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

 



**NATIONAL POLICY ON THE CARE OF OLDER PERSONS**

 **2022-2026 V10**

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 **TABLE OF CONTENTS**

 1.0Executive Summary 4

1.1 Introduction 4

1.2 National Infrastructure 5

1.3 Health Care 5

1.4 The Social Environment 6

1.5 Legislation 7

1.6 Research 7

1.7 Economic Security 7

2.0 Background 8

 2.1 Introduction 8

2.2 International, Regional and Local Context 9

2.3 Demographic Changes 10

 2.4 Population Trends 11

 2.5 Dependency Ratio 12

 2.6 Social Determinants of Ageing 12

 2.7 Employment 12

2.8 Education 13

 2.9 Social Assistance 14

 2.10 Social Security 14

 2.11 Housing 14

 2.12 Life Expectancy and Infant Mortality 15

 2.13 Economic Trends 15

 2.14 Poverty 16

 3.0 Social Protection and Health 16

 3.1 Social Protection and Older Persons 16

 3.2 Mortality 17

 3.3 Morbidity 17

 3.4 Non-Communicable Diseases 18

3.5 Current Care and Support Services for Older Persons 18

 3.6 Services and Support Services for Older Persons 19

 4.0 National Policy for Older Persons 23

4.1 Process and Purpose 23

4.2 Introduction 23

4.3 Principles 24

4.4 Aim of National Policy 25

4.5 Government of Montserrat Commitment 25

5.0 Priority Areas 26

5.1 National Infrastructure 26

5.2 Legislation 27

5.3 Social Environment 27

5.4 Health Care 28

5.5 Research 29

5.6 Economic Security 29

6.0 Monitoring and Evaluation 30

 Action Plan 33

 List of Figures 43

 Glossary 44

Bibliography 45

**1.0 EXECUTIVE SUMMARY**

**1.1 INTRODUCTION**

The National Policy on The Care for Older Persons on Montserrat sets out the direction and vision of the Government of Montserrat (GoM) on the rights and care of older persons. The document contains the key goals that will enable the care of Older Persons to be improved and is grounded in a philosophy of equity, participation, inclusion and active ageing. 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.

According to the United Nations (UN) life expectancy in humans has increased significantly in the last two centuries and will continue to do so in the future. This growth has occurred fastest in Eastern and South Eastern Asia, Latin America and the Caribbean. The UN ageing statistics suggest that between 2019 and 2050 the numbers of people 65-years and older in the Caribbean region will double. So too will the old-age dependency ratio which is the number of older persons aged 65 and above relative to younger people aged 20 to 64 (UN, 2019).

The UN has taken a lead in urging governments to focus on their ageing populations and agree to improve the living conditions of older persons. An international strategy was adopted in the form of the Madrid International Plan of Action on Ageing which found expression in the Caribbean through the Economic Commission for Latin America and the Caribbean (ECLAC) and other regional organizations.

This policy represents Montserrat’s response to the demographic change in its population. It is recognized that there are many agencies, Governmental and Non-Governmental, involved in providing services to older persons and that greater coherence and inter-sectorial links will ensure that no older person is left behind and that an efficient, effective and sustainable service for our older population is established.

**PRIORITY AREAS:**

The Priority Areas are:

1. National Infrastructure (Physical and Built Environment)
2. Health Care
3. The Social Environment
4. Legislation
5. Research
6. Economic Security

**1.2 National Infrastructure**

Infrastructure provides the foundation of our economy and quality of life. Investing in infrastructure that meets the needs of older persons is therefore essential to supporting healthy, vibrant older communities. The (GoM) need to ensure that it has a physical and built environment that provides safety and accessibility for older people.

**Objectives:**

* Ensure that priority is given to providing older persons with accessible and affordable housing that meets their needs
* Ensure the recognition and implementation of Building Codes with standards (including the seven universal design building principles) and guidelines that meet the needs of older persons.
* 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
* Implement separate access for better mobility of older people in public buildings
* Assist older persons to make their environment safe and secure by the provision of, for example, handrails, ramps, smoke detectors and other devices
* Ensure that residential institutions which cater for older persons are equipped with warning devices, smoke detectors, fire extinguishers and up-to-date disaster and emergency preparedness plans.
* Partner with NGOs to assist with safeguarding the wellbeing (including evacuation) of older people in times of disaster

**1.3 Health Care**

Good health is essential for all older people. Ageing brings on higher risks of chronic diseases therefore healthy ageing is a key aim of GoM health care and promotion. GoM recognizes that older people need information that they can use; better coordination of services and effective support. Good health is a fundamental right and GOM commits to optimizing opportunities to improve and maintain the physical and mental health of its older population using a blend of preventative and curative approaches in its primary and secondary health care sectors.

**Objectives:**

* Promote Primary Health care and preventative Health Promotion programmes that emphasize the care of older persons
* Develop and establish programmes to rehabilitate older persons when recovering from

Incapacitating illness to include provision of physiotherapy and occupational services

* Facilitate in-service training for district and institutional workers in health care for older persons
* Develop awareness education programmes on “Healthy Ageing” for adults, and the older population
* Minimize the effects of chronic debilitating disorders such as diabetes, hypertension, cancer, arthritis, cardiovascular disease, dementia and mental disorders
* Provide assistance where possible to reduce the impact of, for example, blindness and hearing, loss in older persons
* Develop Nursing Home Regulations and establish and maintain a registration monitoring system
* Provide adequately resourced psychological and psychiatric services to those older persons who are in need of them.
* Develop guidelines and processes for monitoring the health status of older people and implement a structure surveillance/monitoring system.
* Promote the development, implementation and evaluation of services rendered to older persons who are mentally challenged
* Promote public awareness programmes to combat the stigma of older age conditions such as dementia

**1.4 The Social Environment**

The social environment has a significant role to play in the health of older people. It is as important as physical environment to healthy ageing and can reduce fiscal outlay when institutionalization is prevented and older people are supported to remain in their communities. An important goal for GoM is in improving the coordination and quality of community based care, and also through strengthening the formal and informal support networks; reducing social exclusion and promoting social relationships and activities.

**Objectives:**

* Develop a social support system with the aim of improving the ability of relatives to take care of older persons within the family
* Establish support groups for families who are caring for older persons with dementia or any other type of brain disorder
* Prevent all forms of elder abuse in institutional settings, in the home and in the community
* Encourage groupings of older people through NGOs, Community Action Groups, Government or the churches to facilitate social interaction and activities
* Consider the provision of older persons and disability friendly public transportation buses
* Have in place a robust preparedness plan for older people threatened by natural and man-made disasters
* Conduct a comprehensive review of the provisions for the Home Care Service with a view for improvement
* 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

**1.5 Legislation**

Improved legislation specific to the needs of older people, as well as legal assistance where required, would provide the environment to safeguard older persons rights.

**Objectives:**

* To develop and implement a policy and legislative framework to ensure protection of the rights of older persons against abuse, violence and discrimination to older persons
* Consider the introduction of a carers allowance to help people who are unable to work because they are regularly and substantially engaged in caring for an older person or a severely disabled person
* Introduce legislation or policy that safeguards people in residential care homes and hospitals to ensure they are looked after in a way that does not inappropriately restrict their freedom.
* Develop appropriate disability legislation for Montserrat
* Public Guardianship legislation to be considered to enable a guardian to make decisions on behalf of older adults who are no longer able to take control of their own affairs.

**1.6 Research**

Available data on which to formulate policy in regards to older people is limited. These gaps need filling with reliable research that involves older people as partners so that any subsequent decisions are informed by their views on ageing and the services they are receiving.

**Objectives:**

* GoM commission research to inform its decisions, policy making and target setting in relation to older persons
* Such research will identify gaps and deficiencies in health and social service provision and advocacy for older persons
* Collect data on CARICOM current trends (locally, regionally, and internationally) in order to inform policy, decision making, and change
* Promote and fund a Public Health Research agenda to identify threats to the health of older persons.
* Enhance the opportunities for specialization in the area of Gerontology and Geriatrics.
* Promote and maximize learning opportunities for all health, social care practitioners and carers who work with older persons

**1.7 Economic Security**

The projected rise in the numbers of older persons and the capability of GoM to meet this need should be a top priority for high level discussion and action. Pension eligibility whether contributory or non-contributory should be part of a wider public discussion. Poverty in old age is a risk and income security for older people is an economic priority.

**Objectives:**

* Consider plans for the development of a non-contributory pension for older persons
* Take steps to reverse the current (and decades long) pension deficit whereby payments exceed contributions
* Collect data on the working population of older persons on Montserrat in order to inform policy
* Review and update the existing Social Welfare Act for effectiveness and coverage of the elderly poor and introduce a Social Protection Policy
* Analyse the long term financial implications of an aging population on the economic development of Montserrat
* Encourage life-long learning, entrepreneurial and skills training in older persons to boost employability

**2.0 BACKGROUND**

**2.1 INTRODUCTION**

Montserrat is a self-governing overseas territory of the United Kingdom. It was first settled by English and Irish colonists from St. Kitts in 1632 who then imported African slaves during the 1660s to harvest sugar and tobacco. The island has been a British colony since 1783 and is part of the volcanic arc of the Lesser Antilles that extends from Saba in the north to Grenada in the south. Montserrat is approximately 11 miles (18 km) long and 7 miles (11 km) wide and has a rugged volcanic landscape punctuated by three mountainous areas—the Silver Hills, the Centre Hills, and the Soufrière Hills—which are in turn cut by narrow valleys and gorges known as *ghauts*.

From 1989 Montserrat suffered a number of natural disasters beginning with Hurricane Hugo, followed in 1995 by a number of volcanic eruptions, the worst of which occurred in 1997 that left near 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 Map of Monserrat

**2.2 INTERNATIONAL, REGIONAL AND LOCAL CONTEXT**

The populations of all countries worldwide are ageing at a rate without parallel in human history. For Latin America and the Caribbean the population will move from having just 11 per cent of the total number of persons aged 60 or over in 2015 to having 26 per cent of persons aged 60 or over by the year 2050. This is as a result of declining fertility and greater life expectancy at birth (UN World Population Prospects 2015). The age structure of Montserrat’s population demonstrates that the population is reflecting this trend. A comparison of the 2011 and 2018 census datasets support this. The 2011 census reported that Montserrat had 881 people over 60 years of age out of a population of 4,922. The 2018 census reported Montserrat as having 975 people over 60 years of age out of a population of 4,649 (ICC/LFS 2018).

**2.3 DEMOGRAPHIC CHANGES**

##### Older persons, for the purposes of this document 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.

Volcanic activity from 1995 meant that nearly two-thirds of the island was classified as being unsafe. 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 years.

Figure.2 Population Censuses and Intercensal Changes 1921-2018

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | 2018 | 2011 | 2001 | 1991 | 1980 | 1970 | 1960 | 1946 | 1921 |
| Total | 4649 | 4922 | 4491 | 11314 | 11685 | 12155 | 13378 | 13313 | 12120 |
| Men | 2289 | 2546 | 2418 | 5290 | 5582 | 5395 | 5407 | 6362 | 5094 |
| Women | 2360 | 2376 | 2073 | 6024 | 6103 | 6760 | 7971 | 6951 | 7026 |

The above data show that between the years 1921 to 1960, population growth increased slightly between census years 1921 and 1946 and again between 1946 and 1960. For all census periods starting from 1960 to 1971 and thereafter, except for the period 2001 to 2011, the population has been steadily declining. The largest decennial decline was registered in census year 2001 when the population plummeted from a total of 11,314 persons in 1991 to 4,491 persons in 2001. The reason for this dramatic drop was due to the active volcano during this period. The Population Pyramid below has a very narrow base and longer bars at the top. This reflects a population with fewer young members and a disproportionately larger older population – reflecting an Ageing Population.

Fig.3 Population Pyramid Montserrat 2018



The 2018 census recorded 688 persons over the age of 65 years out of a population of 4,649. This meant that 15.0% of the population was over 65. Of these 364 were male and 324 female. Those aged over 80-years in 2018 was 142 (3%). Of these there were 60 males and 82 females. The median age of a population is a good measure of ageing and for both 2011 and 2018, these measures for Montserrat were 37.7 years and 40 years respectively. The increasing proportion of older people in the population has important implications for social and economic policy. 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 fiscal policies, legislation and services. As the population further ages, even larger numbers will bunch in the older age groups.

**2.4 POPULATION TRENDS**

The Statistics Department on Montserrat do not provide population projections. However, the

United Nations has forecast the future population of Montserrat at 5,340 residents at 2025

*(UN, 2015*). Based on this forecast, the population difference between Montserrat’s Statistics

Department’s 2018 figure of 4,649 and the United Nation’s forecast of 5,340 in 2025 is an

additional 691 Residents. This represents an annual growth rate of approximately 1.2% which is

greater than past trends.

In 2017 Mott McDonald in their report on Montserrat’s Health Costing Service and Options said

that in terms of age profile, and in comparison with Barbados - which they said has a similar age

structure to Montserrat - that it is projected that the current 15% of over 65-year-olds on

Montserrat will increase to represent 19% of the total population (McDonald, 2017).

**2.5 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. The larger this ratio is

the less productive the population, since fewer persons are available in the Labour Force. This

translates to lower long-run economic growth. For Montserrat in 2018, this was almost 51*.* This

means that in 2018, there were about 51persons in the dependent age group for every 100

personsin the working group age range. For comparison in 2019 Antigua and Barbuda’s

dependency ratio was 45, and Barbados 50 (World Bank, 2019). It is important to remember that

not every person aged 65 and over is dependent or that every person in the 15-64 category is

working.

**2.6 SOCIAL DETERMINANTS OF AGEING ON MONTSERRAT**

Social Determinants of Health for older persons include poverty, housing, lifestyle and food choices; environmental and economic factors. It is critical not only to acknowledge the impact that social determinants have on the health of older people, but also to consider the mechanisms through which social policies, or lack thereof, can shape these determinants. The division of sex roles and the differential value placed on those roles normally play a part in this debate. However for Montserrat the female participation in the labour market is equal to that of males (66% each of the working age population). Labour force participation rate for older adults split for gender is not available but should be an area for attention for the Department of Statistics.

Data shows that in 2017 there were 700 patients registered at local clinics in Montserrat with Non-Communicable Diseases (NCDs), the largest number of which were for diabetes and hypertension. This is almost certainly an undercount as there are many undiagnosed patients in the community. NCDs cause a significant burden of disease on Montserrat and is responsible for the most deaths annually. If current trends persist, mortality from NCDs could increase considerably. And yet, many non-communicable diseases are highly preventable and can be treated. NCDs do not affect all social groups in the same way. Current evidence suggests that the risk for some NCDs is higher at lower socioeconomic levels. The poor may have fewer resources to make lifestyle changes; access preventative diagnostic services, treatment, or acquire essential drugs.

**2.7 EMPLOYMENT**

Montserrat has moved from a tourism and agriculture based economy pre-volcano, to a public service and construction based economy which is largely reliant on British Overseas Aid. The data available show that from their mid-fifties that employment rates fall sharply for Montserratians.

Fig.4 Labour Force Participation Rate by Age Group

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**Source: ICC/LFS, September – October 2018**

**2.8 Education**

Data from the intercensus census (2018) reported the highest level of education reached by sex, age group and also percentage distribution. Those who reported that they had no form of schooling, came from the 60 and over age group. This may be attributed to the fact that many of this cohort, instead of attending school, engaged in gainful employment as they were expected to provide for their families.

Fig.5 Enumerated Population Aged 20 Years and over by Highest Level of Education 2018

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**2.9 Social Assistance**

Social Assistance on Montserrat is provided by GoM and administered by the Department of Social Services. In applying for assistance all applicants are means tested, interviewed and assessed. This assessment considers their household income; loans, utility costs, food costs, and household savings. Eligible applicants may then access a range of benefits that includes monthly social welfare payments (to a ceiling of EC$900.00); rental assistance, medical expenses and a range of one-off grants. Older people who have no pension, or whose pension is below EC$900.00, can apply for this safety-net welfare support.

It is recognised that the figure of EC$900.00 is low and presents a challenge for a single older adult to live on given the cost of living on Montserrat. The question as to whether this amount can purchase adequate nutritious food to maintain satisfactory health in old age is in question and needs to be subject to review by GOM.

**2.10 Social Security**

Income security throughout the life cycle is seen as a human right and a fundamental aspect of any modern society. The ILO defines social security as the *protection that a society provides to individuals and households to ensure access to health care and to guarantee income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner.* For older persons social security offers income security in their retirement years.

On Montserrat, for those in work and have made contributions to the social security scheme, there are a number of short and long term benefits that they can draw on. These include sickness and maternity benefit, and in the longer term a number of grants and benefits including old-age and invalidity pension. The projected demographic rise in the numbers of older people threatens the financial sustainability of the social security scheme in that there may not be enough contributions to pay those making a claim. This is a policy area that GoM needs to reform sooner rather than later taking into consideration the ageing population, unemployment, the informal employment sector; the whole are of non-contributory state pensions and instigate a culture shift that promotes people making provisions through savings or other insurance provision for their old age.

**2.11 Housing**

The provision of public housing is the responsibility of the Ministry of Agriculture, Lands, Housing and the Environment (MALHE). Many older persons aged 60 and over either live in their own homes, live in rented accommodation or are in housing provided by GoM specifically for older people ‘vulnerable’ persons. Currently there are over six hundred persons on the housing waiting list (2015 figure). On Montserrat, accommodation is allocated by a Housing Allocation Committee which uses a set of eligibility criteria to determine allocation priorities which includes persons who are receiving social welfare; are over 60 years of age and/or who have a mental or physical disability which renders them vulnerable.

There is very little data available specifically targeting older persons and housing on Montserrat. But the Government of Montserrat Policy Agenda 2020/21 and 2021/22 lists improved access to affordable housing for low and middle income residents as priority number four on its list of priorities alongside increased social housing stock supported by an equitable allocation policy as priority number 5 (Montserrat Policy Agenda 2020/21 & 2021/22).

**2.12 LIFE EXPECTANCY AND INFANT MORTALITY**

Life expectancy at birth for Montserratian’s is estimated at near 80 years in 2018 (Census Report Final, 2018). For males it is 76.4 years and for females it is 74.1 years. Data from the Ministry of Health and Social Services show that there were no infant deaths in Montserrat in both census years. Hence, the Infant Mortality Rate (IMR) for Montserrat was zero for these years. The risk of dying is highest among infants in any population and a very low IMR correlates very closely with very high Life Expectancy at birth (Census Report Final, 2018).

**2.13 ECONOMIC TRENDS**

The volcanic eruption in 1995 profoundly affected Montserrat’s economy. Many sectors of the economy are 80% below their 1994 output level (see below). In 1994, the economy was based on a number of production industries, local services, and a small public sector. By 2016, however, Montserrat’s economy had shrunk by almost one half (46%), and in most of the private sector, the fall was much greater. The public sector now accounts for 46% of output, chiefly in the forms of administrative, health care and educational services.

Fig.6 by industry 1994 Fig.7 by industry 2016



As a British Overseas territory The Government of Montserrat is reliant on financial aid funding from the UK’s Foreign and Commonwealth Development Office (FCDO), which provides approximately 61% of GOM’s current income; the proportion rises to 70% if capital is included. During 2018/19 this aid amounted to some £17.7m for Montserrat’s recurrent budget to support GOM’s recurrent expenditure across its Ministries.

**2.14 POVERTY**

The 2012 Country Poverty Assessment report indicated that 36.0% of the Montserratian 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 those aged over 60 accounting for 11% of the poor population. 55% of that 11% are classified as either poor (29%) or vulnerable (26%). 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 Group Ltd. 2012).

Fig.8 Population by Age Group and Poverty Status

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Group**  | **Poor Vulnerable Not Poor**  | **Total** | **% of poor % of Total** **Pop Pop**  |
| Under 15 years 15 -29 30 to 60Over 60  | 45% 24% 31%37% 19% 44%30% 15% 55%29% 26% 45% | 100%100%100%100% |  34% 26% 17% 16%  39% 46%  11% 13% |
| All | 36% 20% 44%  | 100% |  100% 100% |

**3.0 SOCIAL PROTECTION AND HEALTH CARE AND SUPPORT SERVICES FOR OLDER PERSONS**

**3.1 SOCIAL PROTECTION FOR OLDER PERSONS**

Social Protection on Montserrat is a welfare service that provides financial safety-nets to ensure that individuals' needs are being met and their wellbeing maintained. On Montserrat older people have access to a number of social protections. These include: Meals on Wheels; Residential Services, Mental Health Unit, Medical Assistance, Rental Assistance, Old Age Pension, Death Benefit and Non-Contributory Financial Assistance in the form of ‘one-off’ cash payments to older age people in need.

In Montserrat there is currently no non-contributory pension but there is a means-tested financial assistance programme to ensure a minimum of income of EC$900.00. Internationally, income security is a key 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). 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.

One ILO key message is that pensions for older people are the most widespread form of social protection in the world, and a key element in SDG 1.3. At the global level, 68% 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, 2012). That gives the context to rrecommendation No. 202, adopted unanimously by International Labour Organisations (ILO) constituents in 2012, which calls for combining contributory public pensions with non-contributory pension schemes in order to protect the whole population. (ILO, 2012, p.76).

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.

**National Social Protection Should Guarantee:**

• 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.

**3.2 MORTALITY**

There was an average of 47 deaths each year between the years 2015-2020 on Montserrat. 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 2015/20).

**3.3** **MORBIDITY**

The leading causes of morbidity on Montserrat as measured in hospital medical admissions in 2015 is represented in the table below. This table presented includes age range and illustrates the increased impact of morbidity on hospital admissions in the older years.

While the health of old persons may continue to deteriorate in old age, the capacity to continue being productive is significantly hampered by disability in old age.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.

**3.4 Non-Communicable Diseases**

Figures confirm that during 2017 there were 700 patients registered at local clinics with Non-Communicable Diseases, the largest number of which were for diabetes and hypertension.

The point is made that the prevalence of diabetes in adults in Montserrat highlight that there is currently a large proportion of people who are undiagnosed and their ongoing care and monitoring needs are not being met through the current community clinic resources. This under-reporting of residents with diabetes is also likely to be repeated across the other NCDs (McDonald, 2017, p30). Unfortunately, the data is not split for age but it is known that prevalence rates of NCDs increase by age. The estimates are that in Montserrat over the next decade as the population ages and lives longer, and with increasing trends in obesity, that the proportion of the population with NCDs will increase; in particular, those with diabetes and hypertension. The conclusion is that this will cause additional issues such as renal failure (McDonald, 2017). The issue for GOM therefore is how the cost of health care arising from this increased demand will be met.

**3.5 CURRENT CARE AND SUPPORT SERVICES FOR OLDER PERSONS**

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/carers. 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 provided by Community Based Organisations, 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:

**3.6 SERVICES AND SUPPORT ORGANISATIONS AVAILABLE FOR OLDER PERSONS**

|  |  |  |
| --- | --- | --- |
| **Service** | **Provider** | **Description** |
| **Meals on Wheels Service**  | GoM | 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, and donations. |
| **Home Care – Montserrat** **Senior Citizen Association** | NGO | The service is run by the Montserrat Senior Citizen Association which receives a grant from the Government. The service provides personal care and domestic activities to older and disabled persons who are housebound or in need of support in the community.  |
| **Visiting Schemes** | CBO/NGO | A number of church groups pay regular visits to the elderly in various communities. A few NGOs make home visits 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** | CBO | 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** | NGO/CBO/GoM | 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 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 recreational activities, socialization and reduce isolation of older persons. |
| **Health** | GoM | 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. |
| **Financial Security** **Montserrat Social Security** | GoM | 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. |
| **Social Protection Assistance****Public Welfare Assistance** | GoMGoM | Social Protection Assistance (Financial Monthly Assistance) Is available to those who are assessed and approved to qualify for this monthly allowance. The Social Protection Allowance is a means-tested process and all persons who qualify are given financial assistance. Assistance is also given to the most vulnerable to pay their rents. The Social Service Department provides one-off grants to assist with for example, utilities, food, medical expenses and medical expenses. All of these services are means tested. |
| **Warden Supported Housing** | GoM | Fifty (50) Warden Supported Units and a Community Centre at Lookout for semi-independent elderly and disabled persons were 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.  |
| **Oriole Villa** **Mentally Challenged Housing** | GoM | Oriole Villa is part of the Mental Health provision within Montserrat, it is a Warden Supported residential living facility that caters for 12 mentally challenged persons who have mental health issues.  |
| **Margetson Memorial Home** | GoM | Margetson Memorial Home is a Government run 48-bed high dependency home that responds to persons with nursing care needs. This establishment is attached to Glendon Hospital. This Home also provides palliative care for persons with serious and complex illnesses. |
| **Golden Years Foundation Home** | GoM | 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. For persons assessed as unable to pay for this residential care, financial support is provided within the subvention arrangements for them to obtain a place. There are a small number of fee paying residents.  |
| **Occupational Therapist** | GoM | This position is vacant but when filled requires the post holder to 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** | GoM | This service has recently been reintroduced but is not currently available. The plan is for is one physiotherapist who works 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.  |
| **Socialisation and recreational activities** | CBO/GoM | 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. |

**4.0 NATIONAL POLICY FOR OLDER PERSONS**

**4.1 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, which 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 s 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, GOM must work towards the development and rights of older persons so that they can experience 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 older persons in Montserrat as per identified needs and that they are encouraged to participate fully in National Development. The policy will be supported by a rolling 3-5-year operational plan, prioritised and fully costed.

The National Policy for Older Persons and related action plan will ensure that a National Policy for older persons will not be a plan that only focuses on providing protection, care and residential services, but also covers the need to focus on optimal engagement and participation of the growing number of older persons in our communities. In so doing, it aims to design support mechanisms for social and economic planning that will result in a reduction in poverty amongst the older population through the implementation of policies, the development of programmes, and the enactment and enforcement of legislation ensuring the overall wellbeing of older people in the population.

**4.2 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 maintainstheir 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. |

**4.3 Process and Purpose**

The National Policy for Older People builds on Government’s commitment to empower, support and promote the inclusion of older persons in all aspect of Montserratian society. Development of this policy has involved widespread consultations and the participation of different stakeholders. Consultation with relevant stakeholders form an important bedrock to this National Policy and we are grateful for their time and participation.

The purpose of the policy is to:

* Promote positive images of ageing;
* Safeguard the rights of older persons
* Promote and preserve the dignity and independence of older persons;
* Create for older persons an environment that is safe and free from

exploitation and abuse;

* Establish an institutional framework necessary to provide support for the

well-being of older persons;

* Encourage greater collaboration among all relevant stakeholders in the

provision of services and care for older persons

* Raise awareness at the community and national levels of population

ageing and its implications for national development

**4.4 AIM OF NATIONAL POLICY**

The National Policy aims to ensure that older persons on Montserrat receive the support and care required in relation to prevention, protection, independence, care and residential services. The goal is to secure older persons’ involvement and participation in national development by mainstreaming all national issues, policies, and legislation.

The National Policy further 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 the Government of Montserrat through its various Ministries who have been consulted in the development of this policy.

**4.5 GOVERNMENT OF MONTSERRAT COMMITMENT**

* To offer a strategic national context for planning and decision making about older people affairs
* To develop effective poverty reduction strategies for 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 older 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 promote positive images of ageing
* To safeguard older persons from abuse and exploitation and provide legal protection where needed
* To provide quality health care and support services as per identified needs from home adaptation and home support to care in residential facilities when living independently at home is no longer feasible and safe
* To promote the optimal participation of older persons in the workforce
* To develop and strengthen communication and planning between GoM Ministries, departments and NGO’s, whose programmes have an impact on the lives of older persons
* To promote high quality services for older people and offer community based programmes and intervention
* To promote the use of recreation/day care centers for older persons in Montserrat
* Review pensions

**5.0 PRIORITY AREAS**

The 6 Priority Areas are as follows:

1. National Infrastructure
2. Health Care
3. The Social Environment
4. Legislation
5. Research
6. Economic Security

**5.1 NATIONAL INFRASTRUCTURE**

GOAL

Government will 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.

RESPONSIBLE MINISTRY

Ministry of Agriculture, Trades Lands and Housing

Ministry of Communication and Works

*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 ensure that the seven universal design building principles are included in the GOM building codes
* 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 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.
* To ensure that priority is given to providing older persons with appropriate, accessible and affordable housing
* To consider older people in the design, development and implementation of plans for preparedness and response programmes
* To educate and train shelter managers about how to care for older persons in emergency shelter situations

**5.2 LEGISLATION**

GOAL

Government are committed to upholding the care, civil and human rights of older persons.

RESPONSIBLE MINISTRY

*Attorney General’s Office*

*Ministry of Health and Social Services*

*OBJECTIVES*

* To develop and implement laws to ensure protection of the rights of older persons against abuse, violence and discrimination to older persons
* Support Home Caring through considering a benefit to help those who are unable to work because they are regularly and substantially engaged in caring for an older or severely disabled person
* Mental Capacity Deprivation of Liberty Safeguards to be considered to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
* Public Guardianship legislation to be considered to enable a guardian to make decisions on behalf of developmentally disabled adults, and older adults who have become incapacitated.

**5.3 SOCIAL ENVIRONMENT**

GOAL

Government will promote a supportive environment which allows older persons to fully participate in family affairs.

RESPONSIBLE MINISTRY

Ministry of Health and Social Services

NGOs

Ministry of Communication and Works

Ministry of Housing

*OBJECTIVES*

* To develop a social support system for example assisted living programmes, (both formal and informal), with a view to enhancing the ability of carers and relatives to take care of older persons within their family
* To prevent all forms of elder abuse
* To promote access to and training in the use of new technology
* 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 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 persons caring for dependent older persons and disabled members
* To encourage personal self-esteem and confidence in older persons and provide an avenue for personal development and promote lifelong learning and reduce social exclusion
* 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
* Promote public awareness programmes to combat the stigma of mental illnesses in old age especially Senility, Dementia and Alzheimer’s

**5.4 HEALTH CARE**

GOALS

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

RESPONSIBLE MINISTRY

Ministry of Health and Social Services

*OBJECTIVES*

* Promote Primary Health care and preventative Health Promotion programmes that emphasize the care of older persons
* 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.

* 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
* Develop awareness education 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.
* Develop community outreach campaigns on sexual health and allied programmes specially targeted at older people. To include teaching older persons about prevention and of sexually transmitted infections
* 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
* Develop Nursing Home Regulations and establish and maintain a registration monitoring system
* 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.
* To promote the development, implementation and evaluation of services rendered to older persons who are mentally challenged including the provision of counselling for older persons with mental ill health
* To promote public awareness programmes to combat the stigma of mental illnesses

especially Senility, Dementia and Alzheimer’s

* To provide psycho-social support for caregivers and guardians in the home, and in all institutions

**5.5 RESEARCH**

GOALS

Government to engage in ongoing research and systems development for the advancement of

issues affecting older persons.

RESPONSIBILITY

GOVERNMENT OF MONTSERRAT

*OBJECTIVES*

* To identify gaps and deficiencies in health and social service provision and advocacy for older persons
* To collect data on CARICOM 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.
* To enhance the opportunities for further education and training in the area of Gerontology and Geriatrics.
* To maximize learning opportunities for all health, social care and carers who work with older persons

**5.6 Economic Security**

Goals

1. Government to ensure that older people who wish to work have the right to do so

 without barriers

2. Government to promote economic security post 60-years of age through

 encouraging planning for retirement in all sectors of society

3. Government to instigate an urgent review of the Social Security Support Systems

 in particular pensions, with a focus on the issue of non-contributory pensions and

 the pension deficit

RESPONSIBLE MINISTRY

Ministry of Finance and Economic Management

Statistics Department

Montserrat Social Security

**Objectives:**

* Consider plans for the development of a non-contributory pension for older persons
* Take steps to reverse the current (and decades long) pension deficit whereby outlay exceeds contributions
* Collect data on the working population of older persons on Montserrat and demand/barriers in order to inform policy
* Review and update the existing Social Protection policy for effectiveness and coverage of the elderly poor
* To analyse the long term financial implications of an aging population on the economic development of Montserrat
* Encourage life-long learning, entrepreneurial and skills training in older persons to boost employability

**6.0 MONITORING AND EVALUATION**

**6.1** **Monitoring and evaluation**

This policy provides for the development of an Advisory Commission. The overall goal of which is to ensure the promotion, implementation, monitoring and evaluation of the National Policy for Older Persons. The framework will be developed to track and document the initiation and progress of all the interventions outlined in the policy.

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

1. 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.
2. Establish a communication strategy.
3. Conduct research, analyze and disseminate results to inform improvement of policy implementation.

**Advisory Commission Objectives**

RESPONSIBLE MINISTRY

ALL MINISTRIES

* To 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 Commission 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:
1. Government – One representative from each of the following services, Social Services, Health Service, Health Promotion, Housing and Social Security.
2. Non-Government Organizations –Montserrat Senior Citizens Association, Montserrat Red Cross, Christian Council and Meals on Wheels.
3. Two Community Representatives from the Older Persons groups.
4. One representative from the Private Sector.

 ACTION PLAN

 **ACTION PLAN**

**PRIORITY AREA 1: National Infrastructure**

**GOAL:** By 2026 Montserrat will ensure that new and existing buildings are made accessible to older persons

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| --- | --- | --- | --- | --- | --- | --- |
| **Objectives** | **Performance Indicators** | **Activities** | **Lead responsibility** | **Time Frame**  | **Time Frame** | **Time Frame** |
|  |  |  |  | **2022 - 2023** | **2023 - 2024** | **2024 -2025** |
| To include in the Building Codes standards requiring the provision of safety ramps, rails and warning devices in public buildings.To ensure the seven universal design principles are included in the GOM building codes | Age design category added to criteria for award of planning approval to all who wish to secure GOM public buildings contractsAll Building Codes adhered to | Develop age design clause to insert in planning applicationsMaintain up to date record of all building works and their compliance with the codes | MoHSSDepartment of Physical PlanningMALHEPWD | **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 standardsReview public projects across all Ministries for accessibility against standards | PS’s for all six Ministries on Montserrat  |  | **x** |  |
| To adapt infrastructure such as sidewalks, and public transportation for the older person and disabled person (buses, boats)  | Numbers of adaptations made by 2023 | Consult with financial Minister and relevant Permanent Secretaries | MALHEDepartment of Physical PlanningMoFEM |  | **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 | MALHE | **x** |  |  |
| Improve access to public transportation by erecting ramps, rails and mobility aids | Access improved as measured through customer survey by 2024 |  | MAHLE | **x** |  |  |
| Assist Older Persons living alone to make their environment safe and secure.  | The provision of, for example, handrails, ramps, and other safety devices |  | MAHLEMoHSS |  | **x** |  |
| 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 homeAnalyse 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 | MoHSSMALHEMoFEM | **x** |  |  |
| To educate and train shelter managers about how to care for older persons in emergency shelter situation | Development and delivery of training courses  | Education and training | MALHE |  |  |  |

**PRIORITY AREA 2: Health Care**

**GOAL:** By 2026 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.

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| --- | --- | --- | --- | --- | --- | --- |
|  **Objectives** | **Performance Indicators** | **Activities** | **Lead responsibility** | **Time Frame**  | **Time Frame** | **Time Frame** |
|  |  |  |  | 2022 -2023 | 2023 - 2024 | 2024- 2025 |
| 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. | Number of programmes produced by 2024 | Discuss with PS MoHSS recruitment of OTInvest in aids and assistive technologies | MoHSSNGO’s | **x** |  |  |
| 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  | Include in HR annual training Include in annual SSD annual training programmeLiaise with Clinical Psychologist regarding delivery of training on dementia | 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 | Liaise with PS for EduactionHeadteacher of MSS and primary schoolsSet goals for National health promotion planningAgree with health what healthy ageing looks like on Montserrat | MoHSSMEYAS |  | **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 | Audit existing community based programmesEnsure non-English-speaking communities on Montserrat captured in data | MHSS | **x** |  |  |
| Develop standards and procedures for the registration and monitoring of residential facilities for older persons  | Standards developed by 2024 |  | MoHSSAGC |  | **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 and provide exercise classes | Use Month of the Older Person in October Messages to go out using the radio throughout the month | MoHSS | **x** |  |  |
| Provide psychological and psychiatric services to those who are in need of them. | Services to be offered in Montserrat by 2023 |  | MoHSS |  | **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 |  | MoHSS | **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 onlyConsider appointing specialist in gerentology | MoHSS | **x** |  |  |
| Improve the provision of services to meet the changing needs of older persons. | Satisfaction survey to be conducted by 2024 |  | 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 psychologistUse local mediaDevelop protocol for managing mental illness in old age | MoHSS | **x** |  |  |

**PRIORITY AREA 3: The Social Environment**

**GOAL:** By 2026, Montserrat will promote a supportive environment for the well-being of older persons

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| Objectives | Performance Indicators | Activities | Lead responsibility | Time Frame | Time Frame | Time Frame |
|  |  |  |  | 2022 -2023 | 2023 -2024 | 2024 - 2025 |
| 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 systemSurvey relatives of older people for satisfaction levels of existing support and ideas for new forms of support by 2024 | Design of social support systemDesign and implementation of survey | MoHSS |  | **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 | MoHSSHR |  | **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** |  |  |
| Prioritize access to new technologies and facilitate training on same | Roll out national training programmes targeted at older community | Education and training in new technologies | MCWE&L |  |  |  |
| 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 ServicesAll Ministries |  | **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 adequacyConduct research to establish adequacy of support amongst older persons and their carers by 2024 | Design research to capture views of target population  | MoHSS |  | **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** |  |  |
| Take effective action on elder abuse | Audit report of prevalence and type | Consult, research and develop report on same | MoHSS |  | **x** |  |

**PRIORITY AREA 4: Legislation**

**GOAL:** By 2026, Montserrat will ensure the rights of older persons

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| --- | --- | --- | --- | --- | --- | --- |
| **Objectives** | **Performance Indicators** | **Activities** | **Lead responsibility** | **Time Frame** | **Time Frame** | **Time Frame** |
|  |  |  |  | **2022 -2023** | **2023 - 2024** | **2024 -2025** |
| Develop and implement laws to ensure protection of the rights of older persons against abuse, violence and discrimination. Laws to include:Public GuardianshipDeprivation of LibertyCarers Allowance | Implementation of lawsDevelop in draft stage law on Safeguarding Adults and Older Persons Draft lawDraft lawDraft law | Legislation to address all forms of elder abuse to be developed Access to legal assistance and psycho-social counselling available in the case of mistreatment | PS Health and Social ServicesAG chambersAG chambersAG chambers | **x** | **X****x****x** |  |
| Carers allowance benefit to be considered to help people who are unable to work because they are regularly and substantially engaged in caring for a severely disabled person | Draft Law | Draft laws, discuss and consult on laws take to legislative assembly for amendments | AG ChambersMoHSS |  | x |  |
| Mental Capacity Deprivation of Liberty Safeguards to be considered to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. | Legislation to address protection of older people in community and in residential homes | GOM and relevant stakeholders to begin discussion on establishing guardianship framework | AG ChambersMoHSS |  | x |  |
| Public Guardianship legislation to be considered to enable a guardian to make decisions on behalf of developmentally disabled adults, and older adults who have become incapacitated. | Draft Law | GOM and relevant stakeholders to begin discussion on establishing guardianship framework | AG ChambersMoHSS |  | x |  |

**PRIORITY AREA 5: RESEARCH**

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

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| **Objectives** | **Performance Indicators** | **Activities** | **Lead responsibility** | Time Frame  | Time Frame | Time Frame |
|  |  |  |  | 2022 -2023 | 2023 -2024 | 2024 - 2025 |
| To identify gaps and deficiencies in social service provision and advocacy for older persons | Research report produced identifying gaps and deficiencies by 2023 | Government assign priority to the following areas:* Basic information on numbers, projection of numbers and health status
* Availability, demand and capacity of residential facilities
* Incidence and impact of NCDs on older persons
* Incidence of dementia in older population
* Numbers and barriers to working for the older population
 | GOMStatistical DepartmentNGOsMoHSS |  | **x** |  |
| To collect data on current trends and projections of older people (locally, regionally, and internationally) in order to inform policy, decision making, and change especially as it relates to income security, pensions and food security | Initial data collected in report form by 2023 | Survey population and conduct desk research for contextual information as to the current issues affecting older persons in the region with a focus on pensions, income security and food security. | GOMStatistical DepartmentNGOsMoHSSCARICOMUWI |  | **x** | Ongoing |
| To promote and fund a public health research agenda to identify threats to the health of older persons | Public Health Research forum created by 2026  | GOM and relevant stakeholders to begin discussion on establishing Public Health Research Group | MoHSSGOMNGOsMoFEM |  |  | **x** |

**PRIORITY AREA 6: Economic Security**

**GOAL:** By 2026, Montserrat will secure security, stability, employment and other productive activities among older persons

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| --- | --- | --- | --- | --- | --- | --- |
| **Objectives** | **Performance Indicators** | **Activities** | **Lead responsibility** | Time Frame  | Time Frame | Time Frame |
|  |  |  |  | 2022 -2023 | 2023 -2024 | 2024 - 2025 |
| Consider plans for the development of a non-contributory pension for older persons | Feasibility paper produced by MoFEM  | GOM and relevant stakeholders to begin discussions on plans for introducing a Non-contributory pension for older persons | Social SecurityMoFEMGOMMoHSS |  | x |  |
| Take steps to reverse the current (and decades long) pension deficit whereby outlay exceeds contributions  | Options available for action to be made available for public consultation and political discussion | Discussion of options and preference identified by a range of stakeholders  | Social Security |  | x |  |
| Review and update the existing Social Protection policy for effectiveness and coverage of the elderly poor | Review conducted and amendments implemented | Conduct review  | **MoHSS** | **x** |  |  |
| Analyse the long term financial implications of an aging population on the economic development of Montserrat  | Report produced as to the short, medium and long-term impact of demographic change on GOM finances and impact on economic growth | GOM to gather relevant stakeholders to begin detailed analysis of financial implications to future growth as a result of demographic projections | MoFEMSocial SecurityGoM |  |  | **x** |
| Encourage life-long learning, entrepreneurial and skills training in older persons to boost employability  | Availability of training courses aimed at older persons Availability of funds for small businesses for older persons | Develop a wide ranging skills training and retraining programme for older personsCreate business opportunities and provision of start-up funds | MoFEMMCCGoMMoHSS |  | **x** |  |

**List of Figures**

Fig.1 Map of Montserrat.

Fig.2 Population Census and Intercensul Changes 1921-2018.

Fig.3 Montserrat Population Pyramid, 2018.

Fig.4 Labour participation Rate by Age Group

Fig.5 Enumerated Population Aged 20 Years and Over by Highest Level of

 Education 2018

Fig.6 Households with Elderly Persons by Poverty Status

Fig.7 Economic Trends by Industry 1994

Fig.8 Economic Trends by Industry 2016

Fig.9 Population by Age Group and Poverty Status

 **Glossary**

CBO Community Based Organisation

NGO Non-Governmental Organisation

GoM Government of Montserrat

UN United Nations

NCDs Non-Communicable Diseases

MALHE Ministry of Lands Housing and the

 Environment

SDG Sustainable Development Goals

ILO International Labour Organisation

PWD Public Works Department

MCWE&L Ministry of Works, Energy and Labour

MoFEM Ministry of Financial and Economic

 Management

MCC Montserrat Community College

MEYS Ministry of Education, Youth Affairs & Sports

MoHSS Ministry of Health and Social Services

PS Permanent Secretary

HR Human Resources

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