There are 3,800 (9.8%) older persons employed - 2,200 males and 1,600 females. This compares to an employment rate of 89.3% within the population overall. These figures show lower participation in the labour force with increasing age and that older men remain in active employment longer than older women.

Social assistance in several forms is available to the elderly poor, elderly CARICOM migrants living in Barbados, and retired older pensioners who face problems resulting

from inadequate benefits. Existing poverty reduction strategies do not specifically target older people.

PRIORITY AREAS AND RECOMMENDATIONS

The Priority Areas are:

- 1. Financial and Economic Security**
- 2. Health and Health Care**
- 3. The Physical and Built Environment**
- 4. The Social Environment**
- 5. Legislation**
- 6. Research**

1. FINANCIAL AND ECONOMIC SECURITY

With limited state capacity to provide direct financial or economic support to increasing numbers of elderly, the right to work, retirement, pensions and Government assistance to those needing financial and economic support become all important.

Older Persons should be able to participate in economic activity to earn essential income but often encounter difficulties securing their right to work. Barbados's extension of the retirement age is likely to improve this situation but age discrimination in hiring needs to be addressed.

All sectors should encourage planning for retirement as a constant feature of life planning for everyone. Several forms of retirement benefits, pensions, and income security already exist and initiatives that encourage individuals who can do so to make provision to supplement their pensions should be actively undertaken. Consumer protection is a close ally here.

Recommendations:

- Government take the lead role in the continued involvement of Older Persons in the economic life of the country.
- Retirement preparation programmes in the public and private sectors be an integral part of current and future employment practices.
- Public education on entitlements to contributory and non-contributory pensions and retirement benefits be a major strategy; and changes to current legislation, policies and programmes relating to pensions in keeping with cost of living changes be instituted in the public and private sectors.
- Government advocate for private sector businesses to reduce the cost of living burden on Older Persons and help to articulate their concerns.

- Government lead in providing wide ranging training programmes for the employment and self-employment of older persons.

2. HEALTH AND HEALTH CARE

The projected increase in the percentage of elderly persons in the general population represents a major challenge for the provision of health and other social services. Universal health care services are provided by the Government free of cost to the public at Government-run health institutions and many persons 65 years and over are also entitled to medication listed in the Barbados National Drug Formulary free of cost.

Dementia, with Alzheimer's disease the most common form, is prevalent among the older population. Its management is labour intensive and the drugs expensive and the disease threatens to add significant costs to Health Care, as will the treatment of chronic diseases and other conditions.

Accommodation of older persons in long term health care is complicated by beds occupied by the "homeless/abandoned" elderly but Government has initiated an alternative care scheme with private senior citizen/nursing homes. There are not yet enough facilities and there is a real need for the expansion of existing community care services for Older Persons, and the development of a variety of services for them and their caregivers.

The existing National Mental Health Policy has identified that not enough attention is devoted to the plight of older persons with mental health issues. A significant proportion of the chronic inpatient population is over 65 and many require psycho-geriatric care. Additional services are provided through community psychiatric nurses, the district hospitals and the psychiatric ward at the QEH.

Better collaboration, requiring effective and structured working relationships between the Ministries and Departments concerned, is necessary in meeting the special health needs of older persons and the ageing population of Barbados.

Recommendations: Health and Health Care

General Health

It is recommended that Government:

- Pro-actively seek to ensure that attitudes, behaviours and practices that lead to good health for older persons start at an early age and continue throughout life.
- Address the responsibility of individuals for their health, education and training in the ageing process.
- Constantly review the operations of public and private health care institutions that offer services to the elderly.

- Seek to improve all levels of primary, secondary and tertiary health care for the elderly.
- Continue to support and promote all aspects of active ageing.
- Ensure that the elderly have access to institutional care when necessary, and access to services that enhance and protect their independence and dignity.
- Make every effort to encourage home and community health/medical care services to enable more seniors to remain in their familiar surroundings.
- Pay special attention to mental health concerns of the elderly through public awareness programmes to combat stigma and promote sound mental health.

3. THE PHYSICAL AND BUILT ENVIRONMENT

The physical environment can foster or jeopardize health and safety. Given the projections for the ageing population, more attention must be paid to the improvement of the physical environment to meet the needs of the elderly.

Only two housing projects exist that are purpose-built for the elderly, the Soroptomists Senior Citizens' Village and the Vauxhall Senior Citizens' Village. The Rural and Urban Development Commissions assist with repairs and the provision of housing for some older persons but many still require assistance. There is no mandatory building code requiring that senior citizens homes or public buildings be constructed to meet the specific needs of elderly persons.

The use of wheelchairs or scooters by the elderly on public roads is hazardous and their independent movement is thereby severely impaired. Those aged 65 and over may travel free on buses operated by the Transport Board but some elderly still feel insecure and uncertain in taking public transportation. A Call-A-Ride system provides special buses with wheel chair lifts but the demand exceeds the service.

Older Persons are particularly vulnerable to disasters and a Vulnerable Persons Committee [VPC] has therefore been set up to plan for the elderly in times of disaster. The elderly living alone are also particularly vulnerable to attacks, fire and other hazards.

Access to social services in rural areas is more difficult than in urban areas, but even in urban areas pockets of inaccessibility are known to exist.

Recommendations: The Physical Environment

It is recommended that:

- A National Housing Policy and Building Code with standards and guidelines to meet the needs of the elderly be established and enforced by Government.
- Government focus on developing a housing policy and housing solutions that acknowledge the ageing trend and current housing needs of older persons.
- Improvements to road and traffic management cater to the mobility needs of older persons.
- Improvements to the public transportation sector reflect the transportation needs of older persons.
- Government ensure that Government agencies and NGOs and CBOs improve existing disaster preparedness and recovery strategies to minimise the effects of disasters on older persons.
- Government develop and encourage civil society and the business community to develop programmes to help maintain a safe environment for older persons in their homes and communities.
- Government assess the accessibility of services in both rural and urban areas with a view to providing universal access.

4. THE SOCIAL ENVIRONMENT

The social environment comprises living and working conditions, income, education and participation in family and community. Social relationships and activities within the social environment are important elements in the quality of life, particularly for older persons. Social change in Barbados has led to diminished familial and community support systems and the national response has not kept pace with the evolution of an ageing society. Structural responses and social provisioning are therefore still lagging.

General Social Environmental Factors

Societal development can give rise to intergenerational tensions and the so-called 'generation gap'. One manifestation may be the abuse of elders with violation of their fundamental human rights. The full extent of the problem in Barbados is unknown, aggravated by the highly vulnerable who are unable to articulate their own needs. Interventions by the social services have been fragmented.

Social exclusion is another worrying phenomenon, compounded by lack of accommodation, living alone, disabilities and lack of access to communication technologies.

Social protection, defined as interventions from public and private support in preventing, managing and overcoming risks and vulnerabilities, is provided by both Government and NGOs. These services include home care and residential care, recreation, counselling, provision of assistive devices and retrofitting of homes. There is still inadequate community support service by Government and NGOs. Constituency Councils should be structured to assist in the delivery of services to the

elderly in their communities, and possibly offer new avenues of support to Older Persons. Social protection for the elderly should generally contribute to poverty eradication among this sector of society.

Technological training can be useful in finding employment and be of direct economic benefit, indirectly assist older persons in managing their affairs, promote inclusion, or simply help with maintaining mental alertness and communication.

Health-related Social Factors

Respite care, to provide short term relief for caregivers, can strengthen the family's on-going ability to provide optimal care for a family member and is one of the most important services a family can receive. The service may be provided by volunteer or paid help, occasionally or on a regular basis. A range of out-of-home respite services is also possible.

In Barbadian society there is very little discussion about the end-of-life but everyone, ill or well, elderly or not, should consider arrangements for end-of-life care. The two main approaches to the preparation for a comfortable and dignified end are palliative care that improves the quality of life of patients and hospice care that seeks to provide the best possible quality of life by relieving pain and other symptoms.

Recommendations: The Social Environment

General Issues

It is recommended that:

- Government establish programmes to foster strong relationships to counteract the influences of the "generation gap."
- Government mandate the social service agency responsible for elder affairs to develop a structured and coordinated approach to the elimination of elder abuse.
- Government mandate relevant Government departments and agencies and encourage CBOs and NGOs to develop programmes to help reduce social exclusion among older persons in Barbados.
- Government take action to formalize "linkages agreements" among public sector agencies and between the public and private sectors to establish better co-ordination of services to ensure social protection for older persons.
- The Government agency responsible for older persons be required to institute measures to eliminate threats to the wellbeing of older persons.
- The appropriate Government agency carry out, within one year of the approval of the White Paper, a comprehensive review of the present home care service to determine the areas for improvement.
- There be a comprehensive review of the current services provided in the social safety net for older persons with a view to their improvement, modification or expansion.

- Government solicit the assistance of civil society and the private sector to extend community support services.
- Government mandate the implementation of training programmes and regulations to enhance the quality of care to older persons.
- Government encourage its relevant agencies, NGOs and CBOs to develop Good Neighbour programmes for older persons.
- Government review the meals-on-wheels programmes with a view to expansion and better coordination.
- Government facilitate the expansion and improvement of recreational activities for older persons.
- Government and other interested parties develop and expand programmes to provide older persons with the skills to face changes in the modern world.
- Government put in place public awareness and training campaigns for education on dementia and Alzheimer's disease.
- Government institute measures to enhance respite services that allow caregivers and families to better deliver care to older persons.
- Government facilitate public awareness for end-of-life planning and care.

5. LEGISLATION

General

Provisions in existing legislation tend to be general in nature, and do not provide specific guidelines for the treatment of older persons. The **National Assistance Act, Cap 48** presents a limited reference to Older Persons that allows for the maintenance of institutions for their care and the provision of clothing, housing repairs, burials, legal assistance and household furnishings, for them and for those who are poor and needy.

Recommendation

- Government undertake a comprehensive review of legislation and regulations aimed at providing both the enabling environment and the security to safeguard the rights and quality of life of older persons.

6. RESEARCH

Data and statistics needed to support planning related to older persons are woefully lacking. It is therefore recommended that:

- Government assign priority in research on policy formulation and planning to matters pertaining to older persons.

1.0 POLICY STATEMENT

1.1 Purpose

The stated vision of the National Policy on Ageing for Barbados, ***Towards a Society for All Ages***, articulates the position of the Government of Barbados on population ageing.

For the purposes of this White Paper, the term “older persons” refers to people 65 years and over and is used interchangeably with terms such as ‘elderly persons’, ‘the elderly’, ‘senior citizens’, and more. The term “population ageing” refers to the increase in the percentage of persons 65 years and over in the total population of Barbados.

This policy examines the status of older persons in Barbados, with the view to removing, in a phased series of actions over the next ten years, existing barriers in critical areas that may hinder the full participation of older persons in mainstream Barbadian society.

Specifically, its purpose is to:

- Foster national development;
- Promote positive images of ageing;
- Develop effective poverty eradication strategies for older persons in Barbados as part of the national approach to poverty reduction;
- Safeguard the rights of older persons and provide legal protection where it is not now provided;
- Promote and preserve the dignity and independence of older persons;
- Create for older persons an environment that is safe and free from exploitation and abuse;
- Ensure, as far as possible, the allocation of adequate resources to facilitate the physical, mental, social and economic well-being of older persons;
- Establish the institutional framework necessary to provide support for the well-being of older persons;
- Encourage greater collaboration among all relevant stakeholders in the provision of services and care for older persons;

- Raise awareness at the community and national levels of population ageing and its implications for national development;
- Offer a coherent strategic national context for planning and decision-making about elder affairs;
- Ensure the respect, acceptance and appreciation of the life achievements and contributions made to family, community, society and national development by older persons.

1.2 Philosophy

The policy is grounded in a philosophy that embraces the principles of equal opportunity, equal access, inclusion and active ageing.

1.2.1 Equal Opportunity

The creation of a society where rights are based on the provision of equal opportunities for all and where older persons are afforded the same opportunity as any other age group to participate fully in national life.

1.2.2 Equal Access

The facilitation of equal access to services and resources for older persons to enhance the quality of their lives.

1.2.3 Inclusion

The combating of discrimination based on age in the same way that discrimination rooted in gender, disability, religious belief or any other form is rejected.

1.2.4 Active Ageing

This term denotes the promotion of a lifestyle that “optimizes opportunities for health, participation and security in order to enhance quality of life as people age”.¹ This process allows persons to realize their potential for physical, social and mental well-being throughout their life course, and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care as they deem necessary. The aim of active ageing, therefore, is to extend healthy life expectancy and quality of life for all persons as they age, including those who are frail, disabled and in need of care.

¹ (Active Ageing: A Policy Framework 2002)

This philosophy is summed up in the words of the late Prime Minister, the Rt. Excellent Errol Walton Barrow who stated that it was the desire of his Government to:

“Create and maintain a social and economic atmosphere conducive to the enjoyment of equal opportunities and the democratic way of life by all ... a society where there is not merely opportunity but truly equal opportunity for all to share in a rich and varied life and to develop the rich and varied life and solid talents of the human individual” (Barrow; Haniff 1987)

1.2.5 Moral and Spiritual Values

Now, therefore, the people of Barbados

- (a) proclaim that they are a sovereign nation founded upon principles that acknowledge the supremacy of God, the dignity of the human person, their unshakeable faith in fundamental human rights and freedoms and the position of the family in a society of free men and free institutions;*
- (b) affirm their belief that men and institutions remain free only when freedom is founded upon respect for moral and spiritual values and the rule of law;²*

In Barbados “spiritual” tends to be equated with “religious” and Barbadians see themselves as a people guided by strong spiritual and moral values, based largely on their Christian faith. While religion will continue to play its part, in the context of national policy, spiritual well-being in Older Persons should be more broadly defined to cover all areas of their lives, especially the basic human values and beliefs that guide their conduct. A National Policy should foster the personal growth and development that give value and meaning to life, a sense of responsibility that seeks to guide and nurture the next generation, and a sense of “self-actualization” that brings with it calm and serenity in old age.

Providing for the wellbeing of the elderly is a natural outgrowth of traditional values like kindness, honesty and concern for family, friends and neighbours. Even as changes in the society may be eroding those values, people largely retain a core sense that these are the values that should guide both private life and the Government policies that shape public life.

As Barbadian society grows more diverse with increasing numbers of people of other cultures and faiths coming to live in a predominantly Christian country, we should not be surprised to find that those who come to live among us will, despite their differences, reinforce traditional values of concern for the care of the young and the elderly and the dignity of the individual.

This White Paper is conceived and drawn up against a background of these values. Once it becomes national policy, that policy will be implemented by

² The Constitution of Barbados, pp7—8

people who share those values, for the benefit of others who expect their government to be humane and caring.

1.3 Organization of the Paper

The National Policy on Ageing is presented in eleven (11) sections:

- Section One outlines the Policy Statement;
- Section Two provides the background to the issue of population ageing, paying attention to its international precedence and implications;
- Section Three speaks to the situational analysis of population ageing in Barbados by examining the demographic shifts over time, the profile of older persons in Barbados, and the services available to them;
- Section Four sets out the priority areas for attention within the policy;
- Section Five examines health and health care particularly the impact of chronic non communicable diseases, the extent and quality of institutional, home and community health care services, and Mental Health;
- Section Six addresses the physical and built environment with attention to a housing policy and building code, public roads and transportation and disaster preparedness and safety;
- Section Seven addresses the social environment with emphasis on social vulnerability and social environmental factors;
- Section Eight examines legislation, paying special attention to filling gaps and shortcomings in the Legislation so elderly persons have adequate protection;
- Section Nine outlines research needs;
- Section Ten notes the institutional arrangements, particularly the need to establish a national body with responsibility for matters dealing with the elderly and for a procedure to facilitate appeals by older persons against administrative acts; and
- Section Eleven summarizes the Policy Paper and presents a matrix of the recommendations made, with suggested broad timelines. The proposals are intended to be carried out over a ten year period in the first instance, subject to periodic review based on emerging data, for example from the Country Assessment of Living Conditions (CALC), the 2010 Population Census and the proposed Social Policy Framework. Likewise the Plan of

Action will also be determined in consultation with the various stakeholders.

2.0 NATIONAL POLICY ON AGEING AND ITS INTERNATIONAL PRECEDENTS

2.1. The Issue of Population Ageing

There has been significant growth in the world's older population in the latter half of the 20th century, driven by declining fertility rates and improvements in health and longevity. Reports suggest that since 1950 the number of persons 65 years and over has tripled, rising from approximately 130 million or 4% of the global population to 419 million or 6.9% of the global population in 2000.³ It is predicted that this trend will continue with the number of older persons increasing to 1 billion by the year 2030. In other words, 1 in every 8 of the earth's inhabitants will be over the age of 65 years,⁴ representing 13% of the world's total population.⁵ The most rapid increases in this age group are said to be taking place in developing countries which are predicted to see a jump of 140% by 2030.⁶

In keeping with world trends, the older population in the Caribbean is reported to be larger than ever before in the history of the region.⁷ According to Lewis (1995) life expectancy in the Caribbean has risen from an average of 50 years in the late 1940s to an average of 70 years for men and 73 years for women⁸. Those persons over the age of 65 have moved from 4% of the total population to an average of 11.3% in 2010⁹. Particularly in Latin America and the Caribbean, this ageing is taking place in a context of low economic performance, changing intergenerational relations, fragile institutional structures and lessening access to health-care services. As stated by the former Director General of the World Health Organization, Gro Harlem Brundtland in 2002, **“developing countries are becoming old before they**

³ National Research Council (2001) *Preparing for an Aging World: The Case for Cross-National Research*_National Academy Press, Washington D.C., USA (National Research Council 2001) and UN World Population Aging 1950 – 2050. UNDESA Population Division (2001). ST/ESA/SER. A/207.

⁴ National Institute on Aging, National Institutes of Health, U.S. Department of Health, U.S. Department of State (2007) *Why Population Aging Matters: A Global Perspective* National Institute on Aging, National Institutes of Health, Washington D.C., USA (National Institute on Aging 2007)

⁵ Lopez, A. D., C. D.Malthers, , M. Ezzati, D. T. Jamison, and C. J. L. Murray (Eds.) *Global Burden of Disease and Risk Factors* (2006), Washington D.C., The International Bank for Reconstruction and Development / The World Bank.

⁶ National Institute on Aging *Why Population Aging Matters: A Global Perspective* (2007). , Washington D.C. National Institute on Aging, National Institutes of Health

⁷ Rawlins, Joan Ageing in the Caribbean: Exploring Some Major Concerns for Family and Society *Turmoil and Turbulence in Small Developing States: Going Beyond Survival*. (2010) SALISES Conference, Port of Spain

⁸ Lewis, M. *The Caribbean Health Situation*. (Unpublished Paper) (1995), cited by Dr. Joan Rawlins in ‘Ageing in the Caribbean: Exploring Some Major Concerns for Family and Society’, *Turmoil and Turbulence in Small Developing States: Going Beyond Survival*. SALISES Conference, Port of Spain.

⁹ Palloni, A and M. McEniry. *International Handbook of Population Aging* (2007) Chapel Hill, University of North Carolina.

become rich”.¹⁰ These conditions further compound the challenge presented to these countries by population ageing.

2.2. Benefits and Challenges of Population Ageing

Based on the results achieved through public health campaigns, population ageing is hailed as a triumph of medical, social and economic advances over disease and injury, and as an indication of a rising standard of living.¹¹ However laudable this may be, it is recognized that population ageing also presents tremendous opportunities and challenges.

2.2.1 Societal benefits

Some of the opportunities afforded by the presence of older persons are that:

- Older adults are a valuable resource to society;
- They are the repositories of tradition, culture, knowledge and skill; and younger generations benefit from their experience;¹²
- Their growing numbers, brought about by their increased longevity, create new opportunities for both individual and societal development;
- They are an important pillar bearer of society, and a much needed stabilizing influence in family life, attributes essential in maintaining intergenerational linkages;
- The vast majority of older persons make vital social and economic contributions to their communities and the wider society as workers, caregivers, volunteers, mentors, and active citizens;

It is therefore important to consider the benefits of population ageing and how they can be better harnessed.

2.2.2 Challenges

Using data from the United Nations, the U.S. Census Bureau and the Statistical Office of the European Communities, as well as regional surveys and scientific journals, the U.S. National Institute on Ageing with input from various experts have identified some of the challenges of population ageing as:

¹⁰ Brundtland, Gro Harlem. Address to the Second World Assembly on Ageing held in Madrid, Spain. 2002.

¹¹ National Institute on Aging (2007)

¹² International Federation of Social Workers (1999) *International Policy on Older Persons*

- The growing burden of chronic non communicable diseases, which are the major cause of death among older persons in both developed and developing countries;
- The possible shrinking of populations in some countries since population ageing is coupled with a simultaneous decline in the total population due to low fertility rates;
- Changing family structures in which there are fewer children, leaving older persons with fewer options for care;
- Shifting patterns of work and retirement as witnessed by the shrinking ratios of workers to pensioners. Persons will be spending larger portions of their lives in retirement, thus placing pressure on existing health and pension systems;
- Escalating social security expenditure which calls into question the sustainability of these schemes;
- Challenging economic environments that demand new fiscal approaches to mitigate the impact on social entitlement programmes, labour supply, trade and savings.¹³

2.3. International and Regional Background to Policy Formulation

MDGs and Poverty Eradication

Poverty eradication is Millennium Development Goal No. 1. It should be noted here that the pursuit of the Millennium Development Goals (MDGs) has also formed an important backdrop to policy initiatives related to elderly persons in Barbados. Poverty eradication as the centre piece of international development efforts is embodied in the MDGs and Barbados has long identified this cohort of its population as a priority area for specialized poverty reduction efforts. However, while Barbados is noted for its broad social safety net provisions as they relate to the elderly, the ongoing global economic crisis has in many respects rendered this discrete sector of society more vulnerable than ever to the vagaries of poverty, destitution and deprivation.¹⁴ In its presentation to the United Nations on progress towards the achievement on the MDGs in 2007, Barbados noted that:

...the sustainable provision of social security and rising health care costs are creating concerns for the future welfare of elderly persons. As family patterns change, incidence of elder abuse and

¹³ National Institute on Aging (2007)

¹⁴ See for example: UNDP. Social Implications of the Global Economic Crisis in Caribbean Small Island Developing States (SIDS): 2008/2009.

abandonment of elderly relatives requiring care is increasing. With the advances in medical and health care, people are living longer and this has begun to strain the resources provided through the state-managed pension scheme.¹⁵

In this context, it is clear that an assessment of traditional paradigms related to policy formulation for the elderly must be undertaken in order to fashion new and relevant programmes to meet the emerging needs of elderly persons in Barbados, and to provide a multisectoral and multidimensional approach to poverty alleviation and eradication in relation to the elderly. The proposals contained herein will be further refined in the light of the findings of the Country Assessment of Living Conditions Survey and the Population and Housing Census carried out in 2010 and for which results are awaited.

2.4. General Background to the Treatment of Matters Related to the Ageing Population at the Regional, Hemispheric and International Levels

Inevitably, population ageing presents its challenges at the level of policy. To this end, various efforts have been made at regional, hemispheric and international levels to draw the attention of Governments to population ageing as an issue of particular concern. The Caribbean Community (CARICOM) adopted what became known as the Caribbean Charter on Health and Ageing and Health in 1999, some three years before the World Assembly on Ageing. The Charter has as its guiding principle a coordinated, systematic approach for ensuring the health and full integration and participation of older persons in Caribbean societies and economies. Developed in consultation with organizations in Member States, the Charter called on all Governments in the Community to acknowledge ageing as an issue of priority in the areas of health and social planning, noting that "older persons must be regarded as resources for development and be supported in seeking their physical, mental, social, emotional, and spiritual fulfilment. They must also be regarded as having the right to live and die with dignity." This initiative suggests that the CARICOM countries were cognizant of the impact that population ageing would have on the region and were prepared to pay some attention to its development. Furthermore, the CARICOM Secretariat prepared a detailed analysis (2009) of the situation on the elderly in CARICOM member countries based on the 2000 Population Census data.¹⁶

The United Nations has made a similar call and at the Second World Assembly on Ageing, held in Madrid in 2002, countries including Barbados agreed to the implementation of a global action plan which focused on improving the living conditions of older persons, combating poverty, and promoting social

¹⁵ Inniss, Tara. Comprehensive Report to Inform the Presentation by The Government Of Barbados to the Annual Ministerial Review of the United Nations Economic and Social Council on Barbados' Progress Towards Achieving the Millennium Development Goals and the Other Internationally Agreed Development Goals. 2007

¹⁶ Caribbean Community Secretariat. *The Elderly in the Caribbean (2009)*, Caribbean Community Secretariat Monograph Series. The Elderly.

inclusion, individual self-fulfillment, human rights and gender equality. Attention was also devoted to holistic and overarching themes such as intergenerational solidarity, employment, social security, health and well-being.

Following the Madrid World Assembly on Ageing, the Economic Commission for Latin America and the Caribbean (ECLAC) convened a Regional Inter-Governmental Conference on Ageing in November 2003 in Santiago, where a regional strategy for the implementation of the commitments reached in Madrid was adopted. At that meeting Governments in the region committed themselves to work on a national follow-up strategy. The Second Regional Inter-Governmental Conference on Ageing in Latin America and the Caribbean, held in December 2007, adopted the Brasilia Declaration (see Annex III) that reaffirmed commitment to protecting the rights of older persons, securing preventive and other health care, mainstreaming the issue of ageing and including older persons in policy and decision-making.

Whether viewed from the perspective of its opportunities or its challenges, the presence of the growing number of older persons in society cannot be ignored. Protecting their interests and meeting their needs bring to the fore a number of concerns at the level of the individual, the family and the society. Governments have therefore sought to position themselves to have a clear understanding of the effects of ageing and the impact of alternative policies. In examining its benefits and consequences, Governments have had to consider not only longevity, but also healthy life expectancy, or expected years of life free of illness, disease and disability.¹⁷

2.5. International Principles

The White Paper is guided by the international principles emanating from a number of Conventions to which Barbados is a signatory. These are:

- 1982 - The International Plan of Action on Ageing adopted by the First World Assembly on Ageing endorsed by the UN through UN General Assembly Resolution 37/51.
- 1990 - The International Federation on Ageing Declaration of Rights and Responsibilities of Older Persons.
- 1991 - The UN Principles for Older Persons adopted through UN General Assembly Resolution 46/91 on December 16, 1991:
 - Independence
 - Participation

¹⁷ World Health Organization. *Healthy Life Expectancy (HALE) At Birth Years* (2008)

- Care
- Self-fulfillment
- Dignity
- 1998 - Caribbean Charter of Health and Ageing.
- 1999 - The Montreal Declaration made by the International Federation on Ageing to the UN in September 1999 which embraced and reaffirmed its antecedents; and recommended that all National Plans on Ageing:
 - Assure the universal access of older persons to economic security, food, health, care, shelter, clothing and transportation.
 - Assure the full participation of older persons in the social, cultural and political life of their communities.
 - Assure that the dignity and quality of care for older persons are established, maintained and safeguarded, and that older persons are free from exploitation and mental and physical abuse.
 - Assure that employment barriers for older persons are eliminated by the provision of training and work opportunities and appropriate work conditions.
 - Strengthen the capacity of the family and community to provide basic care and support for older persons.
 - Strengthen opportunities for intergenerational dialogue, exchanges, collaboration and mentoring.
 - Incorporate Universal Design principles to assure older persons access to all environments.
 - Strengthen the ability of the public, private, voluntary, and non-Governmental sectors to work together for the benefit of older persons (International Federation on Ageing 1999).
- 2002 – **Madrid Political Declaration and International Plan of Action.** The Summaries of the Madrid Declaration and Action Plan are annexed (see Annexes I and II). This comprehensive and far-reaching Action Plan adopted by the UN Member States is a general framework for action by the world community in relation to population ageing and is reviewed every five years by the United Nation's Commission for Social Development. The second review and appraisal of the Action Plan is due in 2013.
- 2003 and 2007- The First and Second Inter-Governmental Conferences for Latin America and the Caribbean held respectively in Santiago, Chile in 2003 and in Brasilia in 2007.

2.6. Towards a National Policy on Ageing in Barbados

The journey towards a national policy on ageing in Barbados began in 1998 when Barbados responded to the United Nations proclamation that 1999 would be the **International Year of Older Persons**.¹⁸ The main thrust of the International Year for Older Persons was to see older persons as “equal subjects of their development and participants in all spheres of social life and not just as objects of public policies”.¹⁹ Declared, under the theme Towards a Society for All Ages, the objectives of recognizing the year were to:

- stimulate local, national and international action as part of a sustained long-term effort to enhance awareness of ageing; and
- improve the capability of national facilities to develop and implement policies related to the ageing population world-wide.²⁰

This UN initiative was used by the Barbados Government to focus attention on national issues pertaining to ageing. To this end, a National Committee for the International Year of Older Persons, with members from relevant agencies, was set up to focus on issues relating to ageing in Barbados. The Committee was mandated *inter alia* to:

- make recommendations to Government on all matters relating to ageing and the quality of life of the elderly; and
- identify, monitor and evaluate various Governmental and non-Governmental programmes of both direct and indirect concern to elderly persons.²¹

The Committee was also to take into account the major factors or influences impacting the lives of older persons and providing them with support in the process of ageing.

The then Minister of Social Transformation also convened an ad hoc Committee in 1999 and mandated that it work to develop a national policy on ageing with input from the relevant stakeholders and experts. A draft policy document entitled **Guidelines for the Development of a National Policy on Ageing** was submitted by this Committee to the Ministry of Social Transformation in February 2000. The document was widely circulated and comments invited from a cross-section of persons and organizations.

This document informed the Green Paper on a National Policy on Ageing, in which the challenges facing older persons were identified and recommendations made to Government, the Social Partners and the wider community as to how the needs of Barbadians could be met as they aged, with the express purpose of making Barbados a society for all ages. It

¹⁸ United Nations General Assembly Resolution 47/5 of October 1992

¹⁹ Schmid, Karoline. *Population Ageing in the Caribbean. Longevity and Quality of Life*. 2004, ECLAC.

²⁰ National Committee on Ageing. *Supportive Environments for Older Persons in Barbados*, (2000), Bridgetown, Ministry of Social Transformation

²¹ Ibid

examined the possible impact of ageing in particular areas, such as employment, appropriate housing, safety, protection and rescue, as well as health and quality care.

The Green Paper acknowledged the Caribbean Charter on Health and Ageing, published in 1998 by CARICOM, and built on the Draft National Policy on Health and Ageing in Barbados prepared by the Ministry of Health in 2002. It also took into consideration the Report of the National Consultation on Health and Ageing held in Barbados in September 2002. Also recognized was the work undertaken by the Barbados Association of Retired Persons (BARP) and the contribution of the National Committee established in 1998 to plan activities for the International Year of Older Persons.

The Green Paper was approved by the Cabinet at its meeting on April 29, 2004 which also approved the resolution for its introduction into Parliament on July 1, 2004. It was debated and passed in the House of Assembly on October 19, 2004 and in the Senate on October 27, 2004. Instructions were then given to have the document circulated to the relevant stakeholders for comments to facilitate its advancement from a Green Paper to a White Paper on a National Policy on Ageing in Barbados. Among the main stakeholders were BARP, members of the National Committee on Ageing and representatives of organizations concerned with the elderly. In-depth discussions and reviews followed during the period 2004-2008.

Following the change in the political directorate in January 2008, a new National Committee on Ageing was appointed in September 2008. This Committee prepared the first draft of the White Paper which was submitted to the Ministry of Social Care, Constituency Empowerment, Urban and Rural Development on January 7, 2010. It should be noted that in drafting the White Paper, the new Committee acknowledged the work of previous Committees and updated the information contained in the Green Paper as warranted. An ad hoc Committee was established by the then Minister of Social Care to review the draft White Paper, to expand its focus and to update it to reflect current realities. In October 2010, the Ministry was reconfigured and is now the Ministry of Social Care, Constituency Empowerment and Community Development (MSCD). It is this Ministry that has the responsibility for submitting the present White Paper.

2.7. The Concept of Older Persons and Ageing in Barbados

For the purpose of this White Paper, the term “older persons” refers to persons 65 years and over. This is in keeping with the definition accepted by most developed countries and represents a departure from the UN agreed cut off age of 60+, which was adopted in the Green Paper. The recommendation for the cut off age of 65+ years allows the National Policy to reflect the policy already in existence across sectors in relation to ageing in Barbados. It will also allow for the harmonization of policies at the national level as outlined below.

- The pensionable age for those working in the Public Service of Barbados was changed to 65½ years in January 2006 and increased to 66 years in 2010. This cut off age will increase by 6 months every 4 years until it reaches 67 years in January 2018.
- The cut-off age for the receipt of contributory pension under the National Insurance and Social Security Scheme is 65½ years.
- The qualifying age for non-contributory pension is 65½ years.

The term “**population ageing**”, as used in this White Paper, therefore refers to the increase in the percentage of persons 65 years and over in Barbados' total population.

It has become increasingly clear that policies relating to key developmental areas in Barbados require the input of the Social Partners, NGOs and civil society in general.

3.0 POPULATION AGEING IN BARBADOS: THE DEMOGRAPHIC AND SOCIAL DIMENSIONS

The demographic transition in Barbados has occurred in tandem with the many changes in the Barbadian society and economy. These changes have been positive in some areas and a cause for concern in others. Older persons in Barbados are a very diverse group with lifestyles, incomes, health status, personal and social needs that can vary dramatically. For example, through the opportunities afforded by education, many older persons are now, and will continue to be, part of the middle class and upper income groups in Barbados, enjoying a better economic status than older persons in previous years. They will be leading a more active and healthy lifestyle well into their 70s, have a more positive mind set and will be looking for opportunities to be more active and creative. On the other hand, there are also older persons whose quality of life is now and will continue to be compromised by economic insecurity, poor health and an inadequate enabling environment.

This section of the White Paper examines a situational analysis of older persons in Barbados which will be examined from the perspectives of demography, education, health, economic and social security, and social support systems. Some implications of population ageing will also be highlighted.

3.1 Demographic Profile

In keeping with world trends, Barbados' population is ageing at an accelerated rate with dramatic increases in both the number and proportion of persons 65 years and over. With an average life expectancy at birth of 77.0 (74.0 for males and 79.0 for females),²² it has the highest percentage of persons aged 65 years and over within the English speaking Caribbean. Barbados has been reported as the first country in the Caribbean with more than 10% percent of its population being classified as elderly. This has been attributed to advances in primary health care, improved living conditions, declining mortality rates, declining fertility rates, selective age migration and increased life expectancy.

In 1970 the Barbados population in the 65 years and over stratum comprised 19,488 persons, made up of 6,880 males and 12,608 females.²³ It is reported that between 1970 and 1990, while the older population internationally grew by 4%, in Barbados it grew by 65%.²⁴ By the year 2000, the number of older persons rose to 32,273 and consisted of 13,047 males and 19,226 females,

²² Cloos, Patrick, Caroline F.Allen, Beatriz E. Alvarado, Maria Victoria Zunzunegui, Donald T. Simeon and Denise Eldemire-Shearer. “‘Active ageing’: a qualitative study in six Caribbean countries” in *Ageing & Society*, 30, 2010, 79 - 101

²³ Barbados Statistical Service. Barbados Population Census and Household Budget Survey 1970. (1971), Bridgetown, Barbados Statistical Service.

²⁴ St. John, Joy. *Address to Alzheimer's Training Seminar held to observe World Alzheimer's Day*, (2010).

together representing 12.1% of the total population.²⁵ Currently, persons 65 years and over account for 13.7% of the nation's total population.²⁶

Table 3.1: Population Aged 65 and Over in Barbados 2000 – 2009

Year	Age Groups	Females	% Age Group	Males	% Age Group	Total	% Total Population
2000	65+	19,226	59.57	13,047	40.42	32,273	12.0
2005	65+	21,178	59.13	14,634	40.86	35,812	13.2
2008	65+	21,960	58.8	15,359	41.15	37,319	13.5
2009	65+	22,248	58.69	15,658	41.30	37,904	13.7

Source: Barbados Statistical Service - Barbados Population Projections 2005 - 2025

The Barbados Statistical Service projects that by 2025 older persons would make up 20.4% of Barbados' population.²⁷ The severity of this population ageing is underscored by Barbados' old-age dependency ratio which rose from 16 per 100 in 1970 to 18 per 100 in 2000.²⁸ The figure stands provisionally at 20.7 per 100 in 2010 and is projected to reach 33.3 per 100 by 2025.²⁹ This increase is a consequence of improved mortality and return migration³⁰ and is also reflected in the national figures on centenarians visited by the Governor-General upon reaching that milestone, as depicted in the following table:

Year	Visits	Year	Visits	Year	Visits
1996	19	2001	18	2006	14
1997	15	2002	27	2007	20
1998	25	2003	26	2008	24
1999	14	2004	21	2009	32
2000	19	2005	25	2010	25
				2011	22

3.1.1 Heads of Households

According to the 2000 Population and Household Census, 73% of persons 65 years and over were heads of households. Women accounted for 52.1% of these heads.³¹ This is reflective of the longer life expectancy of women who

²⁵ Ibid 2000

²⁶ Rawlins, Joan, op. cit.

²⁷ Barbados Statistical Service. *Draft Population Projections Barbados 2005 – 2025*, (2005), Bridgetown. Barbados Statistical Service.

²⁸ Banik, Arindam and Pradip K Bhaumik. *Ageing Population, Emigration and Growth in Barbados*. (2006) International Journal of Social Economics, Vol. 33, No. 11, pp 781 - 788

²⁹ Barbados Statistical Service, op. cit.

³⁰ Ibid

³¹ Barbados Statistical Service. *2000 Population and Household Census, Volume 1*. (2002) Bridgetown, Barbados Statistical Service, pp. 26

usually outlive their spouses as seen in the number of widows (6,120) to widowers (1,878).³²

3.1.2 Marital Status

The majority (50.67%) of older men in Barbados, according to census data, are married (6,611), as compared with older women at 25.26% (4,857 married). The majority of older women are widowed or never married. However, it is reported that the percentages of men and women who never marry appear to be higher in Barbados than in many other countries. This speaks to the prevalence of common law unions in Barbados and the wider Caribbean. Moreover, the number of unmarried older women is twice that of unmarried older men which is said to be reflective of the lingering effect of World War II and the gender-specific migration of the unemployed from Barbados immediately after World War II.³³ The result of this is that many more older women than older men are living without a spouse (see Table 3.2 Number of Men and Women Living without a Spouse).

Table 3.2: Number of Men and Women 65 Years and Over Living Without a Spouse

Status	Men	Women
Legally Separated	340	352
Divorced	629	714
Widowed	1,878	6,120
Never Married	2,281	5,086

Source: Barbados 2000 Population and Household Census

3.1.3 Older Persons in Public Long-term Institutions

Available data from 2007 inform that 4% of older persons in Barbados live in institutions.³⁴ Some 484 reside at the Geriatric Hospital and the three (3) District Hospitals. Another 232 persons are accommodated in 36 Nursing Homes under the Ministry of Health's Alternative Care of the Elderly Programme.³⁵

³² Ibid. pp. 28 - 29

³³ Pan American Health Organization. *Health Systems Profile Barbados*. (2008), Washington D.C., Pan American Health Organization,

³⁴ Pan American Health Organization. *Barbados – Health in the Americas 2007 Vol. II – Countries*, 2007, Washington D.C. Pan American Health Organization, p. 76

³⁵ Minister of Health the Hon. Donville Inniss (2009). *Barbados Advocate* June 26, 2009

3.1.4 Gender Dimensions

Women, by virtue of longer life expectancy, are more affected by old age problems. The population of older persons in Barbados is dominated by women. This is partially due to the higher migration of men to Canada, the USA and Britain in the last four decades for higher education and job opportunities³⁶ and the higher mortality rate among men.

Although more women are likely to be widowed in old age, their social isolation is less severe than that of men who appear to lack the social networks and general support systems available to females through their children, other relatives and church groups. It is a commonly held view some older men are likely to be disconnected from any family unit because of irresponsible patterns of sexual behaviour and parenting or unstable relations during their younger years.

Men, however, tend to be more economically secure than women. This advantage rests with the fact that they are more likely to be in receipt of a pension due to a more stable employment history. The implication here is that older women are more likely to be poorer than older men.

Statistics suggest that women suffer more frequently than men from chronic non communicable diseases such as hypertension and diabetes.³⁷ To this end women are more likely to become physically challenged due to amputations and blindness, both complications of diabetes. Men on the other hand tend to become victims of heart attacks and stroke. Dementias such as Alzheimer's disease are said to be more prevalent among women than men. However there is a scarcity of local data on this topic.

3.1.5 Educational Status

Educational status has been linked to health and well-being. The attainment of high education levels suggests better incomes and higher standards of living which translate into lower mortality and better overall health, aided in part by access to improved health care. Higher incomes are likely to mean more savings and hence more economic independence in old age.

The Regional Special Topic Monograph on The Elderly Based on Analysis of the 2000 Round Census Data of Eighteen Caribbean Countries shows that among older persons in Barbados, 3.76% have attained a university level education. Of this group 66.42% were males and 33.58% female, equating to 6.19% of older males and 2.12% of older females. More than one third, 41.83%, of the population of older persons has attained a secondary level education, 42.64% of the group being male and 57.36% being female,

³⁶ Banik, Arindam and Pradip K Bhaumik. *Ageing Population, Emigration and Growth in Barbados*, (2006), International Journal of Social Economics, Vol. 33, No. 11, pp 781 - 788

³⁷ Foster, C. et al. *Hypertension, Diabetes and Obesity in Barbados Findings from a Recent Population based Survey. Ethnicity and Disease* 1993 Fall; 3(4) 404 -12

equating to 44.12% of older males and 40.27% of older females. The total percentage attaining primary level education was 61.92%, of whom 38.93% were males and 61.07% were females, equating to 59.64% of older males and 63.48% of older females.³⁸ The literacy rate for this segment of the population has been placed at 99.7% for men and 96.4% for women.

3.1.6 Health Status

Advanced old age is associated with chronic diseases, poor health and disabilities. Hence, while the majority of older persons in Barbados may be classified as being physically functional and mentally competent, there are a number of concerns with respect to their health status. The most troublesome areas are chronic non communicable diseases, disabilities and Alzheimer's disease.

3.1.7 Chronic Non communicable Diseases

Older persons are the segment of the population most vulnerable to the epidemiological shift from infectious to chronic non communicable diseases. In Barbados, the most prevalent of these diseases are hypertension, coronary (artery) disease, diabetes mellitus, stroke and cancer. For the most part these diseases have been described as lifestyle diseases, and are said to be the leading cause of morbidity and mortality in Barbados. Table 3:3 Selected Life Style Diseases and Ageing in Barbados shows that an average of 38.32% of males in the age group 65 years and over suffer from hypertension, compared to 51.58% of females. This trend continues in the area of diabetes where the percentage rate for males stands at 17.57% and that for females at 24.03%. While the percentage of those suffering from heart problems is less than those affected by hypertension and diabetes, a higher percentage of males, 13.09%, are presenting compared to females, 12.39%.

Table 3.3: Selected Chronic Non communicable Diseases and Population Ageing in Barbados

Disease	Age Group	Male	Female
Hypertension	65 – 74 years	36.73	52.28
	75+	39.93	50.88
	Average	38.32	51.58
Diabetes	65 – 74 years	15.74	24.13
	75+	19.41	23.93
	Average	17.57	24.03
Heart Problems	65 – 74 years	9.57	10.50
	75+	16.62	14.29
	Average	13.09	12.39

Source: SABE Study 2005

³⁸ Caribbean Community Secretariat. *The Elderly in the Caribbean (2009)*, Caribbean Community Secretariat Monograph Series. The Elderly.

Management of these chronic non communicable diseases is labour intensive and the required drug therapy is very expensive. In light of the projections on the growing number of older persons in Barbados, these diseases threaten to add significant cost to health care in the foreseeable future if preventative action is not taken. National Assistance Board data show that 265 out of 1048 Home Care recipients are blind or visually impaired.

3.1.8 Alzheimer's Disease

Dementia is not currently considered a chronic non communicable disease. However, the prevalence of Alzheimer's disease, the most common form of dementia, is presenting challenges in Barbados. Census data (2000) indicated that some 3,500 persons were suffering from Alzheimer's disease. In 2008 it was found that 54% of the older persons being accommodated in the Geriatric Hospital suffered from this disease. Given the projections for population ageing in Barbados, the likelihood of a higher incidence of Alzheimer's disease is strong. This has implications for the family as care givers and the demand for institutional care as families may find it difficult to cope with caring for relatives who suffer from this disease. As in the case with CNCs, this is compounded by the high cost of medical treatment, especially in the area of drug therapy.

3.1.9 Disabilities

The 2000 Population and Housing Census reported 4,714 older persons (1,846 male and 2,868 female) as having a disability or major impairment.³⁹ The majority of these, 1,585 - 634 males and 951 females, were classified as blind or visually impaired.⁴⁰ The next largest group was those physically challenged due to the amputation of the lower limb, some 1,291 persons: 443 males and 848 females.⁴¹ The high number in each of these categories, for the most part, is a direct outcome of the prevalence and inadequate management of diabetes mellitus. It is reported that this disease accounts for approximately 125 amputations of the lower limb per annum.⁴² The Census also reported that there were 777 older persons, 299 male and 478 female, who were deaf or hearing impaired.⁴³ There were 98 intellectually challenged older persons, 38 male and 60 female.⁴⁴ Overall, an estimated 14.6% of the elderly population has a disability or major impairment.

It is noticeable from the above statistics that older persons tend to be physically rather than intellectually or mentally challenged and that more females than males are likely to have a disability.

³⁹ Barbados Statistical Service. 2000 Population and Housing Census: Volume 1. (2002, , Bridgetown, Barbados Statistical Service, pp. 44 - 45

⁴⁰ Ibid

⁴¹ Ibid

⁴² Ministry of Health. Health, Safety and Prosperity: Draft Barbados' Strategic Plan for Health 2002 – 2011. (2002), p. 14

⁴³ Barbados Statistical Service, op. cit., pp. 44 - 45

⁴⁴ Ibid

3.1.10 Mental Health

There is a dearth of information concerning the mental health of older persons in Barbados apart from those suffering from dementias such as Alzheimer's disease. Nonetheless, the 2000 Census revealed that 244 older persons, 80 males and 164 females, had a mental disorder.⁴⁵ However, the category of mental illness is not specified. According to the Ministry of Health, approximately 28% of the patients at the Psychiatric Hospital were classified as psycho-geriatrics in 2004 (approximately 168 older persons)⁴⁶. However, a significant number of them no longer have an underlying psychiatric diagnosis and many have remained hospitalized when they should have been discharged because there was no place for them to go.

3.2 Economic and Social Security

3.2.1 Economic Security

Older persons in Barbados are a mixed group economically, ranging from the very wealthy to the very poor. Some are of independent means; some are in receipt of a pension, either contributory or non-contributory; while others receive no pension at all. The latter tend to be those self-employed persons such as fishermen, artisans and those working in the informal sector who do not belong to any formal social security system, since no contributions were made during their working life. Some are elderly single men or widowers and some are single women or widows, and some are deportees and other socially displaced persons. This latter group subsists on a National Assistance Grant which is smaller than the non-contributory pension.

3.2.2 Employment

The latest available data (June 2010) inform that 3,800 older persons, 2,200 males and 1,600 females, formed part of the employed labour force in Barbados.⁴⁷ The general participation rate was 3.9%. However, it must be borne in mind that some older persons who still wish to work prefer to participate in the informal sector as self-employed persons. Such persons may not be captured in the Continuous Labour Force Surveys undertaken by the Barbados Statistical Service. These statistics bear out the point that the participation rate of older persons in the labour force decreases as they age.

⁴⁵ Ibid pp. 44 - 45

⁴⁶ Ministry of Health Paper on Reform Programme for the Care and Housing of the Elderly (2004), p.8

⁴⁷ Barbados Statistical Department. *Statistical Bulletin, Continuous Household and Labour Force Survey April – June 2010*. (2010), Bridgetown, Barbados Statistical Department.

It also shows that older men remain in active employment longer than women.

According to the literature, many older persons are forced to work because they lack financial security, while others elect to return to work. This return-to-work period of employment is referred to as bridge employment. It is usually part-time in nature, tends to be a different type of occupation than that formerly pursued, and with lower wages. According to Singh (2002), these observations are very relevant to the employment situation of older workers in the Caribbean, including Barbados.⁴⁸

3.2.3 Social Security

Though some may have private pension, social security is the "life line" for many older Barbadians. However, the rapid pace of population ageing is threatening to create a coverage gap, defined as the shortfall between the estimated number of persons eligible for pension under the NIS and the number of persons to whom the NIS is able to pay a pension. Currently, 25,939 older persons receive contributory pension with 9,836 receiving non-contributory pension (NIS, 2011). In other words, public pension outlay is projected to increase substantially without a commensurate increase in working population contribution. The mean monthly contributory pension is currently \$1,010.78 among women 65 years and older and \$1,278.76 among men of the same age. Men tend to receive consistently higher average monthly income throughout their elderly life course.

3.2.4 Social Assistance

Social Assistance comprises Non-contributory Old Age Pension, National Assistance Grants and Relief-in-Kind, namely, payment of utility bills, house and land rents, and the distribution of food vouchers. Among persons eligible for such assistance are those older persons classified as the elderly poor, who remain at a distinct disadvantage and tend to struggle to support themselves.

In addition, there are retired older persons who, though beneficiaries of the Social Security Scheme, are facing problems resulting from inadequate benefits and/or bureaucracy. This group of retired older persons may have worked at low paying jobs or were unskilled workers such as laborers or domestic workers. They may also have been confronted with ageism and discrimination which would have rendered them unemployable and this category of persons would therefore be eligible for some aspects of social assistance.

Also among this group are elderly migrants from within CARICOM who came to Barbados as vendors and traders who have never regularized their immigration status, although they have lived in Barbados for a number of years. This category of persons may not be able to meet the cost of

⁴⁸ Singh, G. *Work after Early Retirement*. (2002), PhD dissertation, School of Graduate Studies, University of Toronto

regularizing their status and are therefore ineligible for Old Age Pension and some other benefits. Many are either income deprived or are using up their savings, and selling off assets for their upkeep or to maintain appearances. Social Assistance is therefore provided for these persons on humanitarian grounds.

3.2.5 Social Support Systems

Existing poverty reduction strategies do not specifically include support systems for older persons. In addition, poverty is generally feminized in Barbados and this characteristic extends also to the older female population. It should be noted, however, that women in the older population tend to have a better support system than men in the form of their own children or those they may have raised as well as support from the community. The absence of a social support network manifests in the fact that the majority of the displaced members of the older populations are males as seen in the various studies on homelessness in Barbados (Carter 2001; Ministry of Social Transformation 2006).

3.2.6 Changing Family Relationships

Traditionally, many generations lived within the same household, which tended to be matrifocal, and as persons aged, the younger ones cared for their parents and elderly relatives. This was primarily done by women while the men provided economic support. However, over the years societal changes, including the changing roles of women, have impacted on the family structure and relationships. In addition, it is no longer automatic that younger generations assume responsibility for the care of older persons. These, amongst many other factors, have contributed to diminution in the care of older persons and have increased vulnerability among them.

3.2.7 Implications of Population Ageing

The above situational analysis suggests that population ageing must be a central issue on the socio-economic agenda for Barbados as it has significant implications for the individual, families, communities, Government and the wider society. Increased life expectancy requires that individuals take greater responsibility for their well-being. Similarly, Government, the Social Partners, communities and society at large must ensure that older persons are able to participate fully in community and national life. Therefore any barrier that prevents them from remaining active and physically independent as well as economically self-sufficient, or which inhibits their ability to nurture intergenerational activities and family relationships, must be removed or mitigated. Priority issues arising from this situational analysis will be the focus of the National Policy on Ageing and will be discussed in the next section.

PRIORITY AREAS AND RECOMMENDATIONS FOR ACTION

4.0 FINANCIAL AND ECONOMIC SECURITY FOR OLDER PERSONS IN BARBADOS

For older persons financial and economic security⁴⁹ are crucial issues. Some older persons are entering the latter phase of their active working life, the pension from which should provide them with some form of financial and economic security in their latter years. Alternatively, others may be entering a phase in which they rely heavily on financial and economic support from the State⁵⁰.

As the State will have a limited capacity to provide direct financial or economic support to the increasing numbers of older persons, this gives rise to a number of issues. For example, the right to work - including the related issue of age discrimination; retirement - including the age of retirement and general preparation for retirement; pensions and other financial support in retirement; and forms of Government assistance to those without financial and economic support. The decline in the "age dependency" ratio, defined as *the estimated number of elderly persons 65 years and older, compared to the estimated number of persons of working age (18 to 64)*, which could erode the tax base, as well as the coverage gap in the National Insurance Scheme, compounds the problem.

4.1 The right to work, employment and participation in economic life, and the age of retirement.

In most areas of the world, Barbados included, efforts by older persons in relation to the right to work often meet difficulties. If they need or wish to do so, older persons should be able to participate in work and economic activities which will satisfy their need to earn essential income, to contribute to the life of their community, and to benefit society as a whole. There are many occupations that older persons can exercise.

Unfortunately, age discrimination in employment is prevalent in relation to older persons worldwide. Many older workers have been unable to remain in the labour force after a certain age, or to re-enter it, because of particular hiring practices. The former situation is now likely to improve in Barbados in the long term, following the revisions to the NIS scheme, effective since

⁴⁹ Economic security is defined as the capacity of older persons to independently and regularly obtain and use a sufficient amount of economic resources to enjoy a good quality of life in their old age (see *Older Persons in Latin America and the Caribbean - Policies and Issues*). Financial security implies being debt free and income security implies having a steady retirement income or at least a basic pension. World Economic and Social Survey 2007.

⁵⁰ RAWLINS, page 11, cites the following as sources of financing for the elderly: national insurance schemes, private retirement schemes, Government retirement schemes, old age pensions and public welfare, and other sources such as church and family.

January 2003, that extend the retirement age. However age discrimination in hiring practices needs to be addressed, as we are dealing with outdated perceptions of the elderly. Countless years of valuable experience, knowledge and expertise are lost to the nation due to this practice.

4.2 Preparation for Retirement

There is a lack of planning for retirement by workers in the public sector, the private sector and in civil society. At the individual level, little thought is given to early planning for retirement. The implication is poor economic security in latter years.

4.3 Retirement Benefits, Pensions, and Income Security

As a result of pension reform and the introduction of flexible NIS retirement/pensionable ages in Barbados, a person's pensionable age is not tied to retirement and one may now retire on an NIS pension at any age from 60 to 70. The pensionable age remained 65½ years from January 2006 until 31st December 2009 and thereafter began to increase by 6-month increments every four (4) years, until it will reach 67 years on the 1st January 2018. In 2007 and 2010 **Old Age Contributory Pensions** were revised to the extent that no Old Age Contributory Pensioner is currently receiving less than \$200.00 per week. In November 2010 the minimum contributory pension was set at \$163 per week.

The poverty level for Barbados in 1996-97 was calculated at \$105.83 per week, or \$5,503.00 average annual per capita income according to indicators set by the Inter American Development Bank (IADB)⁵¹. In 2000 the NIS **Non Contributory Old Age Pension** was \$86.00 per week (or \$4,472 per annum), below the poverty level at that time for Barbados. The rate now payable in respect of a non-contributory old age pension has been, since January 3, 2011, \$133.00 per week for all persons who qualify for this pension.

The receipt of a non-contributory pension is however not automatic. As from January 1, 1997 a person who had been gainfully occupied in employment and had failed or refused to be insured under the NIS Act, is disqualified from receipt of a non-contributory old age pension. A person making application for a non-contributory Old Age Pension is required to submit to the Director of National Insurance an affidavit for the purpose of establishing entitlement to such pension. Once they have been insured under the Act, itinerant vendors, occasional workers and those who deemed to have been working for wages

⁵¹ Inter American Development Bank Study on Poverty in Barbados. However, the 2010 Country Assessment of Living Conditions (CALC) Study will provide updated data.

below the poverty level over several years should easily qualify for this pension. Many older persons are unaware of these stipulations.⁵²

Many private companies and organizations have private pension schemes for their employees. As Barbadians live longer, the issue of long-term financial resources for older persons becomes critical.

4.4 Consumer Protection and Cost of Living

Increasing prices of essential foods and other commodities, combined with fixed pensions which are not increased with the cost of living, can lead to a decreasing standard and quality of life for the elderly. Nutrition can be negatively affected, resulting in health problems, as essential items may not be purchased and related pressures can also affect the mental wellbeing of the older person.

4.5 RECOMMENDATIONS: Financial and Economic Security

4.5.1 The right to work, employment and participation in economic life

In order to create the right environment for the enjoyment of the right to work, employment and participation in economic life for older persons, it is recommended that the Government and the Social Partners in collaboration with the relevant stakeholders:

- support the continued involvement of older persons in the economic life of the society and combat age discrimination against older persons;
- facilitate the employment of retired persons who are capable and wish to continue using their skills and knowledge productively in employment;
- develop a wide-ranging training and retraining programme for older persons embracing both employment and self-improvement skills, including familiarity with technological developments such as the computer;
- encourage self-employment through the creation of micro-business opportunities for the elderly;
- encourage banks, credit unions and other financial institutions to actively consider putting in place arrangements such as reverse mortgages, and to remove any age-discriminatory practices in relation to the extending other financial arrangements such as access to mortgages, credit facilities and overdrafts to older persons.

⁵² Rawlins, page 14, points out that a large proportion of elderly people in the Caribbean worked in the informal sector or never contributed to any pension scheme and that women are likely to be excluded from pension schemes since they have worked either at home or in the informal sector.

4.5.2 Preparation For Retirement

Since economic security provisions for the elderly must include greater self-reliance and better economic preparation for their retirement years, it is recommended that Government and the Social Partners, in collaboration with the relevant stakeholders:

- encourage and facilitate retirement preparation programmes in the public and private sectors. These programmes should be sponsored by employers and employees with the widest possible representation, and should be put in place well before the age of retirement and indeed possibly from the earliest years of paid employment;
- encourage older persons to take advantage of Retirement savings and investment plans offered by credit unions, banks and insurance companies, with particular attention to low-income earners, through appropriate incentives;
- consider amending the NIS Regulations to allow individuals to increase their pensions by personal contributions to the NIS Pension Scheme;
- encourage and facilitate education and retraining for older persons who wish to upgrade their knowledge and skills; and
- promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers as they age, *inter alia*, by setting up the relevant older persons employee assistance programmes.

4.5.3 Retirement Benefits, Pensions and Income Security

In order to improve the situation regarding pensions and income security for older persons it is recommended that the Government:

- Ensure that the public in the formal and informal sector is educated on all aspects of conditions related to contributory and non-contributory pensions and retirement plans in general;
- guarantee portability of pensions among employers at the local, regional and international level;
- continue to encourage individuals, by tax incentives or other appropriate strategies, to make private arrangements to supplement their state retirement benefits;
- encourage the insurance sector to provide reasonable terms and conditions that do not discriminate against the elderly, and consider allowing group or individual life and health insurance premium deductions for tax purposes for older persons.

4.5.4 Consumer Protection and Cost of Living Increases

In order to mitigate the effects of the rising cost of living on older persons and to increase general consumer protection for older persons it is recommended that the Government, in collaboration with relevant stakeholders:

- review and increase pensions periodically in relation to the cost of living, and consider increasing Government pensions at the same time as, and by the same rates as, salary increases for public servants;
- consider indexing pensions of older persons to the cost of living or instituting a cost of living allowance (COLA);
- seek to ensure minimum standards for all goods and services, with some measure of consumer protection from which the elderly may benefit;
- encourage supermarkets and other businesses to establish discount schemes⁵³ for older persons;
- encourage the setting up of consumer groups/organizations representing the concerns of older persons;
- develop a public education programme to inform older persons and their caregivers about the preparation of healthy, nutritious and tasty meals on a limited budget.

4.5.5 Education and Training for Employment of Older Persons

It is recommended that the Government, in collaboration with the relevant stakeholders, mount a wide ranging training programme for older persons by:

- working with tertiary institutions with expertise in life-long learning such as the Barbados Workers Union (BWU) Labour College, the University of the West Indies (UWI) School of Continuing Studies, and tertiary institutions, **together** with the resources of NGOs and CBOs, the Community Development Department and the Constituency Councils;
- encouraging employer and employee organizations to provide on-the-job preparation prior to retirement;
- accessing the resources of the Small Business Association (SBA) and the Barbados Institute of Management and Productivity (BIMAP) to assist in small business training for older persons after retirement;
- including provision for older persons in the national Human Resource Development (HRD) strategy.

⁵³ The excellent discount scheme offered to BARP members is a good example

5.0 HEALTH AND HEALTH CARE

Health is one of the most critical issues for older persons. According to the World Health Organization, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.... Health is a universal value, basic human right and a resource for everyday life.”⁵⁴ In Barbados, “the policies on health are predicated on the philosophy that health care is a fundamental right of Barbadians. Universal access to health care is a tangible manifestation of that right.”⁵⁵

In its section on “Health of Older Persons” the **Barbados Strategic Plan for Health 2002-2012** projected an increase in the percentage of elderly persons. It was noted in this Plan that the increasing number of older persons represented a major challenge for the provision of health and other social services. A priority issue identified was the lack of integrated care programmes for older persons. The Plan pointed out that changing dynamics within family life made it necessary for alternative care programmes to be considered for older persons.

The Government of Barbados continues to have a commitment to improving health conditions for older persons.⁵⁶ With education and continuing improvements in the standard of living in Barbados, the health status is likely to improve and longevity of coming generations of older persons will increase. This will place additional demands on our health services. The Ministry of Health has produced several valuable papers on the health of older persons over the last seven years. The next Strategic Health Plan for Barbados should therefore take into active consideration the proposals in this White Paper.

5.1 General Health Care

Approaches to the health of the elderly have tended to be more curative than preventative. There are currently few targeted public education programmes for older persons. There is a tendency to focus on the treatment of specific diseases within the general population, rather than on the age demographic, specifically in this case, that related to older persons. There is inadequate formal training throughout the health care system and a dearth of specialists at the professional level in gerontology and geriatric medicine, in Barbados. Health care workers, including doctors, nurses and other health professionals, social workers and other para-professionals involved in the care

⁵⁴ The Barbados Strategic Plan for Health 2002-2012 was published in January 2003, with the subtitle “The Health of the Nation is the Wealth of the Nation”

⁵⁵ *ibid*

⁵⁶ In his statement at the UN ECOSOC on July 8, 2009 the Hon. David Estwick, M.P., representing Barbados, made a commitment to maintaining a high level of investment in health, with major emphasis on the most vulnerable in our society, particularly the poor and elderly.

of older persons would benefit from exposure to such training. Public education and training are therefore crucial to ensure appropriate health care responses for an expanding ageing population.

Another important area requiring attention is that of standards for the institutions providing care for the elderly, both in the public and private sectors. The existing regulations provide for little differentiation between nursing homes and senior citizens homes. At present, the process of allocation is not responsive to the changing needs of residents. The lack of adequate assessments for initial intake results in inappropriate placement of persons in institutions and the review does not ensure that compliance with the regulations is followed.

The health services regulations(private hospitals, nursing homes, senior citizens' homes and maternity homes) 2005 enacted under the Health Services Act Cap 44 , provide standards for the operations of nursing homes and senior citizens' homes from a health perspective but social considerations in relation to recreation and rehabilitative needs, inter alia, are not reflected in the regulations. For example, the advisory and inspection committee does not provide for participation from the department responsible for elder affairs, despite the fact that this department has a significant role to play in ensuring that standards for these homes are comprehensively addressed. These gaps points to the need for a full review of the regulations.

Universal (primary, secondary and tertiary) health care services are provided by the Government free of cost to the public at the eight polyclinics and four satellite clinics, the Queen Elizabeth Hospital (QEH), the Psychiatric Hospital, the Geriatric Hospital and three district hospitals. Persons 65 years and over who are citizens or permanent residents are entitled to medication listed in the Barbados National Drug Formulary free of cost at public sector pharmacies under the Drug Service Act Cap 40a and the Financial Administration and Audit Act (Drug Service Rules) 1980 and Drug Service Rules Amendments 2011. The formulary is a compilation of pharmaceuticals required for the treatment of the main health conditions in the country, including asthma, cancer, diabetes, epilepsy and hypertension. The possible impact of changes made on April 1, 2011 is under review.

Private health services are also available for payment through institutions such as nursing homes and senior citizens' homes.

HIV, with respect to older persons, is an emerging health issue. It has been noted that older people tend to be diagnosed later than young people because some early symptoms of HIV can be considered as normal aging symptoms. Also HIV medication to older persons could lead to complications due to interactions with other medicine being taken.⁵⁷

⁵⁷ Global Action on Aging - GAA Report/Newsletter of January 26, 2011. The article makes a special recommendation that special information targeting Older Persons be prepared and distributed.

5.2 Impact of chronic non communicable diseases need to mention CARICOM

Data released by the United Nations data show that chronic non-communicable diseases (CNCDs) currently account for over 63% of deaths worldwide.⁵⁸ Barbados has one of the highest rates of mortality from CNCDs. The Declaration of Port of Spain, adopted by CARICOM Countries in September 2007⁵⁹ in an effort to reduce the impact of CNCDs among CARICOM countries, has led to national and regional campaigns to change lifestyle behaviour.

The current Strategic Plan for Health points out that lifestyle diseases have been the leading causes of morbidity and mortality in Barbados and has identified chronic non communicable diseases (CNCDs) as a serious challenge to the management of health problems in Barbados. CNCDs are seen as being partly genetic and lifestyle related, with diseases occurring in middle or old age after prolonged exposure to modifiable lifestyle behaviours and environmental risk factors. CNCDs such as hypertension, coronary (artery) disease, stroke, arthritis, cancer and diabetes mellitus and its attendant complications including amputations and blindness are more prevalent with age. Direct and indirect costs related to treatment of CNCDs are high.

Dementia is described as a syndrome that can be caused by a number of progressive disorders that affect memory, thinking, behaviour, and the ability to perform every day activities. Alzheimer's disease, the most common form of Dementia, is prevalent among the older population. Management of the disease is labour intensive and the drugs used are expensive. This disease threatens to add significant costs to Health Care in the foreseeable future. In the **World Alzheimer Report 2010** on the global impact of dementia, Alzheimer's Disease International recommends that new investment in chronic disease care should always include attention to dementia. The fact that dementia is not listed as a chronic disease results in inadequate attention being given to this problem.⁶⁰

Those who escape such diseases are likely to find that the mere ageing of the body brings with it a greater number of medical needs, among them ophthalmology and podiatry. The high incidence of older persons with disabilities related to CNCDs in the 2000 Census is a grave cause for concern

In January 2007 the **National NCD Commission** was established in Barbados, to develop and promote well planned strategies for the control of CNCDs, with specific emphasis on an intersectoral and multidisciplinary approach. The Ministries targeted for partnerships with the Commission are the Ministry of

⁵⁸ United Nations High Level Meeting on Non-communicable Disease Prevention and Control - NCD Summit to Shape the International Agenda (NY: 19th-20th September 2011).

⁵⁹ Caricom Secretariat. Declaration of Port of Spain: Uniting to stop the Epidemic of Chronic NCDs; Sept. 2007

⁶⁰ See the statement that "Chronic conditions such as Alzheimer's disease and other dementias need to be recognized as of significance among the health concerns" (page 10 Rawlins) as well as the third of the seven recommendations made in the World Alzheimer Report 2010.

Education, Youth Affairs and Sports, the Ministry of Agriculture, and the Ministry of Finance, all of which will work in collaboration with corporate Barbados, NGOs, the audiovisual and print media and community groups. A CNCD Registry (the first in the Caribbean) has also been established, in association with the Chronic Disease Research Centre (CDRC) of the UWI.

5.3 Institutional Health Care

Older persons in need of long term health care are accommodated at the Geriatric Hospital, other district hospitals and in private nursing homes. In recent years, to free beds occupied by the “homeless/abandoned” elderly at the Queen Elizabeth Hospital, the Government initiated an Alternative Care of the Elderly Programme whereby it pays \$65.00 for the well and \$75.00 for the ill elderly per day to private senior citizen/nursing homes that admit persons under the scheme. There are however not yet enough facilities, either Government or private, to provide a range of accommodation options for different levels of care to all those who require it.

Where institutions do exist, there are problems with respect to organizational structure, inadequacy of staffing and quality of service, standards of care, and maintenance of the physical plant that impact on the level of care.

There is currently a dearth of institutions for short-term rehabilitative care and this matter should be addressed. A comprehensive plan for rehabilitation has long been discussed but has not been implemented.

5.4 Home and Community Health/Medical Care Services

Barbados continues to be challenged by the number of persons seeking to be accommodated in public long-term institutions. There are currently 484 persons accommodated in Government district hospitals while the waiting list numbers a further 304 persons. Taking into consideration the projected growth in the ageing population and the complications of CNCDs, it brings into sharper focus the need for a wider range of home and community health and medical care services. At present there are few options available at the community level and additional options such as multidisciplinary and mobile services are lacking. The considerable work which has been done by the Ministry of Health in this regard should be acknowledged and should form the basis of coordinated action in this important area.

The District Nursing Service

A public health service whereby nurses attached to the polyclinics provide home healthcare services to elderly shut-ins and provide referrals to other Government Agencies, where required. The service also comprises medical doctor home visits every 3 to 4 months.

5.5 Mental Health

A National Mental Health Policy for the development of mental health services was prepared as part of the Strategic Plan for Health 2004-2012. It defined a number of high risk populations whose needs must be better assessed and addressed, such as the comparatively large population of long stay, live-in patients in the Psychiatric Hospital and elderly persons with significant mental health impairments. Geriatric psychiatric services are among the seven categories of service recommended in the policy document.

The lone Psychiatric Hospital admits approximately 1,000 persons annually although at any given time the resident population is unlikely to exceed 600-650 persons. In addition the QEH has a psychiatric ward and there are district psychiatric nursing services, including home visits and outpatient clinics, at the eight polyclinics as well as mental health clinics that are also conducted at the polyclinics.

Geriatric psychiatric services are provided both publicly and privately, but generally specialist psychiatric services are seen as being poorly developed and fragmented.

Mental health concerns increase with advancing age. Depression and dementia are two of the major psychiatric illnesses of older persons. The social stigma which attaches to mental illness in Barbados leads to failure by many older persons and their families or relatives to approach mental illness in the same way as they would physical illness. Simple factors such as abrupt changes in surroundings or life-style, loss, financial insecurity and fear of dependency can affect the mental health of older persons. Several mental health issues in older persons can be prevented, treated or modified by prompt diagnosis or treatment without elaborate technology or institutionalization.

5.6 Coordination between the Ministry of Health and the Ministry responsible for older persons

The ageing population of Barbados and the special health needs of older persons require an effective and structured working relationship between the Ministry of Health and the Ministry responsible for older persons. While there has been some collaboration between the Ministries concerned, there continues to be fragmentation in formulating policy to holistically address the needs of older persons, as well as an absence of formal consultation systems.

5.7 RECOMMENDATIONS: Health and Health Care

The 1998 Pan American Health Organization policy on health and ageing became the basis for the CARICOM Charter on Health and Ageing that was approved by CARICOM Ministers of Health and guided national policy documents. The recommendations which follow have incorporated some of the above elements, and updated them as necessary:

5.7.1 General Health

5.7.1.1 Right to Health

To encourage responsibilities that accompany the fundamental rights to health, it is recommended that the Government pro-actively seek to ensure that attitudes, behaviours and practices which lead to good health for older persons start at an early age and continue throughout life. There will be increased health promotion through access to reliable information, and family and community support for older persons, their relatives and caregivers.

5.7.1.2 General Health Care

It is recommended that the Government seek to improve general health care for older persons by:

- developing mechanisms to foster understanding of the control and management of the deterioration brought on by the physiological manifestations of ageing;
- emphasizing the prevention and control of all acute and chronic diseases, noting that many of the physiological changes of ageing are exaggerated by chronic non communicable diseases such as diabetes, and hypertension;
- increasing the caregiver-to-patient ratio for nursing homes/senior citizens' homes;
- ensuring equal access to medical and rehabilitative services which permit the following:
 - thorough medical assessments of the elderly with emphasis on prevention and rehabilitation rather than institutionalization; and
 - the provision of available and appropriate services including the specialized services based on need and availability, without age discrimination;
- establishing a Geriatric Assessment Unit at the QEH;
- establishing a unit for geriatric services in the Ministry of Health;
- clearly outlining to all stakeholders the intake and discharge procedure and processes for elderly persons at QEH ;

- improving the reception of elderly people in public health care institutions taking into consideration the United Nations Principles for Older Persons ⁶¹;
- making provision for Geriatric Patient Advocate(s) to improve the communication between patients, relatives and hospital personnel while older persons are in the Accident and Emergency private and public wards;
- review the categories of institutions providing care to ensure that patients receive the appropriate level of care in the appropriate setting;
- expanding specialist diagnostic and laboratory facilities to the polyclinics in order to reduce the pressure on the Accident and Emergency and the consequent delays experienced by older persons;
- consider additional mechanisms to reduce the cost of drugs, equipment and medical supplies to older persons, their guardians or care institutions.

5.7.1.3 Health Education and Training

In support of the right to health for older persons, it is recommended that the Government:

- implement public education programmes that:
 - promote an understanding of the nature of the physical, mental, social and spiritual processes of ageing;
 - emphasize the responsibility of individuals in their own health and of relatives in the care of their elderly;
- ensure that all of its health professionals are educated and trained in the ageing process and its associated social, psychological, mental and spiritual as well as physical aspects, and that adequate numbers are specially trained in gerontology and geriatric medicine;
- The inclusion of gerontology and geriatric medicine as permanent areas in the list of disciplines covered by National Development Scholarships;
- establish a health information system responsive to the needs of older persons and an appropriate database for use by health care and other agencies – including private organizations – serving older persons;
- address the impact of gender differences on the health needs of the elderly, and support the collection of relevant data and research into those needs, particularly those of older women;

⁶¹ <http://www2.ohchr.org/english/law/olderpersons.htm>

- foster linkages with allied health agencies, CBOs, FBOs, NGOs and corporate Barbados to assist in promoting programmes and activities, such as day care and education, that encourage a healthy lifestyle for older persons; and
- facilitate workshops, courses and best practices in the treatment of geriatric patients and the early detection of Alzheimer's disease for general practitioners.

5.7.1.4 Health Care Standards

In order to improve health care for older persons, it is recommended that Government:

- comprehensively review and update the Health Services (Private Hospitals, Nursing Homes, Seniors Citizens' Homes and Maternity Homes) Regulations, 2005 to include social considerations that impact on the effective provision of institutional care to the elderly;
- formulate and implement standards and regulations for both public and private health care institutions and establish an adequately staffed regulatory body. The standards and regulations will address issues including, but not limited to, patient care, building codes and the legal rights of the client;
- ensure that standards of practice in public and private health care institutions reflect best practices and are sensitive and appropriate to the special needs of the elderly;
- carry out regular monitoring and evaluation of the organizational structure, function and services of all health care institutions treating older persons. Reviews should include procedures and processes, intake and discharge arrangements, length of waiting time for the elderly in clinics and hospitals, adequacy of staffing and quality of service, standards of care, and maintenance of the physical plant and security as they impact on older persons;
- review the standards of homes providing care to ensure that patients receive the best care possible in the appropriate setting.

5.7.2 Chronic Non Communicable Diseases (CNCDs)

In view of the serious impact of CNCDs on the entire population, but especially older persons, it is recommended that the Government:

- execute more effective health promotion strategies among older persons with respect to CNCDs;

- continue to promote “active ageing” lifestyles through regular exercise, recreational activity, for example through the National Senior Games;
- encourage proper and balanced nutrition for older persons with an emphasis on locally grown produce;
- reorient primary health care towards the provision of more targeted and effective community medical and nursing services with respect to CNCDs;
- include Alzheimer's disease in the list of CNCDs to achieve a heightened level of attention to the disease;
- provide the medical skills and equipment to carry out early checks for the onset of Alzheimer's disease;
- educate the public as to the causes of blindness and encourage, in the primary, secondary and tertiary health care sectors, early detection and notification of illnesses that can lead to blindness, given the high proportion of older persons classified as blind or visually impaired according to the 2000 Census;
- encourage greater involvement by the health insurance sector in the promotion of healthy lifestyles, early detection and treatment of chronic non communicable diseases.

5.7.3 Institutional Health Care

Given the high incidence of CNCDs among older persons, it is recommended that Government:

- identify and address the social factors leading to institutionalization;
- undertake a comprehensive analysis of future demand for institutional care taking into account the impact of demographic change;
- design and implement strategies to deal with the likely increases in the number of chronically ill persons who will require long convalescence or long term institutional care;
- review its Alternative Care of the Elderly Programme with a view to optimizing its role in the context of an ageing population;
- ensure that the elderly have access to institutional health care when necessary, and access to services which enhance and protect their independence and dignity in such institutions;
- encourage all care-giving facilities, both private and public, to use rehabilitative approaches which seek to restore and maintain functional

ability and independence, and return the elderly to the family and the community wherever possible;

- provide incentives to the private sector, including private financial institutions, for investment in building and retrofitting nursing homes and day hospitals, inter alia

5.7.4 Home and Community Health/Medical Care Services

The provision of home and community health/medical care services must be intensified to enable more seniors to remain in the familiar surroundings of their own homes and communities. It is recommended that Government therefore:

- review the operation and staffing of the District Nursing Service, with a view to enhancing its services to older persons on a phased basis;
- Develop and promote the concept of community day hospitals and in due course, facilitate the establishment of such hospitals for the rehabilitation of older persons who do not have to be institutionalized, but may require help in restoring and maintaining their independence;
- Provide such multidisciplinary services at polyclinics and satellite clinics;
- explore the possibility of the provision of mobile health/medical care facilities providing multidisciplinary health services;
- encourage the Nutrition Centre, health professionals and the hospitality industry to sponsor community-based nutrition education programmes with special attention to the dietary needs of the elderly;
- facilitate the expansion of existing community health/medical care services for older persons, and the development of a variety of services for them, and for their caregivers, such as caregiver relief and respite services.

5.7.5 Mental Health

Special attention must be paid to mental health concerns that impact older persons. It is recommended that Government in collaboration with key stakeholders where appropriate:

- undertake and facilitate public awareness programmes to combat the stigma of mental illness and provide information that promotes a greater understanding of mental health issues;
- strengthen community mental health services and provide counselling where necessary for older persons, their guardians and caregivers in their own homes where feasible;

- establish systems to identify the elderly in the community who are “at risk” because of their mental health needs, and encourage them to seek early treatment;
- ensure that care giving facilities take into account all the factors likely to affect the mental health of the elderly and provide motivational therapy for the promotion of active living and the affirmation of their sense of personal dignity;
- create and/or strengthen linkages with allied public and private health agencies, CBOs, FBOs and NGOs, and corporate Barbados to promote good mental health, including access to continuous treatment;
- facilitate the training/provision of specialist health professionals at all levels in geriatric psychiatry where possible;
- train caregivers and staff at facilities providing day care services for Older persons to recognize signs of mental health issues and to develop techniques to manage the situation;
- include more detailed consideration of psycho/geriatric issues and policies for older persons in future mental health policy documents.

6.0 THE PHYSICAL AND BUILT ENVIRONMENT

The determinants of health include not only biological endowment and individual behaviours but also physical and social environments (Beckingham & DuGas, 1993; Roemer, 1985). The physical and built environment refers to both the internal and external aspects of the physical surroundings, their stability or inadequacy, and the tendency of the surroundings to foster or jeopardize health and safety. A safe environment is free of impediments and threats to person or property.

A supportive physical environment is one of key determinants of health and also an essential condition for healthy ageing. The World Health Organization defines health broadly as a person's physical, psychological and social well-being. Deprived living conditions are among the factors that contribute to the poor health status of older persons (World Health Organization, 1998).

Given the projections regarding the ageing population of Barbados, it has become critical that more attention be paid to the improvement of the physical and built environment to meet the needs of the elderly. Policy decisions and new programmes will be required in the areas of housing policy and building code; public roads; public transportation; disaster preparedness; safety and security; and accessibility of services.

6.1 Housing Policy and Building Code

6.1.1 Housing Stock

With the projections for an increase in the ageing population in the coming years, as well as statistics that indicate that many vulnerable older persons live alone, it is clear that current options in relation to both supply and adequacy of housing for older persons are limited. As indicated in the earlier chapters there are many challenges accompanying the ageing process which would impact on the functioning of older persons in their homes. There is therefore a need for a varied supply of housing options for older persons ranging from independent living to assisted living facilities for groups, as well as options for individuals living in their own homes. The Government's Senior Citizens' Village at Vauxhall in Christ Church and the Soroptimists Senior Citizens' Complex at Eden Lodge, St Michael are examples of special purpose-built group housing for older persons. The Vauxhall Senior Citizens' Village caters to independent living as well as assisted living for older persons while the Soroptimists Village requires that the senior be capable of functioning independently. Many homes of older persons need to be retrofitted to meet the requirements of advancing age. The elderly poor would often not have the means to carry out such retrofitting themselves.

There is therefore a need for improved policy directions on the provision of housing for older persons, particularly those who are most at-risk. New

financial approaches should also be devised to encourage the private sector, financial institutions and appropriate NGOs to invest in housing for the elderly.

The Rural and Urban Development Commissions, key agencies that seek to improve living conditions for the poor, assist with the provision of housing, repairs and modernization including electrical installation and upgrade, and provision of indoor waterborne facilities for the elderly poor. Clear provision is required within their mandates to address the needs of the elderly poor and they should be provided with the necessary resources and infrastructure to satisfy their revised mandates.

Indoor Sanitation

Several older persons live in homes without the option of indoor sanitation, an issue that relates both to accessibility and to health conditions of older persons. Accessibility to pit toilets poses an immense challenge to anyone generally, but is especially problematic for older persons. Pit toilets do not meet modern sanitary standards and urgent attention is therefore required to the provision of modern waterborne facilities in housing for vulnerable older persons.

6.1.2 Buildings (including access to buildings)

Many public buildings do not adequately provide for access by older persons, either internally or externally. However, a start has been made by making some newer public buildings more user friendly to older persons by providing ramps, rails and wider doors. There is still a dire need to enforce a Barbados National Building Code, especially with respect to access to public buildings, places of business for use by the public and recreational spaces to be constructed to accommodate the needs of elderly persons.

In addition, at the private level, persons building their own homes seldom, if ever, build with the recognition that they too will reach an age when split levels, steep staircases, narrow doorways and passages/corridors, awkward bathrooms and kitchens will make everyday living difficult. Incentives for home construction and retrofitting to meet the needs of older persons would appear to be a necessary element in a national policy.

6.2 Public Roads

The road system of Barbados still requires some upgrading to facilitate comfortable and safe pedestrian movement, particularly by the elderly. Recent developments such as the Bridgetown Road Improvement Project have responded to the need for pavements, traffic lights for pedestrian crossings and other aspects of pedestrian safety. However, the use of wheelchairs or scooters by the elderly on public roads remains hazardous, and independent movement by some of our seniors is therefore severely impaired, if not prohibited, on many of our roads. There are increasing mobility and accessibility challenges for older pedestrians and

wheelchair/scooter users, inter alia, that must be resolved through appropriate planning in the construction of roads. In addition, there is non-existent or inadequate provision for parking for senior citizens, and concomitant penalties for inappropriate use of such parking spaces are also noticeably missing.

6.3 Public Transportation

Public transportation for the elderly is provided by both Government and privately owned operators. Key elements of Active Ageing Policy are the provision of and accessibility to transportation.

Currently Persons aged 65 and over can travel free of cost on the Government owned buses operated by the Transport Board on presentation of national identification cards. The current annual cost of this service is approximately \$3M for about two million rides (or about 200,000 per month), paid as a subsidy through the Welfare Department. A number of elderly persons are nonetheless still reluctant to take public transportation due to feelings of insecurity and the uncertainty of the service on some routes.

There is also a Government Call-A-Ride system in place, operated through the Transport Board, which provides special buses with wheel chair lifts, to facilitate movement of the elderly and differently-abled persons. These buses assist with transportation to clinic appointments but this service does not adequately cover access to places frequently visited by older persons for business and personal transactions.

Privately-operated taxis, "ZR" vans and minibuses also provide public services for the elderly, but very few of these vehicles are specifically designed or configured to provide comfortable transportation for older persons. There is also a higher cost for this private service.

There appear to be major challenges regarding the provision of the transportation service for older persons and the ability to meet the demand. In addition, the suitability of such transportation for use by the elderly and the arrangements for the comfort of older persons using this transportation are issues of concern. New options for Government owned and privately operated transportation for older persons need to be explored.

6.4 Disaster Preparedness

For the purpose of this paper a disaster is defined as either man-made or from natural causes, and may include a fire, flood, hurricane or earthquake. The effects of a disaster may be financial, psychological and emotional and can lead to displacement and dislocation. They can be particularly devastating for older persons and it is therefore recognized that older persons are particularly vulnerable to disasters. While the state is ultimately responsible for overseeing disaster preparedness, individuals must also be reminded of their own responsibility in avoiding and mitigating disaster. The effects can often

be reduced through adequate preparations, and mitigated through appropriate insurance coverage.

The National Assistance Board (NAB) has established a Vulnerable Persons Committee (VPC) to make adequate plans for the elderly and PWD in time of national disasters. (See list of members of the VPC in Annex V.) The VPC is required to work closely with the Department of Emergency Management and with the many important stakeholders who play a crucial role in improving the capacity of older persons to prepare for and to withstand disasters.

6.5 A Safe Environment

Seniors living alone are particularly vulnerable to personal attacks and other hazards. Individual, family, community and national strategies must therefore be adopted to enhance the physical safety and security of our seniors. Training and sensitization of all stakeholders are essential to a successful strategy. Modern safety/security equipment, devices and systems are now available to the wider population but their use is limited.

6.6 Accessibility of Services

Social and other essential services may be fewer and less accessible to the elderly in rural areas than to those located in urban areas, although there may also be pockets of inaccessibility in urban areas. The National Census 2010 and the CALC Survey of Living Conditions 2010 will provide specific information on issues relating to services for the elderly in both urban and rural areas. This would provide the basis for the articulation of a national system for the equitable distribution of social services and support to older persons throughout the country.

6.7 Recommendations: The Physical Environment

6.7.1 Housing Policy and Building Code

6.7.1.1 A National Consultation on Housing, Housing Policy and a Building Code

It is recommended that a National Housing Policy and Building Code with standards and guidelines in relation to both public and private housing, and which would encompass the needs of the elderly, be established and enforced by the Government. The Housing policy would be informed by the recommendations of a National Consultation on Housing, Housing Policy and a Building Code to be sponsored by the Ministry responsible for older persons, in consultation with other Government ministries/agencies and the other social partners. The proposed National Building Code currently under consideration by the Government should be regarded as urgent. This

Consultation should take place within six months of the passing of the White Paper by the Parliament.

6.7.1.2 Housing Stock (including access to buildings)

It is recommended that Government provide the framework for the development of an improved and expanded housing stock for older persons and should undertake the following activities in consultation with the relevant stakeholders:

- actively explore all the possibilities for facilitating the provision of low cost/affordable housing for the elderly poor;
- allocate at least 10% of all homes in Government housing development to older persons, given the ever rising proportion of elderly in the population;
- allocate ground floor units to older persons wherever possible in future residential buildings provided by Government and, in the case of multi-storey units, install elevators or lifts;
- re-locate older persons where possible near their existing neighbourhoods when relocation becomes necessary;
- continue to provide appropriate replacement houses, under the relevant programmes for the elderly poor, with a minimum of two bedrooms, on conditions established by the Government, to facilitate caregiver services;
- educate the elderly and facilitate general public awareness and programmes on preventative property maintenance;
- encourage insurance companies to develop an appropriate house Insurance scheme for the elderly;
- ensure schemes to improve the design and accessibility of private homes, public buildings and care giving facilities taking the elderly into account, and with sections of the Building Code which apply to persons with disabilities also applied to the elderly, including the provision of ramps, rails, wide doorways and in some cases elevators or lifts;
- require all new housing, including housing constructed for the elderly, especially those living alone, to be designed structurally to withstand a Category 3 hurricane and be assigned an importance factor of 1 for earthquakes;
- encourage the retrofitting of existing housing to meet the recommended standards through policies and incentives;

- provide incentives to private enterprise and cooperative ventures for refurbishment/retrofitting of existing homes of the elderly;
- provide incentives to private enterprise, financial institutions and NGOs to construct additional villages/complexes, ranging from assisted-living facilities to those catering to independent living, and a variety of retirement homes/facilities for older persons;
- encourage financial institutions to institute and facilitate reverse mortgages for older persons to allow them, *inter alia*, to refurbish and retrofit their homes;
- provide public recreational spaces and encourage private sector developments to provide appropriate recreational spaces that for the use of the elderly and to promote intergenerational activities;
- create awareness and incentives for elder-friendly private and commercial buildings in Government and the private sector;
- revise the mandates of the RDC and UDC to address the needs of the elderly poor and provide these institutions with the necessary resources and infrastructure to satisfy their revised mandates;
- develop a programme to urgently address the need for indoor water-borne facilities in housing for the elderly poor.

6.7.2 Public Roads

It is recommended that, in a series of phased improvements to its road and traffic management, Government should:

- ensure that its future road and traffic management planning provides for traffic lights with audio as well as visual signals at pedestrian crossings, properly timed to accommodate the elderly;
- permit the elderly using wheelchairs and scooters to move around freely and maintain their independence, by providing the following, where feasible:
 - skid free pavements
 - wider pavements
 - suitably inclined ramps
 - reserved parking places
 - railings
- make legal provision for designated parking for senior citizens in public areas, and for penalties against abuse.

6.7.3 Public Transportation

It is recommended that, in a series of phased improvements of the public transportation sector, Government ensure that:

- providers of public and private transportation are sensitized to the needs of the ageing population and encouraged to accommodate these needs;
- clear and improved guidelines are implemented to direct how elderly persons are to be accommodated in using the public transport system, including provision for appropriate signage in relation to seating;
- both the public and private sectors are encouraged to equip future transportation stock with wheelchair lifts and hydraulic capabilities to the fullest extent possible, and that space is clearly designated for wheelchairs in public transportation vehicles;
- the Transport Board provide improved and wider service coverage for both the Call-a-Ride and the general transportation service, including services for the rural areas
- churches, other service organizations and private individuals should be encouraged to provide transportation for the elderly;
- fiscal incentives be used to encourage provision/adaptation of transportation services to accommodate older persons;
- public education programmes be undertaken in relation to the use of public transportation by older persons.

6.7.4 Disaster Preparedness

Given the devastating impact of disasters on vulnerable older persons, often living alone, it is recommended that Government:

- encourage its agencies and appropriate NGOs and CBOs to improve existing disaster preparedness plans for the protection of the elderly and physically challenged persons, especially those living alone;
- ensure that all possibilities are explored for providing some form of property insurance for an increased number of elderly property owners;
- strengthen public education on disaster preparedness and mitigation, directed to older persons;

- subsidize/facilitate the purchase and installation of devices such as smoke detectors and fire extinguishers for the elderly, particularly those with disabilities.

6.7.5 A Safe Environment

In order to maintain a safe environment for older persons in their homes and communities, it is recommended that Government:

- encourage the development of programmes to keep a special watch on the elderly known to be living alone, and continue to work with the Royal Barbados Police Force, other ministries/agencies especially Constituency Councils, and caregivers to monitor those designated “At Risk”;
- encourage communities to develop systems to ensure the security of vulnerable older persons in their midst, *inter alia* by improving street lighting and the general physical environment of the neighbourhood, for example, de-bushing and the provision of footpaths;
- encourage the increased use of alarm systems for individuals, groups and communities, including the activating of Neighbourhood Watch Programmes;
- promote the use of personalized body alarm systems with centralized monitoring for use in the home by elderly living alone;
- promote the granting of discounts and/or tax incentives for alarm systems and personalized body alarm systems for older persons.

6.7.6 Accessibility of Services

In view of the concerns regarding access to social and other essential services by older persons in some urban and rural areas, it is recommended that the Government:

- carefully examine the findings of the National Population and Housing Census 2010 and the CALC 2010 Survey of Living Conditions to determine where improved accessibility to services for older persons is required in both rural and urban areas;
- examine what special support may be needed to provide equitable services to areas requiring improved accessibility.

7.0 THE SOCIAL ENVIRONMENT

A person's social environment is created by his/her living and working conditions, income level, educational background and the families and communities of which he/she is a part. Social relationships and involvement in social activities are important elements in the social environment that enhance a person's quality of life. This is especially so for older persons.⁶²

By virtue of their often precarious social and economic position, older persons tend to be negatively affected by a rapidly evolving society. One instance is that many elderly now live alone, which increases their susceptibility to social phenomena such as vulnerability and exclusion. This is further exacerbated by the high incidence of CNCDs among older persons.

In Barbados the society has evolved to such an extent that the change in the "traditional mechanisms of care" has led to diminished familial and community support systems. One such example is that due to increased economic opportunities, more women who previously cared for ageing family members are now working and living away from the home and are no longer in a position to provide that aspect of care.

In addition, as is the case with other countries, the Barbadian response to the ageing phenomenon has not kept pace with the evolution of an ageing society. Structural responses and social provisioning are therefore still lagging.

This section will continue with an examination of major issues which confront the elderly in Barbados.

7.1 Social Vulnerability

It has been previously noted that vulnerability is a multidimensional phenomenon that encompasses a number of areas of human endeavour and interaction, including social, economic and cultural factors⁶³. This definition is expanded when the concept of *social vulnerability* is considered. St. Bernard (2004)⁶⁴ noted that social vulnerability is "the inability of human units (individuals, households or families) to cope with and recover from stresses and shocks, their inability to adapt to and exploit changes in physical, social and economic environments and their inability to maintain and enhance future generations."

⁶² Growing Old in America: Expectations vs. Reality, Pew Research Center's Social & Demographic Trends Project 202.419.4372. <http://pewsocialtrends.org>, [accessed July 12, 2010].

⁶³ Nicholls, R. Coastal Vulnerability to Sea-Level Rise: Evaluation and Selection of Methodologies for Implementation. 1998, Barbados.

⁶⁴ St. Bernard, G. Social Vulnerability Measurement in the Caribbean Sub-region. A pilot test. 2004.

This White Paper arises, in part, from the recognition of the need to reduce the level of risk and vulnerability resulting from the ageing process. The concept of risk refers to the uncertainty of events that can damage well-being. With respect to the elderly, general levels of co-variant⁶⁵ risk are exponentially compounded by their heightened susceptibility to idiosyncratic⁶⁶ risk, particularly in the area of health. Issues such as injury, sickness, advancing age, reductions in income and disability all combine to increase the vulnerability of older persons.

There is a direct correlation between reducing the extent of vulnerability among our elderly, an understanding of the levels and types of risk they face, and the provision of appropriate solutions. This position has particular resonance when issues concerning the elderly, as a discrete vulnerable group, are considered.

Beyond conventional definitions of the term, embedded within the concept of vulnerability are a number of psychosocial elements that also impact on an elderly person's quality of life. Amongst them is social exclusion, which is a major cross-cutting theme that must be considered in strengthening social protection of the elderly.

Within this overall context, this section will now examine and discuss social issues arising from general social environmental factors; and from health-related social factors.

7.2 General Social Environmental Factors

The general social environmental factors include intergenerational issues, elder abuse, social exclusion, social protection, community support services, and education and life-long learning.

7.2.1 Intergenerational Relations

As Barbadian society develops, the complex and multi-dimensional issues that occur as a result of age differences often lead to misunderstanding among generations. The different cross-generational experiences give rise to intergenerational tensions and the so-called 'generation gap'. Research has found that positive intergenerational relations benefit the community.⁶⁷ There is need to encourage social interaction aimed at building a culture of mutually beneficial and respectful giving and receiving of care and support, particularly between the youth and the elderly.

Some important aspects of intergenerational issues that present opportunities for improvement are feelings of "insecurity, lack of place in society, not being

⁶⁵ Covariant risks can be regional or international (e.g. macroeconomic shocks).

⁶⁶ Idiosyncratic risks occur at the micro level and usually affect a portion of the population.

⁶⁷ 'Benefits of Intergenerational Programs' Aging Initiative. <http://www.epa.gov/aging/ia/benefits.htm> [accessed 06/09/10]

valued and not being accepted.”⁶⁸ In practical terms, these issues may be evidenced in the technological divide. Examples are:

- misuse of, or inability to use, computers,⁶⁹ cell phones,⁷⁰ and other electronic and digital gadgets and equipment such as microwave ovens and digital TVs;
- general lack of access to information⁷¹ which may lead to elderly persons being disadvantaged;
- differing and conflicting values and attitudes relating to lifestyle, language, religion, expectations, opportunities, gender roles, and other aspects of culture such as food, music and dress, inter alia.⁷²

Government recognizes the need to build on the existing strengths of inter-generational solidarity in the family, community and at institutional levels. Our seniors are the repositories of tradition, culture, knowledge and skills, and such attributes are essential in maintaining healthy values in the society. Creative activities integrating the young and the old would assist in building stronger families and communities.

7.2.2 Elder Abuse

Elder abuse is seen as a violation of fundamental human rights. The United Nations Secretary General (2002) and the World Health Organization (WHO) define it as “a single or repeated act or lack of appropriate action occurring within any relationship, where there is an expectation of trust or duty of care, which causes harm or distress to an older person”. This definition addresses elder abuse within the institutional setting as well in the community and the home. It also implies both the commission and omission of an act, and/or negligence.

Elder abuse can be financial, as in misappropriation of pension cheques, physical, emotional, or psychological, and can include violence, sexual abuse, abandonment and neglect. It can be intentional or through ignorance. Some aspects of elder abuse can currently be dealt with under specific legislation on fraud, domestic violence, theft, assault or battery.

⁶⁸ Hatton-Yeo, A. and O. Toshio (eds.) *Intergenerational Programmes: Public Policy And Research Implications: An International Perspective*. 2000, UNESCO Institute for Education.

⁶⁹ Why Computers Frustrate Older Adults, Science Daily, 2007, <http://www.sciencedaily.com/releases/2007/03/070316140944.htm>, [accessed 06/09/10]

⁷⁰ Growing Old in America: Expectations vs. Reality, Pew Research Center’s Social & Demographic Trends Project 202.419.4372. <http://pewsocialtrends.org>, [accessed July 12, 2010].

⁷¹ Kerr, L. and V. Kerr. *Older people doing it for themselves: Accessing information, advice and advocacy*, (2003), <http://www.jrf.org.uk/publications/older-people-doing-it-themselves-accessing-information-advice-and-advocacy> [accessed 06/09/10]

⁷² **Pew Research Center.** As Marriage and Parenthood Drift Apart, Public Is Concerned about Social Impact: *Generation Gap in Values, Behaviors*. (2007) <http://pewresearch.org/pubs/526/marriage-parenthood> [accessed: 6/17/10]

A number of reports of elder abuse in Barbados have been received by various agencies. However, the full extent of the problem is unknown given the lack of empirical research. The complex nature of this phenomenon and the lack of a structured and coordinated approach have resulted in fragmented interventions by the social services. A coordinated approach would assist in gathering data about the factors involved in abuse thus leading to the development of better screening, prevention and management strategies.

Within the older population there exist those who for reasons of physical or mental incapacity and minimal social support are highly vulnerable to abuse and are unable to articulate their own needs. In such cases outside intervention and protection would be necessary. The need for commitment to the elimination of all forms of elder abuse is brought into sharper focus given that Barbados is signatory to a number of the international treaties and declarations on ageing, such as the Madrid Political Declaration and International Plan of Action on Ageing of 2002.

7.2.3 Social Exclusion

Social exclusion is a multi-dimensional phenomenon and some areas in which it occurs, such as health and finance, have been dealt with earlier in this paper. Regarding social exclusion, Barry (1998) notes that, "Social exclusion is a violation of the demands of social justice" (p.iv). In like manner, Walker and Walker (1997:8)⁷³ define social exclusion as constantly "being shut out ... from any of the social, economic, political and cultural systems which determine the social integration of a person in society".

It can therefore be argued that the inability of the elderly to be fully integrated into community life and their routine exclusion from relating to others can directly impoverish their lives. Sen (2001)⁷⁴ best explains the all-pervasive and multi-dimensional nature of social exclusion when he posits that "...being excluded from social relations can lead to other deprivations as well, thereby further limiting our living opportunities".

The need for the involvement of the elderly in decisions and activities that directly affect their lives should be viewed as a given. Too often, however, elderly persons are marginalized and alienated from exerting any meaningful influence on issues, either nationally or as they relate directly to their own lives. There are factors that tend to the exclusion of the elderly from areas of social interaction, among them problems with physical access, feelings of alienation by virtue of age and infirmity, transport, financial cost and fear of crime and victimization⁷⁵.

⁷³ Walker, A. and C. Walker (eds.) Britain Divided: The Growth of Social Exclusion in the 1980s and 1990s. 1997,

⁷⁴ Sen, A. Social Exclusion, Concept, Application and Scrutiny. 2000, Asian Development Bank.

⁷⁵ For a contextual discussion on such issues, see for example *Poverty and Social Exclusion in Britain*. Joseph Rowntree Foundation. <http://www.poverty.ac.uk/pdf/JRF-Full-report-Poverty-social-exclusion.pdf> [accessed 02/16/11]

Given the vulnerability of elderly persons to the vagaries of ageing in certain areas of life, social exclusion is clearly a phenomenon which can acutely impact their lives. Failing health, declining well-being and lack of social support are three areas in which vulnerability is seen. An example of disappearing social support is the natural reduction in social reference persons, i.e., those persons who formed part of the family and social circle but who are no longer around and who cannot be so easily replaced.

Furthermore, the phenomenon of Naturally Occurring Retirement Communities (NORC), as a consequence of younger persons moving away from a community, can result in an ageing neighbourhood. The resultant fissures in social networks, especially for the "old-old", lead to increased feelings of loneliness and isolation, causing persons to disengage from their social environment.

Social exclusion among older persons is compounded by situations such as homelessness and the lack of social support such as with the case of elderly persons who can be discharged from the Psychiatric Hospital or Queen Elizabeth Hospital but have nowhere to go, elderly ex-prisoners, elderly persons living alone, and older persons with disabilities. In addition the absence of or inability to use information and communication technologies can compound social exclusion. Research has shown that "specifically, seniors who perceived sufficient social support reported enjoying greater health and well-being."⁷⁶

There is a perceived relationship between social exclusion and the increase in the incidence of recreational gambling, drug abuse, alcohol addiction and transactional sex. However at present there is insufficient data on these phenomena to allow for effective treatment methodologies to be developed.

7.2.4 Social Protection

The idea of social protection is inextricably linked to the previously mentioned themes of vulnerability and risk. The Caribbean Development Bank notes that social protection is defined as, "All interventions from public, private, voluntary organizations and social networks to support communities, households, and individuals, in their efforts to prevent, manage, and overcome a defined set of risks and vulnerabilities."⁷⁷

Conceptually, social protection as a policy response is underpinned by a number of related precepts. These include *protective* measures, which are

⁷⁶ Kahn, J. H., et al. Social support, health, and well-being among the elderly: what is the role of negative affectivity?, *Personality and Individual Differences*, Volume 35, Issue 1, July 2003, Pages 5-17

⁷⁷ Social Protection Policy Strategy. 2010, Caribbean Development Bank. Barbados as a Small Island Developing State (SIDS) is particularly aware of the potential for exogenous shocks (man-made or natural disasters) to erode decades of carefully managed social and economic development. Thus the need to approach the issue of ageing from a holistic perspective underpinned by an appreciation of issues relating to risk and vulnerability is especially acute.

designed to provide relief; *preventative* measures, which are aimed at averting deprivation; *promotive* measures, which seek to enhance income and capabilities, as well as asset formation; and *transformative* measures, which are meant to address vulnerabilities arising from social inequity and exclusion.

This section looks at the accessibility of vulnerable and at-risk older persons to the range of social protection services currently available⁷⁸. At present, both the Government and NGOs provide a variety of social services to older persons.

7.2.4.1 Services offered by Government

The main agencies of Government with responsibility for providing social services to older persons are the National Assistance Board, the Welfare Department, and the National Disabilities Unit. The full list of Government social services for older persons is provided in Annex IV.

The services provided by the Government to which elderly persons have access include home care, residential care (social housing), recreational activities, counselling, provision of assistive devices for persons with disabilities, retrofitting of homes and the provision of other relief-in-kind services.

In particular, the issue of social housing is a troubling one. The observed challenges of underemployment among working aged persons within the lower socio-economic groups has implications for the future pension income of these individuals. This, coupled with the projected increase in the number of elderly persons in the society, suggests that there will be a need for increased public facilities for assisted and independent living for this section of the population as they age.

7.2.4.2 Services offered by Non-Governmental Organizations (NGOs)

The major NGOs offering services to older persons include the following:

- The Barbados Association of Retired Persons (BARP) is a non-profit, non-Governmental organization which actively promotes the independence and dignity of its members, representing and expressing their views and concerns, and taking action to bring about change. Membership has grown from 8,000 in 2004 to over 27,000 at present BARP is one of the largest organizations of its kind in Barbados. Over five hundred (500) concessionaires across Barbados offer discount prices to BARP members.

There is a wealth of experience within its membership. Members play an active role in helping with the many challenges facing the elderly and those aged 50 and over in Barbados.

⁷⁸This is independent of the social security and social assistance provisioning available to the elderly as covered under acts such as the National Insurance and Social Security Act (Cap.41) and the National Assistance Act (Cap. 48).

- The Soroptimist Club of Barbados is an established volunteer group of professional and executive business women, which assists the elderly through two (2) core avenues: The Soroptimist Village Home, which houses 24 persons; and the Soroptimist Activities Centre;
- The Salvation Army provides essential services to many older persons through its various programmes, including the Meals-on-Wheels service;
- The Barbados chapter of the International Red Cross also provides a meals-on-wheels service;
- Community Based Organization (CBOs) such as Pinelands Creative Workshop and Israel Lovell Foundation, inter alia, provide meals-on-wheels and day care;
- The Barbados Elderly Care Association (BECA);
- Faith Based Organizations (FBOs), consisting mainly of churches, provide meals-on-wheels, day care, recreational activities and spiritual sustenance.
- Barbados Vagrants and Homeless Society (BVHS)
- The Barbados Alzheimer's Association

New organizations are being formed which can assist the elderly homeless. Many churches and religious and service organizations and community groups across Barbados cater both to the spiritual needs of older persons and to their physical needs, offering a number of services to older persons.

7.2.5 Community Support Services

There are an increasing number of older persons living alone, which is a cause for concern. Statistics provided by the National Assistance Board at November 2011 revealed that under the Home Care Programme there were a total of 439 persons living alone: 186 males and 253 females. The changing role of the family in the provision of support for its elderly members suggests that in the future more emphasis will be placed on the delivery of support services by volunteers and the community.

This raises the issue of the adequacy of the supply of community support services provided by Government and NGOs. The Community Technology Programme provided through the Community Development Department is one which is very popular with older persons. A 93-year-old woman was among the graduates at a graduation ceremony held in September 2011. Community Impact Programmes also offer opportunities for the elderly to be trained in a variety of areas. Under the NAB there is the Senior Recreational

Activities Programme which is conducted at 15 centres across the island. The activities include craft, exercise, lectures and workshops.

Nevertheless, there still is a need for the expansion and the development of a variety of complementary services for the elderly at the community level. This would include the provision of community-based facilities for assisted and independent living, and day care centres.

Volunteer programmes are important because they fill the gap between what is required to meet the needs of the elderly and what is actually provided by the social services. Many volunteers provide services for the elderly through the service clubs like the Lions Club, Kiwanis and Rotary International. The NAB has a growing volunteer programme which will be expanded to complement the various services offered. In fact the NAB's Bereavement Support Services Programme is resourced entirely by volunteers. The annual National Senior Games is another programme which is to a large extent facilitated by volunteers.

Another key determinant to maintaining the elderly in their communities is the availability of appropriate care-giving services from within the community. This would require the availability of relevant training programmes in the care of the elderly and provision of financial assistance to facilitate care in homes and communities.

The new Constituency Councils framework has a role in the development of ways of reaching out to the elderly in the communities. The Constituency Councils Act 2009-9 at Section 4(a) provides that the purpose of each Council is to improve the delivery of social services to residents of constituencies; and at Section 5(e) that the Councils should assist with the delivery of particular services to the respective residents of each constituency. The Regulations to the Act in relation to the appointment of members provide for nominees to be chosen from clubs or organizations representing senior citizens or retired persons, among others.

7.2.6 Education and Life-long Learning

The reality of population ageing requires that at the national level emphasis is placed on the development of human resources in matters relating to the elderly. There is an a paucity of training in social and health geriatrics and gerontology and at present the UWI curriculum does not appear to provide sustained and comprehensive training in geriatrics and gerontology. In addition there is little formal expertise within the civil society organizations in the area of ageing.

It should also be noted that technological and other developments impact significantly on the life of older persons, necessitating attention to equipping

older persons with the skills needed to adapt to changes in the dynamic world. Such skills can lead to enablement and empowerment through employment, which can be of direct economic benefit or indirectly assist the older person in managing his/her own affairs, and promote inclusion. In some cases the exposure to skills and training may be of benefit simply by providing information, maintaining mental alertness and a sense of belonging.

7.3 Health-related Social Factors

Health-related Social factors include the social dimensions of dementia and Alzheimer's disease, respite services, and end-of-life planning (including palliative and hospice care).

7.3.1 Social Dimensions of Dementia and Alzheimer's Disease

Dementia and Alzheimer's disease affect all social groups. It has been stressed that early diagnosis is crucial to proper management of Dementia and Alzheimer's disease, and therefore all family members, spouses, caregivers and workmates should be encouraged to be vigilant. The active ageing policy championed by the Government will significantly assist in the management of the incidence and impact of dementias.

The manifestations include memory loss, changes in personality, problems with language, difficulty performing familiar tasks, poor or impaired judgement, alterations in behaviour, problems with abstract thinking including planning activities and carrying out basic aspects of daily living, the inability to think appropriately, loss of initiative, and finally in the severe stages, total loss of the individual's capacity to function.

Dementias have a profound impact on the society as the family, caregivers, and social and other care workers are seriously affected. Sharing of information on these diseases at the community level is a great aid in reducing their impact. While the use of drugs can assist, there are also non-drug management approaches and these should be emphasized. Both health and social support systems are critical and planning at the individual, family and community levels is important.

The caregiver performs a difficult and challenging task in mitigating the effects of dementias and, given the limited availability of institutional support, it has become clear that families and caregivers require training and support to function appropriately. The provision of a variety of care options such as home care, day care, long term care and institutional care has become a necessity to meet the varied needs of affected persons.

On September 21, 2009 a National Seminar, titled "Alzheimer's Disease: A Social Concern", under the sponsorship of the Ministry of Social Care, was held at the Lloyd Erskine Sandiford Centre. The seminar benefitted from the valuable input of the National Committee on Ageing and the Alzheimer's

Association of Barbados, and submitted a number of useful suggestions⁷⁹, many of which are incorporated in the recommendations in this paper.

7.3.2 Respite Services for Caregivers and Families

Respite services for the caregiver and their loved ones is one of the most important services a family can receive. Respite care entails taking a break (without the caregiver feeling guilty) and is planned and proactive before extreme stress and crisis occurs. Its primary purpose is to provide short term relief from the extraordinary and often intensive demands of ongoing care for an individual, thereby strengthening the family's ability to continue to provide optimal care for the family member. Caregivers should be given the opportunity and encouragement to evaluate what they can reasonably do without feeling guilty about limitations, if any, and respite care can be provided in the home or in an out-of-home setting.

7.3.2.1 In-home Respite Services

In-home services can be provided by volunteer or paid help, either occasionally or on a regular basis. Short term respite services can last from a few hours to overnight. This allows the recipients to remain in their own environment and can be an invaluable resource for the caregiver.

7.3.2.2 Out-of-home Respite care

As our population ages and grows, it becomes necessary to consider the provision of out-of-home respite services. There is a limited number of these services, ranging from adult day centres designed for older adults who can no longer manage independently, or who are isolated and lonely, to residential programs in specialized facilities that provide emergency and planned respite overnight services, thus allowing the caretaker some relief from the challenges of care-giving.

7.3.3 End-of-Life Planning and Care

In Barbadian society there is very little discussion about the preparations which individuals and families must make for the end-of-life, even though it is a natural progression toward our final place of rest. It is important to give special attention to this subject, to ensure that even at the end of an individual's life, the basic rights of the elderly remain intact, and he or she is allowed to die with dignity. However, even before the topic is broached, it is necessary to state generally that persons who are ill, as well as those who are well, need to think about arrangements for end-of-life care. In this regard, individuals are encouraged to give early consideration to the preparation of a living will, health care decisions and funeral arrangements.

⁷⁹ See report of the National Seminar on Alzheimer's Disease: A Social Concern, held on September 21, 2009.

Some jurisdictions such as the Province of Ontario, Canada have provisions such as the Substitute Decisions Act ⁸⁰ which provides for a power of attorney for personal care, which allows one person to give another the authority to make personal care decisions if he or she becomes mentally incapable. The Act also provides for a continuing power of attorney for property matters.

Some of the considerations regarding end-of-life planning and care for each individual would involve the following:

- Maintaining the older person in familiar surroundings;
- Being in the company of supportive family and/or friends;
- Pain management and treatment of psycho-social issues;
- Recognition of the need for spiritual support; and
- Being treated with dignity and respect.

There are two main approaches to the preparation for a comfortable and dignified death, palliative care and hospice care.

Palliative Care

Palliative care is defined as care that improves the quality of life of patients who are facing life-threatening illness, and of their families. It emphasizes the prevention, assessment and treatment of pain and other symptoms, as well as the provision of psychological, spiritual and emotional support.

Hospice Care

The aim of hospice care is to provide the best possible quality of life, by seeking to relieve pain and other medical symptoms during the final days of the life of a terminally ill person.

A holistic, integrated approach to end-of-life care is therefore not only recommended but necessary. The key areas which need to be considered in such an approach are:

- Identification of issues relating to the end-of-life and the initiation of discussions about preferences for end-of-life care;
- Care planning: assessing needs and preferences, agreeing on a care plan to reflect these needs and regular review of the care plan with the patient;
- Coordination of care;
- Delivery of high quality services in all locations;
- Management of the last days of life;

⁸⁰ Ontario Substitute Decisions Act 1992, SO 1992 c30

- Support for caregivers, both during a person's illness and after his/her death;
- Financial and Legal Planning, e.g., powers of attorney.

Importantly, the way our society cares for its dying is a reflection on the character of our society and represents a litmus test for health and social care services.

7.4 Recommendations: The Social Environment

7.4.1 General Issues

7.4.1.1 Intergenerational Relations

Given the importance to society of good intergenerational relations, it is recommended that Government, in consultation with the relevant stakeholders:

- establish a framework for open and continuous national dialogue on elder issues;
- establish a framework for national education and awareness of intergenerational issues as identified, such as exposure to technology as with computers and digital appliances; access to information, etc;
- expand programmes such as GenLink⁸¹ throughout the Government Service;
- establish programmes that will encourage young-old interaction throughout all communities, involving Government encouraging its agencies, particularly the Ministry of Youth, Family and Sports, and in schools, youth organizations, summer camps, and NGOs, to create linkages between the elderly and the youth, so that seniors and young persons can engage in activities together, leading to better understanding among the generations and to mutual respect;
- establish an environment for knowledge and skills transfer between the youth and the elderly, including developing volunteer support programmes to allow the elderly to supervise young people after school, and share their knowledge as craftsmen, tutors or mentors or simply provide companionship and guidance to youth at risk;
- propose to the Barbados Youth Service that its recruits continue to participate in some structured programmes for and with older persons;

⁸¹ This is a formal programme of interaction between young people and elderly persons who are institutionalized, organized by the Ministry of Health

- give consideration to the involvement of active older persons in providing care at day care centres and nurseries for children, with the necessary training;
- encourage organizations of older persons, tertiary educational institutions and the Barbados Workers' Union Labour College to explore the concept of intergenerational learning centres, in which older persons may exchange experiences and develop resource materials dealing with attitudes to ageing that could be used in public awareness and intergenerational programmes.

7.4.2 Elder Abuse

In view of the need for Government leadership on this matter, it is recommended that Government:

- provide continuous public education and sensitization on the issue;
- mandate the social service agency responsible for elder affairs to develop a structured and coordinated approach aimed at the elimination of all forms of elder abuse;
- undertake research into the causes, extent and consequences of elder abuse in Barbados to help in the formulation of policy;
- create a national protocol for the prevention, reporting, investigation and management of elder abuse;
- enact a single codified law to address the issue of elder abuse;
- provide services for victims of elder abuse, to include counselling, rehabilitation, alternative accommodation and support services;
- establish mandatory counselling for perpetrators of elder abuse;
- set up a clearly identified point in the age care system to which suspected cases of elder abuse can be referred by agencies, professionals, older adults and the community at large;
- facilitate the creation of a dedicated telephone help line for victims of elder abuse;
- observe June 15, World Elder Abuse Awareness Day, as a nationally recognized day with structured activities that promote awareness of the elder abuse phenomenon.

7.4.3 Social Exclusion

In order to reduce the likely impact of social exclusion, it is recommended that Government:

- undertake research into the nature and extent of social exclusion among the elderly in Barbados;
- promote community programmes which will actively involve responsible members of the community as part of a social support network for elderly persons in the community;
- require all public and private sector providers of elderly care to include programmes aimed at social interaction in their plan of action, e.g., recreational activities;
- mandate relevant Government departments and agencies to develop programmes to deal with existing NORCs;
- encourage service clubs and families to facilitate the mobility of the elderly;
- ensure that public recreational areas are elder-friendly, having handrails, ramps, non-skid surfaces, etc.;
- establish programmes to assist in the rehabilitation of elderly prisoners that take into account gender differences;
- approve a standard definition of homeless persons, and based on the approved definition of homeless, establish programmes and projects to reduce homelessness among the elderly;
- encourage NGOs and communities to maintain contact with older persons living alone and assist with their nutrition and socialization;
- conduct research into the incidence of gambling, drug abuse, alcohol addiction and the incidence of exploitative transactional sex among the elderly and seek to provide appropriate counselling and rehabilitation treatment.

7.4.4 Social Protection

As the main agents of social protection for vulnerable older persons, it is recommended that Government, along with the other relevant stakeholders, take action in the following areas:

7.4.4.1 Relations between agencies

Further steps should be taken to standardize service provision for the elderly, to reduce the duplication of services and to improve service delivery and efficiency. Government as a priority should:

- formalize "Linkage Agreements" to establish better co-ordination of services to assist elderly persons;
- establish a protocol between the National Disabilities Unit and the National Assistance Board (or the agency with responsibility for older persons) with respect to possible areas of collaboration to assist elderly PWDs;
- ratify the Inter-Ministerial Task Force to Monitor and Strengthen the Social Safety Net as the formal entity that provides oversight in the removal of systemic barriers with regard to the social safety net services provided to assist the elderly.

7.4.4.2 At risk system

A system should be established to identify the elderly who are "at risk" in the community due to their ill health, poor functional ability (including disability), dilapidated housing and unhealthy surroundings, and other signs of poverty and social deprivation. The responsible Government agency will be required to:

- develop and maintain an "At Risk Register" of such persons;
- assess the situation of the older person on whom the report is made;
- provide or facilitate appropriate assistance;
- monitor such persons to facilitate early intervention when required;
- assist in ensuring a clean and healthy home environment for older persons who need such assistance;
- facilitate the provision of warning devices for the elderly with physical limitations who otherwise would not be able to afford them.

7.4.4.3 Home Care Service

Undertake a comprehensive review of the present Home Care Service to determine the areas for improvement within the first year of the approval of the White Paper on Ageing, paying special attention to:

- assessment of the demand for the service;
- client needs;

- the scope and nature of the service;
- staffing requirements, including training;
- organizational structure; and
- costs of the service.

7.4.4.4 Review of Social Assistance Programmes

Undertake a comprehensive review of the current services provided in the social safety net for older persons in need. The review should:

- clearly identify all of the services currently available;
- examine the scope, nature and costs of these services;
- identify gaps or duplications in service delivery; and
- make recommendations for improvements and ongoing monitoring and evaluation.

7.4.4.5 Social Housing

In view of the possible increase in the elderly poor, Government will be required to facilitate the provision of increased public facilities for assisted and independent living for this section of the population.

7.4.5 Community Support Services

To extend the community support services, it is recommended that the Government take the lead in the areas listed below.

7.4.5.1 Community based facilities for assisted and independent living and day care centres

- in collaboration with the private sector and NGOs, facilitate the construction of additional community-based facilities for assisted and independent living across the island similar to the Vauxhall Senior Citizens' Village and the Soroptimist Village;
- facilitate the establishment by the public and private sectors of more day care centres for older persons;
- encourage associations of older persons, churches and other FBOs, community groups and Constituency Councils, to develop Good

Neighbour “visiting” and “telephone buddy” programmes for older persons living alone.

7.4.5.2 Volunteers

- encourage the development of a formal community-based volunteer programme across the nation to assist in the provision of services to the elderly.

7.4.5.3 Caregivers

- decentralize and expand training programmes at the Samuel Jackman Prescod Polytechnic, the Barbados Community College and at the University of the West Indies Open Campus to facilitate access by community-based care-givers;
- ensure that all participants are trained to recognize patients with Alzheimer's disease;
- explore the possibility of providing a care-givers allowance to responsible community caregivers/relatives in order to facilitate the care of the elderly at home;
- establish a national certification system for care of the elderly programmes.

7.4.5.4 Meals on Wheels

- review the operation of the meals-on-wheels programmes provided by existing NGOs with a view to their expansion;
- improve the coordination of the delivery of such services to ensure that indigent persons, shut-ins, as well as the elderly who live alone, have access to at least one nutritious cooked meal each day.

7.4.5.5 Recreational activities

Expand the recreational activities for older persons by the following:

- improving and expanding the NAB's model for recreational activities for older persons to include the Geriatric and district hospitals, senior citizens' homes and any other appropriate community centres island-wide;
- encouraging the private sector, churches and NGOs to finance and manage part of this expansion;
- paying special attention to providing such services for older persons in rural areas;

- exploring additional forms of activities to support “Active Aging”
- expanding the concept of the National Senior Games to include board games such as checkers, Scrabble, and other mind – games
- encouraging increased participation in the National Senior Games and related activities

7.4.5.6 The Role of the Constituency Councils in the delivery of social services to the elderly:

- enable the Constituency Councils to fulfil Sections 4(a) and 5(e) of the Constituency Councils Act with particular reference to the delivery of social services to older persons within the community;
- monitor and evaluate the performance of these programmes.

7.4.6. Education and Life-long learning

It is recommended that Government and other stakeholders:

- give special consideration to human resource development matters related to the phenomenon of ageing and the personal development of the elderly;
- facilitate the establishment of a chair in geriatrics and gerontology (both the social and health aspects) at the UWI;
- facilitate increased exposure to training in geriatrics and gerontology (both the social and health aspects), for the public and private sectors and civil society;
- develop and expand where appropriate programmes that provide the skills needed to enable and empower older persons in adapting to changes in the modern world, such as training in information and communication technology;
- provide other opportunities for training in new skills that can lead to employment and can also be of direct or indirect benefit.

7.4.7. Health-related Social Factors

7.4.7.1 Dementia and Alzheimer’s Disease

Based on the conclusions of the Seminar on Alzheimer's Disease held on September 21, 2009⁸² it is recommended that Government and other stakeholders put in place measures to:

- establish programmes to assist family and caregivers to recognize the early signs of the dementia and Alzheimer's disease;
- conduct research into, and collect relevant data on, the incidence of Alzheimer's disease in Barbados;
- use all forms of media including song, dance, social media (for example Facebook, You Tube and Twitter), age awareness programmes, mobile cinemas and community activity for public education;
- educate caregivers and family members on non-drug approaches to managing Alzheimer's disease through exposure and training;
- provide care-givers with training on Alzheimer's disease;
- introduce appropriate training at the tertiary level for health care and medical professionals;
- identify, evaluate and assess the care options available for persons with dementias with a view to providing increased options for respite care, day care, activity centres, nursing homes, and institutional care in the public and private sector;
- improve the facilities and services offered in Government and private institutions, and
- obtain information on best practices, methodologies and models used by other countries, for example Canada.

7.4.7.2 Respite Services for caregivers and families

It is recommended that Government and relevant stakeholders work together to facilitate the following:

- the provision of support for an informal family relief and support network;
- the establishment of caregiver volunteer communities similar to the Bereavement Support Services Programme of the National Assistance Board;

⁸² See note 75 above

- the establishment of paid caregiver programmes with trained staff, similar to the Care of the Elderly Training and Home Care programme, operating under clear rules and regulations;
- the provision of a Government grant to facilitate start-up of a caregiver program or a non-governmental or private sector program to provide respite care;
- the expansion of adult day-programs designed for older adults that promote well-being and offer respite to the caregiver;
- the development of respite services to relieve family caregivers of some of the stress of care by the provision of surrogate caregivers in the home for a few hours a day and/or temporary placement of those in care in a Government or private institution, day care centre or day hospital.

7.4.7.3 End-of-Life Care

It is recommended that Government and relevant stakeholders:

- facilitate public awareness of end of life planning and care;
- encourage and facilitate the establishment of home hospice services by the private and public sector;
- increase the training of health and health-related staff with respect to end of life issues;
- research end-of-life needs to improve quality of care;
- improve access to emergency services such as hospital admissions;
- increase community based nursing and social services to support an individual's choice to remain at home or in familiar surroundings;
- establish a Bereavement Services Unit (BSU) within the department responsible for elderly persons.

8.0 LEGISLATION

8.1 General

The confluence of demographic, political and socio-economic changes in Barbadian society has, in some respects, made the elderly more vulnerable. A review of existing legislation substantiates this assertion in that provisions tend to be general in nature, and do not address the specific issues related to the treatment of the elderly. Examples of such legislation are:

- **National Insurance and Security Act CAP 47**
- **Domestic Violence Protection Orders Act CAP 130A**
- **Sexual Offences Act CAP 154**
- **Various Acts relating to Taxation, mainly the Income Tax Act CAP 73**
- **Health Services Act CAP 44 (2005)**
- **Mental Health Act CAP 45**
- **Road Traffic Act CAP 295**
- **Ombudsman Act CAP 8A**

Improved legislation specific to the needs of older persons, as well as legal assistance where required, would provide both the enabling environment and the security needed to safeguard their rights.

There are other pieces of general legislation in existence with a more specific focus on the elderly, including the following:

The National Assistance Act, Cap 48 provides for the maintenance of institutions for the care of the elderly and the provision of clothing, house repairs, burials, legal assistance and household furnishings for the elderly as well as persons who are poor and needy.

The National Insurance and Social Security Act, Cap. 47, under which the Non Contributory Pensions Regulations of 1982 allow the National Insurance Department to provide non-contributory pensions to persons over 65 years of age.

Pensions Acts Caps 25, 384 and 512, is one of several Pensions Acts applicable to persons who receive emoluments from Government. Generally these relate to persons who are over 60 years of age.

8.2 Gaps and Shortcomings in the Legislation

Some of the areas which require attention, and which reflect gaps and shortcomings in the legislation are as follows:

8.2.1 Community Legal Aid Services

The existing Community Legal Aid Services Act, Cap. 112A has no special provision to assist the elderly poor in accessing community legal aid services.

8.2.2 Deprivation of property, real or personal, by family, friends or caregivers.

Current legislation does not effectively address instances where older persons with assets and/or pensions are inadequately cared for while their assets are used for other purposes. A mechanism should be put in place to facilitate the appropriate use of assets. There may be challenges to the elderly in accessing legal representation in relation to the above and they may need the assistance of the law in securing legal assistance in certain instances.

8.2.3 Absence of representation

There is no existing legislation which deals specifically with cases like the following.

There are instances when there is a legal vacuum in the representation of the interests of an older person who is no longer able to take control of her or his own affairs. For example, the NIS has the right under Regulation 16 (1) of the National Insurance and Social Security (Claims and Payments) Regulations 1984 to appoint a person to exercise the rights on behalf of a beneficiary who is unable to act and for whom no person or authority has been duly appointed. However, the NIS has advised that too often there are family disputes which make it difficult for the NIS Board to make an appointment, especially when it is unclear as to who is providing care or if care is being provided at all. Such instances may result in the pension being 'placed on hold', pending resolution which can result in untold suffering to the pensioner in question.⁸³

There are also other cases where no next-of-kin exists is known who may act on behalf of the older person in the management of her or his affairs.

8.2.4 Cruel treatment, abuse and neglect

There is currently no legislation against elder abuse and in favour of senior citizens' safety and protection. The major areas in which abuse occurs are:

- (i) physical abuse – use of physical force that could result in bodily injury, physical pain or impairment;
- (ii) sexual abuse – non-consensual sexual contact of any kind;

⁸³ Submission made by the NIS in its memo 114/12 of 17 May 2011.

- (iii) psychological or emotional abuse – inflicting anguish, pain or distress through verbal or non-verbal acts;
- (iv) medication abuse – the misuse of an elder's medications and prescriptions, including withholding medication or over-medicating;
- (v) financial/material abuse – illegal or improper use of an elder's funds, property or assets by a guardian, a stranger or a person with power of attorney;
- (vi) neglect - refusal or failure to carry out a person's obligations or duties to an older person, including inadequate provision of food, clothing or shelter, and failure to attend to health or personal care responsibilities such as washing, dressing;
- (vii) abandonment or failure to care – desertion of the elderly by a person who has custody of that elder or by a person who has responsibility for providing care to the elderly, or the failure to care for such persons in specific circumstances⁸⁴.

The provision of access to legal assistance and psycho-social counselling in the case of abuse and mistreatment of older persons is another area that requires close attention.

8.2.5 Discrimination on the grounds of age (ageism).

Older persons find themselves marginalized on the basis of age in terms of the availability of opportunities to access employment, financing and some categories of insurance.

8.2.6 Standards of care

Sections 9 and 10 of the *Health Services (Private Hospitals, Nursing Homes, Senior Citizens' Homes and Maternity Homes) Regulations 2005*, under the *Health Services Act Cap. 44*, make provisions in relation to nursing homes and senior citizens' homes. An examination of these regulations has revealed that there is a need for clear differentiation between the standards and levels of care required in nursing homes and senior citizens' homes.

8.2.7 Improper use of restraints

Restraints are sometimes necessary in the care of an older person but might also be perceived as punishment or deemed to contribute to a decline in patients' health. Legislation should therefore be developed to govern their use in public and private health care institutions.

⁸⁴ Refer to various US Filial Responsibilities Acts, and the Maintenance Act 2005 of Jamaica, Section 10.

8.2.8 Establishment of rights and responsibilities

Several countries have specific legislation setting out the rights of older persons. Multilateral institutions such as the Organization of American States and the United Nations are discussing the introduction of conventions pertaining to the rights of older persons. In addition at the regional level the Brasilia Declaration in December 2007 was issued at the end of the Second Inter-governmental Conference on Ageing in Latin America and the Caribbean with the theme: Towards a Society for All Ages and Rights Based Social Protection. At paragraphs 25 and 26 of the Declaration, Latin American and Caribbean member countries of ECLAC decided respectively to:

- (i) agree to request member countries of the UN Human Rights Council to consider the possibility of appointing a special rapporteur responsible for the promotion and protection of human rights of older persons, and
- (ii) pledge to make the necessary consultations with ECLAC governments to promote the drafting of a convention on the rights of older persons within the framework of the United Nations.

Barbados supports this growing trend towards the articulation of human rights for the elderly at the national, regional and international level and will be required to have a clear position on all matters relating to this issue.

8.2.9 Recovery of costs by the Government in specified circumstances

There are many instances where it is known that older persons who are in the care of Government are the owners of assets which could be used to contribute to the cost of their care.⁸⁵ This would enable the Government to assist more of those older persons truly in need.

8.2.10 The need for a new operating legislative framework for elder affairs

The comprehensive proposals contained in this White Paper on Ageing will require an accompanying legislative framework for change. The National Assistance Act was first enacted in 1969⁸⁶ but there have since been many changes in the social, economic and political environment at the national, hemispheric and international levels over the past forty years. The existing legislation has therefore outlived its usefulness and does not reflect the current realities and needs of older persons.

8.3 Recommendations: Legislation

⁸⁵ It may be useful to examine Medicaid and Medicare.

⁸⁶ The Act contains provision for the maintenance of institutions for the care and protection of aged persons who are poor and needy (Section 5 (2) (a)) and the provision and payment of old age pensions (non-contributory pensions) (Sections 12-17, paragraphs (1) (b) and (i) of Section 18, and Section 18A). The National Insurance Regulations at Section 21 (1) (d) and (2) are also relevant.

8.3.1 General Recommendations

8.3.1.1 Legislative review

It is recommended that a comprehensive legislative review be undertaken to determine the need for improved legal protection of older persons through:

- the amendment of current legislation; and
- the drafting of new legislation as appropriate.

Wherever possible, legislation should discourage discrimination in any form purely on the grounds of age, such as in insurance, banking and employment.

8.3.1.2. Establishment of a channel for grievances

The Ombudsman Acts of other countries be reviewed to provide the basis for the establishment of an Ombudsman for older persons or for the amendment of the Act to allow for special attention to older persons in Barbados.

8.3.2 Gaps and shortcomings in the legislation

It is recommended that specific amendments be made as follows:

- Extension of Community Legal Aid Services

The Community Legal Services Act, Cap. 112A should be amended to ensure that the elderly poor have access to community legal aid services, where necessary.

- Deprivation of property, real or personal, by family, friends or caregivers

Legal mechanisms should be put in place to protect the assets of older persons and to prohibit inappropriate use of such assets. In addition, the elderly should be assisted in accessing legal representation in relation to the above.

- Absence of representation

In cases where it is clearly established that an older person is no longer able to take control of her or his own affairs, and has no known relative or other trustee to look after those affairs, legislation should provide for state representation of the interest of that person in clearly prescribed circumstances to avoid harm to the interests of the older person.

- Legislation to address cruel treatment, abuse and neglect.

Legislation to address Elder Abuse should be developed with special reference to the following:

- a) physical abuse
 - b) physical pain or impairment
 - c) sexual abuse
 - d) psychological/emotional abuse
 - e) medication abuse
 - f) financial/material abuse
 - g) neglect
 - h) abandonment
 - i) the provision of access to legal assistance and psycho-social counselling in the case of abuse and mistreatment of older persons.
- Revision of the Health Services (Private Hospitals, Nursing Homes, Senior Citizens' Homes and Maternity Homes) Regulations 2005

It is recommended that Government, as a matter of urgency, review and amend where necessary the Health Services (Private Hospitals, Nursing Homes, Senior Citizens' Homes and Maternity Homes) Regulations 2005 in order to:

- include additional standards of care and require compliance with these standards through the use of appropriate policy and procedures manuals;
 - require all health care institutions to comply with these or similar regulations;
 - set up appropriate mechanisms to ensure that the Health Regulations are enforced;
 - encourage interventions alternative to the use of restraints in dealing with challenging older persons;
 - establish boundaries of restraint when dealing with challenging older persons in care.
- Establishment of rights and responsibilities

Government and relevant stakeholders should begin discussion on the establishing a legal human rights framework in Barbados in relation to the treatment of older persons, within the guidelines set at the hemispheric and international levels. Matters such as age discrimination would be included.

- Legislation allowing for the recovery of costs by the Government in specified circumstances

Where Government is required to meet in public or private care-giving facilities the cost of care for an older person who has the means to meet the cost of such care, legislation will be introduced to permit the recovery of the costs. This legislation should permit recourse to the assets of the persons

concerned where circumstances warrant it, under cover of a specified set of criteria safeguarding the rights both of the State and the person concerned.

- Elder Affairs Act

A new operating legislative framework be drafted following consultations with the relevant stakeholders to replace the existing dated legislation (National Assistance Act) and to allow for the effective treatment of matters relating to the older persons in accordance with the proposals in this White Paper on Ageing and to provide support for the new institutional arrangements.

9.0. RESEARCH

The Madrid International Plan of Action 2002 states, "There is a need to encourage and advance comprehensive, diversified and specialized research on ageing in all countries, particularly in developing countries. Research, including age and gender-sensitive data collection and analysis, provides essential evidence for effective policies."

Within this context, the projections regarding population ageing⁸⁷ in Barbados, and its possible consequences previously noted, require that the issue of ageing be mainstreamed in our national development strategy. There is a paucity of empirical evidence related to older persons, as is the case in many other countries. It should be noted that the most substantial research available at present is that carried out by CADRES for BARP. However a substantial amount of data in respect of older persons not members of BARP is still necessary.

The collection and analysis of data specific to older persons and ageing in general would allow for the development of key indicators that would facilitate policy enhancement, as well as the monitoring and evaluation of issues related to older persons.

It is also acknowledged that the public is not adequately sensitized about a variety of related and important matters relating to population ageing in Barbados and matters related to older persons.

9.1. RECOMMENDATIONS: Research

It is recommended that Government assign priority to the following areas for research:

- data related to older persons in Barbados and CARICOM e.g. numbers supporting the provision of services, population projections, health statistics;
- the demand for, availability and capacity of institutional healthcare facilities;
- the impact of biological, medical, cultural, societal and behavioural factors on the process of ageing in Barbados, including the use of tobacco and alcohol among older persons;
- the incidence and impact of CNCDs on older persons;

⁸⁷ Refer to Section 3.1 Demographic Profile

- the role of genetics and environmental and gender factors in ageing and longevity;
- healthy ageing as it relates to the elderly in Barbados including the dimensions and tools for measurement;
- health and social services for the elderly especially in rural areas, including issues of access and the attitudes of the elderly to such services;
- the incidence and treatment of Alzheimer's disease and other dementias;
- the influence of economic and demographic factors (including migration) on national planning for the elderly;
- the nature and extent of elder abuse in Barbados;
- the documentation of the skills, expertise, knowledge and cultural memories of seniors;
- the means of empowering the elderly to recognize their own capacities and contributions.

It is recommended that the department responsible for elder affairs forge a close working relationship with the Bureau of Social Policy, Research and Planning and the research arms of other Government ministries and departments, as well as the University of the West Indies.

10.0 INSTITUTIONAL ARRANGEMENTS

According to UNDP, institutional arrangements are the “policies, systems, and processes that organizations use to legislate, plan and manage their activities efficiently and to effectively coordinate with others in order to fulfil their mandate.”⁸⁸

In Barbados institutional arrangements for dealing with issues of older persons are reflected principally through the National Assistance Board (NAB), which takes the leading role in advising on issues relating to older persons and in providing services for them. In addition, the National Committee on Ageing performs an advisory role to the Minister responsible for matters relating to older persons.

10.1 Review of existing arrangements:

a) The National Assistance Board

The National Assistance Board which functions under the Ministry of Social Care, Constituency Empowerment and Community Development is a statutory body operating under the aegis of the National Assistance Act Cap. 48.

The National Assistance Board was initially established in 1969 as an Advisory Board under the National Assistance Act. Between 1969 and 1975 the Board had supervisory responsibility for the Alms Houses (District Hospitals) and Senior Citizens Home (1972) at Golden Rock, Pinelands. In 1976 the Black Rock Hostel was opened and added to the portfolio of the National Assistance Board.

In May 1980, the National Assistance Board was given direct responsibility for administering a housing programme and the proposed Home Help Service and Day-care Programme for the aged. Under a Cabinet directive of May 6, 1982, formalized later by the Statutory Board (Miscellaneous Provisions) Act, 1982, the Board was established as a Statutory Corporation with direct responsibility to the Minister. The Board is a body corporate and Section 21 of the Interpretation Act applies to the Board (1982-45. Cap. 1).

Functions of the Agency

The National Assistance Board is Government's primary social assistance agency. It provides a range of services for indigent persons and for the elderly, who experience some measure of socioeconomic difficulty in meeting their basic needs and can demonstrate their inability to meet those

⁸⁸ http://www.undp.org/capacity/institut_arrangemt.shtml

needs. The Board also plays a major part in policy formulation in matters relating to the elderly.

The Board's current mission is to maintain the dignity of elderly persons and the indigent in Barbados through the provision of an innovative range of social support and recreational services that are accessible, acceptable and readily available, while enhancing their quality of life within their communities. The enhancement of the well-being and the empowerment of the growing elderly population in Barbados constitute the overarching vision of the Board.

The Board provides services through the following core programmes:

- The Home Care Programme
- The Recreational Activities Programme
- Residential Facilities such as the Vauxhall Senior Citizens' Village and the Jorris Dunner Senior Citizens' Home
- Night Shelter Facilities at the Clyde Gollop Shelter for homeless men
- The Bereavement Support Service including the Bereavement Hotline
- The Vulnerable Persons Committee

A brief description of each of these services is provided in Annex IV.

b) National Committee on Ageing

In 1998 the Government mandated a **National Committee** to plan activities for older persons in response to the United Nations Declaration regarding the observation of the International Year of older persons in 1999. The Committee was specifically mandated to make recommendations to Government on all matters relating to ageing and the quality of life of the elderly, as well as to identify, monitor and evaluate various Governmental/non-governmental programmes of both direct and indirect concern to elderly persons. In November 2000 after fulfilling its mandate the original Committee was replaced by the **National Committee for Older Persons**. After various name changes over the years the Committee is now known as the **National Committee on Ageing**.

Among the earlier activities of the National Committee for Older Persons was an annual luncheon for centenarians, held in 2000, 2001 and 2002, as well as the First National Senior Games held in March 2002. The Committee also made a valuable input in Barbados' participation in the World Summit on Ageing held in Madrid in 2002.

A Sub Committee of that National Committee prepared the Report on Supportive Environments for Older Persons in December 2000, which recommended, inter alia;

- the creation of a department/unit of Government responsible for all matters related to ageing and supported by an Advisory Committee on Ageing;
- additional standards of care;

- revision of the 1999 regulations for health services, private hospitals, nursing homes and senior citizens homes;
- analysis of future demand for institutional care;
- home and community care;
- policy initiatives by Government to address retirement;
- a national housing policy;
- public awareness programmes; and
- the development of more Intergenerational programmes.

The Report was submitted to the Cabinet in 2001, and was the basis for the recommendations in the first draft of the Green Paper in 2002.

After approval of the Green Paper on Aging in 2004 the Committee started preparation of a White Paper on a National Policy on Ageing. The National Committee on Ageing set up in July 2008, finalized the proposals and submitted them to the Minister of Social Care in January 2010.

The size of the Committee has varied between 14 and 19 members, with a combination of individual members and representatives of ministries/ departments and organizations.

The current terms of reference are

- i. to make recommendations to the Government on all matters related to ageing and to the quality of life of older persons; and
- ii. to propose and support activities to recognize the contributions of older persons; provide for their continuing education; contribute to healthy lifestyles; provide for their cultural development and improvement in their quality of life; assist in identifying areas of research on ageing; and encourage the use of the talents and experience of older persons" (see Annex IV for full details).

Its mandate having been renewed in July 2011, the same Committee remains in place until 2014.

10.2 Rationale for the establishment of a Commission of Elder Affairs supported by the appropriate legislation.

The NAB legislation under Cap 48 does not regulate matters related to older persons, except in relation to a reference to Old Age Pensions (a function now carried out principally by the National Insurance Department). However, in effect, the NAB functions as the agency with responsibility for matters related to older persons. There is therefore currently a vacuum in the legislation, which urgently needs to be addressed. In essence, there is no body with the formal legal responsibility for Elder affairs.

Evidence indicates that there are gaps in service delivery, a degree of overlap, and even duplication of roles between the existing Government

agencies that provide support services for older persons. For future developments, some rationalization of these roles and a greater degree of co-ordination between agencies will be necessary.

The current situation is characterized by the absence of a single entity to rationalize and coordinate existing Government services for older persons.

At present the issue of ageing is not mainstreamed into national policy leading to fragmented operations, inadequate public awareness and dissemination of information, lack of evidence-based planning, limited resources and underdeveloped links with the various stakeholders. At the hemispheric and international levels there have been many developments providing examples of best practices from the region and beyond which could guide the transition to a Commission of Elder Affairs.

10.3 Statutory Board for the Commission of Elder Affairs

The rationale for a Statutory Board

According to the publication issued by the Cabinet Office of Australia entitled **Board Membership: A Guide for Members of Northern Territory Government Boards, Committees and Statutory Bodies**,

The primary role of governing and management Boards is to guide and direct the Organization. They set performance goals; ensure corporate compliance and management accountability; endorse strategic plans and approve operating budgets. They ensure that the Organization has the resources necessary to achieve goals, monitor progress and report outcomes...

Some roles are common to most Government Boards, namely to:

- *be strategic – adopt a long term perspective, anticipate and respond to changes in the external environment and integrate various corporate functions such as staffing matters and other matters to do with the smooth functioning of the Board;*
- *be client focused - be aware of community and Government opinions and needs; balance the demands of different stakeholders;*
- *ensure the highest standards of financial accountability and ethical behaviour; and*
- *maintain effective planning, information and control systems to monitor progress.”⁸⁹*

⁸⁹ *Board Membership: A Guide for Members of Northern Territory Government Boards, Committees and Statutory Bodies*, (2005) pages 5 and 6

Ideally, membership of a statutory board allows for input and expertise from the wider community. This is important in helping a Board to achieve its mandate to respond to the needs of clients.

The statutory framework for the functioning of the NAB has allowed for needed independence and flexibility in the delivery of services for the elderly. This approach has also allowed for expediting the demands for services made to the institution, and for specialized attention to be focused on client needs.

10.4 Public Participation

National

The principle of public participation is inherent in modern approaches to good governance. There is a need for improved communication channels within and between various bodies of Government on matters relating to ageing, as well as between Government agencies and groups in civil society.

The Government recognizes that concerted action is needed to develop and implement a national policy on ageing. Government also recognizes that the maximum possible public participation must be the undergirding philosophy guiding any policy and programme relating to elderly persons. Professor C. Y. Thomas, in a draft Green Paper⁹⁰ on social policy made reference to the *Summit of the Americas 1996 Declaration and Plan of Action for Public Participation in the Development Process* and described public participation as the “cross cutting theme for all priority interventions and (social) programmes.” The rationale for this is quoted below:

- “Public participation:
 - broadens the range of ideas, experiences and exposure, and hence solutions
 - enhances knowledge and therefore empowers *all* participants in the process
 - facilitates consensus, reduces conflict, and promotes sustainable solutions
 - strengthens monitoring, ensured that standards are met, and gives transparency to both public and private action
 - builds trust, fosters long term collaborative arrangements, and allows for spillover into other areas of collective social action
 - facilitates common goals, shared responsibilities, and builds social capital.”

⁹⁰ Barbados **Government**: *A Green Paper on Social Policy for Barbados*, page 98. C. Y. Thomas, Barbados, February 2002

Government endorses this rationale and will adopt the principles implied in establishing new institutional arrangements for developing and implementing the programmes and services related to ageing.

International, Hemispheric and Regional Fora

The main fora for discussion on matters relating to older persons are the United Nations through the UN Department of Economic and Social Affairs (UNDESA) and The General Assembly, fora and meetings organized by ECLAC, and the Organization of American States. At the CARICOM level, while there is no specific forum for Elder Affairs there have been ad hoc meetings and declarations on the subject of the elderly.

At the Second World Assembly on Ageing hosted by the United Nations, which adopted the Madrid Political Declaration and Plan of Action on Ageing 2002 referred to above and in which Barbados participated, the framework was established for action by the world community in relation to population ageing. This plan is reviewed every five years by the UN Commission for Social Development with the second appraisal due in 2013. At the hemispheric level, the Economic Commission for Latin America and the Caribbean (ECLAC) has translated the Madrid agreements into recommendations for action by the Latin American and Caribbean states. The first Regional Intergovernmental Conference in Chile in November 2003, and the second in Brasilia in December 2007 reflect the regional/hemispheric strategies. The OAS and WHO/PAHO also conduct activities relating to the elderly.

International Minimum Standards for the Protection of the Rights of Older Persons

In keeping with its obligations as a member of the UN, and as a signatory to the Political Declaration and Madrid International Plan on Ageing (2002)(see Annex I), Barbados is required to set standards for the protection of the rights of older persons and the provision of services to the elderly. These standards must be in harmony with international and regional best practices. Commitments were also made in this regard at the ECLAC meeting held in Santiago in 2003.

There is a growing move towards the drafting of a convention on the rights of older persons⁹¹, and in December 2010 the UN General Assembly setup an open-ended working group to discuss the matter. This group met in April and August 2011 and further meetings are planned.

Charter of Rights and Responsibilities for Older Persons

In the interest of the public, Government will also need to consider specific charters between agencies/institutions and older persons as the clients of

⁹¹ Huenchan, Sandra and Louis Rodriguez-Pinero. Ageing and the protection of Human Rights: Current situation and outlook. 2011, ECLAC – UNFPA-SIDA.

such agencies. These charters will need to articulate rights to certain services and to minimum standards of service and indicate the corresponding responsibilities of older persons to the agencies concerned.

The introduction of a **Charter of Rights and Responsibilities for Older Persons** could be a means by which to achieve the above. It should however be borne in mind that the Charter may impose no legal obligations but can serve to educate the public and older persons themselves about their rights and responsibilities.

10.5 Establishment of an Administrative Procedure to Facilitate Appeals by Older Persons in Relation to the Delivery of Government Services.

A need has been expressed for hearing grievances and for appeals in relation to delivery of services to the elderly. An amendment to the Ombudsman Act could facilitate the provision of this remedy⁹².

10.6 RECOMMENDATIONS: Institutional Arrangements

It is proposed that the new operating framework for the management of affairs relating to the elderly comprise the following:

- I. The Minister with responsibility for Elder Affairs
- II. The National Advisory Committee on Ageing
- III. The Board of Management of the Commission of Elder Affairs
- IV. The Commission of Elder Affairs

10.6.1 The Minister with responsibility for Elder Affairs

It is recommended that the portfolio for Elder Affairs should be formally assigned to a Minister in the Cabinet of Barbados.

10.6.2 National Advisory Committee on Ageing

The National Advisory Committee on Ageing, with representation from Government and non-government agencies, the Social Partners and older persons' organizations, will:

- perform an advisory role to the Minister responsible for older persons on any matter related to older persons;

⁹² Refer to Section 8.3.2.2 Establishment of a channel for grievances (Pg.89)

- review matters related to ageing and make recommendations to the Minister on their own initiative or as requested by the Minister;
- conceptualize new approaches, including the use of new technologies;
- develop links with community-based partners such as Constituency Councils, community- and faith-based organizations and non-governmental organizations ;
- provide the Minister with regular feedback on the situation regarding older persons in Barbados;
- make input into the research agenda on older persons;
- celebrate major milestones and observe significant events pertaining to older persons;
- work with the relevant authorities to establish and maintain a database of centenarians;
- assist in encouraging national public participation in discussions on related issues.

10.6.3 Statutory Board to oversee the Commission of Elder Affairs

In accordance with the principles of effective management of the affairs of Government by statutory boards, it is recommended that the following be considered as minimum guidelines for the operation of the Board established to oversee the Commission of Elder Affairs:

- setting of strategic goals and endorsing strategic plans;
- full awareness of community and Government opinions and needs while being client-focussed;
- obtaining the human and financial resources necessary to achieve the organization's goals;
- ensuring corporate compliance and management accountability;
- approving operating budgets;
- establishing performance goals;
- exercising good human resource management resource practices;
- monitoring progress and reporting outcomes;
- anticipating and responding to changes in the external environment;
- balancing the demands of various stakeholders;
- ensuring the highest standards of financial accountability and ethical behaviour;
- maintaining effective planning, information and control systems to monitor progress; and

- integrating all corporate functions towards the smooth functioning of the Board.

10.6.4 Commission of Elder Affairs

A new structure is required which will conceptualize new approaches and secure the full participation of all agencies, Government and non-government, that are involved in developing programmes and services related to ageing. The creation of a Commission of Elder Affairs, supported by necessary legislation is recommended.

Terms of Reference

- a) As a single, visible and responsive agency, to implement Government policy regarding the needs of older persons;
- b) To provide an equitable supply of Government funded programmes and services for the elderly;
- c) To oversee the provision of a responsive Home Care Programme to assist with the range of daily living activities to enable the elderly as far as possible to remain within their homes and communities;
- d) Within the parameters of 'Active Ageing', to implement policies and programmes, such as the National Senior Games, that promote elder health and wellness;
- e) To promote Active Ageing, facilitate the creation of healthy environments, and to be an advocate for increased access to high-quality health care for the elderly;
- f) To protect the rights of the elderly through appropriate legislation, policies and procedures, ensuring their application by individuals and institutions that deal with the elderly, in a manner that is culturally sensitive and equitable;
- g) To promote the concept of sustainable living for the elderly in Barbados;
- h) To promote full adherence to best practices in the supply of goods and services, and in the care of the elderly;
- i) To work with stakeholders to optimally utilize all available resources to care for the elderly;
- j) To facilitate the development of community-based care that is responsive to the needs of clients and caregivers;

- k) To create a long-term care system that is streamlined, cost effective and elder friendly;
- l) To work with other agencies in disaster preparedness, crisis and counseling services for the elderly;
- m) To provide a limited range of independent housing and assisted living facilities for older persons;
- n) To provide shelter and rehabilitative services for homeless older persons; and
- o) To oversee the development of training in the area of the care of the elderly.

The suggested functions of the proposed Commission of Elder Affairs are as follows:

- co-ordinate programmes related to the elderly;
- execute specific programmes for the elderly;
- provide information relevant to the elderly and promote public education/awareness programmes on ageing and related issues, including the concept of active ageing and in particular the removal of existing negative stereotypes;
- advocate for good standards of behaviour by society towards elderly persons in accordance with accepted international best practice and the development towards a rights-based framework for the treatment of older persons;
- develop and strengthen communication, collaboration and planning among Government ministries/departments dealing with matters relating to older persons, setting up protocols as required with a view to improved service delivery;
- promote the strengthening of the legislative framework for matters relating to older persons;
- raise the profile of matters relating to older persons through active community relations, advocacy and public relations programmes;
- facilitate partnerships with CBOs, NGOs and FBOs whose programmes have major impact on the lives of the elderly;
- promote training or retraining programmes to enable and empower older persons through economic and self-improvement skills;

- develop services in response to identified needs and monitor and evaluate the effectiveness of all services and programmes related to the elderly;
- analyse trends and identify areas for research on ageing and the elderly, commission such research and disseminate findings, and function as a repository of information pertaining to the elderly;
- promote intergenerational dialogue and linkages which should benefit society as a whole;
- review, inform and formulate policy on matters relating to the elderly;
- lead the implementation of the Plan of Action of the National Policy on Ageing

10.6.5 Public Participation

In keeping with the principles of public participation Government should:

At the National Level

- seek to ensure that its Social Partners, professional and other organizations, communities, ordinary citizens and all other stake-holders in the public and private sectors and civil society are familiar with the national policy and, in a spirit of mutual assistance, seek to support and be supported by them in implementing the agreed policy recommendations;
- provide for adequate representation by older persons with the relevant expertise, knowledge and skills on any policy review body and on all key decision-making bodies in the implementation of the National Policy on Ageing;
- give consideration to using the expertise, knowledge and skills of older persons in any area of national development in which they have the relevant attributes;
- facilitate the development of client/consumer representation in relation to sectors impacting on the lives of older persons with a view to improving service delivery.

At the International, Hemispheric and Regional Level:

- establish and deepen networks with other Governments, regional, hemispheric and international bodies concerning matters relating to older persons;
- enhance effective collaboration in the regional, hemispheric and international arenas by encouraging discussion and the exchange of knowledge and expertise among:
 - non-governmental organizations;
 - research institutions; and
 - professionals and national bodies concerned with the process of ageing.

International Minimum Standards for the Protection of the Rights of Older Persons

It is recommended that Government:

- 1) monitor developments at the hemispheric and international levels in relation to the development of a convention on the rights of older persons and develop a national position in this regard, and
- 2) participate fully in the review process under the Madrid International Plan of Action on Ageing and the meetings related thereto.

10.6.6 Proposed Charter of Rights and Responsibilities for Older Persons

It is recommended that Government promote the use of the model Charter (Annex VII).

10.6.7 Establishment of Mechanisms to Facilitate Appeals by Older Persons

It is recommended that the Ombudsman be directed to set up a special procedure in relation to allegations made by older persons of improper, unreasonable or inadequate conduct by a Government ministry, department or authority.

In the case where matters do not come under the purview of the Ombudsman, an administrative mechanism should be put in place to accommodate such instances. Commercial matters should be routed via the Fair Trading Commission Act Cap. 326B, The Consumer Protection Act Cap 326D and the Consumer Guarantees Act Cap 326E.

11.0 SUMMARY AND RECOMMENDATIONS

11.1 Summary

The stated vision of the National Policy on Ageing for Barbados, ***Towards a Society for All Ages***, articulates the position of the Government of Barbados on population ageing. This policy examines the status of older persons in Barbados, with the view to removing, in a phased series of actions over the next ten years, existing barriers in critical areas that may hinder the full participation of older persons in mainstream Barbadian society.

The policy is grounded in a philosophy that embraces the principles of equal opportunity, equal access, inclusion and active ageing.

There has been significant growth in the world's older population in the latter half of the 20th century with the most rapid increases in this age group said to be taking place in developing countries. In keeping with world trends, the older population in the Caribbean is reported to be larger than ever before in the history of the region. Particularly in the Caribbean and Latin America this ageing is taking place in a context of low economic performance, changing intergenerational relations, outmoded and fragile institutional structures and inequitable access to health-care services.

The ageing demographic transition in Barbados has occurred in tandem with many changes in the society and economy. Older persons are a diverse group, some with the economic status that can provide access to active and healthy lifestyles, opportunities to be more creative and generally contributing to a positive image of ageing. Others will have only a quality of life compromised by economic insecurity, poor health and an inadequate enabling environment and will need assistance.

Barbados' population is ageing at an accelerated rate with dramatic increases in both the number and proportion of persons 65 years and over. With an average life expectancy at birth of 77.0 Barbados has been reported as the first country in the Caribbean with more than 10% percent of its population being classified as elderly.

For older persons financial and economic security are crucial issues. As the State will have a limited capacity to provide direct financial or economic support a number of issues will arise - the right to work, retirement, pensions and forms of Government assistance to those without financial and economic support.

Health is one of the most critical issues for older persons. The **Barbados Strategic Plan for Health 2002-2012** noted that the increasing number of older persons represented a major challenge for the provision of health and other social services, with the lack of integrated care programmes for older persons a major concern, especially given the changing dynamics within family life. Government remains committed to improving health conditions for older persons. Education and continuing improvements in the standard of living are likely to lead to improved health status

and longevity of coming generations, placing additional demands on health services.

Approaches to the health of the elderly have tended to be more curative than preventative, with a tendency to focus on the treatment of specific diseases rather than on the age demographic of older persons. There is therefore inadequate formal training and a dearth of specialists in gerontology and geriatric medicine.

The quality of life is also influenced by the physical and built environment and the tendency of the surroundings to foster or jeopardize health and safety. Given the projections regarding the ageing population of Barbados, it has become critical that more attention be paid to the improvement of the physical and built environment to meet the needs of the elderly. Policy decisions and new programmes will be required in the areas of housing policy and building code; public roads; public transportation; disaster preparedness; safety and security; and accessibility of services.

Also critical is the social environment created by living and working conditions, income level, educational background and the families and communities. Especially for older persons social relationships and involvement in social activities are important elements that enhance quality of life. In Barbados the response to the ageing phenomenon has not kept pace with the evolution of an ageing society. For example, many elderly now live alone and are more susceptible to vulnerability and exclusion.

Vulnerability is multidimensional, including psychosocial elements such as social exclusion that impact on the quality of life of the elderly. There is a direct correlation between reducing the extent of vulnerability among our elderly, an understanding of the levels and types of risk they face, and the provision of appropriate solutions.

A range of demographic, political and socio-economic changes has made the elderly more vulnerable. A review of existing legislation shows provisions that tend to be general in nature, not addressing the specific issues related to the treatment of the elderly. Improved legislation specific to those needs and articulating rights would provide both the enabling environment and the securing of those rights.

The projections regarding population ageing in Barbados require that ageing be mainstreamed in the national development strategy. There is, however, insufficient empirical evidence on older persons that would allow for the development of key indicators to facilitate policy enhancement. The public is also not adequately sensitized to a variety of important matters in population ageing.

Current institutional arrangements for dealing with issues of older persons, reflected principally through the National Assistance Board (NAB) and the National Committee on Ageing, need to be enhanced to ensure the dignity of our elderly.

11.2 Recommendations

In this matrix, immediate refers to a start date within six months; short term refers to over six month and up to two years; medium term covers a period longer than two years and up to five years; and long terms refers to a period longer than five years.

RECOMMENDATIONS

Section	Recommendation	Agency	Start	End
	Financial and Economic Security			
4.5.1 Right to work	Support the continued involvement of older persons in economic activity	Government, Social Partners, stakeholders	Immediate	On-going
4.5.1	Facilitate the employment of retired persons		Medium/ Long	On-going
4.5.1	Develop a wide-ranging training and retraining programme for older persons	Government, BARP, BWU	Medium	On-going
4.5.1	Encourage self-employment for the elderly through the creation of micro-business opportunities	Government, SocPart	Medium/ Long	On-going
4.5.1	Encourage banks, credit unions and other financial institutions to create mechanisms to facilitate older persons and remove age-discriminatory practices	Govt, Central Bank, Financial sector	Medium/ Long	On-going
4.5.6 Preparation for retirement	Encourage and facilitate retirement preparation programmes in the public and private sectors	Govt, BARP, BWU	Short/ Medium	On-going
4.5.6	Create incentives for older persons to invest in retirement savings and investment plans	Govt, Central Bank, Financial sector	Short	On-going

Section	Recommendation	Agency	Start	End
4.5.6	Amend NIS Regulations to allow individuals to increase their pensions by personal contributions to the NIS Pension Scheme	Govt, NIS	Medium	Medium
4.5.6	Encourage and facilitate education and retraining for older persons who wish to upgrade their knowledge and skills	Govt, SocPart, BARP	Immediate	On-going
4.5.6	Promote work arrangements and workplace practices to extend the working capacity and accommodate the needs of workers as they age	Govt, NAB, SocPart	Short	On-going
4.5.7 Retirement benefits, pensions, etc.	Ensure public education on all conditions related to pensions and retirement plans in general;	Govt, BARP, NIS, SocPart	Medium/ Long	On-going
4.5.7	Guarantee portability of pensions among employers at the local, regional and international level	Govt, NIS, Social Partners	Short/ Medium	On-going
4.5.7	Encourage and facilitate education and retraining for older persons wishing to upgrade skills	Govt, SocPart,	Medium	On-going
4.5.7	Encourage the insurance sector to provide terms and conditions that do not discriminate against the elderly and consider allowing group or individual life and health insurance premium deductions for tax purposes for older persons	Govt, GIAB,	Immediate Short, Medium	On-going
4.5.8 Consumer protection	Review and increase pensions periodically in relation to the cost of living	Govt, NIS, NUPW	Short	On-going
4.5.8	Increase Government pensions at the same times and	Govt, NUPW	Medium	On-going

Section	Recommendation	Agency	Start	End
	rates As salary increases for public servants;			
4.5.8	Index pensions of older persons to the cost of living or institute a cost of living allowance	Govt	Medium	On-going
4.5.8	Ensure minimum standards for goods and services, towards consumer protection to benefit the elderly	Govt, SocPart, BARP	Medium/Long	On-going
4.5.8	Encourage supermarkets and other businesses to establish discount schemes for older persons	Govt, SocPart	Short	On-going
4.5.8	Encourage establishment of consumer groups and organizations representing the concerns of older persons	Govt, BARP, NGOs	Medium	On-going
4.5.8	Develop public education for older persons and caregivers on the preparation of healthy, nutritious and tasty meals on a limited budget	MoH, PAHO, NAB	Medium	On-going
4.5.9 Education and training for older persons	Mount a wide ranging training programme for older persons with institutions with expertise in life-long learning	MoE, UWI, BARP, NGOs	Medium	On-going
4.5.9	Encourage employer and employee organizations to provide on-the-job preparation prior to retirement	Govt, SocPart	Immediate	On-going
4.5.9	Access SBA and BIMAP resources to assist in small business training for older persons after retirement	Govt, SocPart, SBA	Medium	On-going
4.5.9	Include provisions for older persons in the National Human Resource Development (HRD) strategy	Govt	Short	On-going
5.7.1.1 Right to Health	Government pro-actively seek to ensure that attitudes, behaviours and practices which lead to good health for older persons start at an early age and continue throughout Life involving increased health promotion	Gov't, schools, CBOs, FBOs, caregivers, teachers	Immediate and on-going	On-going

Section	Recommendation	Agency	Start	End
	through access to reliable information and family and community support for older persons, their relatives and caregivers	unions		
5.7.1.2 Improve general health care	Develop mechanisms to foster understanding of the control and management of the deterioration brought on by the physiological manifestations of ageing	Gov't, UWI, health sector	Medium	Long
5.7.1.2	Emphasize prevention and control of all acute and chronic diseases	Gov't, health sector, schools	Immediate	On-going
5.7.1.2	Increase caregiver-to-patient ratio for nursing homes/senior citizens' homes	Gov't, care sector	Medium Long	Long
5.7.1.2	Ensure equal access to appropriate and specialized medical and rehabilitative services, including thorough medical assessments, geriatric assessment and services units, based on need and availability without age discrimination	Gov't, QEH, care givers, private sector	Medium Long	On-going
5.7.1.2	Establish a Geriatric Assessment Unit at the QEH	MoH	Medium	On-going
5.7.1.2	Establish a unit for geriatric services in the Ministry of Health	MoH	Short	On-going
5.7.1.2	Improve the reception of elderly people in public health care institutions taking into consideration the Principles of Ageing set out by the United Nations	Gov't, QEH, care givers,	Immediate	On-going
5.7.1.2	Making provision for Geriatric Patient Advocate(s) to improve the communication between patients, relatives and hospital personnel while older persons are in the Accident and Emergency private and public wards	Gov't, QEH, care givers, private sector	Short	On-going
5.7.1.2	Review the categories of institutions providing care to	Gov't, QEH,	Medium	On-going

Section	Recommendation	Agency	Start	End
	Ensure that patients receive the appropriate level of care in the appropriate setting	care givers, private sector		
5.7.1.2	Provide public education on intake and discharge processes for elderly persons at public health care institutions	Gov't, health sector	Short Medium	On-going
5.7.1.2	Expand specialist diagnostic and laboratory facilities to the polyclinics to reduce the pressure on the Accident and Emergency and the consequent delays experienced by older persons	Gov't, QEH, private sector	Medium Long	On-going
5.7.1.2	Consider additional mechanisms to reduce the cost of drugs, equipment and medical supplies to older persons, their guardians or care institutions	Gov't, private sector, BDS	Short Medium	On-going
5.7.1.3 Health Education/ Training	Implement public education programmes on the physical, mental, social and spiritual processes of ageing; emphasize the roles of individuals and relatives in the care of the elderly	Gov't, MoH, GIS, NGOs, CBOs	Medium Long	On-going
5.7.1.3	Ensure all health professionals are trained in the physical, social, psychological, mental and spiritual processes of ageing, and that adequate numbers are specially trained in gerontology and geriatric medicine	Gov't, MoH, MoE, UWI	Medium Long	On-going
5.7.1.3	Include gerontology and geriatric medicine as a discipline covered by National Development Scholarships	Gov't, MoH, MoE,	Short	On-going
5.7.1.3	Establish a health information system and database responsive to the needs of older persons for use by health care and other, including private, agencies	MoH, private sector	Medium Long	On-going
5.7.1.3	Address the impact of gender differences on the health	Gov't,	Medium	On-going

Section	Recommendation	Agency	Start	End
	Needs of the elderly, and support the collection of relevant data and research into those needs, particularly those of older women	Statistical Service, UN, NGOs	Long	
5.7.1.3	Foster linkages with allied health agencies, CBOs, FBOs, NGOs and corporate Barbados to assist in promoting programmes and activities that encourage healthy lifestyles for older persons	CBOs, FBOs, NGOs, private sector	Medium Long	On-going
5.7.1.3 Health Care Standards	Comprehensively review and update the Health Services Regulations, 2005 to accommodate social considerations that impact on the effective provision of institutional care to the elderly	MoH, Office of A-G, BAMP	Short Medium	Medium Long
5.7.1.3	Formulate and implement standards and regulations for health care institutions and establish an adequately staffed regulatory body	Gov't, private sector, NGOs, UN	Short Medium	Medium Long
5.7.1.3	Ensure that standards of practice in health care institutions reflect best practices and are sensitive to the special needs of the elderly	Gov't, private sector, NGOs	Short Medium	On-going
5.7.1.3	Conduct regular monitoring and evaluation of the organizational structure, function and services at health care institutions treating older persons, particularly intake and discharge, waiting time, adequacy of staffing, quality of service, care and security, maintenance of physical plant	MoH, QEH, MoE	Medium Long	On-going
5.7.2 CNCDs	Execute more effective health promotion strategies with respect to CNCDs among older persons	Gov't, NGOs, CBOs,	Medium Long	On-going

Section	Recommendation	Agency	Start	End
5.7.2	Promote “active ageing” lifestyles through regular exercise and recreational activity	MoH, NGOs, Soc Partners	Short Medium Long	On-going
5.7.2	Encourage proper and balanced nutrition for older persons, with emphasis on local produce	MoH, MoA, NGOs, private sector	Immediate	On-going
5.7.2	Reorient primary health care towards the provision of more targeted and effective community medical and nursing services with respect to CNCs	Gov’t NGOs private sector	Medium Long	On-going
5.7.2	Include Alzheimer’s disease in the list of CNCs to heighten level of attention to the disease	Gov’t	Immediate	On-going
5.7.2	Provide the medical skills and equipment to carry out early checks for the onset of Alzheimer’s disease	Gov’t, private sector	Medium	On-going
5.7.2	Educate the public on the causes of blindness and encourage in the primary, secondary and tertiary health care sectors early detection and notification of illnesses that can lead to blindness	MoH, BAMP, NGOs	Short Medium	On-going
5.7.2	Encourage greater involvement by the health insurance sector in the promotion of healthy lifestyles, early detection and treatment of non-communicable diseases	MoH, private sector	Medium Long	On-going
5.7.3 Institutional Health Care	Identify and address the social factors leading to institutionalization	Gov’t NGOs	Medium Long	On-going
5.7.3	Undertake a comprehensive analysis of future demand for institutional care taking into account the impact of demographic change	Gov’t, private sector, CBOs	Medium	On-going
5.7.3	Design and implement strategies to address the likely	MoH, private	Medium	Medium

Section	Recommendation	Agency	Start	End
	increases in the number of chronically ill persons likely to require long term institutional care	sector, NGOs	Long	Long
5.7.3	Review the Alternative Care of the Elderly Programme to optimize its role in an ageing population	Gov't, NGOs	Short Medium	On-going
5.7.3	Ensure that the elderly have access to necessary institutional health care, including services that enhance and protect their independence and dignity	Gov't, NGOs Private sector	Short Medium Long	On-going
5.7.3	Encourage all care-giving facilities to use rehabilitative approaches that seek to restore and maintain functional ability and independence, and to return the elderly to the family and the community	MoH, CBOs, NGOs, private sector	Medium Long	On-going
5.7.3	Provide incentives to the private sector for investment in building and retrofitting nursing homes and day hospitals, inter alia	Gov't private sector	Medium Long	On-going
5.7.4 Home Community Health/ Med'l Care Services	Review the operation and staffing of the District Nursing Service to enhance services to older persons on a phased basis	Gov't UN	Medium Long	On-going
5.7.4	Develop and promote community day hospitals to help older persons restore and maintain their independence	MoH, NGOs, private sector	Medium Long	Long
5.7.4	Explore the possibility of providing multidisciplinary mobile health and medical care facilities	Gov't, private sector	Medium Long	On-going
5.7.4	Encourage the Nutrition Centre, health professionals and the hospitality industry to sponsor community-based Nutrition education programmes with special attention to the elderly	Gov't, NGOs, CBOs, Soc Partners	Medium Long	On-going

Section	Recommendation	Agency	Start	End
5.7.4	Facilitate the expansion of existing community health/medical care services for older persons, including development of caregiver relief and respite services	Gov't, NGOs, CBOs	Medium Long	On-going
5.7.5 Mental Health	Undertake and facilitate public awareness programmes to combat the stigma of mental illness and provide information that promotes a greater understanding of mental health issues	Gov't, GIS, NGOs, UN, SocPart	Short Medium	On-going
5.7.5	Strengthen community mental health services to provide needed counselling for older persons, their guardians and caregivers in the home where feasible	Gov't, CBOs	Short Medium	On-going
5.7.5	Establish systems to identify elderly in the community "at risk" for their mental health needs, and encourage their seeking early treatment	Gov't, CBOs, civil society	Medium Long	On-going
5.7.5	Ensure that care giving facilities recognize factors likely to affect the mental health of the elderly and provide motivational therapy for active living and the affirmation of personal dignity	Gov't, private sector, NGOs	Medium, Long	On-going
5.7.5	Strengthen or create linkages with public and private health agencies and civil society to promote good mental health, with continuous availability of treatment	MoH, private sector, NGOs	Medium Long	On-going
5.7.5	Facilitate the training/provision of specialist health professionals at all levels in geriatric psychiatry	Gov't, UWI	Medium Long	On-going
5.7.5	Train caregivers and staff at facilities providing day care services for Older persons to recognize signs of mental health issues and to develop techniques to manage the situation	Gov't incl MoE, CBOs, private sector	Medium	On-going
5.7.5	Include detailed consideration of psycho/geriatric issues	Gov't	Medium	On-going

Section	Recommendation	Agency	Start	End
	and policies for older persons in mental health policy	CivSoc		
6.7.1	Housing Policy and Building Code			
6.7.1.1 National Consultation on Housing Policy & Building Code	A National Housing Policy and Building Code be established and enforced, with standards and guidelines in relation to both public and private housing, encompassing the needs of the elderly	Ministry resp for Older Persons (MSCD)	Medium	On-going
6.7.2	Housing Stock: provide framework for development of improved and expanded housing stock for older persons, undertaking activities below in consultation with relevant stakeholders	MHL, NHC, RDC, UDC, NGOs, BARP, private sector	Short Medium	On-going
6.7.2.1	Actively explore all possibilities for promoting provision of low cost/affordable housing for the elderly poor	MHL, NHC, RDC, UDC, NGOs, BARP, private sector	Short Medium	On-going
6.7.2.1	Allocate at least 10% of all homes in Government housing development to older persons, in view rising proportion of elderly in population		Short	On-going
6.7.2.1	Allocate ground floor units to older persons wherever possible in future residential buildings provided by Government and, in the case of multi-storey units, install elevators or lifts	MHL, NHC, MSCD	Short Medium	On-going
2 prior recoms	In view of rising proportion of elderly in population, allocate at least 10% of all homes in Government housing			

Section	Recommendation	Agency	Start	End
combined	development to older persons, preferably ground floor units, or with access to elevators or lifts			
6.7.2.1	Re-locate older persons where possible near their existing neighbourhoods when relocation becomes necessary	MSCD, NGOs, NAB	Short	On-going
6.7.2.1	Continue to provide appropriate replacement houses for the elderly poor, with a minimum of two bedrooms to facilitate caregiver services	MHL NAB NHC, MSCD	Short medium	On-going
6.7.2.1	Educate the elderly, as well as general public, on preventative property maintenance	NHC, MSCD, GIS, private sector	Medium	On-going
6.7.2.1	Encourage insurance companies to develop appropriate house Insurance schemes for the elderly	MSCD, NAB, Private sector, BARP	Short	On-going
6.7.2.1	Ensure schemes to improve the design and accessibility to the elderly of private and public buildings, applying sections of the Building Code that apply to persons with disabilities	MSCD, NAB, NHC, TCDPO, RDC, UDC	Medium	On-going
6.7.2.1	Require all new housing, especially housing constructed for the elderly living alone, to be designed structurally to withstand a Category 3 hurricane and be assigned an importance factor of 1 for earthquakes	MSCD, NAB, NHC, TCDPO, RDC, UDC	Medium	On-going
6.7.2.1	Encourage, through policies and incentives, the retrofitting of existing housing to meet the recommended standards	MSCD, MHL, private sector, BARP	Medium	On-going
6.7.2.1	Provide incentives to private enterprise and cooperative ventures to refurbish or retrofit existing homes of the elderly	MHL, NAB,	Medium	On-going

Section	Recommendation	Agency	Start	End
6.7.2.1	Provide incentives to the private sector and NGOs to construct a variety of villages/complexes and other retirement facilities offering independent or assisted-living facilities	MHL, NAB, private sector,	Medium	On-going
6.7.2.1	Encourage financial institutions to offer reverse mortgages that older persons may use, <i>inter alia</i> , to refurbish and retrofit homes	MSCD, MHL BARP	Medium	On-going
6.7.2.1	Provide public, and encourage private, development of appropriate recreational spaces for the use of the elderly and to promote intergenerational activities	MSCD, NAB, TCDPO, BARP, private sector	Medium	On-going
6.7.2.1	Create awareness of and incentives for elder-friendly public, private and commercial buildings	MSCD, private sector	Medium	On-going
6.7.2.1	Revise the mandates of and provide the RDC and UDC with the resources and infrastructure to address the needs of the elderly poor	Gov't	Medium	On-going
6.7.2.1	Develop a programme to urgently address the need for indoor water-borne facilities in housing for the elderly poor	MSCD, BWA, RDC, UDC,	Short Medium	On-going
6.7.8	Public Roads: in a series of phased improvements to its road and traffic management, Government			
6.7.8	In road and traffic management planning provide for traffic lights with audio as well as visual signals at pedestrian crossings, properly timed to accommodate the elderly	MTW, NAB, NGOs	Medium	On-going
6.7.8	Increase mobility and independence of the elderly using wheelchairs and scooters by providing, where feasible wider skid free pavements, suitably inclined ramps, reserved parking and railings	MTW, NAB, private sector, NGOs	Medium, Long	On-going

Section	Recommendation	Agency	Start	End
6.7.8	Make legal provision for designated parking for senior citizens in public areas, and for penalties against abuse	A-G's Office, NAB, NGOs	Medium	On-going
6.7.9	Public Transportation: Government to ensure:			
6.7.9	Providers of public and private transportation are sensitized to and encouraged to accommodate the needs of the ageing population	Transport Authority, PSV Assoc, Transport Board, BARP	Medium Long	On-going
6.7.9	Clear and improved guidelines are implemented on accommodating elderly persons in using the public transport system, including provision for appropriate signage in relation to seating	MTW, PSA Assoc, BARP	Medium	On-going
6.7.9	Public and private sectors are encouraged to equip future transportation stock to the fullest extent possible with wheelchair lifts and hydraulic capabilities and clearly designated spaces for wheelchairs	MTW, PSA Assoc, BARP	Medium	On-going
6.7.9	The Transport Board provide improved and wider service coverage for both the Call-a-Ride and the general transportation service, including services for the rural areas	Transport Board, Constituency Councils, NGOs	Medium	On-going
6.7.9	Churches, other service organizations and private individuals are encouraged to provide transportation for the elderly	MTW, NAB, FBOs, civil society	Medium	On-going
6.7.9	Fiscal incentives are used to encourage Provision/adaptation of transportation services to accommodate older persons	MFEA, BARP, NGOs, NAB	Medium	On-going

Section	Recommendation	Agency	Start	End
6.7.9	Public education programmes are undertaken in relation to the use of public transportation by older persons	MTW, PSV Assoc, Transport Board, BARP, GIS	Short Medium	On-going
6.7.10	Disaster Preparedness: Government to			
6.7.10	Encourage its agencies and appropriate NGOs and CBOs to improve existing disaster preparedness plans for the protection of the elderly and physically challenged persons, especially those living alone	MSCD, DEM, NGOs, UN	Immediate Medium	On-going
6.7.10	Ensure that all possibilities are explored for providing some form of property insurance for an increased number of elderly property owners	MSCD, NAB, private sector, NGOs	Short Medium	On-going
6.7.10	Strengthen public education directed to older persons on disaster preparedness and mitigation	DEM, GIS, NAB	Short Medium	On-going
6.7.10	Subsidize/facilitate the purchase and installation of fire safety equipment for the elderly, particularly those with disabilities	MSCD, NAB, private sector, NGOs	Medium	On-going
6.7.11	A Safe Environment: Government to			
6.7.11	Encourage development of programmes to keep a special watch on the elderly known to be living alone, with monitoring of those designated "At Risk"	MSCD, NAB, RBPF, Constituency Councils, private sector, NGOS	Immediate to Short	On-going
6.7.11	Encourage communities to develop systems to ensure the security of vulnerable older persons in their midst, <i>inter alia</i>	MSCD, NAB, MTW, NGOs,	Medium Long	On-going

Section	Recommendation	Agency	Start	End
	by improving street lighting and the general physical environment, and the provision of footpaths	TCDPO		
6.7.11	Encourage the increased use of alarm systems for individuals, groups and communities, including the activating of Neighbourhood Watch Programmes	MSCD, NAB, NGOs, RBPF, Constituency Councils	Immediate to Short	On-going
6.7.11	Promote the use of personalized body alarm systems with centralized monitoring for use in the home by elderly living alone	MSCD, NAB, NGOs, GIS	Short Medium	On-going
6.7.11	Promote the granting of discounts and/or tax incentives for alarm systems and personalized body alarm systems for older persons	MFEA, NAB, private sector, NGOs	Short Medium	On-going
6.7.12	Accessibility of Services: Government to support access to social and other essential services by older persons:			
6.7.12	Determine from the findings of the National Census 2010 and the CALC 2011 Report where improved accessibility to services for older persons is required in both rural and urban areas	MSCD, NAB, MFEA, NGOs	Short	Short
6.7.12	Determine what special support is needed to provide equitable services to areas requiring improved accessibility	MSCD, NAB, MFEA, NGOs	Short	Short
7.4	The Social Environment / 7.4.1 General Issues			
7.4.1.1	Intergenerational Relations			
	Establish a framework for open and continuous national dialogue on elder issues	MSCD, civil society	Medium	On-going
	Establish a framework for national education and awareness of intergenerational issues as identified, such	MSCD, civil society, GIS	Medium	On-going

Section	Recommendation	Agency	Start	End
	as exposure to technology as with computers and digital appliances; access to information, etc.			
	Expand programmes such as GenLink throughout the Government Service	MSCD, NAB, MCS, NGOs	Medium	On-going
	Establish programmes that will encourage young/old interaction throughout communities, involving Government, particularly the Ministry of Youth, Family and Sports, schools, youth organizations, summer camps, and NGOs, to create linkages between the elderly and the youth	MSCD, MFCSY, youth service, NGOs	Medium	On-going
	Provide continuous public education and sensitization on elder abuse	MSCD, NAB, NGOs, GIS	Medium	On-going
	Establish an environment for knowledge and skills transfer between the youth and the elderly, involving volunteer support programmes to allow the elderly to supervise and share with young people	MSCD, MoE, NGOs	Medium	On-going
	Encourage recruits of Barbados Youth Service in structured programmes for and with older persons	MSCD, MFCSY, NAB, NGOs	Short Medium	On-going
	Give consideration to the involvement of active older persons in providing care, with the necessary training, at day care centres and nurseries for children	MSCD, MoH, Private sector	Immediate	Medium
	Explore concept of intergenerational learning centres where older persons may exchange experiences and develop resource materials on attitudes to ageing to be Used in intergenerational and public awareness programmes	MSCD, NAB, MoE, NGOs, BWU Labour College	Short Medium	Medium Long

Section	Recommendation	Agency	Start	End
	7.4.2. Elder Abuse			
	Mandate the social service agency responsible for elder affairs to develop a structured and coordinated approach aimed at the elimination of all forms of elder abuse	Cabinet	Short	Short
	Undertake research into the causes, extent and consequences of elder abuse in Barbados to help in the formulation of policy	MSCD, NAB, NGOs	Medium	Medium Long
	Create a national protocol for prevention, reporting, investigation and management of elder abuse	MSCD, NAB, NGOs	Medium	Medium Long
	Enact a single codified law to address the issue of elder abuse	Cabinet, OAG, MSCD, NGOs	Medium	Medium Long
	Provide counselling, rehabilitation, alternative accommodation and support and other services for victims of elder abuse	MSCD, NAB, NGOs	Short Medium	On-going
	Establish mandatory counselling for perpetrators of elder abuse	A-G's Office, MSCD, NGOs	Short	On-going
	Set up a clearly identified point in the age care system to which suspected cases of elder abuse can be referred	MSCD, NAB,	Short to medium	On-going
	Facilitate the creation of a dedicated telephone help line for victims of elder abuse	MSCD, NAB NGOs	Short	On-going
	Observe June 15, World Elder Abuse Awareness Day, as a nationally recognized day with structured activities that promote awareness of the elder abuse phenomenon	MSCD, NAB, NGOs	Short	June 15 2012
	7.4.3. Social Exclusion			
	Undertake research into the nature and extent of social	MSCD, NAB	Medium	Medium

Section	Recommendation	Agency	Start	End
	exclusion among the elderly in Barbados	NGOs		Long
	Promote a social support network for elderly persons through community programmes that actively involve responsible members of the community	MSCD, NAB, NGOs	Medium	On-going
	Require all public and private sector providers of elderly care to include programmes aimed at social interaction in their plan of action	MSCD, NAB, private sector, NGOs	Medium	On-going
	Mandate relevant Government departments and agencies to develop programmes to deal with existing NORCs	MSCD, NAB	Medium	On-going
	Encourage service clubs and families to facilitate the mobility of the elderly	MSCD, NAB, NGOs, civil society	Medium	On-going
	Ensure that public recreational areas are elder-friendly, having handrails, ramps, non-skid surfaces, etc.	MSCD, MTW, NGOs, TCPDO	Medium	On-going
	Establish gender-focused programmes to assist the rehabilitation of elderly ex-prisoners	MSCD, NAB, Bureau of Gender Affairs (BGA)	Medium	On-going
	Approve a standard definition of homeless persons, and based on the approved definition of homeless, establish programmes and projects to reduce homelessness among the elderly	MSCD, NAB, NHC, NGOs	Medium	On-going
	Encourage NGOs and communities to maintain contact with older persons living alone and assist with their nutrition	MSCD, NAB, NGOs,	Medium	On-going

Section	Recommendation	Agency	Start	End
	and socialization	Constituency Councils		
	Conduct research into the incidence of gambling, drug and alcohol abuse, and transactional sex among the elderly and seek to provide counselling and rehabilitation	MSCD, NAB, Soc Care, NGOs	Medium	Long
	7.4.4 Social Protection: 7.4.4.1 Relations between agencies - standardize service provision for the elderly to reduce duplication of services and to improve efficiency of service delivery	MSCD, NAB, Soc Care, NGOs	Medium	Long
	Formalize "Linkage Agreements" to establish better co-ordination of services to assist elderly persons	MSCD, NAB, NGOs	Medium	Medium
	Establish a protocol between the National Disabilities Unit and the National Assistance Board (or agency with responsibility for older persons) with respect to collaboration in assisting elderly PWDs	MSCD, NAB, NGOs	Medium	Medium
	ratify the Inter-Ministerial Task Force to Monitor and strengthen the Social Safety Net as the formal entity providing oversight to removal of systemic barriers in social safety net services to elderly	Cabinet	Short	Medium
	7.4.4.2 At risk system			
	Establish system to identify elderly "at risk" in the community developing an "At Risk Register" and assessing the situation of those registered, providing appropriate assistance, monitoring for early intervention, ensuring hygienic home environments and providing alert devices for the elderly with physical limitations	MSCD, NAB, NGOs, BARP	Medium	On-going

Section	Recommendation	Agency	Start	End
	7.4.4.3 Home Care Service			
	Undertake comprehensive review of current Home Care Service to determine the areas for improvement within the first year of the approval of the White Paper on Ageing, paying special attention to client needs and demand for the service, the scope, nature and costs of those services, staffing requirements, including training, and organisational structure	MSCD, NAB, NGOs, BARP	Medium	Medium
	7.4.4.4 Review of Social Assistance Programmes			
	Undertake a comprehensive review of the current services provided in the social safety net for older persons in need clearly identifying the available services, examining the scope, nature and costs of those services, identifying gaps or duplications in delivery, and making recommendations for improvement and ongoing monitoring and evaluation	MSCD, NAB, NGOs, BARP	Medium	Medium
	7.4.4.5 Social Housing			
	Facilitate the provision of increased public facilities for assisted and independent living for older Persons	MSCD, NAB, NGOs, private sector	Medium	Medium
	7.4.5 Community Support Services			
7.4.5.1	In collaboration with the private sector and NGOs, facilitate the construction of additional community-based facilities for assisted and independent living	MSCD, NAB, NGOs, private sector	Medium Long	On-going
	Facilitate the establishment by the public and private sectors of more day care centres for older persons	MSCD, NAB	Medium Long	On-going
	Encourage associations of older persons, churches and	MSCD, NAB,	Immediate	On-going

Section	Recommendation	Agency	Start	End
	other FBOs, community groups and Constituency Councils To develop Good Neighbour "visiting" and "telephone buddy" programmes for older persons living alone	civil society		
	7.4.5.2 Volunteers			
	Encourage development of a formal national community-based volunteer programme to assist in the provision of services to the elderly	MSCD, NAB, NGOs	Immediate	On-going
	7.4.5.3 Caregivers			
	Decentralize and expand training programmes at the Samuel Jackman Prescod Polytechnic, the Barbados Community College and at the University of the West Indies Open Campus to facilitate access by community-based care-givers;	MSCD, MoE, UWI, SJPP, BCC	Medium	Medium Long
	Ensure that all participants are trained to recognize patients with Alzheimer's disease;	MSCD, MoE, UWI, SJPP, BCC	Medium	Medium Long
	Explore the possibility of providing a care-givers allowance to responsible community caregivers/relatives in order to facilitate the care of the elderly at home	MSCD, MFEA, NAB, NGOs	Short Medium	On-going
	Establish a national certification system for Care of the Elderly programmes	MSCD, MoE, UWI, SJPP, BCC	Medium	Medium Long
	7.4.5.4 Meals on Wheels			
	Review the operation of the meals-on-wheels programmes provided by existing NGOs with a view to their expansion	MSCD, NAB, NGOs	Short	On-going
	Improve the coordination of the delivery of such services	MSCD, NAB,	Short	On-going

Section	Recommendation	Agency	Start	End
	to ensure that indigent persons, shut-ins, as well as the elderly who live alone, have access to at least one nutritious cooked meal each day	NGOs		
	7.4.5.5 Recreational activities			
	Expand the recreational activities for older persons by improving and expanding the NAB's model for recreational activities for older persons to include the Geriatric and district hospitals, senior citizens' homes and appropriate community centres especially in rural areas, encouraging civil society to assist with financing and managing expansion, exploring additional forms of activities to support "Active Aging", expanding the National Senior Games to include board games, increasing participation in the National Senior Games and related activities	MSCD, NAB, NGOs, private sector, civil society	Medium	On-going
7.4.5.6 Role of the Constituency Councils	Enable Constituency Councils to fulfil Sections 4(a) and 5(e) of the Constituency Councils Act with particular reference to the delivery of social services to older persons within the community and monitor and evaluate the performance of these programmes	MSCD, Constituency Councils, NGOs	Medium	On-going
	7.4.6 Human Resource Development			
	Give special consideration to human resource development matters related to the phenomenon of ageing and the personal development of the Elderly	MSCD, MLI, private sector, NGOs	Medium Long	On-going
	Facilitate the establishment of a chair in geriatrics and gerontology (both the social and health aspects) at the UWI	MSCD, MoH, MoE, UWI	Medium Long	Medium On-going

Section	Recommendation	Agency	Start	End
	Facilitate increased exposure to training in geriatrics and gerontology (both the social and health aspects), for the Public and private sectors and civil society	MSCD, MoH, MoE, UWI, Private sector	Medium Long	Medium On-going
	Develop and expand where appropriate programmes that provide the skills needed to enable and empower older persons in adapting to changes in the modern world, such as training in information and communication technology	MSCD, MoE, UWI, private sector, NGOs	Short Medium	Medium On-going
	Provide other opportunities for training in new skills that can lead to employment and can also be of direct or indirect benefit	MSCD, MoE, UWI, NGOs, private sector, BWU	Medium	On-going
	7.4.7 Health-related Social Factors			
	Provide other opportunities for training in new skills that can lead to employment and can also be of direct or indirect benefit	MSCD, MoE, UWI, NGOs, private sector, BWU	Medium	On-going
	7.4.7 Health-related Social Factors			
7.4.7.1 Dementia and Alzheimer's	Establish programmes to assist family and caregivers to recognize the early signs of the dementia and Alzheimer's disease	MSCD, MoH, MoE, NGOs, UN	Medium	On-going
	Conduct research into, and collect relevant data on, the incidence of Alzheimer's disease in Barbados	MSCD, NAB, UWI, NGOs	Medium	On-going

Section	Recommendation	Agency	Start	End
	Use traditional media, cultural performances, social media and community activity for public education	MSCD, NAB, NCF, NGOs	Short Medium	On-going
	Educate caregivers and family members on non-drug Approaches to managing Alzheimer's disease through exposure and training	MSCD, MoH, MoE, GIS, NGOs	Short Medium	On-going
	Provide care-givers with training on Alzheimer's disease	MSCD, MoH, MoE, NGOs	Short Medium	On-going
	Introduce appropriate training at the tertiary level for health care and medical professionals	MSCD, MoH, MoE, UWI, NGOs	Short Medium	On-going
	Identify, evaluate and assess the care options available for persons with dementias with a view to providing increased options for respite care, day care, activity centres, nursing homes, and institutional care in the public and private sector	MSCD, MoH, NGOs, private sector	Short Medium	On-going
	Improve the facilities and services offered in Government and private institutions, and	MSCD, MoH, NGOs, private sector	Short Medium	On-going
	Obtain information on best practices, methodologies and models used by other countries	MSCD, MoH, NGOs, private sector	Short Medium	On-going
7.4.7.2 Respite Services for caregivers,	Government and relevant stakeholders work together to facilitate the establishment of and support for an informal family relief and support network of volunteer caregiver communities	MSCD, NAB, NGOs	Medium	On-going

Section	Recommendation	Agency	Start	End
families				
	The establishment of paid caregiver programmes with trained staff operating under clear rules and regulations	MSCD, NAB, MFEA, NGOs	Medium	On-going
	The establishment of paid caregiver programmes with trained staff operating under clear rules and regulations	MSCD, NAB, MFEA, NGOs	Medium	On-going
	The provision of a Government grant to facilitate start-up of a caregiver program or a non-governmental or private sector program to provide respite care	MSCD, NAB, MFEA, NGOs	Medium	On-going
	The expansion of adult day-programs designed for older adults that promote well-being and offer respite to the caregiver	MSCD, NAB, NGOs	Medium	On-going
	The development of respite services to relieve family caregivers of some of the stress of care by the provision of surrogate caregivers in the home for a few hours a day and/or temporary placement of those in care in a Government or private institution, day care centre or day hospital.	MSCD, NAB, NGOs	Medium	On-going
	7.4.7.3 End-of-Life Care			
	Government and relevant stakeholders facilitate public awareness of end of life planning and care; research end-of-life needs to improve quality of care; and increase the training of health and health-related staff with respect to end of life issues	MSCD, MoH, NGOs, private sector	Medium	On-going
	Encourage and facilitate the establishment of home hospice services by the private and public sector	MSCD, MoH, NGOs, private sector	Medium	On-going
	Improve access to emergency services such as hospital	MSCD, MoH,	Medium	On-going

Section	Recommendation	Agency	Start	End
	admissions			
	Increase community based nursing and social services to support an individual's choice to remain at home or in familiar surroundings;	MSCD, MoH, NGOs, private sector	Medium	On-going
	Establish a Bereavement Services Unit (BSU) within the department responsible for elderly persons	MSCD, MoH, NGOs, private sector	Medium	On-going
	8.3.2 General Recommendations			
1 Legislative review	Undertake a comprehensive legislative review to determine the need for improved legal protection of older persons through amendment of current legislation; and/or drafting of new legislation	MSCD, OAG, NGOs, BARP	Short	Medium
	Wherever possible legislation discourage discrimination in any form purely on the grounds of age	MSCD, OAG, NGOs, BARP	Medium	On-going
8.3.1.1 channel for grievances	Examine Ombudsman Acts of other countries as the basis for establishing an ombudsman for older persons or for amendment of the present Act to allow for special attention to older persons	MSCD, OAG, NGOs, BARP	Short	Medium
8.3.2 Gaps etc in legislation	The following specific amendments be made: <ul style="list-style-type: none"> • Community Legal Services Act, Cap. 112A to ensure the elderly poor have access to community legal aid services; • put legal mechanisms in place to protect the assets of older persons, prohibit inappropriate use of such assets by family, friends or caregivers, and assist elderly in accessing legal representation in relation to the above; • provide for state representation, in clearly prescribed 	MSCD, OAG, NGOs, BARP	Urgent	On-going

Section	Recommendation	Agency	Start	End
	circumstances, of interests of older persons in cases where it is clearly established that they can no longer take control of their own affairs, and have no known relatives or other trustees to do so			
Legislation to address cruel treatment, abuse and neglect	Legislation to address Elder Abuse should be developed with special reference to physical abuse, pain or impairment; sexual abuse; psychological and/or emotional abuse; medication abuse; financial and/or material abuse; neglect and abandonment; and to provide access to legal assistance and psycho-social counselling in the case of abuse or mistreatment	MSCD, OAG, NGOs, BARP	Urgent	On-going
	<p>Revise Health Services (Private Hospitals, Nursing Homes, Senior Citizens' Homes and Maternity Homes) Regulations 2005 to:</p> <ul style="list-style-type: none"> • include additional standards of care and require all health care institutions to comply through use of appropriate policy and procedures manuals; • set up appropriate mechanisms to ensure that the Health Regulations are enforced; • encourage interventions alternative to the use of restraints when dealing with challenging older persons in care; and establish boundaries of restraint when restraint becomes necessary; and • allow for the recovery of costs by the Government in specified circumstances 	MSCD, OAG, MoH, NGOs, BARP	Short	Medium
	Government and relevant stakeholders begin discussion on the establishing a legal human rights framework for the	MSCD, OAG, MoH, NGOs,	Short	Medium

Section	Recommendation	Agency	Start	End
	treatment of older persons, within the guidelines set at the hemispheric and international levels	BARP		
	Introduce legislation to permit Government, where Government is required to meet the cost of care for older persons with the means to meet the cost of such care, to recover the costs from the assets of those persons, under specified criteria safeguarding the rights both of the person concerned and the State	MSCD, OAG, MoH, NGOs, BARP	Short	On-going
Elder Affairs Act	Draft a new operating legislative framework to replace the existing dated legislation (National Assistance Act) and allow for effective treatment of matters relating to older persons in accordance with the proposals in this White Paper on Ageing and to support the new institutional arrangements	MSCD, OAG, MoH, NGOs, BARP	Short	On-going
Section	9. RECOMMENDATIONS: Research	Agency	Start	End
	<p>Government assign priority to the following areas for research:</p> <ul style="list-style-type: none"> • collection of basic information on older persons, e.g., numbers supporting the provision of services, population projections, health statistics; • demand for, availability and capacity of institutional healthcare facilities; • impact of biological, medical, behavioural and gender factors on ageing • incidence and impact of CNCDS on older persons; • healthy ageing among the elderly in Barbados, including dimensions and tools for measurement; 	MSCD, MoH, Statistical Services, UWI, UN, NGOs	Medium	On-going

Section	Recommendation	Agency	Start	End
	<ul style="list-style-type: none"> health and social services for the elderly, especially in rural areas, including issues of access and the attitudes of the elderly to such services incidence and treatment of Alzheimer's disease and other dementias influence of economic and demographic factors (including migration) on national planning for the elderly; the nature and extent of elder abuse in Barbados; documentation of the skills, expertise, knowledge and cultural memories of seniors; means of empowering the elderly to recognize their own capacities and contributions 			
	The department responsible for elder affairs forge a close working relationship with the Bureau of Social Policy, Research and Planning and the research arms of other Government ministries and departments, and the University of the West Indies	MSCD, MoH, UWI, UN, NGOs	Short	On-going
Section	RECOMMENDATIONS: Institutional Arrangements	Agency	Start	End
10.6	The new operating framework for management of affairs of the elderly comprise the Minister with responsibility for Elder Affairs, the National Advisory Committee on Ageing, the Board of Management of the Commission of Elder Affairs and the Commission of Elder Affairs	Cabinet	Short	Short
10.6.1	The portfolio for Elder Affairs be formally assigned to a Minister in the Cabinet of Barbados			
10.6.2	Advise the Minister responsible for older persons on any	Gov't, NGOs,	Short	On-going

Section	Recommendation	Agency	Start	End
National Advisory Committee	matter related to older persons; review and make recommendations on matters related to ageing to the Minister on their own initiative or on request; conceptualize new approaches; develop links with civil society; provide the Minister with regular feedback on the status of older persons; contribute to a research agenda on older persons; mark milestones and significant events relevant to older persons; establish and maintain a database of centenarians; and encourage public discussion on the status of older persons	BARP, Social Partners		
10.6.3 Statutory Board for Commission of Elder Affairs	The minimum guidelines of operation of the Board to oversee the Commission of Elder Affairs be setting of strategic goals and endorsing strategic plans; awareness of community and Government opinions and needs; obtaining human and financial resources to achieve organisational goals; ensuring corporate compliance and financial accountability and ethical behaviour; approving operating budgets; establishing performance goals; exercising good human resource management; monitoring progress and reporting outcomes; anticipating and responding to changes in the external environment; balancing the demands of various stakeholders; maintaining effective planning, information and control systems	Cabinet	Short	Short

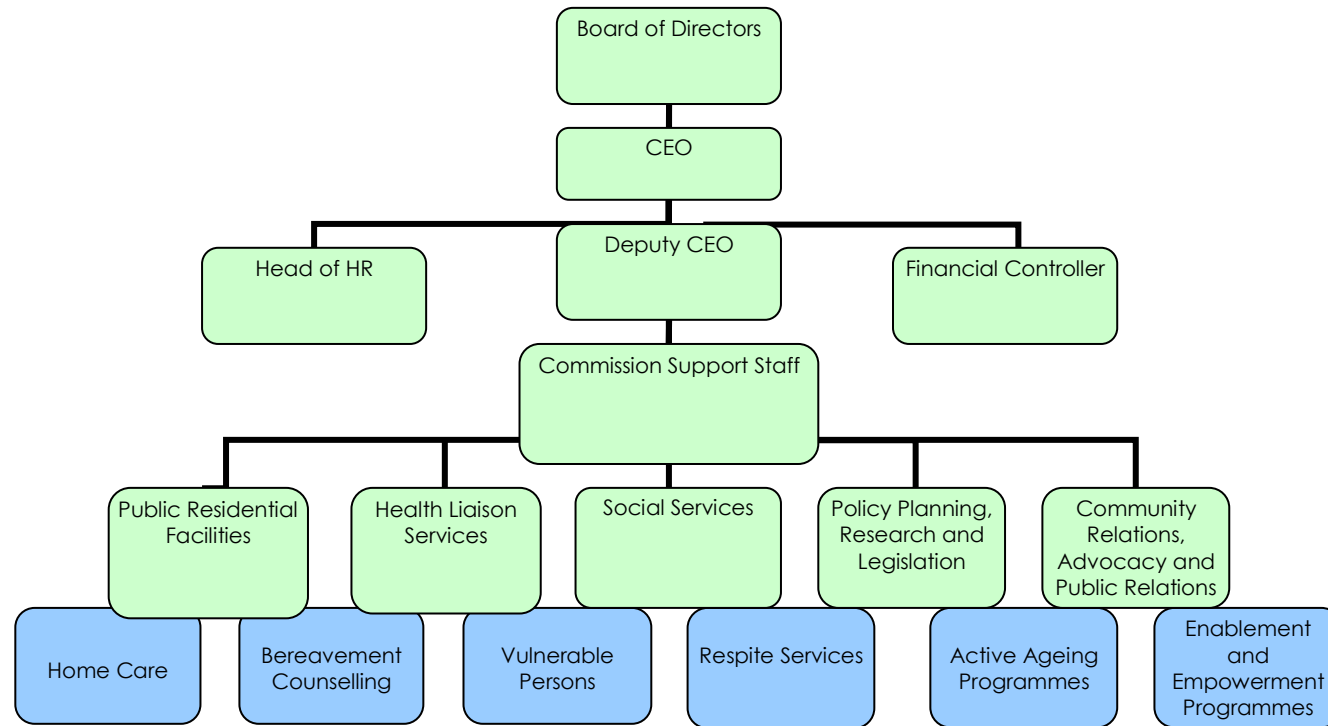
Section	Recommendation	Agency	Start	End
10.6.4 Commission of Elder Affairs	A Commission of Elder Affairs, supported by necessary legislation, to be created to conceptualize new approaches and secure participation of all agencies involved in developing programmes and services related to ageing (see terms of reference in full document)	Cabinet, MSCD, NGOs, BARP	Short	Short
	The functions of the proposed Commission of Elder Affairs be as outlined in full report	Cabinet, MSCD, NGOs, BARP	Short	On-going
10.6.5 Public Partici- pation	In keeping with the principles of public participation Government seek to ensure that Social Partners and all others in the public and private sectors and civil society are familiar with the national policy and to support and be supported by them in implementing the agreed policy recommendations	Government, Social Partners civil society	Short	On-going
	Provide for adequate representation by older persons with the relevant expertise, knowledge and skills on any policy review body and on all key decision-making bodies in the implementation of the National Policy on Ageing	Government, Social Partners civil society	Short	On-going
	Give consideration to using the expertise, knowledge and skills of older persons in any area of national development in which they have the relevant attributes	Government, Social Partners civil society	Short	On-going
	Facilitate the development of client/consumer representation in relation to sectors impacting on the lives of older persons with a view to improving service delivery	Government, Social Partners, civil society,	Short	On-going
	Establish and deepen networks with other Governments,	Government,	Short	On-going

Section	Recommendation	Agency	Start	End
	regional, hemispheric and international bodies concerning matters relating to older persons	Social Partners, UN, civil society, CARICOM, UWI, regional universities, the diaspora		
	Enhance effective collaboration in the regional, hemispheric and international arenas by encouraging discussion and the exchange of knowledge and expertise among non-governmental organizations, research institutions and professionals and national bodies concerned with the process of ageing	Government, Social Partners, civil society, CARICOM, UWI, regional universities, the diaspora, UN	Short	On-going
<u>International Minimum Standards for protection of rights of Older Persons</u>	Government monitor developments at the hemispheric and international levels in relation to the development of a convention on the rights of older persons and develop a national position in this regard, and participate fully in the review process under the Madrid International Plan of Action on Ageing and the meetings related thereto	Government, Social Partners, civil society, CARICOM, UWI, regional universities, the diaspora, UN	Short	On-going
10.6.6 Proposed Charter of Rights and				

Section	Recommendation	Agency	Start	End
Responsibilities for Older Persons				
10.6.7 Establishment of Mechanisms to Facilitate Appeals by Older Persons	The Ombudsman be directed to set up a special procedure in relation to allegations made by older persons of improper, unreasonable or inadequate conduct by a Government ministry, department or authority	Cabinet	Short	Short
	An administrative mechanism be put in place to accommodate matters that do not come under purview of the Ombudsman	Cabinet, NGOs, Social Partners, regulatory bodies (Fair Trading Commission)	Short	Short

COMMISSION OF ELDER AFFAIRS

Proposed Organizational Chart



ANNEX I SUMMARY OF THE MADRID POLITICAL DECLARATION ON AGEING – 2002

In 2002 following the Second World Assembly on Aging held in Madrid from April 8-12, which was attended by Barbados, United Nations member states adopted the **Political Declaration and Madrid International Plan of Action on Ageing 2002**, which are essential points of reference in all action related to the ageing across the world since 2002. Approximately 159 countries adopted the Declaration and the International Plan of Action.

Political Declaration

The nineteen articles of the 2002 Political Declaration on Ageing address a variety of related matters, including the need for the following: international cooperation; the promotion and protection of democracy, gender equality, human rights and fundamental freedoms; the elimination of all forms of discrimination including age discrimination as well as all forms of neglect, abuse and violence; the use of technology to empower men and women to reach better health and wellbeing; the need to place ageing in development agendas as well as in strategies for the eradication of poverty; the incorporation of ageing in social and economic strategies, policies and action; the empowerment of older persons and promotion of their full participation as essential elements of active aging; appropriate sustainable social support; and recognition of the potential of older persons as a powerful basis for future development.

The Declaration also highlighted the following: acknowledgement of the importance of international research on ageing and age related issues as an important instrument for the formulation of policies on ageing, based on reliable and harmonized indicators developed by, inter alia, national and international statistical organisations; the responsibility of Governments in promoting, providing and ensuring access to basic social services; the need for Government to work together with local authorities, civil society including NGOs, the private sector, volunteers and voluntary organisations, older persons themselves, and associations for and of older persons, as well as with families and communities; the importance of the attainment of the highest possible level of health care through universal and equal access to health care and services including physical and mental health services; the promotion of healthy lifestyles and supportive environments; the valuable contribution of older persons to development in their role as caregivers; the important role of families, volunteers, communities, older persons organisations and other community based organisations in providing support and informal care to older persons in addition to services provided by Governments; as well as the need to strengthen solidarity among generations and intergenerational partnerships.

In the Political Declaration although it was stressed that Governments were assigned the primary responsibility of providing leadership on ageing matters and the implementation of the International Plan of Action on Ageing 2002, it was recognised that effective collaboration between national and local governments, international agencies, older persons and their organisations, the public and private sectors was essential. In recognition of this fact the Political Declaration indicated that the implementation of the Plan would require partnership and involvement of many stakeholders: professional organisations; corporations; workers and workers organisations; cooperatives; research, academic and other educational and

religious institutions and the media. The last two sections of the Declaration pointed to the important role of the UN system, including regional commissions, in assisting Governments, and invited all people in all countries from every sector of society, individually and collectively, to join in the shared vision of equality for persons of all ages.

The International Plan of Action is meant to respond to the opportunities and challenges of population ageing in the twenty first century, and to promote the development of a society for all ages. In the Political Declaration accompanying the Plan UN Member States committed themselves to actions at the national and international levels, and on three priority directions: (1) Older persons and Development; (2) Advancing health and well being into old age; and (3) Ensuring enabling and supportive environments. It affirmed the first International Plan of Action on Ageing adopted at the First World Assembly on Ageing in 1982, and the United Nations Principles for Older Persons of 1991.

The International Plan called for changes in attitudes, policies and practices at all levels in all sectors so that the enormous potential of ageing in the twenty first century can be fulfilled. The Plan was also to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing. The Plan also recognises that specific recommendations are to be adapted to the diversity of circumstances in each country, and must be treated within the context of the different stages of development in different regions, but also within the context of the interdependence of all countries in a globalizing world. The mainstreaming of ageing into global agendas was also considered essential.

There are a series of specific recommendations for action in the three policy areas (see summary at Annex II). The Plan notes that its implementation will require sustained action and systematic evaluation as well as international assistance to help developing countries to pursue policies that address ageing. It also requires *inter alia* "a political, economic, ethical and spiritual vision for social development of older persons based on human dignity, human rights, equality, peace, democracy, mutual responsibility and cooperation and full respect for the various religious and ethical values and cultural background of people."

It notes that at the national level Governments have primary responsibility for implementation, including mainstreaming of ageing into national development frameworks and poverty eradication strategies. Thus programme innovation, mobilization of financial resources, development of necessary human resources, effective partnerships between Governments, all parts of civil society and the private sector, and an enabling environment are necessary. The role of NGOs, and Institutional follow-up through the establishment of agencies on aging and national committees which include representatives of organisations of older persons, are considered as essential. Other crucial elements are educational training and research activities on ageing, national data collection and analysis such as the compilation of gender and age specific information for policy planning, monitoring and evaluation. Independent monitoring of implementation is also considered very important.

International and Regional issues

At the international level, recognition is given to the benefits of globalization and independence, including Information technology, as well as the challenges. The importance of enhanced international cooperation, to support developing countries, least developed countries and countries with economies in transition in implementing the Plan, is stressed. The Millennium Declaration Development goals; the role of international financial institutions and regional development banks (asked to examine their lending and grants practice); and commitment by UN agencies funds and programmes to ensure integration of the issue of ageing in their programmes and projects are all seen as important factors. Exchange of experiences and best practices, researchers and research findings and data collection to support policy and programme development, establishment of income generating projects and information dissemination likewise are highlighted. The UN Department of Economic and Social Affairs (UNDESA) is the focal point on ageing in the UN System and will help by, inter alia, developing guidelines for policy development and implementation, advocating means of mainstreaming ageing in development agendas and engaging in dialogue with civil society and the private sector and information exchange.

At the Regional level UN regional commissions have responsibility for translating the International Plan of Action on Ageing into their regional action plans, and for assisting national institutions in the implementation and monitoring of their actions on ageing.

Research

A high priority is given to the encouragement of comprehensive, diversified, and specialised research on ageing, including age and gender sensitive data collection and analysis for evidence based policies. Systematic review of implementation has also been put in place through the UN Commission for Social Development.

Summary prepared by the Ministry of Social Care, May 2011

ANNEX II SUMMARY OF THE UN INTERNATIONAL PLAN OF ACTION ON AGEING ADOPTED AT THE SECOND WORLD ASSEMBLY ON AGEING IN MADRID IN 2002

PRIORITY DIRECTION 1: OLDER PERSONS AND DEVELOPMENT

ISSUE 1 - Active Participation in society and Development

Objective 1 - Recognition of the social, cultural, economic and political contribution of older persons

Objective 2 - Participation of older persons in decision making processes at all levels

ISSUE 2 - Work and the ageing labour force

Objective 1 - Employment opportunities for older persons who want to work

ISSUE 3 - Rural development, migration and urbanization

Objective 1 - Improvement of living conditions and infrastructure in rural areas

Objective 2 - Alleviation of the marginalization of older persons in rural areas

Objective 3 - Integration of older migrants within their new communities

ISSUE 4 - Access to knowledge, education and training

Objective 1 - Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services

Objective 2 - Full utilization of the potential and expertise of persons of all ages, recognising the benefits of increased experience with age

ISSUE 5 - Intergenerational solidarity

Objective 1 - Strengthening of solidarity through equity and reciprocity between generations

ISSUE 6 - Eradication of Poverty

Objective 1 - Reduction of poverty among older persons

ISSUE 7 - Income Security, Social Protection /Social Security and Poverty prevention

Objective 1 - Promotion of programmes to enable all workers to acquire basic social protection/social security including , where applicable, pensions, disability insurance and health benefits

Objective 2 - Sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups

ISSUE 8 - Emergency Situations

Objective 1 - Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies

Objective 2 - Enhanced contributions of older persons to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies

PRIORITY DIRECTION II: ADVANCING HEALTH AND WELL BEING INTO OLD AGE

ISSUE 1 Health Promotion and wellbeing throughout life

Objective 1 - Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age

Objective 2 - Development of policies to prevent ill health among older persons

Objective 3 - Access to food and adequate nutrition for all older persons

ISSUE 2 - Universal and equal access to health care services

Objective 1 - Elimination of social and economic inequalities based on age, gender and any other ground, including linguistic barriers, to ensure that older persons have environmental and equal access to health care

Objective 2 - Development and strengthening of primary health care services to meet the needs of older persons and promote their inclusion in the process

Objective 3 - Development of a continuum of health care to meet the needs of older persons

Objective 4 - Involvement of older persons in the development and strengthening of primary and long term care services

ISSUE 3 - Older persons and HIV/AIDS

Objective 1 - Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected or surviving family members

Objective 2 - Provision of adequate information, training and care giving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers

Objective 3 - Enhancement and recognition of the contribution of older persons to development and their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents.

ISSUE 4 - Training of caregivers and health professionals

Objective 1 - Provision of improved information and training for health professionals and para-professionals on the needs of older persons

ISSUE 5 - Mental Health and older persons

Objective 1 - Development of comprehensive mental health care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons

ISSUE 6 - Older persons and disabilities

Objective 1 - Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities

PRIORITY DIRECTION III - ENSURING ENABLING AND SUPPORTIVE ENVIRONMENTS

ISSUE 1 - Housing and the living environment

Objective 1 - Provision of "ageing-in-place" in the community with due regard to individual preferences and affordable housing options for older persons

Objective 2 - Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons in particular those with disabilities

Objective 3 - Improved availability of accessible and affordable transportation for older persons

ISSUE 2 - Care and support of caregivers

Objective 1 - Provision of a continuum of care and services for older persons from various sources and support for caregivers

Objective 2 - Support the caregiving role of older persons particularly older women

ISSUE 3 - Neglect, abuse and violence

Objective 1 - Elimination of all forms of neglect, abuse and violence of older persons

Objective 2 - Creation of support services to address elder abuse

ISSUE 4 - Images of ageing

Objective 1 - Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons

ANNEX III BRASILIA DECLARATION

We, the representatives of the countries gathered in Brasilia, Brazil, from 4 to 6 December 2007 at the Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean: towards a society for all ages and rights-based social protection,

With the purpose of identifying the future priorities for application of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, responding to the opportunities and challenges posed by the ageing of the population in the coming decades and promoting a society for all ages,

Underscoring the responsibility of Governments, subject to their legal frameworks, to promote and provide basic social and health-care services and facilitate access to them, bearing in mind the specific needs of older persons and the agreements assumed in this document,

With the firm determination to adopt measures at all levels –local, national, subregional and regional- in the Regional Strategy's three priority areas: older persons and development; promotion of health and well-being into old age, and creation of enabling and supportive environments,

Recognizing that ageing is one of humanity's greatest achievements, that in Latin America and the Caribbean the population has been ageing unevenly and that the process is more advanced in some countries than in others, as a result of which the challenges for the State in terms of finding appropriate responses to the changes in the age structure of the population are different,

Bearing in mind that a demographic transformation of such dimensions has far-reaching repercussions on society and public policy and that ageing increases the demand for the effective exercise of human rights and fundamental freedoms at all ages,

Highlighting the fact that in order to confront the challenges of ageing, some countries have pressed ahead with the creation and implementation of legislation, policies, programmes, plans and services to improve the living conditions of older persons and that, in comparison with the year 2003, there are new public-policy niches and more interventions in this matter, although situations and achievements still vary considerably from one country, or one subregion, to another,

Underscoring the fact that States have, for some years, been becoming increasingly concerned about the rights of older persons and that this has translated into the creation of legal protection frameworks, although gaps persist in the implementation of such rights and many older persons still lack access to social-security, health or social-service benefits,

Emphasizing that population ageing must not be treated as a matter of relevance only to the current generations of older persons and that it is fundamental to advance towards the construction of more inclusive, cohesive and democratic societies which abhor all forms of discrimination, including age-based discrimination, and to strengthen mechanisms that promote solidarity between generations,

Bearing in mind that ageing can generate disabilities and dependency, which call for comprehensive care services,

Recognizing that the United Nations and its specialized agencies have placed special emphasis on this issue and have stressed the need to expand the coverage and quality of social protection systems in order to protect persons against age-associated risks; and that entitlement to human rights signifies that the subject effectively belongs to the society, since it implies that all citizens, men and women alike, are included in the development dynamic and can enjoy the well-being that it promotes,

Recognizing also the systematic work carried out by the Economic Commission for Latin America and the Caribbean, through the Latin American and Caribbean Demographic Centre–Population Division of the Commission in support of countries in the region that seek to incorporate ageing into their development agendas and to promote opportunities for strengthening technical skills, research and technical assistance to Governments, and expressing appreciation for the support provided by the United Nations Population Fund, the Pan American Health Organization, the International Labour Organization and the Inter-American Development Bank as well as the Ibero-American Intergovernmental Network for Technical Cooperation and the Ibero-American Social Security Organization,

Taking note of the San Salvador Declaration, which was adopted by the First Ladies, Spouses and Representatives of Heads of State and Government of the Americas at the fourteenth conference on the issue “Building a society for all ages”,

Having considered the Report on the Application of the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing, prepared by the secretariat of the Economic Commission for Latin America and the Caribbean,

1. *Reaffirm* our commitment to spare no effort to promote and protect the human rights and fundamental freedoms of all older persons, to work to eradicate all forms of discrimination and violence and to create networks for the protection of older persons with a view to the effective exercise of their rights;
2. *Promote* dialogue and strategic alliances between Governments, the United Nations system, international and South-South cooperation, civil society –with special emphasis on organizations of older persons– and the private sector, to create awareness of changes in the population structure, especially in terms of the rate of demographic ageing and the economic, health, social and cultural implications;
3. *Underscore* the importance of examining thoroughly and comprehensively the effects of migration on the ageing dynamic of the communities of origin, transit and destination of migrants, with special attention to the impact of migration flows on the migrants themselves, their families, community and society, as well as on the economic and social development of countries;
4. *Propose* that preventive and health-care measures be adopted to improve access by older persons with disabilities to treatment, care, rehabilitation and support services;
5. *Take into account* the effects of HIV/AIDS on older persons, both in terms of access to prevention, treatment, care and support services and in terms of their

valuable contribution in caring for family members suffering from the disease, as well as the role they play as promoters in creating a positive environment, free from any stigma and discrimination against persons with HIV/AIDS;

6. *Support* actively the incorporation of the gender perspective in all policies and programmes that take into account the needs and experiences of older persons;

7. *Reaffirm our commitment* to mainstream the issue of ageing and treat it as a priority in all spheres of public policy and programmes and to allocate and take steps to secure human, material and financial resources for achieving the appropriate monitoring and evaluation of the measures put into practice, distinguishing between urban and rural areas and recognizing the intergenerational, gender, race and ethnic perspective in policies and programmes designed for the sectors of the population that are the most vulnerable, whether because of their economic and social status or as a result of humanitarian emergency situations, such as natural disasters or forced displacements;

8. *Recognize* the need to strengthen national and international capacities as well as international and South-South cooperation to address the problems of population ageing in the different spheres of human endeavour and public policy;

9. *Propose* that studies and research be undertaken to facilitate informed decision-making on the issue of ageing and the preparation of demographic and socio-economic profiles of populations of older persons which enable us to identify gaps in the implementation of human rights and ways of ensuring their full enjoyment and the full and effective participation of older persons in development;

10. *Resolve* to do all in our power to expand and improve the coverage of pensions, whether contributory or non-contributory, and to adopt measures to incorporate greater solidarity into our social protection systems;

11. *Promote* dignified work, as defined by the International Labour Organization, for all older persons, taking steps to secure and allocate loan support, training and marketing programmes that are conducive to a dignified and productive old age;

12. *Recognize* the need to promote equitable access to timely and quality comprehensive health-care services, including, subject to the public policies of each country, access to basic long-term medications for older persons;

13. *Propose* that legal frameworks and monitoring mechanisms be created to protect the human rights and fundamental freedoms of older persons, whether they live in long-stay facilities or in their own homes, and to facilitate the formulation and enforcement of laws and programmes for the prevention of abuse, abandonment, neglect, ill-treatment and violence against older persons;

14. *Propose* humane practices in order to care for and understand older persons holistically, with absolute respect for their human rights and fundamental freedoms, mobilizing national resources to ensure that such care is provided in the context of a meaningful and solidarity-based human relationship;

15. *Recommend* that terminally ill older persons be given palliative care to alleviate their suffering, while support is given to their families, and that professionals demonstrate sufficient sensitivity and competence to perceive such suffering, which calls for palliative measures to control physical and psychosocial symptoms as well as spiritual assistance;

16. *Promote* the implementation of initiatives to improve the accessibility of public areas, adapt housing to the needs of multigenerational and older-single-person households and facilitate ageing in the home with measures to support families, in particular women, in caregiving tasks;

17. *Request* the Executive Secretary of the Economic Commission for Latin America and the Caribbean to adopt timely measures to intensify the activities carried out by the United Nations at the regional level in the area of ageing; request also the Commission to provide technical assistance in terms of information, research and training relating to the issue of ageing and public policies in order to foster and strengthen the efforts made by countries in this respect; and invite the Commission to examine the progress made by countries of the region in applying the Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing and present its findings to the ECLAC sessional Ad Hoc Committee on Population and Development;

18. *Promote* access to continuing education and life-long learning at all levels;

19. *Encourage* the creation of degree programmes at baccalaureate and master's levels in regional universities in social gerontology and management of geriatric care services, to encourage young adults to build relevant careers in their countries and reduce the exodus of health professionals from the region;

20. *Urge* academic centres, scientific societies and networks for cooperation in population, ageing and development to conduct detailed, diversified and expert studies on the issue, and to organize work and discussion meetings to strengthen the research and training agenda relating to ageing, and set up and support centres for study, research and human resource training in this field;

21. *Recommend* that older persons be included in the processes of preparation, implementation and monitoring of policies;

22. *Request* that older persons be included in activities and conferences scheduled by the United Nations for the next five year-period;

23. *Request* international cooperation agencies to take older persons into account in their policies and projects as part of their measures to assist countries in implementing the commitments set out in the Regional Strategy;

24. *Recommend* that account be taken of older persons in the efforts under way to achieve the internationally agreed development goals, including those adopted in the Millennium Declaration;

25. *Agree to request* the member countries of the United Nations Human Rights Council to consider the possibility of appointing a special rapporteur responsible for the promotion and protection of the human rights of older persons;

26. *Pledge* to make the necessary consultations with our Governments to promote the drafting of a convention on the rights of older persons within the framework of the United Nations;

27. *Invite* persons from all countries and social sectors to individually and collectively join our commitment with a shared vision of equality and the exercise of rights in old age;

28. Agree that this Brasilia Declaration constitutes the contribution of Latin America and the Caribbean to the forty-sixth session of the Commission for Social Development of the United Nations Economic and Social Council, which will be held in February 2008;

29. Express our gratitude to the Government of Brazil for hosting the second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean.

ANNEX IV Summary of Services Provided by the National Assistance Board:

The Home Care Programme offers assistance to older persons with activities of daily living such as cooking, cleaning, washing and personal hygiene.

The Recreational Activities Programme coordinates and facilitates activities for older persons in fifteen recreational activities centres throughout the island. This programme seeks to encourage active ageing through participation in stimulating activities such as dancercise, crochet, craft, exercise, needle point, rattan, stuffed toys, quilting, basketry, etc.

The Vauxhall Senior Citizens' Village provides shared accommodation mainly to elderly persons who are capable of living independently and semi-independently in a residential community setting.

The Clyde Gollop Night Shelter for Homeless Men provides supervised overnight sleeping accommodation with the goal of reintegrating the men into the community.

The Bereavement Support Services and the Bereavement Hotline provides emotional support and counseling for those experiencing loss.

The Vulnerable Persons Committee compiles a list of the elderly and the disabled in order to mobilize resources and assistance in the event of any disaster. The Committee networks with Governmental and non-governmental Organizations, especially those that play an instrumental role in disaster preparedness and relief.

ANNEX V The Vulnerable Persons Committee

The Vulnerable Persons Committee comprises:

The Assistant Director National Assistance Board Ministry of Social Care, Constituency Empowerment and Community Development	Chairperson Co- chairperson
---	---------------------------------------

Representatives from:

The National Disabilities Unit	Member
Welfare Department	Member
National Assistance Board	Member
Department of Constituency Empowerment	Member
Rural Development Commission	Member
Urban Development Commission	Member
Royal Barbados Police Force	Member
Barbados Defence Force	Member
Barbados Fire Service	Member
Ministry of Health	Member
District Emergency Organizations	Member
Paralympics Association of Barbados	Member
Barbados Council for the Disabled	Member
Roving Response Team	Member
Queen Elizabeth Hospital	Member
Emergency Ambulance Service	Member
Transport Board	Member

Annex VI Background to the National Committee on Ageing

In 1998 the Government mandated a National Committee to plan activities for Older Persons in response to the United Nations Declaration of the 1999 International Year of Older Persons, specifically to make recommendations to Government on all matters relating to ageing and the quality of life of the elderly and to identify, monitor and evaluate various Governmental and non-governmental programmes of both direct and indirect concern to elderly persons.

In November 2000 after completing its mandate the original Committee was replaced by the **National Committee for Older Persons**, headed by Mr. Errol Best of the NAB (Chairperson) and Mrs. Kathleen Drayton (BARP) as Deputy Chairman. The Child Care Board; the Community Development Department; the Bureau of Women's Affairs; the Ministry of Health; the Ministry of Education; the Barbados Evangelical Association; the Barbados Christian Council; the Barbados Council of Ageing; the Barbados Council for the Disabled; the Rotary Club for Barbados West ; the Soroptomists; the Confederation of Trade Unions; the University of the West Indies; the Youth, were also represented in the membership along with two well known individuals: Mrs. Olga Lopes Seale and Sir Clyde Gollop.

In April 2002 the terms of reference and operating framework for the Committee were reviewed and in December 2002 a new 14 member Committee was appointed, headed by Mr. Wilfred Beckles and Mrs. Kathleen Drayton, and comprising Ms. Carmelita Burke; Mr. Sylvester Niles as well as representatives of the Ministry of Social Transformation; Ministry of Health; BARP; Barbados Council on Ageing; the Youth; Barbados Council for the Disabled; Soroptimist Club; Lions Club; and Barbados Christian Council, with the Director, National Assistance Board being an ex officio member.

The Committee was renamed the **National Committee on Ageing**. In 2003 Senator Dame Patricia Symmonds, D.B.E, G.C.M. became the Chair, and Mrs. Phyllis Roett, Deputy Chair. A new 19 member Committee was established in 2006. Nine (9) persons were members in their personal capacity and the organizational membership and terms of reference remained unchanged. This Committee started preparation of a White Paper on a National Policy on Ageing and was renewed in July 2006.

In July 2008, following general elections in January 2008, a new National Committee on Ageing was set up, with minor changes to the terms of reference. The Chair and Deputy Chair were respectively the Hon. Maizie Barker-Welch, BCH, Chair; and Rev. Dr. Carlisle Williams, Deputy Chair. The Ministry of Youth, Family and Sport became a member. The mandate of the existing Committee was renewed in 2011, and the Committee remains in place until 2014.

National Committee on Ageing Terms of Reference 2008

- (i) To make recommendations to the Government on all matters related to ageing and to the quality of life of older persons by:
 - Identifying and evaluating various Government and non Government programmes of both direct and indirect concern to older persons;
 - Working with the Ministry of Social Transformation and other relevant Governmental and non Governmental organizations to ensure improvements in the quality of life for older persons, and
 - Reviewing and making recommendations on relevant research and other reports.
- (ii) To propose and support activities which will:
 - Recognize the contributions of older persons;
 - Provide for the continuing education of older persons;
 - Contribute to healthy lifestyles among older persons;
 - Provide for the cultural development of older persons;
 - Provide for improvement in the quality of life for older persons;
 - Assist in identifying areas of research on ageing.
 - Encourage the promotion of talents of the elderly

ANNEX VII CHARTER OF RIGHTS AND RESPONSIBILITIES

As a recipient of services from the Government Agency (Name of Agency) you have the following rights and responsibilities:

- Right to full information about the services offered, who can receive the services and on what grounds, and to be given this information in a way that you clearly understand.
- Right to know the hours of operations of the service
- Right to request appointments that are conveniently located and scheduled
- Right to courteous, respectful, non-abusive treatment at all times
- Right to give your ideas and comments on service delivery and to have those ideas and comments considered with respect
- Right to receive quality services in a timely fashion, and in a non-discriminatory manner
- Right to privacy and confidentiality
- Right to provide feedback regarding the provision of services
- Right to make a complaint to the person or agency providing the service and receive a meaningful response in a timely manner
- Right to inform the provider if the service is to be terminated and to request the termination of service

RESPONSIBILITIES

- Responsibility to return the courtesy, respect and non-abusive treatment to the person or agency providing the service at all times
- Responsibility to keep your appointments and give early notice if you cannot keep the appointment
- Responsibility to be open and truthful with the person or agency providing the service
- Responsibility to let the organization know if you have any questions or problems regarding the service

- Responsibility to notify the organization about any developments or emergencies that could affect the services delivered to you
- Responsibility to conduct yourself in accordance with the program rules and regulations of the organization
- Responsibility to work collaboratively with the person or agency providing the service
- Responsibility to follow through with the agreed work plan
- Responsibility to act in a manner that will not endanger others
- Responsibility to advise the person or agency providing the service when changed circumstances render the services no longer necessary

REFERENCES

- Banik, Arindam and Pradip K Bhaumik. *Ageing Population, Emigration and Growth in Barbados*. (2006) *International Journal of Social Economics*, Vol. 33, No. 11, pp 781 - 788
- Barbados Statistical Department. *Statistical Bulletin, Continuous Household and Labour Force Survey April – June 2010*. Bridgetown, Barbados Statistical Department, 2010.
- Barbados Statistical Service. *2000 Population and Household Census, Volume 1*. Bridgetown, Barbados Statistical Service, 2002
- Barbados Statistical Service. *Barbados Population Census and Household Budget Survey 1970*. Bridgetown, Barbados Statistical Service, 1971
- Barbados Statistical Service. *Draft Population Projections Barbados 2005 – 2025*. Bridgetown, Barbados Statistical Service, 2005
- Benefits of Intergenerational Programs Aging Initiative.
<http://www.epa.gov/aging/ia/benefits.htm> [accessed 06/09/10]
- Board Membership: A Guide for Members of Northern Territory Government Boards, Committees and Statutory Bodies*. Darwin, Cabinet Office, Department of the Chief Minister, 2005
- Brundtland, Gro Harlem. Address to the Second World Assembly on Ageing held in Madrid, Spain. 2002.
- Caribbean Community Secretariat. *Declaration of Port of Spain: Uniting to stop the Epidemic of Chronic NCDs*; Sept. 2007
- Caribbean Community Secretariat. *The Elderly in the Caribbean 2000. 2001*, Caribbean Community Secretariat Monograph Series. The Elderly.
- Caribbean Development Bank. *Social Protection Policy Strategy*. 2010
- Changing Population age structures and their implications on socio-economic development in the Caribbean*. ECLAC, 13 October 2006. LC/CAR/L.98
- Cloos, Patrick, Caroline F. Allen, Beatriz E. Alvarado, Maria Victoria Zunzunegui, Donald T. Simeon and Denise Eldemire-Shearer. "Active ageing: a qualitative study in six Caribbean countries" in *Ageing & Society*, 30, 2010, 79 - 101
- ECLAC AD Hoc Committee on Population and Development, Santiago, May 12-14, 2010: "Strategy Proposal from the Perspective of Latin America and the Caribbean for advancing towards an international convention on the human rights of older persons"
- Foster, C. et al. Hypertension, Diabetes and Obesity in Barbados Findings from a Recent Population based Survey. *Ethnicity and Disease* 1993 Fall; 3(4) 404 -12
- Gavrilov, Leonid A. and Patrick Heuveline. *Aging of Population*. Manuscript of article in the *Encyclopaedia of Population*. New York, Macmillan, 2003.
- Global Action on Aging - GAA Report/Newsletter of January 26, 2011.

- Growing Old in America: Expectations vs. Reality, Pew Research Center's Social & Demographic Trends Project 202.49.4372, <http://pewsocialtrends.org>, [accessed July 12, 2010].
- Hatton-Yeo, A. and O. Toshio (eds.) *Intergenerational Programmes: Public Policy And Research Implications: An International Perspective*. 2000, UNESCO Institute for Education.
- HMG Government: *Building a Society for All Ages*. July 2009
http://www.undp.org/capacity/institut_arrangemt.shtml
- Huenchan, Sandra and Louis Rodriguez-Pinero. *Ageing and the protection of Human Rights: Current situation and outlook*. ECLAC – UNFPA-SIDA, 2011
- Inniss, Tara. *Comprehensive Report to Inform the Presentation by The Government Of Barbados to the Annual Ministerial Review of the United Nations Economic and Social Council on Barbados' Progress Towards Achieving the Millennium Development Goals and the Other Internationally Agreed Development Goals*. 2007
- International Federation of Social Workers (1999) *International Policy on Older Persons*
- Joseph Rowntree Foundation. *Poverty and Social Exclusion in Britain*.
<http://www.poverty.ac.uk/pdf/JRF-Full-report-Poverty-social-exclusion.pdf>
[accessed Feb 16, 2011]
- Kahn, J. H., et al. Social support, health, and well-being among the elderly: what is the role of negative affectivity?, *Personality and Individual Differences*, Volume 35, Issue 1, July 2003, Pages 5-17
- Kerr, L. and V. Kerr. Older people doing it for themselves: Accessing information, advice and advocacy, (2003), <http://www.jrf.org.uk/publications/older-people-doing-it-themselves-accessing-information-advice-and-advocacy> [accessed 06/09/10]
- Lewis, M. *The Caribbean Health Situation*. (Unpublished Paper) (1995), cited by Dr. Joan Rawlins in 'Ageing in the Caribbean: Exploring Some Major Concerns for Family and Society', *Turmoil and Turbulence in Small Developing States: Going Beyond Survival*. SALISES Conference, Port of Spain.
- Lopez, A. D., C. D. Malthers, , M. Ezzati, D. T. Jamison, and C. J. L. Murray (Eds.) *Global Burden of Disease and Risk Factors* (2006), Washington D.C., The International Bank for Reconstruction and Development/The World Bank.
- Mauritius National Policy on the Elderly- Final version April 30, 2001
- Ministry of Health, Barbados. *Health, Safety and Prosperity: Draft Barbados' Strategic Plan for Health 2002 – 2011*. 2002
- Ministry of Health, Barbados. *Paper on Reform Programme for the Care and Housing of the Elderly*. 2004
- National Committee on Ageing. *Supportive Environments for Older Persons in Barbados*. Bridgetown, Ministry of Social Transformation, 2000

- National Institute on Aging. *Why Population Aging Matters: A Global Perspective*. Washington D.C., National Institute on Aging, National Institutes of Health, 2007
- National Research Council. *Preparing for an Aging World: The Case for Cross National Research*. Panel on a research Agenda and New Data for an Aging World, Committee on Population and Committee on National Statistics, Division of Behavioural and Social Sciences and Education. Washington D.C. National Academy Press, 2001
- Nicholls, R. *Coastal Vulnerability to Sea-Level Rise: Evaluation and Selection of Methodologies for Implementation*. Barbados, 1998
- Palloni, A and M. McEniry. *International Handbook of Population Aging* Chapel Hill, University of North Carolina, 2007
- Pan American Health Organization. *Health in the Americas 2007 Vol. II – Countries*. Washington D.C. Pan American Health Organization.
- Pan American Health Organization. *Health Systems Profile Barbados*. Washington D.C., Pan American Health Organization, 2008
- Pan American Health Organization. SABE Study, "Health, Welfare and Aging in Bridgetown, Barbados". Pan American Health Organization, 2005
- Pew Research Center. *As Marriage and Parenthood Drift Apart, Public Is Concerned about Social Impact: Generation Gap in Values, Behaviors* <http://pewresearch.org/pubs/526/marriage-parenthood>, 2007 [accessed: 6/17/10]
- Population Ageing in the Caribbean - A Four Country Study (Antigua and Barbuda, St. Lucia, St. Vincent and Trinidad and Tobago: LC/CAR/L.128 of 29th August 2007
- Population Ageing in the Caribbean: An Inventory of Policies, Programmes and Future Challenges. ECLAC, 11 May 2004. LC/CAR/G.772/ Corr.1
- Rawlins, Joan Ageing in the Caribbean: Exploring Some Major Concerns for Family and Society in Turmoil and Turbulence in Small Developing States: Going Beyond Survival. SALISES Conference, Port of Spain, 2010
- Regional Intergovernmental Conference on Ageing: *Towards a Regional Strategy for the Implementation in Latin America and the Caribbean of the Madrid International Plan of Action on Ageing*, Santiago Chile, 19-21 November 2003. "Older Persons in Latin America and the CARIBBEAN: Situation and Policies.
- Schmid, Karoline. *Population Ageing in the Caribbean. Longevity and Quality of Life*. ECLAC, 2004
- Sen, A. *Social Exclusion, Concept, Application and Scrutiny*. Asian Development Bank, 2000
- Singh, G. *Work after Early Retirement*. PhD dissertation, School of Graduate Studies, University of Toronto, 2002
- South Africa Older Persons Act 13 of 2006
- Special Senate Committee on Aging, Final report: "Canada's Aging Population: Seizing the Opportunity". April 2009

- St. Bernard, G. *Social Vulnerability Measurement in the Caribbean Sub-region. A pilot test.* 2004.
- St. John, Joy. *Address to Alzheimer's Training Seminar held to observe World Alzheimer's Day.* 2010
- Walker, A. and C. Walker (eds.) *Britain Divided: The Growth of Social Exclusion in the 1980s and 1990s.* 1997
- Why Computers Frustrate Older Adults, Science Daily, 2007,
<http://www.sciencedaily.com/releases/2007/03/070316140944.htm>, [accessed 06/09/10]
- World Health Organization. *Healthy Life Expectancy (HALE) At Birth Years.* 2008