GREEN PAPER

National Policy for SENIOR CITIZENS, 2018

GOVERNMENT OF JAMAICA
Ministry of Labour and Social Security

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List of Acronyms/Abbreviations

CARICOM	Caribbean Community and Common Market
CCRP	Caribbean Community of Retired Persons
ECLAC	Economic Commission for Latin America and the Caribbean
ESSJ	Economic Social Survey Jamaica
GOJ	Government of Jamaica
HAI	HelpAge International
JADEP	Jamaica Drugs for the Elderly Programme
JSLC	Jamaica Survey of Living Conditions
KSA	Kingston and St. Andrew
KMA	Kingston Metropolitan Area
MLSS	The Ministry of Labour and Social Security
MOH	Ministry of Health
NCSC	National Council for Senior Citizens
NHF	National Health Fund
NIGold	National Insurance Gold
NIS	National Insurance Scheme
PATH	Programme of Advancement through Health and Education
PAD	Public Assistance Division
PIOJ	Planning Institute of Jamaica
STATIN	Statistical Institute of Jamaica
UNFPA	United Nations Population Fund
UWI	University of the West Indies

Executive Summary

Preamble

Thjs National Policy for Senior Citizens (2018) reflects the commitment of the Government of Jamaica to pursue social development for all its citizens, and to put in place the dynamic enabling environment to achieve such development. This is in keeping with Vision 2030 Jamaica - National Development Plan, and finds synergy with the overall thrust towards economic growth. The Government, through the Ministry of Labour and Social Security will focus efforts on creating a responsive programme framework that acknowledges and facilitates the enjoyment of citizen rights by older persons, while empowering their continued active and productive ageing. While the national policy will be effected through various programmes and projects, and a multi-stakeholder approach, overall monitoring and coordination rests on the Ministry of Labour and Social Security, through the National Council for Senior Citizens (NCSC). A strengthened and capacitated NCSC will implement directly, as well as coordinate and track efforts of other entities in addressing policy goals.

Background and Policy Context

The revision of the National Policy for Senior Citizens is in keeping with the commitment of the Government to establish a comprehensive social protection strategy, including adequate safety nets, that mitigates risks to economic and social development. It is known that economic and social risks typically place a significant burden on the elderly. Social progress and inclusive development require specific consideration to be given to different age cohorts within the population.

Hon. Shahine Robinson with members of the recycled teenagers dance group at the launch of the NCSC's 40th Anniversary in 2016

The programmes and initiatives for the senior citizen have been governed by the landmark National Policy for Senior Citizens (1997), which is administered through the National Council for Senior Citizens (NCSC) under the governance of the Ministry of Labour and Social Security (MLSS). The policy is in its 20th year and, over the decades there have been significant shifts in the social and economic landscape that have impacted the lives of senior citizens. Not only is the cohort 60 years and older the fastest growing demographic segment, but life expectancy for men and women has increased, with concurrent longer years in retirement and improved overall health status. The policy environment must therefore shift to address the changing dynamics within the society, meet new expectations, ensure responsiveness to emerging issues, and strengthen the alignment with development objectives. As Jamaica advances efforts at sustained economic growth and social progress, Government seeks to strengthen the policy and legislative environments, and modernise approaches to social inclusion.

The global and regional dialogue and commitments have also signaled new directions reinforcing a rights-based approach, recognising that the elderly have specific needs that can be overlooked when the population is subsumed in "general planning". It is widely acknowledged in the literature that the cohort of senior citizens is a reservoir of productive capacity. Therefore, the revised policy will incorporate the productive model. This position is in keeping with the commitment expressed in Vision 2030 Jamaica – National Development Plan, that each person should be enabled to achieve their fullest potential. In this vein, active ageing is also underscored as being integral to the quality of life of senior citizens, and strengthens the paradigm shift in addressing the policy environment.

The policy revision process entailed the development of a Conceptual Framework document, with literature reviews and desk research. A Situational Analysis was conducted with primary and secondary research data and information, and a Concept Note was derived. Cabinet provided approval for the process to continue, by Cabinet Decision 8/17, allowing for the drafting of a National Policy for Senior Citizens. Key consultations were held with a multi-sectoral Technical Review Panel, the Planning Institute of Jamaica, National Council for Senior Citizens, and academia. Upon approval for public consultations, a broader public engagement is to involve senior citizens organisations, civil society, and government and non-government entities. A finalised draft policy document and broad programme of action will then be re-submitted for approval.

The National Policy for Senior Citizens (2018)

The purpose of the policy is to establish the Government's commitment to broad inclusion of senior citizens in nation-building, recognising the tremendous capacity and resources within the age cohort, and aligning programmes and initiatives to respond to the opportunities and challenges posed. Within the framework of global commitments and national goals, the policy envisages that by 2030:

Senior citizens will live and participate actively in a society that guarantees their rights, recognises their capabilities and contributions, and facilitates their enjoyment of a life of fulfilment, health and security.

The revised policy framework anticipates that the value and worth of senior citizens to the country will be enhanced, while systems for the delivery of goods and services, and resource mobilization for programmes and initiatives will utilise this framework as the basis for prioritisation and planning. All stakeholders, including family, community, private sector, civic organisations, and the Government can respect and respond to the needs of senior citizens. The policy also serves as a framework for creating standards and protocols that facilitate the quality of life of senior citizens.

The **guiding principles** behind the policy provide a foundation that underpins the conceptualisation, context and philosophy of the policy. They include respect for human rights and dignity; inclusive and participatory development; gender equity; equitable access and reasonable accommodation and evidence-based monitoring and evaluation. In support of the global thrust for credible engagement of older persons in economic and social life, the policy is founded on three pillars that support inclusion, well-being and development. These are: Active and Productive Ageing for National Development; Advancing Health and Well-being; and Enabling and Supportive Environments.

The revised National Policy for Senior Citizens has established six major **policy goals/expected outcomes**. These are:

Goal 1: Increased participation of senior citizens in all spheres of the society
Goal 2: Improved income security and social protection coverage for senior citizens
Goal 3: Adequate and supportive health and welfare systems for senior citizens
Goal 4: Improved independence, security and safety for senior citizens
Goal 5: Enhanced family support systems and community solidarity, from interaction with senior citizens
Goal 6: Strengthened institutional and infrastructural networks for partnership, collaboration and governance.

In capturing all of the above, six **thematic areas** have been defined for the National Policy for Senior Citizens.

The Government and its partners, along with input and participation of senior citizens or their organisations, will pursue strategies and actions under the following six thematic areas:

1. Social Engagement and Participation;
2. Social Protection, Income Security and Employment;
3. Health and Wellness;
4. Physical Environments, Protection and Safety;
5. Family Integration and Intergenerational Transfers;
6. Governance and Capacity-building.

Institutional Arrangements, Monitoring and Evaluation

The Ministry of Labour and Social Security (MLSS) is the lead Government body in the development and implementation of the National Policy for Senior Citizens. The main department through which policy and programme implementation will be monitored is the National Council for Senior Citizens (NCSC) .Through strengthened capacity at the national and parish levels, the NCSC will galvanize its own efforts, as well as coordinate and track efforts by a broad range of stakeholders, including Government, private sector, community organisations, civil society groups, and international partners, to effect the pertinent strategies and programmes. A Monitoring and Evaluation Framework aligned to the Jamaica Social Protection Strategy and other relevant monitoring frameworks will be developed in support of the revised policy, with appropriate indicators and targets to facilitate assessments.

Funding

Funding for strategies and programmes in support of the National Policy for Senior Citizens will largely be secured through the Government Budget to various Ministries, Departments and Agencies, and support to non-government organisations. Under the Ministry with responsibility for Social Security, the National Council for Senior Citizens will require specific budgets to carry out implementation, coordination, monitoring and evaluation. Funding support will also be mobilised from the private sector and civic bodies in relation to specific initiatives. It is anticipated that international development partners will be guided by the policy and accompanying Programme of Action, in their programming of resources to social development and social protection.

1.0 Introduction

1.1 Background and Policy Context

Older adulthood is a natural stage of the human life cycle and should be lived productively with dignity, love, respect and required support. The sheer growth of the older person population presents both challenges and opportunities for nations. Jamaica continues to hold to the principle that the 60 years and older cohort is an important contributor to the social, economic, cultural and political landscape. The country continues to explore ways to further support the older person and to create a more enabling environment to allow senior citizens to have a good quality of life. Data and research have shown that the segment of the population over 60 years old is the fastest growing, and this will have significant implications for the country. To this end the Planning Institute of Jamaica, in recommending strengthening of the policy and institutional framework, collaborated with the lead ministry—Ministry of Labour and Social Security – and other stakeholders to develop this revised policy document.

Elderly Abuse Day 2016

Jamaica has been a trailblazer in developing a national policy for senior citizens, one of the very first to have been done in the Latin America and Caribbean (LAC) region. The 1997 National Policy for Senior Citizens was based on the 1982 Vienna Plan on Ageing and recommendations from several international meetings during the 1990s, including the Beijing conference and the Social Summit in Denmark (National Policy, 1997, UNFPA, 2011 and Fox, 2012). The policy provides broad guidelines for the design, implementation and management of ageing in Jamaica. It has been used as the benchmark document for the establishment of priorities in social development and inclusion of the older population, and has been the charter for the work and activities of the National Council for Senior Citizens (NCSC), a department of the Ministry of Labour and Social Security (MLSS).The overarching goal of the policy is "to meet the challenges of a growing, healthier and more active senior citizens population by ensuring that those in need are assisted, and protected from abuse and violence and

enhance the self-reliance and functional independence of senior citizens and facilitate continued participation in their family and society" (Nat'l Policy for Senior Citizens, 1997, p. 1).

The process of policy revision entailed the development of a Terms of Reference, and convening of a Technical Review Panel to monitor each stage of the process. The Review Panel included the Ministries of Education, Health and Labour and Social Security, PIOJ, as well as the University of the West Indies (Mona Ageing and Wellness Centre), the National Council for Senior Citizens and HelpAge International. A Conceptual Framework document was produced, incorporating a Literature Review, desk research, conceptual underpinnings, and policy elements. The Concept Note derived from the Framework was approved by Cabinet in February 2017, and the process of drafting the National Policy for Senior Citizens was advanced with input from key consultations.

1.2 Rationale and Context for Revising National Policy for Senior Citizens

The first National Policy is now in its 20th year and since 1997 much has happened locally and globally as it relates to population ageing. The passage of time, with its emerging dynamics of faster and varied changes in the population structure and new global attention and direction in scholarship and policies, necessitated a revision of the policy framework.

The 2011 Population and Housing Census for Jamaica confirms an estimated population of those aged sixty years and above at some 323,500 persons, constituting 11.9 per cent of the total population, compared with 10.1 per cent in the 2001 Census. In 2015, the cohort was 341,200 persons, which is 12.6 per cent of the population (ESSJ 2015). This is the fastest growing segment of the population. While the percentage increase in the total population between 2001 and 2011 was 3.5 per cent, the elderly grew by approximately 15.3 per cent over that period.

The number of the elderly has increased dramatically. The growth rate between periods 1970 and 1990 (1.5 per cent) and 1991 to 2011 (2 per cent) has not changed much, but the number of persons in the 60+ age group as well as the percentage of households involved calls for urgent action. In 1997 the population was approximately 158,000, in 2013 this was almost doubled numbering 324,000. Some 31.8 per cent of households today have at least one member who is 60 years or older. Of all households, 69.1 per cent had a head who was 60 years or older. According to the Planning Institute of Jamaica, the cohort is expected to grow to about 500,000 by 2030.

There is a change in the male:female ratio of the elderly, which if continued could reverse the trend of "feminization" of the elderly population. Females still account for a higher percentage of the 60+ years old population, but, according to STATIN, between 2001 and 2011 the male population grew by 18 per cent compared with 13 per cent for the female, and the male female ratio increased from 96.9:100 to 97.9:100 in 2011. Older males have unique needs and so policy makers must take this into consideration as much as the needs of older females are considered.

Another change that is evident from data is the improved educational level of women which is linked to socio-economic status. In 1997 the policy noted that "women generally have lower socio-economic status than older men" (p. 5), however "A higher percentage of elderly females (47.1 per cent) were retired with pension compared with males (38.6 per cent), (PIOJ, 201, p. 18) and women were more likely to report being educated, especially at the university level.

The ageing population also presents economic opportunities; the increasing number of the elderly offers an expanded customer base and new markets, as well as an enlargement of the pool of older workers available for employment. Based on the projected increases in the older population in

Jamaica, there is no doubt that older workers will increasingly become key players in the successful development of both public and private sectors. These opportunities must be addressed at the policy level to ensure strategic planning takes place.

1.3 Purpose of Policy

The National Policy for Senior Citizens seeks to enhance the quality of life of senior citizens and provides a framework for:

a. Establishing Government commitments and priorities in effecting enabling environments;
b. Operationalising the tenets and principles embodied in international and regional instruments regarding the elderly, to which Jamaica is a party, including the Madrid International Plan of Action on Ageing (MIPAA) and the Regional Strategy for Implementation;
c. Mainstreaming of older persons into international and national development across all sectors (Vision 2030 Jamaica);
d. Developing a life-course intergenerational approach to policy that stresses equity, reciprocity and inclusiveness of all age groups in all policy areas. (Vision 2030 Jamaica); and
e. Aligning policy statements to Vision 2030 Jamaica, and to emerging priorities at local, regional and global levels.

2.0 Situation Analysis (Summary)

This Summary Situation Analysis is based on the data arising from desk research into three main sources: the Jamaica Survey of Living Conditions (JSLC) 2012 (the latest published data at the time of the study), and more specifically the Ageing Module Report from that survey; the HelpAge International/ United Nations Population Fund Situation of Older Persons in Jamaica study (2011), and the Eldemire-Shearer et al National Health Fund study (2012). Another key data source is the 2015 Economic and Social Survey of Jamaica, an annual publication by the PIOJ. The full Situation Analysis was included in the original Conceptual Framework document preceding the policy document.

2.1 Population

Jamaica has a population of approximately 2.7 million and an average annual population growth rate of 0.2 per cent (PIOJ, 2015). “The Jamaican 2011 Population and Housing Census indicated that 11.7 per cent of Jamaica’s population was 60 years and older, compared with 6.7 per cent in 1960 and 10.0 per cent in 1991” (PIOJ, 2012, p. 7). According to STATIN, it is projected that the elderly will account for about 22.0 per cent of the population by 2050. The most current data (2012) show that the majority of the elderly fall in the 65-79 years age group 54.7 per cent, while the 60-64 age group accounted for 26.0 per cent, and the 80+ age group for 20.0 per cent. As at 2012 about 32.0 per cent of all households had a member who was 60+ years old. The 80+ age group had the highest percentage increase between 2001 and 2011 (20.8 per cent). In real numbers the members in this age group (80+) will increase 2.5 fold from 48,029 in 2010 to 117,149 in 2050.

2.1.2 Gender Structure

As at 2015 the elderly population comprised 51.9 per cent females and 48.1 per cent male. This compares with 50.5 per cent females to 49.5 per cent males in the general population structure for that year. However STATIN has identified that the male population is growing faster than the female. In 2011, the increase in female population was about 13.0 per cent compared with 18.0 per cent for males. This is consistent with the population trend reported by STATIN that “between 2001 and 2011 the male population grew faster (4.0 per cent) than the female population (3.0 per cent). The implication of this is that there could be a levelling off in the distribution of males and females among the older person age group.

2.1.3 Regional Distribution

Data from the PIOJ indicates that even though the majority of the elderly population reside in rural areas, Jamaica is experiencing a move of the elderly from rural areas into the more urban centres. In the comparison with 1995 (a feature of the 2012 ageing module report) 58.1 per cent of the elderly resided in rural areas; in 2012 this was 51.4 per cent, a reduction of almost 7 percentage points. For urban areas the change was from 23.7 in 1995 to 30.7 per cent in 2012, while Other Towns remained almost unchanged, at 18.2 in 1995 to 17.9 in 2012 (Primary data from JSLC 1995 and 2012). From the data it appears that the shift has been directly from the rural areas into the urban Kingston and metropolitan areas. The parishes of St. Andrew (21.9 per cent) and St. Catherine (16.1 per cent) had the highest proportion of persons aged 60 years and older, while Kingston, Hanover and Trelawny had the lowest numbers (3.0 per cent).[1]

2.1.4 Household Structure

The 2012 PIOJ study showed that 69.1 per cent of households with an elderly member was headed by the elderly person. Of this, 54.3 per cent of these households were male headed and 45.7 per cent female headed. In the households headed by an older person data show that a greater proportion of females lived alone than males, 55 per cent compared with 42 per cent. In the older 80+ age group just about 45 per cent of males lived alone compared with almost 67 per cent of females.

2.2. Independent Living

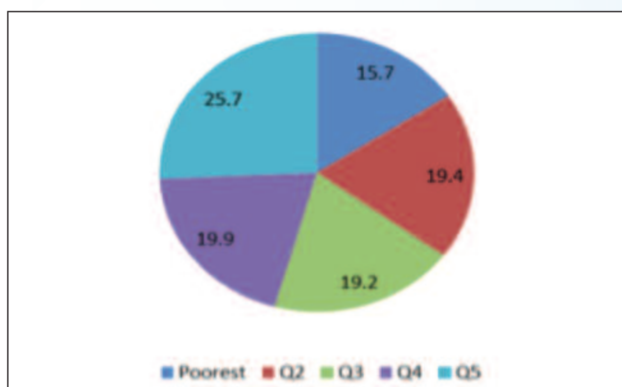
Home ownership was high among the elderly with 73 per cent reporting that they owned their own homes. The housing quality index had also improved from 64.7 in 1995 to 79.5 in 2012 (JSLC, 1995 and 2012 PIOJ report). "Approximately 80.0 per cent of elderly persons paid for their own food with a higher percentage of males than females having done so" (PIOJ, 2012, p. 116). The age cohort can be described as functionally healthy as 92 per cent of the cohort reported that they are functionally independent.

2.3 Economic Wellbeing and Income Security

2.3.1 Consumption

Nominal mean per capita consumption for households with elderly (Table 7.was $304 551 (per annum), which was 18.0 per cent above the national average in 2012. The highest proportion of elderly fell in the highest consumption groups, Quintiles 5 and 4 (45.6 per cent), while Quintiles 1 and 2 accounted for 35 per cent of the group (Figure 1).

Figure 1: Distribution of Elderly by Quintile



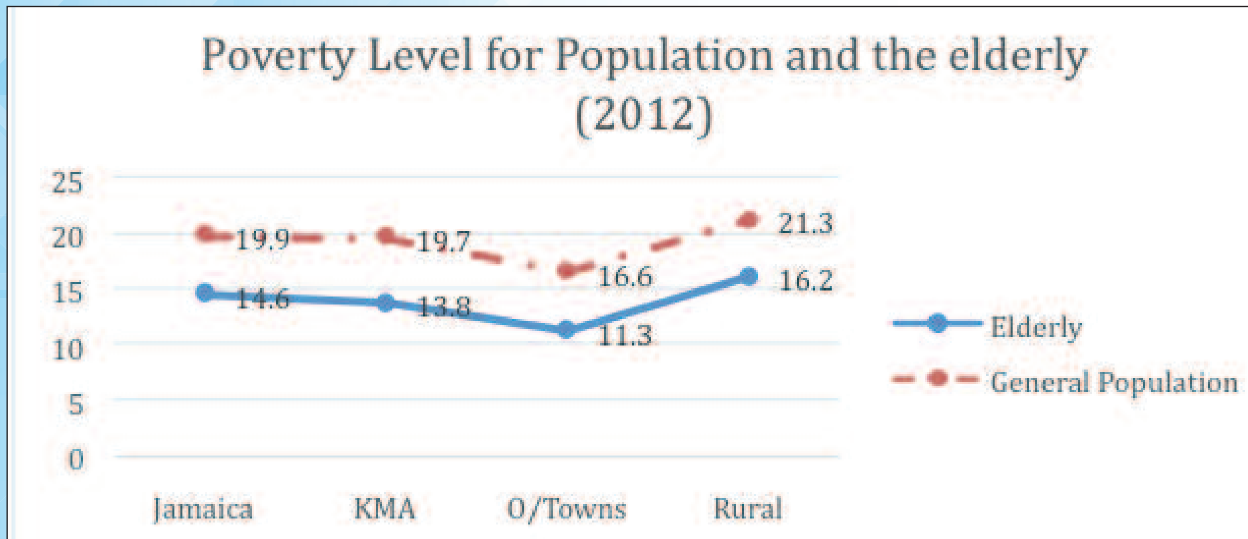
Source: PIOJ- The elderly in Jamaica Report- 2012

[1]All data for Jamaica, unless otherwise stated were culled from the Planning Institute of Jamaica's "Report on module on persons aged sixty years and older 2012".

2.3.2 Poverty

The poverty rate for the elderly fell from 23.5 in 1995 to 14.8 per cent in 2012. The overall prevalence rates for the country were 27.5 per cent in 1995 and 19.9 per cent in 2012. The prevalence of poverty among the elderly is about 5 percentage points below the national poverty rate of 19.9 per cent (Figure 1). In rural areas the rate was 21.3 per cent compared to 19.7 in the KMA and 16.6 per cent in "Other Towns". There was also no significant difference in the poverty rate among males (20.6 per cent) and females at 19.2 per cent.

Figure 2: Poverty Level for Population and the Elderly (2012)



Source: PIOJ- The elderly in Jamaica Report- 2012

2.3.3 Income Sources

The main sources of income are local family support (22.0 per cent), being employed/self-employed (20.9 per cent) and receiving a pension (19.9 per cent) (PIOJ, 2012). About 50% of the households received remittances with 54.8 per cent of female headed households receiving remittances, compared with 44.8 per cent for males. Of those receiving pension 24 per cent were solely reliant on NIS.

2.3.4 Pension

Having a pension seems to be directly related to consumption groups. The data show that (53.8 per cent) of persons in higher consumption group (Quintile 5) were receiving pensions compared to 16.3 per cent in the lowest group (Quintile 1). Approximately 60.5 per cent of survey respondents said they have no pension; 31.4 per cent have one source of pension; 7.9 per cent two sources of pension; 0.21 per cent have three forms of pension (i.e. NIS, Government, and private) (PIOJ, 2012). The Government continues to be the largest provider of pension; about 61 per cent of those receiving a pension were getting NIS. Only about 11 per cent of respondents reported getting private pension while 30 per cent received some kind of occupational pension.

In terms of receipt of at least one pension by gender, some 48.5 per cent males and 41.5 per cent females were estimated. The KMA had the highest percentage of pensioners (44.4 per cent), while just about 30 per cent of rural residents received a pension (PIOJ, 2012).

2.3.5 Retirement Planning

About 36.8 per cent of the elderly indicated they had previously engaged in some form of planning for retirement. Males showed greater proclivity to planning; 40 per cent indicated that they had made some plan, compared with 35 per cent of females. Males showed greater proclivity to planning; 40 per cent indicated that they had made some plan, compared with 35 per cent of females. Similarly, 24.8 per cent males prepared for more than ten years (prior to retirement), compared with 19.0 per cent of females).

2.4 Health and Wellness

2.4.1 Food Security

Approximately 58 per cent of the population reported that they had enough to eat each day. On the other hand 28 per cent had enough sometimes and 13 per cent did not have enough to eat. The challenge of adequate food is severe for persons in the poorest quintile where only 29 per cent reported having adequate food all the time. Less than 50 per cent of persons in quintiles 1 (29 per cent), 2 (40 per cent), and 3 (47 per cent) reported having enough to eat all the time. There was marked difference by region where the problem was most severe in rural areas where 47 per cent reported that they only had adequate food sometimes (31 per cent) or none at all, (16 per cent).

NCSC Sports Day, 2013

Food Availability

The issues of food availability and adequacy are of more concern for residents in rural areas (PIOJ, 2012). In rural areas 53 per cent of elderly population indicate that the food they needed was not readily available all the time, compared with 40 per cent and 35 per cent for Other Towns and Rural Areas respectively. Perception on availability and adequacy was directly related to the quintile groups. For quintile 1 only a small percentage of persons reported having enough food, compared with 71.4 per cent in quintile 5 (PIOJ, 2012). In general, 55 per cent of the population said their required food was available all times and "31.2 per cent reported that all the food they needed was available sometimes" (PIOJ, 2012, p. 44). There were some 14.7 per cent who reported that the food required was not available to them.

2.4.2 Health Status

The data show that while the incidence of illness among the elderly population is higher than that of the general population (15.6 per cent compared with 10.6 per cent) health status has improved. When data in 1995 are compared with 2012 data they show that reported illness fell from 23.8 per cent to 15 per cent. A higher percentage of women reported an illness (16 per cent) than men (13.9 per cent). As on the global scene chronic disease is very prevalent among the elderly with almost three quarters of the population (72 per cent) reported having at least one chronic illness. Hypertension and diabetes are the most common diseases. This may be what accounts for the high percentage of persons who are taking medications, 61.4 per cent in 2012; significantly more than the 39 per cent reported in 1995 (Table 1).

Health status did not vary much by consumption groups, and all groups showed improved health status, but there was higher rates of reported illnesses among rural residents, than among those in the urban areas.[2]

[2]A secondary study by Eldemire Shearer et al (2012) noted that "Persons residing in rural areas had more uncontrolled and undiagnosed disease. And males were less likely to seek medical assistance. About 27.5 per cent of the respondents who were assessed as having high blood pressure had not been diagnosed with this condition by a doctor. Even for those who had been diagnosed previously, 72.2 per cent showed signs that the condition was poorly controlled".

Table 1: Percentage of the Elderly Reporting an Illness, on Medication and Possess Health Insurance by Sex, Age, Quintile and Region, 1995 and 2012

	Illness		Medication		Health Insurance	
Sex	**1995**	**2012**	**1995**	**2012**	**1995**	**2012**
Male	21.4	13.9	29.5	52.7	5.8	21.3
Female	25.9	16.0	46.3	69.5	2.7	24.4
Age						
60-64	15.7	10.2	30.4	51.0	7.7	22.8
65-79	24.2	15.5	38.5	62.9	2.0	24.1
80+	34.6	20.0	52.5	71.4	5.3	20.0
Quintile						
Poorest	19.9	17.5	26.4	52.3	0.0	10.0
2	26.7	16.6	30.8	62.1	2.1	11.8
3	21.3	17.4	40.0	54.4	1.3	13.3
4	24.0	18.2	41.4	64.9	2.6	23.8
5	24.0	14.6	53.6	66.8	10.1	32.7
Regions						
KMA	24.8	10.7	30.4	65.4	9.5	39.1
Other Towns	24.1	15.5	38.5	64.1	3.5	16.5
Rural Areas	23.6	17.4	52.5	58.2	1.9	15.6
Jamaica	23.9	15.0	39.0	61.4	4.0	23.0

Copied from PIOJ – Ageing Report (2012)

2.4.3 Disability

In 2012, 25.0 per cent of the elderly reported having a disability, with a higher prevalence among males. The occurrence of a disability increased with age, but declined with socioeconomic status. Persons with disabilities were evenly spread across region, sex and quintile. Persons in the 60–64 years reported 6.2 per cent and persons 65 years and older, 18.3 per cent. The main categories of disabilities were physical disabilities (29.5 per cent), sight only disabilities (22.5 per cent) and mental retardation (17.5 per cent).

2.4.4 HIV/AIDS

The need to address HIV/AIDS among the age cohort will increase as more people living with HIV/AIDS move into the 60+ years age group. Between 1982 and 2014, there were 1,144 reported AIDS cases for the 60 years and older age cohorts. Males accounted for 61 per cent of the total.[3]

[3]The UNAIDS Gap Report (2014) has for the first time recognized people aged 50+ as a vulnerable group that is not receiving enough attention by countries. It indicated that that 13 per cent of the global adult population living with HIV are now aged 50 or over.controlled".

2.4.5 Health Insurance

There was obvious improvement in the persons with health insurance, moving from 4 per cent in 1995 to 23 per cent in 2012. However, there is very low coverage of persons in the lowest consumption group, quintile 1, where only 10 per cent reported having health insurance. This has not improved over the 8 year period from 2004 when it was 9.6 per cent. With 72 per cent of the population having chronic illnesses, there needs to be better coverage of health insurance.

The study found that the majority were covered by health insurance from the private sector. Only 3.8 per cent used NIGold (health insurance coverage under the NIS). Former Government employees were more likely to have insurance (compared with persons who had been self-employed). Data also show that 29.8 per cent of persons reported having both NHF and JADEP.

2.5 Safety and Security

2.5.1 Housing

2.5.1.1 Home Ownership

Jamaica Survey of Living Conditions reports that approximately 73 per cent of the elderly own their place of residence. This has not changed between 1995 and 2012. There is no real difference between ownership by males and females, but a higher proportion of rural residents own their homes, 77 per cent compared with 60 per cent in the KMA. There was no data to look at the proportion of housing stock that is designed for and or retrofitted for the elderly. Neither is there evidence of communities that caters to the older person.

2.5.1.2 Housing Quality Index

The Housing Quality Index (HQI) is an arithmetical construct utilising a set of variables describing a culturally relevant ideal for housing and amenities, and is estimated in the JSLC annually. The benchmark indicators are Walls of concrete block and steel; Piped water as main source for drinking; electricity as main source for lighting; exclusive use of water closets; exclusive use of kitchen – and number of persons per habitable room.

For all households in the 2012 JSLC, the HQI at the national level was 72.0 For elderly-headed households the HQI was 79.5, a significant increase over the 64.7 reported in 1995 (PIOJ, 2012, p. 120). In comparison to the national indicator, the HQI for the elderly would signify a better position; however, evidence also speaks to the challenges with housing stock, particularly repairs and maintenance. There was no gender difference but the HQI was significantly lower in rural when compared with the KMA, it was 74.1 to 86.7. While the HQI improved for all consumption groups the data show that Quintiles 1 and 2 are still below 70 and so was the 60-64 years age group.

2.5.1.3 Institutional Living

In 2015, Just about 1031 persons are residing in some thirteen residential institutions across the country. One study shows that there has been a significant increase in nursing homes/retirement facilities in the last ten years, (Fox, 2012). However, these tend to be costly and mostly serve those with means to pay. The Government and church organisations continue to be the main provider of residential care for persons of lower economic standing. Some the government facilities are classified as “infirmaries” which allows them to house any indigent person irrespective of age. While allowing for inter-generational exchange this concept could pose safety risks for the elderly, and warrants further consideration.

2.5.2 Crime and Violence

Safety is a challenge for the elderly as much as it is for all other age groups, but there are unique vulnerabilities that impact the senior person. Research indicates that older persons in Jamaica are

disproportionately susceptible to violence, particularly because of stigma, negative cultural beliefs and ignorance. They are at increased risk of becoming victims of physical, sexual, psychological, and emotional abuse, neglect, financial exploitation and chronic poverty. Older women may be particularly more exposed to these than men. According to the ESSJ (2015) 383 persons in the 65+ age groups were victims of serious crimes in 2015, where 256 (67.0 per cent) were men and 127 (33.0 per cent) were women. The gender breakdown is similar to what obtains for all victims of major crimes, where males accounted for 62.0 per cent and women for 38.0 per cent (Table 24.8, p. 24.5). The UNFPA and HAI Desk Review (2011) indicated that violent crimes and abuse against older persons occur as frequently in their own homes as outside the home by strangers.

The 65+ age group accounted for the smallest proportion of perpetrators charged (0.24 per cent) of major crimes in 2015.

2.5.3 Natural Disasters and Rehabilitation

A 2012 disaster risk reduction study by the University of the West Indies[4] identifies the elderly as a vulnerable group. The first challenge for this group is disruption in healthcare that the elderly often suffer when a disaster happens. The fact that over 72 per cent report having chronic illness with about a quarter having some form of disability defines the magnitude of this problem.

The second issue is the non-involvement of the elderly in disaster planning and education. In 2011 HelpAge conducted a disaster needs assessments "across 19 communities in the parishes of: St. Catherine and Portland and found that more than 60% of the respondents (the elderly) indicated that they had received no formal disaster education or training, and had no knowledge of disaster response plans for their communities" (Fox, 2011, p. 49).

Members of the NCSC representing Caribbean countries on International Women's Day, 2014

[4] *http://dipecholac.net/docs/files/216-jamaica-country-document-on-disaster-risk-reduction.pdf*

The third issue is the challenge the elderly faces in accessing rehabilitation and emergency assistance. The distribution channel can be onerous and extremely difficult for the elderly particularly in terms of their ability to compete with younger and able bodied persons in long queues and having to travel back and forth to site of distribution. The study also identified that the government rehabilitation fund has an age limit of 45 years old, thus excluding the older person.

2.6 Social Protection

2.6.1. Social Assistance Programmes (non-contributory)

Programme of Advancement Through Health and Education (PATH)

Elderly persons (60 years and older) in families deemed eligible for PATH will receive a cash transfer, once they are not already in receipt of a NIS pension. At the end of 2014, there were 64,355 elderly persons registered on PATH. For the financial year 2011/2012 some 57,644 elderly benefited from PATH accounting for 15.5 per cent of total beneficiaries /making them the second largest category after children.

Poor Relief programmes target registered poor individuals (under Poor Relief Act) and provide support including food packages and clothing. Programmes are implemented by Parish Councils under three categories: Outdoor, Indoor and Temporary Poor. Indoor Poor Relief refers to services provided through 13 residential institutions across the country and outdoor for those not living in Government institutions. In 2015, 47.5 percent of the 12,429, registered persons in the Outdoor category were elderly. Males accounted for 51.6 per cent (3,049) in this age group. The Indoor population of elder at the end of 2015 was 1,031 with more males than females persons (630 male: 401 females).

National Health Fund

The NHF provides two categories of benefits: (i) Individual Benefits, which directly assist patients; and (ii) Institutional Benefits, which support governmental and non-governmental organizations. The Individual Benefits provides a drug subsidy to persons of all ages – regardless of socio-economic status - in filling prescriptions for any of the 15 specified chronic illnesses.[5]

The most common NCD's which affect the elderly are included in coverage under the NHF, that is hypertension, diabetes, arthritis and psychiatric disorders. However, one study shows that only 39 per cent of elderly were using this benefit (Eldemire et al 2012, p. 150). There was significant disparity by education and socio-economic status, noting that "the university-educated the elderly had a 220 per cent higher likelihood of having NHF..." (p. 150). While the service is available to persons of all socio-economic status groups, there is a need to explore why the uptake is so much higher among those of higher socio-economic status groups.

Enrolment between 2009/2010 and 2013/2014 for NHF has fallen (Table 2). There has also been a reduction in the annual enrolment between period 2009/2010 and 2013/2014, moving from 32392 to 30020.

Table 2: NHF Card Enrolment and Benefits 2009/2010 - 2013/2014

Particulars	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Annual Enrolment	32,390	26,890	29,568	24,996	30,020
Cumulative Enrolment	244,853	271,743	301,311	326,307	356,327
Benefits ($M)	$2,040.68	$2,177.78	$2,588.86	$3,037.56	$3,424.35

[5]Breast cancer, prostate cancer, Hypertension, ischemic heart disease, rheumatic fever/heart disease, high cholesterol, vascular disease, diabetes, epilepsy, major depression, glaucoma, psychosis, asthma, arthritis, and benign prostatic hyperplasia (BPH).

Jamaica Drugs for the Elderly Programme (JADEP)

The Jamaica Drugs for the Elderly Programme (JADEP) is a public-private sector collaborative effort which provides a specific list of drugs at a subsidy, to persons 60 years and over for the treatment of ten (10) chronic illnesses.[6] As with the NHF only a small percentage of elderly are participating in the program (30 per cent). And again participation is higher among persons in the higher socio-economic status groups where the likelihood for university graduates to benefit was and a 170 per cent higher. Similarly, enrolment in this programme has fallen from 17029 in 2009/2010 to 9628 in 2013/2014 (Table 3).

Table 3: JADEP Enrolment and Benefits 2009/2010 - 2013/2014

Particulars	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Annual Enrolment	17,029	14,098	10,665	13,038	9,628
Cumulative Enrolment	209,448	223,546	234,211	247,249	256,877
Benefits ($M)	$336.63	$244.15	$152.67	$134.27	$104.43

2.6.2 Social Insurance (contributory programmes)

The main social insurance programmes are:

1. National Insurance Scheme (NIS)
2. Occupational (public and private) Pensions Schemes

2.6.2.4 National Insurance Scheme

The NIS is a contributory component of the country's social protection system, providing a minimum guarantee for the majority of workers (all employed, self-employed and voluntary contributors). The 2012 data show that 64.1 per cent of elderly benefitted from NIS pension. This represents a five-fold increase over the 13.6 per cent reported in 1995. There was no real difference by gender, region or age group. In 2014, a total of 103,158 persons benefited from NIS with 74 per cent (76,036) categorised as old age pension recipients.

2.6.2.5 Occupational Pension Plans

Just over 48.0 per cent of the elderly who received a pension received less than $10,000.00 per month and 13.2 per cent of pensioners received $60,000.00 and more per month. More males than females received pensions of $60,000 or more. The greatest proportion of persons receiving occupational pensions was in the KMA; while the lowest was in the Rural Areas.

2.7 Labour Market and Employment

2.7.1 Participation

According to data from STATIN, labour force participation rate as at January 2014 for persons 65 and older was 29.6 per cent for both sexes. The average age of retirement was 59.4 years. STATIN data indicate that persons 65 and over comprised 5.1 per cent and 5.3 per cent of the employed labour force in 2012 and 2013 respectively. Approximately 2 times more males than females in that age range were part of the employed labour force.

2.7.2 Employment Status

The unemployment rate among the elderly stood at 7.1 per cent, 43 per cent were retired and 32 per cent described themselves as self-employed or employed (PIOJ, 2015). Of those who stopped working, 32.8 per cent, had reached the mandatory retirement age and 28 per cent was forced to stop due to

[6]Hypertension, cardiac conditions, arthritis, benign prostatic hyperplasia, high cholesterol, vascular disease, diabetes, glaucoma, psychiatric conditions, asthma.
See http://www.nhf.org.jm/index.php/jadep#sthash.mGKVZ3Xm.dpuf.

health issues. 49.5 per cent of people in quintile 1 who had stopped working did so for health reasons, compared with 18 per cent in quintile 5.

A significantly higher proportion of males reported working (43 per cent) than females (21.9 per cent). Likewise more persons in the rural areas worked (35.5 per cent) than in the urban areas (28 per cent). The main reasons that the elderly gave for continuing to work are need the income (91.7 per cent); to 'be active' (60.3 per cent) and 'to help family' (44.5 per cent) (Shearer et, a;, 2012).

2.7.3 Occupation and Industry of Employment

Elementary Occupation and Skilled Agricultural or Fisheries Worker were the most common areas in which the older person worked. Both categories stood at just over 19 percent. The most popular choice for females was elementary occupation (18.5 %) and for males it was the skilled agricultural or fisheries (29.9%). Almost 25% of those still employed are in the agricultural sector followed by construction at 17.7 per cent and community service at 15 per cent.

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2.7.5 Desire to Work

Almost two thirds of persons did not want to continue to work (62.2 %). However when the data is analysed by age group, it shows that almost two thirds of the 60-64 year olds want to work and this then declines drastically to 35.9 for the 65-79 and 10 per cent for the 80+.

2.7.6 Care support

Many elderly persons contribute through volunteerism as well as care giving. Some 20.4 per cent of the elderly was taking care of other adult members in the household, with 12.7 per cent doing so as they deemed it to be their responsibility (PIOJ, 2012, p 92).

2.8 Participation and Social Inclusion of the Elderly

2.8.1 Social Involvement

Some 44.4 per cent of the elderly in Jamaica were engaged in at least one social organisation. *The Church/Religious Group* was the most popular of the social organisations with 40.3 per cent reporting that they were involved in such organisations. More females (51.6 per cent) than males (28.0 per cent) were involved in religious organizations.

2.8.2 Civic Involvement

Approximately 64.0 per cent of the elderly voted in the last General Elections, with more males (66.5 per cent) than females (61.7 per cent). Civic participation declined with age - 73.0 per cent of the elderly aged 60 – 64 years old voted compared to 50.6 per cent of those who were 80 years and older.

2.8.3 Mobility

The majority of the elderly (53.3 per cent) in Jamaica travel mainly by taxicabs, followed by bus (15.2 per cent) and 12.7 per cent drove their own vehicles. Taxicabs were the main modes of transport for both males and females but more older females (56.4 per cent) than males 50.0 per cent used the

method. Data on the availability of specialized transportation for those persons who requires this was not available.

2.9 Education

The number of years of schooling as well as certification is directly related to age group. Persons in the 60-64 years age group reported 10.5 years of schooling compared with 6.4 for the 80+ age group. Females spent more time in school (9.3 years) compared with males (8.6 years) (PIOJ, 2012). Similarly, 21 per cent of persons in the 60-64 age group reported having certification, this fell to 7 per cent for the 80+ age group. This indicates that the current elderly age cohort is more educated and skilled than older cohorts. This trend is expected to continue.

NCSC Easter Treat, 2015

2.10 Migration- Returning Residents

Jamaica has its share of persons who return “home” to retire after living in foreign countries namely England, United States and Canada. The data on the number is not readily available, but research suggests that their needs can be different from that of the persons who have lived in Jamaica all their lives. This includes expectations for market involvement, healthcare systems, security, and manoeuvring the financial and investment landscape.

2.11 Policy Implications

From the Situation Analysis, data revealed a growing population segment of persons 60 years and older, who have high levels of functional independence and mobility, but also high levels of chronic illnesses. Issues pertaining to livelihood and income security, whether through employment or social security offerings such as pensions and insurance, are critical to the quality of life of older persons. Challenges include the adequate preparation for retirement, desire to work for longer years, access to public goods and services, and social inclusion. Quality of life is threatened by poverty, inadequate pension coverage, risks and vulnerability in the physical environment, and forms of ageism and discrimination. These dimensions are addressed in the National Policy, which seeks to bring older citizens and the entire population to a recognition of the rights and roles of senior citizens in the economic and social dynamics of development.

The National Policy for Senior Citizens

3.0 Vision Statement

Senior Citizens live and participate actively in a society that guarantees their rights, recognises their capabilities and contributions, and facilitates their enjoyment of a life of fulfilment, health and security.

4.0 Guiding Principles:

a. **Respect for human rights and dignity**
The policy advocates for the recognition of the inherent dignity and of the equal and inalienable rights of all citizens, including senior citizens, as set out in the Jamaican Constitution, and in keeping with international commitments. It affirms non-discrimination based on sex, age, disability, health status, or religion.

b. **Inclusive and Participatory Development**
The involvement of all stakeholders including senior citizens, in the design, implementation, monitoring and evaluation of interventions is critical. National efforts will be supported by useful partnerships that contribute to social and economic development.

c. **Gender Equity**
The policy advocates equitable access by women, girls, men and boys to all information, resources, interventions and services provided.

d. **Equitable Access and Reasonable Accommodation**
The Policy reinforces fair and objective delivery of all goods and services in keeping with the rights-based approach. The policy recognises that access can be impeded by delivery modes, and therefore reasonable accommodation should always be made in support of the needs of senior citizens.

e. **Evidence-based Monitoring and Evaluation**
The policy advocates for ongoing research, monitoring and evaluation, and the use of best practice approaches to strengthen data systems, fully recognising the utility of evidence in policy formulation, monitoring and response.

5.0 Pillars of the Policy

a. **Active and Productive Ageing for National Development**
Senior citizens are key contributors to the economic, social and political sectors and are critical to the nation's development. Their intellect, skills and experience continue to be harnessed and all avenues for their active involvement engaged.

b. **Advancing Health and Wellbeing**
The participation and contribution of senior citizens will be enhanced through adequate provisions for their health needs and quality of life.

c. **Enabling and Supportive Environments**
Government policies advance the economic growth and social development of the country by providing supportive legislative and policy frameworks, appropriate incentives and sanctions; facilitating effective programmes and ensuring the safety and security of all citizens, including senior citizens.

6.0 Policy Goals/Expected Outcomes

By 2030, Jamaica will have:

Goal 1: Increased participation of senior citizens in all spheres of the society.

Goal 2: Improved income security and social protection coverage for senior citizens.

Goal 3: Adequate and supportive health and welfare systems for senior citizens.

Goal 4: Improved independence, security and safety for senior citizens.

Goal 5: Enhanced family support systems and community solidarity, from interaction with senior citizens.

Goal 6: Strengthened institutional and infrastructural networks for partnership, collaboration and governance.

7.0 Policy Objectives

Policy Objectives are to:

a. Enhance the appreciation for, and recognition of the value and worth of senior citizens to the society, polity and economy;

b. Establish a framework within which families, communities, organisations, Government and private sector can respect and respond to the needs of senior citizens;

c. Provide guidance for the mobilisation of appropriate resources to facilitate and support initiatives and programmes for senior citizens;

d. Create standards and guarantees to enhance the quality of life of senior citizens.

8.0 Broad Thematic Areas

With the active input, participation and involvement of senior citizens or their representative organisations, the Government and its partners will pursue strategies and actions under the following 6 Policy Thematic Areas:

1. Social Engagement and Participation;
2. Social Protection, Income Security and Employment;
3. Health and Wellness;
4. Physical Environments, Protection and Safety;
5. Family Integration and Intergenerational Transfers;
6. Governance and Capacity-Building.

9.0 Policy Statements and Strategies

9.1 Thematic Area #1 – Social Engagement and Participation

Related Policy Goal - Increased participation of senior citizens in all spheres of the society

The Government recognises the innate capacities, institutional and cultural memory, and varying abilities of senior citizens, which can enhance their continuing contribution to national development, and to the engagement of families and communities. Government and its partners will:

a. Facilitate the participation of senior citizens in civic and social life through an inclusive policy and programme environment;
b. Engender respect and appreciation of the elderly throughout the society by addressing the socialisation of children and youth through educational curricula and broader public awareness programmes;
c. Promote the establishment and effective functioning of organisations of and for senior citizens;
d. Facilitate civic participation including the exercise of the right to vote in general and local elections or referenda;
e. Support the inclusion of senior citizens in social organisations at the community, other local or national levels in both urban and rural contexts;
f. Promote the participation of senior citizens in governance structures at local or national levels as appropriate;
g. Facilitate requisite training and sensitisation of key stakeholders, family members and the public in regard to interaction with senior citizens;
h. Facilitate and/or support programs that provide the older persons population with improved knowledge, enhanced life skills and participation in social life, whether through information, communication, technologies, continuing education, training or services;
i. Promote advocacy for the views and perspectives of senior citizens through formal mechanisms;
j. Promote and encourage the engagement of the Jamaican Diaspora of senior citizens in actively contributing to civic dialogue, philanthropy, social organisation, investments and pertinent national discussions;
k. Promote the active involvement of senior citizens in planning for community and national risk management;
l. Promote and facilitate public education efforts to extend the reach of information on social services and organizations;
m. Facilitate and support programmes, services and organisations aimed at reintegration of returning residents.

9.2 Thematic Area # 2: Social Protection, Income Security and Employment

Related Policy Goal – Improved income security and social protection coverage for senior citizens

Having recognised the right of every citizen to social security, and the strategic importance of social protection to the mitigation of the risks of income insecurity and poverty among senior citizens, the Government and its partners will:

- **a.** Facilitate active and productive ageing by promoting equitable employment and labour policies and legislation, to support the labour market engagement of senior citizens;
- **b.** Encourage participation in economic livelihoods, even beyond acceptable retirement ages, in accordance with abilities and talents;
- **c.** Encourage and facilitate preparation for retirement through provision of, and support to retirement planning information and services;
- **d.** Promote voluntary engagement in pension and insurance arrangements and other investments that can provide for retirement income;
- **e.** Encourage collaboration with and between organisations established by or on behalf of senior citizens in respect of social security or pensions;
- **f.** Provide the regulatory environment to give oversight to state and non-state entities providing pension, insurance and other financial offerings to citizens;
- **g.** Promote client-friendly access to social security services, professional services, and information;
- **h.** Promote access by senior citizens to credit and other financial offerings to enhance livelihoods and business growth;
- **i.** Promote and facilitate improvements in financial literacy across the senior citizen population;
- **j.** Ensure objective, transparent, and accountable mechanisms are in place to identify senior citizens at risk of poverty and vulnerability;
- **k.** Protect the most vulnerable senior citizens by addressing basic needs of food security and shelter through appropriate state programmes and supportive programmes from non-government entities;
- **l.** Ensure allocation of appropriate resources, including human resources and budgets, to the care and protection of poor and/or vulnerable senior citizens in the care of the state;
- **m.** Recognise and advance the importance of nutrition in the food security of senior citizens;
- **n.** Promote, facilitate and encourage market-based opportunities in support of the economic livelihoods of senior citizens or their associations/organisations, including favourable access to tools of trade;
- **o.** Recognise and facilitate the investment opportunities afforded by the expansion of the senior citizens cohort (longevity market), for the provision of goods and services, as well as employment;
- **p.** Ensure existence of necessary social security agreements to protect the rights of migrant senior citizens, in country of origin and destination;
- **q.** Encourage the provision of appropriate pension schemes by all employers.

9.3 Thematic Area #3: Health and Wellness

Related Policy Goal - Adequate and supportive health and welfare systems for senior citizens

Recognising that overall health and wellness of senior citizens is impacted by their physical, emotional and mental health, and the ability to access supportive information, goods and services and recognising the differing needs of men and women, the Government and its partners will:

- **a.** Mainstream health and well-being issues of senior citizens in pertinent policy and planning environments;
- **b.** Infuse health education and health promotion into policy and planning for senior citizens;

c. Promote universal access to quality health care to senior citizens including medical subsidies and health insurance where appropriate;
d. Recognise varying health status and needs within the senior citizen population, including gender and age considerations, and facilitate differentiated strategies to address same through appropriate health policies and programmes;
e. Ensure access to adequate, appropriate and affordable dental and optical care for senior citizens, in particular those made vulnerable through socioeconomic circumstances, including lack of family support;
f. Promote a culture of wellness through healthy lifestyle choices and practices, to reduce health risks within the population;
g. Promote and facilitate public education efforts to extend the reach of information on health-related issues to the senior citizen population, through inclusive media;
h. Create and maintain the policy, regulatory and practice environment that enables full access to health and wellbeing by senior citizens with disabilities;
i. Provide for, and encourage the provision of goods (aids) and services that support mobility and functioning of senior citizens;
j. Promote and encourage supportive relationships and healthcare systems for independent living of senior citizens;
k. Provide for, or facilitate the provision of effective mental health treatment and services;
l. Promote and sanction age-friendly medical care and client sensitivity throughout the public and private health sectors;
m. Expand training and certification offerings in geriatrics and gerontology;
n. Build capacity in the area of geriatric care through human resources, technological advances, institutional strengthening, and best practice approaches, in particular within the public health sector;
o. Promote respect and dignity in, and facilitate the establishment of appropriate physical spaces, and resource allocation for end-of-life and palliative care;
p. Promote and encourage responsible sexual and reproductive healthcare among senior citizens, through non-discriminatory provision of information, services and treatment;
q. Provide adequate resources to combat HIV/AIDS among the senior citizen population, and provide affordable treatment to all in need;
r. Facilitate and /or encourage development or expansion of ambulatory services, such as day care, out-patient services, medical rehabilitative services and nursing care for senior citizens;
s. Proactively address health and wellness issues brought about by emerging and re-emerging diseases impacting older persons;
t. Promote and facilitate effective management of NCDs particularly through health promotion and appropriate healthcare services:
u. Promote investment in requisite health infrastructure and services, including recreational offerings, through public and private sector.
v. Promote and develop community-based capacities for interaction with senior citizens, including for home care, respite care, physiotherapy and other services;

Hon. Shahine Robinson and Mrs. Cassandra Morrison, Principal Social Worker, NCSC, at the launch of the NCSC's 40th Anniversary in 2016

9.4 Thematic Area #4: Physical Environments, Protection and safety

Related Policy Goal - Improved independence, security and safety for senior citizens

The Government recognises the right of all citizens to life and property, and is committed to the protection of senior citizens and the provision of accessible and safe environments. Government and its partners will:

- **a.** Promote and facilitate the protection of senior citizens from all kinds of abuse and/or violence, in their homes, communities, state care, and other living and working environments;
- **b.** Promote and ensure protection of senior citizens against loss of major assets by fraud, deceit, undue advantage, misrepresentation or other unlawful means;
- **c.** Establish as needed any supportive policies, standards, regulations or legislation to safeguard the protection of older persons;
- **d.** Actively promote and support universal design for infrastructure and services, to improve accessibility by senior citizens and particularly those with disabilities;
- **e.** Actively promote and support universal design for infrastructure and services, to improve accessibility by senior citizens and particularly those with disabilities;
- **f.** Promote, and monitor adherence to, building codes and other related policies in support of physical accessibility in the public domain, ensuring that the built environment provides reasonable accommodation for senior citizens;
- **g.** Ensure, through relevant Government Agencies, the development and monitoring of disaster prevention, mitigation and response mechanisms in support of older persons and those with disabilities;
- **h.** Promote the development of housing solutions and related systems that support the spectrum of independent, assisted and nursing care needs of senior citizens;

i. Assist the most vulnerable and indigent with shelter needs, through appropriate housing programmes;
j. Provide safe and accessible public transportation for senior citizens, including those with disabilities;
k. Encourage private sector investment in solutions for physical safety, safe environments, emergency response and other security provisions.

9.5 Thematic Area #5: Family Integration and Intergenerational Transfers

Related Policy Goal – Enhanced family support systems and community solidarity, from interaction with senior citizens

Having recognised the tremendous value of senior citizens to the history, culture and societal values, and appreciating their distinctive contribution to family support systems, the Government and its partners will:

a. Promote Independent Living by senior citizens, where appropriate;
b. Promote positive attitudes towards the engagement of senior citizens in their families;
c. Promote respect for the dignity and rights of senior citizens within families;
d. Support and facilitate the active involvement of senior citizens in the transmission of positive values, culture, traditions and mores to younger generations;
e. Encourage the involvement of senior citizens in family support systems;
f. Provide targeted social assistance to senior citizens identified as primary caregivers of children or persons with disabilities;
g. Support the reintegration and unification of senior citizens and their families impacted by migration;
h. Facilitate interventions in support of caregivers of the elderly in family and community settings.

9.6 Thematic Area #6: Governance and Capacity – Building

Related Policy Goal - Strengthened institutional and infrastructural networks for partnership, collaboration and governance

Government is committed to the effective and efficient implementation of the Policy, and recognises the need for adequate institutional arrangements to deliver, monitor and evaluate programmes and initiatives. To this end, Government and its partners will:

a. Identify clear roles and functions for key stakeholder entities including senior citizens and partners;
b. Provide for the institutional strengthening of relevant Ministries, Departments and Agencies in regard to human and technological resources, working environments and governance systems;
c. Establish and/or strengthen evidence-based systems for the collation and storage of pertinent data on the population of senior citizens;
d. Provide for training and deployment of the appropriate cadre of social workers, healthcare specialists and other specialist functions in support of delivery of programmes;
e. Ensure institutional quality control in the offering of training institutions, promoting certification and a regulatory environment;
f. Ensure the existence, maintenance and monitoring of standards for care and service delivery in respect of interaction with senior citizens;
g. Provide for, and promote the active involvement of non-government organisations and the private sector in programme implementation and resource mobilisation;
h. Effect, encourage and strengthen partnerships between state and non-state entities in addressing strategies under the policy;

10.0 Policy Coherence

The proposed policy is in keeping with the spirit, thrust and provisions of several national policies, legislation, and strategic documents. This recognises the breadth and comprehensive nature of the interactions required for policy success, and underscores the high levels of integration expected within the society and economy. Coherence is achieved not only through the synergies between the policy documents, but also with regard to symbiosis of actions and focused development objectives. Additionally, policy coherence reinforces the interlinkages between the health, education, food security, national security, and social security sectors, and underscores the recognition of the impact of various actions and responses. Current processes of labour market reform and pension systems reform also reflect consideration of the issues impacting senior citizens. Among the policies/strategic documents are:

a. Vision 2030 Jamaica – National Development Plan (Sector plans: Population, Health, Social Insurance and Pensions, Social Welfare and Vulnerable Groups, Persons with Disabilities, Education and Training);
b. National Insurance Act;
c. Poor Relief Act;
d. Disabilities Act 2014;
e. Offences Against The Person Act;
f. Jamaica Social Protection Strategy;
g. National Policy for Gender Equality;
h. National Policy for Persons with Disabilities ;
i. National Policy on Poverty (Green Paper 2016);
j. National Policy on International Migration and Development;
k. National Population Policy;
l. National Food and Nutrition Security Policy.

11.0 Institutional Arrangements, Monitoring and Evaluation

The National Policy for Senior Citizens will be effected through a network of government bodies supported by the non-government and private sectors. The following describes the focal agencies and key functional arrangements to achieve policy goals.

The Ministry of Labour and Social Security (MLSS) has primary responsibility for developing and effecting the policy for senior citizens in Jamaica. The Ministry carries out its work in this area mainly through the National Council for Senior Citizens (NCSC/Council), which is a department in the Social Security Division. The MLSS is responsible for staffing and organizational capacity for the NCSC, and for provision of budgetary allocations. The Council is headed by a Board of Management and Executive Director, and the department has policy and programme implementation and oversight roles. The MLSS makes appropriate representation on policy or programme issues to the Cabinet or relevant Sub-Committee through the available avenues.

The proposed institutional arrangements to drive the implementation and coordination of the National Policy for Senior Citizens is depicted in the functional chart at Figure 3.

Programme implementation is not exclusively the remit of the NCSC as the policy is cross-cutting, and many strategies will be implemented through various MDAs, as well as significant programme roles to be played by non-government organisations, civic bodies and the private sector. It is expected

that the NCSC will collaborate with MDAs and other stakeholders in either creating programmes and interventions in support of the policy, or in monitoring and tracking through strategic partnerships. The NCSC will work through its parish-level structure, and liaise with non-government organizations and other stakeholders to effect the Policy through programmes and initiatives on behalf of all senior citizens. Strengthening of local capacity at the parish level will benefit from a new thrust for regional synergies and resource mobilissation.

11.1 Organisational Objectives

The proposed role of the Council falls into two dimensions: management and advocacy. Management entails policy oversight, control of resources; funding, visibility of Council; efficacy of programmes, development of a research agenda, and congruity of strategies to the Vision 2030 Jamaica National Outcomes and the Social Protection Strategy. The latter two are further defined under the monitoring and evaluation section. Advocacy involves enabling the 'voice' of the elderly, identifying and addressing gaps in goods and services so as to promote productive and active ageing; encouraging the role and participation of older citizens, and combating all forms of discrimination in policy or practice, while promoting the value of senior citizens to family and community.

11.1.1 Management

Policy Oversight

The required collaboration of MDAs, CBOS, NGOs, IDPs, corporate Jamaica, and academia is crucial to the success of the policy. These stakeholders need to have a clear indication of the critical issues affecting the elderly, the commitments made through the National Policy, and a proposed roadmap for intervention. The Council has to incorporate the interests and capacity of the various stakeholders to develop long-term working relationships. This can involve for example the development of a "Framework for Partnership" document, the hosting of symposium to facilitate the sharing of ideas and the opportunities for collaboration. Another strategy is participation in the country programme preparation of relevant International Development Partners (IDPs). The Council has been successful in garnering a number of volunteers at the community level and this provides tremendous support.

The consideration of the elderly in all government initiatives, policies and programmes is also a critical role of the Council. Greater collaboration between the Council and MDAs can provide access to more resources.

Funding and Control of Resources

While the Council is provided a budget through the MLSS, it can engage in partnerships that will provide additional resources for programme implementation. Other MDAs involved in programmes benefiting the elderly would also receive budgetary allocation for the initiatives. The Council will advocate for adequate resources to be made available for the effective delivery of its mandate and the broader National Policy. The Council has the responsibility of identifying potential partners and forging long term relationships with them.

Visibility of the Council

Managing the image of the main organisation that deals with issues concerning the elderly is a very important role for the Council itself. The Council has to be seen as a key policy unit with an important role in the Jamaican society. It should not be defined solely by a programme but should be able to engage stakeholders at different levels and with different interests. Marketing and communication systems will therefore be integral to the function of the Council. This may require partnering with public relations professionals as well as locating itself in the core of activities that impact the elderly, this includes economic and investment forums; disaster and risk management; national security; emerging global concerns etc.

Research Agenda

As with all social policy issues there is a need for routine research that are targeted in critical areas. The Council through its location as a body interacting with MDA should be aware of population and socio-economic trends. It needs a framework to begin to explore which ones are impactful on the elderly. This information can then be used to develop a research agenda in conjunction with the academia and the other education partners. For example a reduction in the birth rate signals that there will be less family support for the elderly in the long term. The Council can begin to explore how this will impact the elderly and what it signals for support services and goods. The research agenda is a major strategy for effective advocacy and should be an integral part of the Council's management function.

11.1.2 Advocacy

The other major role of the Council is advocacy for senior citizens through effective information, education and communication systems, and accessible avenues for contact and sharing of opinions, obtaining redress, and advancing respect for the contribution of seniors. Given the human rights and gender equity pillars of the policy, efforts will be strengthened to ensure the protection of these dimensions through appropriate policies and actions. Research cited in the Situation Analysis points to issues of access to public goods and services; employment opportunities; family roles and responsibilities; retirement planning and preparation; vulnerability at various levels, including susceptibility to crime and abuse, inter alia. Advocacy will involve enabling the voice of older persons to be heard through representation of critical issues, particularly on a national scale. Matters to do with image of the elderly, combatting of ageism and other forms of discrimination and other equity challenges can be addressed through active education campaigns and effective collaboration. Advocacy will also involve various levels of facilitation of older citizens in engaging with the society and economy, and will include collaboration across state and non-state entities. This role will provide the monitoring of the guiding principles and ethos upon which the National Policy is founded.

11.2 Key Functional Roles

11.2.1 Programme Managers

While it may not be necessary for each thematic area to have an exclusive programme manager, there will be focus on aligning the programme of action and monitoring responsibilities. The programme managers are expected to adopt the broad strategies in the policy, identify and collaborate with implementing bodies including MDAs and other partners and build social partnership. Programme managers are located within the NCSC and will have close working relationships with key personnel in the various MDAs. They will leverage available resources for their respective functional areas as assigned by executive management, encourage and monitor relevant research, manage the programs of the NCSC to prevent overlap and waste of resources, as well as form bonds with the MDAs, IDPs and large NGOs that will provide support to the programme.

These programme managers, through solid working relationships with the Parish Officers, will communicate the policy and help to operationalize the strategies and suggests programs and activities. The Programme Managers will need an understanding of the priorities as recommended by the Parish Officers (see below) and should be able to analyse demographic data in support of any suggested programmes or initiatives.

11.2.2 Parish Structure

Parish Officers (PO)

The proposal is for the MLSS to strengthen the existing parish structures to allow the POs to have an overall responsibility for implementing the policy at the parish level, in its broad mandate, covering various actions and interventions, along with senior citizen club networks. This level of implementation will be the crux of the translation of the National Policy into actions that are either led by the NCSC, or achieved through other organisations. The PO is expected to build and sustain multi-stakeholder interactions in support of the policy. They are expected to identify the best strategies to serve their parishes. The role requires vast amount of collaboration and so requires strong interpersonal skills as well as a profile that is welcoming to business leaders, local NGOS and other stakeholders. The PO will be required to track programme impact, having a good grasp of the demography and socio-economic standing of the parish he/she serves. They should know what the priority issues are for their locale in terms of the Policy, so programs can be targeted, referrals made, or resources sought. They will collaborate with the community liaison officers (see below) to verify programme impact and reach. The role of the Parish Officers is largely managerial.

Community Liaison Officers

The Community Liaison Officer will be responsible for ensuring that the programmes at the community level are operating as required, and are supported by the clientele it serves. This person would be responsible for initiating, modifying and supporting the activities at the community and community-based levels. This includes the Senior Citizens clubs; celebrating milestones, supporting faith-based activities for the elderly and leveraging community resources. The functions of the Community Liaison Officer are in effect to strengthen the engagement with senior citizens through the organised Clubs, and to implement the activities directly the remit of the NCSC. These officers will be staff assigned to the Council.

Seniors at the NCSC's 40th Anniversary launch

The Council now has a strong cadre of volunteers that operate at the community level. They provide a needed connection with individuals and families, and are able to identify needs, support programmes at the community level and respond quickly when there is a need. The Community Liaison would be responsible for encouraging volunteerism.

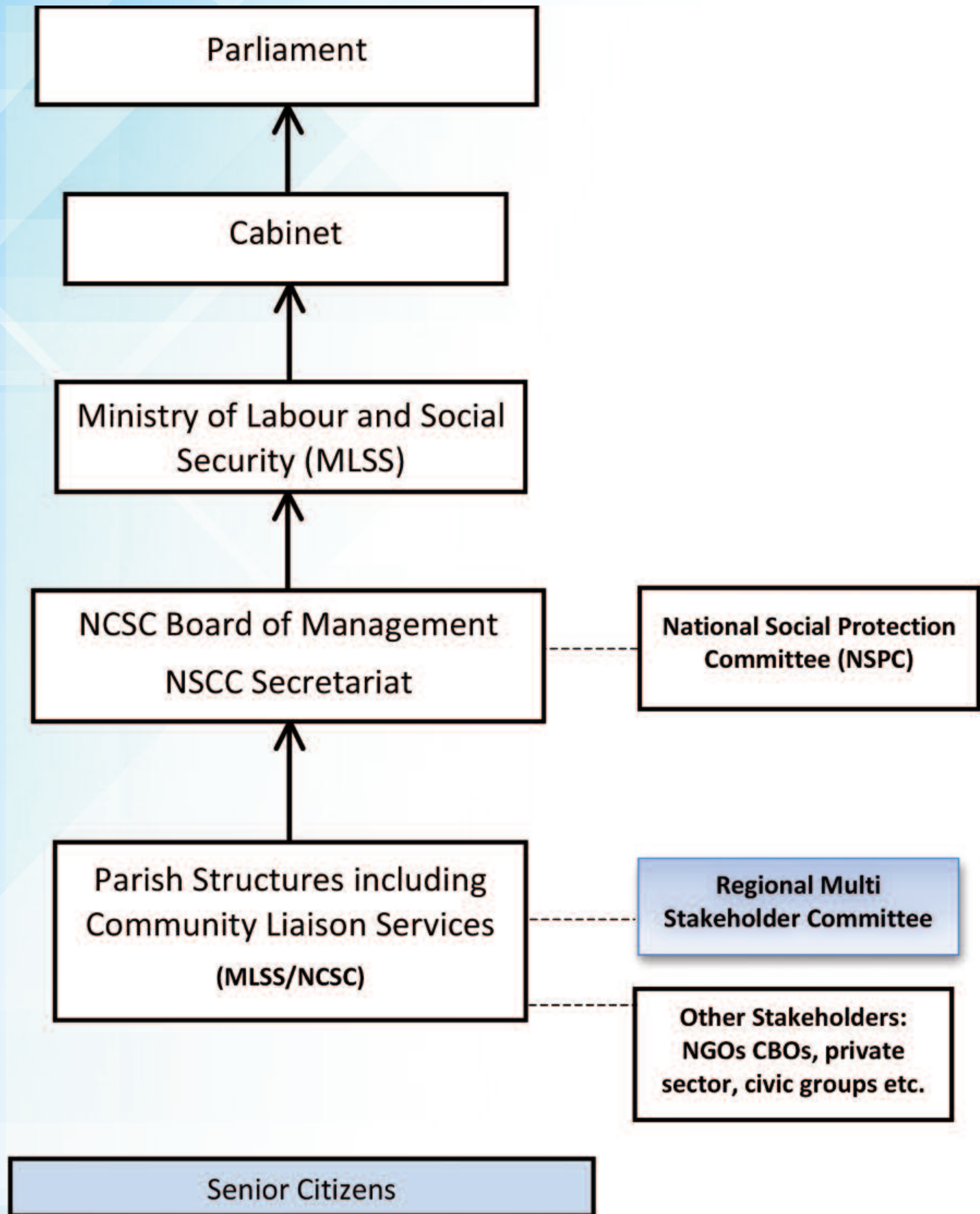
Regional Multi-stakeholder Committee

Given the greater breadth of the revised policy, and the need to build synergies for effective implementation of programmes and initiatives, there is need for strengthened capacity at the local levels. Noting the efficiencies that are likely in a regional format, the establishment of Regional Committees will be done.

This is a collaboration of parishes using the regional structure of the Ministry of Health; i.e. the combination of parishes identified for each Regional Health Authority. This is likely to open up available resources of significance to the population cohort in areas of pertinence. The Regional Committees would be a support management group consisting of other parish officers, NGOs, CBOs, and other stakeholders including the business community. This Committee will facilitate the sharing of information, skills and resources; collaboration on program development and implementation.

11.1.3 Functional Framework Schema

Figure 3: Proposed Functional Framework for the Implementation and Monitoring of the National Policy for Senior Citizens



12.0 Monitoring and Evaluation (M&E)

Monitoring and evaluation is a key function of the National Council for Senior Citizens. The Council will establish an adequate monitoring and evaluation system. This will include assessing congruence with international charters and commitments, as well as national development goals, tracking and monitoring outcomes at the national level, and using various methodologies including impact assessments. Such a framework will have both national and operational dimensions, capturing indicators to assess national-level achievements, as well as those at the programme level. The system will be able to provide pertinent data input to the M&E system for the Jamaica Social Protection Strategy.

Specifically the M&E System for the National policy will seek to:

- Define/selected M&E indicators in line with international, regional and national strategic goals, objectives and targets (for example the SDGs);
- Guide ongoing data collection, analysis, reporting, use and feedback on policy and programme initiatives at operational and national levels;
- Facilitate the standardization of methodologies and tools across multiple stakeholders to ensure that meaningful comparisons can be made over time;
- Provide the platform for a multisectoral response to senior citizens.

At the national level, monitoring will be done on two levels. First Jamaica's commitment to regional and international commitments regarding the elderly will be measured/evaluated. Second linkages will be made to the National Outcomes as articulated in Vision 2030 Jamaica, and the Jamaica Social Protection Strategy.

At the operational level, the linkages will be made to the M&E frameworks of implementing partners/stakeholders and programme implementation at the parish/regional level.

A strengthened NCSC with at minimum an M&E officer will have the responsibility to lead the process of developing an M&E and reporting system with impact, outcome and output indicators linked at both national and operational levels. Implementation of the National Policy and Programme of Action will be multi-sectoral, spanning several MDAs, private sector, civil society, academia and other stakeholders. Roles and responsibilities among the different actors as it relates to M&E and progress reporting will need to be clarified during the development of the M&E system.

The M&E system will rely on timely and quality data inputs and thus on sound monitoring by a variety of stakeholders. At a minimum, the M&E system for the policy will comprise a core set of indicators to monitor progress on the elderly. The M&E system will generate a number of outputs including an annual results-based progress report.

To ensure effective implementation of the M&E system, the GOJ in collaboration with relevant stakeholders will:

i. Establish and operationalise a Management Information System (MIS) to manage the indicators and related, baseline data, targets; document the performance of programmes for the elderly and provide information necessary for planning and decision making at all levels.
ii. Conduct research, analyse and disseminate results to inform improvement of policy implementation.
iii. Establish a communication strategy.

12.1 National Level

International Congruence

The NCSC will have the primary responsibility for ensuring that the National Policy for senior citizens effectively promote the priorities of key international declarations such as the 2013 Montevido Consensus, the 2012 San Jose Charter and the 2007 Brasilia Declaration, which proposed a regional strategy towards implementation of the 2002 Madrid International Plan of Action on Ageing (MIPAA). The NCSC will keep focus on how the policy facilitates the protection of the rights of the older person, meets the standards outlined under the three focus areas of the MIPAA; these are, **promoting an enabling environment; advancing health and well-being into old age and older person and development**. The NCSC should prepare an annual report that shows steps that the country is taking to meet the stated policy goals as well as its success in doing so.

National Outcomes

The national level will link programme outcomes to the Vision 2030 Jamaica, Jamaica Social Protection Strategy, and the Whole of Government M&E processes. Opportunities to include and track key indicators for the well-being of elderly through the Medium-term socio-economic monitoring framework are to be explored.

12.2 Operational Level

A key component required for effective M&E is a detailed Plan of Action. The Plan of Action will have to be developed through a collaborative process including all stakeholders and key MDAs especially since it will have close connection with the M&E framework for the various MDAs. This Plan of Action will set out the six policy goals aligned to respective national outcomes; the proposed strategies; the actions/programmes; the responsible agents; expected outputs and timelines. Many of the output indicators will be adapted from stakeholders such as MDAs.

Mrs. Cassandra Morrison, Principal Social Worker and members of the winning team at the NCSC's Bible Quiz, 2017

Parish/Regional

The Monitoring Framework will include a parish and or regional progress report which would track the implementation and impact of policy-based initiatives and of priority programmes for each location. This is important as poor or lack of implementation will negatively impact the overall success of the policy. The NCSC would be able to assess challenges before the end of each monitoring period. This report may be done semi-annually.

13.0 Funding Considerations

Funding for strategies and programmes in support of the National Policy for Senior Citizens will largely be secured through the Government Budget to various Ministries, Departments and Agencies, and non-government organisations. Under the Ministry with responsibility for Social Security, the National Council for Senior Citizens will require specific budgets to carry out implementation, coordination, monitoring and evaluation. Funding support will also be mobilised from the private sector and civic bodies in relation to specific initiatives. It is anticipated that international development partners will be guided by the policy and accompanying Programme of Action, in their programming of resources to social development and social protection.

Glossary of Key Terms

Term	Definition
Active Ageing	The process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. (WHO, 2002)
Elderly Persons	60 years of age and over.
Housing Quality Index (HQI)	An arithmetical construct utilising a set of variables describing a culturally relevant ideal for housing and amenities; is estimated in the Jamaica Survey of Living Conditions, annually. The benchmark indicators are walls of concrete block and steel; piped water as main source for drinking; electricity as main source for lighting; exclusive use of water closets; exclusive use of kitchen; and number of persons per habitable room.
Older Persons	Persons 60 year of age and over.
Population Ageing	The process by which older persons become a proportionately larger share of the total population through declining fertility rates and longer life expectancy. (UNFPA and HelpAge International, 2012)
Poverty Rate	For Jamaica, the percentage of individuals within the population whose consumption expenditure falls below an established poverty line.
Productive Ageing	An approach that emphasises the positive aspects of growing older and how individuals can make important contributions to their own lives, their communities and organizations, and society as a whole. In the context of work, productive ageing involves providing a safe and healthy work environment for everyone through comprehensive strategies that allow workers to function optimally at all ages. (www.cdc.gov)
Residential Care	Facilitating the care of persons living in institutions such as nursing homes and other designated living spaces.
Returning Residents	Jamaicans 18 years and over who have been resident overseas for at least three (3) consecutive years and are returning to Jamaica to reside permanently. (Ministry of Foreign Affairs and Foreign Trade)
Rights Based Approach	A conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. (unicef.org)

Term	Definition
Senior Citizens	Persons 60 years of age and over.
Social Protection	Social Protection is the set of provisions that employ public and private initiatives, guided by state policies, to prevent, address, and reduce the risks of poverty and vulnerability brought about by lack of, losses or interruptions to income. Its objective is to ensure living standards above specified levels, through effective social, economic and labour market policies that support income security across the life span. (Jamaica Social Protection Strategy, 2014)

Hon. Shahine Robinson and cheerleaders at the NCSC's Sports Day, 2016

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