GOVERNMENT OF ANGUILLA
Ministry of Social Development

NATIONAL POLICY FOR OLDER PERSONS

2009

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1.0 BACKGROUND

1.1 THE STUDY OF AGEING

According to the University of Alaska Anchorage, Gerontology is the study of the ageing process as individuals mature from middle age through later life. It includes the study of physical, mental, emotional, and social changes in adults as they age. Gerontology investigates changes in society that result from an aging population and applies this knowledge to policies and programmes. This field is multidisciplinary and the study of aging combines and/or integrates information from academic and applied areas of study.

1.2 THEORIES OF AGEING

There is no single cause for ageing and it is a matter of intense research and debate. Several theories have been postulated. These are categorised in two ways; firstly that we are programmed (Pre-Programmed Theory) to die at a certain cellular level; our cells can only divide up to a certain number of times. Secondly, cells die as a result of accumulation of toxic materials and mutations and hence undergo senescence (Free Radical Damage Theory). The latter is a prominent theory as to why we age.

However, according to the American Federation for Aging Research the most widely accepted overall theory of ageing is currently the Evolutionary Senescence Theory of Ageing. This theory focuses on the failure of natural selection to be able to affect late-life traits. Natural selection functions at the reproductive stage of development of the organism itself up to the organism's reproductive years.   Therefore, in later life an organism is not favoured for survival as it has passed it's peak opportunity for reproduction and by extension opportunity to contribution to survival of the species.

1.3 INTERNATIONAL PRINCIPLES FOR OLDER PERSONS

On consultation of documentation from the International Federation on Ageing, international principles for older persons were outlined as follows: In 1982 the United Nations General Assembly through resolution 37/51 endorsed the International Plan of Action on Ageing that was adopted by the World Assembly on Ageing.   This was followed in 1990 by the International Federation on Ageing (IFA) Declaration of Rights and Responsibilities of Older Persons. The endorsement of its predecessors developed into the United Nations Principles for Older Persons adopted by the UN General Assembly resolution 46/91 of 16 December 1991.

The United Nations Principles for Older Persons encourages Governments to incorporate the following principles into their national programmes whenever possible:

- Independence
- Participation
- Care
- Self-fulfilment
- Dignity

The International Federation (IFA) on Ageing made a declaration to the United Nations in September, 1999. The declaration was presented and reviewed at the IFAs Fourth Global Conference on Ageing in Montreal hence it is referred to as the Montreal Declaration. There were more than 1200 participants from 68 countries in attendance who contributed to the final editing of the Montreal Declaration.

The Montreal Declaration embraces and reaffirms its antecedents; makes general and specific recommendations to the United Nations; regarding all National Plans on Ageing. The Montreal Declaration recommends to the United Nations 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.

2.0 SITUATIONAL ANALYSIS

Older persons in the Anguillian context are persons age 65 and over. According to 2001 census information, nineteen percent (19%) of households in Anguilla had someone who is 65 years or older. The highest percentage was in West End with 26.3% of households having an elderly person and the lowest was in The Valley at 14.2% of households followed closely by George Hill where 14.9% of households had an elderly occupant. A 2001 estimate puts life expectancy at age 77 years for men and 81 years for women. The next national census will be in 2011.

In 2001 there were over 3000 households in total on Anguilla. Seven hundred and three (703) of these households had at least one elderly occupant. One hundred and ninety eight (198) of those 703 households were elderly people living alone. Another 212 households had two occupants where one of the occupants was elderly. The remaining 293 households each had at least one elderly occupant. Therefore nearly one third of all households had an occupant age 65 or older. It appears that there is significant growth potential amongst the population over age 65 as they continue to age and each cohort under age 65 reaches age 65 and older.

In our current social climate it appears that the rights of Older Persons are not considered separately from Human Rights. This policy aims to achieve that distinction. Perhaps the 1994 paradigm shift from the idea of a 'poorhouse' to a home for the elderly marked the start of progress in terms of the rights of older persons. Other information yielded, verifies that other potentially robust systems that cater to our elderly population are currently in their elementary stages. The recent development of an Elderly and Disabled Unit at the DSD in 2004 and the development of this policy out of which will come programmes and mechanisms to develop social services for our elderly population are examples. The concurrent development of a Care Facilities Policy that will advocate for older persons is yet another example of the elementary stages of progress.

There is a shortage in terms of institutions of care and other systems of care. The island has two care homes for older persons – The Miriam Gumbs Senior Citizens Home (MGSCH) and Tender Loving Care Home Care Facility (TLC). The former is Government operated through the Health Authority of Anguilla and the latter is a private institution.   The MGSCH provides long term residential care for a maximum of sixteen (16) persons 8 male and 8 female. TLC provides long term residential care for 22 older persons and day care for a maximum of 6 persons. The two facilities are filled to capacity. The Department of Social Development (DSD), by the end of 2007 had compiled a waiting list of eleven (11) persons for entry in to the MGSCH. Therefore, the DSD is advocating for the extension of the MGSCH.

Both the MGSCH and TLC have an ongoing relationship with the DSD. In 2007 that relationship was strengthened. Meetings are now held with each institution every second Thursday in each month. The purpose of these meetings is to address issues and concerns that carers and their elderly clients may have. The group decision making process of

these meetings will be added value to a standard approach in the quality of care provided for older persons.

Previously, (by 2004), the DSD and the then Government run hospital were exploring the development of a home care service for older persons who needed assistance. To date this has not materialized due to difficulty in recruiting interested home care providers. Instead the DSD struggles to find carers in the community for older persons who have been essentially abandoned by their relatives or have no known relatives. This typical emergent need is further complicated by the fact that both residential care institutions on island are always filled to capacity so that interim care becomes a major difficulty.

Overall, the DSD assists older persons on application, primarily through generic services, namely public assistance, medical exemption, medical treatment overseas, food vouchers, water relief, and care subsidy.

The forementioned safety nets are not exclusive to older persons therefore DSD's budgetary allocation may or may not be imbalanced among the client groups to whom they cater.

In terms of health, there is a special day at all the health centres for older persons to attend the clinic. Home visits are also available from community nurses on a rotating/scheduled basis. There has been a significant change in Primary Health Care offerings to older persons. In one district in particular an informal partnership has developed with the Red Cross. They have an initiative where they transport older persons to and from their clinic.

The economics of ageing and income security is a critical area for development. Currently the public assistance and medical exemption schemes require an application process. The applications go before the Poor Law Board and may be denied or accepted so that senior citizens are not automatically covered under public assistance. In some cases this application process may not be evident and some older people go unchecked and in need before they understand how to access public assistance. In addition the application process may be daunting for some; the process may pose a challenge for this hard to reach group.

One such effort that has been made to ensure that older persons are always covered is the partnership between the Government of Anguilla's DSD and the Anguilla Social Security Board. Once an individual is over the age of 68 they are automatically referred to The Social Security Board for the Non-Contributory Old Age Pension and removed from Public Assistance payments made by Government. As long as no other income or benefits the non-contributory pension will be granted.

There is a move by Government and DSD for the standardization of the payments for Non Contributory Old Age Pension and Public Assistance. Currently there is a disparity, whereby Social Security pays a non contributory old age pension in the amount of EC$370.00/US$138.05 monthly and the Government pays public assistance of EC$400.00/US$149.25 monthly This in itself is an accomplishment as the Non-Contributory Old Age Pension was up to recently EC$100.00/US$37.31 bi-monthly. In order for the monthly rates to be the same a change in Social Security legislation is required.

The cost of living in Anguilla is very high so that a senior citizen whose only income is the Non-Contributory Old Age Pension or Public Assistance with no other source of income often struggles.

The other aid programmes like water relief, food vouchers, care subsidy, medical exemption, and medical treatment overseas are often required respectively to supplement this low income.

Apart from the economics of life, seniors are at a delicate stage where they need to maintain relationships and contact with relatives and friends. Healthier living is dependent on a balanced economic and social life. Fortunately, Anguilla still has to a lesser degree the extended family phenomenon. Most elderly persons are living with their children and grand children who take care of their well being offering them the social contact needed to thrive.

In some cases because family land is a traditional enterprise the younger generation's houses are next door to the older generations' so that family is always nearby. Typically, if this is not the case, children and grand children make arrangements for their parents and grand parents to be looked after, in some cases with the assistance of the DSD. In a few cases no one comes forward to assist with an older relative and the DSD makes arrangements for their care while advocating for a space in an institution.

The provision of care is not the only social aspect of an older persons well being. People in this age group can benefit from mixing with each other. Therefore, it is useful to bring them together regularly and also to celebrate occasions. The DSD hosts an annual Senior Citizens Christmas Luncheon. In 2007 the luncheon featured presentations to the longest married couple present, the oldest person present, a dance contest, and other gifts such as fruit baskets and food vouchers. Private establishments were approached for sponsorship as part of the Elderly and Disabled Unit of the DSD's ongoing community outreach and corporate citizenship recognition.

In addition, during Senior Citizens' month – October 1997– the first ever Senior Citizen's Exchange between Anguilla and nearby St. Martin/St. Maarten took place. The host Anguilla engaged the Seniors in a church service, an island tour, dances in traditional costumes, and string band music.

The following outlines older persons opinions on their own situation in terms of the headings indicated. These opinions were shared at four Focus Group Discussions held by the Ministry of Social Development with older persons across Anguilla.

Entitlement:- Senior citizens should be entitled to fees waiver and reduced fees for certain services. As senior citizen is a broad range of ages then eligibility should be structured e.g. 55 - 60 or 60 – 64 year olds can receive concessions/reductions and 65yrs plus can access certain services without charge.

Legislation:- The majority of persons felt that there was no legislation to protect their rights as older persons.

Voice: - The subject of voice was echoed on two levels. Persons indicated that due to their location on the island (where they live) they felt ignored, powerless, and neglected; in a sense their address has forced them into the vulnerable situation of voicelessness.

Others indicated that they see voice as their right and believe that "it takes two". Senior Citizens cannot just sit back and wait for their rights to be bestowed on them. They must take some initiative to express their thoughts, opinions, and views on their own welfare and their consideration in the national agenda and in legislation.

Discrimination:- This topic was discussed in all of the focus groups. Some persons felt that they were victims of discrimination due to their immigrant status. In their opinion exclusion from the National Policy for Older persons would be their fate due to their non-Anguillian status. They also felt that, should a day centre be born out of this policy they may not be selected to attend; that there would be selectivity in any outreach services for older persons.

Another view of discrimination was that, in general access to services was dependant on "who you are."

Unemployment:- Some persons indicated that they were experiencing a hard life in Anguilla due to their inability to work and consequent low income; and their children's inability to support a family and their parent/s.

Social Security:- Improvements in social security payment amounts are definitely needed.

Pension:- Pension payments are inadequate and unfair. In addition the Anguilla Government need to lobby for former UK residents to receive UK pension percentage increases; other Caribbean Island have sorted out an agreement with the UK.

Finances:- Savings and investment for the future are practices which young people should be engaged in over their lifetime and even the senior citizens themselves mentioned that life was so hard there was no opportunity to save.

Social Safety Nets:- Financial/Public assistance is inadequate and it appears that for non-Anguillians access to such is limited. Apart from public assistance monies other social safety nets need to come on stream.

Price Control:- A number of areas could stand to benefit from price control measures according to the groups.

For instance grocery costs need to be regulated by Government. An example from the olden days was sited where police used to go around to all the shops on the island and make sure that the shopkeepers did not raise up prices. They sited having to cut back when they go grocery shopping

as costs are too high, therefore proper nutrition/dietary needs are being sacrificed and in some cases worsening medical conditions. A solution was offered to the rising food prices - *The establishment of a communal garden where the produce was dedicated to older persons by way of donation.*

The cost of other items need to be regulated as well – medical expenses (consultation, tests, medications, hospital bills)

Dependency on Children:- This feeling of dependency on children is related to transportation, shelter in times of natural disaster, and expenses. In the case of the latter especially, persons indicated that their children have their own families and their own bills and it is difficult for them to assist, and in some cases their children may not have enough room for them to stay during hurricanes etc. .   In the case of the former most persons must rely on their children for transportation for medical checks, and grocery shopping etc.

Transportation:- A bus system was suggested. However, there were mixed opinions. Some felt that one was needed and it would work. They thought that for a reasonable price people would ride the bus. Others felt that a bus system would fail as Anguillians have private car ownership and use engrained in their mentality. Therefore, a bus service would not make enough money to cover overheads etc.

Road Safety:- This was of major concern. The groups felt that it was not safe for them to walk on the road as vehicles speed on with no regard for pedestrians; 'drivers are making the road their personal race track.'

Access to Water:- The majority of persons thought that their water bills were too high compared with their usage and the frequent and inconvenient stoppages in the water supply. In addition some persons just could not afford to have a water connection. For those persons there is heavy reliance on their cisterns or their neighbour's water supply and bottled water. Most thought that the solution would be to bring back standpipes in the various villages. This would ensure that people had access to water, some indicated that walking to the standpipe and carrying the water would be beneficial exercise. In addition measures can be put in place to deter vandalism/water wastage.

Access to Medical Care:- Across the board the groups felt that medical care was *too costly (the consultation fees, the medication bills, the medical test fees, and hospitalization fees)*. Some persons sited sacrificing medical care and filling prescriptions as they could not afford it, due to gross price increases and their unemployed status.

Other issues included substitute medications, waiting time to see the doctor and the lack of proper shelter, ramps, and signs at the health centres. The point was raised that despite the cost savings to the Health Authority of Anguilla in stocking generic/substitute medications patients are suffering. These medications may have many side effects and may not usually manage the patient's illness as well as the genuine medication. There was a suggestion that a health centre should have a kitchen so that tea and sandwiches could be served to diabetic and hypertensive patients who have to wait too long. Also that a proper shelter from rain be built at all clinics so that early arrivals can be comfortable and at least not get wet.

They also felt that all senior citizens should receive concessions on their medical bills and medications. The availability of the medical exemption card and corresponding eligibility for free medication was complimented. However, it needs to become an automatic entitlement as a senior rather than being means tested.

Access to Home Care:- This is an urgent need for older persons especially those who live alone or who have unsupportive children/relatives. In terms of implementing a home care system – training the care providers etc. a recruitment drive with scholarships for training is necessary. Persons need to be trained as home carers for the elderly (theory at community college and practical in the home and hospital setting). Apart from the technical aspect public sensitization is also needed. Where recruitment is concerned younger people need to be educated about ageing so they can understand certain behaviour demonstrated by older persons in an effort to dismiss thoughts of older persons being miserable. In addition, there needs to be sensitization for young people to be reminded about the fact that they too will age.

Community Outreach:- There was a consensus that senior citizens often feel neglected, alone, and lonely. There was a suggestion that the 'welfare department' look out more for older persons, especially the ones living alone. That the community too can get involve in home visiting including persons who are disabled or bedridden. A free meals programme should also be introduced because often older persons cannot prepare their own meals and according to the amount of support they have they can sometimes go without. In addition for those wandering the streets a longterm psychiatric care facility is needed.

Disaster:- In times of disaster older persons appeared to expect the younger population to attend to them after they have sorted themselves out. They did however indicate for the most part that they were not aware of the shelter locations. For those who had an idea of the shelter for their area expressed concerns about the shelter's preparedness to accommodate individuals. Some sited reliance on their children for support and shelter.

Generation Divide:- There was a consensus that "we can't talk to young people"; "pregnancy is now a proposal". They thought that on a national level we need to set up programmes that will be beneficial to young people; to engage them in positive, productive activity and take them off the 'streets' where they receive negative influence and negative peer pressure. An older person with guitar skills offered his time to teach youngsters what he knows about that instrument.

Socializing:- In terms of overall well being the socialization piece must not be lost. Older persons need to come together to see one another, talk, share their experiences and thoughts etc. A day centre would be the ideal setting for the opportunity to socialize. Seniors and seniors clubs could meet at this venue regularly and interact with one another. The day centre will need to be staffed and a number of programmes and activities may be offered. There was also a suggestion that the day centre could be staffed by Retired Nurses, and Volunteers. Examples of activities included: Intergenerational Exchanges (young and old); Hair Styling; Tours; Boat Race Excursion; Exercise; Diabetic Sessions; Indoor Games; Dominoes; Dancing; Reading; Puzzles.

NB// Services that were complimented include – customer service for older persons at the banks, the DSD annual Senior Citizens Luncheon, and medical exemption as mentioned before.

3.0 NATIONAL POLICY FOR OLDER PERSONS

3.1 INTRODUCTION

The Government of Anguilla is aware that ageing is a universal experience closely linked to lifestyles, social activities, and the conditions in which people work. The policy set forth here shall not discriminate because racial or ethnic origin, religious belief, disability or gender. As outlined before older persons are herein defined as persons age 65 and older.

Older persons have been the cornerstones to the development of our country, and the contribution they have made to our society is part of the future that they have prepared for us. Therefore, we must work towards the development and rights of older persons so that they can spend their lives having a sense of independence, self-fulfilment, dignity and peace.

The National Policy for Older Persons will ensure that a National Plan for older persons will not be just one of providing protection, care and residential services, but also a need to focus on the participation of a growing number of older persons in our communities. In so doing the aim will be to design support mechanisms for social and economic planning that will guarantee a reduction in poverty amongst the older population through the implementation of policies, the development of programmes, and the enactment and enforcement of legislation.

Today many older persons are finding it difficult to cope with family situations. Therefore, Government and NGOs should work in tandem to establish programmes that will strengthen the family structure, with the aim of older persons remaining at home as long as possible, while receiving sufficient and appropriate social, moral and economic family support.

Older persons must be encouraged to remain active citizens in our society and must be involved in the formulation and implementation of policies that affect their well being. Our ultimate objective is to address the issues and concerns of older persons in Anguilla and to create programmes to enable this group to meet their basic needs so that they can have a maximum degree of independence and security.

3.2 PRINCIPLES:

A. **Independence** – The keystone of the policy is to help older persons maintain control of their lives by making their own decisions and choices on matters that affect them.
B. **Safety**- A safe environment to live in inside and outside of their homes.
C. **Security** – Older persons need financial and economic security.
D. **Accessibility** - There should be no discrimination in services for older persons.
E. **Productive Ageing** – All older persons should be able to live socially and economically productive lives.
F. **Home Care** – Family environment is best for older persons. Institutional care should be the last resort.
G. **Dignity** – Older persons are entitled to receive services and benefits in a manner that maintains their humanity/dignity. Older persons must be respected.
H. **Human Rights** – Older persons have the right to choose and practice the religious belief of their choice.

3.3 GOAL

The National Policy will ensure that a National Plan for Older Persons will provide protection, care and residential services. The National Plan will secure older persons' involvement and participation in national development by mainstreaming aging in all national issues, policies, and legislation.

3.3.1 OUTPUTS:

- Educational programmes that encourage and sensitize families and communities to care for older persons at home.
- Facilities which provide adequate care and protection in a caring environment to improve the quality of life for older and infirmed persons.
- The provision of basic human needs.
- Assistance and protection from abuse, discrimination, and exploitation and to ensure that older persons are treated as a resource and not a burden.
- Self reliance and functional independence of older persons.
- Proper resource allocation for the social and economic welfare of older persons.
- Protection and care through appropriate support services that respect their humanity/dignity and provide the opportunity to live productive lives.
- Formal and informal services for older persons that recognize the family as the fundamental unit linking the generations, and that enhance the ability of older persons to remain in the family.
- Strategies and programmes to promote positive images of older persons and combat age discrimination.
- Education and or a campaign for "Individual responsibility" in preparation for later years.
- The development and promotion of programmes to facilitate the participation of older persons in economic activities, and to offer opportunities for them to share their expertise, skills, and experience.
- The adoption/enforcement of legal measures to promote the welfare of older persons.

3.3.2 THE GoA's COMMITMENT:

- Ensuring and promoting equal opportunity, security and participation of all older persons.
- The Education of all older residents on Anguilla in an effort to promote healthy lifestyles, that will help them maintain physical, mental, emotional and spiritual well being.
- The participation of the elderly in the formulation and implementation of policies and programmes that affect them.
- Protecting the rights of caregivers.
- Rehabilitative approaches that seek to restore and maintain ability and independence.
- Policies and legislation which promote choice regarding institutional care for older persons.
- Establishing an Advisory Commission to implement the National Policy for older persons.
- Developing and implementing laws that protect the rights of older persons.

3.3.3 THE DEPARTMENT OF SOCIAL DEVELOPMENT'S COMMITTMENT:

- Co-ordination of activities related to the welfare of older persons.
- Provision of information relevant to older persons.
- Developing and strengthening communication and planning between government ministries, departments and NGO's, whose programmes have a major impact on the lives of older persons.
- Promotion of high quality Geriatric services.
- Advocacy for the availability of recreation/day care centres for older persons in all communities.
- Strengthening the level of coordination and communication between the Ministry of Social Development, the Advisory Commission on Ageing, NGO's and other agencies working towards improving the quality of life for older persons.
- Strengthening and promoting partnership between government, non-governmental and private sector to enhance benefits for older persons (such as subsidies, income generation opportunities, and psychological support.)

3.4 PRIORITY AREAS

3.4.1 EDUCATION AND THE MEDIA
GOAL
To promote more positive images of ageing.

OBJECTIVES
- To sensitize all media houses about the concept of ageing with dignity so that this concept is evident in their output to the general public
- To partner with media houses so that any activities conducted around senior citizens receive adequate coverage and positive publicity
- To encourage senior citizens to make contributions to the media in order to raise the profile of older persons
- To encourage life long learning amongst senior citizens
- To support the delivery of courses in planning for the future e.g. income security strategies, retirement planning, insurance, investments etc.

3.4.2 NATIONAL INFRASTRUCTURE
GOAL
To ensure that new infrastructure is designed so that it is easily accessible to older persons and that existing buildings be adapted in a similar way.

OBJECTIVES
- To lobby the Department of Physical Planning to adopt their construction policy to mandate 'age design' when planning applications are submitted
- To campaign for existing building owners to modify their structures to facilitate access for older persons
- To lobby for Government offices located in rented accommodation to obtain contracts permitting building modification
- To influence the development of large scale national projects whether public or private, to cater for the ease of accessibility of older persons

- To advise on the design of public goods such as sidewalks, public transportation (buses, boats, planes), and terminals
- To implement separate access for better mobility of older and disabled persons at work, in public buildings, in particular where social and health services are provided, and on public transportation by erecting ramps, rails and mobility aids such as modified shopping carts where necessary

3.4.3 HOUSING
GOAL
To ensure that older persons have access to adequate and affordable housing.

OBJECTIVES
- To encourage and assist older persons to remain in their homes as long as possible and to promote alternative accommodation in a caring environment when their home is no longer suitable
- To ensure that the environment in which they live is safe
- That landlords give older persons ground floor priority
- To influence modification requirements to rental buildings
- Influence Rent Control Policy

3.4.4 LEGISLATION
GOAL
To ensure the rights of older persons.

OBJECTIVES
- To implement laws and regulations regarding all benefits and pensions
- Legislation ensuring that older persons shall have equitable access to social services.
- Develop and implement laws to ensure protection of the rights of older persons
- Develop and implement laws to ensure protection against abuse, violence and discrimination to older persons
- To influence legislative (Fair Labour Standards, Hospital and Poor Relief Act, Interstate Estates, Letters of Administration, Registered Land Act, Dependent Adults Act, Home Care Act etc.) change in order to ensure the rights of older persons are upheld
- To develop a mutually beneficial framework between Government and vulnerable senior citizens who do not have committed family representation or support through the Dependent Adults Act of 2005

3.4.5 SUPPORTIVE FAMILY ENVIRONMENT

<u>GOAL</u>

To promote a supportive environment which allows older persons to participate in the family affairs.

OBJECTIVES

- Develop a social support system for example assisted living programmes, (both formal and informal), with a view to enhancing the ability of relatives to take care of older persons within the family
- Establish support groups for families with special problems and special care giving needs such as those with dementia and physical disabilities
- Enhance, through appropriate mechanisms, the self-reliance of older persons, and create conditions that promote quality of life to enable them to work and live independently in their own community as long as possible or desired
- Promote, enhance and support family care giving
- Give due recognition and encouragement for the valuable contribution that older persons have made to families and society
- Support, develop and implement appropriate mechanisms to assist older persons and disadvantaged families caring for children, dependent older persons, disabled members, including those affected by HIV/AIDS and encourage both men and women to share the responsibility
- Improve the situation of older persons including working older persons especially in cases where they lack adequate family support, those affected by natural and man-made disasters, and those who are physically or psychologically neglected, or abused
- Respite care provision for family caregivers (including an allowance)

3.4.6 INCOME SECURITY

<u>GOAL</u>

To promote financial stability among older persons.

OBJECTIVES

- To encourage businesses to develop pension plans and to ensure that social security schemes supported by necessary legislation
- To eliminate all forms of discrimination in older persons eligibility for benefit schemes/allowances
- To encourage service providers to offer discounts and benefits to older persons
- To develop programmes to educate persons from a young age in financial planning for old age

3.4.7 HEALTH SERVICES
<u>GOAL</u>
To enable older persons to live healthy lives through the implementation of health maintenance programmes.

OBJECTIVES
- Recognize the significance of older person's health services as a part of the integrated primary health care system with an emphasis on preventative medicine
- Promote Primary Health programmes that emphasize on care of older persons
- Develop and establish programmes to rehabilitate older persons when recovering from incapacitating illness
- Facilitate in-service training of community health workers in health care for older persons with special focus on identifying persons in the early stages of impairment and disabilities in order to take timely and appropriate action
- Develop programmes on "Healthy Ageing" for adults, and the older population with intent to adopt into the school curriculum
- Primary Health Care/Secondary Health Care - encourage and facilitate the development of community based programmes to offer:

  i)   Home Care
  ii)   Respite Care
  iii) Rehabilitation Therapy/Physiotherapy
  iv)   Assisted Living Care Programmes
  v)   Social Interaction/Social Programmes sensitive to the culture and socialization circumstances of the older person
  vi)   Develop standards and procedures for the registration and monitoring of homes for older persons
  vii) Enforce Nursing Home Regulations and establish and maintain a monitoring system

3.4.8 HIV/AIDS
<u>GOAL</u>

To create an awareness about all aspects of HIV/AIDS through education via the media, targeting senior citizens and sensitizing them about their risk of contracting the disease.

OBJECTIVES
- To ensure that community outreach campaigns on HIV/AIDS have programmes specially directed towards senior citizens with and without the disease
- To teach older persons about HIV/AIDS prevention
- To provide education for older persons caring for younger relatives who have the disease
- To engage in voluntary testing and counselling for older persons who may be reluctant due to their age
- Promote public awareness programmes to combat stigma and discrimination against elderly persons who become infected with HIV

3.4.9 NUTRITION
<u>GOAL</u>
To ensure that nutritional needs of the elderly are met.

<u>*OBJECTIVES*</u>
- Establish social services interventions to assist older persons to obtain prepare and eat an appropriate diet (e.g. meal programmes, transportation, and home delivery services.)
- Develop programmes to ensure that the nutritional care of institutionalized elderly persons meet their physiological and psychological needs
- Provide oral health services for the elderly to ensure that food intake is varied and adequate to ensure optimal nutrient intake
- Provide nutrition education and counselling for the elderly and care givers on the nutritional needs of elderly persons
- The development of systems for the elderly to monitor drug and nutrient interactions as well as various drug interactions (using a medication check list and drug nutrient screening tool.)

3.4.10 MENTAL HEALTH SERVICES
<u>GOAL</u>
To ensure that mentally challenged persons be given the services and support needed regardless of age, race, gender, religion or financial status.

<u>*OBJECTIVES*</u>
- Promote the development, implementation and evaluation of services rendered to older persons who are mentally challenged, especially through the mental health policy
- Promote public awareness programmes to combat the stigma of mental illnesses especially Senility and Alzheimers
- Promote social inclusion activities for older persons who are mentally ill
- Provide counselling for older persons
- Provide counselling for guardians and caregivers in the home, and in all institutions

3.4.11 EMERGENCY MANAGEMENT & DISASTER SITUATIONS
<u>GOAL</u>
To accommodate the needs of and safeguard the well-being of older persons in National Emergency situations whether in their homes or in shelters.

<u>*OBJECTIVES*</u>
- Ensure that first responders are sensitive to the needs of older persons
- Educate and train shelter management teams about how to care for older persons in shelter situations
- Coordinate with the Department of Social Development for follow up intervention for older persons after the disaster
- Co-opt NGOs to assist with safeguarding the well being (including evacuation) of older people in times of disaster
- Raise awareness and give guidance on individual shelter plans for homes

- Maintain through the National Disaster Management Committee, Community Services Sub-Committee a database keeping track of the elderly/vulnerable so that they all can receive prompt assistance in times of disaster.

3.4.12 RECREATION
GOALS

To encourage and maintain social and productive activities, that will improve levels of functioning (mental and physical) and lessen any potential decline.

OBJECTIVES
- To provide an alternative for elderly persons to make constructive use of their time e.g. Day Centres
- To encourage positive interpersonal relationships with peers and neighbours
- To develop personal self esteem and confidence
- To provide an avenue for personal development
- To explore, enhance and share the talents and pastimes with their peers/counterparts
- To facilitate continuous exchange between older persons and young persons so that they can pass on knowledge and interact with each other

Activity programming shall take into consideration differences in health status, lifestyles, ethnicity, religious affiliation experiences, needs, interest, abilities and skills by providing opportunities for a variety of types and levels of involvement. Activities may include:

    i.   Individual Activities
    ii.   Small and Large Group Activities
    iii.   Active and Spectator Participation
    iv.   Intergenerational Experiences
    v.   Involvement in Community Activities and Events
    vi.   Indoor and outdoor activities as appropriate
    vii.   Opportunities to voluntarily perform services for individuals, institutions, community groups, and organizations

3.4.13 RESEARCH AND DEVELOPMENT
GOALS

To engage in ongoing research and systems development for the advancement of issues affecting older persons.

OBJECTIVES
- To identify gaps and deficiencies in social service provision and advocacy for older persons
- To collect data on current trends (locally, regionally, and internationally) in order to inform policy, decision making, and change

3.5 CARE FACILITIES FOR OLDER PERSONS

All the tenets of this policy are applicable to older persons including those who are resident in care facilities on Anguilla. This policy works in tandem with the Care Facilities Policy which was developed simultaneously.

4.0 MONITORING AND EVALUATION

An Advisory Commission shall be appointed for the purpose of monitoring and evaluating the implementation of this policy.

4.1 ADVISORY COMMISSION

GOAL

The overall goal of the Commission is to ensure the promotion, implementation, monitoring and evaluation of the National Policy for Older Persons.

The Department of Social Development shall ensure that issues pertaining to older persons be dealt with in an appropriate and timely manner, and shall be supported by the Advisory Commission. The Advisory Commission shall report to the Ministry of Social Development and shall comprise of seven (7) members appointed by the   Minister of Social Development. Members shall serve for a period of two (2) years with the option to be re-appointed for another term of two (2) years. The Commission shall be comprised of members representing Government, non-governmental and private sector organizations.

5.0 RECOMMENDATIONS

That we understand that caring for older persons is no longer a solely obligatory/voluntary undertaking based on your relationship to the person in need of care.

A carer should earn his or her fair due whether or not he/she is related to the person needing care.

A carer's benefit scheme is entirely necessary for family members who out of obligation care for their older relatives.

That respite care systems be developed and that the service be subsidized.

That active interest is given to professionals who care for older persons in order to boost morale. Similarly, that interest in these professions is generated amongst those entering the workforce to fill the current deficit and train future cadre of care givers.

In addition, that these fields be given priority in terms of scholarships offerings and recruitment strategies.

That salaries be adjusted for these professions to reflect the high value of their contribution and services.

That the Dependant Adults Act 2005 be updated/amended and enforced.

That the non-contributory old age pension from The Anguilla Social Security Board be equal to the public assistance contribution made by the Government of Anguilla.

This policy was formulated to protect the rights of the Elderly and their care givers as well as to enhance and maintain the highest standard of physical, mental and psychosocial care given to older persons in our community through a caring environment whether at home or in a facility for older persons.

That the recommendations or solutions offered during the focus group discussions be implemented.

6.0   APPENDICES

6.1   APPENDIX 1 - RESOURCES

University of Alaska Anchorage

American Federation for Aging Research

International Federation on Ageing (IFA)

IFA 9th Global Conference on Ageing 2008

The Montreal Declaration

The Dependant Adult Act

The Statistics Department – Census Information Online

The Elderly Policy Committee

The National Policy on the Elderly - Belize

DSD Annual Report 2007

Anguilla Social Security Board

6.2 APPENDIX 2 – ELDERLY POLICY COMMITTEE MEMBERS

Jessica Riley – Geriatric Nurse (Retired)

Nurse Coreen Hodge – Head Nurse, MGSCH

Blondell Rodgiers – Special Assistant, Ministry of Social Development

Rev. Joseph Lloyd - Methodist Minister

Nurse Monique Rey – Psychiatric Nurse

Audrey Rogers – Soroptimist Member

Clive F. Smith – Social Worker, Elderly and Disabled

Jacqueline Bruno – Social Worker, Elderly and Disabled

Dr. Bonnie Richardson-Lake – Permanent Secretary, Ministry of Social
                                               Development

Kiesha Gumbs – Social Development Planner