



» NATIONAL POLICY FOR SENIOR CITIZENS

The Government, through the Ministry of Labour and Social Security (MLSS) will focus efforts on creating a responsive programme framework that acknowledges and facilitates the enjoyment of citizen rights by older persons...



THE 2021 POLICY REVISION
REFLECTS THE COMMITMENT
OF THE GOVERNMENT OF
JAMAICA, WITHIN THE
FRAMEWORK OF THE
VISION 2030...

GOVERNMENT OF JAMAICA
2021

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The Ministry of Labour and Social Security acknowledges all individuals and groups that were instrumental to the revision of the National Policy for Senior Citizens.

List of Acronyms/Abbreviations

Acronyms/Abbreviations	Definitions
APR	Annual Progress Report
CARICOM	Caribbean Community and Common Market
CBO	Community Based Organization
CCRP	Caribbean Community of Retired Persons
CDC	Community Development Committee
DAC	Development Area Committee
ECLAC	Economic Commission for Latin America and the Caribbean
ESSJ	Economic Social Survey Jamaica
FBO	Faith-Based Organizations
GOJ	Government of Jamaica
HAI	HelpAge International
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HQI	Housing Quality Index
IDPs	International Development Partners
JADEP	Jamaica Drugs for the Elderly Programme
JSLC	Jamaica Survey of Living Conditions
KMA	Kingston Metropolitan Area
KSA	Kingston and St. Andrew
LA	Latest Amendment
LAC	Latin America and Caribbean
MDAs	Ministries, Departments and Agencies
MIPAA	Madrid International Plan of Action on Ageing
MLSS	Ministry of Labour and Social Security
MoHW	Ministry of Health and Wellness
M & E	Monitoring and Evaluation
NCDs	Non-Communicable Diseases
NCSC	National Council for Senior Citizens
NGO	Non-government Organization
NHF	National Health Fund
NIGold	National Insurance Gold
NIS	National Insurance Scheme
PAD	Public Assistance Division
PATH	Programme of Advancement through Health and Education
PDC	Parish Development Committee
PIOJ	Planning Institute of Jamaica
PO	Parish Officer
PCC	Policy Coordination Committee
SDGs	Sustainable Development Goals
STATIN	Statistical Institute of Jamaica
UNFPA	United Nations Population Fund
UWI	University of the West Indies

Executive Summary

The 2021 policy revision reflects the commitment of the Government of Jamaica, within the framework of the Vision 2030 National Development Plan, to pursue social development for all its citizens, and to put in place a dynamic enabling environment to achieve such development. The revision 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 (MLSS) will focus efforts on creating a responsive programme framework that acknowledges and facilitates the enjoyment of citizen rights by older persons, (sixty years and older), while empowering them to lead active and productive lives. Though the National Policy will be effected through various programmes and projects, and a multi-stakeholder approach, overall implementation, coordination and monitoring rest with the MLSS, 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 and objectives.

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 mitigate 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.

The programmes and initiatives for senior citizens have been governed by the landmark National Policy for Senior Citizens (1997), which is administered through the NCSC under the governance of the MLSS. The policy is in its 23rd year and, over the decades there have been significant shifts in the demographic, social and economic landscape that have impacted the lives of senior citizens. The elderly/senior citizens cohort (persons who are 60 years and older) represents the fastest growing demographic segment. Life expectancy for men and women has increased, with concurrent longer years in retirement and improved overall health status. The group is dynamic, more educated and more economically stable than in previous decades with different needs and expectations. Many of the older persons and their families have been exposed to various societies and professions. The sheer number of persons in this age cohort has increased significantly and the proportion of the population in the 60+ age group now accounts for 12.6 per cent of the population (ESSJ, 2015), this is projected to reach approximately 23 per cent by 2050 (Statin, 2011 Census) The current trends in population structure also signal that by 2025 the country is projected to lose its demographic dividend as the cohort of 15-64 years old will no longer represent the largest single cohort.

The global and regional dialogue and commitments have also signaled new directions reinforcing a rights-based approach, recognizing 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. The policy must therefore shift

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to address the changing dynamics within the society, meet new expectations, ensure responsiveness to emerging issues, capitalize on the changing demographic structure and strengthen alignment with development objectives. The revised Policy will incorporate Active and Productive Ageing models and promote the economic opportunities presented by the ageing population thus recognizing the role of older persons as consumers, innovators, investors, entrepreneurs, workers, taxpayers and a knowledge base among other things. As Jamaica advances efforts at sustained economic growth and social progress, Government naturally seeks to strengthen the policy and legislative environments, and modernize approaches to social inclusion. This position is in keeping with the commitment expressed in Vision 2030 Jamaica – National Development Plan, that persons 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.

The policy revision process entailed the development of a Conceptual Framework through extensive desk review of the literature on ageing theories and models, as well as global and regional reports and studies. A Situational Analysis was conducted using institutional and other secondary data the period up to 2015. Both the Conceptual Framework and the Situation Analysis were used to derive a concept note that outlined the relevant ageing model, the new directions identified in the scholarship and a justification for the review. A Green Paper was developed and this received Cabinet's approval

(Cabinet Decision 8/17) for the process to continue. Subsequent to this, key consultations were held with a multi-sectoral Technical Review Panel, the Planning Institute of Jamaica, NCSC, and academia. The next step was a series of public consultations. The public consultations were part of a broad public strategy that included senior citizens' organizations, civil society, and government and non-government entities.



Octogenarian, Visper Blackwood, guest from the Ministry of Health and Wellness spoke about healthy living at the JIS think-Tank on Caribbean Wellness Day 2015.

Messages

Hon. Karl Samuda, OJ, CD, MP.
Minister of Labour and Social Security

The Government of Jamaica recognizes the rights of older persons to Social Security, an adequate standard of living, the highest attainable standard of health, the right to work, to education and take part in social and cultural life.



The Ministry of Labour and Social Security is advancing this revised National Policy for Senior Citizens to create the enabling and supportive environment for healthy, active and productive ageing of all citizens. Senior Citizens will live and participate actively in a society that guarantees their rights, promotes their responsibilities, recognizes their capabilities and contributions, and facilitates their enjoyment of a life of fulfilment, health and security.

Messages



Hon. Zavia Mayne, MP.

Minister of State, Ministry of Labour and Social Security

As our population continues to age, this Revised Policy will address the changing dynamics within the society, meet new expectations and ensure responsiveness to emerging issues. The healthy, active and productive ageing approach calls for a change in the way we view ageing- not as a period of decline and disability, but a process from infancy to adulthood and a focus on the needs at each stage of development. This policy is for Jamaicans of all ages.

The National Policy for Senior Citizens (2021)

The National Policy for Senior Citizens (2021)

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

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

The revised policy framework is on the premise 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 have a platform for prioritization and planning. All stakeholders, including individuals, family, community, private sector, civic organizations, 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 conceptualization, 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; Integrated Responsibility 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 wellness systems for senior citizens
- Goal 4. Improved independence, security and safety for senior citizens
- Goal 5. Enhanced family support systems and community solidarity, for interaction with senior citizens
- Goal 6. Strengthened institutional, and infrastructural networks for partnership, collaboration, governance and advocacy.

In capturing the stated goals, 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 organizations, 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

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Policy Implementation

The 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 organizations, civil society groups, and international partners, to effect the pertinent strategies and programmes.

The strategies set out in the Policy provide the basis for the development of several broad action areas by key stakeholders during the revision process. This is the foundation of the Broad Plan of Action that will serve as the roadmap for the implementation of the Policy.

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 organizations. Under the MLSS, 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 mobilized from the private sector and civic bodies in relation to specific initiatives.

Monitoring and Evaluation

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.

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 holds 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 the quality of life they desire. 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.

Jamaica has been a trail blazer 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 International Plan of Action 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 programmes 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 MLSS. The overarching goal of the policy is ‘to meet the challenges of a growing, healthier and more active senior citizen population, by ensuring that senior citizens are able to meet their basic human needs, that those in need are assisted, and that older persons are protected from abuse and violence and are treated as a resource and not as a burden. It advocates for enhancing 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. 3).

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 stakeholders as well as public consultations.

Introduction

1.2 Rationale and Context for Revising National Policy for Senior Citizens

The first National Policy is now in its 23rd 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 60+ years age cohort is the fastest growing segment of the Jamaican population. The 2011 Population and Housing Census for Jamaica confirms an estimated population of those aged sixty years and above at 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 numbered 341,200 persons, which is 12.6 per cent of the population (ESSJ 2015). While the percentage increase in the total population between 2001 and 2011 was 3.5 per cent, the elderly cohort grew by approximately 15.3 per cent for the same period.

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 158000, by 2015 this has more than doubled numbering 341,200. Some 31.8 per cent of households today have at least one member who is 60 years or older. Of all households with an elderly person, 69.1 per cent was headed by a senior citizen. According to the Planning Institute of Jamaica, the senior citizen cohort is expected to grow to about 500,000 by 2030.

There is a change in the male to 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+ year 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 in 2012 “A higher percentage of elderly females (47.1 per cent) were



Hon Shahine Robinson, former Minister of Labour and Social Security along with Mr Ricardo Perez, Senior Health Specialist, IDB were flanked by the Recycled Teenagers and the Dance Group of St Peter and Paul Preparatory after the Launch of the National Council for Senior Citizen's Week in 2019.

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retired with pension compared with males (38.6 per cent), (PIOJ, 2012, 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, as well as the expected decline in the working age cohort 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.

2.1 Purpose of Policy

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

- a. Establishing Government commitments and priorities in effecting enabling environments;
- b. Operationalizing 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;
- d. Developing a life-course intergenerational approach to policy that stresses equity, reciprocity and inclusiveness of all age groups in all policy areas and;
- e. Aligning policy statements to Vision 2030 Jamaica, and to emerging priorities at local, regional and global levels.

2.2 Vision Statement

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

2.3 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.

“Aging is an extraordinary process where you become the person you always should have been.” – David Bowie



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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 recognizes 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 recognizing the utility of evidence in policy formulation, monitoring and response.

2.4 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 should continue to be harnessed and all avenues for their chosen levels of involvement engaged.

b. Integrated Responsibility

The quality of life of the older person is enhanced when individual and family efforts work in synergy with social organizations and a responsive government.

c. Enabling and Supportive Environments

Government should empower the population by, providing supportive legislative and policy frameworks, establishing appropriate incentives and sanctions, facilitating effective programmes and initiating and advancing and critical partnerships.

2.5 Policy Goals

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 wellness 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

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2.6 Policy Objectives

The objectives of the Policy 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, organizations, Government and private sector can respect and respond to the needs of senior citizens;
- c. Provide guidance for the mobilization 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.

2.7 Broad Policy Thematic Areas and Strategies

With the active input, participation and involvement of senior citizens or their representative organizations, 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

2.7.1 Thematic Area #1- Social Engagement and Participation

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

Social engagement and participation entail social contact, contributing to and receiving resources from the community. The literature notes that this is important to the sense of personal identity and value as well as belonging which, impacts the overall wellbeing of the older person. Approximately 44 per cent of the elderly indicated that they are involved in at least one social organization, which was most likely to be faith based. Almost 20 per cent were care givers in their families and communities and 60.4 per cent reported to have voted in the last general elections of the country. The older age cohort of elderly were less likely to vote and this may be a function of their ability to commute. There is no specialized transportation for the elderly and more than 60 per cent were using public transportation. According to a 2011 HelpAge disaster needs assessment report, the level of involvement of the elderly in disaster planning is low with less than 40 per cent indicating any involvement.

The Government recognizes 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:

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- a. Facilitate the participation of senior citizens both men and women 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 socialization of children and youth through educational curricula and broader public awareness programmes;
- c. Promote the establishment and effective functioning of organizations of and for senior citizens;
- d. Support the inclusion of senior citizens in social organizations at the community, other local or national levels in both urban and rural contexts.
- e. Promote the participation of senior citizens in governance structures at local or national levels as appropriate;
- f. Facilitate requisite training and sensitization of key stakeholders, family members and the public regarding interaction with senior citizens;
- g. Facilitate and/or support programs that provide the older population with improved knowledge, enhanced life skills and participation in social life, whether through information, communication, technologies, continuing education, training or services;
- h. Promote advocacy for the views and perspectives of senior citizens through formal mechanisms;
- i. Promote and encourage the engagement of the Jamaican Diaspora of senior citizens in actively contributing to civic dialogue, philanthropy, social organization, investments and pertinent national discussions;
- j. Re-integration programmes for involuntarily returned residents
- k. Promote the active involvement of senior citizens in planning for community and national risk management (e.g. natural disasters, climate change);
- 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 organizations aimed at reintegration of returning residents;
- n. Promote appropriate transportation to increase access to services

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

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

The main single source of income reported by older persons was from family members (22 per cent), but almost 40 per cent of the elderly indicated that their main source of income was from working and pension combined. The government contributory scheme National Insurance Scheme (NIS) was the only source of pension for about 24 per cent of those receiving a pension. The Situation analysis revealed that very few persons had made some plan for retirement even though the majority had been employed. Elderly persons accounted for significant portion of the beneficiaries of the government social protection programmes. For PATH they accounted for 15.5 per cent and for the outdoor Poor Relief they accounted for 47.5 per cent. The elderly who indicated that they wanted

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to keep working cited the need for an income as the main reason, thus underscoring the need for strategies to promote social protection and income security.

Having recognized 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. Ensure that employers and employees participate in NIS in keeping with existing laws;
- b. Facilitate active and productive ageing by promoting equitable employment and labour policies and legislation, to support the labour market engagement of senior citizens;
- c. Encourage participation in economic livelihoods, even beyond acceptable retirement ages, in accordance with abilities and talents;
- d. Encourage and facilitate preparation for retirement through provision of, and support to retirement planning information and services;
- e. Promote voluntary engagement in pension and insurance arrangements and other investments that can provide for retirement income;
- f. Encourage collaboration between and among organizations established by or on behalf of senior citizens in respect of social security or pensions;
- g. Strengthen the regulatory environment to give oversight to state and non-state entities providing pension, insurance and other financial offerings to citizens;
- h. Promote client-friendly access to social security services, professional services, and information;
- i. Promote and facilitate access by senior citizens to credit and other financial offerings to enhance livelihoods and business growth;
- j. Promote and facilitate improvements in financial literacy across the senior citizen population;
- k. Ensure objective, transparent, and accountable mechanisms are in place to identify senior citizens at risk of poverty and vulnerability;
- l. Address the basic needs of food security and shelter through appropriate state programmes and supportive programmes from non-government entities;
- m. 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;
- n. Recognize and advance the importance of nutrition in the food security of senior citizens;
- o. Promote, facilitate and encourage market-based opportunities in support of the economic livelihoods of senior citizens or their associations/organizations, including favourable access to tools of trade and insurance;
- p. Recognize 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;
- q. Bilateral social security agreements with countries;
- r. Promote family support of the elderly in keeping with current legislations.

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2.7.3 Thematic Area #3: Health and Wellness

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

The situation analysis revealed that the incidence of illness was greater among the elderly than the general population and that about 72 per cent of the elderly reported having at least one chronic illness. Approximately 50 per cent have comorbidities and 61 per cent reported taking at least one medication. The elderly population is impacted by high levels of undiagnosed and poorly controlled diseases (Eldemire, 2012). The 2012 study of the elderly showed poor use of preventative health services, a factor that may be perpetuated by ineffective health disease prevention and health promotion services. While there has been improvement in health insurance coverage only 10 per cent of persons in the poorest quintile was covered. Food security continues to require attention, particularly for persons in the poorest quintile where almost 70 per cent reported not having adequate amount of food all the time.

Recognizing 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 recognizing 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 for senior citizens including medical subsidies and health insurance where appropriate;
- d. Recognize 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, in particular those made vulnerable through socioeconomic circumstances, including lack of family support;
- f. Ensure access to appropriate diagnostic services;
- g. Promote a culture of wellness through healthy lifestyle choices and practices, to reduce health risks within the population;
- h. Promote and facilitate public education efforts to extend the reach of information on health-related issues to the senior citizen population, through inclusive media;
- i. Create and maintain the policy, regulatory and practice environment that enables full access to health and wellbeing by senior citizens with disabilities;
- j. Provide for, and encourage the provision of goods (aids) and services that support mobility and functioning of senior citizens;
- k. Promote and encourage healthcare systems for independent living of senior citizens;
- l. Promote mental wellness and facilitate the provision of effective mental health treatment;
- m. Promote and sanction age-friendly medical care and client sensitivity throughout the public and private health sectors;

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- n. Promote a culture of excellence in customer service in the health sector at both the in and out patient level;
- o. Expand training and certification offerings in geriatrics and gerontology;
- p. Build capacity in the area of geriatric care through human resources, technological advances including telemedicine, institutional strengthening, and best practice approaches within the public health sector;
- q. Promote respect and dignity in, and facilitate the establishment of appropriate physical spaces, and resource allocation for end-of-life and palliative care;
- r. Promote and encourage responsible sexual and reproductive healthcare among senior citizens, through non-discriminatory provision of information, services and treatment;
- s. Provide adequate resources to combat HIV/AIDS among the senior citizen population, and provide affordable treatment to all in need;
- t. Promote and facilitate effective preventive management;
- u. Facilitate and /or encourage development or expansion of ambulatory services, such as day care, out-patient services, medical rehabilitative services, community health aides and nursing care for senior citizens;
- v. Proactively address health and wellness issues brought about by emerging and re-emerging diseases impacting older persons;
- w. Promote and facilitate effective management of NCDs particularly through health promotion and appropriate healthcare services;
- x. Promote investment in requisite health infrastructure and services, including recreational offerings, through public and private sector;
- y. Promote and develop community-based capacities for interaction with senior citizens, including for home care, respite care, physiotherapy and other services.

2.7.4 Thematic Area #4: Physical Environments, Protection and Safety

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

According to local data about 15 per cent of the older population reported having a disability, the most common one being physical disability (30 per cent). The rate of disability was higher among males than females, and increased with age. A significant proportion of persons indicated that they lost at least one ability during their older years. The Housing Quality Index (HQI) for elderly in the two poorest quintiles was below the national index of 72. While the data did not show a disproportionately high incidence of crime and violence against the elderly, it revealed that violent crimes and abuse against older persons occur as frequently in their own homes as outside the home by strangers. The physical and social infrastructure of the country should be safe for older persons regardless of their functional abilities as access to services and commodities can be limited by the person's ability.

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The Government recognizes 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, and other living and working environments;
- b. Advocate for quality care and infrastructure in residential facilities (Public and Private);
- c. Promote and ensure protection of senior citizens against loss of assets by fraud, deceit, undue advantage, misrepresentation or other unlawful means;
- d. Establish as needed any supportive policies, standards, regulations or legislation to safeguard the protection of older persons;
- e. Promote and monitor compliance of nursing homes with establish standards;
- f. Actively promote and support universal design for infrastructure and services, to improve accessibility by senior citizens, and particularly those with disabilities;
- g. 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;
- h. 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;
- i. Promote the development of housing solutions and related systems that support the spectrum of independent, assisted and nursing care needs of senior citizens;
- j. Pursue strategies to reduce homelessness among the elderly;
- k. Assist the most vulnerable and indigent with shelter needs, through appropriate housing programmes;
- l. Provide safe and accessible public transportation for senior citizens, including those with disabilities;
- m. Encourage private sector investment in solutions for physical safety, retrofitting homes, safe environments, emergency response and other security provisions.
- n. Promote safe home programmes

2.7.5 Thematic Area #5: Family Integration and Intergenerational Transfers

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

The changing dynamics of the family structure where less older persons are living in multi-generational households call for a coordinated strategy to promote family integration. The data show that 55 per cent and 42 per cent of females and males respectively who head households live alone. In the cohort of elderly heads of household among the 80 years + age group just about 45 per cent of males and 67 per cent of females live alone. The older population is primarily functionally independent and should be supported to live as such for as long as they desire and can safely do so. Approximately 12 per cent of elderly reported taking care of grandchildren, women

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(14.1 per cent) were more involved as caregivers to grandchildren than men (11.2 per cent). However, a higher percentage of males (4.1) had financial responsibility for grandchildren than females (2.1). Migration was not the main reasons the elderly assumed care of the children as 41 per cent reported that the parents of the children resided in other households in Jamaica. About 20 per cent of elderly were caring for other adult family members.

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

- a. Facilitate Independent Living including promoting supportive relationships for senior citizens where appropriate;
- b. Promote and facilitate planning and preparation for diminished capacity;
- c. Promote supporting relationships in the family for persons affected with HIV/AIDS;
- d. Promote positive attitudes towards the engagement of senior citizens in their families;
- e. Promote respect for the dignity and rights of senior citizens within families;
- f. Support and facilitate the active involvement of senior citizens in the transmission of positive values, culture, traditions and mores to younger generations;
- g. Initiate programmes that educate and support the elderly in planning for transfer of wealth;
- h. Encourage the involvement of senior citizens in family support systems;
- i. Provide targeted social assistance to senior citizens identified as primary caregivers of children or persons with disabilities;
- j. Support the reintegration and unification of senior citizens and their families impacted by migration;
- k. Facilitate interventions in support of caregivers of the elderly in family and community settings;
- l. Support advocacy for financial support from children as per legislation;
- m. Facilitate community initiatives that address the needs of senior citizens when strengthening their roles.

2.7.6 Thematic Area #6: Governance and Capacity- Building

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

The National Council for Senior Citizens (NCSC) is the responsible agency for implementing all programmes and policies for the country's senior citizens. The Situation Analysis identified the need for institutional strengthening of the agency as well as a systematic structure for greater collaboration between ministries and agencies. The agency carries out its mandate through a system of volunteers and parish officers who interact with individuals and organizations at the community level. There is need for stronger implementation and monitoring structures that are multi-sectoral in nature.

Government is committed to the effective and efficient implementation of the Policy and recognizes the need for

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adequate institutional arrangements to deliver, monitor and evaluate programmes and initiatives. To this end, Government and its partners will:

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

3.0 Policy Coherence

The Policy is in keeping with the spirit, thrust and provisions of several national, regional and international policies, legislations, declarations/commitments and other strategic imperatives. The overarching policy environment consists of the Vision 2030 Jamaica –National Development Plan. The policy recognizes the breadth and comprehensive nature of the interactions required for its 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 regarding the 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. In addition, current national processes of labour market and pension systems reform also reflect consideration of the issues impacting senior citizens.

The following policies/strategic documents hold implication for the National Policy for Senior Citizens:

- a. Vision 2030 Jamaica – National Development Plan and relevant sector plans
- b. National Insurance Act
- c. Poor Relief Act
- d. Disabilities Act 2014

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- 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 and National Poverty Reduction Programme
- j. National Policy on International Migration and Development
- k. National Population Policy
- l. National Food and Nutrition Security Policy
- m. The Disaster Risk Management Act
- n. The Maintenance Act
- o. The Nursing Homes Registration Act
- p. Ministry of Health and Wellness Guidelines for Community and Private Health Facilities

International Congruence

The NCSC will have the primary responsibility for ensuring that the Policy effectively promote the priorities of key international declarations, such as the 2013 Montevideo 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, which are, *promoting enabling environment; advancing health and wellbeing into old age and older person and development.*

The Sustainable Development Goals (SDGs) promise to “leave no one behind” thereby ensuring that the needs of all segments of society, at all ages, with a focus on the most vulnerable, including older persons are met. The Policy will seek to support the country’s efforts to achieve the SDGs including those relating to the recognition of older persons, their individual agency and contributions to society, acknowledgement of their human rights and access services such as health, care, transport and housing.

The NCSC will support the preparation of annual reports that show the steps the country is taking to meet the stated policy goals as well as its success in meeting national, international and regional commitments and key indicators for the wellbeing of the elderly.

4.0 Policy Implementation

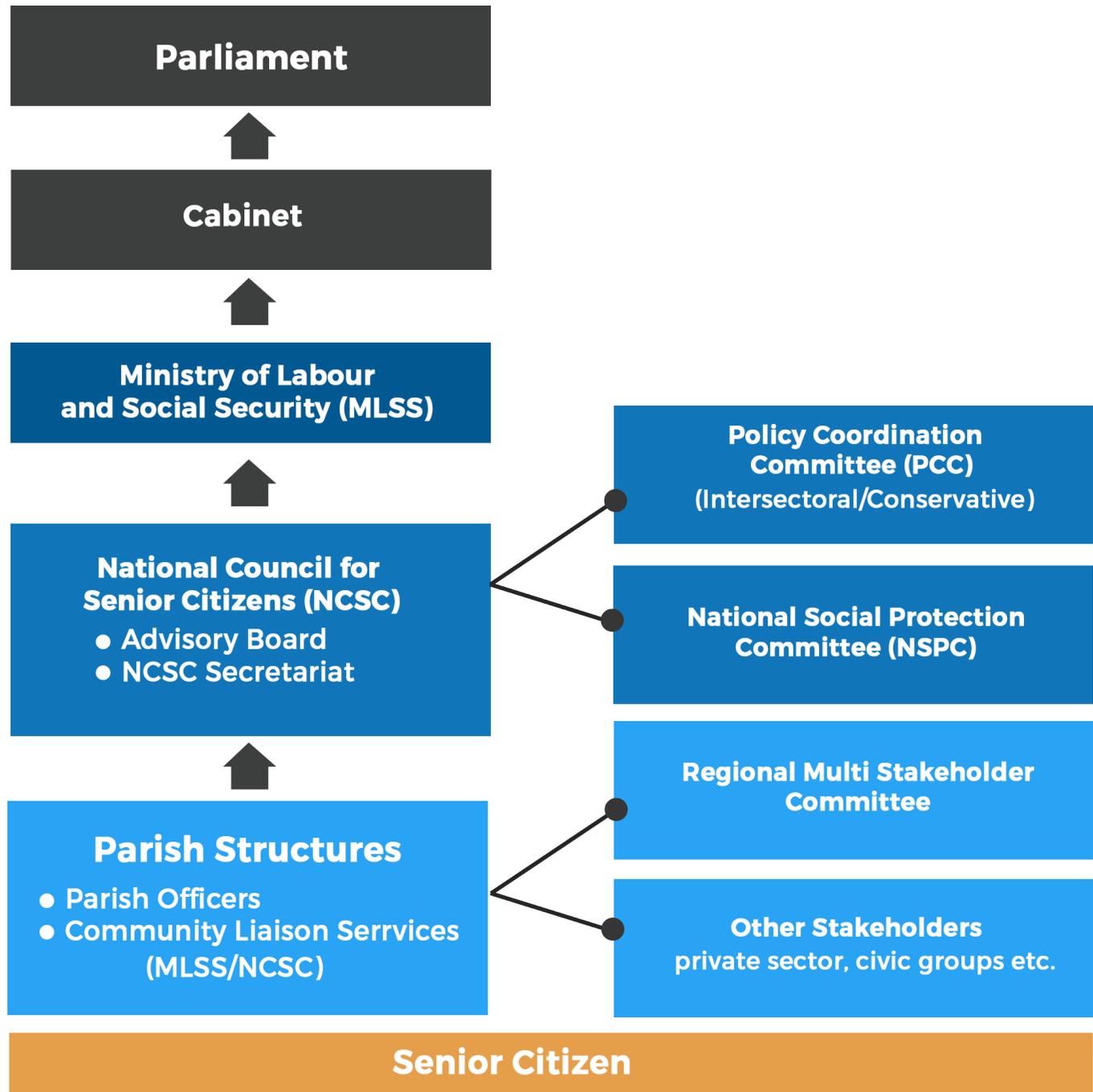
4.1 Institutional Arrangements

The proposed institutional arrangements showing the key focal bodies to drive the implementation and coordination of the National Policy for Senior Citizens is depicted in Figure 1.

¹ Sector plans for Population, Health, Social Insurance and Pensions, Social Welfare and Vulnerable Groups, Persons with Disabilities, Education and Training.

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Figure 1: Proposed Functional Framework for the Implementation and Monitoring of the National Policy for Senior Citizens



Social Engagement and Participation of senior citizens in all spheres of society.



» NATIONAL POLICY FOR
**SENIOR
CITIZENS**

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4.1.1 Ministry of Labour and Social Security

The National Policy for Senior Citizens will be implemented through a network of government bodies supported by the non-government and private sectors. The Ministry of Labour and Social Security, through the National Council for Senior Citizens (NCSC), has primary responsibility for implementing the Policy. The NCSC is a department in the Social Security Division of the Ministry. The MLSS provides the resources (including staff) for the NCSC to carry out its mandate.

4.1.2 Advisory Board

The Board of the NCSC is an advisory committee that is multi-sectoral in structure and oversees the activities of the NCSC and by default the implementation of the Policy. The Board in keeping with its multi-sectoral structure facilitates the building of partnerships between the NCSC and other ministries, agencies and department. Strong partnerships will facilitate access to and more efficient use of resources, collaboration in planning and implementing strategies, and a platform from which to represent the interests of senior citizens at all times. The consideration of the elderly in all government initiatives, policies and programmes is also a critical role of the Council.

4.1.3 National Council for Senior Citizens

The Council is headed by an Advisory Board 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 a relevant Sub-Committee through the available avenues.

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 organizations, 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 implement 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 mobilization.

4.1.3.1 Organizational Objectives

The 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.

4.1.3.2 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

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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 volunteers at the community level and this provides tremendous support.

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 organization 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 and targeted studies and research that keep abreast of the critical areas impacting the elderly and what these signal for support services and products. The Council through its interactions with MDAs will become aware of various trends (for example population and socio-economic trends) and emerging issues that may likely impact the elderly and will develop a research agenda in conjunction with the academia and the other education partners. The research agenda is a major strategy for effective advocacy and should be an integral part of the Council’s management function.

4.1.3.3 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 orientation of the Policy, efforts will be strengthened to ensure the protection of these dimensions through targeted actions. 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 will be addressed collaboratively to the extent possible. Advocacy will also involve various levels of facilitation of older citizens in engaging with the society and the economy and will include collaboration across state and non-state entities.

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4.1.4 Policy Coordination Committee (PCC)

The Policy implementation requires collaboration and coordination among many public and private sectors entities as well as non-governmental organizations and international development partners. However, there is a specific urgency for the policy strategies to be interwoven into the planning framework of government agencies and ministries. It is anticipated that the Committee members would act as Policy champions in their respective organizations and ministries and be able to advocate for support for aligned Policy strategies, programmes and activities.

The PCC is envisaged as a consultative forum for ongoing dialogue, coordination, issues identification and to flag areas requiring technical and financial support. It will also serve as an effective mechanism to coordinate strategic activities among partners to support Policy implementation, monitoring and reporting. It is expected that membership of the PCC will be multisectoral but limited to government ministries, agencies, departments with strategic representation from development partners, the private sector, and research institutions.

4.1.5 Regional Multi-Stakeholder Committees

The breadth of the revised Policy, and the need to build synergies for effective implementation of programmes and initiatives make capacity strengthening at the local level critical. Noting the efficiencies that are likely in a regional format, the availability and use of resources and limited interagency structures across parishes the establishment of Regional Multi-Stakeholder Committees is proposed.

This is a collaboration of parishes using the regional structure that would balance the population and the available resources. This is likely to make available resources of significance to the population cohort in areas of pertinence. The Regional Multi-Stakeholder Committees would be a support management group consisting of other parish officers, PDCs, NGOs, and other stakeholders including the business community. This Committee will facilitate the sharing of information, skills and resources; collaboration on programme development and implementation.

Table 1: Suggested Regional Structure

REGIONS			
Region 1	Region 2	Region 3	Region 4
<ul style="list-style-type: none"> Kingston and St. Andrew St Catherine St. Thomas 	<ul style="list-style-type: none"> St. Ann St Mary Portland 	<ul style="list-style-type: none"> Manchester Clarendon St. Elizabeth 	<ul style="list-style-type: none"> St. James Hanover Westmoreland Trelawny

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4.1.2 Key Functional Roles

4.1.2.1 Programme Managers

To support Policy implementation, programme managers are expected to adopt the broad strategies under the respective thematic areas, identify and collaborate with implementing bodies including Social Development Commission (SDC), MDAs and other partners and build social partnerships. Programme managers are located within the NCSC and must have close working relationships with key personnel in the various MDAs and other key stakeholders. They must seek to leverage available resources for the thematic areas, encourage and monitor relevant research, manage the programmes 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 must have solid working relationships with the Parish Officers to whom they must communicate the policy and help to operationalize the strategies of the policy and suggests programmes and activities. The Programme Managers will need an understanding of the priorities as recommended by the Parish Officers and should be able to analyse demographic data in support of any suggested programmes or initiatives. They should have current knowledge on any relevant activity/project so as to identify opportunities for collaboration and funding.

4.1.2.2- Parish Officers

The proposal is for the MLSS to strengthen the existing parish structures to allow the Parish Officers to have an overall responsibility for implementing the policy at the parish level, in its broad mandate, moving away from an exclusive concentration on Senior Citizens

Clubs. 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 organizations. Parish Officers are expected to build and sustain multi-stakeholder interactions. They are expected to identify the best strategies to serve their parishes. The role requires vast amount of collaboration and so requires strong inter-personal skills as well as a profile that is welcoming to business leaders, local NGOS and other stakeholders. The Parish Officers 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 programmes can be targeted, referrals made, or resources sought. They will collaborate with the community liaison officers to verify programme impact and reach. The role of the Parish Officers is largely managerial.

4.1.2.3 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. The Community Liaison Officer is required to work closely with other community level organizations.

The Community Liaison Officer naturally develops and supports structures such as the Senior Citizens clubs; support activities led by Faith-based organizations (FBOs), engage in celebrating milestones, and leveraging community resources. The functions of the Community Liaison Officer are in effect to strengthen the engagement with senior citizens through the organized CBOs including

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but not limited to Senior Citizens Clubs, and to implement the activities directly within the remit of the NCSC. These officers will be staff assigned to the Council.

The Council now has a strong cadre of volunteers that operate at the community level, through different CBOs and faith-based organizations. They provide a needed connection with individuals and families, and can identify needs relatively quickly, support programmes at the community level and respond quickly when there is a need. The Community Liaison Officer would be responsible for encouraging and supporting volunteerism.

4.2 Broad Plan of Action

The strategies set out in the Policy provided the basis for the development of several broad action areas. The Broad Plan of Action came out of a collaborative process including all stakeholders, using the strategies in the policy as the foundation. The Broad Plan of Action sets out the major outcome/output areas and the key initiatives all aligned to the goals of the policy within each Thematic area. The key responsible actors/entities are also identified for each thematic area. This will ultimately be the underpinning for the development of individual Plans of Action which will serve as the roadmap for the phase implementation of the Policy. Please see Annex 3- Broad Plan of Action.

4.3 Funding Considerations

Funding for implementation of strategies and programmes in support of the National Policy for Senior Citizens will largely be secured through the Government's budgetary allocations to various Ministries, Departments and Agencies, and non-government organizations. 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 mobilized from the private sector and civic bodies in relation to specific initiatives.

5.0 Monitoring and Evaluation (M&E)

The National Council for Senior Citizens will have overall responsibility for the monitoring and evaluation of the National Policy for Senior Citizens. The NCSC will establish a Monitoring and Evaluation (M&E) Framework and related systems to track the progress of the implementation of the Policy. This M&E Framework will be consistent with monitoring and reporting frameworks at global, regional, national, sectoral, ministry/programme and parish levels including the Sustainable Development Goals (SDGs), international charters and commitments related to the elderly, Vision 2030 Jamaica (PIOJ), and the governmentwide Performance Monitoring and Evaluation System [PMES] (Office of the Cabinet).



The Most Hon. Andrew Holness, (r) Prime Minister of Jamaica awarded Beverly Taylor, (c) Past Executive Director of the National Council for Senior Citizens for her years of service at the 40th Anniversary of the Council, while Grace Scarlett Duncan looks on.

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Purpose

Specifically, the M&E Framework for the Policy will inter alia:

- Define a core set of indicators for the Policy in line with international, regional and national strategic goals, objectives and targets and to meet accountability standards with various stakeholders.
- Guide ongoing data collection, analysis, reporting, use and feedback on Policy measures to assist in decision-making and inform more accurate solutions for the seniors.
- Conduct periodic evaluations so that achievements, challenges, opportunities and lessons learnt can be used for continuous assessment and improvement of the Policy implementation process.
- Facilitate learning through identification of lessons and good practices, information dissemination and sharing, and ongoing programme improvement for partners and stakeholders.

As with implementation, the NCSC will work collaboratively with a plethora of MDAs, private sector, civil society, academia and other stakeholders to monitor, evaluate and report on the Policy. A strengthened NCSC with at minimum an M&E officer will be required to support the execution of its M&E responsibilities. The roles and responsibilities among the different actors including the NCSC as it relates to M&E and progress reporting will be clarified during the development of the M&E Framework.



HM Samuda presented a gift basket to Mercella Wan in recognition of Centenarian's Day 2021.

² This relates to consideration for a) the development and implementation of a communication strategy, and b) a Management Information System (MIS) to manage the indicators and report progress/lack of progress on a timely basis.

³ This includes key international declarations such as the 2013 Montevideo 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).

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M&E Outputs

The M&E Framework will generate a variety of outputs chief among which is an annual results-based progress report (APR) on the implementation of the Policy. This report, which will be prepared by the NCSC (Secretariat), will provide comprehensive information on the status of Policy. The report will also speak to the extent to which the stated policy goals and objectives are being met, if at all, and the challenges in implementing Policy, highlighting any areas that might need strengthening and any gaps that might have emerged. The APR draws from: reports submitted by MDAs and other partners on the implementation of key strategic actions of the Policy; analyses of progress based on international, regional and national indicators and targets; and research and studies on the elderly.

Evaluations of the National Policy for Senior Citizens will be conducted based on an Evaluation Plan to be developed. Nonetheless, it is proposed that an outcome evaluation of the Policy will be conducted after the first five years of its implementation. The Policy and its Plan of Action will then be reviewed and updated based on the findings and recommendations of the evaluation.

⁴ This will include parish and or regional progress reports which would track the implementation and impact of policy-based initiatives and of priority programmes for each location.



Senior Citizens of the St. Ann Parish shared a photo with their Parish Organizer, Miss Lloydia Williams (2nd Row, 1-r, 3rd right) of the National Council for Senior Citizens after conquering the Cheerleading competition at the National Council for Senior Citizens Regional Sports Day in 2019.

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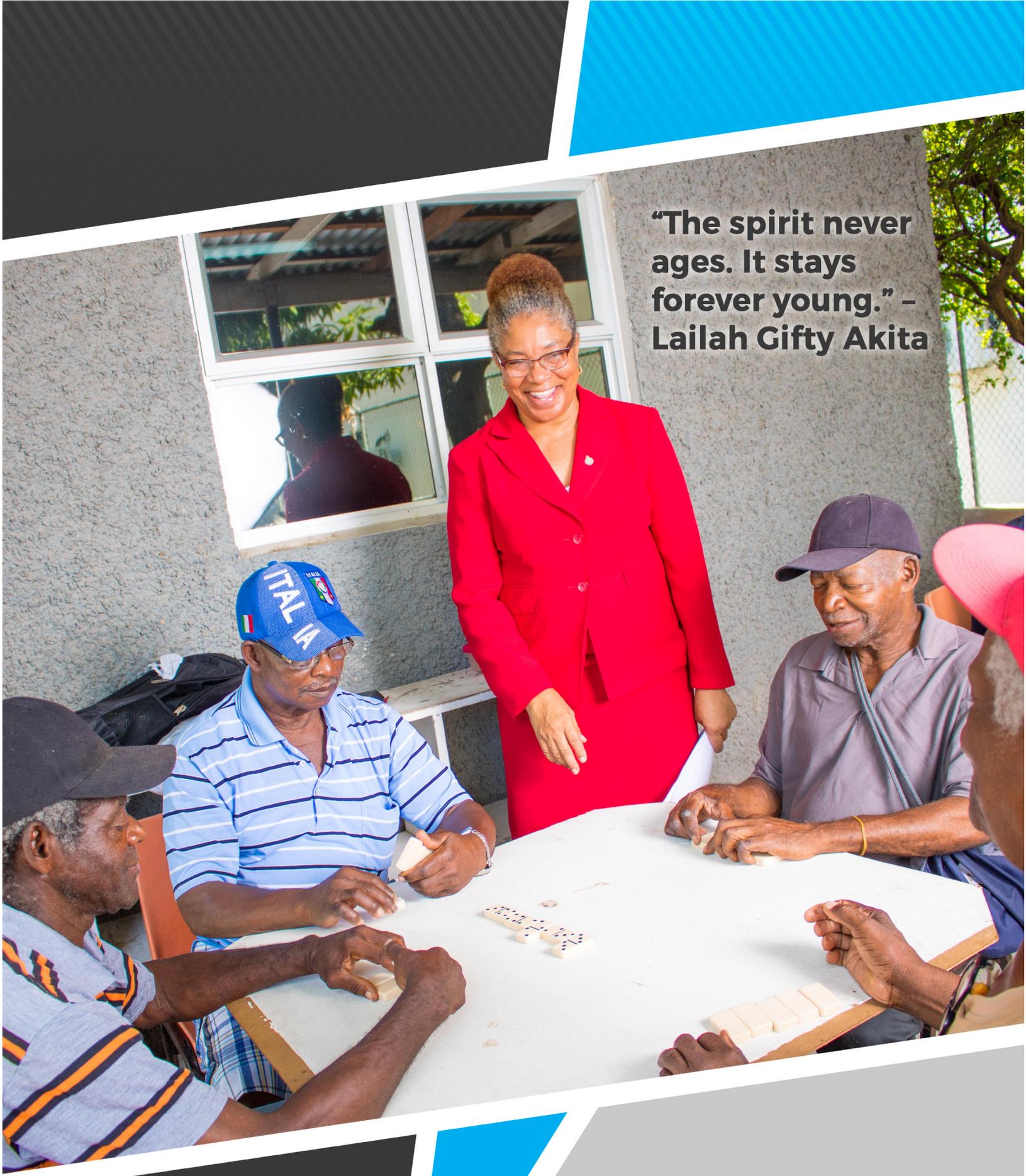
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“The spirit never ages. It stays forever young.” – Lailah Gifty Akita

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Annexes

Annex 1: Glossary of Key Terms

TERMS	DEFINITIONS
Active Ageing	The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. (WHO, 2002)
Elderly	Persons 60 years of age or older
Enabling Environment	The whole panoply of national and international policies, measures and institutions in the economic, social, legal and political domains that influence or affect the growth and development prospects of a country. Fostering an enabling environment requires Governments in collaboration with other actors in development, to ensure that the interplay among those policies, measures and institutions and the sum total of their impact promotes not only sustained economic growth but a development style that is sustainable and broad-based and whose benefits are shared equitably by all members of society (United Nations- Economic and Social Council).
Demographic Dividend	"the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older) https://www.unfpa.org/demographic-dividend
Housing Quality Index (HQI)	An arithmetical construct utilizing 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.
Inclusive Development	"A pro-poor approach that equally values and incorporates the contributions of all stakeholders - including marginalized groups - in addressing development issues" (Oxfam.org., n.d.)
Independent Living	The ability to examine alternatives and make informed decisions and direct one's own life. This ability requires the availability of information, financial resources and peer group support systems etc. (Ratza, 1992) https://www.independentliving.org/toolsforpower/tools11.html
Inter-generational transfers	The transfer of resources between generations. This includes cultural, social, intellectual, professional, spiritual and financial wealth
Longevity Economy	Represents "the sum of all economic activity driven by the needs of persons 50 years and older, including both the products and services they purchase directly and the further economic activity this spending generates (Oxfam, 2012).

Annex 1: Glossary of Key Terms

TERMS	DEFINITIONS
Multi-stakeholder Approach	A process that ensures participatory equity, accountability and transparency, and develop partnerships and networks amongst different stakeholders. It brings stakeholders together to participate in the dialogue, decision making, and implementation of solutions to common problems or goals. (Cultural Policies.net)
Older Persons	Persons 60+ year of age or older
Other Towns	Other major urban centres that have social amenities, such as piped water, electricity and government institutions such as post office and police station (JSLC)
Per Capita Consumption	Per capita income, also known as income per person, is the mean income of the people in an economic unit such as a country or city. It is calculated by taking a measure of all sources of income in the aggregate (such as GDP or Gross national income) and dividing it by the total population (PIOJ-JSLC)
Poor	Persons whose individual consumption falls below the established individual poverty line
Poverty Rate	For Jamaica, the percentage of persons whose consumption falls below an established poverty line
Productive ageing	An approach that emphasizes the positive aspects of growing older and how individuals can make important contributions to their own lives, their communities and organizations, and society. In the context of work, productive aging 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)
Quintile	An income quintile is a measure of neighbourhood socioeconomic status that divides the population into 5 income groups (from lowest income-Quintile 1 to highest income-Quintile 5) so that approximately 20% of the population is in each group.
Reasonable Accommodations	The provision of conditions, equipment, and environment that enable an individual to access required services and product and participate in labour market and the community
Residential Care	The care of persons living in institutions such as nursing homes and other designated living spaces

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TERMS	DEFINITIONS
Returning Residents	Jamaicans 18 years or older 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)
Safety nets	A collection of services and supports that are provided publicly or in conjunction with private partners to the poor and vulnerable in the population to lessen the impact of economic hardships, natural disasters and other crises (Worldbank.org)
Self Determination	An ethical principle that recognizes the rights, and needs of persons to be free to make their own choices and decisions without direct or indirect extrinsic pressure -Center for Self Determinations study (https://selfdeterminationtheory.org/theory)
Senior Citizens	Persons who are 60 years of age or older
Social Engagement and Participation	Entails social contact, contributing resources to society and receiving resources in a way that promotes “embeddedness in social relationship that can turn meaningful in shaping social identity and social roles within the community” (Rainer, 2014; Levasseur et al, 2010)
Social Protection	A 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 interruption to income. Its objective is to ensure living standards above specified incomes through effective social, economic and labour market policies that support income security across the lifespan (Jamaica Social Protection Strategy, 2014).
Stakeholders	Refers to an individual, group, or organisation that has a direct or indirect interest or stake in a particular organisation, these may be businesses, civil society governments, research institutions, and non-government organisations (OECD, 2018)
Universal Design	Universal Design is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability. The seven principles of universal design are: “equitable use: low physical effort; size and space for approach and use; flexible use: perceptible information: simple and intuitive and tolerance for error”. (National Disability Authority, n.d.)

Annex 2: Situational Analysis

Annex 2: Situational Analysis (Summary)

This Summary Situation Analysis is based on the data gleaned 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). This indicates the need for a strategy to keep those elderly desiring of working in the workforce. 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

folds 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 within 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 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 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).⁵

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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 percent of females. For households with elderly persons the average household size was 2.9 persons compared to 3.2 for the general population.

2.2. Ability to Function

The cohort can be described as largely able to function independently. According to the PIOJ, (2012) some 81.6 per cent of the elderly reported that they were fully independent in preparing their meals while less than 10 per cent required some form of human assistance. The vast majority, about 97 per cent of elderly reported that they could independently feed themselves, and 91.7 per cent indicated that they were fully independent in moving around the house. The cohort reported that most (93 per cent) could use the toilette unaided and 95 per cent could bathe themselves without assistance from another person. About 91.5 per cent indicated that they could take their medication without assistance and 90 per cent could use the telephone unassisted. Approximately 80.0 per cent of elderly paid for their own food with a higher percentage of males than females having

done so, and about 81 per cent were able to do their shopping by themselves. (PIOJ, 2012, p. 116).

⁵ 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".

According to STATIN, it is projected that the elderly will account for about 22.0 per cent of the population by 2050, and surpass the percentage for the child population by 2040. The working age population (15-64 years) is projected to peak in 2025 and then decline thereafter (PIOJ, 2019)



Recycled Teenagers from the National Council for Senior Citizens performed at the Senior Citizens Week Launch in 2017.

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Table 2: Percentage of Elderly that can Independently Perform Selected Tasks

	Prepare Meals	Feed Self	Move Around House	Use Toilette	Bathe Self	Dress Self	Shop	Take Meds	Use Telephone
Male	79.9	94.4	92.3	93.3	92.7	93.1	83.1	91.5	90.4
Female	83.2	94.8	91	92	91.9	92.4	79.8	91.5	89.5
Jamaica	81.6	98.6	91.7	92.7	92.3	92.7	81.4	91.5	89.9
60-64	94.3	99.3	98.1	98.3	97.8	97.6	95.4	97.3	97.2
65-79	85.5	97.4	93.1	94	94.2	95.1	84.8	93.4	92
80+	52.9	90.8	78.9	81.1	78.2	79	52	77.7	73.1

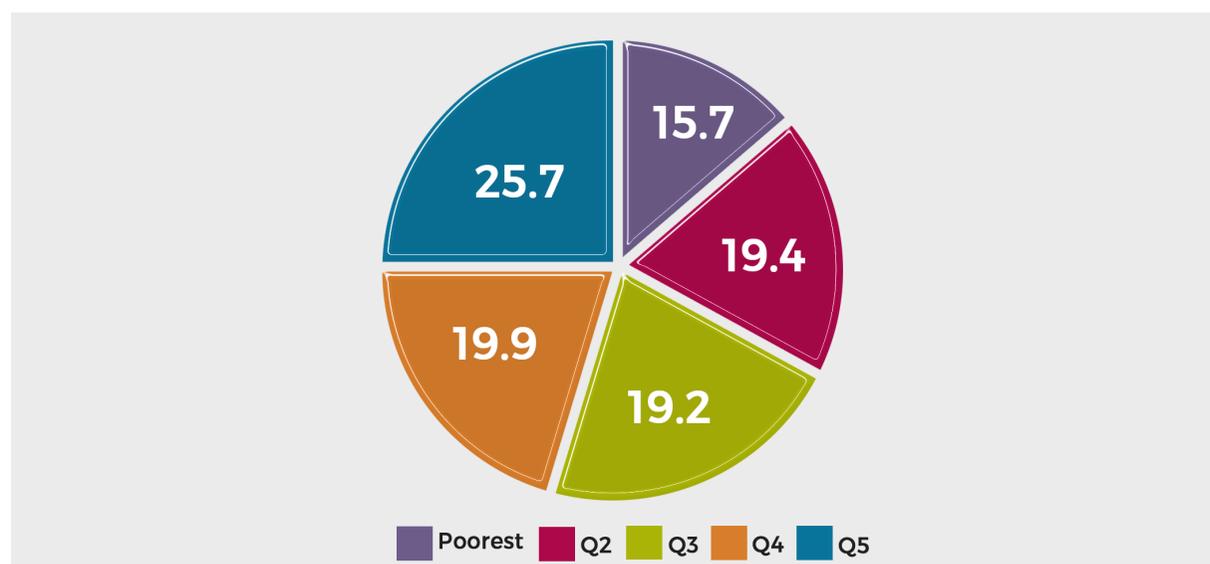
Source: JSLC 2012, pgs 73-83

2.3 Economic Wellbeing and Income Security

2.3.1 Consumption

Nominal mean per capita consumption for households with elderly (\$304 551 per annum), 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 38.6 per cent of the group (Figure 1).

Figure 1: Distribution of Elderly by Quintile



Source: PIOJ- The Elderly in Jamaica Report- 2012

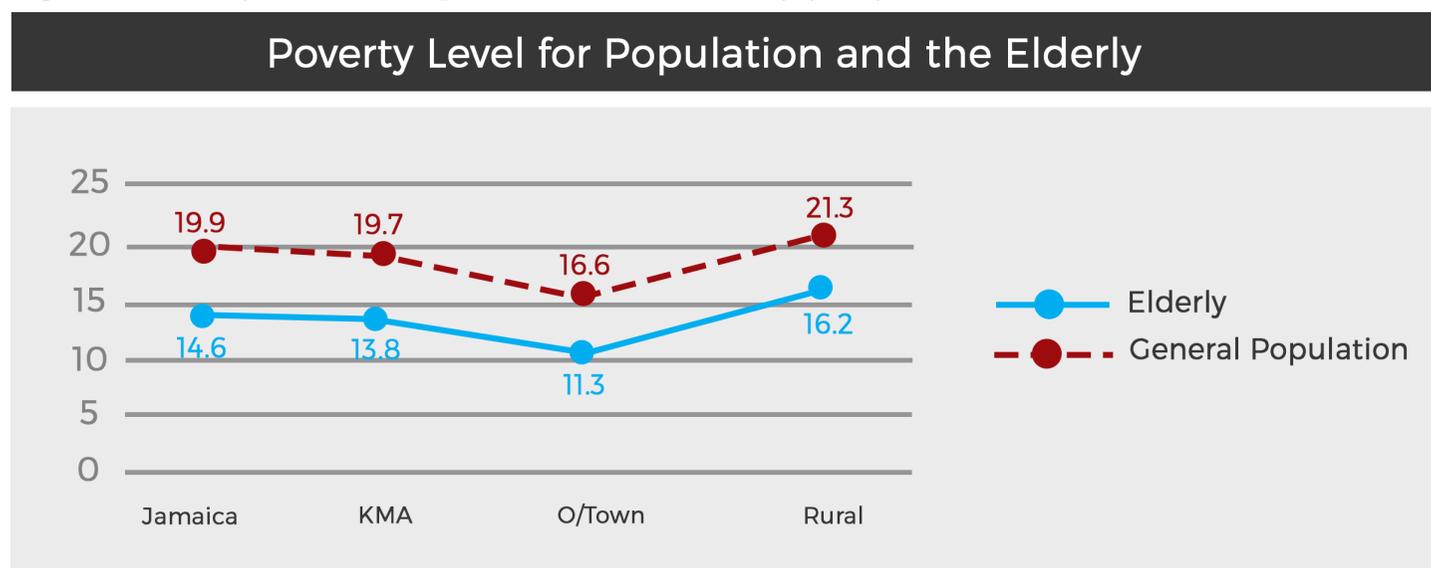
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2.3.2 Poverty

The poverty rate for the elderly fell from 23.5 per cent in 1995 to 14.6 per cent in 2012. The poverty prevalence rates for the country were 27.5 per cent in 1995 and 19.9 per cent in 2012.

The rate among the elderly is 14.6 per cent, about 5 percentage points below the national poverty rate of 19.9 per cent (Figure 2). The poverty rate among the elderly by region is 16.2 per cent in rural areas, compared to 13.8 in the KMA and 11.3 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*



Violet Mosse Brown was a Jamaican supercentenarian who was the oldest verified living person in the world. She died at the age of 117 years, 189 days on 15 September 2017

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2.3.3 Income Sources

The main sources of income are local family support (22.0 per cent), being employed/selfemployed (20.9 per cent) and receiving a pension (19.9 per cent) (PIOJ, 2012). About 50 percent 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 percent were solely reliant on National Insurance Scheme (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. Data showed that 48.5 per cent of males and 41.5 per cent of females were receiving at least one type of pension. 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 plans, 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).

2.4.2 Food Availability

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. 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 indicated 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 Urban Areas respectively. Perception on availability and adequacy was directly

**“The longer I live, the more beautiful life becomes.”
- Frank Lloyd Wright**



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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).

2.4.3 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 3). Health status did not vary much by consumption groups, and all groups showed improved health status, but there was a higher rate of reported illnesses among rural residents, than among those in the urban areas.

Table 3: 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	
	1995	2012	1995	2012	1995	2012
SEX						
Male	21.4	13.9	29.5	52.7	5.8	21.3
Female	25.9	16.0	46.3	69.5	2.7	4.4
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

Source: PIOJ – Ageing Report (2012)

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2.4.4 Disability

The 2012, ageing report notes that 15.0 per cent of the elderly reported having a disability, with a slightly higher prevalence among males (males 16.2 per cent to females 14.2 per cent). The occurrence of a disability increased with age, but declined with socioeconomic status. Persons with disabilities were evenly spread across region, sex and quintile. Approximately 6 per cent of persons in the 60–64 years reported having a disability compared with 18.3 per cent of the 65 years and older cohort. 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). A significant number of senior citizens reported losing at least one ability as they age. The literature identifies the challenges that persons face when they become disabled in later lives as being different and potentially more challenging than it is for someone who would have developed coping mechanisms in their lifetime. Persons with acquired disability in later stage of life require specific interventions and resources to cope.

2.4.5 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. This population may require specialized care as the issue of co-morbidities will come into play. Between 1982 and 2014, there were, 1144 reported AIDS cases for the 60 years and older age cohorts. Males accounted for 61 percent of the total.

2.4.6 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 years 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 NI Gold (health insurance coverage under the NIS). Former government employees were more likely to have insurance (compared with persons who had been selfemployed). Data also show that 29.8 per cent of persons reported having both National Health Fund (NHF) and Jamaica Drug for the Elderly Programme (JADEP).

⁶ *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”.*

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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 cater to the older person.

2.5.1.2 Housing Quality Index

The Housing Quality Index (HQI) is an arithmetical construct utilizing 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.

According to 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, there remains the challenges with housing stock, particularly repairs and maintenance. There was no gender difference (Male 79.5 and Female 79.6), but the HQI was significantly lower in rural when

compared with the KMA and Other Towns, it was 74.1 to 86.7 and 83.8 respectively. 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 were residing in 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). The Ministry of Health indicated that there were about 175 nursing homes in Jamaica in 2018. However, most of these are private institutions and tend to be costly and mostly serve those with means to pay. The Government and church organizations continue to be the main provider of residential care for persons of lower economic standing. There are some government facilities that 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.

These infirmaries are also not able to accommodate the demand and may be a factor exacerbating the incidence of homelessness among the elderly. Nursing homes are governed by the Nurses Home Registration Act (1934), which sets guidelines and policies for both physical facilities and operational standards. The Act is outdated and no longer serves the sector effectively. Between 2015 and 2016 a proposed Bill that modified the Act was done, but to date it has not been considered for adaptation. Even with this limited guideline very few (40) of the approximately 175 nursing homes operating in the island are appropriately licensed according to the Ministry of

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Health. There appears to be a reluctance among operators of nursing homes to become compliant and a challenge for the Ministry to monitor the facilities given its limited resources.

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, some 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.

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 (ESSJ, 2015, 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.

An analysis of perpetrators of serious crime and violence by age group show that the 65+ age group accounted for the smallest proportion of perpetrators charged (0.24 per cent) in 2015.

2.5.3 Natural Disasters and Rehabilitation

A 2012 disaster risk reduction study by the University of the West Indies⁸ identifies the elderly as a vulnerable group. The first challenge for this

group is disruption in healthcare that the elderly often suffers 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 per cent 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).

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 more 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.

⁸ <http://dipecholac.net/docs/files/216-jamaica-country-document-on-disaster-risk-reduction.pdf>

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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 elderly at the end of 2015 was 1,031 with more males than females (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 provide a drug subsidy to persons of all ages –regardless of socio-economic status - in filling prescriptions for any of the 15 specified chronic illnesses.

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 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 4). There has also been a reduction in the annual enrolment between period 2009/2010 and 2013/2014, moving from 32392 to 30020.

⁹ *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).*



Hon. Zavia Mayne, (l) State Minister of Labour & Social Security presented a gift basket to Sarah Wallace (c) in recognition of Centenarians' Day in 2019, while her son Ivan Nicholson (r) looks on.

Annex 2: Situational Analysis

Table 4: 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

Source: JSLC, 2012 Ageing Module

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.¹⁰ As with the NHF only a small percentage of elderly are participating in the program (30 per cent). And participation is greater among persons in the higher socio-economic status groups; the likelihood for university graduates to benefit was 170 per cent higher than for those educated at a lower level. Similarly, enrolment in this programme has fallen from 17029 in 2009/2010 to 9628 in 2013/2014 (Table 5).

Table 5: 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

Source: JSLC, 2012 Ageing Module

¹⁰Hypertension, 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>.

Annex 2: Situational Analysis

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

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 (staff 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 benefitted from NIS with 74 per cent (76,036) categorized as old age pension recipients.

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, 29.6 per cent of persons 65 years and older were either employed or actively seeking employment in 2014. The average age of retirement was 59.4 years in general and among senior citizens it was 59.9 years (PIOJ,

2015). 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 health issues. In quintile 1, 49.5 per cent of people 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) (PIOJ, 2015). 2.7.3 Desire to Work Almost two thirds of senior citizens did not want to continue working (62.2 per cent). 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 years old and 10 per cent for the 80+ age group.

2.7.4 Occupation and Industry of Employment

Elementary Occupation and Skilled Agricultural or Fisheries Worker were the most common areas in which older persons worked. Both categories stood

Annex 2: Situational Analysis

at just over 19 percent. The most popular choice for females was elementary occupation (18.5 per cent) and for males it was the skilled agricultural or fisheries (29.9 per cent). Almost 25 per cent of those still employed are in the agricultural sector followed by construction at 17.7 per cent and community service at 15 percent.

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). There was little difference by region where in the KMA 11.2 per cent reported being caregiver and 14.7 and 12.2 respectively for Other Towns and Rural Areas. The data show that about 14 and 12 percent respectively of males and females were caring for grandchildren. The main reasons given for them having to assume responsibility of the children were: parents lived in other household (41%), parents unemployed (17 percent), parents migrated (12) and parents not caring for children (11). More males had financial responsibility for grandchildren (4.1 per cent) compared to 2.7 for females.

On the other hand more females (5.8 per cent) reported having physical responsibility than males (1.8 per cent). Elderly persons in the two lowest consumption quintiles (16 per cent) were more likely to be caring for grandchildren than their counterparts in the two higher consumption groups (10 per cent).

2.8 Participation and Social Inclusion of the Elderly

2.8.1 Social Involvement

About 44 per cent of the elderly in Jamaica were engaged in at least one social organization. The Church/Religious Group was the most popular of the social organizations with 40.3 per cent reporting that they were involved in such organizations. More females (51.6 per cent) than males (28.0 per cent) were involved in religious organisations.

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

Most 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 a greater proportion of 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 require 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

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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. The KMA had the highest proportion of elderly with tertiary education (22.1 percent) compared with 7.4 and 5.4 respectively for Other Town and Rural Areas. This indicates that the current elderly age cohort is more educated and skilled than older cohorts. This trend is expected to continue. About 4 per cent of the elderly reported being involved in some form of educational activities.

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 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.

There are no data to accurately capture the number of senior citizens who are involuntary returning residents. This group refers to those who have been deported from the country in which they lived for three or more consecutive years to Jamaica. According to the Ministry of National Security during the period of January 2015 to December 2017 three hundred and forty-nine (349) Jamaicans aged 56 years and older were deported to Jamaica. While the majority of this group was reintegrated in their family system, others were referred to the Marie Atkins and then the Golden Age home, as a result of no support system. This group of seniors may also have different needs from the older population.

2.11 Economic Opportunities of an Ageing Population

Data from the JSLC (2012) show that poverty rate among the elderly was lower than among the general population. About 46 per cent of the elderly fell in the two highest consumption groups, Quintiles 4 and 5. The nominal mean per capita consumption for households with elderly persons was significantly above the national mean per capita consumption (\$304,551 compared to 258,101.00) (JSLC, 2012, p. 55). In the households with an elderly person, about 69.1 per cent of them were headed by the elderly person (head of household). This implies a high level of participation in buying decision, while the consumption level speaks to their ability to demand commodities.

The growth of nursing homes in Jamaica speaks to one emerging industry in response to a real demand. The demand for services and products that cater to the elderly is strengthened by their relatively higher consumption levels, improvement in education, number of older returning residents and the migration of close family members among other factors. There are several emerging economic opportunities that should be explored, such as specialized transportation, retrofitting homes, entertainment and wellness services.

2.12 Policy Implications

From the Situation Analysis, data reveal a growing population segment of persons 60 years and older, who have high levels of functional independence and mobility. They are involved in civic governance, family systems and other social groups, but the data also reveal their less than desirable involvement in some critical areas. The policy seeks to remedy the areas of exclusion while

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supporting their continued involvement in society and providing expansion of goods and services to meet their needs through the thematic area **Social Engagement and Participation**.

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 access to economic opportunities. Quality of life is threatened by poverty, inadequate pension coverage and risks of poor nutrition among other things. The thematic area **Social Protection, Income Security and Employment** is intended to incorporate strategies to address these and other challenges.

The health status of the elderly poses a severe risk to their independence and productivity. The situation analysis presents a population that, has high incidence of chronic illnesses, is at risk of acquired disability, has co-morbidities and requires medication. There were concerns over the quality of health services and ageism in the health sector. Health and Wellness is a critical area of human development and older persons have higher risks of chronic illnesses and has traditionally not been a target for preventative care. The **Health and Wellness** thematic area will address issues of health services, health insurance and health education and promotion.

There are issues of and vulnerability in the physical environment and need for protection and safety of the elderly both in and out of their homes. The level of protection that is offered through sanctions

for violating the elderly was of concern as well as the challenges they faced in receiving redress for wrongs committed against them. The thematic area **Physical Environments, Protection and Safety** opens the policy to addressing these concerns with the urgency they require.

The role of the elderly in supporting the family structure was evident from the data. They were unpaid caregivers for grandchildren and adults alike. The changing dynamics of family structure can create a shift in the cultural norm of filial piety, and warrants a structured focus on **Family Integration and Intergenerational Transfer**, as a thematic area. In addition the thematic area seeks to protect and transfer the cultural assets that reside in the elderly population in a respectful and fulfilling manner.

The final thematic area **Governance and Capacity Building** addresses the need for strong and responsive governance. The situation analysis indicate a need for strategic and supported partnerships, strengthened and capacitated relevant institutions and increase advocacy. A commitment to effectively implement the policy was the greatest concern about governance. The inclusion of this thematic area indicates a commitment to effective implementation.



Cassandra Morrison (l), Executive Director of the National Council for Senior Citizens shared a photo with the Westmoreland team who won 2nd place at the Council's Intergenerational Debate Competition held in 2019 along with Paula Murray, (r) Parish Organizer of the National Council for Senior Citizens.



Albert George Lynch a resident from the community of Dalvey, St. Thomas was awarded by the National Council for Senior Citizens in Sept 2018 for performing outstandingly in his community.



Annex 3 Broad Plan of Action

Outcome/Output Areas	Broad Action Areas	Recommended Agencies/Agents
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Thematic Area 1: Social Engagement and Participation Policy Goal: Increased participation of senior citizens in all spheres of the society

<ul style="list-style-type: none"> ● Knowledge and awareness of ageing and the ageing process improved 	<ul style="list-style-type: none"> a. Incorporate ageing in the academic curricula at all levels b. Undertake public education/social marketing and behaviour modification campaign c. Establish inter-generational partnerships especially between senior citizens and the youth d. Improve customer services in general including through training and sensitization sessions for customer service delivery 	<p>Ministry of Education, Youth and Information</p> <p>Public Media; Core Curriculum Information Division</p> <p>Vocational Training Development Inst.</p> <p>Jamaica Library Service- National Education Trust</p> <p>Ministry of Health and Wellness</p> <p>National Council for Senior Citizens</p>
<ul style="list-style-type: none"> ● Involvement in governance 	<ul style="list-style-type: none"> e. Develop and maintain a Senior Citizens Registry f. Develop a Customer Service Model taking into consideration the special needs of the seniors g. Include senior citizens on public Boards, community organizations h. Initiate/expand/strengthen senior citizens organizations/clubs 	<p>Returning Residents Association</p> <p>Private sector</p> <p>Non- Governmental Organizations (NGOs)</p> <p>Community Based Organizations (CBOs)</p> <p>Faith Based Organizations (FBOs)</p>
<ul style="list-style-type: none"> ● Access to technology 	<ul style="list-style-type: none"> i. Increase access to Life-long learning activities (computer and other technology education opportunities) for seniors j. Provide age friendly information, and communication technology services 	<p>Charitable organizations, Service Clubs, etc.</p> <p>Ministry of Industry, Commerce, Agriculture and Fisheries (MICAF)</p>
<ul style="list-style-type: none"> ● Opportunities to engage in social activities 	<ul style="list-style-type: none"> k. Build community capacity to offer recreational activities l. Review of community infrastructures to support senior citizens ageing in place m. Collaborate with existing social clubs and organizations n. Establish Senior Centres/Zones as part of housing developments o. Develop community-based programmes p. Age appropriate transportation systems q. Re-integration programmes for involuntary returned seniors r. Re-integration programmes for returning residents 	<p>Ministry of Local Government and Rural Development (MLGRD)</p> <p>Diaspora Groups</p> <p>Ministry of Justice (MOJ)</p> <p>JFLL</p> <p>HEART/NSTA</p> <p>Caribbean Community of Retired Persons (CCRP)</p> <p>Ministry of Transport and Mining</p> <p>Jamaica Council for Persons with Disabilities</p>
<ul style="list-style-type: none"> ● Advocacy by and on behalf of older persons 	<ul style="list-style-type: none"> s. Engage Diaspora's participation t. Develop advocacy programmes 	<p>Municipal Corporations</p>

Annex 3 Broad Plan of Action

Outcome/Output Areas	Broad Action Areas	Recommended Agencies/Agents
<p>Thematic Area 2. Social Protection, Income Security and Employment Policy Goal: Improved income security and social protection coverage for senior citizens</p>		
<ul style="list-style-type: none"> ● Access to income generating activities 	<ul style="list-style-type: none"> a. Livelihood development seminars b. Provide micro finance solutions c. Income generating projects 	MOEYI (Incl. HEART/NSTA, SDC) RADA/MOAF JBDC MLSS, MOFPS, BOJ NCSC Private Sector Jamaica Employers Federation Investors Financial Sector Jamaica Bankers Association Returning Residents Association NGOs/CBOS and other Agencies MOJ Jamaica Government Pensioners Association (JGPA) Ministry of Local Government and Rural Development (MLGRD)
<ul style="list-style-type: none"> ● Greater access to employment 	<ul style="list-style-type: none"> d. Bridge/short-term/contractual employment for seniors interested in employment e. Develop Skills Bank of senior citizens f. Retrain and re-certify seniors 	
<ul style="list-style-type: none"> ● Preservation of assets for and during retirement 	<ul style="list-style-type: none"> g. Retirement/Estate planning activities h. Promote individual contribution to pension plans i. Promote coverage and compliance of NIS among employers j. Strategic partnerships for financing, venture capital etc. k. Financial/Digital literacy interventions l. Customized insurance offerings m. Bilateral social security agreements with countries n. Examine options for property tax breaks/reduction for seniors 	
<ul style="list-style-type: none"> ● Minimum standard of living promoted 	<ul style="list-style-type: none"> o. Income transfer programmes for needy elderly SOCIAL PENSION p. Standards and protocols for care of elderly in institutions q. Housing solutions (to include water, sanitation, electricity) r. Homelessness Policy and standards s. Food Security and Safety t. Ensure compliance with maintenance act 	

Annex 3 Broad Plan of Action

Outcome/Output Areas

Broad Action Areas

Recommended Agencies/Agents

Thematic Area 3 - Health and Wellness

Policy Goal: Adequate and supportive health and welfare systems for senior citizens

<ul style="list-style-type: none"> ● Health services 	<ul style="list-style-type: none"> a. Integrative healthcare service model for seniors b. Mental health support services c. Physical therapy solutions d. Occupational therapy solutions e. End-of-life and palliative care as standard components of elderly healthcare (training, practice) f. Day-care solutions g. Home-health care personnel h. Diagnostic services i. Mobility- related goods and services j. Emergency response services k. Community nurses/ Community Health Aides l. Establish support systems for caregivers m. Broaden health financing/insurance n. Access to and improved dental services o. Reproductive health information and services 	<ul style="list-style-type: none"> Ministry of Health and Wellness Private and Public Media Community advocate groups Private healthcare providers NCSC Ministry of Finance and The Public Service NGOs/CBOs/FBOs Private sector MOJ Day Activity Centres Private Sector Organization of Jamaica Education/Training institutions Ministry of Local Government and Rural Development (MLGRD) JCPD
<ul style="list-style-type: none"> ● Age friendly primary health care protocol 	<ul style="list-style-type: none"> p. Dementia screening, treatment, care, and support. q. Emerging non-communicable diseases r. Improve human resources specific to elder care (geriatricians, geriatric nurses, therapist, home-health care professionals) s. Non-communicable diseases t. Physical Rehabilitation u. Vision and hearing care and solutions v. Wellness checks, programmes and facilities 	
<ul style="list-style-type: none"> ● Healthy Lifestyle 	<ul style="list-style-type: none"> w. Wellness programmes such as exercise facilities x. Health education programmes to include culturally sensitive diet and nutrition options y. Campaign to increase use of JADEP, NHF z. Awareness campaigns about HIV AIDs and STD's for seniors aa. Programs to help seniors deal with disabilities acquired later in life bb. Promote green spaces and facilities for recreational activities in communities cc. Senior friendly and targeted health promotion activities dd. Promote self-care (safety shoes; blood pressure machines etc) 	
<ul style="list-style-type: none"> ● Customer service in health sector 	<ul style="list-style-type: none"> ee. Minimize ageism in health sector ff. Promote age friendly healthcare facilities gg. Public/private partnerships for healthcare 	

Annex 3 Broad Plan of Action

Outcome/Output Areas	Broad Action Areas	Recommended Agencies/Agents
Thematic Area 4. Physical Environments, Protection and Safety Policy Goal: Improved independence, security and safety for senior citizens		
<ul style="list-style-type: none"> ● Universal Access – Physical environment 	a. Advocacy/interventions regarding access to public and other buildings and roadways b. Develop/review standards for residential facilities. Review current legislation	MLSS ODPEM MOHW Ministry of Transport and Mining Ministry of Local Government and Rural Development (MLGRD) NCSC Ministry of Housing/ MEGJC NGO/CBOs/ Other Agents Private Sector State care facilities MOJ Bankers Association of Jamaica Financial Sector Faith Based Organizations Ministry of National Security JCPD Jamaica Red Cross Municipal Corporations
<ul style="list-style-type: none"> ● Universal Access – Services 	c. Promote occupational therapy solutions for seniors d. Senior Resource Centres in all parishes e. Advocate for mobility goods and services f. Physically accessible and reliable public transportation	
<ul style="list-style-type: none"> ● Disaster risk management 	g. Disaster prevention and mitigation plans for seniors h. Mainstream senior citizens' inputs in disaster management i. Rehabilitation and emergency assistance programmes	
<ul style="list-style-type: none"> ● Protection from abuse and crimes 	j. Research and interventions on elder abuse k. Legislation to address predatory crimes against the elderly l. Public Education on safety and security m. Build Social partnerships against abuse n. Specialized training for law enforcement personnel to deal with abuse of the elderly o. Awareness campaign regarding legal representation	
<ul style="list-style-type: none"> ● Housing 	p. Promote investments in age friendly housing solutions q. Advocate for interventions on homelessness/inappropriate housing r. Advocate for quality care and infrastructure in residential facilities (Public and Private) s. Promote compliance with regulations among nursing homes t. Public education on safety in homes	

Annex 3 Broad Plan of Action

Outcome/Output Areas	Broad Action Areas	Recommended Agencies/Agents
Thematic Area 5 . Family Integration and Intergenerational Transfers Policy Goal: Enhanced family support systems and community solidarity, from interaction with senior citizens		
<ul style="list-style-type: none"> Effective caregivers 	a. Establish a National Public Service programme for support at community level b. Develop Caregiver Network (training, sensitization, support services)	NCSC MOEYI, schools, colleges, universities Families Community organizations, FBOs NGOs Private sector Public and private media MOJ NHT MICAF MOHW MLGRD JCDC Libraries Cultural Organizations Professional Organizations The Diaspora (US, UK, Canada etc.)
<ul style="list-style-type: none"> Family Activities/ Involvement 	c. Advocacy for financial support from children as per legislation d. Public education/advocacy programmes for integration of elderly persons in social engagements e. Respect for privacy, personal choices, use of assets, etc.	
<ul style="list-style-type: none"> Community Support 	f. Residential options including social housing for senior citizens g. Provide mental health support services h. Promote volunteer services	
<ul style="list-style-type: none"> Cultural Assets/ Knowledge base 	i. Develop cultural memory bank j. Engage and access seniors' cultural input k. Inter-generational activities (e.g. recreational, cultural, educational)	



Cassandra Morrison (r), Executive Director of the National Council for Senior Citizens along with Lloydia Williams (c), Parish Organizer for the National Council for Senior Citizens shared a photo with the champion parish of St. Ann at the Council's annual bible quiz held in 2019.

Annex 3 Broad Plan of Action

Outcome/Output Areas	Broad Action Areas	Recommended Agencies/Agents
<p>Thematic Area 6. Governance and Capacity- Building Policy Goal: Strengthened institutional and infrastructural networks for partnership, collaboration and governance</p>		
<ul style="list-style-type: none"> ● Expanded/strengthened Human Resource 	<ul style="list-style-type: none"> a. Staffing of NCSC b. Rebranding of NCSC c. Provide training for social workers, medical and nursing practitioners, and other health care workers d. Collaborate with national, regional and international organizations (regarding best practices, funding opportunities, etc.) e. Publication of National Policy for Senior Citizens, Training and sensitization sessions f. Education support/scholarships for studies 	<ul style="list-style-type: none"> MOFPS MLSS NCSC Universities and colleges/University Council of Jamaica CBOs/NGOs/and other agents Private sector Other MDAs Ministry of Health and Wellness HEART/NSTA Ministry of Education, Youth and Information MOJ MSET Public and private media Diaspora groups Returning Residents Association
<ul style="list-style-type: none"> ● Data Management 	<ul style="list-style-type: none"> g. Information and data systems developed/strengthened in key agencies h. Communication framework and systems 	
<ul style="list-style-type: none"> ● Standards 	<ul style="list-style-type: none"> i. National monitoring and evaluation framework developed for Policy j. Quality control standards established (e.g. educational offerings, health service delivery) 	
<ul style="list-style-type: none"> ● Resources 	<ul style="list-style-type: none"> k. Resource mobilization from International and local partners l. Build partnership with private sector and NGOs and CBOs m. Advocate for private sector involvement in senior's market n. Legislative reviews o. Research and modelling studies 	

Annex 4 Stakeholder Consultations

Stakeholder Consultations

Conceptual Framework

Interviews

Ministry of Labour and Social Security
National Council for Senior citizens
Mona Ageing and Wellness Centre (UWI, Mona)
NCSC Board
Planning Institute of Jamaica

Focus Group Discussions

Caribbean Community of Retired Persons
Jamaica Government Pensioners Association
Association for the Resettlement of Returning Residents
Caregivers of Senior Citizens
Senior citizens residing in rural Areas
Senior citizens residing in Urban Areas

Key Informant Interviews

Ministry of Labour and Social Security
Ministry of Health and Wellness – Standards and Regulation Division
Mona Ageing and Wellness Centre

Public Consultations

- St. Margaret's League
- STRiDE Dementia Project, CAIHR UWI Mona
- Ministry of Health and Wellness
- Jamaica Customs Agency
- East Jamaica Conference of Seventh Day Adventists
- Jamaica Fire Brigade
- Jamaica Intellectual Property Office
- National Council for Senior Citizens
- Planning Institute of Jamaica
- Ministry of Labour and Social Security (MLSS)
- Office of Services Commission
- Caribbean Community of Retired Professions (CCRP)
- Planning Research and Monitoring Unit (PRMU)
- Consumer Affairs Commission
- The Salvation Army

Annex 4 Stakeholder Consultations

- National Housing Trust
- Jamaica Cooperative Credit Unit League
- Association for the Resettlement of Returning Residents
- Jamaica Council for Persons with Disabilities
- Registrar General's Department
- Ministry of Local Government and Community Development (Board of Supervision)
- Social Development Commission
- Jamaica 4H Clubs
- Rural Agricultural Development Agency
- Jamaica Constabulary Force
- HEART Trust NTA
- Northern Caribbean University
- University of the West Indies
- Manchester Municipal Corporation
- Poor Relief Department – Clarendon and Manchester
- Clarendon Health Department
- Private Sector Organization of Jamaica
- Manchester Golden Age Home
- Chariot of Hope Seventh Day Adventist Church
- Jamaica Red Cross
- Lions Club of Manchester
- Ministry of Justice
- Ministry of Education, Youth and Information
- Jamaica Money Market Brokers
- National Commercial Bank
- University College of the Caribbean
- Victory Senior Citizens Home
- May Pen Chamber of Commerce
- Allied Healthcare Institute
- Institute of the Caribbean
- Manchester Parish Library
- National Youth Service
- Southern Regional Health Authority

Written Comments on Green Paper provided by:

Ministry of Finance and the Public Service
Ministry of Education, Youth and Information
Ministry of Justice
Ministry of Transport and Mining
Ministry of Foreign Affairs and Foreign Trade



MINISTRY OF LABOUR & SOCIAL SECURITY

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Stability and Social Protection”**

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› NATIONAL POLICY FOR

SENIOR CITIZENS

Government of Jamaica
2021