Report

Achievements and deficiencies in the implementation of the Brasilia Declaration

St. Vincent and the Grenadines

1/1/2012
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<td>Elderly Assistance Benefit</td>
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Executive Summary

This report seeks to present efforts and initiatives undertaken to improve the lives of older persons in St. Vincent and the Grenadines, especially those that are done in fulfilment of the Brasilia Declaration (2007). Prior to the Brasilia Declaration, the Madrid International Plan on Ageing (MIPAA) 2002, had raised ageing as an issue for all countries, not simply for those of the developed world but equally for developing countries which had begun to experience demographic changes with an enlarging older population. Then, the focus was on mainstreaming ageing and the concerns of older persons into national development frameworks and poverty eradication. While elements of the Madrid Plan of Action are still being implemented, the Brasilia Declaration heavily addresses the rights and entitlements of older persons. This report will therefore highlight those rights and entitlements which have been met but it will also list gaps and deficiencies with regards those unmet obligations that the State and partner agencies have been unable to fulfil for the elderly.

In 1999, St. Vincent and the Grenadines joined the rest of the subregion in articulating the Caribbean Regional Charter on Ageing and Health, thereby registering its commitment to meeting the rights of older persons and improving their lives in general. Furthermore, as a process that is transforming Caribbean societies and causing major developmental shifts, the consensus was reached that ageing should be regarded as a priority with emphasis on a coherent response from both Governments and communities. Since then, initiatives have been taken to continue improving the well-being of older persons in St. Vincent and the Grenadines, with one of the most significant being the implementation of a home care programme by the Ministry of National Mobilization and Social Development. Efforts are also being undertaken to ensure that all older persons receive a pension – either through Social Welfare or the National Insurance Services (NIS). The NIS has also provided two day Centres for older persons. The private sector has also begun to become more engaged in the care of the elderly as since 2000, the number of residential homes for the elderly has grown from three (including one public) to seven.

Notwithstanding those achievements, there still some measures that need to be taken in order to address other forms of entitlements for the elderly. Perhaps one of the most outstanding is the absence of comprehensive legislation to protect and enforce rights as well as to regulate care for the elderly.

In completing this report interviews were held with Government personnel, specifically members of staff of the Ministries of Health and National Mobilization, Social Development and Family Services. Meetings were also held with a number of other persons including: the manager of Lewis Punnett Home, Board members of Lewis Punnett and Thompson Homes and representatives of all private residential homes.

Unfortunately, records are not kept in a manner that allows for the best analysis of the provisioning for older persons. Some data are not disaggregated by age or by gender. Thus, it was not possible to determine the number of elderly persons who benefitted directly from
Government’s programmes. Nevertheless, this report seeks to offer a synopsis of the programmes and initiatives that are in place for elderly persons in St. Vincent and the Grenadines; identify the deficiencies in the provisioning and point to forthcoming initiatives to be carried out either by the State or partner agencies.

This report has been commissioned by United Nations Economic Commission for Latin America and the Caribbean as part of the regional review of the implementation of the Brasilia Declaration. The report also serves as preparation of the third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean.

1. Introduction

During the past decade, population ageing and the attendant changes of this process have become issues of deep concern globally. The global recognition of the need for a systematic approach to development in agreements such as the Madrid International Plan on Ageing (MIPAA) 2002, the Brasilia Declaration (2007) and Millennium Declaration have brought the issue of ageing into sharp focus. In the Caribbean subregion, ageing has been cited as a significant issue on the development trajectory. The focus on the acute changes in population dynamics and the relevance of these for the small states of the Caribbean raise questions not only of the ensuing economic challenges but also the accompanying social and political dilemmas.

Since the late 1970s, many Caribbean countries have witnessed a steady increase in the population within the age cohort of 60 years old and over. According to the Port of Spain Declaration on Population and Development, ‘older age groups within all Caribbean countries are growing rapidly’ and ‘this will place a heavy demand on social services’. The Social Services is indeed making more provisioning for older persons even as the trend has not been as evident in St. Vincent and the Grenadines. In fact what has happened has been an increase in the variety of services.

In keeping with the Brasilia Declaration, the Government and society in general are beginning to accept that there should be special socio-economic interventions for elderly; beyond a basic needs poverty reduction approach. This is happening even as there are changes in societal values that are impacting negatively on the elderly. The Government has been making interventions in areas which were previously seen as the domain of the family; while family members are increasingly looking to the Government and other agencies to provide for the well-being of older parents and grandparents, most of whom are living longer and will require more care.

According to the last official population count, the National Census 2001, the elderly population 65 years and over represented, 7.3% of the total population. More recently, the population estimates, 2010, persons 65 years and older, represented 7.2% of the population – virtually unchanged. As is the case in most countries there are more women over 65 years than men.
Although the data does indicate that there are slight variations and fluctuations in the population aged 65 years and over, the main difference is that in general, people are living longer in St. Vincent, the Grenadines. Life expectancy, as in the rest of the Caribbean has risen. As of 2011, life expectancy in St. Vincent and the Grenadines is 75 for women and 70 for men. The higher expectancy for women is in keeping with the rest of the world.

The State, in keeping with its resources as well as its commitment to meet the needs and entitlements of all its citizens, is committed to continue providing existing benefits to older persons and equally to embark on fulfilling unmet obligations that would continue to improve the lives of older persons in St. Vincent and the Grenadines.

2. Inventory and assessment of actions aimed at older persons in legal, administrative, programmatic and institutional aspects

Historically, the care and well-being of the elderly fell in the domain of the family. Initial direct actions which addressed the needs of the elderly were limited to the establishment of the Lewis Punnett Home, and the introduction of the Social Welfare System. Both programmes were heavily stigmatised. The former was commonly referred to as the “Poor Home” while the latter was called “Poor Relief”. While some stigma is still attached to both institutions, there is greater openness and acceptance of the importance of the services provided of these facilities in meeting the needs of the elderly of the society.

Within the past fifteen years the care and general quality of life of the elderly is being viewed more in the context of rights, dignity and entitlements. Thus, the State and institutions are implementing programmes that are not simply associated with “meeting basic needs” but also with comfort, relaxation and being able to enjoy the later years of life. The subsections below set out initiatives that are being taken to address various facets in the lives of older persons.

2.1 Legal
There is no comprehensive legislation addressing issues and concerns for the elderly in St. Vincent and the Grenadines. There are policy guidelines that regulate specific programmes that benefit the elderly, such as the Social Welfare system which is governed by a board. There is also the Lewis Punnett Trust which is a legally registered charity which was enacted in 1950 – the Lewis Punnett Endowment Act No. 331. The Act allows for a maximum of six trustees and a minimum of three to be appointed by the Governor General. There are currently five members of the Board of Trustees that supervise the Lewis Punnett Home.

The National Insurance Services (NIS) is a Statutory Corporation that became operational on 5 January 1987. The Corporation is governed by Act No. 33 of 1986 and its functions are executed in accordance with a number of legislations. It replaced the National Provident Fund, which had become inadequate as a social security fund.

The institution falls under the portfolio of the Minister of Finance and is governed by a nine-member board of Directors. The Non-Contributory Assistance Age Pension (NAAP) was instituted in 1997 for persons who could not have contributed to the NIS because of their age, but were members of the National Provident Fund. The Act was further amended in 2009 to incorporate non-contributors and allow for income supplement to persons who suffer from loss in income as a result of the international economic downturn of 2008/2009.

2.2 Administrative
There is no clear cut administrative authority governing issues related to the elderly and ageing. The two dominant players are the Ministries of National Mobilization, Community and Family Services and the Ministry of Health and the Environment. There are other non-State and semi-State agencies that also perform both administrative and institutional functions, of which the main player is the NIS.

The Ministry of National Mobilization and Social Development, through the Family Services department, administers the majority of Government’s provisioning to the elderly, including:

- the payment of financial support to the elderly indigent;
- the provision and management of the Home Help Programme
- recommendation of persons for residency at the Lewis Punnett Home²

The Ministry of Health and the Ministry of National Mobilization, Social Development and Family Services are supported by two non-state actors: the Rotary Club and the Lewis Punnett Trust. The role of the former is limited, while the latter is a benefactor and performs a supervisory function over the administration of the Lewis Punnett Home.

The NIS administers the payment and manages the pension for the majority of pensioners. The aim of the NIS is to provide social security protection to all nationals of St. Vincent and the Grenadines. This is demonstrated through the provision of benefits to contributors such as sickness, maternity, invalidity, employment injury, funeral and survivors.

2.3 Inventory of Programmes and Activities for Older Persons
The organized programmes and activities for the elderly focus on the provision of financial support and social well-being. These are organized by the Government of St. Vincent and the Grenadines, Statutory and other Organizations. Several of the programmes cited below, including the Home Help Programme and the Golden Years Activity Centres emanated from a survey which was conducted by National Council for Older Persons in 2000-2001. Then the survey found that many of the elderly suffer from isolation and abandonment. Earlier, in 1997, a PAHO Caribbean-wide survey had identified social needs of the elderly the number one priority. The study specifically listed: loneliness and lack of special communities for the

² The lone public institution that provides residential care for the elderly
elderly and lack of community support systems such as caregivers, home care, visiting services, meals on wheels and medical programmes.

2.3.1 Financial Support to the Elderly
The elderly in St. Vincent and the Grenadines receive pension from two main sources: the Government, through the Family Services department and the NIS.

The Family Services department provides the indigent elderly with a small monthly pension. This monthly provision which is called “public assistance” is paid to the elderly poor, over 65 years, was increased from EC $ 150.00 to EC $ 220.00 in 2010. In addition, a transportation allowance is provided based on need and circumstances. In 2010 the Department of Family Services spent over EC$ 13 million on Social Welfare programmes – including elderly pension. However, no hard data is available regarding the number of elderly persons who receive this pension.

As stated above, the NIS provides a pension to several groups of the elderly, the vast majority of whom were contributors to the pension system. There are other elderly persons who would not have contributed but who are paid a small pension, comparative to the Social Welfare of the Family Services Department. The NAAP is also paid to some indigent persons who were identified following a means test exercise, and some farmers who were displaced from the banana industry. The NIS, in 2009, introduced the Elderly Assistance Benefit (EAB) to help cushion persons who were affected as a result of the global financial crisis. As of January 2012 there are 1203\(^3\) indigent (non-contributory) elderly who receive a minimal pension from the NIS.

2.3.2 Home Help for the Elderly
The Ministry of National Mobilization and Social Development, in collaboration with the Ministry of Health, a decade ago embarked on home care for the elderly programme. The programme targets the elderly who are indigent, incapacitated and without the home support to provide basic care. The stated objective of the programme is: to provide necessary and meaningful care to the elderly poor.

The Home Help programme began with the training a pool of 30 home caregivers. There are now 89 caregivers and two supervisors, covering both the eastern and western regions of St. Vincent. The home care providers in the Grenadines are supervised health care professionals. There are 120 men and 150 women within the programme. There is no available data on the ages of persons who are included in this programme – except that they mainly fall within the over 70 age group.

\(^3\) These persons do not receive social welfare from the Government.
2.3.3 Golden Years Activity Centre
In an effort to improve the conditions and services towards the elderly population of St. Vincent and the Grenadines, the NIS in partnership with the Government constructed two activity centres for senior citizens. One is located at Cane Grove on the Leeward or Western side of the Country. The other is located at Black Point on the Windward or Eastern side. These Golden Years Activity centres were instituted in the 2002 under the Golden Years Trust Act which stipulates the framework for governance of the centres. The NIS provide for all operational expenses and upkeep of the buildings. The goal of the centres is: to improve the quality of life of the aged in St. Vincent and the Grenadines. There are four specific objectives:
- To contribute to the reduction of poverty among the elderly
- To assist the aged in effectively meeting their nutritional needs
- To provide regular health checks for the elderly
- To effectively engage the skills of retirees
The centres cater for an average of 40 persons per day, the majority of whom are recommended by community groups and faith-based organizations. Others attend independently. Transportation is provided free of charge by the NIS. Persons who attend these centres participate in a wide range of activities: craft, physical exercises, board games, story-telling, singing and spiritual inspirational sessions. Thus far, the programme has received very positive reviews from both internal and external sources. Representative bodies from neighbouring islands have visited to observe the operations of these centres.

2.3.4 Water Rebate for the Elderly
Government, in its commitment to achieving the Millennium Development Goal of halving absolute poverty, recognizes the right of every one to clean water. Consequently, the Government has implemented a policy that grants some elderly home owners, 2500 gallons of pipe-borne water per month. This benefit is awarded through the Family Services department where following a means test, an elderly home owner, can qualify for this service.

2.3.5 Free Health Care
Free health care is provided to persons 65 years and older. This includes the service of public doctors and nurses and the provision of available medication. However, when medication is not available at the Government pharmacies then the elderly must purchase their prescribed drugs from other/privately run pharmacies.

2.3.6 Training Workshops
The Department of Family Services trains caregivers for the Home Help Programme. In November 2011, the Manager at the Lewis Punnett Home coordinated and facilitated two workshops which addressed issues of the elderly. Areas covered were:
- The ageing process
• Dealing with the confused and disoriented elderly
• Safety in institutions
• Communicating with the elderly and elder abuse
• Incontinence in the elderly and personal hygiene

Participants were from the Lewis Punnett Home, the Mental Health Centre, the Milton Cato Memorial Hospital, Community Nursing, Social/Family Services – all within the Government system. In addition, there were participants from the Thompson Home, a non-profit institution and Caring Hands Comfort Home, a private institution. The management of the Lewis Home is willing to conduct future training once financial assistance is available.

2.4 Inventory and Assessment of Institutions for the Elderly
The concept of the Homes for the elderly has become accepted in St. Vincent and the Grenadines. Prior to the 1990s there were a limited number of homes for the elderly in the Private Sector. There were the Lewis Punnett Home for the Elderly, which is a public institution, and the Thompson Home which is a private care facility. However, there has been a marked increase in the provision of private care facilities for the elderly, which while providing additional space has served to bring acceptance to the idea or practice of institutional and residential care for the elderly. There are now five privately run residential homes for the elderly. These institutions have alleviated some of the burden on the state owned elderly home and have developed creative programmes to meet the varying needs of the elderly.

2.4.1 Lewis Punnett Home

The Lewis Punnett Home is the only public geriatric facility in St. Vincent and the Grenadines. The current facility was established in the early 1950s through the generosity of a land owner. A governing body, the Lewis Punnett Trust continues to provide financial support and works with the Ministry of Health to offer administrative oversight to the running of the facility. The Home was created to house the indigent elderly and is guided by the following objectives:

• Provide quality geriatric care and service to residents, relative to their needs.
• Establish administrative systems and procedures to facilitate effective and efficient nursing care, and general administration of the institution.
• Research and evaluate the quality of geriatric care and use findings to inform decision-making.
• To continue plans to maintain efficient care of residents.
• Continue to seek urgent assistance to improve and maintain the present physical structure.
• To continue improvement in occupational health and safety measures for Staff, Residents and other users of the Institution.
• To seek urgent improvement/upgrading of the Security system for the Institution.
• To continue fostering improved interpersonal relationships with clients/ community and NGO’S

The Mission of the Home is to: “provide geriatric care through a multidisciplinary approach, thus offering various services which will assist the occupants and other users to maintain a sense of self-worth”4.

Contrary, to the mission of the institution, there are now young mentally and physically challenged residents who are there because they have been abandoned by their family/relatives. There are also elderly residents who are not indigent but who too have been abandoned and are taken in by the Lewis Punnett Home.

The institution has a bed capacity of 99, forty-nine for males and 50 for females. As of January 2012 all male beds were occupied. There were 42 females – less than full capacity. The residents range in ages from 16 – 99. There is no precise data on the ages of the residents. However, an estimated two-thirds are over 60 years old.

The management of the institution seeks to provide a balanced programme for the residents. Activities include: exercises and physical therapy, field trips and attending church services. The management of the Home is also serving as the lead institution for the advancement of elderly care in the State.

2.4.2 Private Homes
There are approximately six privately run residential homes for the elderly in St. Vincent and the Grenadines:
• The Thompson Home - Kingstown
• M & A – Arnos Vale
• Variety Medical Care – Arnos Vale
• Garden of Eden – Dorsetshire Hill
• Med-Care – Green Hill
• Caring Hands Comfort Home - Kingstown

The Thompson Home, the oldest of these institutions has been in existence for over one hundred years, having been established in 1898. It is a non-profit institution that is governed by a Board of Trustees and managed by a 10 – 12 member committee. The institution receives a small annual subvention of ECS 3,000.00 from the Government. Other financing fees are collected from residents, fundraising by the Trustees and Management Committee and donations by well-wishers.

The other institutions are privately run bodies, mainly family enterprises. M & A which is the longest running was established in 1995. Altogether these residential homes have, as of January 2012, a population of 62 of which 21 are males. The majority of persons in these homes are over 80 years, with several being in their nineties. The residential Homes try to

4 Document: “The Lewis Punnett Care Home” The Ministry of Health, St. Vincent and the Grenadines
engage the elderly in a variety of activities: craft, singing, story-telling, spiritual sessions and physical exercises (for those who are able).

Any citizen can establish a private home for the elderly. There is no requirement for any specific training or licence. As it stands some managers/owners are trained in the medical field – mainly as a nurse. Most of these homes have doctors and nurses who are on call or who make regular visits. However, the majority of their care-givers are untrained. They are not trained neither are than vetted by the Family Services department which trains the Home Help care-givers.

2.4.3 The National Council of Older Persons
The National Council of Older Persons was established in 2002 with its mandate to advocate for the improvement in living conditions of the elderly, poverty reduction, social inclusion and the overall protection of rights of older persons. The council is currently dormant although some former executive members perform advisory roles regarding the management of the activity centres.

The Council before it became dormant had in 2000-2001 presented to contending political parties a paper which captured recommendations regarding the necessary legislative, policy and programme initiatives that the body of elderly persons would have liked to be implemented.

3. Best Practices

This section elaborates on those programmes which are considered to be best practices in St. Vincent and the Grenadines and are also in keeping with the fulfilment of the rights of the Brasilia Declaration.

The Government of St. Vincent and the Grenadines has been attempting to fulfil its commitment to the Brasilia Declaration. The programmes cited above have been designed and implemented to enhance the dignity and well-being of older persons. This section will highlight some of the programmes mentioned above while highlighting additional efforts carried out in the Vincentian society to allow the elderly to participate with dignity. Below are elements of the Declaration and the ensuing actions taken in St. Vincent and the Grenadines:

- Propose humane practices in order to care for and understand older persons holistically, with absolute respect for their human rights and fundamental freedoms, mobilizing national resources to ensure that such care is provided in the context of a meaningful and solidarity-based human relationship;
3.1 The Home Help Programme
The Home Help programme is one of the initiatives that is seen as maintaining the dignity of the elderly through the provision of care in a meaningful manner that would allow such persons to remain in the familiar surroundings of their home. The intention of the programme was to provide in-house care and assistance to the indigent elderly. However, the provision has broadened to include pensioners and “returnees” who lack family support and who do not have the financial independence to hire domestic care. There are 270 men and women who cannot afford home help are being cared for through the Home Help Programme. In 2010 the operation of the programme cost EC$ 985,568.00.
While the majority of persons within this programme are aged 65 and over there are some – though few – that are included because they are blind, or otherwise physically disabled and lack family support. Visits are done a minimum of two times per week and a caregiver cannot assist more than five persons; most are responsible for three. Home care providers assist with grooming, some house cleaning, preparing light meals, undertaking errands and some degree of companionship such as reading and chatting. Persons within this programme also receive monthly gift bags of toiletries.
In addition to receiving physical care, the elderly in this programme benefit from the companionship and solidarity of the caregiver. The programme meets the needs of these persons, several of whom live alone and who would otherwise have had to suffer the indignity of living without a regular bath, grooming and a well-cooked meal. Equally, it prevents many of these persons from being transferred to the Lewis Punnett Home, which still carries the stigma of being an institution for the indigent.
The Home Help Programme is highly praised by the public and recipients however, there is a creeping downside. There is the growing concern that some of the elderly persons who are living with family members receive no care from their family members when the Home Help caregiver is not on duty. The programme should be expanded to provide care to all elderly persons, who are in need of care but lack the financial means so to do.

- Propose that preventative health care measures be adopted to improve access by older persons with disabilities to treatment, care, rehabilitation and support services

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

3.2 Health Care
The Ministry of Health has begun to emphasize the concept of “Wellness”. In 2008 a Wellness Committee was formed with two main tasks as its focus: to develop programmes and to promote the concept of Wellness. The idea is for persons to adopt healthy lifestyles,

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5 These are persons who had emigrated to the U.K and North America but have returned to St. Vincent and the Grenadines as retired persons.
through diet, exercise, relaxation – including good sleep habits as preventative measures against illnesses, especially chronic diseases such as hypertension and diabetes.

The elderly benefit from free health care throughout the system. There are health clinics in 34 communities throughout St. Vincent and the Grenadines. Elderly persons can attend these clinics and receive free medical attention. Free care also extends to the elderly who become patients at any hospital. The indigent elderly are also given a transportation allowance to allow them to travel to and from health clinics.

There have been complaints that some health care providers are reluctant to provide the full free service to some members of the elderly population. It has been reported that residents who live in private residential care do not have their prescriptions filled at the pharmacy at the Health Centres.

There is evidence that the provision of health care has improved. This is evident in the fact that Vincentians are living longer as compared to previous decades. There are slight differences in the data on life expectancy. According to United Nations, Department of Economic and Social Affairs, life expectancy at birth varies for men and women, with that for men being 70 and women 75.

Many older persons, men and women suffer from chronic diseases. Non-communicable diseases, CNCDs (cancers, diabetes mellitus, diseases of the circulatory system-ischemic heart disease (IHD), cerebrovascular disease (CVD) and all external injuries and violence) contribute to 60-70% of all deaths in St. Vincent and the Grenadines. Malignant neoplasms has been the leading cause of death over the last 10 years (2001-2010). During this period, prostate cancers have been the leading cause of mortality among males. The health service provides free testing for prostate cancer, however, many men are reluctant to go to doctors and secondly, to take the test.

Virtually all of the health clinics throughout the State conduct education programmes on managing diabetes and hypertension. As a result diabetic and hypertensive groups are quite common. In addition to participating in lectures and seminars, members engage in a wide range of physical activities, including walks, swimming and national fun days. However, the overwhelming membership of these groups are women.

The Government of St. Vincent and the Grenadines is working toward the improvement of the Health Services. Primary Health Care Services have been reoriented to promote and protect the health of the older persons in the communities. The intention is to target the vulnerable in communities. There are trained Nursing Aids, who visit the elderly in their homes on a weekly basis. There are trained in the testing of blood glucose levels and blood.

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pressure. There is one modern and fully equipped Poly–clinic at Stubbs that provides among other services, some specialise health care for the elderly.

The 10th European Development Fund (EDF), in its Special Framework of Assistance to St. Vincent and the Grenadines will focus on improvements to the health sector. The restructuring of the health sector with emphasis on efficient and effective delivery of services, including the governance of health facilities will have positive implications for elderly care and access to health services.

3.3 Pension Provision

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

There are two measures that the State uses to provide income to the elderly who did not contribute to a pension scheme – whether in the public or private sector. These are the Social Welfare system, through Family Services and the Non-contributory pension that is paid by the NIS.

The Non-Contributory Assistance Age Pension was instituted in 1997. Through the NAAP persons who fall through the net of the Social Welfare system are given a pension. In 2009, the NAAP was supplemented by the Elderly Assistance Benefit (EAB), which is being paid to the elderly whose economic situation worsened as a result of the global economic crisis of 2008/09. These two systems provide coverage to the majority of the indigent elderly. An accurate assessment cannot be made until there is comprehensive data on beneficiaries both for the Family Services department and the National Insurance Services. Nevertheless, it is a fair conclusion that the implementation of the NIS non-contributory pension scheme has served to improve the lives of more than one thousand elderly persons.

*Take into account the effects of HIV/AIDS on older persons, both in terms of access to prevention, treatment, care and support services and in terms of their valuable contribution in caring for family members suffering from the disease, as promoters in creating a positive environment, free from any stigma and discrimination against persons with HIV/AIDS*

There are no persons 60 years and over who are victims of HIV/AIDS. The cumulative data for the period 1984 – 2011 shows that the majority of HIV/AIDS victims fall between 15 and 40 years. However, older persons are often carers for victims of HIV/AIDS.
In St. Vincent and the Grenadines, the Department of Family Services provide medical treatment to persons who are victims of HIV/AIDS. The State also provides care-givers for those who are incapacitated from AIDS.

**Older persons be included in the processes of preparation, implementation and monitoring of policies**

The National Council of Older Persons, while it functioned, recommended programmes and policies to improve the well-being of the elderly. Several of the current initiatives have been implemented on the recommendation of the NCOP: the Home Help Programme; the reduction in the cost of water; the Golden Years Day Centres.

Currently there is no formal mechanism for the engagement of older persons due to the non-functioning of the NCOP. Older persons contribution in the preparation, implementation and monitoring of policies are done as individuals, not as a representative body.

4. **Actions needed to strengthen the protection of the rights of older persons**

– **Unmet entitlements**

In the context of the Brasilia Declaration, there are other entitlements which are yet to be fulfilled. This section highlights and makes recommendations accordingly, those elements, which if unaddressed, will continue to negatively impact the lives of many among the elderly throughout St. Vincent and the Grenadines. Of concern are the following:

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

1. There is need for legislative coverage that fully protects the elderly: person, property, rights.

The Council, in documented statements, and staff at the Lewis Punnett Home have suggested that legislation should be introduced would allow the elderly, if so desires to grant the State legal rights to her/his property in return for complete care, including institutional care. This suggestion was made because the National Council of Older Persons found that: children are abandoning their parents and are much quicker to send them to public homes for the aged and that there is evidence to prove that children (and others) attempt to deprive the parents/the elderly of their houses and land\(^7\).

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\(^7\) Sunset Tomorrow: A perspective on Involving the Elderly in Socio Economic Activity in St. Vincent and the Grenadines pg. 15
2. There is need for regulations governing the private residential homes.

Given the existing situation, it is necessary that the relevant agencies, with perhaps the Ministries of Health and National Mobilization, Social Development and Family Services taking the lead, put in place a code of standards and a licensing mechanism for the running of residential homes for the elderly.

3. The National Council of Older Persons had in 2000-2001 recommended that Government should ensure that policies relating to employment and access to credit do not discriminate against older persons solely on the basis of their age.

The issue of access to credit is especially bothersome to many elderly persons. Several financial institutions, as a matter of practice do not offer credit to persons over sixty – even if they are employed. Those who do, offer older persons less favourable terms than they do to younger persons.

- the effects of migration on the ageing dynamic of the communities of origin… and on their families

4. There is need for the key providers of elderly care such as the Ministry of National

Mobilization through its Department of Family Services along with the Ministry of Health and other concerned agencies to begin discussions on the growing decreasing numbers of women within the productive age groups and the impact their migration is having on the vulnerable in society – especially the elderly.

The 2001 Census was the first dating back to 1871 when there were more men than women in the society. The most consistent difference falls between the age groups 25-59, where in in every bracket there are more men than women. In a society where the vast majority of care-givers are women, there is decline in the number of the women within this most productive age group.

The Census Division has cited migration as the lead reason for the decline in this age group. According to the estimated population for the decade 2001 – 2011, the trend of the last census - 2001, has continued. One of the fallouts of this trend is that there is a steady decline in care-givers within homes. The issue of migration of the main care-givers would not be easily solved by prescriptive policy. There needs to be greater research to determine why so many women particularly between the ages of 25- 55 are migrating.

5. Key Actions to be taken within the next five years

Several steps have been taken which have led to improvement in the lives of the elderly. All of the key agencies that are involved in the provisioning for the elderly have plans and programmes to be implemented within the next five years. Some of these initiatives include:
• The National Policy on Ageing
• The expansion of the provision of Day Centres
• The possible introduction of legislative protection for Social Welfare.
• The reviving of the National Council of Older Persons

The Ministry of Health is spearheading the drafting of a national policy on ageing. At the core of the draft policy is the need to prepare for the changing socio-economic realities of an ageing population and the institutional adjustments required in creating the enabling environment to support the elderly.

The Policy intends to address such issues as:

• Equality
• Care of the Elderly
• Economic Security
• Health and Well-being
• Intergenerational relationships and Social Integration
• Housing
• Safety and Security

Subsequent to the ratification of the policy the proposal is for legislation to be formulated that would address some long-standing concerns such as: abuse of the elderly; disability; competency; transfer of property; guardianships; safety and security.

The Ministry of National Mobilization, through the department of Social Development is proposing that Cabinet considers the legislating of the provision of Social Welfare for older persons. Currently, the name of any older person can be withdrawn for the Public Assistance list if any member of Cabinet so desires. Social Development, the lead Unit within the Ministry of National Mobilization, is therefore proposing that legislation be enacted that would make illegal any such action. The proposed procedure is for Cabinet along with the NIS to discuss the issue, after which it should be taken to the wider public for further discussion.

The NIS has expressed the intention of building two additional Golden Years activity centres: one to meet the needs of persons in the south-eastern interior and the other for the elderly population of the South – Kingstown and its environs. Government is legally obligated to construct facilities to accommodate the older persons with disabilities and special needs. It is proposed within the recently completed National Building codes that new public buildings provide the necessary facilities for easy access and use by the disabled.

Finally, the National Council of Older Persons has been dormant for several years. The Department of Social Development is willing to assist the Council with the reviving and restructuring of the Organization. The advocacy and monitoring role of the Council is vital to further implementation of policies and programmes for older persons.
References:
3. Lewis Punnett Endowment Act, 1950, St. Vincent and the Grenadines