

**THE 2023-2028 NATIONAL POLICY ON AGEING FOR
BARBADOS**

‘MAKING HEALTHY AND ACTIVE AGEING A REALITY FOR ALL’

FINAL VERSION

Prepared for the
THE MINISTRY OF PEOPLE EMPOWERMENT AND ELDER AFFAIRS
IN COLLABORATION WITH
THE PAN AMERICAN HEALTH ORGANISATION

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ABBREVIATIONS

BARP:	Barbados Association of Retired Persons
LTIs:	Long-term Care Institutions
NAB:	National Assistance Board
NCDs:	Non-Communicable Diseases
NDU:	National Disabilities Unit
NGO:	Non-Governmental Organisation
PAHO:	Pan-American Health Organisation
BPS:	Barbados Police Services
UN:	United Nations
UNECE:	United Nations Economic Commission for Europe
WHO:	World Health Organisation

GLOSSARY OF TERMS

Accessibility	Design of products, devices, services, environments and other resources for older people.
Active Ageing	The continued participation of older people in the social, economic, political, cultural, spiritual and civic affairs of their communities and wider country.
Economic Security	The capacity of older people to independently and consistently procure and utilise sufficient economic resources to enjoy a good quality of life in their old age.
Financial Security	The existence of an adequate level of income security and debt free status of older people that is supported by a sustainable retirement income.
Healthy Ageing	The process of developing and maintaining the functional ability that enables well-being in older age.
Older People	All people aged 65 years and over inclusive of persons residing in Barbados and abroad.

EXECUTIVE SUMMARY

Several countries across the globe as well as international organisations acknowledge the importance of caring for and protecting the elderly, and therefore realise the pertinence to institute national policies and programmes to address the challenges and issues they face as they age. Policies on ageing express government's commitment towards ensuring that the needs and challenges of the older population are adequately identified, assessed, and addressed. They are a distinct expression of government's intent to create and maintain an environment that fosters *healthy and active ageing*.

Toward the Development of the National Policy on Ageing for Barbados

The Ministry of People Empowerment and Elder Affairs of Barbados, in partnership with the Pan-American Health Organisation (PAHO) and in collaboration with its various key societal stakeholders embarked on a policy development and strategic planning process to conceive a new National Policy on Ageing for Barbados, covering the period from 2023 to 2028. It is a direct product of robust and comprehensive planning, extensive stakeholder consultations, empirical research and scientific needs assessments capturing the diverse experiences, challenges and needs of older people, elder-focused care systems and essential services providers across different segments of the country. The Policy advances a number of key priority areas of attention with overarching objectives and strategic recommendations that serve to leverage those key opportunities and tackle the companion challenges that are resident in the national context, driven by a whole-of-country approach.

The process leading up to the development of the Policy included:

- The development and conduct of a Situational Assessment Exercise on Essential Care/Services and Older Persons in Barbados (2021), based on:
 - desk research investigations and assessment (of various policy documents, strategic reports, and pieces of legislation), semi-structured interviews with key

stakeholders/agencies (and those providing essential services) in the government and community-based sectors; and

- a structured survey of over 150 elderly residents in Barbados on their experiences, concerns/challenges, perspectives and suggestions for improving their situation in Barbados.

Core priority areas of investigation included (but were not limited to the following):

- *Community Care and Supporting Social Services*
- *Health, Health Services and Medical Care*
- *Financial, Social and Economic Security*
- *Treatment of Elder Abuse and Related Threats*
- *Physical and Built Environment*
- *Preparation for Natural Disasters, Pandemics and Other Related Emergencies*
- *Legislation for Protecting and Supporting the Elderly*

The principal findings of the above investigations that inform the development of the National Policy on Ageing for Barbados are reported in the main body of this Policy document.

Rationale for a New National Policy on Ageing for Barbados

The rationale for a new National Policy on ageing is based on the influence and importance of a number of factors affecting the local context and other important considerations as follows:

- Rising Numbers in the Older Demographic (65+) in Barbados;
- Increasing Numbers of Older People in Need of Care in Barbados;
- Increasing NCDs and other Disabilities affecting Older People in Barbados;
- Dramatic changes in key social, cultural, political and other essential conditions over the last ten years since the release of the 2012 National Ageing Policy that have reshaped the existing landscape in which older people and the agents of elder-focused care and services operate and interface;

- The need to review, evaluate and update national policies or programmes, thereby observing best practice recommendations on national ageing policy exercises and protect against outdated, legally non-compliant or socially ineffective policies and activities that do little to bring about the desired changes for our elderly populations; and
- The need for a whole-of-country policy-based response that does not simply treat older people as passive recipients of essential programmes, services and other forms of nationally-guided assistance but considers them as key partners and active participants of change who are responsible for their own lives and destinies.

Review of Relevant Legal, Policy and Best Practice Frameworks Guiding Actions on Ageing

In keeping with the need to inform national policy development surrounding ageing by legal and policy frameworks and accompanying principles and protocols on ageing, driven by international best practice, a number of international policy frameworks and best practices served to underpin the National Policy on Ageing for Barbados. They included:

- *The United Nations General Assembly on the Eighteen (18) Principles supporting National Ageing Policies;*
- *The Brasilia Declaration on Ageing;*
- *The Political Declaration and Madrid International Plan of Action on Ageing;*
- *The World Health Organisation's Active Ageing: A Policy Framework; and*
- *The Decade of Healthy Ageing Areas of Action.*

The work on this Policy also drew on other frameworks and policies on ageing including:

- **The International Federation on Ageing Declaration of Rights and Responsibilities of Older Persons (1990);**
- **The Caribbean Charter on Health and Ageing adopted by CARICOM (1998);**
- **The Montreal Declaration by the International Federation on Ageing to the UN (1999);**

- **The Barbados’ Guidelines for the Development of a National Policy on Ageing developed by an ad hoc National Committee (2000);**
- **The Green Paper on the National Policy on Ageing approved by Cabinet of Barbados (2004); and**
- **The National Policy on Ageing for Barbados (2012).**

A review of other country-level experiences, instructive for the development of policies on ageing, especially within a COVID-19 pandemic environment revealed that:

- Canada, where the share of Canadians over the age of 65 is estimated to double by 2030, is restructuring existing policies to promote healthy and active ageing, and to foster and support a **senior-centric care ecosystem** to meet the rising demand for different forms of aged care, integrating the fragmented elder-focused care systems across Ministries, agencies, departments and other service providing entities, and involving the older people in the design and delivery of care consistent with their diverse care needs;
- Chile swiftly ramped up its elder-focused long-term care systems in light of the rising threat of the pandemic against the elderly in institutional and home-based long-term care settings;
- It is important to take account of the inputs of older people in need and those who are considered resilient in diverse communities;
- Rapid risk assessments of the elderly in at-risk communities are important; and
- Community-based and institutional care-based systems across public, private and NGO sectors need to be strengthened and expanded.¹

The aforementioned models, frameworks, observations, findings and key recommendations, rooted in best practice approaches, all helped inform the conceptualisation and development of the National Policy on Ageing for Barbados (2023-2028).

¹ COVID-19 and the Rights of the Older People in Developing Countries (2020), taken from <https://www.ohchr.org/sites/default/files/Documents/Issues/OlderPersons/OlderWomen/submissions-csos/Dorcas-2.pdf>

Overarching Policy Goals and Vision Statement

The **overarching GOAL** of the National Policy on Ageing for Barbados is:

To ENABLE and PROMOTE Healthy and Active Ageing as A Way of Life For all Barbadians and Ensure that the Fundamental Rights and Freedoms of Older People are Fully Recognised, Vigorously Defended and Strongly Preserved.

Its overall **VISION** is:

To be a Country in Which All Older People are Sufficiently Engaged, Equipped and Empowered to Lead Healthy, Active, Secure and Dignified Lives.

Given the statement of goals and vision, the Policy reflects a number of key priority areas of attention most relevant to the elderly in Barbados.

Key Priority Areas for Action

Core priority areas of investigation included (but were not limited to the following):

- *Financial and Economic Security*
- *Social Security*
- *Health and Health Systems*
- *Physical and Built Environment*
- *Social Environment*
- *Legislation*
- *Long-Term Care*
- *Pandemics, Disasters, and Emergencies*

Each of the above-mentioned priority areas reflect distinctive needs, challenges and experiences inherent in the lives of older people in Barbados. For each policy priority area, there is a set of objectives and companion strategies intended to realise desired outcomes in line with supporting, protecting and enhancing the lives and livelihoods of older persons. These are presented in the following tables.

A. FINANCIAL AND ECONOMIC SECURITY

<p><u>Objective A.1</u> To enhance general financial literacy of older people to improve their financial and economic security outcomes</p>	<p><u>Objective A.2</u> To ensure adequate levels of financial and economic assistance and related services for older people in need</p>	<p><u>Objective A.3</u> To ensure the rights of older people to work, employment, and economic participation</p>
<p><u>Strategy A.1.1</u> Provision of General Financial Literacy Education and Training to Older People</p>	<p><u>Strategy A.2.1</u> Enhancement of National Assistance and Other Financial Services for Older People</p>	<p><u>Strategy A.3.1</u> Supporting the Right of Older People to Work and Employment</p>
	<p><u>Strategy A.2.2</u> Working with Other (non-governmental, private) Financial Services Entities and other Stakeholders to Provide the Necessary Financial Support for Older People</p>	<p><u>Strategy A.3.2</u> Improving Employability and Employment Prospects for Older People</p>

B. SOCIAL SECURITY

<p><u>Objective B.1</u> To improve the overall awareness, knowledge and capabilities of older people in enhancing their social security and associated retirement planning outcomes</p>	<p><u>Objective B.2</u> To ensure that older people have access to comprehensive, adequate and sustainable levels of social security consistent with their diverse needs</p>
<p><u>Strategy B.1.1</u> Driving Targeted Awareness Building, Training and Educational Programmes and Services for Older People in the Areas of Social Security and Retirement Planning</p>	<p><u>Strategy B.2.1</u> Needs Assessment of Social Security Needs of Older People</p>
	<p><u>Strategy B.2.2</u> Improving and Expanding the Social Security Net and Other Forms of Insurance Coverage for Older People</p>
	<p><u>Strategy B.2.3</u> Establishing Systems and Processes that Adequately Protect Older People from Financial Abuse and Exploitation of their Pensions and Other Social Security Benefits</p>

C. HEALTH AND HEALTH SYSTEMS

<p style="text-align: center;"><u>Objective C.1</u> To minimise or remove the resource constraints and quality barriers that affect the overall standards and delivery of health care for older people</p>	<p style="text-align: center;"><u>Objective C.2</u> To improve collaborative relationships and coordination in the delivery of healthcare and related services to older people</p>	<p style="text-align: center;"><u>Objective C.3</u> To expand equitable access to comprehensive and high-quality community-centred health services for older people</p>	<p style="text-align: center;"><u>Objective 1.4</u> To incorporate preventative healthcare principles and practices within a wider integrated care environment for older people</p>
<p style="text-align: center;"><u>Strategy C.1.1</u> Acquisition, Utilisation and Deployment of Human Resources Responsible for the Care of the Elderly (including Working Conditions)</p>	<p style="text-align: center;"><u>Strategy C.2.1</u> Strengthening Inter-Ministerial and - Stakeholder Networks in Elderly-based Healthcare and Medical Services Delivery</p>	<p style="text-align: center;"><u>Strategy C.3.1</u> Strengthening and Expanding Community-Centred Health and Wellness Services to Older People</p>	<p style="text-align: center;"><u>Strategy C.4.1</u> Incorporating Preventative Care within Integrated Care Environment for Older People</p>
<p style="text-align: center;"><u>Strategy C.1.2</u> Developing an Appropriate Structure in the Ministry of Health and Wellness to support the Enhanced Delivery of Healthcare to Older People</p>			
<p style="text-align: center;"><u>Strategy C.1.3</u> Acquisition, Effective and Equitable Use of Financial and Other Resources to support the Enhanced Delivery of Healthcare to Older People</p>			
<p style="text-align: center;"><u>Strategy C.1.4</u> Strengthening and Expanding the Health Workforce for the Delivery of Healthcare for Older People</p>			
<p style="text-align: center;"><u>Strategy C.1.5</u> Improving Geriatric Care, Day Care, Palliative Care Services and Related Services for Older People</p>			
<p style="text-align: center;"><u>Strategy C.1.6</u> Improving the Physical Quality, Accessibility and Safety of Medical/Healthcare Plants for Older People</p>			
<p style="text-align: center;"><u>Strategy C.1.7</u> Addressing Prolonged Waiting Times, Costs and Other Quality Barriers in Accessing Healthcare Services by Older People</p>			

D. PHYSICAL AND BUILT ENVIRONMENT

Objective D.1

To improve the stock of housing and other physical public/private living spaces and arrangements for older people

Objective D.2

To create a physical environment fully equipped with and supported by the necessary accessibility modifications, services, programmes and other assistive resources to support older people with disabilities

Strategy D.1.1

Development of a National Housing Policy and Strict Physical Building Protocols/Codes for Construction, covering both residential housing and other private and public building spaces *(including all types of care facilities and living accommodation/facilities for the elderly)*

Strategy D.2.1

Reshaping the Physical and Built Environment to Accommodate the Diverse Needs of Older Persons with Disabilities

Strategy D.1.2

Provision of Age Friendly and Accessible Housing Programmes and Solutions for Older People

E. SOCIAL ENVIRONMENT

<p><u>Objective E.1</u> To ensure that older persons have access to and live positively in safer and more ‘age-friendly’ home and community environments</p>	<p><u>Objective E.2</u> To enhance the quality, access and delivery of essential home care, community-based, and other key social care services for older people</p>	<p><u>Objective E.3</u> To provide a wide range of high quality and accessible educational services and lifelong learning programmes for older people and relevant stakeholders</p>
<p><u>Strategy E.1.1</u> Awareness Building and Promotion of Healthy and Active Ageing in Communities</p>	<p><u>Strategy E.2.1</u> Strengthening and Enhancing Home Care and Other Social Care (Social Assistance) Services and Programmes for Older People</p>	<p><u>Strategy E.3.1</u> Education and Training for Caregivers and Service Providers on the Treatment and Care of Older People in Communities</p>
<p><u>Strategy E.1.2</u> Creating Age-Friendly Home, Community and Other Social Environments</p>	<p><u>Strategy E.2.2</u> Strengthening and Enhancing Registry, Database and At-Risk Surveillance Systems for Older People</p>	<p><u>Strategy E.3.2</u> Education, Training and Lifelong Learning for Older People in Communities</p>
<p><u>Strategy E.1.3</u> Facilitating More Positive and Rewarding Intergenerational Relationships and Experiences in Homes and Communities</p>	<p><u>Strategy E.2.3</u> Strengthening Community-Based Networks, Programmes and Training of Community Stakeholders to Support Older People</p>	
<p><u>Strategy E.1.4</u> Creating Safer Environments for Older People in Home and Community Environments and Protection from Elder Abuse and Related Threats</p>		

F. LEGISLATION

Objective F.1

To establish a national review and reform agenda on elder-focused legislation to inform new legislative and regulatory improvements to support older people

Objective F.2

To create a stronger, more relevant and responsive regulatory and legislative environment that protects, empowers and enhances welfare of older people

Strategy F.1.1

Establishing a National Elder-Focused Legislative Review and Reform Agenda

Strategy F.2.1

Strengthening Legislation for Supporting Older Persons in National Assistance and Social Security

Strategy F.2.2

Strengthening Legislation for Supporting Older People in Emergency Situations and Care Facilities in Settings

Strategy F.2.3

Strengthening Legislation for Supporting Older People in Accessing Adequate Legal Representation

Strategy F.2.4

Introducing and Strengthening Legislation and Regulatory Environment for Protecting Older People from Various forms of Elder Abuse

Strategy F.2.5

Introducing and Strengthening Legislation for Protecting Older People from Various forms of Discrimination

G. LONG-TERM CARE

Objective G.1

To ensure older people (dependent on long-term care) have access to the highest quality, resilient and well-coordinated long-term care services and resources in Barbados

Objective G.2

To ensure that preventative care principles and practices are fully integrated in various care programmes for older people to reduce their long-term care needs and improve their quality of life and life expectancy in Barbados

Strategy G.1.1

Needs Assessments and the Development of Quality Standards, Protocols and Processes guiding the Design and Delivery of Long-Term Care for Older People at the National Level

Strategy G.2.1

Incorporating Preventative Care into Long-term Care for Older People

Strategy G.1.2

Strengthening and Enhancing Long-Term Care for Older People Ageing in Place (Formal and Informal Long-Term Care)

Strategy G.1.3

Strengthening and Enhancing Long-Term Care for Older People in Institutions (Institutional Long-term Care)

H. PANDEMICS, DISASTERS AND EMERGENCY SITUATIONS

Objective H.1

To ensure a well-coordinated, fully resourced and highly effective national and community response targeted at older people at risk of (or facing) disasters, pandemics and other emergency situations

Objective H.2

To ensure that older people are fully integrated and empowered to manage their own lives, homes and communities in disasters, pandemics and other emergency situations

Strategy H.1.1

Development of Well-Coordinated Disaster Preparedness and Emergency Response Committee and Associated Plans and Protocols for Older People and Other Vulnerable Populations

Strategy H.2.1

Engaging and Empowering Older People in Disaster Preparedness and Management Planning

Strategy H.1.2

Strengthening and Enhancing Disaster Preparedness and Emergency Responses (Before, During and After Disasters/Emergencies)

Strategy H.1.3

Strengthening Pandemic Preparedness and Recovery Efforts for Older People

Implementation and the Way Forward

A Strategic Action Plan will be developed to assist stakeholders in their endeavour to meet the objectives of this Policy that fall within their respective spheres of influence, competence and operation. The Action Plan will also assist with the monitoring and evaluation functions informing the work of all involved stakeholders, partners, and individuals in the process in meeting the core aims and objectives of the Policy.

The implementation of the 2023-2028 National Policy on Ageing for Barbados is best coordinated and achieved using a multiple stakeholder/intersectoral approach involving several levels of execution. Accordingly, a multi-tiered governance structure has been recommended for successful coordination and implementation of the Policy.

The Ministry of People Empowerment and Elder Affairs will serve as the key oversight agency for guiding, coordinating and managing the total execution, monitoring and evaluation of work involved in the National Ageing Policy. It is expected that a **National Coordinating and Implementation Committee** for the Policy will be established as key coordinating and implementing arm or entity of the Ministry regarding the execution, monitoring and evaluation activities inherent in the policy implementation process.

The operational structure to assist with the rollout of the policy across its different dimensions, objectives and strategies will consist of a number of *inter-stakeholder, collaborative working subcommittees* (the **middle or functional level** of the governance structure) involving selected members from various government entities (ministries and agencies), private sector, and other community-based organisations and sectors to support implementation across the different thematic or priority areas of the Policy. These inter-entity subcommittees will work directly with the relevant *on-the-ground action teams/groups, stakeholder communities and the targeted older people* to perform the operational or on-the-ground work required for the effective and efficient implementation of the Policy.

Given the number of stakeholders who will be involved in implementing the objectives and strategies of the Policy, an appropriate institutional framework, effective leadership and coordination will be required to avoid or minimise incompatible courses of action by different participating stakeholders, and to provide course direction and redirection as may be required. They are required, too, to avoid duplication of effort, promote activity, programme and outcome coherence from the work undertaken by different organisations and agencies, while supporting them as they take action to meet their respective remits and obligations to the project. In this fashion, unity of purpose and outcomes can be assured.

Care must be taken to ensure that best practices are followed regarding the provision of adequate and timely information to all stakeholders about the types of mechanisms to be used to achieve desired outcomes. Best practice also mandates the periodic (annual) review of the National Ageing Policy for Barbados, informed by the performance indicators and the Strategic Action Plan that will be developed.

A national effort is required for the protection and welfare of the elderly population of Barbados. It requires the commitment and participation of several public, community-based and private sector agencies and institutions. Their involvement in the process will produce the desired outcomes if there is ongoing dialogue between and among them, if activities are well coordinated and if there is genuine collaboration among them. Most importantly, the elderly must be engaged at all levels and stages as principal agents in this entire process in ways that allow them to meaningfully inform and shape the decisions, strategies and activities that directly affect them, their communities, and their futures.

1.0 INTRODUCTION AND RATIONALE

1.1 Background

As stated in the World Health Organisation's (WHO) active ageing policy framework (2002), 'population ageing is one of humanity's greatest triumphs... [and] also one of its greatest challenges' (p.6). In all countries, especially for developing countries, any measure to support and enhance *healthy and active ageing* has now become a necessity, and not a luxury. Ageing and national responses to ageing in Barbados are no different. Against this backdrop, the Government of Barbados, in collaboration with its international, regional and local partners, has aptly responded to the urgent call for designing and implementing new policies and resultant strategies and programmes that foster and maintain age-friendly and supportive environments, networks and eco-systems in which older people can access, benefit from, and contribute towards in diverse and novel ways.

The Ministry of People Empowerment and Elder Affairs of Barbados, in partnership with the Pan-American Health Organisation (PAHO) and in collaboration with its various key societal stakeholders embarked on a policy development and strategic planning process to conceive a new National Policy on Ageing for Barbados, covering the period from 2023 to 2028. It is a direct product of robust and comprehensive planning, extensive stakeholder consultations, empirical research and scientific needs assessments capturing the diverse experiences, challenges and needs of older people, elder-focused care systems and essential services providers across different segments of the country. The National Policy on Ageing for Barbados (2023-2028) represents, to date, the most progressive, multifaceted and targeted response to the aged and ageing situation in Barbados. Rooted in a life course approach, this Policy recognises that ageing is a natural process of life that affects everyone in different ways, producing a wide range of opportunities and challenges for the country. With that in mind, the Policy advances a number of key priority areas of attention with overarching objectives and strategic recommendations that serve to leverage those key opportunities and tackle the companion challenges that are resident in the national context, driven by a whole-of-country approach.

Of significant note, it is widely understood that there is no universally accepted definition of ‘older people’ – a term that will be used interchangeably with ‘the elderly’, ‘seniors’ and ‘the aged’ throughout this Policy document. To ensure that this National Policy coheres with other supporting policies, programmes and activities on ageing across entities and sectors to reflect a national harmonisation of efforts in the country, the term ‘older people’ will refer to **all people aged 65 years and over** – including those residing in Barbados and those living abroad. However, this definition does not preclude those younger than 65 years of age from contributing to or benefiting from the Policy’s proposed strategies and interventions – as all people age. Moreover, most people in society interface with older people on regular basis (e.g., informal caregivers and other essential service providers) to provide care, protection, resources and other forms of assistance. These stakeholders too require coverage, under this Policy, to support the performance of their work in assisting older people in different context.

Fundamental to this National Policy are the notions of **healthy ageing** and **active ageing** which have been at the centre of debate among scholars and practitioners across the globe. Healthy ageing is defined, by the World Health Organisation (WHO)² as the ‘process of developing and maintaining the functional ability that enables well-being in older age’ (p.1). This includes an older person’s ability to:

- meet his/her basic needs;
- learn, grow and make his/her own decisions;
- build and maintain relationships with others;
- be mobile; and
- contribute productively to society.

Healthy ageing has been the central focus of the WHO’s work on ageing between 2015 and 2030 and was introduced to replace the prior active ageing framework of the WHO developed in 2002. Active ageing, as expressed by the previous WHO’s framework on ageing, refers to the continuing

² Decade of Healthy Ageing 2020-2030, WHO, taken from <https://www.who.int/>

participation of older people in the social, economic, political, cultural, spiritual and civic affairs of their communities and wider country. Active ageing also recognises principal human rights of older people and the core principles of the United Nations including participation, independence, dignity, care and self-fulfillment. This concept also shifts our approach from ‘needs-based’ (which classifies older people as passive targets) to a ‘rights-based’ approach that considers older people as active agents of change in society. Other scholars (e.g., Kalache and Kickbusch, 1997)³ clarified that active ageing goes beyond healthy ageing to convey a more inclusive perspective on ageing that recognises other factors, apart from health and wellness, that affect how individuals and populations age. Considering the distinction between these two approaches or perspectives on ageing, both concepts of healthy ageing and active ageing (now termed *healthy and active ageing*) will form part of the new National Policy on Ageing for Barbados (2023-2028) and its inherent objectives, strategies and resultant actions.

1.2 Understanding the ‘Ageing Numbers’ and The Implications for Barbados’ National Ageing Policy Response

The 2030 Agenda for Sustainable Development makes it clear that rapid population ageing, for many countries across the globe, has to be adequately assessed and addressed. The case of Barbados provides a unique and interesting challenge – especially sitting among the top 50 countries with the largest share of older adults in its population⁴. As shown in 2015, this country exceeded an Ageing Index of 100 older adults (OA) per 100 children under the age of 15. However, this metric represents only one indicator pointing to a rapidly growing ageing population with the accompanying country-sized implications for urgent and strategic policy responses. A number of other observable facts and emerging statistical reports⁵⁶ on ageing and its various correlates in Barbados are indeed worthy of notice in this discourse (see below):

³ Kalache A and Kickbusch I (1997) “A global strategy for healthy ageing.” *World Health*. (4) July-August, 4-5.

⁴ Countries with the oldest populations in the world, taken from <https://www.prb.org/resources/countries-with-the-oldest-populations-in-the-world/>

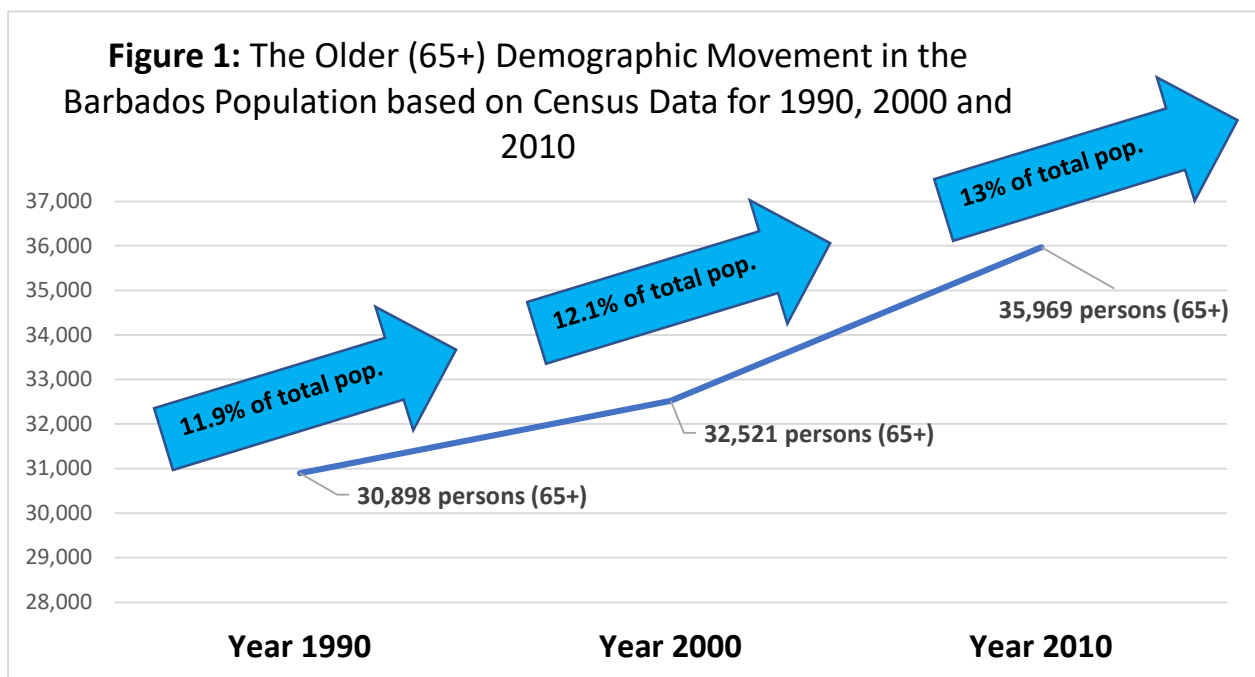
⁵ PAHO (2019), Measuring the responsiveness of the health system of Barbados to the needs of the ageing population, Pan American Health Organisation.

⁶ Ageing Trends in Barbados, U.S Bureau of Statistics, taken from

<https://www.census.gov/content/dam/Census/library/publications/1989/demo/aging-bb.pdf>

Rising Numbers in the Older Demographic (65+) in Barbados

- The median population age in Barbados (which is now estimated to be higher than 40 years) is increasing rapidly relative to other countries in Europe and North America;
- For Barbadians, there has been an increase of 2.3 years in life expectancy at age 60, between 1990 and 2017, but healthy life expectancy, during the same period, has increased only by 1.6 years. This suggests that although the average life expectancy has increased, the rate at which people are ageing healthily in the population still lags behind;
- It was projected that between 2005 and 2025, the number of persons aged 55 years and over will double, with growth in the oldest age segment (75 years and over) registering yearly increases until the turn of the century;
- Barbados has been revealed to be at an advanced phase of demographic transition, evidenced by a noticeable contraction of population groups under 60 years of age, and a rapidly increasing group of adults aged 80 years and older;
- Assessments of the 1990, 2000 and 2010 Population Census Reports for Barbados revealed a **17 per cent increase** in size of the 65+ segment of the population between 1990 and 2010, and the share of older people (65+) relative to the total population has increased from 11.9% to 13% (see Figure 1).



Source: Barbados Statistical Service (Barbados Census Reports for 1990, 2000, 2010)

Increasing Numbers of Older People in Need of Care in Barbados

- In 2010 Population and Housing Census of Barbados, older people (aged 65 and over) represented the largest category in the population who were found to be **unable to take care of themselves** (representing over 63% of total persons with this form of impairment);
- A PAHO (2019) assessment of the responsiveness of the Barbadian Health System also revealed that the care dependency in Barbados (i.e., proportion of older people dependent on care) has been estimated at 20 per cent for people aged 65 years and older; this was coupled with a predicted population old-age dependency ratio that is likely to exceed 10 per cent in the year 2020 and beyond;
- A recent study in 2021 revealed that more than a quarter of severely disabled older people are offered long-term care services, and this percentage is estimated to increase rapidly over the years;⁷
- In the same 2021 study, it was found that out-of-pocket health care expenses were two times higher in households with one or more older persons than in households without any older adult.

Increasing NCDs and other Disabilities affecting Older People in Barbados

- The Barbados Health of the Nation Report (2015) revealed that more than one in three adults in Barbados (more than one in two of those aged at least 45 years) are hypertensive, and one in five has diabetes (almost one in two of those aged 65 years or older)⁸;
- In a 2019 Barbados Health Report, it was revealed that stroke and heart disease were more pervasive in older age groups (55 years and older) in the population of Barbados, with a higher predominance within the female population⁹;
- In a recent study, it was reported that the prevalence of severe disability – among older people in Barbados with severe types of disabilities – in the population was projected to reach **7.53 per cent** in 2020 (Gonzalez-Bautista et al., 2021; PAHO, 2019), translating to over 1,800 people in need of long-term care services in Barbados (against the limited resources at certain geriatric facilities on the island);

⁷ Gonzalez-Bautista E, Morsch P, Mathur M, Bós ÂJG, Hommes C, Vega E. Assessing health system responsiveness to the needs of older people. Rev Panam Salud Publica. 2021 Sep 30;45:e127. doi: 10.26633/RPSP.2021.127. PMID: 34621304; PMCID: PMC8489740.

⁸ The Barbados Health of the Nation Report (2015), taken from https://untobaccocontrol.org/impldb/wp-content/uploads/barbados_2018_annex-1_health_of_the_nation_survey_2015.pdf

⁹ The Barbados Health Report (2019), taken from <https://www.barbadosparliament.com/uploads/sittings/attachments/0c85813fd4d9746f1558af6c13239fca.pdf>

- In the 2000 Population and Housing Census, a total of 4,714 older persons (65+; 1,846 males and 2,868 females) were reported as having a disability or major impairment. This number increased to **5,542** (a 17% increase) in the 2010 Population and Housing Census;
- From the 2010 Census, older persons (aged 65 and over) represented the most dominant age category with disability or major impairment, representing almost half (48%) of total persons with disabilities or major impairments;
- Within the population of older people (aged 65 and over) in the 2010 Census, the largest category of disability was severe arthritis (40%), followed by significant vision impairment (16%), and an inability to walk (11%);
- From international reports in 2013, there is an estimate of 4,000 Barbadians over the age of 60 living with dementia, with projections of 8,000 persons living with this condition by 2050 (167% increase)¹⁰.

The aforementioned observable facts and related statistics on ageing and the aged in Barbados present a small but an increasingly concerning snapshot of the current situation facing older Barbadians as well as those tasked with the responsibility of providing care, protection and other forms of assistance and essential services to this most vulnerable group. Considering the evidence, a number of country-level implications warrant drastic attention and consideration at this time which include:

- The need to build and maintain available and evolving databases of risk and needs assessments and other related data/indicators regarding the barriers, challenges and other experiences of older people in Barbados across various communities and spaces to support necessary strategic planning and responses to older people and their diverse issues;
- The need to urgently ramp up and bolster the existing resources (human, technical and financial) among various state-run/owned and other non-state providers of essential care and related services¹¹ targeting older people in the country, especially to meet the growing demand for elder-focused care and services. It is crucial that emphasis should not only be

¹⁰ Alzheimer's Disease International/Bupa Report (2013) 'Dementia in the Americas: Current and future cost and prevalence of Alzheimer's disease and other dementias', Available from <https://www.alzint.org/u/dementia-in-the-americas-ENGLISH.pdf>

¹¹ At time of the writing this Policy, it was reported that the rapidly growing ageing population (coupled with other factors including a declining workforce and sluggish economic growth) was among key contributing factors responsible for the existing state of depletion of the National Insurance Fund in Barbados, which is currently in dire need of reform to avert a national social security crisis.

placed on attempts to increase resources but also on prudent and efficient resource allocation and utilisation to ensure those service areas and care systems (and older people) most in need receive their commensurate share of attention;

- It is no longer tenable to place the full burden of care and responsibility on the Government and its limited resources but a call for intersectoral, multistakeholder planning and action becomes necessary for responding to the challenges emanating from an ageing population and the resultant rising demand for elder-focused care and services in the country;
- There is the need for a transformative rethinking of ‘ageing’ in the country accompanied by the introduction and proliferation of the concept of **healthy and active ageing** into all national-, institutional-, and community-level policies, programmes and other interventions being directed at all categories of people as they age in society;
- Finally, this transformative perspective on **healthy and active ageing** has to transcend public discussion to manifest in planned and future actions to reform, upgrade and enhance all of the essential elder-focused care systems, processes, service providers and their services, and the supporting regulatory environments in which older people are recognised, protected and maintained.

1.3 A Rationale for A New National Policy on Ageing for Barbados

The need for a National Policy on Ageing for Barbados might be viewed as incontestable and self-evident, especially when placed against the backdrop of the aforementioned revelation and discussion of the state of ageing and its growing implications for Barbados. Nevertheless, some commentators are likely to question the relevance of introducing a new national policy and even challenge why the prior 2012 National Policy on Ageing for Barbados and its proposed policy actions and recommendations are not being further interrogated and optimised given the gravity and urgency of the current national condition. In light of these concerns, a number of considerations are worthy of discussion and serve to support a clear and robust rationale for a new National Policy on Ageing for the country.

Firstly, key social, cultural, political and other essential conditions have dramatically changed over the last ten years since the release of the 2012 National Policy and have reshaped the existing

landscape in which older people and the agents of elder-focused care and services operate and interface. Although the prior National Policy certainly made provisions to accommodate for future changes and the evolving dynamics of ageing in the country, unpredictable events, in the last three years alone, have occasioned a profound urgency to relook at the current state of play. One such event, the COVID-19 pandemic, has wreaked havoc on the lives of older people as well as exposed the severe deficits in the wider ecosystem of essential care services in the country. Moreover, some of the government-sanctioned responses aimed at mitigating the pandemic have exacerbated the conditions of social isolation and experiences of loneliness for many older people who live alone or within institutions, thereby exacerbating the socio-economic challenges of older people across at-risk communities. One global report¹² acknowledged that the ‘multiple risk factors and disadvantages people accumulate over the life course mean some groups of older people will face heightened challenges in recovering from the pandemic’ and ‘...[t]he risk of the virus to older people, the barriers older people experience finding employment, livelihood risks, and higher existing level of poverty among some groups in later life, highlight the critical importance of ensuring that older people’s needs and rights are addressed in recovery efforts’ (p.5). This report also highlighted that the COVID-19 pandemic has been a clarion call. Such a call demands a radical change in how countries respond to the diverse needs and challenges of the aged and other vulnerable populations in pandemic-type environments if there is a serious need for successful recovery that leaves no person behind.

Secondly, national policies or programmes of any kind must be reviewed, evaluated and updated on a continual basis as they are living documents that should grow and evolve with time. Oftentimes, our monitoring and evaluation of key processes and outputs emanating from policy instruments might inform a need for change to ensure that the planned or expected benefits of practical interventions continue to be realised for targeted populations. In particular, this continual renewal process is a natural feature inherent in best practice recommendations on national ageing policy exercises and protect against outdated, legally non-compliant or socially ineffective policies and activities that do little to bring about the desired changes for our elderly populations. Certainly,

¹² HelpAge International (2021). A report on the impact of the COVID-19 on older people, taken from <https://www.helpage.org/what-we-do/bearing-the-brunt/>

the development of this new National Policy on Ageing for Barbados (2023-2028) was informed by a thorough review and evaluation of the prior 2012 National Policy on Ageing for Barbados and its priority areas of action and recommendations, among other things. As an essential upgrade to its predecessor, this new Policy incorporates and proposes both necessary and contemporary solutions to the ever-changing challenges, needs and experiences of the aged in Barbados, largely borrowing from past and present experiences.

Finally, the character and orientation of this new National Policy on Ageing both highlight and warrant a different kind of policy-based response compared with previous policy interventions directed at older people in Barbados. The National Policy on Ageing does not simply treat older people as passive recipients of essential programmes, services and other forms of nationally-guided assistance but considers them as key partners and active participants of change who are responsible for their own lives and destinies. Across all priority areas, objectives and strategies captured in this Policy, older people have been placed centrally as primary strategic stakeholders whose contributions towards and participation in the national development process will not go unnoticed or unutilised.

2.0 A REVIEW OF RELEVANT LEGAL, POLICY AND BEST PRACTICE FRAMEWORKS GUIDING ACTIONS ON AGEING

2.1 Overview

It has been highly recommended that policy development surrounding ageing, on a national level, should be intimately informed and guided by legal and policy frameworks and accompanying principles and protocols on ageing, driven by international best practices. Accordingly, the National Policy on Ageing for Barbados is underpinned by a number of these international policy frameworks and best practices including (but not limited to):

- *The United Nations General Assembly on the Eighteen (18) Principles supporting National Ageing Policies,*
- *The Brasilia Declaration on Ageing,*
- *The Political Declaration and Madrid International Plan of Action on Ageing,*
- *The World Health Organisation's Active Ageing: A Policy Framework,*
- *The Decade of Healthy Ageing Areas of Action.*

A review of the aforementioned frameworks and other national ageing policies and responses across the globe is presented and discussed in the ensuing sections. The aim of this review is to furnish a wider contextual base of best practices, principles and key lessons learnt out of which this National Policy on Ageing for Barbados was conceptualised, formulated and anchored.

2.2 The United Nations General Assembly on the Eighteen (18) Principles supporting National Ageing Policies

On December 16, 1991, the United Nations (UN) Principles for Older Persons¹³, adopted through the General Assembly Resolution 46/91, materialised with the intent to encourage Governments

¹³ United Nations Principles for Older Persons, Department of Economic and Social Affairs Ageing, taken from <https://www.un.org/development/desa/ageing/resources/international-year-of-older-persons-1999/principles.html>

(including Barbados) to incorporate eighteen (18) principles into their national ageing policies and programmes and were subsumed under the following dimensions:

- **Independence:** where older people should have access to basic necessities (e.g., water, food, shelter, clothing, healthcare), employment and income-generating opportunities, education and training, safe and secure living conditions, among other entitlements.
- **Participation:** where older people should be actively involved in national ageing policies, programmes and interventions; community service and volunteer work; and the formation of relevant productive movements and associations in society.
- **Care:** where older people should benefit from family, community and institutional care; healthcare, rehabilitation and protective services; social and legal services; and be able to live to enjoy their full fundamental rights and freedoms.
- **Self-Fulfilment:** where older people should be permitted and enabled to pursue opportunities to support their full development and be able to access a range of educational, cultural, spiritual, and recreational resources from society.
- **Dignity:** where older people should be able to live in dignity and security; free from abuse, exploitation and harm; and be able to be treated fairly and without discrimination.

2.3 The Brasilia Declaration on Ageing

In July 1996, the Government of Brazil convened an international meeting in Brasilia to put forward a progressive global agenda and declaration on ageing, which advanced a number of core principles and accompanying priority areas of actions to foster healthy and active population ageing, including:

- The design and execution of culturally relevant age-friendly interventions supporting healthy ageing at the community-levels and being placed within the broader social policy context of the country;
- The coordination, harmonisation and management of ageing policies and related actions within an intersectoral and multifaceted context, focusing on biophysical, social, psychological, economic and environmental determinants of health;
- The provision of equal access to care and services and equitable distribution of resources, as informed by well-designed and implemented ageing policies and practices;

- The enabling of wide stakeholder engagement and participation in the building and execution of ageing policies and practices, inclusive of government and non-governmental agencies, the community-based entities, and the private sector;
- The deployment of fiscally responsible actions and interventions, which both target the most vulnerable and advocate for disease prevention and health promotion;
- The provision of interventions that support and enhance family cohesion and intergenerational solidarity;
- The policy-based, legal and wider national recognition of the multiple roles of ageing women including the impact of these roles on health and economic security;
- The provision and deployment of diverse education and training opportunities and related programming for all people at all levels concerned with ageing in a wide cross-section of productive areas inclusive of advocacy and leadership, professional health and social services, gerontology and geriatrics, and other relevant training aimed at enhancing older people's capacity for self-help and mutual aid;
- The building of research capacity to continually assess the diverse needs of the elderly and the maintenance and management of longitudinal databases of elderly needs and situational analyses to guide policy and actions to support the aged in society.

Overall, the principles and priority recommendations inherent in the Brasilia Declaration denote that a multidimensional, lifespan perspective is essential to ensuring that the goals for securing healthy population ageing become a reality for countries, especially those in a developing context.

2.4 The Political Declaration and Madrid International Plan of Action on Ageing

The Political Declaration and Madrid International Plan of Action on Ageing¹⁴, in 2002, emerged as the fundamental cornerstone of best practice frameworks on ageing and ageing-related policies for two decades. This framework clearly acknowledges a contemporary rights-based approach on older people, emphasising the following priority areas of actions for countries:

- **Priority Area 1: Older Persons and Development** – emphasising the inclusion of older people in their community-level and national development interventions; providing opportunities for older people to contribute to and participate in critical decision-making

¹⁴ The Political Declaration and Madrid International Plan of Action on Ageing (2002), United Nations, taken from <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

processes, employment, poverty alleviation or eradication, emergency situations, and other social and public spaces of governance and management aimed at national development, among other things.

- **Priority Area 2: Advancing Health and Well-Being in Old Age** – emphasising the design and execution of policies and other interventions to prevent ill-health among older people; the provision of universal and equal access to healthcare services for older people; the development and strengthening of healthcare services for older people; the management of long-term care systems and treatment and care of older people with disabilities.
- **Priority Area 3: Ensuring that older people benefit from enabling and supportive environments** – emphasising the promotion of ageing in place, age-integrated communities, and age-friendly housing, transportation and long-term care services; elimination of all forms of abuse, neglect and violence facing older people; and creation of rehabilitative and support services for victims of elder abuse as well as training and development services for their caregivers.

The aforementioned action plan of the Madrid Political Declaration has been adopted by previous administrations in Barbados, reflected in several national-level strategies and policies (including the 2012 National Ageing Policy for Barbados) and continues to inform the political decisions and actions of the current Government of Barbados in response to ageing and its implications in the country.

2.5 The World Health Organisation’s Active Ageing: A Policy Framework

The World Health Organisation’s (WHO) active ageing policy framework (2002)¹⁵, similar to the Madrid Declaration and Plan of Action, rests within a wider international legal context guided by human rights laws. Under this WHO Policy Framework, active ageing is underpinned by the three (3) fundamental pillars of health, participation and security and endorses an optimisation of opportunities in these areas to support and enhance quality of life as people age.

¹⁵ The WHO Active Ageing: Policy Framework (2002), taken from <https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/06/WHO-Active-Ageing-Framework.pdf>

Six principal determinants of active ageing, as proposed by this Framework, include economic determinants (e.g., access to economic and financial resources or economic and financial security), social determinants (e.g., access to social support, lifelong learning opportunities, protection from abuse and related threats), behavioural determinants (e.g., healthy lifestyles and behaviours), physical environment determinants (e.g., age-friendly and accessible physical environments, safe housing, and clean and safe water and ventilation), personal determinants (e.g., biology/genetics, psychological factors including mental and cognitive capabilities), and health and social services system determinants (e.g., disease prevention and health services; rehabilitation, curative and long-term care services). On the basis of these aforementioned determinants, the Framework acknowledges four (4) components of priority health-related actions to enhance active ageing:

- The prevention and reduction of excess disabilities, chronic disease, and premature mortality;
- The reduction of risk factors associated with major diseases and the promotion of factors that protect health throughout an individual's life course;
- The development and maintenance of a continuum of affordable, accessible, high-quality and age-friendly health and social services that cater to needs and rights of people as they age;
- The development and deployment of training and educational initiatives to support caregivers of older people.

2.6 The Decade of Healthy Ageing Areas of Action

The UN Decade of Health Ageing (2020-2030)¹⁶ represents one of the most contemporary international best practice efforts to set out a clear and progressive action plan on healthy and active ageing which is grounded in a concerted and collaborative global agenda. This proposed action plan articulates that collaborative action (involving multiple sectors and societal stakeholders) is necessary to foster and maintain healthy and active population ageing across and

¹⁶ The Decade of Healthy Ageing (2020-2030), United Nations, taken from <https://www.who.int/initiatives/decade-of-healthy-ageing>

within countries and advocates a vision that sees a world in which everyone can live a longer and healthier life. Four (4) key areas of action under this Proposal include:

- Changing how we think, feel, and act towards age and ageing;
- Ensuring that communities develop in ways that foster abilities of older people;
- Delivering person-centred integrated care and primary health services responsive to older people;
- Providing access to long-term care for older people who need it.

Through the involvement and participation of older people (and their families, caregivers, and wider communities), collaborative partnerships of societal stakeholders, the nurturing of strong leadership and capacity building, and the strengthening of data research and innovations to support implementation, the Decades of Health Ageing action proposal assures the achievement of the aforementioned action goals. It is also worth mentioning that these actionable areas for healthy ageing are consistent with the *UN Agenda 2030 Sustainable Development Goals*, with implications for protecting older people from falling into poverty (Goal 1) and conditions of hunger and food insecurity (Goal 2); the promotion of good health and well-being (Goal 3), quality education (Goal 4), gender equality (Goal 5), decent work and employment opportunities (Goal 8), reduced inequalities and sustainable communities (Goals 10 and 11, respectively), age-inclusive institutions and opportunities for peace and justice (Goal 16); and the fostering of multistakeholder partnerships for supporting the diverse needs of older people (Goal 17).

2.7 Other Guiding Frameworks and Policies on Ageing

Other prior and existing frameworks that continue to inform national efforts in crafting and executing ageing policies for Barbados include:

- **The International Federation on Ageing Declaration of Rights and Responsibilities of Older Persons (1990);**
- **The Caribbean Charter on Health and Ageing adopted by CARICOM (1998);**

- **The Montreal Declaration by the International Federation on Ageing to the UN (1999);**
- **The Barbados' Guidelines for the Development of a National Policy on Ageing developed by an ad hoc National Committee (2000);**
- **The Green Paper on the National Policy on Ageing approved by Cabinet of Barbados (2004); and**
- **The National Policy on Ageing for Barbados (2012).**

It is worth highlighting that the 2012 National Ageing Policy for Barbados presented a number of best practice policy proposals and associated recommendations which received considerable review and assessment during the process of formulating the current Policy document. Subsequent to this review and assessment process, some of the core priority areas and related proposals of the 2012 Ageing Policy have been reincorporated (within this current Policy) to allow for their acknowledgement and continuity for the next five years. Hence, the current Policy does acknowledge and recognise the work and resultant outcomes of the prior Policy.

Moreover, the current Policy has also taken into account the **Inter-American Convention on the Protection of the Human Rights of Older Persons** which represents the first international treaty that fully regulates human rights of older people across several countries. This Convention has placed the strict responsibility on governments to design, engage and execute a range comprehensive policy and practical interventions aimed at protecting and preserving the rights of older people in their countries, especially where there is an absence of national legislation to do the same. This Convention and its general principles have also been fully reviewed and leveraged to inform the guiding vision, objectives and strategies expressed within this current Policy document.

A review of national ageing policies in other territories, especially in the wake of the recent COVID-19 pandemic, can also prove useful for contemporary policy formulation attempts on ageing, in Barbados and the general Caribbean region. From an international perspective, a careful

look at Canada's efforts to build and execute their own ageing policies and strategies, amid the pandemic, reveals that the country is responding rapidly to its own local situation in which the share of Canadians over the age of 65 is estimated to double by 2030. One of their national responses to this reality is the restructuring of their existing policies to foster and support a **senior-centric care ecosystem** which will include expanding and strengthening existing care systems for aged to meet the rising demand for different forms of aged care, integrating the fragmented elder-focused care systems across Ministries, agencies, departments and other service providing entities, and involving the older people in the design and delivery of care consistent with their diverse care needs¹⁷. For Canada, this new approach to promoting healthy and active ageing, amid the pandemic, has led to a rethinking of ageing in multifaceted and multilayered ways and the exploration of the key drivers of resilience in all care-based and essential services systems targeted at this vulnerable, but rapidly growing, population.

The comparable experience in developing countries like Chile has suggested that the Governments of all developing countries need to quickly incorporate the lessons learnt from the pandemic into their national ageing policies and strategies. For example, the Chilean Government had to swiftly ramp up its elder-focused long-term care systems in light of the rising threat of the pandemic against the elderly in institutional and home-based long-term care settings¹⁸.

Other lessons learnt from developing country experiences of Mozambique, Kenya, Syria and Iraq highlight (a) the value of listening to the inputs of older people in need and those who are considered resilient in diverse communities, (b) the importance of rapid risk assessments of the elderly in at-risk communities, and (c) the need for strengthening (and the expansion) of community-based and institutional care-based systems across public, private and NGO sectors to

¹⁷ Making Canada The Best Place In The World To Age By 2030: A Senior-Centric Strategy (2021-2022), taken from <https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/fcc/ca-en-canada-2030-senior-centric-strategy-policy-brief-aoda.pdf>

¹⁸ Villalobos Dintrans, P., Browne, J. and Madero-Cabib, I., 2021. It is not just mortality: a call from Chile for comprehensive COVID-19 policy responses among older people. *The Journals of Gerontology: Series B*, 76(7), pp.e275-e280.

fully accommodate and support older and other vulnerable groups in society.¹⁹ More importantly, careful consideration and in-depth analyses of the range of regional and local experiences of the pandemic have acutely necessitated how the current Barbadian government has sought to (re)design and (re)deploy its care-based and protective systems and services targeted at older people in the country.

Understanding the necessity of empirical data on the ground, the Government has engaged in a number of situational assessments of older people, elder-focused care systems and related essential services providers in the country. The next section covers a comprehensive summary of key findings, resultant lessons learnt, and best practice recommendations from a recently concluded Situational Assessment Exercise of Older Persons in Barbados (2021).

¹⁹ COVID-19 and the Rights of the Older People in Developing Countries (2020), taken from <https://www.ohchr.org/sites/default/files/Documents/Issues/OlderPersons/OlderWomen/submissions-csos/Dorcas-2.pdf>

3.0 A SUMMARY OF THE SITUATION ANALYSIS OF THE LOCAL CONTEXT

In 2021, a prior Situational Assessment Exercise on Essential Care/Services and Older Persons in Barbados was completed. The first part of this Exercise included desk research investigations and assessment (of various policy documents, strategic reports, and pieces of legislation), semi-structured interviews with key stakeholders/agencies (and those providing essential services) in the government and community-based sectors. The second part of this Exercise covered a structured survey of over 150 elderly residents in Barbados on their experiences, concerns/challenges, perspectives and suggestions for improving their situation in Barbados. Core priority areas of investigation included (but are not limited to the following):

- *Community Care and Supporting Social Services*
- *Health, Health Services and Medical Care*
- *Financial, Social and Economic Security*
- *Treatment of Elder Abuse and Related Threats*
- *Physical and Built Environment*
- *Preparation for Natural Disasters, Pandemics and Other Related Emergencies*
- *Legislation for Protecting and Supporting the Elderly*

The summaries of the key findings, conclusions and recommendations of the Final Situational Assessment Report from both the supply side (the elder-focused essential services sector) and demand side (Older Persons/Elderly) are presented below.

3.1 Summary of Key Findings, Conclusions and Recommendations for Part I: Evaluations of Supply Side Perspectives/Elder-Focused Essential Services Sector

3.1.1 Community Care and Supporting Social Services

Several strengths or positive features inherent in community care and supporting social services dimension within the Barbadian context included the existence of the following within the government and community-based sectors:

- Diverse home care and community assistance programmes for the elderly facilitated by the National Assistance Board (NAB);
- Human development and poverty alleviation community assistance programmes;
- Specialised community care and services for the disabled elderly facilitated by the National Disabilities Unit (NDU); and
- Seniors' membership association and related social assistance programmes facilitated by Barbados Association of Retired Persons (BARP).

Several key weaknesses and challenges were identified as follows:

- Inadequate supply of home and community care services for the elderly manifested in the forms of:
 - Increasing demand against limited supply of services
 - Resource constrained environments at the public sector/governmental level
 - Limited finances and resources affecting community-based/faith-based entities
- Lack of proper coordination and collaboration for effective and efficient implementation of services to elderly; and
- Limited targeted training and development programmes, continuous learning opportunities and employment opportunities for the elderly.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- Fulfilling the national mandate and vision of the Government of Barbados (expressed by the Prime Minister) through the amalgamation of all essential services departments/sections holistically under the Ministry to achieve better efficiencies, improved delivery of care services, and a higher quality of management and functioning of these critical entities;
- Deployment of community mobile services of all essential elderly services across various communities for elderly access;

- Increased resource support including financial and human resources in various sub-entities within the NAB (e.g., Home Care Department) to better deliver community care and social services to the elderly;
- Improved management of the human resources at the NAB with a clear strategic plan and robust performance management system, strengthened leadership marked by empowered and competent managers and supervisors, and better relationships with staff to build greater morale and buy-in;
- Provision of more elder companion type services and more opportunities for social interactions/visitations to elderly homes to allow a greater proportion of seniors (especially those living alone) to share their concerns, feelings and fulfil their need for social engagement;
- Greater involvement of and partnerships with the NGO sector and the Ministry in the care of the elderly in Barbados;
- Repurposing of the Poverty Alleviation Programme and its Fund (e.g., a creation of a National Vulnerable Elderly Fund) to service a wider cross-section of needs of the economically vulnerable elderly in the population (this would supplement and ease the work of the Welfare Department as it already caters to wider groups of at-risk individuals, families and communities in the population);
- Transitioning the wider elderly care sector into an integrated community-based care model for the elderly in Barbados;
- Strengthening Inter-entity/agency collaborations and relationships in the delivery of community-based care and social services to the elderly; and
- Incorporation of healthy ageing practices within the integrated community-based care approach for the elderly.

3.1.2 Health, Health Services and Medical Care

A number of key strengths or positive features germane to the health, health services and medical care dimension within the Barbadian context included:

- Experienced and trained cadre of health and medical professionals/human resources;
- Existence of an institutional health care system;

- Multi-disciplinary team for supporting nursing and medical care;
- Strong internal networks among health care systems;
- Existence of the Alternative Care of the Elderly Programme (ACEP);
- Strong external networks with the NGO/community-based sector;
- Plans for a new care facility for the elderly; and
- Development of clinical protocols for addressing the needs of the elderly.

Several key weaknesses and challenges were identified as:

- Insufficient supply of human resources to meet diverse health/medical needs of the elderly;
- Adversely affected community nursing programmes for the elderly;
- Limited financial resources and wastage;
- Fragmentation in management structure in delivery of aged care;
- Physical quality of medical/health care plants;
- Quality barriers to health service delivery;
- Pharmaceutical hoarding and misuse;
- Inequity in resource allocation to meet the needs of the elderly;
- Perceived stigma and discrimination against over 70s;
- Limited accessibility and safety in community-based care environments; and
- Poor inter-ministerial networks in elderly care services delivery.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- Expanding equitable access to comprehensive, quality, people- and community-centered health services;
- Strengthening stewardship and governance within the health care services sector;

- Increasing and improving financing with equity and efficiency, and advancing toward the elimination of direct payments that constitute a barrier to access at the point of service;
- Strengthening multi-sectoral coordination to address the social determinants of health;
- Emphasising preventative care within an integrated care system for the elderly; and
- Increased collaborative relationships among health care providers and other elderly services provider/agency stakeholders.

3.1.3 Financial, Social and Economic Security

Several strengths or positive features inherent to financial and economic security dimension within the Barbadian context included the following:

- The existence of a functioning public service facility providing financial assistance for ‘at risk’ elderly persons including the following:
 - An attractive national welfare assistance programme;
 - Assistance-in-kind programme of the Welfare Department;
 - Monetary assistance (direct cash grants) programme of the welfare department;
 - A cadre of trained and experienced social workers responding to the elderly’s financial/economic needs;
 - Digitised/electronic and efficient case management system;
 - Decentralised services in the community;
 - Strong partnerships with NAB and other key stakeholders; and
 - Adaptive COVID-19 response to the financial needs of the elderly and other at-risk populations.
- Supportive network of financial assistance services and programmes in the community-based sector; and
- The existence of an institutional provider of social security benefits for the elderly in the form of the National Insurance Scheme (NIS).

Several key weaknesses and challenges were identified as:

- Lack of adequate financial literacy and poor retirement planning in the employment sector and elderly population;
- Worsening economic conditions in the country;
- Constrained resources and operations against increasing demand for welfare financial services;
- Growing cases of financial exploitation of the elderly; and
- Legislative challenges (e.g., the National Assistance Act) affecting the provision of welfare benefits/financial assistance to the elderly.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- Continual consideration/review of current rates attached to the monetary cash grants for welfare assistance for at-risk elderly to reflect changing socioeconomic conditions;
- Clarifying the roles and responsibilities of the NAB and the Welfare Department to better operationalise and deliver the right kinds and levels of service and assistance to the various populations including the elderly;
- Rebranding/restructuring the work and services of the Welfare Department to reduce the level of stigma associated with seeking welfare grants and other forms of assistance, which oftentimes prevents people in need from accessing the needed services;
- Better collaboration and improved communication channels among various state agencies and public service departments including the NIS, NAB and the Welfare Department to ensure that the needs of at-risk elderly people are met;
- Targeted awareness and educational programmes and services for seniors in financial literacy and retirement planning;

- Improving employability and expanding employment opportunities and income sources for the elderly; and
- Improving the environment for age-friendly banking and general commerce in Barbados.

3.1.4 Treatment of Elder Abuse and Related Threats

Key strengths or positive features relevant to the treatment of elder abuse and related threats dimension within the Barbadian context included:

- Existence of a National (Draft) Elder Abuse Protocol with the following in place:
 - Clear and multifaceted definitions of elder abuse;
 - Clearly outlined reporting procedures and care plan procedures and interventions; and
 - Identification of a collaborative governance and operating structure for execution.
- The practice of community well-being checks and policing intervention programmes by law enforcement (Community Policing arm of RBPF):

Several key weaknesses and challenges were identified as:

- Increasing cases of elder abuse and related threats in various communities;
- Absence of elder abuse legislation;
- Fragmented responses from and insufficient collaboration among multiple agencies in handling elder abuse cases; and
- Weakened community networks and low surveillance from other residents in addressing elder abuse in communities.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- More aggressive community surveillance and reporting of elder abuse in communities to assist law enforcement personnel to better respond to reports of these cases, bring perpetrators to justice, and to adequately support the victims;
- Improved collaboration and communication among various entities and groups such as communities, RBPF, NAB and other state agencies to better monitor, investigate and respond to elder abuse experiences/cases involving the elderly, especially in relation to financial abuse of pensions and other income sources;
- Development of comprehensive legislation on elder abuse and its various forms;
- Establishment of protocols, policies and operational resources for supporting the fight against elder abuse; and
- Improving public awareness, education and attitudes towards elder abuse.

3.1.5 Physical and Built Environment

The main strengths or positive features relevant to the physical and built environment dimension within the Barbadian context included:

- Availability of assisted living facilities provided by the Ministry/NAB;
- Supportive residential facility and environment for the elderly facilitated by the Soroptimist International Barbados; and
- Evidence of accessibility programmes and services for the disabled elderly facilitated by the National Disabilities Unit (NDU).

Several key weaknesses and challenges were identified as:

- Growing evidence of poor dwelling/housing and inadequate living facilities among the elderly;
- Limited resources to support elderly with physical accessibility needs; and
- Insufficient and/or inadequate physical accommodation/housing projects for the elderly.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- A call for an expansion of the NAB's services mandate/portfolio to include a Housing Programme or Services Department for the elderly to assist in the repair, reconstruction and/or building or procurement of affordable housing for various categories of at-risk elderly in the country;
- Bolstering the necessary financial, human and physical resources to support, refurbish and mostly expand/increase both government-owned and privately owned establishments that offer both independent living and assisted living accommodations, facilities and safe residential communities for the elderly;
- Establishment and enforcement of a national housing policy and strict physical building protocols/codes for construction;
- Improving nation-wide accessibility services and programmes to support the disabled elderly; and
- Increasing supportive housing facilities/accommodations for the elderly.

3.1.6 The Preparation for National Disasters, Pandemics and Related Emergencies

The core strengths or positive features inherent in the preparation for national disasters, pandemics and related emergencies dimension within the Barbadian context included:

- Existence of the national disaster preparedness mandate and coordinating committee for the elderly and other vulnerable people;
- Existence of disaster social relief (material resources and psychosocial support services) for the elderly and other vulnerable people; and
- Existence of emergency disaster shelters and national emergency/disaster management protocols for at-risk populations including the elderly.

Several key weaknesses and challenges were identified as:

- Insufficient interventions on disaster preparedness for the elderly;

- Absence of national COVID-19-like emergency plan, protocols and SOPs for the elderly;
- Poor housing stock/conditions and lack of property insurance coverage for sustainability in disaster events;
- Challenge of planned transportation services for the elderly during a disaster event;
- Limited support from the wider residential community in disaster preparedness and assistance for the elderly; and
- Lack of interagency collaboration on disaster preparedness for the elderly.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- Greater working collaborations are needed among the relevant agencies/entities that form part of the overall national disaster response effort (especially at the lower levels of execution);
- Greater and more sustainable training and educational programmes/initiatives in disaster preparedness are needed to target older people (especially at the community-level);
- Development of a multidimensional and multilevel national disaster preparedness plan for the elderly;
- Institutional strengthening and capacity building among stakeholder entities in disaster preparedness planning and execution; and
- Fostering greater and deeper community engagement and involvement in disaster preparedness planning and execution.

3.1.7 Legislation for Protecting and Supporting the Elderly

The major strengths or positive features inherent in the legislation for protecting and supporting the elderly dimension within the Barbadian context are all centred on the existence of varied forms of legislation that indirectly support or address various categories of needs of the elderly in society including (but not limited to):

- National Insurance and Social Security Act (CAP 47), the Statutory Boards (Pension Act) CAP 384 and Pensions Act (CAP 25)
- National Assistance Act CAP 48
- Domestic Violence Protection Orders Act CAP 130A and Sexual Offences Act CAP 154
- Health Services Act CAP 44 and the Mental Health Act CAP 45
- Income Tax Act CAP 73
- The Emergency Management Act 2006 CAP 160

Several key weaknesses and challenges were identified as follows:

- Multiple limitations in National Assistance Act (e.g., need for rebranding/redefining the Welfare Department and NAB and the national assistance and welfare programmes; need for increases in monetary cash grants that reflect the changing economy);
- Multiple limitations in Pension Act and National Insurance and Social Security Act;
- Limited focus/scope for the Elderly and Other Limitations in the Emergency Management Act;
- Absence of elder-specific legislation to protect or support elderly in society;
- Absence of elder abuse legislation;
- Absence of legislation for protecting against misuse/abuse of assets of the elderly;
- Absence of legislation to support adequate legal representation of the elderly;
- Absence of legislation to appropriately inform the treatment and care standards for the elderly in private care facilities;
- Absence of legislation to tackle specific forms of discrimination against older persons.

A sample of the key opportunities for enhancement in combination with best practice recommendations identified in the main section of the report included the following:

- A comprehensive and thorough review of existing legislation (all related to the needs of the elderly) to identify specific gaps and issues that need to be addressed;
- Development of holistic elder affairs legislative and related policy frameworks;
- Mainstreaming of ageing legislation and policies in Barbados; and
- The deployment of the needed resources and political will to drive implementation success of ageing laws and policies.

3.2 Summary of Key Findings, Conclusions and Recommendations for Part II: Evaluations of Demand Side Perspectives (The Elderly)

The main survey findings based on the 2021 survey capture of the elderly in Barbados revealed that their top (3) three concerns including (a) ***financial, social and economic security needs***, (b) **health and wellness needs** (including the provision of health/medical care and long-term care; independent mobility needs around the home; presence of caregivers), and (c) **concerns surrounding protection from pandemics, disasters and national emergencies**. Apart from these expressed needs and concerns, the main recommendations advanced by surveyed elderly residents fell into three (3) general categories (as outlined below):

3.2.1 Greater Financial and Economic Support

- Increase pensions and other forms of income for the elderly recipients,
- Favourably adjust cost-of-living inputs and experiences (e.g., age-friendly taxes, price control, discounts) for the elderly;
- Facilitate more age-friendly employment opportunities (including supporting training programmes to improve self-employment/entrepreneurship) that are available/accessible to older persons from various communities; and
- More affordable access to healthy foods, vegetables and fruits for the elderly.

3.2.2 Expansion of Social Care, Health/Medical and Related Services for Vulnerable Elderly

- Greater home checks and monitoring of the elderly in vulnerable communities, especially among those living alone at home (without any family support) – inspections will assist in assessing physical housing environment (e.g., faults/leaks, damaged parts of the home, etc.), signs of elder abuse, and health/medical evaluations;
- Greater emphasis needed for making public transportation, buildings and roads more accessible and accommodating to the disabled elderly;
- Faster response from health care services (e.g., ambulance and emergency care services) in emergency situations affecting the elderly;
- Expansion of public and private nursing care services (community-based) to support elderly living at home which are both affordable (in most cases, free) and high quality;
- Expansion of affordable and accessible housing solutions and assistance programmes for elderly living in uninhabitable conditions;
- Expansion of day care services and companion services for the elderly; and
- Improved access to affordable, reliable and accessible transportation services for at-risk elderly in various communities.

3.2.3 Improved Customer Service Experience for the Elderly

- Improving waiting periods/lines in many private sector entities including utility companies, banks and polyclinics by creating special queues or mechanisms to expedite the delivery of urgent, essential or emergency services to the elderly;
- Greater customer service training of front-line staff (e.g., bank tellers, security officers, cashiers, customer attendants) in how to appropriately respond to and interact with the elderly in various business establishments/contexts;
- General improvements in communication between service providers and the elderly recipients (especially in banking and utility sectors) which are sensitive and considerate to the latter group;
- Greater timeliness and responsiveness to the diverse service needs of the elderly in both private and public sector service environments.

4.0 POLICY VISION, PRINCIPLES AND CORE VALUES

Consistent with previously discussed best practice principles, frameworks and practices tied to healthy and active ageing as well as key implications emanating from aforementioned Situational Assessment Exercise of the older people in Barbados, the **National Ageing Policy for Barbados (2023-2028)** has been undergirded by the following vision statement and overarching goal:

POLICY VISION STATEMENT:

TO BE A COUNTRY IN WHICH ALL OLDER PEOPLE ARE SUFFICIENTLY ENGAGED, EQUIPPED AND EMPOWERED TO LEAD HEALTHY, ACTIVE, SECURE AND DIGNIFIED LIVES.

OVERARCHING POLICY GOAL:

TO ENABLE AND PROMOTE HEALTHY AND ACTIVE AGEING AS A WAY OF LIFE FOR ALL BARBADIANS AND ENSURE THAT THE FUNDAMENTAL RIGHTS AND FREEDOMS OF OLDER PEOPLE ARE FULLY RECOGNISED, VIGOROUSLY DEFENDED AND STRONGLY PRESERVED.

To support the aforementioned vision and overarching goal, a number of core values and guiding principles have been identified to reflect the underlying character of this National Policy, the commitments of its primary agents and stakeholders tasked with the mandate of protecting and supporting the aged, and the collective national intent to ensure the highest quality of life and related experiences of this uniquely vulnerable group in Barbados. Each core value and accompanying principle can be regarded as a stated promise expressly connected to a whole-of-country approach and response to the diverse needs of and dire challenges faced by older people across the various households, communities, institutions and related spaces of care, and other domains of life in Barbados.

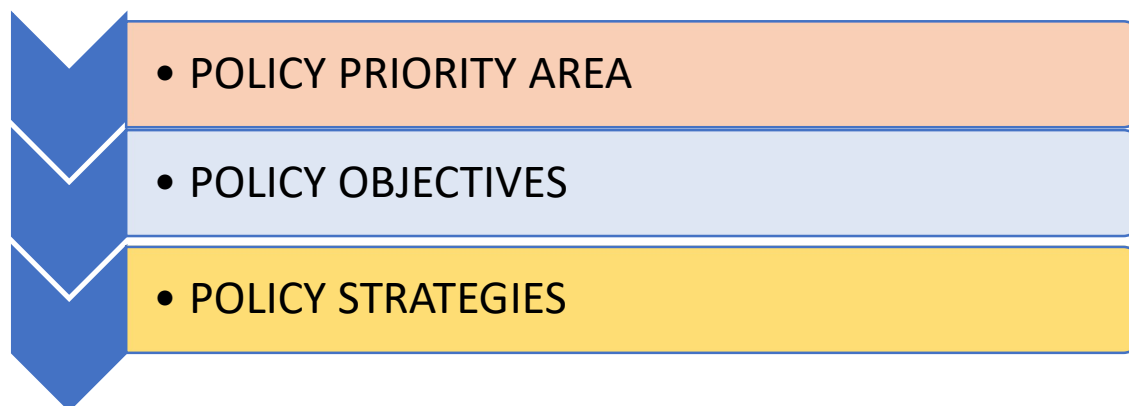
CORE POLICY VALUES AND PRINCIPLES

- **DIGNITY:** ALL OLDER PERSONS DESERVE TO BE TREATED WITH RESPECT, EMPATHY, AND ACCEPTANCE.
- **PARTICIPATION:** ALL OLDER PERSONS ARE ENTITLED TO PARTICIPATE ACTIVELY IN ALL AFFAIRS OF SOCIETY AND IN THE BUILDING OF POLICIES, PROGRAMMES AND ACTIVITIES THAT DIRECTLY AFFECT THEIR WELL-BEING.
- **EQUITY AND INCLUSIVENESS:** ALL OLDER PEOPLE, REGARDLESS OF BACKGROUND, ARE ENTITLED TO FAIR PROCESS AND JUST OUTCOMES.
- **ACCESSIBILITY:** ALL OLDER PEOPLE HAVE A RIGHT TO ACCESS RELEVANT SERVICES, RESOURCES, AND ENVIRONMENTS ACCORDING TO THEIR NEEDS.
- **CARE:** ALL OLDER PEOPLE HAVE A RIGHT TO BENEFIT FROM KEY FORMS OF CARE (FAMILY, COMMUNITY, AND INSTITUTIONAL), PROTECTION, REHABILITATION, SOCIAL AND MENTAL STIMULATION IN A HUMANE AND SECURE ENVIRONMENT.
- **SELF-FULFILMENT:** ALL OLDER PEOPLE HAVE A RIGHT TO PURSUE OPPORTUNITIES FOR THE COMPLETE DEVELOPMENT OF THEIR POTENTIAL.
- **FREEDOM FROM HARM:** ALL OLDER PEOPLE ARE ENTITLED TO LIVE IN SAFETY AND SECURITY AND BE FREE FROM ALL FORMS OF ABUSE, EXPLOITATION AND DISCRIMINATION.

5.0 KEY PRIORITY AREAS, POLICY OBJECTIVES AND STRATEGIES

This section presents the key policy priority areas of action, their associated objectives and companion strategies. All policy priority areas are reflective of distinctive needs, challenges and experiences inherent in the lives of older people in Barbados. For each policy priority area, a set of objectives have been established to speak to different desired outcomes in line with supporting, protecting and enhancing the lives and livelihoods of older persons. For each objective under a given priority area, a number of strategic directives are presented through the articulation of targeted initiatives, activities, programmes, and resultant actions, coordinated and executed by diverse stakeholders and agents, over the five-year lifecycle of the National Policy. The ensuing segments under this section reveal a comprehensive presentation and fuller discussion of these priority areas, objectives and strategies.

Figure 2: A Hierarchical ‘Policy Formulation’ Model



**Table 1
Key Policy Priority Areas for National Ageing Policy of Barbados**

A. Financial and Economic Security	B. Social Security	C. Health and Health Systems	D. Physical and Built Environment
E. Social Environment	F. Legislation	G. Long-Term Care	H. Pandemics, Disasters and Emergencies

A. FINANCIAL AND ECONOMIC SECURITY

<p><u>Objective A.1</u> To enhance general financial literacy of older people to improve their financial and economic security outcomes</p>	<p><u>Objective A.2</u> To ensure adequate levels of financial and economic assistance and related services for older people in need</p>	<p><u>Objective A.3</u> To ensure the rights of older people to work, employment, and economic participation</p>
<p><u>Strategy A.1.1</u> Provision of General Financial Literacy Education and Training to Older People</p>	<p><u>Strategy A.2.1</u> Enhancement of National Assistance and Other Financial Services for Older People</p>	<p><u>Strategy A.3.1</u> Supporting the Right of Older People to Work and Employment</p>
	<p><u>Strategy A.2.2</u> Working with Other (non-governmental, private) Financial Services Entities and other Stakeholders to Provide the Necessary Financial Support for Older People</p>	<p><u>Strategy A.3.2</u> Improving Employability and Employment Prospects for Older People</p>

B. SOCIAL SECURITY

<p><u>Objective B.1</u> To improve the overall awareness, knowledge and capabilities of older people in enhancing their social security and associated retirement planning outcomes</p>	<p><u>Objective B.2</u> To ensure that older people have access to comprehensive, adequate and sustainable levels of social security consistent with their diverse needs</p>
<p><u>Strategy B.1.1</u> Driving Targeted Awareness Building, Training and Educational Programmes and Services for Older People in the Areas of Social Security and Retirement Planning</p>	<p><u>Strategy B.2.1</u> Needs Assessment of Social Security Needs of Older People</p>
	<p><u>Strategy B.2.2</u> Improving and Expanding the Social Security Net and Other Forms of Insurance Coverage for Older People</p>
	<p><u>Strategy B.2.3</u> Establishing Systems and Processes that Adequately Protect Older People from Financial Abuse and Exploitation of their Pensions and Other Social Security Benefits</p>

C. HEALTH AND HEALTH SYSTEMS

<p><u>Objective C.1</u> To minimise or remove the resource constraints and quality barriers that affect the overall standards and delivery of health care for older people</p>	<p><u>Objective C.2</u> To improve collaborative relationships and coordination in the delivery of healthcare and related services to older people</p>	<p><u>Objective C.3</u> To expand equitable access to comprehensive and high-quality community-centred health services for older people</p>	<p><u>Objective 1.4</u> To incorporate preventative healthcare principles and practices within a wider integrated care environment for older people</p>
<p><u>Strategy C.1.1</u> Acquisition, Utilisation and Deployment of Human Resources Responsible for the Care of the Elderly (including Working Conditions)</p>	<p><u>Strategy C.2.1</u> Strengthening Inter-Ministerial and - Stakeholder Networks in Elderly-based Healthcare and Medical Services Delivery</p>	<p><u>Strategy C.3.1</u> Strengthening and Expanding Community-Centred Health and Wellness Services to Older People</p>	<p><u>Strategy C.4.1</u> Incorporating Preventative Care within Integrated Care Environment for Older People</p>
<p><u>Strategy C.1.2</u> Developing an Appropriate Structure in the Ministry of Health and Wellness to support the Enhanced Delivery of Healthcare to Older People</p>			
<p><u>Strategy C.1.3</u> Acquisition, Effective and Equitable Use of Financial and Other Resources to support the Enhanced Delivery of Healthcare to Older People</p>			
<p><u>Strategy C.1.4</u> Strengthening and Expanding the Health Workforce for the Delivery of Healthcare for Older People</p>			
<p><u>Strategy C.1.5</u> Improving Geriatric Care, Day Care, Palliative Care Services and Related Services for Older People</p>			
<p><u>Strategy C.1.6</u> Improving the Physical Quality, Accessibility and Safety of Medical/Healthcare Plants for Older People</p>			
<p><u>Strategy C.1.7</u> Addressing Prolonged Waiting Times, Costs and Other Quality Barriers in Accessing Healthcare Services by Older People</p>			

D. PHYSICAL AND BUILT ENVIRONMENT

Objective D.1

To improve the stock of housing and other physical public/private living spaces and arrangements for older people

Objective D.2

To create a physical environment fully equipped with and supported by the necessary accessibility modifications, services, programmes and other assistive resources to support older people with disabilities

Strategy D.1.1

Development of a National Housing Policy and Strict Physical Building Protocols/Codes for Construction, covering both residential housing and other private and public building spaces (*including all types of care facilities and living accommodation/facilities for the elderly*)

Strategy D.2.1

Reshaping the Physical and Built Environment to Accommodate the Diverse Needs of Older Persons with Disabilities

Strategy D.1.2

Provision of Age Friendly and Accessible Housing Programmes and Solutions for Older People

E. SOCIAL ENVIRONMENT

<p><u>Objective E.1</u> To ensure that older persons have access to and live positively in safer and more ‘age-friendly’ home and community environments</p>	<p><u>Objective E.2</u> To enhance the quality, access and delivery of essential home care, community-based, and other key social care services for older people</p>	<p><u>Objective E.3</u> To provide a wide range of high quality and accessible educational services and lifelong learning programmes for older people and relevant stakeholders</p>
<p><u>Strategy E.1.1</u> Awareness Building and Promotion of Healthy and Active Ageing in Communities</p>	<p><u>Strategy E.2.1</u> Strengthening and Enhancing Home Care and Other Social Care (Social Assistance) Services and Programmes for Older People</p>	<p><u>Strategy E.3.1</u> Education and Training for Caregivers and Service Providers on the Treatment and Care of Older People in Communities</p>
<p><u>Strategy E.1.2</u> Creating Age-Friendly Home, Community and Other Social Environments</p>	<p><u>Strategy E.2.2</u> Strengthening and Enhancing Registry, Database and At-Risk Surveillance Systems for Older People</p>	<p><u>Strategy E.3.2</u> Education, Training and Lifelong Learning for Older People in Communities</p>
<p><u>Strategy E.1.3</u> Facilitating More Positive and Rewarding Intergenerational Relationships and Experiences in Homes and Communities</p>	<p><u>Strategy E.2.3</u> Strengthening Community-Based Networks, Programmes and Training of Community Stakeholders to Support Older People</p>	
<p><u>Strategy E.1.4</u> Creating Safer Environments for Older People in Home and Community Environments and Protection from Elder Abuse and Related Threats</p>		

F. LEGISLATION

Objective F.1

To establish a national review and reform agenda on elder-focused legislation to inform new legislative and regulatory improvements to support older people

Objective F.2

To create a stronger, more relevant and responsive regulatory and legislative environment that protects, empowers and enhances welfare of older people

Strategy F.1.1

Establishing a National Elder-Focused Legislative Review and Reform Agenda

Strategy F.2.1

Strengthening Legislation for Supporting Older Persons in National Assistance and Social Security

Strategy F.2.2

Strengthening Legislation for Supporting Older People in Emergency Situations and Care Facilities

Strategy F.2.3

Strengthening Legislation for Supporting Older People in Accessing Adequate Legal Representation

Strategy F.2.4

Introducing and Strengthening Legislation and Regulatory Environment for Protecting Older People from Various forms of Elder Abuse

Strategy F.2.5

Introducing and Strengthening Legislation for Protecting Older People from Various forms of Discrimination

G. LONG-TERM CARE

Objective G.1

To ensure older people (dependent on long-term care) have access to the highest quality, resilient and well-coordinated long-term care services and resources in Barbados

Objective G.2

To ensure that preventative care principles and practices are fully integrated in various care programmes for older people to reduce their long-term care needs and improve their quality of life and life expectancy in Barbados

Strategy G.1.1

Needs Assessments and the Development of Quality Standards, Protocols and Processes guiding the Design and Delivery of Long-Term Care for Older People at the National Level

Strategy G.2.1

Incorporating Preventative Care into Long-term Care for Older People

Strategy G.1.2

Strengthening and Enhancing Long-Term Care for Older People Ageing in Place (Formal and Informal Long-Term Care)

Strategy G.1.3

Strengthening and Enhancing Long-Term Care for Older People in Institutions (Institutional Long-term Care)

H. PANDEMICS, DISASTERS AND EMERGENCY SITUATIONS

Objective H.1

To ensure a well-coordinated, fully resourced and highly effective national and community response targeted at older people at risk of (or facing) disasters, pandemics and other emergency situations

Objective H.2

To ensure that older people are fully integrated and empowered to manage their own lives, homes and communities in disasters, pandemics and other emergency situations

Strategy H.1.1

Development of Well-Coordinated Disaster Preparedness and Emergency Response Committee and Associated Plans and Protocols for Older People and Other Vulnerable Populations

Strategy H.2.1

Engaging and Empowering Older People in Disaster Preparedness and Management Planning

Strategy H.1.2

Strengthening and Enhancing Disaster Preparedness and Emergency Responses (Before, During and After Disasters/Emergencies)

Strategy H.1.3

Strengthening Pandemic Preparedness and Recovery Efforts for Older People

A. FINANCIAL AND ECONOMIC SECURITY

Financial security is best understood as the existence of an adequate level of income security and debt free status supported by a sustainable retirement income. *Economic security* refers to the capacity of older persons to independently and consistently procure and utilise sufficient economic resources to enjoy a good quality of life in their old age. Adequate provision must therefore be made to ensure that the elderly enjoy both financial and economic security. The objectives and strategies associated with the policy priority area of **Financial and Economic Security** discussed below are therefore intended to address some of the more critical socioeconomic challenges faced by older people in the country.

POLICY OBJECTIVES

Objective A.1	To enhance general financial literacy of older people to improve their financial and economic security outcomes
Objective A.2	To ensure adequate levels of financial and economic assistance and related services for older people in need
Objective A.3	To ensure the rights of older people to work, employment, and economic participation

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

Objective A.1

To enhance general financial literacy of older people to improve their financial and economic security outcomes

Strategy A.1.2: Provision of General Financial Literacy Education and Training to Older People

- Assess the general financial literacy needs and levels of older people to determine specific deficits/gaps in their personal and business financial knowledge;

- Provide ongoing general financial literacy education and training for older people to improve their overall financial literacy with respect to their personal and business finances as needed;
- Work closely and collaboratively with relevant industry players and stakeholders in financial literacy and educational initiatives in the design and execution of a **National Financial Literacy Programme for Current and Future Seniors** to provide diverse categories of current and future seniors with a range of financial planning and literacy advisory services; and
- Work closely with financial planning advisory services and other financial services stakeholders to develop and advance a wide range of general financial literacy programmes targeted at older people.

Objective A.2

To ensure adequate levels of financial and economic assistance and related services for older people in need

Strategy A.2.1: Enhancement of National Assistance and Other Financial Services for Older People

- Continually assess the demand for financial and economic assistance (including poverty risk assessments and related needs assessments) in the older populations against the existing capacities of national and other financial assistance service agencies to meet this demand;
- Restructure the financial services portfolios and related operating structures of the government-run national assistance providers (e.g., the Welfare Department) to enhance the adequacy and delivery of financial and economic resources (e.g., cash grants, vouchers, bill/utility and rental payment services) to older people in need;
- Continually assess and update the current rates attached to cash grants and other monetary payments to ensure that the needs of elderly welfare beneficiaries are adequately being met over time (against rising increases in cost of living); and
- Engage in the needed legislative, structural and related organisational reforms at the various government-owned/run financial services agencies (e.g., Welfare Department, NIS) to ensure that the financial and economic needs of older people and other vulnerable populations are adequately and continuously met.

Strategy A.2.2: Working with Other (non-governmental, private) Financial Services Entities and other Stakeholders to Provide the Necessary Financial Support for Older People

- Work closely and collaboratively with community-based organisations (e.g., BARP), faith-based organisations (e.g., BXC, BEA) and other NGO entities that interface with the elderly in communities to develop and distribute a wide range of financial support services to older people in need;
- Work closely and collaboratively with the commercial and corporate private sector and other government service agencies to identify (and execute) programmes and other initiatives to support the financial and economic needs of the elderly, inclusive of (but not limited to):
 - Discounts/price eases on essential products and services (including healthy foods, household items, medical supplies/medications) for older people in need;
 - Reduced taxes/price eases on utility bills, rent and other typical household expenses/debt for older people in need;
 - Donations of cash, vouchers, food, medical supplies and other essential items to older people in need; and
 - Debt consolidation/reconciliation and related debt relief services for older people in significant debt.
- Work to create and maintain a growing social network and community of diverse financial assistance services and service providers for older people to access and benefit from across different community settings.

Objective A.3

To ensure the rights of older people to work, employment, and economic participation

Strategy A.3.1: Supporting the Right of Older People to Work and Employment

- Support and advocate for the rights of older people to work and employment through ongoing educational and awareness building efforts targeted at older people, employers, trade unions, Government, and other key members of public; and
- Combat and address wider societal barriers to older people becoming employed and maintaining employment (e.g., age discrimination, ageism) in Barbados through key legislative, policy and other interventions at both national and institutional levels. Some of these initiatives may include:

- Enabling older people to continue to work as long as they want to work and are able to work (and/or removing disincentives to working beyond retirement); and
- Eliminating age barriers affecting older people wanting to find and maintain jobs and alleviating the onset of disadvantages experienced by older workers in employment situations.

Strategy A.3.2: Improving Employability and Employment Prospects for Older People

- Organise tripartite interventions among Government, employers and trade unions to encourage and incentivise employers to hire and retain older workers in organisations as well as invest in training and development opportunities to reskill and upskill these workers to maintain their levels of motivation, morale and productivity within the workplace;
- Promote the employability of older people through expansion of critical lifelong learning opportunities that are accessible to all categories, especially the most vulnerable, to ensure that older people remain employable and attractive to different industries and for different types of employers;
- Work closely with community-based, private and public sector entities to develop later-life employment opportunities, flexible and other age-friendly work arrangements for older people to be re-engage to participate in economic life to support themselves and their families, and contribute to a growing national economy;
- Continually raise awareness of later-life working and employment options for older people as they are developed in partnership with relevant stakeholders in the community-based, public and private sectors;
- Work closely with community-based stakeholders to organise community-based employment assistance programmes to help older unemployed (or underemployed) residents in targeted communities develop highly demanded work skills and competencies and link them to available and viable employment opportunities through specially created networks and partnership arrangements with employers in different industries; and
- Work with relevant stakeholders to design specially tailored interventions and programmes to improve greater access to self-employment (or entrepreneurial) opportunities for the elderly as well as to specifically target those whose pension or retirement income is insufficient to satisfy their basic living needs in their old age.

B. SOCIAL SECURITY

Social Security generally embraces a range of social insurance programmes, benefits and services normally provided by government. Retirement income, disability and survivor benefits constitute examples of the types of benefit the elderly and their spouses/survivors receive as long as the elderly qualify to receive them. Governments as well as employers in the private sector play an important role in ensuring that the important social security needs of the elderly are met. Several types of assistance and programmes are required to help these older people live comfortably beyond their years of active employment. Of essential note is their ability to access adequate social security benefits and/or sustainable sources of retirement income and pensions. The objectives and their companion strategies discussed under this policy priority area of **Social Security** below are intended to ensure that the social security needs of all older people are sufficiently recognised and met.

POLICY OBJECTIVES

Objective B.1	To improve the overall awareness, knowledge and capabilities of older people in enhancing their social security and associated retirement planning outcomes
Objective B.2	To ensure that older people have access to comprehensive, adequate and sustainable levels of social security consistent their diverse needs

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

Objective B.1

To improve the overall awareness, knowledge and capabilities of older people in enhancing their social security and associated retirement planning outcomes

Strategy B.1.1: Driving Targeted Awareness Building, Training and Educational Programmes and Services for Older People in the Areas of Social Security and Retirement Planning

- Work closely with relevant private entities, NGOs and other stakeholders to comprehensively assess the educational/knowledge gaps/needs of various categories of older people – *e.g., especially those most economically vulnerable or those who are likely to be or have been disqualified from receiving pensions due to lack of knowledge or care and inaction; those who have suffered from economic fallouts in their businesses and have retired prematurely with little savings/income sources;*
- Provide and expand ‘early’ educational and sensitisation initiatives for older people (including self-employed, employees of organisations, and those working in the informal sector) concerning sound retirement planning practices, social security and related benefits (prior to retirement);
- Support the offering a range of training and development programmes for older people and their caregivers to improve their financial literacy surrounding retirement planning and social security benefits (post-retirement); and
- Work closely with families, communities and community-based stakeholders to develop and expand community-based financial literacy programmes and retirement/pension-related counselling services to meet various community-level and household-level needs of older people in vulnerable communities in Barbados.

Objective B.2

To ensure that older people have access to comprehensive, adequate and sustainable levels of social security benefits, consistent with their diverse needs

Strategy B.2.1: Needs Assessment of Social Security Needs of Older People

- Conduct a comprehensive needs assessment of older people in relation to their social security (and pension) needs/deficits in the country against the varying (and rising) categories of costs of living in Barbados; and
- From the aforementioned needs assessment, identify possible gaps/deficits facing older people with respect to their social security benefits (or absence of the same) against their costs of living, informing a clear plan of action to remedy these gaps/deficits.

Strategy B.2.2: Improving and Expanding the Social Security Net and Other Forms of Insurance Coverage for Older People

- For those older people with little or no social security coverage, work to extend acceptable and improved social security coverage through targeted and approved legal and other structural reforms in collaboration with the NIS and other social security providers/stakeholders;
- Work closely with other relevant financial services providers and national assistance stakeholders (including those in public, private and NGO sectors) in meeting the shortfalls in social security coverage of at-risk older people; and
- Work closely with other relevant financial insurance providers and other national assistance stakeholders (including those in public, private and NGO sectors) in expanding access to health/medical, property and other types of insurance services (without unreasonable risks, limitations and constraints) for at-risk older people.

Strategy B.2.3: Establishing Systems and Processes that Adequately Protect Older People from Financial Abuse and Exploitation of their Pensions and other Social Security Benefits

- Continually educate older people and their caregivers about the rights of older people to sound and proper use and management of their pensions and other social security benefits to sustain their protection and care;
- Continually educate, guide and instruct persons seeking permission to act on behalf of the elderly about the requirement under Regulation 16A of the NIS (Claims and Payments Regulations) about their duty of care and responsibilities in the management of pensions/social security of the elderly beneficiaries;
- Work to create formal legal arrangements or mechanisms for the establishment of an **Independent Trust/Agency** to manage and dispense the pension/retirement incomes of at-risk elderly (especially in the absence of trustworthy, known and available caregiver); and
- To work closely with the NIS and other relevant agencies, family members, community members and other vigilant caregivers to build and execute robust surveillance and reporting systems/protocols for monitoring, investigating and addressing matters related to the misuse/abuse of pensions and other social security benefits of older people.

C. HEALTH AND HEALTH SYSTEMS

This Policy acknowledges the importance of health and wellness for all and the need for effective health systems and practices to ensure the adequate protection and management of the health needs of older people. Careful attention must therefore be paid to the diverse health care and medical needs of the elderly as well as to the design and delivery of the multifaceted health care systems, services and providers that operate collectively to respond to and meet these needs. This priority area of **Health and Health Systems** for older people addresses the objectives and their companion strategies discussed below that are intended to ensure that the health care needs of the elderly are met.

POLICY OBJECTIVES

Objective C.1	To minimise or remove the resource constraints and quality barriers that affect the overall standards and delivery of health care for older people
Objective C.2	To improve collaborative relationships and coordination in the delivery of health care and related services to older people
Objective C.3	To expand equitable access to comprehensive and high-quality community-centred health and wellness services for older people
Objective C.4	To incorporate preventative healthcare principles and practices within a wider integrated care environment for older people

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

Objective C.1

To minimise or remove the resource constraints and quality barriers that affect the overall standards and delivery of healthcare for older people

Strategy C.1.1: Acquisition, Utilisation and Deployment of Human Resources Responsible for the Care of the Elderly (including Working Conditions)

- Work with the Ministry of Health and Wellness to conduct a human resource audit of the main institutions dealing with the health care of the elderly to determine, inter alia,

optimum level of human resources, and assess working conditions under which services are preformed; and

- Work with the Ministry of Health and Wellness to develop and execute a human resource/manpower plan of action for acquisition, retention, assessment, training and deployment of human resources equipped to provide high-quality healthcare for older persons in institutions and ageing in place.

Strategy C.1.2: Developing an Appropriate Structure in the Ministry of Health and Wellness to support the Enhanced Delivery of Health Care to Older People

- Work closely with the Ministry of Health and Wellness to conduct an audit of the existing structure in the delivery of healthcare to older persons to ensure that appropriate structural and reporting relationships exist across the different functions and departments across the Ministry;
- Work closely with the Ministry of Health and Wellness to create and fill posts for allied health professionals to support the healthcare needs of older people; and
- Work closely with the Ministry of Health and Wellness to address current staff shortages where they now exist under that Ministry (including those in the Polyclinics' Community Nursing Programme).

Strategy C.1.3: Acquisition, Effective and Equitable Use of Financial and Other Resources to support the Enhanced Delivery of Health Care to Older People

- Work collaboratively with the Ministry of Health and Wellness to support the undertaking of a financial audit to determine:
 - the need for an effective finance system at the three district hospitals;
 - the level of financial resources required for effective management; the extent to which finances are effectively managed and deployed (whether shortages in equipment, nasogastric tubes, dietary raw materials, toiletries and other necessary items are due to lack of financial resources, poor management or poor management systems); and
 - whether inequity in resource allocation between geriatric care facilities and other segments of the health sector affects the delivery of care to meet the needs of the elderly.

Strategy C.1.4: Strengthening and Expanding the Health Workforce for the Delivery of Healthcare to Older People

- In partnership with the Ministry of Health and Wellness, work collaboratively with Barbados Community College and the University of the West Indies to strengthen Geriatric care and Gerontology modules in all nursing programmes both at the undergraduate and graduate levels;
- In partnership with the Ministry of Health and Wellness, work to strengthen Geriatric care and Gerontology curriculum in the undergraduate medical programme and relevant graduate specialties (e.g., Family Medicine, Internal Medicine);
- In partnership with the Ministry of Health and Wellness, work to create clinical guidelines for the medical and nursing care of the elderly, especially in the area of Primary Care (Recommended Adaptation of the Age-friendly Primary Health Care Centres Toolkit); and
- In partnership with the Ministry of Health and Wellness, work to prioritise Gerontology Programmes in the awarding of National Development Scholarships and provide financial support for persons wishing to attend in-service focused on this area.

Strategy C.1.5: Improving Geriatric Care, Day Care, Palliative Care Services and Other Related Services for Older People

- Expand and modernise existing geriatric care facilities and related equipment and resources to meet the growing demand for the elderly in need of care;
- Strengthen and expand the delivery of palliative care services for the elderly (in need of such care) within the wider health services system (across both institutional and community settings);
- Work with the Ministry of Health and Wellness to support the undertaking of an assessment to determine the need for centralising laundry and meal services currently conducted separately at each of the four (4) facilities within the geriatric institutional framework;
- Work with the Ministry of Health and Wellness to expand day care services for older people to facilitate community support to those who are unable to care for relatives during the day and would otherwise choose full institutionalised care;
- Explore the possibility of increasing the numbers allotted to Alternative Care of Elderly Programme (ACEP), given the reduced financial burden on the government relative to full institutionalised care as a result of that programme; and

- Strengthen health information systems to allow communication between public and private sector clinical and pharmaceutical facilities to reduce polypharmacy.

Strategy C.1.6: Improving the Physical Quality, Accessibility and Safety of Medical/Healthcare Plants for Older People

- Work with the Ministry of Health and Wellness to undertake thorough assessments of the physical quality of plants of various medical and healthcare facilities for elderly care;
- Work with the Ministry of Health and Wellness to enhance the physical infrastructure in medical and healthcare facilities to support the maintenance of functionality among the elderly with various health and medical needs; and
- Work with the Ministry of Health and Wellness to create a safe and physically accessible friendly environment for the disabled elderly in the various medical and healthcare facilities.

Strategy C.1.7: Addressing Prolonged Waiting Times, Costs and Other Quality Barriers in Accessing Healthcare Services by Older People

- Work with the Ministry of Health and Wellness to assess and provide solutions for key issues/constraints affecting prolonged waiting times of older people accessing essential healthcare services at various institutions;
- Work with the Ministry of Health and Wellness to assess and provide solutions for key issues/constraints adversely affecting essential service-related communications between healthcare service providers and older people accessing healthcare services;
- Work with the Ministry of Health and Wellness to assess and provide solutions for key issues/constraints adversely affecting the level of responsiveness and reliability of healthcare service providers responding to older people in need of healthcare services; and
- Work with the Ministry of Health and Wellness to assess and provide solutions for key issues/constraints adversely affecting the level of costs (e.g., cost of care, supplies travel costs) faced by older people seeking to access various healthcare services.

Objective C.2

To improve collaborative relationships and coordination in the delivery of health care and related services to older people

Strategy C.2.1: Strengthening Inter-Ministerial and Stakeholder Networks in Elderly Healthcare and Medical Services Delivery

- Establish formal communication relationships, clear roles and responsibilities, guidelines for action between the Ministry of Health and Wellness (MHW) and the Ministry of People Empowerment and Elder Affairs (MPEEA) in the delivery of the range of health and medical care services to the elderly population;
- Establish an inter-ministerial governance framework in the form of **Integrated Elderly Care Committee or Taskforce** with a shared mandate for the enhanced delivery of both health care and community care services to older people in need;
- Engage in a planned programme of capacity building and institutional strengthening initiatives at key institutions providing health care and medical services with the goal of maintaining best practice standards for the health care system for older people; and
- Maintain stakeholder partnerships locally, regionally and internationally for the provision of the necessary training and development experiences for healthcare staff working with older people.

Objective C.3

To expand equitable access to comprehensive and high-quality community-centred health services for older people

Strategy C.3.1: Strengthening and Expanding Community-Centred Health and Wellness Services to Older People

- Develop and execute health and wellness promotion strategies to enhance public awareness among older people, their family members and caregivers of challenges faced by the elderly and how best to support them in managing their conditions in communities; these health promotion efforts should focus on:
 - Food, diet and nutrition (and healthy feeding practices) in communities and institutions in which older people reside;
 - Physical activity and exercise and sporting programmes for older people; and
 - Mental health support and related services for older people.

- Work closely with community-based stakeholders and agencies to develop and expand a range of physical and mental health programmes (including physical therapy/rehabilitation, physical sports-related training, mental health counselling, among others) to support the diverse needs of the elderly ageing in place in homes and communities;
- Introduce health and medical services to the communities and closer to the elderly through heavier reliance on mobile health clinics (MHCs) to ensure easier contact and access for those who are otherwise unable to reach these services outside of their living environments/communities;
- Offer salon-type community healthcare (preventive) and wellness interventions which have proved effective in reducing long-term care needs (e.g., dementia), and may help reduce health inequalities;
- Develop and expand comprehensive rehabilitation facilities (catering to mind, body and spirit and with structured guidelines) that promote a culture of returning admitted clients to the community after staying at a Geriatric institution or related institutions; and
- Work closely with relevant community-based stakeholders, healthcare providers, and private sector entities to expand community-centred healthcare and wellness services to older people in targeted at-risk communities.

Objective C.4

To incorporate preventative healthcare principles and practices within a wider integrated care environment for older people

Strategy C.4.1: Incorporating Preventative Care within Integrated Care Environment for Older People

- Work with the Ministry of Health and Wellness to identify those elderly in most need of preventative care (based on risk levels) and target them with preventative care services and interventions;
- Work with the Ministry of Health and Wellness to undertake critical resource needs assessments to inform adequately the planning, designing and executing of **preventative, integrated health care delivery of services for the elderly** and to ensure sustainability of operation and longevity of desired outcomes; these assessments should examine:
 - key issues related to physical NCDs and related chronic illnesses of the elderly, and impacts and management of infectious/communicable diseases;
 - mental health challenges and illnesses of the elderly;
 - primary, secondary and tertiary health care and standards;

- nursing care; institutional (long-term) care;
 - home and community health care; and
 - personal health care education and management including diet, nutrition and exercise, and medication management, among other things)
 - ensure sustainability of operation and longevity of desired outcomes.
- Work closely and collaboratively with the Ministry of Health and Wellness to ensure that preventative care interventions and services are executed at various levels of the national healthcare delivery system to better meet the healthcare needs of older people.

D. PHYSICAL AND BUILT ENVIRONMENT

The physical and built environment embraces key issues related to the provision of comfortable, accessible and affordable dwelling spaces/units and their care; housing insurance/protection solutions; assisted-living facilities and spaces; accessibility needs in relation to the private and public buildings and related physical facilities such as public roads and transportation systems; and general health and safety standards and practices in the built environment. All of these areas are important considerations that must be taken into account in addressing the priority area of **Physical and Built Environment** for older people. This section addresses the objectives and their companion strategies discussed below that are intended to create such an environment for older people.

POLICY OBJECTIVES

Objective D.1	To improve the stock of housing and other physical public/private living spaces and arrangements for older people
Objective D.2	To create a physical environment fully equipped with and supported by the necessary accessibility modifications, services, programmes and other assistive resources to support older people with disabilities

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

Objective D.1

To improve the stock of housing and other physical public/private living spaces and arrangements for older people

Strategy D.1.1: Development of a National Housing Policy and Strict Physical Building Protocols/Codes for Construction, covering both residential housing and other private and public building spaces (including all types of care facilities and living accommodation/facilities for the elderly)

- Embark on a nation-wide assessment of the existing housing and building stock and related needs of the various subpopulations, especially those in vulnerable and at-risk communities including the elderly;

- Incorporate and enforce appropriate building standards, codes and age friendly housing regulations, in line with best practices, as minimum requirements to support healthy and safe living for all members, especially those in the elderly population;
- Promote and advocate (or mandate) for the use of high-quality construction and building materials and equipment in the construction of private and public accommodation and related living spaces;
- Mandate and enforce the construction of homes and other physical (public/private) buildings that are properly consistent with strict fire safety standards and other hazard prevention standards (e.g., safe standards for electrical, plumbing, etc.);
- Create an effective and continuous monitoring and policing function of construction and building service projects and providers to ensure sufficient compliance with approved standards/codes; and
- Work towards the development of an improved National Housing Policy (with accompanying building codes/standards) for the elderly and other at-risk populations (e.g., persons with disabilities).

Strategy D.1.2: Provision of Age Friendly and Accessible Housing Programmes and Solutions for Older People

- Develop a large scale, sustainable housing programme and related services to support at-risk older people who reside in dwelling spaces that are not consistent with sound/safe building standards or not fit for healthy and safe living;
- Expand and improve the existing government-provision of housing programmes and housing-related services (e.g., building and maintenance services; in partnership with UDC/RDC) to assist in the repair, reconstruction and/or building or procurement of affordable housing for various categories of at-risk older people;
- Support, refurbish and expand both government-owned and privately-owned establishments that offer both independent living and assisted living accommodations, facilities and safe residential communities/spaces for older people;
- Expand supportive, age-friendly housing programmes and related living arrangements for older people in partnership with other residential housing providers and associations; and

- Provide and/or advocate for the necessary subsidies and incentives (e.g., tax rebates) for incentivising homeowners and landlords to improve the affordability, quality and accessibility of housing and other accommodations for older people.

Objective D.2

To create a physical environment fully equipped with and supported by the necessary accessibility modifications, services, programmes and other assistive resources to support older people with disabilities

Strategy D.2.1: Reshaping the Physical and Built Environment to Accommodate the Diverse Needs of Older Persons with Disabilities

- Conduct nation-wide assessments of diverse physical accessibility needs and related resource needs of the older people with disabilities to ascertain the level of demand for different types of accessibility programmes and services that would be required in the reshaping of the various physical and built spaces (e.g., residential, commercial and other public spaces) in the country;
- Work closely and in partnership with older people with disabilities to inform the development and provision of various accessibility modifications and services in enhancing the various physical and built spaces (e.g., residential, commercial and other public spaces) in the country;
- Work closely and collaboratively with public, private and community-based organisations tasked with supporting persons with disabilities to establish clear, robust and relevant accessibility policies and programmes (at the community level and within elder care institutions) to mobilise different phases of age friendly, accessible environments for older people with disabilities;
- Work closely with builders and other building contracting entities to ensure that physical infrastructures (e.g., private residences, public buildings, roads) are developed and/or restructured to accommodate older people with disabilities;
- Work closely with private and public transportation service providers to ensure they have ‘accessible’ features to their vehicles (e.g., wheelchair access) to adequately accommodate older people with disabilities;
- Expand existing government-provided disability-related services, programmes and resources (e.g., special disability aids/assistive equipment) as well as the infrastructural changes to adequately meet the needs of older people with disabilities;

- Work closely with other private entities and other non-governmental entities to expand existing disability-related services, programmes and resources (e.g., special disability aids/assistive equipment) as well as the infrastructural changes to adequately meet the needs of older people with disabilities;
- Execute and monitor various accessibility programmes at the community level to promote age-friendly and accessible facilities and related resources/aids for different groups of older people with disabilities; and
- Empower families and communities to identify, assess and respond to various accessibility needs of the older people with disabilities through adequate training and resource support from various entities.

E. SOCIAL ENVIRONMENT

The **Social Environment** in Barbados includes the wider social eco-system of familial, community, and other critical social relationships of which older people are a vital part. This concerns the social care and essential services environment, social service providers and related services; older persons' engagement in social, educational (lifelong learning), and recreational activities; long-standing and emerging intergenerational issues and concerns and prospects for strengthening intergenerational solidarity; the creation of age-friendly environments in communities; and the protection of older persons from elder abuse, exploitation and criminal activity, among other threats. The ensuing policy objectives and strategies attached to this priority area will serve to chart better and newer paths towards healthy and active ageing across different family environments and community settings in Barbados.

POLICY OBJECTIVES

Objective E.1	To ensure that older persons have access to and live positively in safer and more 'age-friendly' home and community environments
Objective E.2	To enhance the quality, access and delivery of essential home care, community-based, and other key social care services for older people
Objective E.3	To provide a wide range of high-quality and accessible educational services and lifelong learning programmes for older people and relevant stakeholders

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

OBJECTIVE E.1:

To ensure that older persons have access to and live positively in safer and more 'age-friendly' home and community environments

Strategy E.1.1: Awareness Building and Promotion of Healthy and Active Ageing in Communities (for Older People, Caregivers and Relevant Stakeholders)

- Conduct a national awareness building initiative to actively promote the concept of **healthy and active ageing** at the national and community levels targeting older people and their families and caregivers, employers, community-based organisations and associations, essential service providers and agencies, and other relevant stakeholders; and
- Continually inform, and educate/train individual caregivers, essential service providers/agents and older people on key determinants and enablers of healthy and active ageing in home and community environments.

Strategy E.1.2: Creating Age-Friendly Home, Community and Other Social Environments

- Create and maintain an active measurement and indicator checklist system (at the national level with clear standards, benchmarks and targets) for defining, assessing and promoting healthy and active ageing across various home, community and social settings;
- Scientifically assess and document all forms of barriers – i.e., physical, technological, psychological, social, and cultural barriers – to healthy and active ageing and ageing friendly practices across diverse home and community settings in Barbados;
- Work to address and/or remove key barriers to healthy and active ageing and age-friendly practices across diverse home and community settings in Barbados; and
- Work closely and collaboratively with relevant stakeholders (in private, public and community-based sectors) to develop, promote and enable **age-friendly** home environments, communities and other living spaces for older people in Barbados.

Strategy E.1.3: Facilitating More Positive and Rewarding Intergenerational Relationships and Experiences in Homes and Communities

- Foster more positive social interactions and experiences between younger and older people in homes and communities across Barbados;
- Build out and facilitate more constructive volunteering opportunities to connect younger people with older people in various communities across Barbados;
- Provide opportunities and programmes in which older people can share, record and document their personal stories and experiences to support ongoing positive intergenerational relationships and outcomes in their communities and other social spaces;

- Enable interactive opportunities and programmes between younger and older people to support the transfer and mutual exchange of critical knowledge and skills in a wide number of productive areas – e.g., *financial and digital literacy, creativity and innovation, entrepreneurship, arts and craft, science and technology, among other areas*; and
- Develop and support specific educational and intergenerational activities that promote more positive (and non-discriminatory) attitudes towards ageing, reduce ageism, and promote intergenerational solidarity in home and community environments.

Strategy E.1.4: Creating Safer Environments for Older People in Home and Community Environments and Protection from Elder Abuse and Related Threats

- Provide continual public sensitisation and educational programming on the wide range of threats of elder abuse (in its various forms), neglect and criminal activity faced by older people in their homes and communities;
- Undertake a continual research and assessment agenda to investigate key determinants, experiences and consequences of different forms of elder abuse and related threats faced by older people in their homes and communities;
- Develop and execute a structured, coordinated and fully resourced National Programme/Initiative and supporting protocols on Elder Abuse Prevention and Response for the prevention, reporting, investigation and management of cases of different manifestations of elder abuse across various home and community environments;
- Work closely with families, communities and other community-based stakeholders to develop and coordinate a suite of ***Community Surveillance and Response Programmes*** on various forms of elder abuse and related threats;
- Advocate for the establishment of an **Ombudsman for Elder Affairs** (or a related Committee and/or Programme) that will be fully equipped and empowered to investigate and respond to various elder abuse cases in both community and institutional settings;
- Work closely with the Barbados Police Service (BPS) to strengthen and enhance their community policing programming (and the BPS' Family Conflict Unit or related units aimed at responding/addressing family- or community-based conflicts) with respect to the surveillance, investigation and responses to elder abuse cases in communities;
- Expand and strengthen key rehabilitative and related support services (e.g., counselling, alternative accommodation, and other victim support services) for victims of elder abuse and related threats across various home and community environments; and

- Incorporate key aspects of the recently drafted Elder Abuse legislation (see **Next Priority Area**) into various educational and community-based programmes and services directed at protecting and supporting older persons, their caregivers, and communities against the threat of elder abuse.

OBJECTIVE E.2:

To enhance the quality, access and delivery of essential home care, community-based, and other key social care services for older persons

Strategy E.2.1: Strengthening and Enhancing Home Care and Other Social Care (Social Assistance) Services and Programmes for Older People

- Conduct a thorough comprehensive needs assessment and institutional strengthening exercise of all essential home care and social care and assistance services and the associated entities/agencies to identify key quality barriers, gaps and issues as well as determine optimal ways to enhance quality, access and delivery of these services to older people in their homes and community environments. Services/service providers, targeted under this assessment and enhancement exercise, will include (but are not limited to):
 - Home care services (including the NAB)
 - Care and treatment of the elderly with dementia and other related illnesses
 - Disability assistance services, assistive equipment and products (including the NDU)
 - Palliative care services for the elderly ageing in place (in collaboration with the Ministry of Health and Wellness)
 - National assistance/social assistance services including financial assistance, equipment/materials, mental health support, and recreational activities (including the NAB and Welfare Department)
 - Poverty alleviation programmes for the elderly in place in at-risk communities
 - Meals-on-wheels programmes and/or other related food and nutrition programmes
 - Government-managed housing and accommodation facilities for the vulnerable elderly
- Create and coordinate a fully amalgamated, integrated and resourced ‘*Essential Elderly Services*’ entity under the Ministry of People Empowerment and Elder Affairs, equipped to deliver the highest quality home care and other related social services to older people in their homes and community environments;
- Strengthen inter-entity collaboration, coordination, resource and knowledge sharing practices involved in the delivery of essential services to the elderly (through formally

established partnerships and MOUs) to facilitate more efficient and effective coordination and implementation of these services;

- Continually expand and strengthen essential home care, social care and social assistance services targeted at older persons, as informed by periodic and comprehensive needs assessments, best practice quality standards, and diverse stakeholder consultations;
- Equip all human resources involved in the provision of home care, social care and social assistance services with the necessary skills/competencies (through training needs assessments and the design and delivery of best practice training and development initiatives), physical and technical resources, and other support systems to deliver their care services to older persons at the highest quality standards;
- Conduct continual client-based service research and evaluation exercises on the quality, access and delivery of home care, social care and social assistance services in Barbados.

Strategy E.2.2: Strengthening and Enhancing Registry, Database and At-Risk Surveillance Systems for Older People

- Design and manage a fully structured and functioning **National Registry** of at-risk (or vulnerable) elderly across the country to develop a comprehensive database of at-risk elderly and their specific profiles, needs, disabilities, and other relevant information;
- Assess and monitor the needs of the at-risk (or vulnerable) elderly in the National Registry and provide the needed forms of support and assistance to at-risk elderly in the National Registry;
- Design and manage a comprehensive National Registry and supporting databases of all registered essential services providers (e.g., home helpers, day care service providers, private nursing homes) across all key sectors;
- Fully integrate all National Registries and databases with all established community-based and service providers' surveillance, monitoring and evaluation systems of the Ministry of People Empowerment and Elder Affairs and its supporting agencies; and
- Continually assess and update all existing national registries, databases and surveillance systems for both elderly and essential service providers.

Strategy E.2.3: Strengthening Community-Based Networks, Programmes and Training of Community Stakeholders to Support Older People

- Assess existing community support services and programmes targeted at the at-risk older people across the various communities in Barbados to determine critical gaps, needs and issues; these may include (but are not limited to):
 - Community neighbourhood watches and visits/check-in by neighbours
 - Community policing and fire and safety programmes (in association with the Barbados Police Service and the Barbados Fire Service)
 - Community volunteering, feeding and transportation programmes for supporting the needs of the elderly
 - Community ‘telephone buddy’ programmes to allow for community members to check in on the elderly
 - Community-based senior centres (or activity centres) to accommodate older people seeking recreational activities and other health-related assistance and equipped with volunteers (also essential for older people dealing with feelings of loneliness)
 - Community recreational, sporting and social activity programmes for the elderly
 - Programmes and interventions for addressing homelessness facing the elderly
 - Programmes and interventions for addressing gender inequities in terms of access to vital social, economic and essential resources and services (especially those imbalances/inequities that exclusively affect either elderly men or elderly women across various domains in society)
- Strengthen and expand community support services and programmes as informed by continual needs assessments of at-risk elderly in their homes and communities;
- Facilitate and support high-quality and certified community-based education and training of community members, caregivers of the elderly, and others interfacing with the elderly to strengthen their abilities to adequately identify, assess and address the needs of the elderly in their communities (especially those in place in their homes); these educational and training programmes will cover areas including (but not limited to):
 - Best practices in elderly caregiving practices
 - Dealing with dementia and related conditions (e.g., Alzheimer’s Disease)
 - Dealing with different types of disabilities in the elderly in place
 - Health and safety training relevant to the elderly and those with disabilities
 - Food and nutrition
 - Working with the elderly using physical exercises and recreational activities

- In light of the burden of care on informal caregivers of the elderly across various communities, develop and coordinate a ‘**Caregivers of the Elderly**’ **Support Programme** which will include:
 - (a) an assessment of informal caregivers’ needs and other demands associated with elderly care in homes and communities;
 - (b) a response plan/strategy articulating clear documentation of best practice responses/solutions aimed at supporting caregivers in need of assistance or resources; and
 - an executable action plan for the deployment/allocation of the needed support, resources and other forms of assistance to informal caregivers of the elderly in homes and communities.

- Work closely and collaboratively with community members and supporting entities (churches, community businesses, and other NGO agencies) to assist in the delivery of key community-level services and programmes for the elderly in place.

OBJECTIVE E.3:

To provide a wide range of high quality and accessible educational services and lifelong learning programmes for older persons and relevant stakeholders

Strategy E.3.1: Education and Training for Caregivers and Service Providers on the Treatment and Care of Older People in Communities

- Work closely with key stakeholders in the educational system (including the Ministry of Education, Technical and Vocational Training, BCC, UWI, etc.) to design and incorporate key curricula, programmes and courses on the ageing process, healthy and active ageing, geriatrics and gerontology;
- Increase exposure of relevant stakeholders, entities and personnel to the aforementioned and other educational and training programmes and courses on healthy and active ageing, geriatrics and gerontology and relevant areas linked to ageing and the elderly; and
- Incentivise and support all human resources and other individuals tasked with supporting and assisting older people (including caregivers) to engage in continuous educational opportunities to improve their capacity to deal with and manage older persons under their care in optimal ways.

Strategy E.3.2: Education, Training and Lifelong Learning for Older People in Communities

- Design and conduct a national educational and training needs assessment of the older people across communities to inform sustainable and high-quality educational and training programmes to meet their diverse needs;
- Develop and expand the range of high-quality, accessible educational and training programmes (as informed by educational and training needs assessments of older persons) for older people; these programmes will be diverse including (but not limited to):
 - Ageing process and self-care as an older person
 - Health and safety management
 - Medication care, nutrition, physical exercise and wellness in the home
 - Dealing with commercial services, e-commerce, and avoiding fraud/unscrupulous business practices
 - Warning signs of and responding to elder abuse
 - Accessing and using various forms of technology (ICTs, Internet) and related tools/devices (targeting digital literacy needs of the elderly)
 - Employability and entrepreneurial skills
 - Financial literacy and retirement planning
- Work closely with key educational stakeholders and institutions to encourage the increased offering of relevant training and educational (continuous lifelong learning) programmes targeting older people to adequately equip them with the necessary competencies to support themselves (their lives and livelihoods); and
- Continually promote and incentivise older persons to participate in a range of relevant lifelong learning opportunities and programming that are consistent with their social, economic and other developmental needs.

F. LEGISLATION

Prior situational assessments of the older people in Barbados revealed that a number of regulatory and legislative deficits and limitations in a number of critical areas with respect to the support and protection of this vulnerable population. These areas include (but are not limited to) national assistance, social security, governing standards for the administration of care and treatment of older persons in institutional care facilities, prevention and treatment of cases of elder abuse, age discrimination, access to legal representation and services, management of assets of older people, among other areas. Essentially, the law serves to (a) protect rights and interests of older people in society, (b) provide older people with the support, representation and justice necessary to sustain the quality of life and dignity, and (c) enable older people to live and function in society, without fear of exploitation and threat. The ensuing policy objectives and related strategies attached to **Legislation** are provided to address these aforementioned issues and concerns.

POLICY OBJECTIVES

Objective F.1	To establish a national review and reform agenda on elder-focused legislation to inform new legislative and regulatory improvements to support older people
Objective F.2	To create a stronger, more relevant and responsive regulatory and legislative environment that protects, empowers and enhances the welfare of older people

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

OBJECTIVE F.1

To establish a national review and reform agenda on elder-focused legislation to inform new legislative and regulatory improvements to support older people

Strategy F.1.1: Establishing a National Elder-Focused Legislative Review and Reform Agenda

- Set up a Legislative Review and Action Team/Committee on Elder Affairs to engage in the review and reform of elder-focused legislation in Barbados;

- Review existing situational assessments on the needs of older people and key thematic areas in which legislation is deficient or needed in Barbados;
- Identify and assess all key pieces of legislation indirectly and directly relevant to older people, covering their strengths, gaps and deficits;
- Develop and execute a National Agenda and Work Plan to guide the legislative reform work to amend existing elder-focused legislation *and/or* draft new elder-focused legislation based on aforementioned review and assessments (as expressed in Objective F.2 and its companion strategies below).

OBJECTIVE F.2

To create a stronger, more relevant and responsive regulatory and legislative environment that protects, empowers and enhances welfare of older people

Strategy F.2.1: Strengthening Legislation for Supporting Older People in National Assistance and Social Security

- Conduct the appropriate review and reform of existing national assistance and social security legislation – (a) The National Assistance Act, 1969 (CAP. 48), (b) The Pensions Act (CAP. 25), and (c) The National Insurance and Social Security Act (CAP 47) – of Barbados in specific areas including:
 - **The National Assistance Act, 1969 (CAP.48):**
 - Draft and enact new supporting legislation (or legislative amendments to the existing Act) in the form of Elder Affairs Act to cater specifically to older people in need of national assistance and related social services;
 - Inclusion of clearer definition of ‘vulnerable elderly’ as distinct from other vulnerable or at-risk groups in need of national assistance;
 - Distinction and clarification of legally mandated roles/responsibilities of national assistance agencies (e.g., the NAB and Welfare Department) in the provision of different forms of national assistance to the elderly; and
 - Revision/upgrade of different forms of ‘national assistance’ (including monetary and related grants) to better support the needs of the at-risk elderly in need.

- **The Pensions Act (CAP. 25) and The National Insurance and Social Security Act (CAP 47):**
 - Adding more flexible provisions for protecting elderly pensioners and their social security benefits from the unplanned impacts of external shocks and related crises (including debt restructuring and related decisions); and
 - Adding key amendments to the National Insurance and Social Security (Claims and Payments) Regulations to better assist the NIS in the handling of cases in which (a) there is no suitable next-of-kin to act on behalf of an elderly beneficiary **or** (b) there are competing proposals from different family members (primary caregivers) to act on behalf of an elderly beneficiary **or** (c) absence of evidence or documentation to support the appointment of a viable third party to act on behalf of an elderly beneficiary.

Strategy F.2.2: Strengthening Legislation for Supporting Older People in Emergency Situations and Care Facilities

- Conduct the appropriate review and reform of existing legislation – (a) The Emergency Management Act, 2006 and (b) the Health Services (*Private Hospitals, Nursing Homes, Senior Citizens’ Homes and Maternity Homes*) Regulations 2005, under the Health Services Act Cap. 44 – of Barbados, in specific areas including:
 - **The Emergency Management Act, 2006:**
 - Incorporating clearer definitions of ‘vulnerable’ or ‘vulnerable populations’, with classifications of different groups in society; and
 - Extending the legislative provisions and requirements to cater to specific types of pandemic type emergencies and their unique responses (e.g., having a section specifically catering to these types of emergencies).
 - **The Health Services Act Cap. 44 – The Health Services (*Private Hospitals, Nursing Homes, Senior Citizens’ Homes and Maternity Homes*) Regulations 2005:**
 - Adding amendments for institutional requirements for and compliance with appropriate standards of care for relevant institutions and these should be supported by requisite policies and procedural manuals at the institutional level;

- Ensuring requirements for compliance with appropriate care standards for these institutions carry appropriate sanctions in case of breaches;
- Establishing supporting legal mechanisms to assist in the enforcement, monitoring and oversight of breaches/acts of noncompliance with legislative standards and requirements; and
- Establishing legal treatments for the use of restraints for ‘challenged/challenging’ elderly patients in institutional care, with advocacy of better and more age-friendly alternatives to these devices.

Strategy F.2.3: Strengthening Legislation for Supporting Older People in Accessing Adequate Legal Representation

- Make the appropriate amendments of existing legislation – e.g., **Community Legal Aid Services, CAP. 112A** – of Barbados to ensure easier and wider access to community legal services by older people in situations where they are in need of such services inclusive of cases dealing with:
 - Various forms of elder abuse
 - Conflicts between elderly landlords and tenants
 - Crimes against the elderly
- In light of the costs associated with Receivership, expand the Community Legal Aid Services Programme to cover low-income family members and other relevant informal caregivers (of incapacitated elderly) seeking Receivership (through the Mental Health Act Chapter 44; Section 22) through the court system.

Strategy F.2.4: Introducing and Strengthening Legislation and Regulatory Environment for Protecting Older People from Various Forms of Elder Abuse

- Draft and enact new elder-focused legislation to protect older people from various forms of elder abuse including:
 - Clear legal definitions and criteria for elder abuse and its various forms (e.g., physical, sexual, psychological/emotional, financial/material, medication, neglect, and abandonment);
 - Assessment, treatment and reporting of elder abuse in different settings – institutional care settings (e.g., hospitals, nursing homes, day care centres), home and community settings, commercial spaces (online and offline), and other settings;

- Clear requirements and mentions of required Elder Abuse Reporting and Response protocols to be in place for guiding agencies' and individuals' reports of elder abuse to relevant authorities;
 - Clear legal provisions for the conduct of investigations of elder abuse and the treatment of suspected perpetrators and victims in said investigations;
 - Clear reference to the treatment and assessment of elder abuse victims during and after investigations and related victim support services (e.g., counselling, rehabilitation, and alternative accommodation services);
 - Legal provisions made for older victims of abuse to access legal representation and support services in the case of elder abuse and mistreatment; and
 - Clear articulation of penalties and sanctions for the perpetration of elder abuse in its different forms.
- In terms of the above-mentioned legislation, within the section covering **Protection against Elder Financial Abuse**, there should be specific legal provisions and treatment of the following:
 - Treatment of and response to the mismanagement of the elderly pensions and/or other personal assets, with legal mechanisms in place to support proper management of these assets (e.g., the intervention of the State);
 - The introduction of the concept of Elderly Guardianship (complementary to the notion of Receivership under the Mental Health Act Chapter 45, Section 22 in Barbados) with clearly articulated criteria and/or details guiding the eligibility and other requirements for various persons seeking this facility in order to manage the care and other key assets of the elderly; and
 - The review and introduction of the concept and facility of **Lasting (or Enduring) Power of Attorney** within the relevant existing legislation in Barbados, with clear articulation of the scope of powers, requirements and limits under this facility.
 - Establish Ministry-level committee/body responsible for prevention, treatment, management and enforcement of the aforementioned Elder Abuse Legislation (supported by or collaborating with law enforcement personnel), equipped with legally consistent Elder Abuse Prevention and Response protocols and action plans for execution;
 - Engage in ongoing general education and awareness building initiatives with the public on the Elder Abuse, the newly drafted legislation and its implications, and general protocols

for reporting different forms of elder abuse in communities, care institutions and other settings; and

- Provide the necessary training, resources and support services to bolster the work for all coordinating and intervening parties and entities tasked in the prevention, treatment and management of elder abuse cases, consistent with the aforementioned legislation.

Strategy F.2.5: Introducing and Strengthening Legislation for Protecting Older People from Various forms of Discrimination

- Draft and enact new legislation to protect the elderly from different forms of discrimination in public life including (but not limited to):
 - Access to employment opportunities and related work-related experiences (e.g., recruitment and selection, training and development, compensation) – this may require further amendments within existing legislation such as **Employment (Prevention of Discrimination) Act, 2020**;
 - Access to certain categories of insurance products/services and related benefits;
 - Access to certain types of loans/financing products and other financial services.

G. LONG-TERM CARE

One of the four core areas of action aimed at fostering healthy and active ageing and enhancing the lives of older people, as prescribed by the *Decade of Healthy Ageing 2020-2030*, is to ‘provide access to long-term care for older people who need it’ (p.14). This access to high-quality and sustainable long-term care reflects the reality that significant declines in older people’s physical, mental and cognitive well-being can considerably affect their ability to care for themselves and participate constructively in society. Hence, it is essential that older people, faced by these issues, are afforded the best quality options of long-term care to allow them to ‘maintain their functional ability, enjoy basic human rights and live with dignity’ (Decade of Healthy Ageing, 2020-2030, p.16).

Long-term care, as core policy priority area, concerns the design, coordination and provision of high-quality and accessible long-term care systems, services, facilities, and supporting resources that collectively cater to, support and address the needs of the elderly whose diverse functional limitations demand such care. It is essential to note that long-term care services are normally afforded to older persons dependent on that care within long-term care institutions themselves (e.g., public and private health care institutions). However, long-term care can also be delivered by informal caregivers (e.g., family members or community members) or by formal service providers and agencies (public or private) deployed to older people remaining in their homes and communities (i.e., ageing in place). This section addresses the enhancement of all configurations or manifestations of long-term care for older people in Barbados.

POLICY OBJECTIVES

Objective G.1	To ensure older people (dependent on long-term care) have access to the highest quality, resilient and well-coordinated long-term care services and resources in Barbados
Objective G.2	To ensure that preventative care principles and practices are fully integrated into various care programmes for older people to reduce their long-term care needs and improve their quality of life and life expectancy in Barbados

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

OBJECTIVE G.1

To ensure older people (dependent on long-term care) have access to the highest quality, resilient and well-coordinated long-term care services and resources in Barbados

Strategy G.1.1: Needs Assessments and the Development of Quality Standards, Protocols and Processes guiding the Design and Delivery of Long-Term Care for Older People at the National Level

- Locate and develop national best practice quality standards and protocols (consistent with best practices in the provision of long-term care to older people in institutions and ageing in place) that will serve to guide and influence the planned efforts to enhance long-term care services for older persons in Barbados (*Phase 1: Establishing National Quality Standards for Long-term Care of the Older Persons*);
- Conduct a comprehensive needs assessment of long-term care needs of the older persons in Barbados (demand-side) as well as of capacities and related needs of long-term care institutions (LTIs) and related providers and caregivers (supply-side; operating formally and informally) to identify possible gaps, obstacles and issues affecting availability, access, quality and delivery of these services/programmes (*Phase 2: Needs Assessments of Supply and Demand Sides of Long-term Care*);
- Assess and compare results of comprehensive needs assessments of long-term care needs of elderly and operating capacities and needs of existing LTIs **against** the established quality standards and protocols to determine gaps between existing and desired targets for enhancement of the LTI sector in Barbados, with resultant Action Plan for Enhancement (*Phase 3: Gap Analyses of the Existing State of LTIs Care Needs and Operating*

Capacities against the Established Quality Standards and Action Plan for Enhancement); and

- Design and manage a national (evolving) repository/database system of long-term care indicators and accompanying data (from both supply and demand sides) to aid in monitoring and evaluating the ongoing operation, performance and needs of long-term care for older people in Barbados (*Phase 4: Monitoring and Evaluation Programme for Long-Term Care for Older People*).

Strategy G.1.2: Strengthening and Enhancing Long-Term Care for Older People Ageing in Place (Formal and Informal Long-Term Care)

- Based on institutional and situational assessments of quality, access and capacity barriers and limitations of both formal and informal long-term care targeted at older people ageing in place (i.e., those receiving care in their homes and communities), develop and execute a *National Long-Term Care Enhancement Plan (for Older People Ageing in Place)* which will:
 - Strengthen and expand existing formal (public sector/government-owned) long-term care services (e.g., rehabilitative care, palliative care, day care and other forms of geriatric care) targeted at older people ageing in place, by directly correcting and addressing key quality, access and other capacity-related barriers and limitations within the wider public system;
 - Work closely and collaboratively with existing formal (privately owned/run) long-term care service providers to correct and address key quality, access and other capacity-related barriers and limitations in order to strengthen and expand the delivery of long-term care services to older people ageing in place; and
 - Provide and manage the necessary support services, training and related resources (e.g., human, financial, technical) for informal caregivers in order to strengthen and enhance their capacity to deliver high-quality long-term care to older people ageing in place.

Strategy G.1.3: Strengthening and Enhancing Long-Term Care for Older People in Institutions (Institutional Long-term Care)

- Based on institutional and situational assessments of quality, access and capacity barriers and limitations of existing Long-Term Care Institutions [LTIs] (both private and public LTIs) providing long-term care targeted at older people (i.e., those receiving care in their

homes and communities), develop and execute a *National Long-Term Care Enhancement Plan (for Older People in Long-term Care Institutions)* which will:

- Strengthen and expand the operating capacities, facilities and services of different categories of existing public/government-run LTIs (and related institutions such as the Geriatric Hospital and supporting programmes such as the **Alternative Care of the Elderly Programme - ACEP**) by correcting key quality, access and capacity-related barriers and limitations affecting the delivery of institutional long-term care to older people;
- Work closely and collaboratively with privately-owned/run institutional long-term care service providers to correct and address key quality, access and other capacity-related barriers and limitations in order to strengthen and expand the delivery of long-term care services to older people; and
- Provide any needed support services, training and related resources (e.g., human, financial and technical) to both public and private LTIs as a means of bolstering their capacity to deliver high-quality institutional long-term care to older people.

OBJECTIVE G.2

To ensure that preventative care principles and practices are fully integrated in various care programmes for older people to reduce their long-term care needs and improve their quality of life and life expectancy in Barbados

Strategy G.2.1: Incorporating Preventative Care into Long-term Care for Older People

- Provide ongoing public education and awareness building on preventative care principles and practices to older people and their primary caregivers to support the enhancement of older people's quality of life (e.g., reduced frailty and comorbidities) and general life expectancy (thereby reducing need for long-term care);
- Work closely with both community-based and institutional caregivers to provide them with the needed training, resources and other services to enhance their capacity to support older people in reducing their long-term needs by incorporating preventive practices and services in their existing models of elder care; and
- Enable and expand the environment of different forms of preventive care services (and service providers) for older people to access and benefit from across various care settings, ranging from homes, communities to institutional settings.

H. PANDEMICS, DISASTERS AND EMERGENCY SITUATIONS

It is an indisputable observation that older people are disproportionately affected in emergency situations. The 2020 UNECE Policy Brief on Ageing (UNECE, 2020, p.1) cited that ‘older men and women are often neglected in disaster risk reduction strategies and emergency responses...[t]he COVID-19 pandemic has highlighted the vulnerability of older persons carrying the burden of severe illness and mortality as well as of acute loneliness and isolation.’ It was also reported that there needs to be more age-friendly and inclusive disaster reduction and preparedness approach to adequately prevent, mitigate and buffer the potentially devastating implications of diverse disaster and emergency crises faced by older people. This section presents key objectives and companion strategies surrounding the priority area of **Pandemics, Disasters and Emergency Situations** aimed at protecting/safeguarding, supporting, involving and engaging older people in national and community-based disaster and emergency response and recovery plans and interventions in Barbados.

POLICY OBJECTIVES

Objective H.1	To ensure a well-coordinated, fully resourced and highly effective national and community response targeted at older people at risk of (or facing) disasters, pandemics and other emergency situations
Objective H.2	To ensure that older people are fully integrated and empowered to manage their own lives, homes and communities in disasters, pandemics and other emergency situations

PROPOSED POLICY STRATEGIES AND RECOMMENDATIONS

OBJECTIVE H.1

To ensure a well-coordinated, fully resourced and highly effective national and community response targeted at older people at risk of (or facing) disasters, pandemics and other emergency situations

Strategy H.1.1: Development of Well-Coordinated Disaster Preparedness and Emergency Response Committee and Associated Plans and Protocols for Older People and Other Vulnerable Populations

- Conduct a comprehensive review of the existing disaster preparedness and emergency response committee/team, structure and associated plans and protocols at the national and community levels to assess key strengths and weaknesses to inform relevant enhancement plans and actions;
- Based on the aforementioned review, establish more robust, effective and efficient **National Disaster Preparedness and Emergency Response Committee, Structure, Plans and Protocols**, with enhanced features and components inclusive of (but not limited to):
 - An established, committed and fully resourced multi-stakeholder committee/team of agents (from key sectors relevant to disaster management and recovery including public, private and community-based sectors) well positioned in planning, response and recovery efforts at the Ministry or national level;
 - A Multilevel (i.e., national and community levels) **National Disaster Preparedness and Emergency Response Plan for Older People and Other Vulnerable People** (supported by recently updated legislation – e.g., **The Emergency Management Act, 2006**);
 - Classification systems of different types of disasters and emergency crises that can affect older and other vulnerable people including hurricanes, floods, tropical storms, fires, earthquakes, disease outbreaks and pandemics, among others; and corresponding recommended responses/actions;
 - Needs assessments of older and at-risk populations ranging from psychological, social, environmental/infrastructural (e.g., living conditions), physical, disability needs, to other critical categories of needs;
 - A public communications and relations strategy to inform how vital risk communications and information should be designed, packaged and distributed to various stakeholders and other publics in disaster and emergency situations; and
 - Different categories of operating and implementation protocols, guidelines and measures for informing (a) the execution of national and community responses **before, during** and **after** a disaster or emergency; (b) resource allocation and distribution (e.g., accommodation; transportation; food, medical and other technical supplies), and (c) post-recovery responses and actions.

- Develop, manage and continually update a national database/directory of at-risk elderly and other vulnerable populations across communities in Barbados to better support disaster preparedness and emergency response plans of the Ministry of People Empowerment and Elder Affairs and its relevant oversight National Committee;
- Develop, manage and continually update a national database/directory of essential service providers and agencies critical to disaster reduction and preparedness efforts to better support and enhance disaster preparedness and emergency response plans of the National Committee; and
- Work closely and collaboratively with other relevant agencies (public, private and NGOs) to strengthen and enhance their own disaster reduction and preparedness plans and responses (in line with those of the National Committee).

Strategy H.1.2: Strengthening and Enhancing Disaster Preparedness and Emergency Responses (Before, During and After Disasters/Emergencies)

Before Disaster/Emergency Situations (Planning and Preparedness Actions)

- Embark on a continual national awareness-building and educational programme on disasters and other emergencies and the related preparedness and risk reduction strategies, aimed at older people and their caregivers, families and community members as well as other relevant agencies/entities;
- Promote stronger and more relevant interagency and cross-sectoral collaborations and partnerships in disaster and emergency management to optimise overall efforts and related resources in disaster and emergency situations involving older people;
- Provide specific, age-friendly disaster preparedness and risk reduction training for key professionals and agents working in the diverse areas of disaster management and emergency responses (e.g., fire and safety officers, transport officers, medical professionals, psychologists/counsellors) to enhance their response to and treatment of older people in disaster and emergency situations;
- Provide specific training to older people and other members of at-risk communities to enhance their capabilities and resilience in preparing for and responding to various disaster and emergency situations at the community- and household-levels;

- Conduct the necessary risk assessments, at the various community-levels, to determine and inform the diverse risk-related/reduction strategies to meet the needs of older people and other vulnerable populations in the case of a disaster or emergency event;
- Based on risk assessments, allocate and provide the needed resource support (e.g., physical, social, economic, psychological resources) to older people and other vulnerable community members to strengthen and support their own disaster preparedness and risk reduction actions;
- Establish and manage essential community-based response hubs in various at-risk communities to provide specific disaster risk reduction support, communications/informational resources, and other related services to older people and other vulnerable community members against the threat of disasters and other emergency situations;
- Ensure that all community-based centres and other supporting facilities used for accommodating at-risk older (or displaced older people) are fully equipped, stocked and readied to support older people in the case of disaster and emergency events;
- Work to strengthen institutional care facilities and service providers targeting older people to ensure that they have fully equipped and readied to support the needs of older people in the case of disaster and emergency events;
- Ensure that older people and other vulnerable community members (especially those with special needs and disabilities) have the necessary social protection services and mechanisms to protect them against various disaster and emergency events inclusive (but not limited to):
 - Adequate property, social security and other health-related insurance coverage (covering damage, injury or loss) in disaster and emergency crises;
 - Adequate health and safety equipment, materials and first aid, and medical supplies in place (in their homes and in community centres);

- Access to functioning communications and related devices (e.g., mobile and landline devices, batteries, and other ICTs) and relevant contact channels to essential services agencies/entities; and
- Access to community policing groups and other security arrangements (ahead of a national disaster or emergency event) to protect them from violence, crime and other forms of abuse during disaster and emergency crises.

During Disaster/Emergency Situations (Communications, Information and Responses in Crises)

- Continually manage and monitor all necessary disaster/emergency and risk-related information, media and related public relations channels between key disaster response service providers and agents, older people and other communities during disaster and emergency situations;
- Continually manage and monitor various emergency response teams, community surveillance systems, and other care-based stakeholders and their efforts to respond to, treat, transport, house/accommodate and aid at-risk older people and other vulnerable groups during disaster and emergency situations; and
- Continually assess the performance of existing disaster response plans, with the intent of modifying as needed, to meet unexpected and rapidly changing dynamics and variables during disaster and emergency situations.

Post-Disaster/Emergency Situations (Emergency Relief and Recovery Efforts)

- Work closely with relevant agency and community stakeholders to assess all vital emergency relief and recovery needs in the immediate aftermath of a disaster or emergency event;
- Based on rapid needs assessments of relief and recovery needs, coordinate and dispense the essential services and resources (e.g., accommodation, food, health and medical care and supplies, psychological/mental health support) to targeted/affected older and other vulnerable populations;
- Work with relevant agency and community stakeholders to coordinate and execute post-disaster relief and recovery efforts to affected older people and other vulnerable populations; these may cover the following (and other) areas:

- Rebuilding or rehabilitating homes and other physical infrastructure in affected communities;
- Restoring livelihoods (e.g., loss in employment or adversely affected businesses) of older and vulnerable populations that may have been affected by the disaster or emergency event;
- Providing needed supplies and resources (medical, food, clothing, equipment, transportation, and economic resources) to rehabilitate adversely affected older people and their living situations; and
- Offering the necessary mental health and psychosocial support services (including Psychological First Aid and Crisis Interventions) to adversely affected older people.

Strategy H.1.3: Strengthening Pandemic Preparedness and Recovery Efforts for Older People

- Work with relevant stakeholder groups to develop a Special Pandemic Preparedness and Recovery Plan for Older People (incorporated into the National Disaster Preparedness and Emergency Response Plan), touching the following areas:
 - Needs and risk assessments of older people in a pandemic emergency (borrowing from key lessons learnt from COVID-19 pandemic in Barbados);
 - Identification and documentation of all older people (at high risk of acquiring a disease – e.g., those with underlying conditions) during a pandemic emergency;
 - Establishment of urgent protocols and actions for prioritising older people during a pandemic emergency in the areas of testing, isolation and quarantining, medical treatment and vaccinations, mental health support and crisis interventions (with assigned responsibilities, resources and timelines);
 - Protocols for responding to older people in institutional/residential care facilities and those in their homes and communities during pandemic emergencies;
 - Protocols for distributing the needed protective equipment and resources (e.g., personal protective equipment, sanitisers, masks) and other emergency and essential services to older people during pandemic emergencies;

- Public communications and relations protocols for coordinating the dispensing of critical risk-related and pandemic-oriented messaging and resultant information to older people, communities and supporting agencies during pandemic emergencies.
- Empower both community-based and institutional caregivers and stakeholders to align their own pandemic preparedness and response efforts with the overall national pandemic preparedness and response plans through continual inter-entity collaboration, education, training and coordination; and
- Work closely and collaboratively with community-based and institutional caregivers and stakeholders (both formal and informal) to ensure continuity of adequate care services for older people (e.g., rehabilitative, palliative, mental health, and geriatric care) during pandemic emergencies.

OBJECTIVE H.2

To ensure that older people are fully integrated and empowered to manage their own lives, homes and communities in disasters, pandemics and other emergency situations

Strategy H.2.1: Engaging and Empowering Older People in Disaster Preparedness and Management Planning

- Include and engage older people in communities on the National Disaster Preparedness and Emergency Response Committee and supporting subcommittees/action teams as key representatives of their target communities;
- Develop and manage a ***Disaster Management and Best Practices Information Exchange System*** between older people in communities and relevant agencies/entities in which older people can contribute and obtain high-quality information and recommendations on disaster preparedness and response efforts in disaster and emergency situations;
- Involve older people in relevant community surveillance and response systems and programmes in at-risk communities to better support at-risk older people and other in disaster and emergency situations; and
- Promote a growing network of *resilient older people* in communities to assist relevant agencies/entities in the provision of needed essential services (including training) and resources to other at-risk older people and other vulnerable groups in disaster and emergency situations.

6.0 GUIDANCE ON STRATEGIC PLANNING AND EXECUTION FOR POLICY OBJECTIVES AND STRATEGIES

6.1 Key Implementation Considerations and Recommendations

Following the completion and approval of this Policy, a Strategic Action Plan will be developed to assist stakeholders as they engage in the various activities that fall within their respective spheres of influence, competence and operation to meet the objectives of this Policy. The Action Plan is therefore expected to play an important role in the successful execution of the several strategies and recommendations discussed earlier. It will also assist with the monitoring and evaluation functions informing the work of all involved stakeholders, partners, and individuals in the process in meeting the core aims and objectives of the Policy.

Stakeholders and policy makers should bear in mind that the effectiveness of plan implementation and by extension the success of the Policy depend on a number of important preconditions and critical success factors. How the Plan is executed will, to a large extent, determine whether the outcomes expected will be realised. Best practice should be observed with respect to standards and criteria governing project management and leadership, the execution of critical project activities, collaborative arrangements and inter-party transactions, as well as monitoring and evaluation. The Ministry of People Empowerment and Elder Affairs must also ensure that adequate resources of all kinds exist throughout the life of the Policy, and particularly at critical junctures as required.

Several stakeholders will be involved in executing different aspects of the project, while working in collaboration with others. This circumstance suggests the need for the following:

- a strong coordinating body and an appropriate institutional framework within which decisions are made and action taken to realise the objectives of the Policy;
- a working consensus regarding the objectives to be accomplished;
- effective coordination, collaboration and communication;
- strong partnerships between and among critical agencies and important stakeholders;

- a strong political will and commitment; and
- well-developed action plans and performance indicators.

The Ministry of People Empowerment and Elder Affairs should give serious consideration to the following recommendations for the guidance of primary stakeholders of the National Policy on Ageing as they embark on the implementation process:

- The establishment of a mutually acceptable governance structure and institutional framework, comprising different tiers of working committees, action teams and relevant stakeholders for the coordination, oversight and operational rollout of the Policy;
- The active mobilisation of a number of inter-entity and inter-Ministerial working groups, with clear mandates, operating as part of the overall governance structure;
- The development of formal reporting and operating protocols and standards governing collaborative relationships among the key implementing entities within the overall governance structure;
- The establishment and publication of appropriate, timely and clear channels of communication and information-sharing for the effective coordination of the work of the different implementing mechanisms and other participating stakeholders in the Policy implementation process;
- The design and development of supporting implementation protocols, action plans and key performance indicators (KPIs) to guide the measurement, operationalisation and execution of the various policy strategies and activities on the ground;
- The adequate procurement and allocation of critical resources (financial, technical, technological, and human) to various segments and phases of the implementation process to ensure sustainability and continuity of the various activities, programmes and interventions and important developments for older people as informed by the Policy;
- The development of clear and transparent standards and protocols informing fair and equitable resource sharing practices among implementing and participating stakeholder entities and groups, on the ground, throughout the implementation process; and

- The assurance of the commitment and will of all involved and participating stakeholders, especially that of the political establishment, to the successful completion of the work of the Policy and the fulfilment of the key Policy objectives.

While the Ministry of People Empowerment and Elder Affairs will be expected to source and allocate the necessary resources to support the overall implementation effort, the best practice recommendations highlight the need to leverage the collaborative and joint working arrangements with various stakeholders across society. These collaborative arrangements and multi-sectoral partnerships will assist in pooling the needed resources in ways that facilitate the most effective and efficient coordination of the work of the Policy.

The assessment of the various best practice frameworks underlying the contextual challenges and issues affecting the elderly and the implementation of national policy for the elderly offers a solid basis upon which the Ministry of People Empowerment and Elder Affairs and its strategic partners can develop a successful implementation strategy for the National Ageing Policy over the next five years. **Appendix A** presents a list of best practice standards, in the form of a comprehensive checklist, that underpinned the development of the National Ageing Policy (2023-2028) and forms an essential guidance tool for the implementation, monitoring and evaluation of its various strategies, programmes, and other interventions.

6.2 Proposed Governance Structure and Mechanisms for Policy Implementation

The implementation of the Policy strategies and supporting activities, programmes and interventions is best coordinated and achieved using a multiple stakeholder/intersectoral approach involving several levels of execution. In order for successful coordination and implementation of the National Ageing Policy of Barbados, a multi-tiered governance structure has been proposed below.

Tier 1: Ministry of People Empowerment and Elder Affairs

Role of the Ministry of People Empowerment and Elder Affairs

At the highest (or national) level, the Ministry of People Empowerment and Elder Affairs will serve as the key oversight agency for guiding, coordinating and managing the total execution, monitoring and evaluation of work involved in the National Ageing Policy. The Ministry is equipped with some of the necessary resources to support the work of the Policy. Through its various organs and functions, it is best placed to oversee and coordinate all activities needed for the successful rollout of the National Ageing Policy. It is expected that, following Cabinet's approval of the Policy, a **National Coordinating and Implementation Committee** for the Policy will be established as the key coordinating and implementing arm or entity of the Ministry regarding the execution, monitoring and evaluation activities inherent in the policy implementation process.

Tiers 2 and 3: The Development and Execution of Collaborative Working Committees and Operational Action Teams for the National Ageing Policy for its Operational Rollout

To accompany the strategic oversight of the Ministry and its various organs/committees, the actual rollout of the Policy across its different policy dimensions, objectives and strategies has to be undertaken and supported by a well-functioning and dedicated operational structure. At the **middle or functional level** of the governance structure, a number of *inter-stakeholder, collaborative working subcommittees* will be established involving selected members from various government entities (and ministries), private sector, and other community-based organisations and other sectors

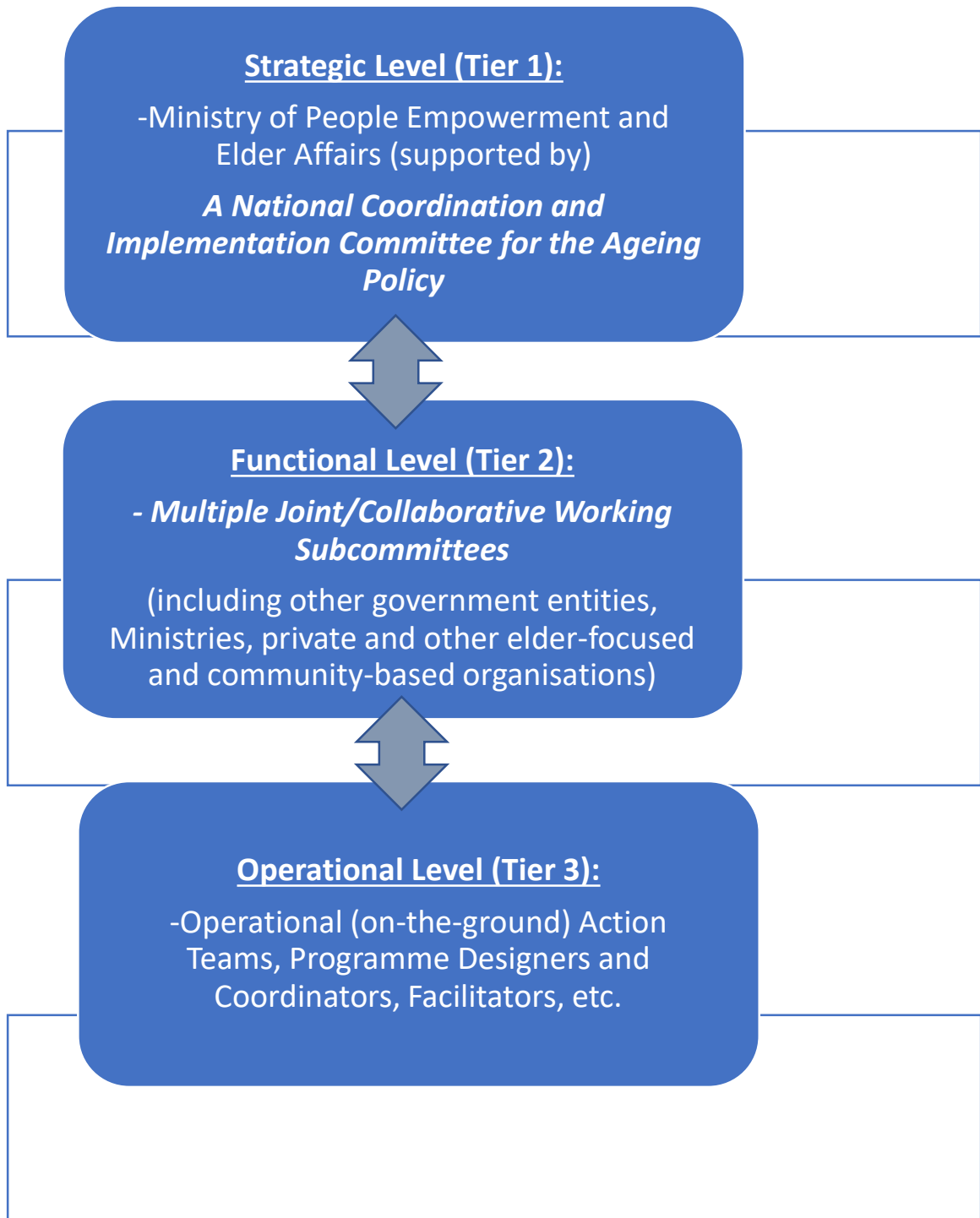
to support implementation across the different thematic or priority areas of the Policy (Tier 2). These inter-entity subcommittees will work directly with the relevant *on-the-ground action teams/groups, stakeholder communities and the targeted older people* (Tier 3 or the lowest level of implementation) to perform the operational or on-the-ground work including, but not limited to, the following:

- Finalising the specific action plans, resource allocations and remaining implementation activities for execution with key stakeholders and target audiences;
- Mobilising and implementing the specific resources, mechanisms, and procedures for the execution of the various programmes, activities and interventions matched to key policies objectives and strategies;
- Working closely with the specific stakeholders and target audiences including older people to ensure that implementation of programmes and activities is being conducted and coordinated effectively and efficiently;
- Gathering the needed monitoring and evaluation data to assess success of the various programmes and activities on the ground as well as record and respond to any challenges/issues as needed; and
- Reporting to the overarching or oversight committee(s) in place on project execution activities, challenges and impacts.

Figure 3 shows a graphical representation of the proposed three-tier structure for the implementation and governance (oversight) of the 2023-2028 National Ageing Policy for Barbados, spanning from the strategic to the operational levels.

Figure 3:

Proposed Implementation and Governance Structure for the National Ageing Policy



6.2. List of Implementing and Supporting Entities, Parties and Stakeholders

The following list of entities represents only a sampled cross-section of key supporting partners and stakeholders that can be engaged to assist, at different levels and in various ways, with the coordination and execution of the various strategies, programmes and activities of the Policy.

Government Ministries, Departments, Boards and Programmes:

- Ministry of People Empowerment and Elder Affairs
- Ministry of Health and Wellness
- Poverty Alleviation and Reduction Programme
- Strengthening Human and Social Development in Barbados Project
- The Rural Development Commission
- The National Insurance Scheme (NIS)
- National Assistance Board (NAB)
- The Welfare Department
- National HIV/AIDS Commission
- The Barbados Police Service - Community Policing Division
- Queen Elizabeth Hospital
- Geriatric Hospital
- Bureau of Gender Affairs
- National Disabilities Unit
- HIV Food Bank
- The Barbados Fire Service

Private Sector (Entities and Associations), Community-based, elder-focused and civic-based entities and associations

- Barbados Association of Retired Persons
- PAHO
- Soroptimist International of Barbados
- Vulnerable Persons Committee/Disaster Preparedness Committee
- Barbados Christian Council

7.0 MONITORING AND EVALUATION CONSIDERATIONS

7.1 Overview of Monitoring and Evaluation Framework

A Monitoring and Evaluation Framework will be incorporated into the National Strategic Plan to allow for effective and efficient monitoring and evaluation of the work and impacts connected to the implementation phase of the National Policy. This Framework will pay particular attention to the various priority areas of attention, with clearly articulated and specific proposed initiatives for execution (matched to key policy objectives and strategies), timelines, sectors/groups responsible for said strategic initiatives, resource requirements, key performance indicators and expected deliverables or outputs. Using this Framework, the central Ministry and its Coordination and Implementation Committee(s) will focus on the following activities:

- Monitoring and evaluating the implementation work and various phases of the execution of Policy and its impacts – i.e., the extent to which the policy has holistically responded to or addressed the critical needs of older people in the various priority areas of attention;
- Recording and documenting all actions and results emanating from the work of the policy implementation effort;
- Assessing and responding to anticipated and newly identified challenges and needs emerging from the implementation efforts;
- Re-evaluating the Policy, its vision, goal and priority area objectives, and strategies and supporting programmes and activities over the next five years; and
- Reviewing and revising of roles and responsibilities and accompanying mechanisms and resources associated with the various participating committees, structures and action teams actively involved in the implementation effort.

7.2 Key Monitoring and Evaluation Questions and Objectives for National Ageing Policy

A general guide of questions and objectives for assisting the execution of the monitoring and evaluation of the Policy implementation process is provided below. Figure 4 shows a more comprehensive set of criteria for the monitoring and evaluation activities.

- To what extent were policy interventions (activities and programmes supporting policy strategies) implemented in flexible, practical and accessible ways that meet the diverse needs of older people?
- To what extent did diverse groups of older people actively participate and engage in the various policy interventions across the priority areas of attention within the Policy?
- How satisfied/dissatisfied were older people and other stakeholders with the overall implementation effort and the results of these interventions?
- Over the short-, medium-, and long-term, did the policy interventions and strategies meet their established objectives in producing the benefits and outcomes under the various priority areas of attention?
- What were key challenges and shortcomings of the implementation efforts and the resultant policy interventions that require treatment and improvement?

Figure 4:
Evaluation Criteria for the National Ageing Policy Implementation Effort²⁰



Given that monitoring and evaluation are related but *distinct* activities, a number of comparisons and contrasts, presented in Table 2 below, have been drawn between the monitoring and evaluation functions to guide those responsible for their associated activities in supporting the overall implementation of the National Ageing Policy for Barbados.

²⁰ Source: The OECD DAC Network on Development Evaluation, taken from <https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

Table 2 Differences in Characteristics between Monitoring and Evaluation Functions for National Ageing Policy

	Monitoring	Evaluation
Timing: When is it done for National Ageing Policy?	Continuous basis; over the lifetime of the implementation	Periodically; end of implementation; can be done annually (or at the end of five-year cycle of the Policy)
Scope: What information is gathered?	Day-to-day implementation activities; resource usage; outputs and progress indicators	Assessment of overall impacts and outputs in relation to policy objectives for different priority areas
Main participants: Who will be involved in execution?	Policy implementation members/groups; involved older people; governance and action committees	External and internal evaluators; facilitators; programme and project staff and users
Process: How will it be carried out?	Regular meetings (monthly or quarterly), interviews/surveys and other primary data-gathering activities	Periodic meetings (at the end of major implementation phases), interviews/surveys, secondary data and other data gathering activities
Written outputs: What is produced?	Regular progress reports/updates to management/committees	Written evaluation reports on outcomes (successful vs. unsuccessful) and key reasons; oral presentation on the results and recommendations for enhancement
Results: How are results used?	To improve the implementation effectiveness and efficiency; to make appropriate changes to the planning and implementation efforts; used as input to evaluation	To determine the success of impacts on targeted populations; adjust policy objectives and strategies; and make decisions about the future of the Policy

8.0 FINAL CONSIDERATIONS AND THE WAY FORWARD

Several institutional and other stakeholders in both the private and public sector have an important role to play in ensuring the effective rollout of the programmes and activities that are required to create an environment for the protection and advancement of the welfare of the elderly. Individual stakeholders or stakeholder groups will be expected to assume responsibility for and focus their energies and attention on matters specific to executing and monitoring key policy-derived strategies and resultant activities at the operational level. However, they must be given clear statements about their portfolio of activities, associated roles and responsibilities, as well as the outcomes they are expected to deliver.

The institutional framework, to which reference was made in the preceding section, will be critical in ensuring that there is effective leadership and coordination of the national effort as a strategic response to the challenges inherent in managing projects and programmes of this nature. The structure of governance of the '*Elder Affairs Sector*', supported by cohesive and relevant policy interventions, legislative mechanisms, and best practices in the design and delivery of diverse care and service packages to the elderly sector, will be required to ensure the success of the Policy.

Effective leadership and coordination will be required to avoid or minimise incompatible courses of action by different participating stakeholders, and to provide course direction and redirection as may be required. They are required, too, to avoid duplication of effort, promote activity, programme and outcome coherence from the work undertaken by different organisations and agencies, while supporting them as they take action to meet their respective remits and obligations to the project. In this fashion, unity of purpose and outcomes can be assured.

Drastic changes in the supply side environment and institutional service and care providers for the elderly will be required for the successful rollout of programmes outlined in this Policy: Changes

will be required in the way the providers of the range of essential and other services to the elderly in the various thematic areas operate and interact. Some of these changes would require:

- institutional strengthening activities;
- bolstering of resources in constrained areas of operations; and
- the promotion of greater inter-entity collaboration and coordination of elder-related services within the wider environment.

The Ministry of People Empowerment and Elder Affairs is ultimately responsible for mobilising the effort necessary for the successful rollout of the different programmes, and to ensure that appropriate mechanisms exist to promote meaningful collaboration with and among those stakeholders. It will also be expected to play a crucial role of coordinating the efforts of the different stakeholders who have responsibility for different aspects of policy and programme implementation. Best practice requires the Ministry to provide adequate and timely information to all stakeholders about the types of mechanisms it will employ to achieve the above outcomes.

Best practice also mandates the periodic (annual) review of the National Ageing Policy for Barbados. Guided by the performance indicators and the Action Plan that will be developed, such reviews create opportunities for monitoring progress, for evaluating the extent to which the Policy is achieving its objectives, and for taking corrective action. Established monitoring and evaluation mechanisms will provide the needed data on the efficacy and performance outcomes of the various programmes, initiatives and other interventions targeting the elderly and their needs in the wider population. They also enable policy makers and stakeholders to reflect on emerging developments within the environment of the elderly and to take appropriate action to accommodate them if they threaten or undermine goal accomplishment, or otherwise offer opportunities not hitherto foreseen or contemplated.

The work that is required to ensure the effective implementation of the strategies outlined in this Policy depends on the availability of resources, necessary key supports, and structures for enhancing implementation success, on the ground. Adequate budgetary arrangements for financial and human, and other resources should therefore be made for this purpose. The Ministry may wish to have created an Elderly Protection and Welfare Fund, while other organisations involved in the implementation process should be encouraged to make adequate provision to enable their participation in the process.

In conclusion, a national effort is required for the protection and welfare of the elderly population of Barbados. It requires the commitment and participation of several public, community-based and private sector agencies and institutions. Their involvement in the process will produce the desired outcomes if there is ongoing dialogue between and among them, if activities are well coordinated and if there is genuine collaboration among them. Most importantly, the elderly must be engaged at all levels and stages as principal agents in this entire process in ways that allow them to meaningfully inform and shape the decisions, strategies and activities that directly affect them, their communities, and their futures.

9.0 APPENDIX A: AGEING POLICY FORMULATION/IMPLEMENTATION BEST PRACTICES CHECKLIST

The checklist below was taken directly from an international best practice report (**Key elements for developing ageing policies in Asia and the Pacific, 2021**)²¹ and identifies key criteria/elements for guiding successful policymaking and implementation processes targeting ageing and older people on a national level. It should serve to guide these same processes for the 2023-2028 National Policy on Ageing for Barbados.

1. Establishing institutional arrangements

Actions

- ✓ Individuals, government ministries and/or other bodies responsible for ageing and older persons within the country and for leading on policy and its implementation are set out
- ✓ Responsibilities and functions of the above are clearly outlined alongside how coordination between them will be managed
- ✓ Clear lines of accountability for the above are established
- ✓ Older persons and key stakeholders are represented within institutional arrangements, ensuring they have voice and influence in the policy process
- ✓ Human and financial resources for the functioning of institutional arrangements are secured

2. Leadership and planning for the policy development process

Actions

- ✓ Roles and key tasks of individuals, ministries and other bodies in the policy-making process are set-out
- ✓ Leadership for the policy-development process is clear
- ✓ How coordination will be managed both across relevant institutions (horizontal coordination) and between different levels of government (vertical coordination) is established
- ✓ Timeline for each stage of the policy development process is set-out and agreed
- ✓ Funding and human resources for the policy development process are identified and agreed
- ✓ Plans for securing political support from the highest levels, alongside human and financial resources for policy implementation are identified

3. Engaging key stakeholders in the policy-making process

Actions

- ✓ Stakeholder mapping conducted considering both primary and secondary stakeholders

²¹ Key elements for developing ageing policies in Asia and the Pacific, December 2021, taken from https://www.unescap.org/sites/default/d8files/knowledge-products/SDD_working_paper_key_elements_ageing_20211222.pdf

- ✓ A plan for how you will engage key stakeholders throughout the policy-making process is agreed, and mechanisms identified
- ✓ Responsibility for the inclusion and engagement of stakeholders throughout the process is assigned
- ✓ The roles of different stakeholder groups in the policy-making process are reoutlined
- ✓ Resources to support meaningful engagement of stakeholders, including more marginalised groups of older persons, are secured

4. Reviewing and mapping existing legal and policy frameworks

Actions

- ✓ Existing policy and legislation related to ageing, older persons and development are reviewed and mapped, noting lines of responsibilities for law and policy
- ✓ Overlaps, gaps and synergies across policy and legislation are identified
- ✓ Rights framework in country is mapped and gaps in relation to older persons are identified

5. Conducting situational analysis on older persons and ageing

Actions

- ✓ Working with stakeholders, existing data is reviewed and mapped, with information on the level of disaggregation available indicated
- ✓ Data gaps/data needed to support a comprehensive situational analysis on ageing and older persons are identified in consultation with stakeholders, considering the needs of current and future generations of older persons, trends in population ageing, and both qualitative and quantitative data
- ✓ Plans for obtaining missing data are identified, as possible
- ✓ Human and financial resources to support the collection and analysis of the required data is identified and agreed, ensuring age, sex, gender, disability, socio-economic group and geography disaggregation as a minimum
- ✓ Clear processes and principles for how data will inform policy development are agreed
- ✓ All data is made publicly available

6. Identifying policy instruments: laws, policies and action plans/strategies

Actions

- ✓ National policy, plan/strategy, and legislation is considered and necessary instruments are identified
- ✓ How policy will be mainstreamed into population-wide development processes is considered

7. Agreeing principles and vision for an ageing society and for older persons

Actions

- ✓ Principles and vision for an ageing society and for older persons are agreed in line with national, regional and international legal and policy frameworks
- ✓ Definition of older person is agreed
- ✓ Target group for policy is agreed
- ✓ How policy will protect and promote older person's human rights is outlined
- ✓ The shared aspirations for older persons and the future of older age are agreed and outlined
- ✓ How responsibility for older persons' wellbeing will be shared among the state, the individual, the family and communities is considered
- ✓ The role of different sectors in ageing policy is outlined
- ✓ Ambitions for promoting intergenerational solidarity are articulated

8. Developing strategic and holistic policy

Actions

- ✓ The results of the legal and policy framework mapping, the situational analysis and the vision and principles for older persons are used to support the identification of policy goals/objectives
- ✓ Issues affecting older persons are considered holistically to inform integrated approaches to ageing, and are informed by national, regional and international frameworks
- ✓ Policy adopts a life-course approach to ageing
- ✓ Policy is underpinned by the commitment to nationally appropriate social protection systems and measures for all, including floors, to support security, health and wellbeing across the life-course
- ✓ Policy adopts a gender sensitive and transformative approach and promotes gender equality at all ages, including in later life
- ✓ Ageing policy is mainstreamed and integrated with population-wide policy, including national development plans, poverty reduction strategies, disaster risk reduction plans, disability strategies, health and care policies, and social protection plans.
- ✓ Policy takes a whole-of-government and whole-of-society approach to ageing, identifying opportunities for synergy and joint action to be leveraged between population-wide policy and ageing-specific policy
- ✓ Policies adopted are coherent and streamlined with wider policy processes, ensuring they collectively contribute to the achievement of overall goals

9. Planning for implementation

Actions

- ✓ A policy implementation plan is developed and includes:
- ✓ Actions needed to achieve the policy goals and objectives, and timeline for achieving them
- ✓ Roles of different stakeholders in policy implementation (local, national, public sector, private sector, voluntary sector, etc.)

- ✓ Details of who has overall responsibility for policy implementation and accountability mechanisms
- ✓ Financial and human resources to be made available to support policy implementation
- ✓ Activity to raise awareness of the policy goals, objectives and actions
- ✓ Details on coordination mechanisms
- ✓ Methods for securing political will at highest levels
- ✓ Outlines additional instruments needed (legislation, regulation, guidance)
- ✓ Details of transparency and accountability mechanisms for policy implementation

10. Establishing monitoring and evaluation frameworks and processes

Actions

- ✓ Responsibility for data collection and knowledge and information management is agreed and details of how accountability and oversight of this function will be managed are outlined
- ✓ A plan for the regular review of implementation and impact of policy is in place, outlining the roles and responsibilities of different actors and how stakeholders will participate
- ✓ The data needed to provide a baseline and to regularly monitor the impact of policy in different areas and on different groups of older persons is agreed, including specific output and outcome measures for each policy objective/goals
- ✓ Transparency and accountability mechanisms are agreed for monitoring and evaluation, including participatory and consultative mechanisms that include key stakeholders, information on how the outcomes of monitoring and evaluation and related data will be made publicly available and widely disseminated, and mechanisms to ensure that learnings are captured and fed-into policy-making and practice to ensure improvement
- ✓ Human and financial resources to support the monitoring and evaluation process are secured

11. Finalising and communicating policy

Actions

- ✓ The process for finalising the policy is agreed at the beginning of the policy development process, ensuring estimates of the time this will take are taken into account, leaving room for possible delays
- ✓ Those with responsibilities for the policy implementation are well informed and prepared for what happens when the policy is finalised
- ✓ The policy document includes information on the policy-making process, including stakeholder engagement, the situation analysis, vision and principles design, etc.
- ✓ The public is well informed about the policy and the measures that it includes. Public consultation process and/or communications have raised awareness of the policy and disseminate information at all levels
- ✓ Policy launched by or endorsed at the highest possible level to help secure political will
- ✓ Key stakeholders are actively engaged in communications planning