

**GOVERNMENT OF MONTSERRAT
MINISTRY OF HEALTH AND SOCIAL SERVICES**



NATIONAL POLICY ON THE CARE OF OLDER PERSONS

2020-2026

V5.

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1.0 INTRODUCTION

Montserrat is a self-governing overseas territory of the UK. It was first settled by English and Irish colonists from St. Kitts in 1632 and African slaves were imported during 1660s to harvest sugar. The island became a British colony in 1783. The island is part of the volcanic arc of the lesser Antilles that extends from Saba in the north to Grenada in the south. In 1989 the island was hit by Hurricane Hugo and from 1995 the island suffered a number of volcanic eruptions the worst of which occurred in 1997 that left almost half of the island uninhabitable (figure.1). Two thirds of the population (est. 8000) relocated elsewhere (mainly to the UK) following that eruption.



Fig.1

As age increases so does the incidence of chronic diseases and impairments. In Montserrat, the majority of persons with a disability are amongst older persons. These additional problems become more difficult for the older persons to take care of themselves resulting in the need for assistance with personal care and/or the need for assistive devices to enable independence. This will place increasing pressure on families to balance care with other responsibilities.

1.1 INTERNATIONAL CONTEXT

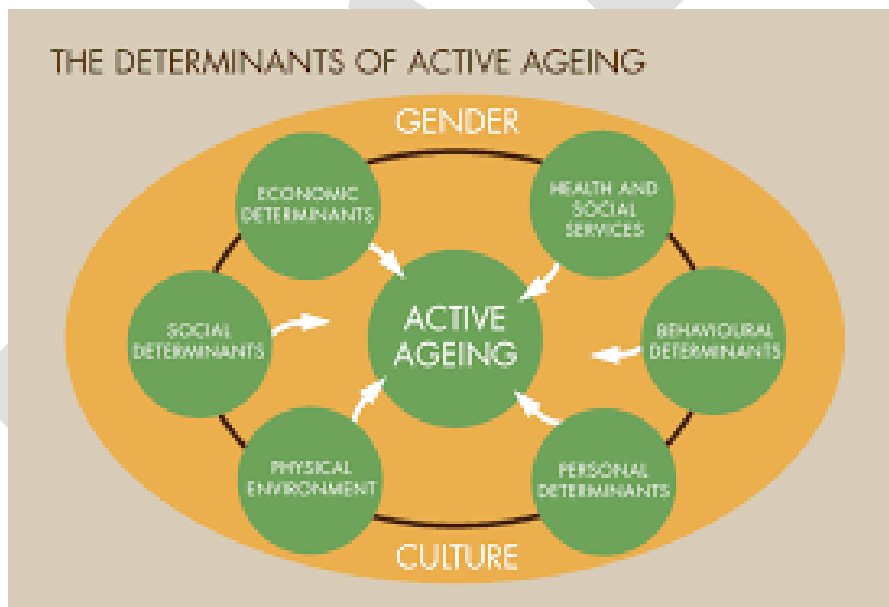
The United Nations predict the populations of all countries are expected to age over the foreseeable future. However, for Latin America and the Caribbean, they predict that the population will be transformed from having just 11 per cent of the total aged 60 or over in 2015 to having 26 per cent aged 60 or over by 2050. This is as a result of declining fertility and greater life expectancy at birth (UN World Population Prospects 2015).

1.2 LEGISLATIVE AND POLICY FRAMEWORK

A number of policies and legislations either directly or indirectly link to this policy on Montserrat. These include the Social Welfare Act 2013, the Montserrat Sustainable Development Plan 2008-2020 (s.2.3.5) and the Mental Treatment Act 2013. It has also been guided by a number of international charters:

- The Madrid International Plan of Action on Ageing, 2002
- Active Ageing: A Policy Framework, (WHO) 2002
- World Report on Ageing and Health, (WHO) 2015
- The Global Strategy and Action Plan on Ageing and Health, (WHO) 2016

The World Health Organisation Active Ageing Framework (2002) calls for action on three fronts by defining active ageing as a process of optimising opportunities for participation, health and security. It addresses specific areas under three pillars for action: Participation, Health and Security.



Participation

When labour market, employment, education and social policies and programmes support their full participation in socioeconomic, cultural and spiritual activities, according to their basic human rights, capacities, needs and preferences, people will continue to make a productive contribution to society in both paid and unpaid activities as they age (WHO, 2002).

Health

When the risk factors (both environmental and behavioural) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life; they will remain healthy and able to manage their own lives as they grow older; fewer older adults will need costly medical treatment and care services. For those who do need care, they should have access to the entire range of health and social services that addresses the needs of women and men as they age (WHO, 2002).

Security

When policies and programmes address the social, financial and physical security needs of people as they age, older people are ensured of protection, dignity and care in the event that they are no longer able to support and protect themselves, and families and communities are supported in efforts to care for their older members (WHO, 2002).

1.3 DEFINITION

Older persons, for the purposes of this document as it relates to Montserrat, will refer to any person aged 65 years and over. This is in line with the approved retirement age in Montserrat for public servants which was endorsed in 2011. Within this, there are some transitional arrangements for persons born prior to 1975 which mean they can retire before 65.

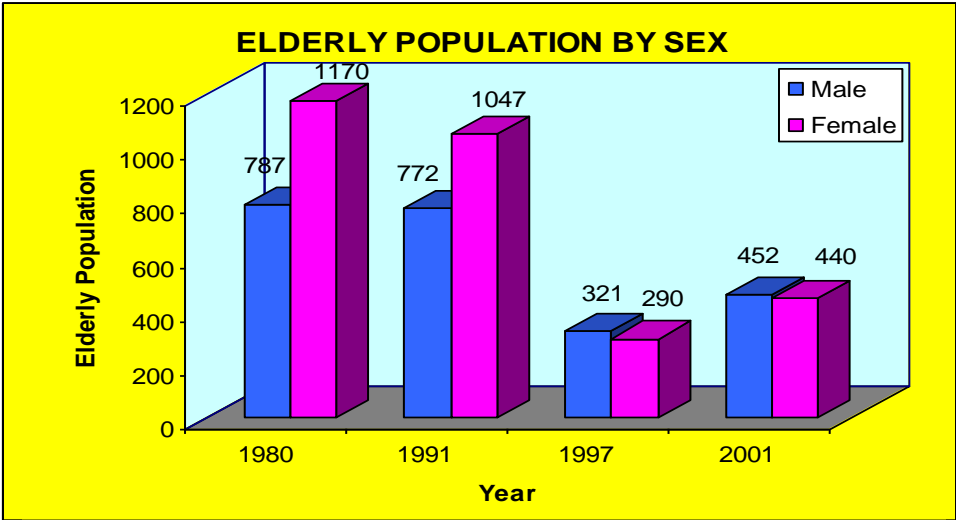
Due to the change in the age criteria, it is acknowledged that in some instances historical data and research sources used in this document may refer to older persons' age 60 and over. This age category is consistent with the World Health Organisation's classification of older persons.

1.4 HISTORICAL CONTEXT

Volcanic activity from 1995 meant that nearly two-thirds of the island was classified as being unsafe and a large proportion of property and infrastructure has been lost. The evacuation of households from the southern part of the island led to a population shift to the north of the island. Between 1995 and 1998 there was a 65% decline in the population. This decline was accelerated by the introduction of the Voluntary Evacuation Programme in 1997, which saw a large proportion of the population emigrating to the United Kingdom and other Caribbean territories. Of note was the fact that the largest demographic of emigrants was in the age group 0 – 29 years⁵.

At the start of the volcanic activity in the Soufriere Hills in 1995, Montserrat’s population was around 10,000 persons. At that time the elderly population comprised 16.3 per cent of the total population. However, earlier in 1991 the population had already declined slightly to 10,639 persons. At that time elderly persons accounted for 17.1 percent of the total population, that is, over 1,800 persons, 772 males and 1,047 females (f.2).

Figure 2: Elderly Population by Sex



The 2011 census recorded 966 persons over the age of 60 years out of a population of 4922. This meant that now 19.6% of the population was over 60. The high proportion of people aged over 60 in the population has important implications for this Policy. These include increased applications to social welfare applications, and a greater demand on health and social services. It is therefore safe to say that over the past twenty-five years, volcanic activity on Montserrat has had a dramatic impact on the demographics of the island and consequently on the policies, legislation and services.

1.5 CONTEMPORARY CONTEXT

More recently, the 2018 census and labour force survey records the population of Montserrat as at census day to be 4,649 persons. Disaggregated by sex the figures are 2,546 males and 2,376 females. Of persons over 60 years there was a total of 1031 persons with males exceeding females in overall representation. The figures reverse in the over 75-year olds population where females exceed males.

Figure. 3

Age Group	Total Number	% of total population	Male	Female
0-14	853	18.7	413	440
15-64	3,025	66.3	1,479	1,456
65+	688	15	364	324

Source: Montserrat Statistics Department, Labour Force Census September 2018 (Non-institutional population)

1.6 POPULATION BY CITIZENSHIP:

The tables below show a marked change in Citizenship in Montserrat between 2011 and 2018. Whereas **72%** of the population in 2011 were citizens, this figure dropped to **63%** in 2018.

Figure 4: Absolute Numbers and percentage breakdown by citizenship: Census 2011 & 2018

Year	Total		Males		Females	
	Citizens	Non-Citizens	Citizens	Non-Citizens	Citizens	Non-Citizens
2018	2,859 (63%)	1,707 (37%)	1,461 (65%)	795 (35%)	1,398 (61%)	912 (39%)
2011	3,448 (72%)	1,327 (28%)	1,840 (25%)	626 (25%)	1,608 ((70%)	701 (30%)

Source: Montserrat Statistics Department, Population and Housing Census May 2011, Labour Force Census September 2018

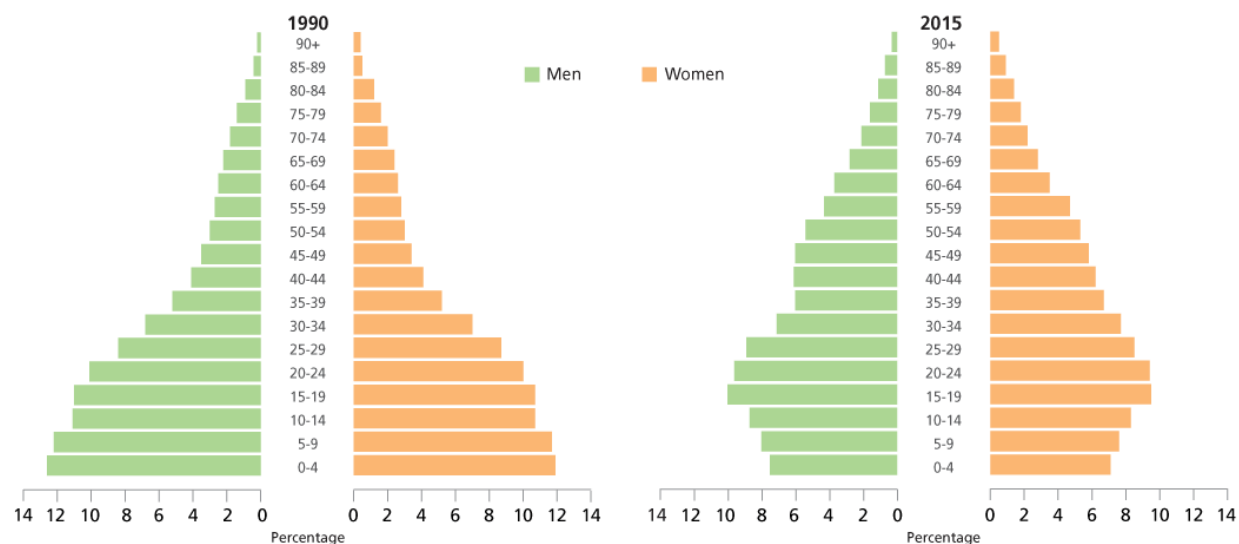
1.7 TOTAL POPULATION BY MAJOR COUNTRY OF BIRTH:

The figure below presents information on the distribution of the population by local and foreign born for census years 2011 and 2018. For both years, persons born in Guyana, Jamaica, the United Kingdom and Dominica, in that order, account for the largest shares of the foreign born population.

Fig.5

Country of Birth	2018		2011	
	Actuals	%	Actuals	%
Montserrat	2564	56.2	2915	61.1
Guyana	490	10.7	597	12.5
Jamaica	377	8.3	254	5.3
UK	166	3.6	151	3.2
Dominica	157	3.4	139	2.9
Dominican Republic	148	3.2	136	2.8
Antigua and Barbuda	117	2.6	119	2.5
Haiti	100	2.2	31	0.7
USA	81	1.8	87	1.8
St. Kitts and Nevis	72	1.8	69	1.4
Others/Not stated	294	6.4	277	5.8
Total	4,566	100	4,775	100

Figure 6: Population structure, by age and sex. Montserrat 1990 and 2015



The population decreased 51.6% between 1991 and 2015. In 1991, the population structure showed a double shape slow regressive growth above 40 years of age and expansive in the age groups younger than that age. By 2015, the structure became irregular, with slow regressive structure in the groups younger than 30 years of age, due to a high emigration and a decrease in birth rate and mortality among the residents who remained.

PAHO. New York 2015.

1.8 DEPENDENCY RATIO

The Dependency Ratio is defined as the sum of those persons 0-14 years plus those 65+ years divided by the total Working Age Population and then multiplied by 100. For Montserrat in 2018, this was almost **51** and was **50** in 2011. This means that, in 2018, there were about **51** persons in the dependent ages for every **100** in the working ages. For comparison Antigua and Barbuda's dependency ratio in 2019 was **44**, the UK's was **57** and Barbados **50** (World Bank).

This does not mean that every person aged 65 and over is dependent or that every person in the 15-64 category is working. Remember, as they age, the majority of older persons on Montserrat have made a significant economic contribution to society.

Life expectancy at birth for Montserratian's is 75.3 years. For males it is 76.4 years and for females it is 74.1 years. The infant mortality rate is 11.1 deaths per 1000 live births (116th in the world. CIA Factbook).

1.9 AGEING WORKFORCE

An ageing population means an ageing workforce. The productivity and economic success of Montserrat will be positively impacted by the quality of its older workers. It is crucial therefore that measures are taken to enable people to work for longer. This will help society to support the growing numbers of dependents, while providing individuals with the financial and mental resources needed for increasingly long retirements.

Hence, learning and training for older people can play a part as upskilling this group has many benefits for the individual and for society. It facilitates participation in the labour market; builds personal and mental resilience and brings health and mental wellbeing benefits.

2.0 POVERTY

The 2012 Country Poverty Assessment report indicated that 36.0% of the population was poor, with children younger than 15 years experiencing by far the highest poverty rate, accounting for over one-third of the poor population. Persons over 30 years old, including the elderly, have a below-average poverty rate, with the elderly accounting for slightly more than 10% of the poor population. There is no difference in the incidence of poverty between males and females, nor is there a significant difference between male and female headed households (Halcrow, 2009).

2.1 SOCIAL PROTECTION

Ensuring income security for people during their old age is a crucial objective among the welfare goals that modern societies seek to realize. World leaders adopted the Sustainable Development Goals (SDGs) in September 2015 at the United Nations. The 2030 Agenda for Sustainable Development holds a powerful promise for the world's population: by 2030, the world will have made significant progress towards sustainable development and social, economic and environmental justice (UN, 2017a; UNRISD, 2016). Income security in old age also depends on the availability of, access to, and cost of other social services including health care, housing and long-term care. In addition to the public social services, in-kind benefits may also include housing and energy subsidies, home help and care services, and residential care.

Recommendation No. 202, adopted unanimously by ILO constituents in 2012, calls for combining contributory public pensions with non-contributory pension schemes in order to protect the whole population. (ILO, p76 World Social Protection Report 2017-19).

SDG Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

SDG Indicator 1.3.1: Proportion of population covered by social protection systems and floors, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women with newborns, work-injury victims and the poor and the vulnerable.

One ILO key message is that pensions for older women and men are the most widespread form of social protection in the world, and a key element in SDG 1.3. At the global level, 68 per cent of people above retirement age receive a pension, either contributory or non-contributory. The point is made that sustainable and equitable growth cannot be achieved in the absence of strong social protection policies which guarantee at least a basic level of social security to all in need through a nationally defined social protection floor, and the progressive extension of the scope and level of social security coverage (ILO, World Social Protection Report 2017-19).

National social protection floors should comprise basic social security guarantees that ensure effective access to essential health care and basic income security at a level that allows people to live in dignity throughout the life cycle. These should include at least:

- Access to essential health care, including maternity care;
- Basic income security for children;
- Basic income security for persons of working age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability;
- Basic income security for older persons.

2.2 MORTALITY

There was an average of 44 deaths each year in 2010-2015. The leading causes of death were diabetes mellitus and heart disease followed by neoplasms, with cancers of the prostate, female breast, and colon being the most frequent sites. In 2015, there were 49 deaths, of which 86% were among persons 60 years old and older and 59% were among those 80 years old and older. The male: female mortality ratio was 1:1 (Montserrat MoHSS Statistical Report 2015).

2.3 CURRENT SERVICES

The following provides an outline of the services or systems that are currently available on Montserrat. Older Persons in Montserrat are cared for in a variety of ways. Some live alone with no support, some live alone with support; some are cared for in their family homes by relatives and friends, or they may either live alone and/or are monitored by neighbours/family. Some older people require support to live independently and may live in warden supported facilities, and others may live in respite and long-term residential care, or require high level nursing care. Various support systems are implemented by Non-Governmental Organizations and the Government in an effort to maintain persons safely in the community for as long as possible. The Services available on Montserrat include:

2.4 POLICY AND PROGRAMMES MEETING THE NEEDS OF ELDERLY PERSONS

Service	Description
Meals on Wheels Foundation	This service operates from the Look Out Community Centre and is an island-wide service that currently provides a hot cooked meal to persons seven days a week. This service is financed by a Government subvention, Private Sector payments and donations.
Home Care	The current service is run by the Montserrat Senior Citizen Association. The service provides personal care and domestic activities to frail, older and disabled persons who are housebound or in need of support in the community due to health care needs.
Visiting Schemes	A number of church groups pay regular visits to the elderly in various communities. Other NGOs, such as Red Cross, Health and Social Care volunteers. The Girl Guides include such visits within their programmes when possible. These services help to provide social stimulation to older persons at home.
Spiritual Well-Being	Religious leaders on Montserrat schedule regular visits to their housebound parishioners to ensure that their spiritual needs are not being neglected. This service is extended to those persons in residential care through an organized schedule of on-site devotional sessions, which encompasses all denominations.
Recreational Activities	NGOs, Church Groups and Private Sector volunteers provide occasional social stimulation and interaction for older persons with a regular singing session provided by two volunteers to the Golden Years Home. An Activity Programme established by Evergreen

	<p>Senior Citizens at the Look Out Community Centre plans to provide weekly social and recreational activities e.g. craft, for senior citizens. The Warden Supported facility led by staff, are developing a monthly programme of activities for the residents in the Warden Supported facility and for the wider community of Older Persons to increase socialization and reduce isolation of older persons.</p>
Health	<p>There is a home-visiting medical and nursing service in each community, which provides for those unable to attend the clinics. For the ambulant and chronically ill – those with diabetes, hypertension, arthritis etc., the clinics provide weekly services. The hospital provides free laboratory and x-ray tests to all persons over sixty years, as well as drugs for those with diabetes and hypertension. There is no charge for the majority of services associated with hospitalization for residents. However, for some medication types associated charges are made.</p>
Financial Security	<p>Montserrat introduced The Social Security Scheme in 1986, replacing the National Provident Fund Scheme. However, most of the persons over sixty-five years of age receive no old age pension. There is a need for the Government of Montserrat to consider standardizing payments for non-contributory old age pension and public assistance. This will require working in partnership with Government of Montserrat and the Social Security Board. In this, when a person reaches a defined age an individual can be referred to Social Security and removed from the public assistance of social welfare. This will require a change in both Social Security and Social Protection legislation.</p>
Social Protection Assistance	<p>Social Protection Assistance Is available to those who are assessed and approved to</p>

Public Welfare Assistance	<p>qualify for this monthly allowance. The Social Protection Allowance is a means-tested process and all persons who qualify are given financial assistance to cover the cost of food, toiletries and utilities. Assistance is also given to the most vulnerable to pay their rents.</p> <p>The Social Service Department provides one-off support to assist once to families with funeral expenses and medical expenses which may be incurred for necessary specialist treatment overseas and household appliances. All of these services are means tested.</p>
Housing (1)	<p>Fifty (50) units of warden supported housing and a Community Centre at Lookout for semi-independent elderly and disabled persons was completed and open for occupancy in 2002. A holistic Community Needs Assessment is undertaken by Social Services in conjunction with other agencies such as health, and housing, as well as other persons involved with the older person, to ensure and support their capability for independent living on the compound.</p>
Oriole Villa (2)	<p>Oriole Villa is part of the Mental Health provision within Montserrat, it is a warden assisted residential living facility that caters for 12 persons who have mental health issues.</p>
Mental Health Unit	<p>The Mental health Unit works with, and monitors, persons who also live in the community in apartments specifically designated for persons with mental health challenges who are assessed as able to reside in the community. In addition, there are persons who live with family members or on their own in housing provision or owner occupied housing. Amongst these there are older persons who have mental health concerns that are monitored by the Mental Health Unit.</p>
Institutions of Care for Older Persons (1)	<p>Margetson Memorial Home is a has 48-bed high dependency unit that responds to</p>

Margetson Memorial Home	persons with nursing care needs. This establishment is attached to Glendon Hospital.
Institutions of Care for Older Persons (2) Golden Years Foundation Home	The Golden Years Home for Older Persons is a privately operated, purpose designed home for older persons which has a 50-bed capacity and operates under the Golden Years Foundation, a Non-Governmental Organization, with over 80% Government subvention support for care as at December 2018. For persons assessed as unable to pay for this residential care, full financial support is provided within the subvention arrangements for them to obtain a place. There are a small number of fee paying residents. This establishment caters for residents who are semi-independent.
Occupational Therapist	This service currently does not exist on Montserrat. When it comes into existence the post holder will carry out their functions at all Residential Homes, the Look Out Community Centre, in Glendon Hospital and in the community, ensuring that older persons are stimulated to be active in whatever way they can. The programme will be both rehabilitative and recreational.
Physiotherapist	This service exists on Montserrat but the post is currently vacant. The importance of this post is to work closely with doctors and nurses to supplement patients' treatment plan. The primary role and focus is to restore functional movement after a person has had an injury, disease or even disability that has adversely affected their mobility.
Training	In the period of 2004 to 2018 one hundred and five persons, both in care-giving posts and otherwise, had successfully completed the Care of the Elderly Certificate Course offered by the University of the West Indies School of Continuing Studies. This is a pre-requisite for persons seeking employment in Residential Homes and other facilities for the elderly.

Socialisation	<p>The provision of care is not the only social aspect of an older persons wellbeing. People in this age group also benefit from mixing with each other and social interaction. It is important to bring them older people together regularly for activities and also to celebrate occasions.</p> <p>The Montserrat Senior Citizens Association hosts a number of social interaction events. For example, the Evergreen Senior Citizens Club holds weekly meetings to get members together and participate in activities aimed at stimulating and enabling them to reduce the experience of isolation. In addition, the Ministry of Health and Social Services hosts the October Month of Older Persons event. This provides a range of activities including, church service, domino, foot care, massage, karaoke, bingo, trip to Richmond Hill and a day at Woodlands Beach, dance display by the Masquerades group, Gospel and Penny Concert.</p>
Non-Governmental Organisations	<p>NGO's and individuals involved in providing support for older person's on Montserrat include: Meals on Wheels, St. Vincent De Paul Society; Red Cross, Rotary Club and various Church and Community Groups.</p>

3.0 NATIONAL POLICY FOR OLDER PERSONS

3.1 Process

The National Policy for Older Persons policy was drafted by the Ministry of Health and Social Services which followed public consultation on its contents in 2017. The consultation involved many stakeholders including members of the public (see appendix 1 for full list). The consultation was able to capture opinions from older persons, carers, the general public and private services that support older persons about their vision for an older person's policy on Montserrat (see appendix 2 for a summary of suggestions made). The consultation forms an important bedrock on this National Policy.

3.2 Introduction

The Montserrat Sustainable Development Plan (MSDP 2008-20) is a policy framework which identifies Montserrat's vision for its future. This National Policy for Older Persons endorses the view, contained in the plan, that says Montserrat is a nation that is *'A stable enlightened community that promotes integrity, accountability, inclusiveness and empowerment of the society.'* The Strategic Action of the MSDP 2008-20 is also consistent with the National Policy in its desire to: *'Develop, revise and implement disability, social welfare and other policies to address the needs of the vulnerable'*.

Older persons have been the cornerstone of the development of Montserrat, and the contribution they have made to society is part of the future that they have prepared for forthcoming generations. Therefore, we must work towards the development and rights of older persons so that they can spend their lives having a sense of independence, participation, care, self-fulfillment, dignity and peace.

The National Policy on care of older persons will ensure that total quality care and protection is provided to the elderly in Montserrat and that they are encouraged to participate fully in National Development.

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

It is important that Government and NGOs work in tandem to establish programmes aimed at strengthening the family structure. One desired outcome of this partnership is that it enables

older persons to remain in the family home safely for as long as possible, whilst receiving appropriate social, moral and economic support.

Older persons must be encouraged to remain active citizens in our society and must be involved in the formulation and implementation of policies that affect their wellbeing. The ultimate objective is to address the issues and concerns of older persons in Montserrat and to create programmes that are sustainable and responsive to the changing needs of older persons. The programmes will help older persons to meet their own basic needs so that they can achieve and retain a maximum degree of independence, productivity and security in their communities. In addition, they will provide health care that is accessible, affordable and equitable. They will encourage healthy lifestyles based on knowledge of the ageing process and create supportive environments to ensure that spiritual, social, emotional and physical needs are met.

3.3 PRINCIPLES

The principles outlined below are integral to this policy and include concepts around the promotion of Individuality, Choice, Participation and Family care.

Principles	
Equity	This policy aims not to discriminate because of racial or ethnic origin, religious belief, disability or gender
Independence	The keystone of the policy is to help older persons retain control of their own lives by making their own decisions and choices on matters that affect them.
Safety	A safe environment to live in inside and outside of their homes. To prevent and reduce the incidence of abuse of older persons and avoid exploitation. Safeguard the funds and property of older persons.
Security	Older persons need financial and economic security. Provide a safety net pensions, (social welfare)

Accessible, Affordable, Sustainable and Equitable:	There should be no discrimination in services for older persons. To provide comprehensive health care that is accessible, affordable and equitable. Formulate and implement programmes that are sustainable and respond to the changing needs of older persons.
Productive Ageing:	All older persons should be able to live socially and economically productive lives.
Home Care	Encourage older persons to remain independent and productive in their home /family environment with institutional care being an option at the end of a continuum of care.
Dignity	Older persons are entitled to receive services and benefits in a manner that maintains their humanity/dignity. In the provision of services, every effort will be made to acknowledge and maintain the dignity and worth of each individual and, as far as possible, promote their involvement in the decision making process. Older persons' must be respected.
Human Rights	Older persons have the right to choose and practice the religious belief of their choice, to ensure that their spiritual, social, emotional and physical needs are met. Protect the rights of Older Persons.

Healthy Lifestyles	Encourage healthy lifestyles based on knowledge of the Ageing process.
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3.4 GOAL OF NATIONAL POLICY

The National Policy will ensure that a National Plan for Older Persons will provide prevention, protection, independence, care and residential services. The goal of the national plan is to secure older persons' involvement and participation in national development by mainstreaming all national issues, policies, and legislation.

The National Policy aims to provide a continuum of care from independent living at home in the community to the need for complex care support, by planning multi-agency, integrated and seamless provision of services that respond to a range of needs. This goal entails a number of commitments from Government.

3.4.1 GOVERNMENT OF MONTSERRAT COMMITMENT

- To ensure and promote, security and participation of older persons.
- To promote the continuing education of all older residents on Montserrat in an effort to promote healthy lifestyles, that will help them maintain physical, mental, emotional and spiritual well-being.
- To involve elderly people in the formulation and implementation of policies and programmes that affect them.
- To offer rehabilitative approaches that seek to restore and maintain ability and independence.
- To safeguard older persons from, for example, physical and emotional abuse, from fraudulent dealings, from domestic abuse, from being forced to part with their ownership rights, from violation by families to their inheritance, occupancy and disposal.

3.4.2 OUTPUTS

- To prioritise educational programmes that encourage all communities to care for older persons at home.
- To offer facilities which provide adequate care and protection in an appropriate environment to improve the quality of life for older and disabled persons.
- To assure the provision of basic human needs.

- To offer support for self-reliance and independence of older persons.
- To provide, where possible, proper resource allocation for the social and economic welfare of older persons.
- To promote protection and care through appropriate support services that respect older persons humanity/dignity and provide the opportunity to live productive lives.
- To promote formal and informal services for older persons that enables them to remain in the family.
- To promote strategies and programmes to promote positive images of older persons in Montserrat and challenge age discrimination.
- To support the development of programmes that facilitate the participation of older persons in economic activities, and to offer opportunities for them to share their expertise, skills, and experience.
- To strengthen partnerships between non-governmental and statutory organizations.

3.4.3 MINISTRY OF HEALTH AND SOCIAL SERVICES COMMITMENT

- To effectively Co-ordinate activities related to the welfare of older persons.
- To provide information relevant to older persons through community based programmes and interventions
- To develop and strengthen communication and planning between government ministries, departments and NGO's, whose programmes have a major impact on the lives of older persons
- To promote high quality services for older people
- To promote the use of recreation/day care centers for older persons in Montserrat
- To strengthen the level of coordination and communication between the Ministry of Health and Social Services, Non-governmental Organizations and other agencies working towards improving the quality of life for older persons.
- To safeguard and protect older persons from abuse
- To promote good mental health by making the appropriate referrals and signposting older people to the relevant agencies and services

3.5 PRIORITY AREAS

3.5.1 NATIONAL INFRASTRUCTURE

GOAL

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

OBJECTIVES

- To ensure the recognition and implementation of Building Codes which will establish standards requiring the provision of safety ramps, rails and special gadgets in public buildings, public transport and institutions, but not limited to those which cater for older persons.
- To influence the development of large-scale national projects whether public or private, which cater to the ease of accessibility of older persons and provide recreational space designed to include the needs of older persons and persons with a disability, for example: walking trails, ramps for accessibility, hand rails and accessible toilets
- To encourage the purchase of public goods such as disability friendly public transportation buses
- To implement separate access for better mobility of older and disabled persons at work, in public buildings, in particular where social and health services are provided by erecting ramps, rails and mobility aids.
- To assist Older Persons living alone to make their environment safe and secure by the provision of, for example, handrails, ramps, smoke detectors and other devices
- To ensure that all institutions, which cater for older persons are equipped with warning devices, smoke detectors, fire extinguishers and up-to-date disaster and emergency preparedness plans.

3.5.2 LEGISLATION

GOAL

To ensure the rights of older persons.

OBJECTIVES

- To develop and implement laws to ensure protection of the rights of older persons against abuse, violence and discrimination to older persons

3.5.3 EDUCATION AND THE MEDIA

GOAL

To promote more positive images of ageing.

OBJECTIVES

- To sensitize all media about the concept of ageing with dignity so that this concept is evident in their output to the general public
- To partner with the media so that any activities conducted around senior citizens receive adequate coverage and positive publicity
- To encourage older people to participate to media programmes and events in order to raise the profile of older persons
- To encourage life-long learning amongst older persons

3.5.4 HOUSING

GOAL

To ensure that older persons have access to adequate housing.

OBJECTIVES

- To encourage and assist older persons to remain in their homes as long as it is possible and safe
- To promote alternative accommodation in a caring environment when their home is no longer suitable
- To provide adequate care systems and warden support to maintain older persons in their communities for as long as possible
- To ensure that the environment in which older people live is safe
- To ensure that landlords, as far as is practicable, give older persons ground floor priority
- To ensure that priority is given to providing older persons with appropriate, accessible and affordable housing
- To ensure adequate home placements and appropriate resources for their operation.
- To review the housing needs of older persons and establish projections of need for housing and institutional care. This will include establishing the numbers of older persons living alone and forecasting future need

3.5.5 SUPPORTIVE FAMILY ENVIRONMENT

GOAL

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

OBJECTIVES

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

3.5.6 ASSISTIVE AND ALTERNATIVE CARE

GOAL

- To provide a continuum of care for older persons as their needs change

OBJECTIVES

- To strengthen home care (voluntary or paid) support with responsibility for assisting with the physical, emotional, social wellbeing of the older persons.
- To provide development opportunities, educate and train the primary and secondary care workers, informal and formal carers and the general public about all facets of ageing.
- Complete holistic assessments which are client focused to determine the needs of persons who are finding independent living a challenge.

- To ensure a needs-led assessment which provides a care plan which is presented to an admission committee for home care support, residential or nursing care support.
- To assist the development of a rehabilitation service post discharge which provides human and Occupational Therapist service to enable persons to make choices about where and how they live
- To continue to support services involved in delivering care to Older Persons: Montserrat Senior Citizens Association, Evergreen Senior Citizens, Meals on Wheels, Rehabilitation planning, warden supported housing, residential care facilities.
- To provide training and upskilling support for carers in order for them to continue to provide the best of care for the elderly they care for.
- To establish protocol and standards of care for all institutions (private, government run or funded)

3.5.7 ECONOMIC SECURITY

GOAL

To promote economic security and stability, employment and other productive activities among older persons.

OBJECTIVES

- To encourage businesses to pay social security for their employees and to ensure that social security schemes are supported by the necessary legislation
- To encourage service providers to offer discounts and benefits to older persons
- To develop programmes to educate persons from a young age in financial planning for old age

3.5.8 HEALTH CARE AND PROMOTION OF HEALTHY LIVING

GOALS

1. To enable older persons to live healthy lives through the implementation of health maintenance programmes which are accessible, affordable, equitable and sustainable.
2. To define standards of geriatric appropriate health services, monitor and evaluate access of older persons to necessary health services.

OBJECTIVES

Services of Primary Care and Rehabilitation

- To recognize the significance of older person's health services as a part of the integrated

primary health care system with an emphasis on preventative medicine and to promote Primary Health care and Health Promotion programmes that emphasize the care of older persons

- To develop and establish programmes to rehabilitate older persons when recovering from incapacitating illness, including those with disabilities e.g. strokes, amputations, so as to maintain their independence and level of functioning.
- To facilitate in-service training for district and institutional workers in health care for older persons with special focus on identifying persons in the early stages of impairment and disabilities in order to take timely and appropriate action
- To develop awareness programmes on “Healthy Ageing” for adults, and the older population with intent to adopt into the school curriculum, starting with the young and targeting all age groups in an effort to promote healthy ageing.
- To promote primary Health Care/Secondary Health Care/Social Services - encourage and facilitate the further development of community based programmes to offer: Home Care, Respite Care, Rehabilitation Therapy/Physiotherapy, Assisted Living Care Programmes, Social Interaction/Social Programmes sensitive to the culture and socialization circumstances of the older person.
- To develop standards and procedures for the registration and monitoring of residential facilities for older persons
- To enforce Nursing Home Regulations and establish and maintain a monitoring system
- To promote lifelong learning experiences to equip individuals to assume greater responsibility for their health and well-being.
- To empower older persons to play a participatory role in their wellbeing, using all available resources for personal development.
- To establish exercise classes for older persons at Community Centers and other convenient locations.
- To ensure that older persons are well represented in the planning and evaluation of programs for their benefit.
- To provide user-friendly facilities where the older persons are treated with dignity and respect.
- To provide psychological and psychiatric services to those who are in need of them.
- To develop guidelines and processes for monitoring the health status of older people and implement a structure surveillance/monitoring system.

Services of Secondary Health Care and Prevention

- To minimize the effects of chronic debilitating disorders such as diabetes, hypertension, cancer, arthritis, cardiovascular disease, dementia and mental disorders and provide assistance where possible to reduce the impact of issues such as blindness and hearing loss in older persons
- To provide Secondary Health Care services that are available, accessible and affordable to all older persons.
- To improve the provision of services to meet the changing needs of older persons.

3.5.9 SEXUAL HEALTH

GOAL

To create an awareness about all aspects of sexual health through education via the media and through groups/association, targeting senior citizens and sensitizing them about their risk of contracting sexually transmitted diseases.

OBJECTIVES

- To ensure that community outreach campaigns on sexual health and allied programmes specially directed towards senior citizens
- To teach older persons about prevention and of sexually transmitted infections
- To engage in voluntary testing and counselling for older persons who may be reluctant due to their age
- To promote public awareness programmes to combat stigma and discrimination against elderly persons with sexually transmitted infections

3.5.10 NUTRITION

GOAL

To ensure that nutritional needs of the elderly are met.

OBJECTIVES

- To establish social services interventions to assist older persons to obtain prepare and eat an appropriate diet (e.g. meal on wheels programmes, transportation, and home delivery services.)
- To develop programmes to ensure that the nutritional care of institutionalized elderly persons meet their physiological and psychological needs
- To provide oral health services for the elderly to ensure that food intake is varied and adequate to ensure optimal nutrient intake
- To provide nutrition education and counselling for the elderly and care givers on the nutritional needs of elderly persons

3.5.11 MENTAL HEALTH SERVICES

GOAL

To ensure that mentally ill persons are given the services and support needed regardless of age, race, gender, religion or financial status.

OBJECTIVES

- To promote the development, implementation and evaluation of services rendered to older persons who are mentally challenged, especially through the mental health policy
- To promote public awareness programmes to combat the stigma of mental illnesses especially Senility, Dementia and Alzheimer's
- To promote social inclusion activities for older persons who are mentally ill
- To provide counselling for older persons
- To provide counselling for caregivers and guardians in the home, and in all institutions

3.5.12 EMERGENCY MANAGEMENT & DISASTER SITUATIONS

GOAL

To accommodate the needs of and safeguard the well-being of older persons in National Emergency situations whether in their homes or in shelters.

OBJECTIVES

- To consider older persons in the design, development and implementation of plans for preparedness and response programmes
- To train the first responders to be sensitive to the needs of older persons
- To educate and train shelter management teams about how to care for older persons in shelter situations
- To coordinate with the Department of Social Services Department for follow up intervention for older persons after the disaster
- To co-opt NGOs to assist with safeguarding the wellbeing (including evacuation) of older people in times of disaster
- To raise awareness and give guidance on individual shelter plans for homes
- To maintain a database keeping track of the elderly/vulnerable so that they all can receive prompt assistance in times of disaster.

3.5.13 RECREATION

GOALS

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

OBJECTIVES

- To provide an alternative for elderly persons to make constructive use of their time e.g.

recreational groups, day care activities

- To encourage positive interpersonal relationships with peers and neighbours
- To encourage personal self-esteem and confidence and provide an avenue for personal development
- To explore, enhance and share the talents and pastimes with their peers/counterparts
- To facilitate continuous exchange between older persons and young person's so that they can pass on knowledge and interact with each other

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

- a. Individual Activities
- b. Small and Large Group Activities
- c. Active and Spectator Participation
- d. Intergenerational Experiences
- e. Involvement in Community Activities and Events
- f. Indoor and outdoor activities as appropriate
- g. Opportunities to voluntarily perform services for individuals, institutions, community groups, and organizations
- h. Establish day-care activities where Older Persons can participate in fellowship, recreation, education, support and therapies
- i. Train or retrain those persons who can benefit in skills that are marketable and can make them self-employed
- j. In collaboration with relevant agencies and departments, provide an outlet where Older Persons can sell their products:
 - i. Provide incentives for continued productivity of older persons, including retraining and provision of appropriate technology for their re-entry into work.
 - ii. Provide retirement programmes and counselling.
 - iii. Build relationships between older persons living alone or in institutions and the community e.g. an "Adopt a Gran" program, through schools and/or churches.

3.5.14 RESEARCH AND DEVELOPMENT

GOALS

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

OBJECTIVES

- To identify gaps and deficiencies in social service provision and advocacy for older persons
- To collect data on current trends (locally, regionally, and internationally) in order to inform policy, decision making, and change
- To promote and fund a public health research agenda to identify threats to the health of older persons.

3.5.15 TRAINING AND DEVELOPMENT

GOALS

To develop a national plan for training in the study of Gerontology and Geriatric care to be an area of learning and development that Montserrat supports.

OBJECTIVES

- To review the 'Care of the Elderly' programme in Montserrat.
- To enhance the opportunities for further education and training in the area of Gerontology and Geriatrics.
- To provide scholarships and internships to enhance learning across the area of Gerontology
- To maximize learning opportunities for all health, social care and carers who work with older persons

3.6 CARE FACILITIES FOR OLDER PERSONS

All the tenets of this policy are applicable to older persons including those who are resident in care facilities on Montserrat. This policy would need to work in tandem.

To develop a regulatory framework for protecting the rights of older persons in long term care settings.

To consider care home standards for institutions in Montserrat which duly considers:

- Physical environment
- Safety Services

- Dietetic Services
- Residential, Respite and Nursing Care Services
- Co-ordination and Referral Services
- Human Resources
- Management and Administration

4. MONITORING AND EVALUATION

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

Monitoring, Evaluation and Reporting is an integral part of this policy. There is inadequate data on older persons' issues and in most cases persons aged above 65 years need to be factored into national activities that influence interventions and resource allocation.

This policy provides for the development of a Monitoring and Evaluation Framework that will outline the following processes: Monitoring, Evaluation and Reporting.

The objective of the Framework will be to track and document the initiation and progress of all the interventions outlined in the policy.

To ensure effective implementation of the Monitoring and Evaluation Framework, the Government shall in collaboration with relevant stakeholders:

- a. Establish and operationalize a Management Information System (MIS) to document the performance of programmes and provide information necessary for planning and decision making at all levels.
- b. Establish a communication strategy.
- c. Conduct research, analyze and disseminate results to inform improvement of policy implementation.

4.1 ADVISORY COMMISSION

GOAL

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

OBJECTIVES

- To have the Advisory Commission report to the Ministry of Health and Social Services and shall comprise of seven (7) members appointed by the Ministry of Health and Social Services.
- Members shall serve for a period of two (2) years with the option to be re-appointed for another term of two (2) years. The Commission shall be comprised of members representing Government, non-governmental and private sector organizations. The Commission will foster the incorporation of new approaches in the care of the older person and the strengthening of communication between the different agencies and departments concerned with the aged.
- The focal point for the Advisory Committee will be the Ministry of Health and Social Services.
- From time to time it may be necessary to co-opt persons with specific expertise to assist in its functioning.
- It is recommended that the standing members of the Advisory Commission should be:
 - a. Government – One representative from each of the following services, Social Services, Health Service, Health Promotion, Housing and Social Security.
 - b. Non-Government Organizations –Montserrat Senior Citizens Association, Montserrat Red Cross, Christian Council and Meals on Wheels.
 - c. Two Community Representatives from the Older Persons groups.
 - d. One representative from the Private Sector.

5. SUMMARY

The National Policy for Older Persons provides the framework, the priorities, and the direction, but these cannot be achieved by themselves. The document contains the key goals that will enable the care of Older Persons to be improved; one of the key targets under the Sustainable Development Plan 2008-2020.

It is recognized that there are many agencies, governmental and non-governmental, involved in providing services to older persons. It is possible that due to a lack of a non-formalized structure, there can be duplication of effort and in some cases omission of some needy persons. It will be necessary to establish inter-sectorial linkages, involving all related parties so that an efficient, effective and sustainable service is established.

This document starts from the premise that caring for older persons is no longer a solely obligatory/voluntary undertaking based on your relationship to the person in need of care. It is important to support the caring role; a carer should earn his or her fair due whether or not he/she is related to the person needing care. A carer's benefit scheme is entirely necessary for family members who out of obligation care for their older relatives. Support in the form of respite care be developed and that the service be subsidized to support both the older person and carer. The demonstrate an active interest to professionals who care for older persons in order to boost morale. Similarly, that interest in these professions is generated amongst those entering the

workforce to fill the current deficit and train future cadre of care givers. In addition, that these fields be given priority in terms of scholarships offerings and recruitment strategies.

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

- Consideration for the transfer of Golden Years to be a public funded organization within the Government of Montserrat.
- That the recommendations or solutions offered during the focus group discussions be implemented.
- The Montserrat National Policy on Older Persons shall be reviewed periodically as need may arise in order to bring on board emerging issues and ideas that will inform timely and appropriate interventions.

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APPENDICES

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Appendix 3 Paper outlining application for residential care in either LOWSA, MMH or GY

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Appendix 8 Mini Mental State Examination Scale

APPENDIX 1

LIST OF STAKEHOLDERS WHO PARTICIPATED IN THE COMMUNITY

STAKEHOLDER EVENT

1. Throughout the consultation process monthly meetings were convened to consult comprising of the following persons:
 - Chair - Director of Social Services
 - Chief Medical Officer
 - Principal Nursing Officer
 - Chair of Montserrat Senior Citizens Association
 - Doctor in charge of Elderly Care in Golden Years Home (GYH)
 - Margetson Memorial Home (MMH)
 - Cheryl White Manager of Golden Years Home
 - Kenton Weekes Therapist.
2. In addition, the following persons have also been consulted:
 - Board member of Golden Years Home
 - Chair of the Montserrat Diabetes Association
 - Chair of the St Vincent de Paul Association
 - Member of the Social Welfare Board
 - President of the Montserrat Association of Retired Persons
 - Treasurer of the Ageing Diabetes Association
 - Community Nursing Manager
 - Government of Montserrat Epidemiologist /Health Planner
 - Acting Manager - Margetson Memorial Home
 - Community Mental Health Officer
 - President of the Montserrat Association for Persons with Disabilities (MAPD).
 - Volunteer for Montserrat Association for People with Disabilities
 - Senior Psychiatric Nurse.
 - Manager of Lookout Warden Supported Apartments (LWSA) for Social Services.
 - Director of the Montserrat Red Cross.

APPENDIX 2

SUMMARY OF SUGGESTIONS MADE DURING THE STAKEHOLDER

CONSULTATION EVENT

- a. Older Persons should be entitled to fees waiver and reduced fees for certain services. For example, those who are 60 – 65 years old would be able to receive concessions/reductions and those who are 65 and above can access certain services without charge.
- b. The need for legislation to protect the rights of older persons
- c. Persons in the community in Montserrat feel that they are ignored, powerless and neglected which leaves them voiceless when decisions are being made. Alongside this, older persons would be encouraged to express their opinions and views on their own welfare and their consideration in the national agenda.
- d. There is a need for a day center facility to cater for respite support for persons in the community living with relatives or on their own to reduce isolation, increase socialization and provide needed respite for carers.
- e. In Montserrat as older persons reach a stage where they are unable to gainfully work they begin to experience financial hardship, their children are unable to assist them as they have their own commitments. In this regard improvements in the social security payment amounts are definitely needed.
- f. Pensions at times are perceived as inadequate and unfair. Pensions from abroad need to receive percentage increases as appropriate.
- g. Financial stability in later life; savings and investments for the future are practices which young people should be engaged in over their lifetime and older persons have acknowledged that living from hand to mouth meant that they were not in a position to save money.
- h. Grocery costs are expensive for older persons, many cut back on their shopping and this could impact on the nutritional basis of the diet. Healthy living requires healthy eating to avoid the onset of medical conditions.
- i. Transportation is a necessity in Montserrat, to enable older persons to travel to medical appointments, or go shopping. It is important for such transportation to be wheelchair accessible.
- j. Access to water some persons may not be able to afford to pay for water connections and supply. The Utility service may wish to consider reducing or waiving the cost for older persons.
- k. Access to medical care medical care and filing prescriptions is not prioritized due to fees.
- l. Physical Planning needs to take account of person with mobility issues, wheelchair accessible entrances, toilets, waiting areas interview rooms, housing, transport, etc.
- m. Occupational Therapy in post.

APPENDIX 3

Introduction

The purpose of this paper is to outline a way of managing the need for suitable care, when a person is unable to cope, without support, in the community. The facilities involved are Lookout Warden Supported Apartments, Golden Years Home and Margetson Memorial Home.

Proposed Departmental Procedures and Multi-Agency Working

When Medical, Nursing (hospital or in the community), social work staff, neighbours and family members become aware of an older or disabled person showing an inability to manage in the community, the following steps should be taken: -

1. A referral should be sent to the Social Services Department (SSD) staff to undertake a Community Needs Assessment, included and if needed, the use of additional assessment tools to indicate the level of need. ie Activities for Daily Living / Dementia / Depression screening as required. This assessment may therefore need to be done with the assistance of the District Nurses / Secondary Health Care Nurses as the person may be in the hospital /Community Mental Health personnel / Physiotherapy Service i.e. the assessment is multi-agency in nature and is therefore a multi-agency team (MAT) responsibility.
2. The assessment would be undertaken with the full consent and co-operation of the person concerned as much as this is possible, and also their / family member / carer / supporter. This will take the form of 'informed consent' to the client and family member / supporter. *2
3. The assessment should include a part for the family member or other person currently in a caring role to advise the (MAT) fully as to the needs of the person.
4. An assessment committee will be convened to review the person's needs and determine the most suitable care or appropriate placement out of the three placement opportunities currently available in Ageing; Lookout Warden Supported Apartments (LWSA), Golden Years Home(GYH) or Margetson Memorial Home (MMH). (see criteria for admission below).

Financial arrangements

A **financial assessment** will be involved at this stage to enable a properly costed remuneration for the care that they will receive to reflect the cost involved (*cabinet decision*).

The financial aspect of the assessment will be initiated by the admissions committee decision and undertaken by the Social Services staff involved in the Community Needs Assessment.

In 2013 a Social Welfare report was commissioned by the GOM (DfID) to review the Social Welfare Service in Ageing. This was undertaken by Greg Mc Taggart ^{1*}. Amongst the recommendations was that the provision of services to elderly and disabled persons should reflect the costs of the services involved. (See Executive summary no 32). ^{1*}

The financial assessment in keeping with the Mc Taggart report recommendation ^{*1} will potentially involve the client **paying a cost for the care they receive**, if they have resources to do so. The majority of cost burden for GYH (Residential) is carried by government. It was suggested (Executive summary no 33) ^{*1}, that GOM should “draw up financial instruments in order to seize assets where a person defaults on any payments due to the government for the cost of residential care, medical care or other social care services provided to them by Government”. ^{*1} It would be sensible to ensure that this also refers to the assets that are available after a person’s death, if there are outstanding fees to be paid for the care they have received.

Cost per person in MMH will likely to be higher due to the staffing ratios and there should be staffing to provide for realistic care needs especially as the level of dependency increases due to or chronic non-communicable diseases and their co-morbidities. For MMH the view is that:-

- a) It would be useful to have nursing coverage for the night shift 10pm-7am.
- b) A deputy home manager
- c) Four floor supervisors to improve accountability for the care residents receive.

This level of staffing is currently unavailable.

The division of cost burden between GOM, Carer or client will need to be decided at the political level. The financial assessment will determine the extent of the non-GOM contribution.

Admissions Procedures for supported living or residential/nursing care in Ageing including procedures for transitioning residents between facilities depending on the level of/type of care required.

Admissions Committee

Chaired by the Director of Social Services or Senior Social Worker (SSW) as available and attended by

1. Manager Golden Years Home
2. Senior Social Worker to represent Lookout Warden Supported Apartment (LWSA)
3. Community Nursing Manager.
4. Community Mental Health Officer (CMHO)
5. Medical Officer (MO) responsible for the homes
6. Chair or representative of the Montserrat Senior Citizens Association (MSCA)
7. Chairperson of the St Vincent de Paul Association.
8. The chairperson / senior representative from the relevant District Area Community Committee
9. Manager of Margetson Memorial Home (MMH)
10. A Senior representative from the Housing Department.

A deputy chair would be the Manager of the Community Nursing Service

A quorum is 5 persons and there should also always be a representative from one of the homes.

A secretary should be assigned from the Ministry of Health and Social Services for the role of meeting co-ordinator / information distributor/ minute taker and letter writer to inform outcome and the appeals process.

Term of reference

Assessment Committee

- Receives all the appropriate documentation to support the application
- Assess the information provided
- Require any additional information
- Determine the placement of the applicant
- Inform the applicant or third party of the placement in writing
- Inform the manager of the appropriate home of the result of the application for action.
- The decision of the committee as stated by the chair is final but an appeal can be lodged within the TOR of the Appeals Committee.

Appeals Committee

The Committee needs to be comprised of: -

1. Principal Nursing Officer (PNO) (Chair)
2. Hospital secondary care manager
3. CMO (Deputy Chair)
4. Ageing Association of Retired Persons (An older persons' representative)
5. Senior Community Psychiatric Nurse
6. Chief executive or board level delegate of GYH
7. Senior Social Worker (SSD)
8. Public Health Nurse manager

A quorum is 5 persons

If the quorate group for either Committee feel that an item on the agenda could not properly be addressed for whatever reason, the Chair should decide on the advice of the Committee to re-schedule the matter for a specific period, no longer than a fortnight.

TOR Appeals Committee

The acceptance of an appeal on receipt of a letter from the applicant or his/her supporter following the original application and subsequent Admission Committee decision will be determined on the following basis: -

- The process of the application was not managed by the Committee according to their terms of reference.
- That additional information supports this appeal.

The working practice for this committee will be the same as for the Admissions Committee.

Secretarial support will be as per Admissions Committee.

If the client is not content with the decision they could write to the admissions secretary who would forward the letter to the Ministry of Health for a final decision from the Minister.

Working practice

Applications

All applications should include an application form, a Community Needs Assessment from the Social Services Department (on island or overseas), a health assessment and a mental health assessment (if indicated as needed by the Doctor undertaking the health assessment). The application must be signed by the applicant or a legally designated third party. ***(The provision of all these documents will assist in ensuring that the appropriate placement is found for the older person.)***

Applications should be forwarded to the committee members at least 3 working days in advance of the meeting (electronically or in paper form) to enable a considered decision to be made. The chairperson has the prerogative of cancelling the meeting if the documentation is not received in time.

A secretary for the committee/minute taker should be arranged for each meeting whose duties include:

- Setting the time and venue of the meeting in conjunction with the chairperson
- Forwarding any necessary paperwork (Electronic or paper) to inform the committee members of the details of the application or appeal. (This must be stated as confidential)
- Taking all minutes of the meeting and forwarding these to the committee members within a week of the meeting.
- A letter of decision to be sent to the applicant (copied if appropriate to any carer/supporter) and copied to the receiving home. Advice on appeals to be included.

Applications from overseas

- These must be from the applicant or supported by a power of attorney and supported by an assessment from the SSD in the area of the applicant. This should include financial information to support the application, and indicate proposed financial arrangements for the **duration** of the placement.
- All applications must include a health assessment from a registered medical practitioner and an assessment from the SSD in the area of the applicant.
- Should this be deemed necessary by the medical practitioner completing the assessment, a separate mental health assessment should be required to support any application being considered by the committee.

Placement

- In the event of a split decision in the committee the Chairperson has the casting vote.
- Following the decision, the placement home will take over contact with the applicant and make all necessary decisions to arrange the accommodation.

APPENDIX 4

Application Form

For admission to:

Lookout Warden Supported Apartments (LWSA)

Golden Years Home (GYH)

Margetson Memorial Home (MMH)

1. Applicant's Full Name (Birth Certificate or Passport).

2. Also known as: -

3. Gender Male Female (Circle)

4. Date of Birth _____ Age _____

5. Marital Status _____

6. Religion _____

7. Current Address _____

Phone Number _____

8. Responsible family member/ Carer/ supporter; name, relationship, address, Tel NO.

9. Reason for seeking admission? (Clients words if possible) _____

Name and Signature of Client: _____

Name and Signature of Supporter/Family Member. _____

Date: _____

(Note this application form **must** be accompanied by a Community Needs Assessment, Health Assessment, Mental Health Assessment (if needed) and forwarded to the Secretary of the Admissions Committee who will convene the meeting. A financial assessment will be required as a part of the process.

Admissions Committee outcome form

Please find below a statement from the Admissions Committee in response to the application of:

Name of Applicant: _____

DOB of Applicant: _____

Statement of the Chairperson of the Admissions Committee:

Name : _____ Signed: _____

Status: _____ Date: _____

Please Note that this decision is final. Should you wish to appeal the process a letter needs to be written to The Admission Secretary for Supported living, Ministry of Health and Social Services, Government Headquarters, Brades.

A complaints procedure is available by contacting Social Services (491 3895) or socserv@gov.ms for the required information.

APPENDIX 5



Ministry of Health & Social Services

Social Services Department
P. O Box 24
Brades
Montserrat W. I.

Tel: (664) 491-3895/8142
Fax: (664) 491-3131
Email: socserv@gov.ms

COMMUNITY NEEDS ASSESSMENT

CLIENT CODE (SSD)

(Explain to the Client the assessment process; the kind of information required and why. Permission should be requested to gain specific information to assist the process from other professionals / people. (see below).

Full name of client (including any alias).....

DOB:

Ethnicity: First language if not English:

Religion:

Status: married/single/with a partner/widowed /separated/divorced (circle as required)

Address:

Tel No: - Home: Cell: Work:

DATE OF COMMENCEMENT OF ASSESSMENT:

PRESENTING PROBLEMS and NEEDS (client lead)

(Background events leading up to current situation - What happened /when / why / how/and where did it happen)

CURRENT ACCOMMODATION (*List people in the home with client first.*)

How many people live in the household? 1 2 3 4 5 6 (circle)

<u>Name</u>	<u>Gender</u>	<u>Age/DOB</u>	<u>Relationship to Client</u>	<u>Employment</u>

Describe current housing and explain if unsatisfactory: -

Indicate any falls risks:

Indicate any sanitation issues:

Are you temporarily in hospital at the moment? YES NO

DESCRIBE A DAY IN THE LIFE OF THE CLIENT when in their usual accommodation.

(discuss personal care needs including any needs around getting up, using any medication, washing, dressing, cooking, eating, shopping, - list any equipment needs.)

Questions to include "What types of personal or household chores are hardest for you?"; And "What did you do yesterday?"

FAMILY SUPPORT (include **who** is your main carer/source of support and **how** frequently do you see them and **what** do they provide? Is this enough to manage your situation?)

Name of carer/emergency support:

Address: Tel No: Cell:

To the Care Giver

Please document any care-giver issues and concerns *including any safety issues:*

.....
.....

SOCIAL SITUATION (consider friends / activities or interests/church life / isolation. **What** would the client like to change due to their needs?)

OTHER SIGNIFICANT FAMILY & FRIENDS:-(In Ageing -(M'rat), Overseas(OS))

Name	Gender	Age	Relationship to Client	Address/Tel no/Email/in M'rat /OS

HEALTH NEEDS–(i.e. consider physical/emotional/psychological/sensory issues/and any cognitive/communication needs.)

- ***When was the last time you lost your balance?***
- ***How would you rate your health – Excellent Good Fair Poor (Circle)***
- ***Will you describe the medical and/or health problem(s) you are experiencing? How does that affect you?***
- ***What medications (including over-the-counter) have you taken/will you take today? What are they for?***
- ***Do you take these medications as prescribed? If no, why not?***
- ***Do you have other prescribed medications that you do not take regularly? Explain?***

MENTAL HEALTH NEEDS (eg consider client's orientation –time/place/person/event;self description of problems; alcohol /substance misuse. What is the problem? How long has it been a problem? Why is it a problem and what is it's impact on the client's life?)

Appendix 1b): - Geriatric depression scale

Score and comments (if used)

Appendix 1c): - Dementia scale or mini-mental Folstien Dementia tool.

Score and comments (if used)

With reference to Health /Mental Health: Name of main professional - (nurse/doctor/ other professionals involved with your health provision.ie. the person you see most.)

.....

FINANCIAL / WORK SITUATION (consider any worries or concerns that impact on your current situation)

1) Are you currently employed? Yes No (Circle) If Yes, What is your job?

2) If yes, do you experience any difficulties in undertaking your work?

.....

3) Do you receive Social Security? Yes No (circle)

4) Do you have other sources of income? Yes No (circle)

5) Do you wish to make an application for Social Welfare assistance? (Explain financial assessment involved)

6) Do you have any concerns about how your finances are managed?

Have you made a will? (Explain that this is important to protect yourself in managing your finances and supporting yourself in later life.)

It may be helpful to discuss your needs with your carer, a family member or other professionals/agencies involved in your care. For this we shall need your permission.

I give my permission for Social Services to talk with the following person(s) or organization(s) who are involved in my care.

Tick box

- ☐ Client's carer:
- ☐ Family member (*state name*):
- ☐ Health professional – Nurse:
- ☐ Health professional - Doctor:
- ☐ Other (*specify*):

Client's signature:

CONCLUSIONS AND RECOMMENDATIONS (*including discussions with client and others /any agreements with other agencies*)

CARE PLAN (*after assessment shared with Client via a case conference/individual discussion/as needed.*)

List who has agreed to do what, how, where and when?

- 1.
- 2.
- 3.

Agreed Multi-Disciplinary distribution list: - (tick as needed)

Person /professional /agency/whole report/care plan

Client's views of care plan? *(Please note views of agreement and disagreement/concerns) and the reasons for proceeding if the client disagrees.*

Date Assessment Completed:

Agreed Review Date:

Signed: - Client/Carer

Signed: - Social Worker

Signed: - Senior Social Worker/Chairperson**Date:**

APPENDIX 6

Functional Assessments (2)

Activities of Daily Living

Name of Client

Please indicate need below:

	Independent (1);	A little help (2);	Significant help (3);
Eating			
Using toilet			
Dressing			
Grooming (e.g., hair, nails, clothing)			
Bathing			
Physical Mobility			

Total score: - (6 independent; 18 significant help)

Instrumental activities of daily living: name of client

	Independent =1	With little help =2	Significant help needed =3
Using telephone			
Shopping for groceries			
Transportation			
Meal preparation			
Housework			
Taking medications			
Handling finances			

Total score: - (7 independent; up to 21 with help or significant help needed)

APPENDIX 7

Geriatric Depression Scale (Short Form)

Patient's Name: _____ Date: _____

Instructions: Choose the best answer for how you felt over the past week. Note: when asking the patient to complete the form, provide the self-rated form (included on the following page).

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / NO	
2.	Have you dropped many of your activities and interests?	YES / NO	
3.	Do you feel that your life is empty?	YES / NO	
4.	Do you often get bored?	YES / NO	
5.	Are you in good spirits most of the time?	YES / NO	
6.	Are you afraid that something bad is going to happen to you?	YES / NO	
7.	Do you feel happy most of the time?	YES / NO	
8.	Do you often feel helpless?	YES / NO	
9.	Do you prefer to stay at home, rather than going out and doing new things?	YES / NO	
10.	Do you feel you have more problems with memory than most people?	YES / NO	
11.	Do you think it is wonderful to be alive?	YES / NO	
12.	Do you feel pretty worthless the way you are now?	YES / NO	
13.	Do you feel full of energy?	YES / NO	
14.	Do you feel that your situation is hopeless?	YES / NO	
15.	Do you think that most people are better off than you are?	YES / NO	
TOTAL			

(Sheikh & Yesavage, 1986)

Scoring:

Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is normal. A score greater than 5 suggests depression.

Sources:

- Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. *Clin Gerontol*. 1986 June;5(1/2):165-173.
- Yesavage JA. Geriatric Depression Scale. *Psychopharmacol Bull*. 1988;24(4):709-711.
- Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res*. 1982-83;17(1):37-49.

APPENDIX 8

The Mini Mental State Examination (MMSE)

- a) *By: Lenore Kurlowicz, PhD, RN, CS and Meredith Wallace, PhD, RN, MSN*
- b) **WHY:** Cognitive impairment is no longer considered a normal and inevitable change of an older person. Although older adults are at higher risk than the rest of the population, changes in cognitive function often call for prompt and aggressive action. In older patients, cognitive functioning is especially likely to decline during illness or injury. The nurses' assessment of an older adult's cognitive status is instrumental in identifying early changes in physiological status, ability to learn, and evaluating responses to treatment.
- c) **BEST TOOL:** The Mini Mental State Examination (MMSE) is a tool that can be used to systematically and thoroughly assess mental status. It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. The MMSE takes only 5-10 minutes to administer and is therefore practical to use repeatedly and routinely.
- d) **TARGET POPULATION:** The MMSE is effective as a screening tool for cognitive impairment with older, community dwelling, hospitalized and institutionalized adults. Assessment of an older adult's cognitive function is best achieved when it is done routinely, systematically and thoroughly.
- e) **VALIDITY/RELIABILITY:** Since its creation in 1975, the MMSE has been validated and extensively used in both clinical practice and research.
- f) **STRENGTHS AND LIMITATIONS:** The MMSE is effective as a screening instrument to separate patients with cognitive impairment from those without it. In addition, when used repeatedly the instrument is able to measure changes in cognitive status that may benefit from intervention. However, the tool is not able to diagnose the cause for changes in cognitive function and should not replace a complete clinical assessment of mental status. In addition, the instrument relies heavily on verbal response and reading and writing. Therefore, patients that are hearing and visually impaired, intubated, have low English literacy, or those with other communication disorders may perform poorly even when cognitively intact.

The Mini-Mental State Exam (Folstein)

Patient _____ Examiner _____

Date _____ Maximum Score: _____

Orientation

Max Scores

5 () What is the (year) (season) (date) (day) (month)?

4 () Where are we (country) (location) (hospital /my house) (ward/a specific room)?

Registration

3 () Name 3 objects: 1 second to say each. Then ask the patient to name all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.

Trials _____

Attention and Calculation

5 () Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backward.

Recall

3 () Ask for the 3 objects repeated above. Give 1 point for each correct answer.

Language

2 () Name a pencil and a watch. Show these to the patient and ask them to name them

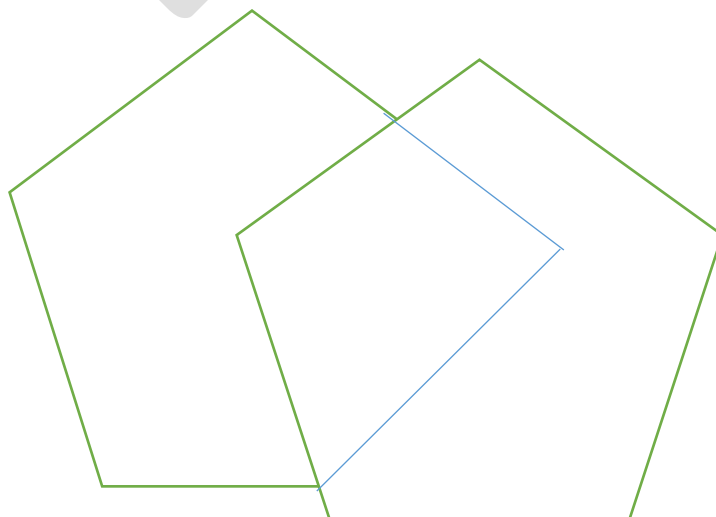
1 () Repeat the following "No ifs, ands, or buts"

3 () Follow a 3-stage command: "Take a paper in your hand, fold it in half, and put it on the floor."

1 () Read and obey the following: CLOSE YOUR EYES

1 () Write a sentence.

1 () Copy the design shown



Total Score ____

ASSESS level of consciousness along a continuum _____

Alert – Drowsy - Stupor- Coma

*₁ Plan for further Action – Social welfare review 2013 for Ageing by Greg Mc Taggart.

*₂ Informed consent “permission granted in the knowledge of the possible consequences”. See Safeguarding Policy in the Older Persons Policy Appendix 3.

List of Figures

Fig.1 Map of Montserrat

Fig.2 Elderly Population by sex

Fig.3 Age Group of Population 2018

Fig 4. Absolute Numbers & Percentages Breakdown by Citizenship 2011 & 2018

Fig. 5 Total Population by Country of Birth

DRAFT

ACTION PLAN

PRIORITY AREA 1: National Infrastructure

GOAL: By 2024, Montserrat will ensure that new and existing buildings are made accessible to older persons

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 - 2022	2023 - 2024	2025 -2026
To include in the Building Codes standards requiring the provision of safety ramps, rails and warning devices in public buildings.	Age design category added to criteria for award of planning approval to all who wish to secure GOM public buildings contracts All Building Codes adhered to	Develop age design clause to insert in planning applications Maintain up to date record of all building works and their compliance with the codes	Minister of Health and Social Services Department of Physical planning PDW	X		
To campaign for existing building owners to modify their structures to facilitate access for older persons	Number of building structures modified by 2022 where feasible	NGO to activate awareness programmes	PDW	X		
To influence the development of large scale national projects whether public or private, which cater to the ease of accessibility of older persons and provide recreational space designed to include the needs of older persons and persons with a disability, for example; walking trails, ramps for accessibility, hand rails and accessible toilets	An increase in the number of accessible facilities on Montserrat by 2024	Develop accessibility standards Review public projects across all Ministries for accessibility against standards	PS's for all six Ministries on Montserrat		X	
To encourage the purchase of public goods such as sidewalks, and public transportation for the older person and disabled person (buses, boats)	Numbers of purchases made by 2023	Consult with financial Minister and relevant Permanent Secretaries	Premier Ministry of Finance Procurement Team		X	
Implement separate access for better mobility of older and disabled persons at work, in public buildings, in particular where social and health services are provided.	Access improved in public buildings as measured by visitor positive comments implemented by 2023	Awareness Programmes		X		
Improve access to public transportation by erecting ramps, rails and mobility aids	Access improved as measured through customer survey by 2024			X		
Assist Older Persons living alone to make their environment safe and secure.	The provision of, for example, handrails, ramps, and other safety devices				X	

PRIORITY AREA 2: Legislation

GOAL: By 2023, Montserrat will ensure the rights of older persons

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 - 2024	2025 -2026
Develop and implement laws to ensure protection of the rights of older persons against abuse, violence and discrimination	Implementation of laws Develop in draft stage law on Safeguarding Adults and Older Persons	Draft laws, discuss and consult on laws take to legislative assembly for amendments	PS Health and Social Services		X	

PRIORITY AREA 3: Education and the Media

GOAL: By 2026, Montserrat will promote positive images of ageing

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 - 2022	2023 - 2024	2025 - 2026
To sensitize all media houses about the concept of ageing with dignity so that this concept is evident in their output to the general public	Survey to record 75% of older people satisfied with media output on older people to be achieved by 2023	Increase awareness of concept of ageing in general Target media outlets for knowledge and awareness on concept	SSD Health promotion Coordinator NGOs		X	
To partner with the media so that all activities connected to older persons receive positive coverage and publicity	Survey to record 75% of older people satisfied with media output on older people to be achieved by 2023	Target media outlets for knowledge and awareness on concept	SSD NGO's		X	
To encourage older people to make contributions to the media in order to raise the profile of older persons on Montserrat	Number of older persons contributing between 2021 and 2026	Facilitate older persons to join local groups so that they can contribute collectively				X
To encourage life-long learning amongst older people on Montserrat	More than 20% of older people on Montserrat engaged	The provision of appropriate MCC courses	Liaise with PS for Education to develop a strategy			X

	in formal, informal or non-formal learning					
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PRIORITY AREA 4: Housing

GOAL: By 2026, Montserrat will ensure that older persons have access to adequate housing

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 - 2024	2025 - 2026
Encourage and assist older persons to remain in their homes as long as it is possible and safe	Implementation of research designed to compare numbers in community with numbers in care homes between 2021 and 2023	Design research aimed at uncovering factors that assist older people to remain in own home Analyse and implement results by 2025	MoHSS			X
Promote alternative accommodation in a residential environment when an older person's home is no longer suitable for them	The production and dissemination of one publication that contains information on all residential care and nursing homes on Montserrat and their criteria for entry by 2022	Consult with care and nursing home leads, PS for Health and Social Services; Minister for Health and Social Services and the Director of Social Services to design publication	MoHSS			
Provide adequate care systems and warden support to maintain older persons in their communities for as long as possible	Review existing services for adequacy and quantity via survey	Design and implement evaluation survey	MoHSS			X
To ensure that the environment in which older people live is safe	Ensure all care homes are up to date with their safety inspections by 2022 All referred older people to have a holistic assessment that includes environmental safety	Liaise with care home managers for inspection regime and compliance with it Make sure SSD assessment tool contains risk assessment on environmental safety	MoHSS RMPF			

To ensure, as far as is possible, that landlords give older persons ground floor priority	Production of document for landlords exhorting them to prioritize older people on the ground floor	Liaise with landlords direct and via media outlets Awareness Programmes Outreach Programme	MoHSS NGO's		X	
Ensure that priority is given to providing older persons with appropriate, accessible housing	Numbers of older people on housing waiting list reduced significantly	Liaise with housing unit Liaise with HLAC	MoHSS Housing Department			
Ensure that there are adequate home placements available and appropriate resources for their operation.	Conduct research into demand vs supply to include resources available to report by 2023	Monitoring Provide new spend for financial assistance			X	
To review the housing needs of older persons and establish projections of need for housing	Conduct research into demand vs supply to include resources available to report by 2023	Monitoring			X	

PRIORITY AREA 5: Supportive Family Environment

GOAL: By 2024, Montserrat will promote a supportive environment which allows older persons to participate in family affairs

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 -2024	2025 - 2026
To develop a social support system for example assisted living programmes, (both formal and informal), with a view to enhancing the ability of relatives to take care of older persons within the family	Creation of social support system Survey relatives of older people for satisfaction levels of existing support and ideas for new forms of support by 2024	Design of social support system Design and implementation of survey	MoHSS		X	
Establish support groups for families with special problems and special care giving needs such as those with dementia and physical disabilities	Creation of support group by 2022	Obtain a base-line of numbers involved and types of problems likely to be encountered. Establish criteria for inclusion in group and TOR for group	MoHSS NGO's	X		

Through appropriate mechanisms, support older persons by creating conditions that enables them to work and live independently in their own community as long as possible	Identify interventions, based on evidence, that enables the older person to work longer if they so choose by 2024	Ask older persons through survey what they need in order to continue to work	MoHSS Human Resources		X	
Promote, enhance and support family care giving	Establish a Service level Agreement with MAOP by 2022	Consult with Montserrat Association of Older Persons organization for view on how best to improve the service		X		
Give due recognition and encouragement to the valuable contribution that older persons have made to families and society	Hold an annual event recognizing older peoples contributions to society	Celebrate International Month of the Older Person in October	PS Health and Social Services		X	
Support, develop and implement appropriate mechanisms to assist older persons and disadvantaged families caring for children, dependent older persons, disabled members, including those affected by HIV/AIDS and encourage both men and women to share the responsibility	Review SLA of MAOP for adequacy Conduct research to establish adequacy of support amongst older persons and their carers by 2024	Design research to capture views of target population			X	
Improve the situation of older persons including working older persons especially in cases where they lack adequate family support.	Develop satisfaction survey of older person of services available to them by 2022		MoHSS	X		

PRIORITY AREA 6: Assistive and Alternative Care

GOAL: By 2023, Montserrat will provide a continuum of care for older persons as their needs change

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 -2024	2025 - 2026
Support home carers (voluntary or paid) by assisting with the physical, emotional, social wellbeing of the older persons.	Consider implementing a carers Act in law to strengthen their role Seek feedback from carers and use this information to inform further support by 2024	Discuss with PS MoHSS Discuss with Minister of H&SS	MoHSS		X	
Provide development opportunities, by educating and training the primary and secondary care workers; informal and formal carers and the general public about all facets of ageing.	Number of training events provided by 2024	Design and implement training events	MoHSS		X	
Complete holistic assessments which are focused to determine the needs of persons who are finding independent living a challenge.	Review adult services CNA form by 2021	Adult services to review the existing form and implement changes to ensure holistic assessment	MoHSS	X		
Ensure a needs led coordinated multi-agency assessment which provides a care plan which can be presented to the admissions committee for home care support, respite support, residential or nursing care support.	Production of a joint intake form covering all residential homes for older persons on Montserrat by 2023	Liaise with directors of care and nursing homes Director of SSD and Red Cross	MoHSS	X		
To provide a rehabilitation service post discharge which provides human and assistive devices to enable persons to make choices about where and how they live	Establishment of rehabilitation service	Liaise with PS MoHSS & Minister of H&SS to discuss feasibility of proposals and lay plans for implementation	MoHSS		X	
To continue to support the services involved in delivering care to Older Persons: - Montserrat Senior Citizens	Review each named service by 2023	Review subvention paid to each service as appropriate	MoHSS NGOs	X		

Association, Evergreen Senior Citizens, Meals on Wheels, Rehabilitation planning, warden supported housing, residential care facilities.	Have a SLA in place for each service as appropriate by 2023	Consider evaluation of each service for value for money Evaluate each service through service users, staff employed and those in charge				
To assist training and upskilling support for carers in order for them to continue to provide the best of care for the elderly they care for.	Established training for carers provided by 2024		MoHSS	x		
Establish protocol and standards of care for all institutions (private, government run or funded)	Written protocol in place by 2024	Liaise with heads of home Consult with building codes to ensure compliance Review existing standards and compare with international standards	MoHSS	x		

PRIORITY AREA 7: Economic Security

GOAL: By 2024, Montserrat will secure security, stability, employment and other productive activities among older persons

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 - 2022	2023 -2024	2025 -2026
Encourage businesses to pay social security for their employees and support this with the necessary legislation	New legislation enacted by 2025	Link with businesses to alert them of pending change Draft legislation and take it through necessary process and stages until implementation including public consultation and parliamentary legislative amendments	Ministry of Finance Attorney General's Office			x
Incentivize service providers to offer discounts and benefits to older persons	Numbers of discounts and benefits secured by 2022	Talk with business forum so they can link with members on this issue Engage shops and supermarkets to negotiate			x	
Develop programmes to educate persons from a	Programmes developed and	MSS	PS Education, Community and Youth Services			x

young age in financial planning for old age	implemented by 2026	MCC				
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PRIORITY AREA 8: Health Care and promotion of Healthy Living

GOAL: By 2025, Montserrat will:

- 1 Enable older persons to live healthy lives through the implementation of health maintenance programmes which are accessible, affordable, equitable and sustainable.
- 2 Define standards of all health services, and monitor and evaluate access of older persons to these services.

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2024	2025 - 2026	2027 - 2028
Promote Primary Health care and preventative Health Promotion programmes that emphasize care of older persons	Number of programmes produced by 2023	Facilitate creation of health care programmes Establish outreach programme to reach 'hard to reach' older persons Formulate strategies to improve access to primary health care	Health promotion Coordinator MoHSS	x		
Develop and establish programmes to rehabilitate older persons when recovering from incapacitating illness, including those with disabilities e.g. strokes, amputations, so as to	Number of programmes produced by 2024	Discuss with PS MoHSS recruitment of OT Invest in aids and assistive technologies	MoHSS NGO's	x		

maintain their independence and level of functioning.						
Facilitate in-service training for district and institutional workers in health care for older persons with special focus on identifying persons in the early stages of impairment and disabilities in order to take timely and appropriate action	Number of training events put on	<p>Include in HR annual training</p> <p>Include in annual SSD annual training programme</p> <p>Liaise with Clinical Psychologist regarding delivery of training on dementia</p>	MoHSS	X		
Develop awareness programmes on "Healthy Ageing" for adults, and the older population with intent to adopt into the school curriculum, starting with the young and targeting all age groups in an effort to promote healthy ageing.	Number of programmes produced by 2023	<p>Liaise with PS for Education Headteacher of MSS and primary schools</p> <p>Set goals for National health promotion planning</p> <p>Agree with health what healthy ageing looks like on Montserrat</p>	MoHSS PS for Education		X	
Facilitate the further development of community based programmes to offer: Home Care, Respite Care, Rehabilitation Therapy/Physiotherapy, Assisted Living Care Programmes, Social Interaction/Social Programmes	Survey existing community based programmes for base-line and use results to determine need by 2025	<p>Audit existing community based programmes</p> <p>Ensure non English-speaking communities on Montserrat captured in data</p>	MoHSS	X		
Develop standards and procedures for the registration and monitoring of residential facilities for older persons	Standards developed by 2024				X	
Establish Nursing Home Regulations and develop a monitoring system	Monitoring system to quality assure nursing home on Montserrat in place by 2026		MoHSS		X	
Empower older persons to play a participatory role in their own wellbeing, using all available resources for personal development.	Launch awareness campaign using all media outlets for a specified time range	<p>Use Month of the Older Person in October</p> <p>Messages to go out using the radio throughout the month</p>	MoHSS	X		
Establish exercise classes for older persons at Community Centers and other convenient locations.	Establish exercise classes by 2023	Talk to Look Out Community Centre senior warden regarding locating classes there	MoHSS	X		

Ensure that older persons are well represented in the planning and evaluation of programs for their benefit.	All programmes aimed at older people must have a representative on the planning committee or consult with established older persons groups on plans			X		
Provide user-friendly facilities where the older persons are treated with dignity and respect.	Venues designated for use by older persons must be accessible and safe for use And staff trained to work with older persons by 2025					X
Provide psychological and psychiatric services to those who are in need of them.	Services to be offered in Montserrat by 2023		Minister of H&SS		X	
Develop guidelines and processes for monitoring the health status of older people and implement a structure surveillance/monitoring system.	Guidelines to be provided by 2022			X		
Minimize the effects of chronic debilitating disorders such as diabetes, hypertension, cancer, arthritis, cardiovascular disease, dementia and mental disorders and provide assistance where possible to reduce the impact of issues such as blindness and hearing loss in older persons	Reduction in the incidence of NCD in the older population by 25% by 2024	Targeted information aimed at older population Organize special times for surgery to see older people only Consider appointing specialist in gerontology		X		
Provide Secondary Health Care services that are available and accessible to all older persons.	Provision of services and evaluation of availability and accessibility with older persons			X		
Improve the provision of services to meet the changing needs of older persons.	Satisfaction survey to be conducted by 2024			X		

PRIORITY AREA 9: Sexual Health

GOAL: By 2024, Montserrat will create an awareness about all aspects of sexual health through education via the media and through groups/associations, targeting citizens and sensitizing them about their risk of contracting sexually transmitted diseases.

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 - 2024	2025 -2026
To ensure that community outreach campaigns on sexual health and allied programmes are especially directed towards older people	Campaign aimed at sexual health of older persons to be conducted by end 2024		MoHSS		x	
To teach older persons about prevention of sexually transmitted infections	Educational awareness programmes on STDs to be delivered by 2023 via media outlets		MoHSS		x	
To engage in voluntary testing and sexual health counselling for older persons who may be reluctant to do so due to their age	Numbers of tests conducted and counselling service taken up by 2023		MoHSS		x	
Promote public awareness programmes to combat stigma and discrimination against older persons with sexually transmitted infections	Programmes to have been designed and implemented by 2023		MoHSS		x	

PRIORITY AREA 10: Nutrition

GOAL: By 2022, Montserrat will ensure that the full nutritional needs of its older population are fully met

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 -2024	2025 - 2026
Establish social services interventions to assist older persons to obtain prepare and eat an appropriate diet (e.g. meal on wheels programmes, transportation, and home delivery services.)	Interventions designed and established by 2020		MoHSS	x		
Develop programmes to ensure that the nutritional care of institutionalized elderly persons meet their physiological and psychological needs	Programmes developed by 2021			x		
To provide oral health services for the elderly to ensure that food intake is varied and adequate to ensure optimal nutrient intake	Services designed and offered by 2022		MoHSS	x		
To provide nutrition education and counselling for the elderly and care givers on the nutritional needs of the elderly	Education programmes designed and delivered to older people and their carers by 2023		MoHSS	x		

PRIORITY AREA 11: Mental Health Services

GOAL: By 2023, Montserrat will ensure that older people with mental illness be given the services and support needed regardless of age, race gender, religion or financial status

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 - 2024	2025 -2026
Promote the development, implementation and evaluation of services rendered to older persons who have a mental illness	Survey of mental health services rendered to older persons and their effectiveness to be complete by 2023	Liaise with Mental Health Unit Consult with Mental Health Technical Team	MoHSS		X	
Promote public awareness programmes to combat the stigma of mental illnesses especially Senility, Dementia and Alzheimer's	Programmes delivered to public by 2024	Include clinical psychologist Use local media Develop protocol for managing mental illness in old age	MoHSS	X		
Promote social inclusion activities for older persons who are mentally ill	A comprehensive programme of activities to be available from 2022	Audit of activities	Senior Warden at Look Out Warden Supported Apartments	X		
To provide counselling for older persons with a mental illness	Mechanisms to offer counselling to older people to be in place by 2022		MoHSS	X		
To provide counselling for caregivers and guardians of an older person with mental illness in the home and in all institutions	Mechanisms to offer counselling to carers and guardians to be in place by 2022				X	

PRIORITY AREA 12: Emergency Management and Disaster Situations

GOAL: By 2025, Montserrat will accommodate the needs, and safeguard the well-being of older persons in national emergency situations whether in their own homes or in shelters

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 - 2022	2023 -2024	2025 - 2026
To consider older persons in the design, development and implementation of plans for preparedness and response programmes	Older people required to be included in planning for preparedness and response programmes in policy from 2023		DMCA		x	
To train the first responders to be sensitive to the needs of older persons	Training to be offered by 2024		DMCA MoHSS		x	
Educate and train shelter management teams about how to care for older persons in shelter situations	Training to be offered by 2024		DMCA		x	
Coordinate with the Department of Social Services for follow up intervention for older persons after the disaster	Disaster preparedness documents to include follow-up action for social services for older people post-disaster. This must be evident in the documentation by 2023		DMCA MoHSS	x		
Co-opt NGOs to assist with safeguarding the wellbeing (including evacuation) of older people in times of disaster	Disaster preparedness documents to include role of NGOs. To be evident in relevant documents by 2023		NGO's DMCA	x		
Raise awareness and give guidance on individual shelter plans for homes	Shelter plans for residential homes to be published and		DMCA	x		

	disseminated to all by 2022					
Maintain, through the Social Services Department, a database keeping track of the elderly/vulnerable so that they all can receive prompt assistance in times of disaster.	The development of such a database with plans for the keeping it up to date at regular intervals and by whom. To be produced by 2021		MoHSS	x		

PRIORITY AREA 13: Recreation

GOAL: By 2022, Montserrat will encourage and maintain social and productive activities, that will improve levels of functioning, mental and physical, and reduce and potential decline

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 - 2022	2023 - 2024	2025 - 2026
To provide an alternative for elderly persons to make constructive use of their time e.g. recreational groups, day care activities	Number of programmes developed by 2021	Discuss the feasibility of providing a day care centre for older people in the community	MoHSS	x		
To encourage positive interpersonal relationships with peers and neighbours	Health promotion messages targeted at older persons during the Month of the Older Person The production of an annual well-being survey of Montserrat's older persons	Month of the Older Person should focus on this Media messages on positive benefits of fostering relationships	MoHSS	x		
To develop personal self-esteem and confidence as an avenue for personal development	Number of new initiatives developed aimed at developing confidence and self-	Establish older person's day centre	MoHSS	x		

	esteem in older persons					
To explore, enhance and share the talents of the older generation with their peers/counterparts	The creation of new initiatives aimed at this objective	Establish older person's day centre	MoHSS	x		
To facilitate continuous exchange between older persons and young person's so that they can pass on knowledge and interact with each other	Schools on Montserrat produce a protocol governing the visit of older persons in to the school on a set day each year to share knowledge by 2023		Headteachers of primary schools Director of Education PS for Education MoHSS		x	

PRIORITY AREA 14: Research and Development

GOAL: By 2025, Montserrat will engage in ongoing research and development for the advancement of issues affecting older persons.

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 -2024	2024 - 2026
To identify gaps and deficiencies in social service provision and advocacy for older persons	Research report produced identifying gaps and deficiencies by 2022			x		
To collect data on current trends (locally, regionally, and internationally) in order to inform policy, decision making, and change	Data collected in report form by 2023				x	

To promote and fund a public health research agenda to identify threats to the health of older persons	Public Health Research forum created by 2023 with the remit to identify threats to the health of older persons and make recommendations		MoHSS			X
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PRIORITY AREA 15: Training and Development

GOAL: By 2023, Montserrat will develop a national plan for training in the study of older people

Objectives	Performance Indicators	Activities	Lead responsibility	Time Frame	Time Frame	Time Frame
				2020 -2022	2023 - 2024	2025 - 2026
To review the 'Care of the Elderly' programme in Montserrat.	Programme reviewed by 2021		MoHSS	X		
To enhance the opportunities for education and training in the area of Gerontology and Geriatrics.	GOM to instruct HR to include training on older persons in all annual training programmes offered					X
To provide scholarships and internships to enhance learning across the area of Gerontology	Scholarships and internships in the specialist area of gerontology to be offered by GOM by 2026		PS for MoHSS Human Resources			X