PARLIAMENT
REPUBLIC OF TRINIDAD AND TOBAGO

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# 3rd REPORT OF THE

JOINT SELECT COMMITTEE ON

# SOCIAL SERVICES AND PUBLIC ADMINISTRATION

**ON AN**

## EXAMINATION OF EXISTING ARRANGEMENTS AND POSSIBLE OPTIONS FOR REGULATING GERIATRIC CARE FACILITIES/ OLD AGE HOMES

SECOND SESSION (2016/2017) 11TH PARLIAMENT

OF THE REPUBLIC OF TRINIDAD AND TOBAGO

# THIRD REPORT

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## JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION

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## EXAMINATION OF EXISTING ARRANGEMENTS AND POSSIBLE OPTIONS FOR REGULATING GERIATRIC CARE FACILITIES/OLD AGE HOMES

Date Laid: HoR: _____ Senate: _____

An electronic copy of this report can be found on the Parliament website: http://www.ttparliament.org/committee_business.php?mid=19&id=241&pid=28

**The Joint Select Committee on Social Services and Public Administration**

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# THE COMMITTEE

Dr. Dhanayshar Mahabir
**CHAIRMAN**

Mr. Esmond Forde, MP
**VICE-CHAIRMAN**

Mrs. Glenda Jennings-Smith, MP
**MEMBER**

Brig. Gen. (Ret.) Ancil Antoine, MP
**MEMBER**

Mrs. Christine Newallo-Hosein, MP
**MEMBER**

Mr. Rohan Sinanan
**MEMBER**

Ms. Khadijah Ameen
**MEMBER**

## Committee Mandate and Establishment

1.1. Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.

1.2. Motions related to this purpose were passed in the House of Representatives and Senate on November 13th, and 17th, 2015, respectively, and thereby established, inter alia, the ***Joint Select Committee on Social Services and Public Administration.***

1.3. Standing Order 91 of the Senate and 101 of the House of Representatives outline the general functions of a Committee of this nature. They are as follows:

a) "To examine Bills and review all legislation relating to the relevant Ministries, departments or bodies or as may be referred to it by the House;

b) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the assigned Ministries, departments or bodies;

c) To study the programme and policy objectives of Ministries, departments or bodies and the effectiveness of the implementation of such programmes and policy objectives;

d) To assess and monitor the performance of Ministries, Departments and bodies and the manner of the exercise of their powers;

e) To investigate and inquire into all matters relating to the assigned Ministries, Departments and bodies as they may deem necessary, or as may be referred to them by the House or a Minister; and

f) To make reports and recommendations to the House as often as possible, including recommendations for proposed legislation."

## Powers of the Joint Select Committee

1.4. Standing Orders 101 of the Senate and 111 of the House of Representatives outline the core powers of the Committee which include *inter alia*:

- to send for persons, papers and records;
- to sit notwithstanding any adjournment of the Senate;
- to adjourn from place to place;
- to report from time to time;
- to appoint specialist advisers either to supply information which is not otherwise readily available, or to elucidate matters of complexity within the Committee's or Sub-Committee's order of reference;
- to communicate with any Committee of Parliament on matters of common interest; and
- to meet concurrently with any other Committee for the purpose of deliberating, taking evidence or considering draft reports.

## Membership

1.5. The Committee comprises the following members:

| | | | |
|---|---|---|---|
| 1. | Dr. Dhanayshar Mahabir | - | Chairman |
| 2. | Mr. Esmond Forde, MP | - | Member |
| 3. | Mrs. Glenda Jennings-Smith, MP | - | Member |
| 4. | Brig. Gen. (Ret.) Ancil Antoine, MP | - | Member |
| 5. | Mrs. Christine Newallo-Hosein, MP | - | Member |
| 6. | Mr. Rohan Sinanan | - | Member |
| 7. | Ms. Khadijah Ameen | - | Member |
| 8. | (Vacant) | | |

## Secretariat Support

1.6. The following officers were assigned to assist the Committee:

| | | | |
|---|---|---|---|
| 1. | Mr. Julien Ogilvie | - | Secretary |
| 2. | Ms. Kimberly Mitchell | - | Assistant Secretary |
| 3. | Ms. Ashaki Alexis | - | Parliamentary Intern |

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# ABBREVIATIONS

| | |
|---|---|
| CCP | Community Care Programme |
| CSO | Central Statistical Office |
| DOA | The Division of Ageing |
| ECC | Extended Care Centres |
| ELDAMO | Elderly and Differently-Abled Mobile Service |
| ENAs | Enrolled Nursing Assistants |
| FY | Financial year |
| GAPP | Geriatric Adolescent Partnership Programme |
| HOP | Homes for Older Persons Legislation |
| MDG | Millennium Development Goals |
| MHO | Mental Health Officer |
| MIPAA | Madrid International Plan of Action on Ageing |
| MOH | Ministry of Health |
| MoSDFS | Ministry of Social Development and Family Services |
| NGO | Non-Governmental Organisation |
| OPIC | Older Persons Information Centre |
| PCNM | Primary Care Nurse Manager |
| PSIP | Public Sector Investment Programme |
| PSW | Psychiatric Social Worker |
| RAPP | Retiree Adolescent Partnership Programme |
| RHA | Regional Health Authority |
| RMNs | Registered Mental Nurses |
| SDG | Sustainable Development Goals |
| SRP | Special Reserve Police |
| THA | Tobago House of Assembly |

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# EXECUTIVE SUMMARY

2.1. At its eighth meeting held on Wednesday 15 June, 2016, the Committee agreed to inquire into existing arrangements and possible options for regulating Geriatric Care Facilities/Old Age Homes.

As such, the Committee agreed on the following inquiry objectives:

1. **To assess the systems in place to regulate and monitor geriatric care facilities/old age Homes in Trinidad and Tobago;**
2. **To determine the prevalence of cases of abuse and negligence of the elderly at Geriatric Care Facilities/ Old Age homes;**
3. **To assess the efficacy of existing legislative framework relative to Geriatric facilities; and**
4. **To determine whether there is a need for an expansion in the capacity of geriatric care facilities/ old age homes in Trinidad and Tobago.**

2.2. The Committee acquired both oral and written evidence based on the objectives listed above. Oral evidence was received during two public hearings held with various stakeholders on Wednesday 16 November, 2016 and Wednesday 15 February, 2017. In addition, site visits were also conducted on January 16, 2017 to three geriatric care facilities/old age homes, the Couva Home for the Aged, St. Magdalen's Haven and Agatha's House. Some of the significant issues highlighted during these hearings and site visits included:

i. The size of the elderly population in Trinidad and Tobago increased during the period 1980 to 2011;
ii. The urgent need for the proclamation of the Homes for Older Persons Act 2007;
iii. Need to properly delineated the responsibilities of the MoSDFS and MoH regarding the management, regulation and oversight of geriatric facilities/old age homes;
iv. The need to enhance streamlining of the efforts of both the MoSDFS and the Ministry of Health (MoH) in relation to monitoring the standard of care provided at Geriatric Homes;
v. The shortage of staff and resources at the MoSDFS; in particular, the shortage of inspectors tasked with undertaking investigations and inspections at the Geriatric Homes;

vi. The need for a more robust investigation process to be applied when investigating allegations of elder abuse at geriatric care facilities;

vii. The lack of proper categorization of geriatric care facilities/old age homes;

viii. The processes and challenges involved in locating suitable geriatric accommodation for elderly persons who are "long stay" patients at Hospital and/or socially displaced;

ix. The need for the re-evaluation of the Community Care Programme;

x. The need for more regular site visits to be conducted at both private and Government-supported Homes;

xi. The formulation of new models and programmes to accommodate the various needs of the elderly in Trinidad and Tobago;

xii. The possibility of under reporting of abuse committed against the elderly;

xiii. The need for staff employed at geriatric care facilities/old age homes to have access to the appropriate training in geriatric care;

xiv. The need to identify and regulate unregistered homes operating throughout Trinidad;

xv. The consequential delay in the operationalization of a Facility Review Team as a result of the delay in the proclamation of the Older Persons Act 2007;

xvi. Lack of staff in the Ministry of Health with regard to conducting effective and efficient monitoring and evaluation of privately owned geriatric care facilities/old age homes;

xvii. The collection of outstanding fees due to MoH everal privately owned geriatric care facilities/old age homes;

xviii. Enforcement of the provisions of the Private Hospitals Act related to Geriatric Care Facilities; and

xix. The shortage of geriatricians (geriatric specialists) within the health system.

2.3. Based on these findings emanating from the evidence received, the Committee has proffered recommendations which we believe will address the issues highlighted. A summary of these recommendations follows this Executive Summary.

2.4. The Committee anticipates the responses of the two line Ministers to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

# SUMMARY OF RECOMMENDATIONS

## RECOMMENDATIONS FOR IMPLEMENTATION IN THE SHORT-TERM

**(To be implemented within 3 to 6 months of the presentation of the report)**

I. That Investigations should be undertaken by the relevant Ministries into unregistered Geriatric Care Facilities/Old Age Homes;

II. That priority be placed on establishing the Facility Review Team. This timeframe for doing this should be guided by the Ministry's plans to have the Act proclaimed by June 2017;

III. That the Ministerial Response to this report include an update on the progress the Ministry has made with respect to:

i. Facility Review Team;
ii. The National Plan of Action on Ageing;
iii. National Policy on Ageing for Trinidad and Tobago;
iv. Building Codes for Homes for the Aged;
v. Manuals and Handbooks for Homeowners.

IV. The establishment of a working committee comprising officials from the MoH and the MoSDFS to monitor and track the 187 Geriatric Care Facilities/Old Age Homes;

V. Regarding fees to be paid to the MoH, the Committee recommends the following:

- The Ministry of Health must act urgently to identify the various operators of Geriatric Homes who have failed to pay their annual license renewal fee.
- The revised fee structure should be advanced with the approval of the Ministry of Finance.

VI. That the MoSDFS actively seek to recruit persons for the positions of Inspector I, II and III with a view to boosting the human resource capacity of the Inspectorate of the DoA;

VII. That the HOP Act and Regulations include provisions to allow the Ministry to issue notices/orders to cease operations pending the completion of investigations or where an investigation has concluded that there was an intentional breach of the law by an operator of a Home;

VIII. Given the Ministry's plans to have the Homes for Older Persons Act operationalised by June, 2017. It is recommend that the Ministry in it Ministerial Response to this report , provide the Parliament with an update on the progress made in fulfilling this objective;

IX. That the MoH collaborate closely with the MoSDFS in setting and regulating standards of care provided to the elderly facilities in which such care is provided;

X. That consideration be given to modifying the HOP Act 2007 and or the HOP Regulations to include provisions that:

i. Empower the Ministry with responsibility for Homes for Older Persons to inspect (without permission) any premises where the care and nursing services for older persons are provided without the necessary licence under the Act;

ii. Prohibit the unauthorised disclosure of confidential information which is provided to a party as a result of the enforcement of the Act. In this regard, a suitable penalty should be imposed on a person found liable for such disclosure;

iii. Stipulate various standards, rules and procedures which must be adhere to as a condition of the licensure and as a means of safeguarding the wellbeing of residents and staff at Homes for Older Person. These should include:

a. Protocols for admitting or enrolling persons into a Home;
b. Minimum standards of care that should be afforded to residents;
c. Guidelines concerning social contact and recreational activities;
d. Practicing of religious beliefs;
e. Mechanisms for lodging and addressing complaints made against the Home;
f. Other conditions required for protecting and guaranteeing internationally recognised human rights, freedoms and liberties.

XI. That the application fees payable for a license to establish a Geriatric Home be reassessed urgently;

XII. That amendments be made to the current legislation to codify the categorization of geriatric care facilities/old age homes in Trinidad and Tobago. This classification should take into account clients with physical and mental disabilities; and

XIII. That the Ministry of Health should advise the Ministry of Public Administration and Communications on whether expertise in the area of Gerontology and Geriatric is a priority area for national human resource development. If considered a priority area, consideration should be given to the granting of scholarships.

## RECOMMENDATIONS FOR IMPLEMENTATION IN THE LONG-TERM

**[To be implemented within 12 months to 2 years of the presentation of the report)**

I. With reference to monitoring and evaluation of both government funded and privately owned Geriatric Care Facilities/Old Age Homes, the Committee recommends the following:

- That both the MoH and the MoSDFS collaborate and assume a more proactive approach as it concerns the oversight and monitoring of all Old Age Homes in Trinidad;

- Furthermore, that both Ministries seek assistance from and engage in discussions with the Regional Corporations to devise initiatives that can expand the role of Corporations in the oversight and monitoring of Geriatric Care Facilities/Old Age Homes in Trinidad;

- And that both Ministries engage and collaborate with the THA's Aging Unit, regional corporations, and other stakeholders to assist in strengthening policies to maintain, monitor and evaluate homes throughout Trinidad and by extension Tobago.

II. With reference to the reporting of elderly abuse, the Committee recommends that:

- The MoSDFS explore possible legislative amendments or policy changes to mandate that all cases of elder abuse be reported to the police.
- Furthermore, that the MoSDFS and the MoH undertake greater collaboration in dealing with reported cases of elderly abuse in government funded facilities, privately owned geriatric care facilities and at the community level.

III. that both MoH and MoSDFS embark on a number of initiatives to address the occurrence of elderly abuse such as:

- the use of CCTV equipment in geriatric facilities to monitor activities and deter staff from committing acts of abuse against clients residing in these Homes;
- greater collaboration between the TTPS and both Ministries in addressing reports of elderly abuse;
- the provision of proper training to managers and staff of Geriatric Homes in the reporting of elder abuse; and
- the creation of an Elder Justice Roadmap[1], a document that outlines ways in which people and organizations can recognize, prevent and address elder abuse, together with the establishment of a dedicated hotline and other mechanisms to receive anonymous reports of abuse.

IV. That repeat offending Homes that continuously fail to meet requirements and also have recorded repeat occurrences of elderly abuse should be closed pending investigation;

V. That that the DoA be mandated to conduct periodic research into recent developments in international standards and practices in the area of geriatric care to ensure that our laws, policies and practices are aligned to Homes for Older Persons Act, international best practices;

VI. Private/public partnership be pursued to raise funds for decanting facilities for elderly persons who are socially displaced;

VII. That homes both in receipt of government subventions and privately owned facilities be properly assessed and evaluated in a timely manner to ensure that standards related to equipment and infrastructure are being adhered to. Furthermore, that frequent inspection and monitoring of Homes be undertaken to ensure that clients'/patients' needs are met;

[1] 5 Steps to Combat and Prevent Elder Abuse. http://www.nextavenue.org/5-steps-combat-and-prevent-elder-abuse/

VIII. That staff employed at Geriatric Homes/Facilities be mandated/required to possess training in geriatric care, basic psychology and counselling and any other necessary form of training as recommended by MoH;

IX. That there be greater collaboration between the MoSDFS and the MoH, with regard to research and collection of data on the elderly population. In addition, a shared digital registry should be created to facilitate accurate collection and storage of data on the elderly population residing in homes;

X. That the line Ministries collaborate with a view to acquiring the assistance of Gerontologists and Geriatricians to provide expert advice on:

   i. The type of training staff employed or intended to be employed at the different categories of Homes should possess;
   ii. The formulation of specific interventions directed at the elderly;
   iii. Whether existing policy documents that guide or are intended to guide geriatric care in this country are aligned with international "best practice".

XI. The services of these specialist medical professionals should be sourced through joint-venture collaborations between the line Ministries and local/foreign Universities. Foreign health care institution willing to provide technical support (in –person or via distance-learning) should also be engaged.

# INTRODUCTION

## Background

### *Trinidad and Tobago's aging population*

3.1. The findings of the Trinidad and Tobago Population and Housing Census, 2011[2], suggests that the country has an ageing population given that 13.4% of the population (177, 589) were aged 60 years and over[3]. The data further revealed the feminisation of ageing, as women constitute the majority of the ageing population at 53% compared to 47% males. Additionally, the data also showed that 58% of older persons fall within the 60-69 age group, (the "young-old."). However, the age group of 80 years and over (the "oldest-old") is also growing, and accounts for 13% of the elderly population and 1.76% of the total population (as at 2011).

3.2. Senior citizens of Trinidad and Tobago face major health challenges. Some are disabled, while others are inflicted with other major health issues such as cancer, arthritis, eye problems, Hypertension, diabetes mellitus, and heart disease among many others,[4] which result in their inability to care for themselves. In many instances, their relatives are unable to provide them with the required level/standard of care needed. As a result, the elderly are transferred to geriatric care facilities where it is assumed they would obtain the type of care needed.

3.3. On September 13th, 2014 MoSDFS held a World Elder Abuse Awareness Expo at the Centre of Excellence, Macoya[5], where the Director of the Division of Ageing, Dr Jennifer Rouse presented statistics collected from the Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service. The statistics revealed the incidence of abuse directed at persons over the age of 60 was on the rise.

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[2] Ministry of Planning and Sustainable Development Central statistical Office Trinidad and Tobago 2011 Population and housing Census Demographic Report Heading: Indicators of Aging Populations Pg. 12

[3] A population is considered to be ageing when ten (10) per cent or more of its population is age sixty (60) and over. See Verbatim Notes of meeting held on November 16 2016.

[4] Pan American Health Organization, Health in the Americas, 2012 Edition: Country Volume Heading: Trinidad and Tobago Pg. 617
http://www.paho.org/saludenlasamericas/index.php?option=com_docman&task=doc_view&gid=149&Itemid

[5] http://www.guardian.co.tt/news/2014-09-14/elderly-abuse-rise

3.4 With the challenges associated with caring for elderly relatives, a number of families "wilfully" abandon them in hospitals where they remain since they have nowhere else to go. A **Guardian** report published on June 3, 2012[6] stated that "the problem of abandonment exists at the Port of Spain General Hospital, the Eric Williams Medical Sciences Complex, the San Fernando General Hospital, and at the gerontology unit at the St. James Medical Complex."

***Regulatory Framework***

3.5 The **Homes for Older Persons Act, 2007** [7] was assented to on 7th September, 2007, however it is awaiting proclamation (operationalization). The purpose of the Act is to make provisions for the control, regulation and monitoring of homes and care facilities for the aged. According to the Act, a "*home for older persons or Home means a house or other premises established for the purposes of caring for and housing of four or more older persons whether for reward or not*."

3.6 Pending the enforcement of the Homes for Older Person Act, 2007, the state must reply on the provisions of the **Private Hospitals Act, 1968** [8] as it concerns the licensing and oversight of this category of health care facilities.

3.7 The Private Hospital Act prescribed that "home for the elderly" means a house where five or more elderly persons receive care and accommodation for reward.

3.8 **The Division of Ageing**[9] was established under the former Ministry of Social Development in August 2003, in accordance with the tenets of **The Madrid International Plan of Action on Ageing (MIPAA)**[10]**,** which was endorsed by the Republic of Trinidad and Tobago at the **UN Second World Assembly on Ageing** [11] held in Madrid, Spain in 2002. The Division has a specialised remit which includes: (1) specific initiatives for the elderly, (2) acts as an advocate for older persons in Trinidad and Tobago and (3) is responsible, inter alia, for the coordination of the implementation of the **National Ageing Policy**.[12]

[6] www.guardian.co.tt/news/2012-06-03/dumping-elderly-rise-tt
[7] www.ttparliament.org/legislations/a2007-20.pdf
[8] http://rgd.legalaffairs.gov.tt/laws2/alphabetical_list/lawspdfs/29.03.pdf
[9] http://www.social.gov.tt/divisions/the-division-of-ageing/
[10] www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf
[11] www.un.org/en/events/pastevents/ageing_assembly2.shtml
[12] Ministry of Social Development and Family Services: National Policy on Ageing for Trinidad And Tobago www.social.gov.tt/.../Edited%20Copy%20of%20POLICY%20ON%20AGEING.pdf

3.9 In light of the foregoing, and taking into consideration other related matters, the Committee decided that it would pursue an inquiry into this issue.

## Conduct of the Inquiry

3.10 Prior to the commencement of the public hearings, the Committee issued invitations to the public and specific stakeholders to submit written submissions based on the objectives of the inquiry:

1. **To assess the systems in place to regulate and monitor geriatric care facilities/ old age Homes in Trinidad and Tobago;**
2. **To determine the prevalence of cases of abuse and negligence of the elderly at Geriatric Care Facilities/Old Age homes;**
3. **To assess the efficacy of existing legislative framework relative to Geriatric facilities; and**
4. **To determine whether there is a need for an expansion in the capacity of Geriatric Care Facilities/Old Age Homes in Trinidad and Tobago.**

3.11 On Wednesday 16 November, 2016 the Committee held its first public hearing with representatives of the Ministry of Social Development and Family Services (MoSDFS). The Ministry's contingent was led by two Permanent Secretaries. Additional information was requested from the MoSDFS subsequent to this hearing.

3.12 On Monday 16 January, 2017, the Committee conducted site visits to three (3) geriatric care facilities/old age homes: **The Couva Home for the Aged, St. Magdalen's Haven** and **Agatha's House.** Members were given the opportunity to observe the conditions of the facilities and acquire oral evidence from officials on site.

3.13 The Committee held its second public hearing with officials of the MoSDFS and MoH on Wednesday February 15th, 2017. MoSDFS and MoH delegations were led by their respective Permanent Secretaries. A list of officials who appeared before the Committee in relation to this inquiry is at **Appendix III.**

3.14 The **Minutes of the Meetings** during which the public hearings were held are attached as **Appendix I,** the **Verbatim Notes** as **Appendix II** and **the Site Visit Report** as **Appendix III**

# KEY ISSUES, FINDINGS AND RECOMMENDATIONS

## OBJECTIVE 1: TO ASSESS THE SYSTEMS IN PLACE TO REGULATE AND MONITOR GERIATRIC CARE FACILITIES/OLD AGE HOMES IN TRINIDAD AND TOBAGO.

### Roles and responsibilities of the Ministry of Social Development and Family Services (MoSDFS)

The Division of Ageing (DoA)

4.1. The Homes for Older Persons Act of 2000 was revoked, repealed and replaced by the Homes for Older Persons Act No. 20 of 2007. Reference was made to plans to enforce this Act since 2011, however a number of entities and systems must be instituted before the Act can be operationalised. Among them is the establishment of an Inspectorate in the Division of Ageing, to provide oversight for the operations of Residential Homes for Older Persons. To date this Act has not been proclaimed. During the first hearing on this matter, as at April, 2017 the MoSDFS advised that it anticipated that the Act would be proclaimed in June 2017.

4.2. In 2003 the Division of Ageing was established by the MoSDFS to facilitate the implementation of Government's goals and objectives geared towards the improvement of the lives of older persons. Furthermore, the work of the Division is guided by the National Policy on Ageing, which was scheduled to be reviewed in 2017.

4.3. The care responsibilities of the DOA are to:

- Assess/Inspect approximately 160 Homes for the Aged & Care facilities for seniors;
- Monitor & evaluate the components of the Continuum of Health & Social Support Services for Older Persons (including Senior Centres, Elderly and differently-Abled Mobile Organization (ELDAMO).
- Case manage clients of the Community Care Programme;
- Design/develop manuals & handbooks for Homeowners & key stakeholders in accordance with legislative requirements; and

- Follow up on cases of elder abuse reported through the DOA's Help Desk - the Older Persons Information Centre (OPIC).

4.4. The Inspectorate of the Division was established in 2013. In keeping with MoSDFS mandate, the Inspectorate, is currently evaluating the operations of the eleven Senior Centres, with a view to determining the renewal of their service contract to Cabinet. This exercise is being conducted simultaneously with mandatory follow-up visits/placements/referrals for clients of the Community Care Programme, which facilitates extra-curricular activities for elderly persons, in collaboration with the four Regional Health Authorities (RHA). The Division is also involved in developing the monitoring instruments commensurate with their functions.

Facility Review Team

4.5. Sub-Section 27(1) of the Homes for Older Persons Act of 2007, provides for the establishment of a Facility Review Team. In accordance to Sub-section 27(1) of the HOP Act of 2007, the mandate of this team is to "conduct initial and periodic assessments of Homes for the purposes of the initial issue of licenses and renewals of licenses; advise the Minister on all matters relating to the care of older persons; and administer the Act and standards in the care of older persons". However, the FRT has not been operationalized.

4.6. It was indicated to the Committee that the following are the reasons for the delay of the establishment of the FRT:

i. Fifty percent (50%) of the Team (as listed in sub-Section 27(3) of the HOP Act) must be comprised of public officers: - a fire officer, public health inspector, a registered nurse, a senior officer of the Ageing Division, a Senior Planning Officer of the Town and Country Planning Division, a Social Worker and a Police officer, however there seemed to be a potential conflict with the reporting structure.

ii. Sub-section 27(2) of the HOP Act of 2007 states that "The tenure, remuneration and other terms and conditions of the Facility Review Team, shall be approved by the Cabinet." - Clarity and collaboration were needed in outlining the terms and conditions of the Team, since the Regional Health Authorities conducted assessments of Homes with multi-disciplinary teams established by the Ministry of Health, it was suggested that the Ministry

of Social Development and Family Services could co-opt the said teams from the Ministry of Health when such assessments/inspections needed to be carried out, and thus avoid duplication of tasks and added expenditure. When the Division of Ageing commenced investigations of Homes in 2014, collaborations existed with the teams from the MoH. This practice was discontinued from 2015.

4.7. This has contributed to the delay in the proclamation of the Homes for Older Persons Act 2007 since the Act makes provision for the establishment of a Facility Review Team. Due to the absence of the Facility Review Team, Geriatric Care Facilities/Old Age Homes are not effectively and competently assessed and monitored.

Management of Geriatric Care Facilities/Old Age Homes in receipt of Government Subventions

4.8. It was estimated that there are 187 Geriatric Homes/Care Facilities in Trinidad and only ten (10) homes are directly monitored by the MoSDFS. These 10 Homes are in receipt of financial support from the State and are operated/managed by Management Committees, which comprise the following elected positions:

- President;
- Vice President;
- Treasurer;
- Secretary;
- Assistant Secretary;
- Public Relations Officer; and
- One or more Committee Member(s).

4.9. The functions of the Management Committees are guided by a Constitution and an Agreement between the entity and the MoSDFS.

4.10. The MoSDFS is not responsible for directly managing Geriatric Homes, but rather it oversees the operations of the Homes under its purview. Oversight of the Homes involve:

- Inspections;
- Disbursement of funding;
- Monitoring of the expenditure; and
- Examination of financial records by the Ministry's internal Audit Unit.

4.11. The remaining 177 Homes are supposed to be regulated/monitored by the Ministry of Health as per the provisions of the Private Hospitals Act.

Assessment of Homes

4.12. The monitoring and evaluation of state sponsored Geriatric Homes by the Division of Ageing is conducted mainly through Inspections. An inspection is an on-site evaluation of a Home for the Aged which is conducted by a team of no less than three (3) Inspectors from the Division of Ageing. The Division of Ageing executes both announced and unannounced inspections in accordance with the guidelines outlined in the Homes for Older Persons Regulations (2009). The stipulations for inspection of Geriatric Homes are as follows:

a) Every six (6) months;
b) On directive from the Executive of the Ministry; and
c) In response to complaints made to the Division or an Inspector by a resident, a family member or next of kin of a resident, a person responsible for a resident, or a member of the public.

4.13. It was indicated to the Committee that the majority of the homes under the purview of the Ministry were visited for the year 2016, and a comprehensive assessment was undertaken in August 2016. However, the Committee was also informed that more staff is needed in order to undertake more frequent assessments.

## Roles and responsibilities of the Ministry of Health (MoH)

Licensing of Geriatric Care Facilities/Old Age Homes

4.14. As indicated previously, MoH is responsible for monitoring 177 of the 187 Geriatric Homes in Trinidad. The Committee was informed that persons who wish to open facilities to provide services for older persons must first obtain a license from the MoH. This together with other requirements are prescribed by the Private Hospitals Act. The licenses contain the terms and conditions under which the facilities are to operate.

4.15. In accordance with the Private Hospitals Act, multi-disciplinary teams are required to visit the 177 privately owned/managed Homes:

- On a monthly basis;

- At the request of a Minister; or
- As a result of reports submitted.

4.16. The Private Hospitals Act stipulates that private institutions must meet the minimum standards stated in the Act in order to obtain approval. The Act specifically provides regulations related to Staff; Management and Administration; Surgical Operations; and Accommodation.

4.17. The MoH is also responsible for the quarterly inspection of homes. This entails inspectors conducting field visits to examine the terms and conditions of license compliance of these Facilities/Homes.

4.18. Since the Homes for Older Persons Act, 2007 has not yet been proclaimed, the MoH remains responsible for ensuring that the operations and standards of privately managed Homes adhere to the relevant stipulations outlined in the licenses. However, the Ministry has not been fulfilling this responsibility and in fact has never audited a Geriatric Home after granting a license.

Management of Extended Care Centres

4.19. The Committee was advised by the Ministry of Health that there are two (2) Extended Care Centres under the purview of MoH. These Extended Care Centres are managed and operated by the Head of the Psychiatric Department, South-West Regional Health Authority (SWRHA). As such, these Centres fall under the purview of the SWRHA. The operations of these centres are supported by a Specialist Medical Officer, a Registrar and House Officers. Furthermore, the County Medical Officer of Health is in charge of the administration of the ECC at Couva and the Facility Manager at Area Hospital is in charge of the ECC in Point Fortin.

4.20. The multi-disciplinary team that manages the operations the ECCs includes a Psychiatric Social Worker (PSW), a Mental Health Officer (MHO), an Occupational Therapist and Occupational Therapy Aide. Each ECC has a Head Nurse who is supported by a team of Registered Mental Nurses (RMNs), Enrolled Nursing Assistants (ENAs) and other support staff. The Head Nurse reports to the Primary Care Nurse Manager (PCNM).

4.21. The Head Nurse at the ECCs, the Registered Mental Nurses (RMNs), the Enrolled Nursing Assistants (ENAs) and the Occupational Therapy Aide are fixed staff members who report to the ECCs on a daily basis. These officers do not work at other Public Health Facilities. However, the SMO, the Registrar and House Officers, the Psychiatric Social Workers (PSWs), Mental Health Officers (MHOs) and Occupational Therapist provide their services to the ECCs as needed, structured or arranged. These members of staff work at Public Health Facilities, as well as the Extended Care Centres.

4.22. The Ministry of Health further advised that due to the nature and level of service delivered at the ECCs, there is no need for staff other than the staff listed in the preceding paragraph to operate on a full time basis at the ECCs. The Committee was also advised that no conflict of interest should arise since the part-time health care workers, provide mental health services throughout the SWRHA.

## Role of Regional Corporations in elderly care

4.23. The Committee noted that according to Section 232 (c) of the Municipal Corporations Act, certain oversight responsibilities for elderly Homes were delegated to municipal corporations.

## MoSDFS's plans and strategies for regulating Geriatric Care Facilities/Old Age Homes

4.24. The Committee was informed that the Ministry's plans and strategies for regulating Geriatric Care Facilities/Old Age Homes are as follows:

i. In 2015, **The Division of Ageing was vested with the responsibility for the deinstitutionalization of long-stay patients**, aged 55 years and over, from public hospital institutions, and those who require social care under the Community Care Programme (CCP);

ii. The regularization of the CCP is one of the Ministry's priority projects listed for FY 2017, which entails greater collaboration between the DOA's Inspectorate and the Homeowners, to ensure the patients' care needs matches with the Homes' capacity to treat with those needs; and to conduct monthly follow-up visits;

iii. Based on the above, the Inspectorate drafted a Homeowners Manual;

iv. Seminars and workshops conducted by the Division of Ageing with the Homeowners, RHAs and geriatric care providers are proposed to: (a) review the draft Homeowners manual; and (b) address the policy issues emanating from the HOP legislation;

v. Meetings are proposed with the Senior Managers and relevant Technical Officers of the Ministries of Health and Social Development and Family Services, and the RHAs, to strategize the complete handover of the responsibilities of the assessments and inspections of patients and Homes respectively.

4.25. The **long-term goals** for regulating Geriatric Care Facilities/Old Age Homes are as follows:

a. Broader omnibus geriatric care legislation is needed, to cover a wide scope of concerns in relation to the protection of older persons;
b. Development of a Geriatric Policy to inform the legislation; and
c. Justification for the above must be based on research on the ground, after a period of operation under the HOP legislation.

4.26. The **short-term goals** for regulating Geriatric Care Facilities/Old Age Homes are as follows:

a. Proclamation of the HOP Act 2007. This would require addressing the administrative structures which will include *inter alia*, the requisite staffing of the Division of Ageing.
b. Staffing the Division of Ageing with the required number of:
    - Inspectors I- 12 required;
    - Inspectors II- 3 required ;
    - Business Operations Assistants I and Business Operations II required; and
    - A Research Officer required.
c. Providing the requisite accommodation for the expanded Division.
d. Providing technical support (such as mobile devices, Protective Personal Equipment).

4.27. The MOSDFS submitted a status update on the interventions directed at Geriatric care:

a) **Inspectorate in the Division of Ageing** – there are two (2) Inspectors I on contract until July 2017 and one (1) Inspector II on short-term contract until December 2016. The Ministry published advertisements for the filling of the vacant positions of ten (10) Inspectors I and three (3) Inspectors II in the print media in September 2016, and applications are being processed.

b) **Facility Review Team** – not yet established.

c) **The National Plan of Action on Ageing –** deferred due to staff shortage.

d) **Division of Ageing's Help Desk –** this facility forms part of the Older Persons Information Centre (OPIC), the toll-free number #800-6742 was re-installed in July 2016, and the email address (opiccentre@gmail.com) is operational. Telephone calls and email messages are received by (1) Office Assistant and referred to the Inspectorate for follow-up action.

e) **National Policy on Ageing for Trinidad and Tobago –** to be reviewed during fiscal year 2017, and listed as one of the Ministry's priority projects.

f) **Establishment of Assisted Living Facilities –** this project was listed in the Ministry's Public Sector Investment Programme (PSIP) for FYs 2014 and 2015, and was to be established in partnership with the Old Hilarians Association on land donated in St. Ann's. The area of land was earmarked for conservation purposes and could not be used to erect any buildings, so the project was removed from the PSIP.

g) **Building Codes for Homes for the Aged –** the initiative is spearheaded by the Town and Country Planning Division of the Ministry of Planning and Development, and stakeholder (including representatives of the Division of Ageing) meetings were held during August to October 2016, after which a Note was drafted by the Ministry of Planning and Development for submission to the Cabinet.

h) **Manuals and Handbooks for Homeowners** - The Inspectorate of the Division of Ageing completed two draft Manuals for Homeowners - the General Inspection Manual (2014), and the Homeowners' Manual for Community Care (2016).

## FINDINGS AND RECOMMENDATIONS

### Findings

4.28. Based on the preceding evidence/information, the Committee concluded as follows:

i. That the proclamation of the Homes for Older Persons Act is overdue and should be treated as a matter of priority for the line Ministry. The absence of a legislative framework that clearly delineates the roles and responsibilities of the MoSDFS and the MoH has resulted in a measure of role ambiguity between the Ministries. The confusion of roles became apparent to the Committee when both Ministries made their oral and written submissions;

ii. There was evidence to suggest that the MoSDFS, through its Division of Ageing has been monitoring Homes in receipt of state funding predominantly through inspections and requests for quarterly reports from the mangers of these Home. However, due to the inadequate number of Inspectors within the DoA, the frequency and quality of inspections and assessments of geriatric Homes is severely lacking. As a result, both the MoSDFS and the MoH are unable to ensure adherence to established standards and policies; beyond policies and standards – elder abuse could have been overlooked in the process or lack thereof.

iii. During a site visit to one of the state sponsored Homes; the Couva Homes for Aged on Monday 16 January 2017, the Committee observed that some basic health and safety equipment such as Panic buttons and smoke detectors were dysfunctional.

iv. As at March 2017, the Facility Review Team, had not been operationalized;

v. With respect to the role of the Ministry of Health in regulating Geriatric Homes, at present the involvement of the Ministry of Health is limited to the pre-licensing stage. The Committee was concerned to learn that the MoH has not been conducting audits or inspections of these Homes following the granting of licenses. In addition, the Committee was informed that the majority of Geriatric Homes have not been paying there annual license renewal fees as stipulated by Section 8(4) of the Act;

vi. That at present, no Private Hospitals Board exist as is prescribed by section 3 of the Private Hospitals Act. Accordingly the multi-disciplinary approach is not being adopted by the Ministry at this time; and

vii. In the absence of a working system for overseeing privately managed Geriatric Homes, the Ministry appears to be unable to accurately account for any "Elderly Homes" which may be operating in contravention of Section 4 (2) of the Act. This puts the elderly patients residing at these unregistered facilities at risk and susceptible to abuse and mistreatment by staff. As such, the Committee deems it necessary that all Geriatric Care Facilities/Old Age Homes be registered.

## Recommendations

**A. With reference to monitoring and evaluation of both government funded and privately owned Geriatric Care Facilities/Old Age Homes, the Committee recommends the following:**

- **That both the MoH and the MoSDFS collaborate and assume a more proactive approach as it concerns the oversight and monitoring of all Old Age Homes in Trinidad;**

- **Furthermore, that both Ministries seek assistance from and engage in discussions with the Regional Corporations to devise initiatives that can expand the role of Corporations in the oversight and monitoring of Geriatric Care Facilities/Old Age Homes in Trinidad;**

- **And that both Ministries engage and collaborate with the THA's Aging Unit, regional corporations, and other stakeholders to assist in strengthening policies to maintain, monitor and evaluate homes throughout Trinidad and by extension Tobago.**

**B. Investigations should be undertaken by the relevant Ministries into unregistered Geriatric Care Facilities/Old Age Homes;**

**C. As the enforcement of the Homes for Older Persons Act 2007 is in part dependent on the establishment of the Facility Review Team, we recommend that priority be placed on establishing this team. This timeframe for doing this should be guided by the Ministry's plans to have the Act proclaimed by June 2017. The composition of the team should be carefully determined to ensure that it comprises a relevant and adequate combination of knowledge and skills;**

**D. It is recommended that the Ministerial Response to this report include an update on the progress the Ministry has made with respect to:**

**vi. Facility Review Team;**
**vii. The National Plan of Action on Ageing;**
**viii. National Policy on Ageing for Trinidad and Tobago;**
**ix. Building Codes for Homes for the Aged;**
**x. Manuals and Handbooks for Homeowners.**

**E. The Committee recommends the establishment of a working committee comprising officials from the MoH and the MoSDFS to monitor and track the 187 Geriatric Care Facilities/Old Age Homes. In this regard, the development and implementation of a shared, dedicated database comprising essential information on each home should be considered;**

**F. Regarding fees to be paid to the MoH, the Committee recommends the following:**

- **The Ministry of Health must act urgently to identify the various operators of Geriatric Homes who have failed to pay their annual license renewal fee. This Committee does not consider the current fee structure to be exorbitant and therefore, there should be a zero-tolerance approach regarding defaulting Homes. We expect that all Homes who have defaulted on these payments to be given notice and arrangements made to collect outstanding fees within two months from the presentation of this report.**

- **The revised fee structure should be advanced with the approval of the Ministry of Finance. The fee structure should reflect in some measure the costs the State has to incur to conduct inspections and monitor these facilities for compliance with the law. Furthermore, the Committee recognized that there is a need for a regulatory framework to ensure that fees are paid to the MoH in a timely manner.**

**G. Furthermore, the Committee recommends that the MoSDFS actively seek to recruit persons for the positions of Inspector I, II and III with a view to boosting the human resource capacity of the Inspectorate of the DoA.**

## OBJECTIVE 2: TO DETERMINE THE PREVALENCE OF CASES OF ABUSE AND NEGLIGENCE OF THE ELDERLY AT GERIATRIC CARE FACILITIES/ OLD AGE HOMES.

### Types of elderly abuse recorded

4.29. There are five (5) different types of abuse recorded as occurring in Geriatric Care Facilities/Old Age Homes. These are as follows:

i. **Neglect** – Failure to meet basic needs such as food, clothing, and medical care;
ii. **Physical Abuse** – Infliction of bodily harm and or injury;
iii. **Financial Abuse** – Illegal misuse or siphoning of an older person's money, assets or property;
iv. **Emotional/ Psychological Abuse** – Harm inflicted on the emotional self- worth of the older person (e.g. name-calling or denigration); and
v. **Sexual Abuse** - Engagement in sexual acts without consent.

### How is elderly abuse addressed by the MoSDFS

4.30. The Director, Division of Ageing indicated that the Division would usually receive on average, 15 cases of elder abuse per month, the majority of which concern the community care facilities and not Geriatric Care Facilities/Old Age Homes.

4.31. The Division of Ageing has received seventy-four (74) complaints concerning the quality of service rendered by staff at Geriatric Care Facilities/Old Age Homes over the past five (5) years. See Table 1 below:

**Table 1**
**No. of Complaints Concerning Service Quality in Homes**

| Calendar Year | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 * |
|---|---|---|---|---|---|---|
| No. of Complaints | 7 | 2 | 11 | 5 | 17 | 34 |

* For the period January 1, 2016 to October 31, 2016.

4.32. Allegations of abuse and negligence by staff employed at Geriatric Care Facilities/ Old Age Homes were reported in forty-five (45) of the seventy four (74) complaints lodged with the Division of Ageing over the past five (5) years.

4.33. At present, the Ministry addresses allegations of elderly abuse primarily through education and sensitisation. Each year the Ministry commemorates *World Elder Abuse Awareness Day* with various educational activities. The Ministry advise that the investigative arm of the Division of Ageing is also being strengthened to undertake greater monitoring of the Homes.

## The role of the MoH in addressing cases of elder abuse

4.34. The Committee was informed that all cases of elderly abuse reported to RHAs are referred to the MoSDFS. Furthermore, the MoH would liaise with the MoSDFS in instances of elder abuse and provide assistance where needed. The committee noted with interest that MoSDFS has no means of ensuring that the MoH takes action against non-compliant Homes, as such action is outside the jurisdiction of the MoSDFS. During the public hearing the MoSDFS sought to emphasize that the Private Hospital's Act is within the remit of MoH.

***Investigations into elderly abuse***

4.35. In the past, SRPs under the MoSDFS' Inter-agency unit would conduct investigations as it concerned allegations of abuse. However, this arrangement has since changed and as such Investigators from the Division of Ageing have assumed that role. There are three inspectors: two Inspectors I and one Inspector II employed in the DoA.

4.36. According to MoSDFS, investigations to address the complaints/reports/issues raised concerning Geriatric Care Facilities/Old Age Homes have been ineffective, and this is attributed to a combination of factors:

(a) The absence of a structured co-ordinated approach among the relevant agencies to respond efficiently;

(b) Outdated institutional arrangements; and

(c) The need for sensitization workshops for the responders on ageing issues and older persons.

4.37. Information was recorded by the Division of Ageing as at September 30, 2016 with reference to the status and outcome of investigations conducted. The status of the One hundred and fifty six (156) investigations conducted by the Division of Ageing is outlined in Table 2 below.

**Table 2**

**Aggregate figures on the status and outcome of investigations conducted by the Division of Ageing**

| Status of investigations | Number of investigations |
|---|---|
| Investigations Completed | 88 |
| Investigations in Progress | 47 |
| Investigations Inconclusive | 20 |
| Investigations Referred to the Police | 1 |
| TOTAL | **156** |

4.38. **Table 3** below provides a disaggregation of the 47 matters which the MoSDFS advised was "in progress" at September 30, 2016.

**Table 3**
**Breakdown of the 47 cases/investigations initiated by the Inspectorate unit of the Division of Ageing in 2016**

| Month | No. of Investigation commenced |
|---|---|
| **March** | 1 |
| **April** | 2 |
| **May** | 1 |
| **June** | 7 |
| **July** | 5 |
| **August** | 4 |
| **September** | 16 |
| **October** | 11 |
| **TOTAL** | **47** |

4.39. The Committee was advised that as at May 31, 2017 four (4) of these cases were still open cases being pursued by the Division.

4.40. However, the Committee was informed that information on the number of persons arrested and charged was not available. Furthermore, the Ministry indicated that it was unaware of any matters concerning caretakers of Old Age Homes who were currently before the Court. It was further indicated that there were no records of Homes/Geriatric Facilities which were closed due to reports of abuse and negligence.

4.41. In cases where Community Police has to become involved, reports are generated for filing purposes at the MoSDFS and a copy is sent to the MoH so that during the routine investigation of Homes, the MoH can do checks to ensure compliance**.**

***Homes with persistent challenges***

4.42. Officials from the MoSDFS indicated that 3% of the total number of Homes fell into this category where requirements were not met. In such instances, the MoSDFS would work in collaboration with the MoH to remove clients, especially those under the Community Care Programme. The MoSDFS would then discontinue the placement of persons in such Homes. However, despite this, the MoH and the MoSDFS have never closed a Geriatric Care Facility/Old Age Home.

## FINDINGS AND RECOMMENDATIONS

### Findings

4.43. In this regard the Committee has made the following findings:

i. The delivery of social services is a labour intensive exercise, hence, having adequate human resources is a critical success factor for the MoSDFS and in this context the Division of Aging;

ii. There was a notable number of complaints lodge with the MoSDFS regarding the quality of services rendered at Geriatric Homes during the period 2011-2016;

iii. The absence of clear lines of responsibility between the two line Ministries may be a source of inefficient allocation of resources directed at geriatric care services/facilities;

iv. While education and sensitization strategies are useful, more effective penalties must be administered to safeguard the welfare of the residents of these Homes;

v. 30% of the investigations (or 47 out of 256) initiated by the DoA were still in progress;

vi. The involvement of the Community Police appears to be a useful and necessary approach to successfully executing investigations into allegations made against; and

vii. It is likely that under reporting of cases of elderly abuse at the Community level, as well as at Geriatric Care Facilities/Old Age Homes may be occurring.

### Recommendations

**A. With reference to the reporting of elderly abuse, the Committee recommends that:**

- **The MoSDFS explore possible legislative amendments or policy changes to mandate that all cases of elder abuse be reported to the police.**

- **Furthermore, that the MoSDFS and the MoH undertake greater collaboration in dealing with reported cases of elderly abuse in government funded facilities, privately owned geriatric care facilities and at the community level.**

**B. With regards to the addressing cases of elderly abuse and prevention of future cases, the Committee recommends that both Ministries embark on a number of initiatives to address the occurrence of elderly abuse such as:**

- **the use of CCTV equipment in geriatric facilities to monitor activities and deter staff from committing acts of abuse against clients residing in these Homes;**
- **greater collaboration between the TTPS and both Ministries in addressing reports of elderly abuse;**
- **the provision of proper training to managers and staff of Geriatric Homes in the reporting of elder abuse; and**
- **the creation of an Elder Justice Roadmap[13], a document that outlines ways in which people and organizations can recognize, prevent and address elder abuse, together with the establishment of a dedicated hotline and other mechanisms to receive anonymous reports of abuse.**

**C. The Committee recommends that the HOP Act and Regulations include provisions to allow the Ministry to issue notices/orders to cease operations pending the completion of investigations or where an investigation has concluded that there was an intentional breach of the law by an operator of a Home.**

**D. The Committee further recommends that repeat offending Homes that continuously fail to meet requirements and also have recorded repeat occurrences of elderly abuse should be closed pending investigation. Before any such order is given, the MoSDFS would need to implement the right contingency measure to ensure that displaced residents can be accommodated in an alternative facility.**

[13] 5 Steps to Combat and Prevent Elder Abuse. http://www.nextavenue.org/5-steps-combat-and-prevent-elder-abuse/

## OBJECTIVE 3: TO ASSESS THE EFFICIENCY OF EXISTING LEGISLATIVE FRAMEWORK RELATIVE TO GERIATRIC FACILITIES

### *Status of the Homes for Older Persons Act of 2007*

4.44. With respect to the status of the proclamation and implementation of the Homes for Older Persons Act of 2007 evidence submitted confirmed that there are still a number of administrative structures, policies and procedures to be instituted before the Act can be proclaimed. The outstanding prerequisites which are delaying the proclamation include:

i. The establishment of the Facility Review Team;
ii. The filling of vacant contract positions in the Inspectorate (Inspectors in the Division of Ageing);
iii. The hiring of administrative/operations staff in the Division of Ageing; and
iv. The setting up of the Secretariat (Forms, Applications for License, Inspection Checklist); and drafting a Procedural Manual (detailing procedures for Licensure, Inspection, Facility Review Team's Terms of Reference).

4.45. The Committee was also informed that provisions under sub-Section 39(1) of the HOP Act delineates a period of one year from the date of proclamation or such longer period as determined by the Minister, for Homes to meet the licensing requirements. This transition period affords the MoSDFS the opportunity to review the provisions/operations of the HOP legislation, and make research-based recommendations for amendments and if necessary, repeal of the Act; or pursuance of additional legislative interventions in the area of geriatric care.

4.46. During the inquiry, the Committee was advised by the line Ministry at present there were no identifiable major amendments that were required, to make the Act more useful and relevant to the current needs and realities of Trinidad and Tobago's society.

***Private Hospitals Act, Chapter 29:03***

Recommended amendments to be made to the Private Hospitals Act, Chapter 29:03

4.47. The MoH recommended that the Private Hospitals Act, Chapter 29:03, be amended to provide for an increase in the fees associated with the application for licensure to operate a private hospital pursuant to the Act. The current fees range from $75 to $150 per application.

**Table 4**

**Recommended increase in license fees as per the private hospitals**

| Number of beds | Present license fee | Proposed fee |
|---|---|---|
| Less than 30 | $75 | $750.00 |
| 30 but less than 60 | $100 | $1,000 |
| 60 and over | $150 | $1,500 |

4.48. The Committee was informed by MoH that such an increase in fees would ensure stricter adherence to quality standards and that geriatric care facilities will conform to the standards prescribed in the Private Hospitals Act. Furthermore, if geriatric facilities do not deliver quality care and comply with the agreed standards, licenses can be revoked.

4.49. According to the MoH, the request to increase fees associated with the application for a license to operate a private hospital is before the Ministry of Finance for consideration.

## FINDINGS AND RECOMMENDATIONS

### Findings

4.50. Based on the preceding evidence, the Committee's findings are as follows:

i. The 10 year delay in the operationalization of the Homes for Older Persons Act of 2007 is unacceptable and is a serious indictment on the line Ministry and as well as past administrations;

ii. Given the changing dynamics of an aging population, the Act may require further amendment even before it is proclaimed;

iii. Pending the proclamation of the HOP Act, 2007, the only substantial law to guide the geriatric care sector is the Private Hospitals Act, which itself contains outdated provisions. The Committee also noted that the intent of Section 40 of the HOP Act is to remove Geriatric Homes from under the remit of the Private Hospital Act; and

iv. The HOP Act must be supplemented by appropriate regulations, manuals and guideline to ensure that owners, managers and other associated with geriatric care are properly informed with a view to achieving maximum compliance with the provisions of the Act.

## Recommendations

**A. In light of the foregoing, the Committee recommends the following:**

- **Given the Ministry's plans to have the Homes for Older Persons Act operationalised by June, 2017. It is recommend that the Ministry in it Ministerial Response to this report , provide the Parliament with an update on the progress made in fulfilling this objective;**

- **Notwithstanding the intention to remove matters concerning Geriatric Homes from under the remit of the Private Hospitals Act, the MoH must collaborate closely with the MoSDFS in setting and regulating standards of care provided to the elderly facilities in which such care is provided.**

**B. We recommend that consideration be given to modifying the HOP Act 2007 and or the HOP Regulations to include provisions that:**

**i. Empower the Ministry with responsibility for Homes for Older Persons to inspect (without permission) any premises where the care and nursing services for older persons are provided without the necessary licence under the Act;**

ii. **Prohibit the unauthorised disclosure of confidential information which is provided to a party as a result of the enforcement of the Act. In this regard, a suitable penalty should be imposed on a person found liable for such disclosure;**

iii. **Stipulate various standards, rules and procedures which must be adhere to as a condition of the licensure and as a means of safeguarding the wellbeing of residents and staff at Homes for Older Person. These should include:**

a. **Protocols for admitting or enrolling persons into a Home;**
b. **Minimum standards of care that should be afforded to residents;**
c. **Guidelines concerning social contact and recreational activities;**
d. **Practicing of religious beliefs;**
e. **Mechanisms for lodging and addressing complaints made against the Home;**
f. **Other conditions required for protecting and guaranteeing internationally recognised human rights, freedoms and liberties.**

C. **We recommend that the application fees payable for a license to establish a Geriatric Home be reassessed urgently. Pending the proclamation of the HOP Act, a reassessment of the fees set out in the Third Schedule of the Private Hospitals Act should be conducted.**

D. **It is also recommended that that the DoA be mandated to conduct periodic research into recent developments in international standards and practices in the area of geriatric care to ensure that our laws, policies and practices are aligned to Homes for Older Persons Act, international best practices.**

## OBJECTIVE 4: TO DETERMINE WHETHER THERE IS A NEED FOR AN EXPANSION IN THE CAPACITY OF GERIATRIC CARE FACILITIES/ OLD AGE HOMES IN TRINIDAD

### *Population ageing in Trinidad and Tobago*

4.51. According to the Trinidad and Tobago Population Census 2011, older persons represent 13.4 per cent of the population, which is approximately 177,676 persons. The majority of these persons fall between the age range 60 and 75 years and are either healthy or live with lifestyle diseases such as diabetes and hypertension. Furthermore, research conducted by the MoSDFS cited a growing cohort of persons who are aged 85 years and over.

4.52. The National Insurance Board's Actuarial Review, between 2010 and 2013, concluded that the country is facing an ageing population syndrome, whereby fourteen percent (14%) of the population is over the age of 60. Further, the actuaries projected that by 2025 this percentage will increase to seventeen percent (17%) of the population, and to twenty percent (20%) by 2050.

### *Health issues and the elderly population*

4.53. The elderly population of Trinidad and Tobago are experiencing major chronic diseases which include diabetes, cardiovascular diseases, cerebrovascular diseases (stroke), cancer, renal diseases, arthritis, peripheral vascular disease, Parkinson's syndrome, Alzheimer's disease, and chronic respiratory disease. Table 5 contains statistics on the occurrence of these chronic diseases among the elderly population.

**Table 5**

**Major chronic diseases experienced by the elderly population in 2015**

| Health Condition | % of Elderly Population |
|---|---|
| **Diabetes** | 30% |
| **Cardiovascular Diseases** | 40% |
| **Cerebrovascular Diseases** | 25% |

4.54. Table 6 illustrates the Non-communicable Diseases (NCD) Mortality rate in Trinidad and Tobago for the year 2015.

**Table 6:**

**NCD mortality rate in Trinidad and Tobago**

| | % of Death annually | Annual no. of deaths | Daily deaths |
|---|---|---|---|
| **Heart Diseases** | 25% | 2,673 | 7.32 |
| **Diabetes** | 14% | 1,497 | 4.10 |
| **Cerebrovascular Diseases** | 10% | 1,069 | 2.90 |
| **Annual Total no. deaths** | **66.29% of all deaths** | | |

4.55. The Committee noted that data on the percentage of the elderly population who are disabled or experiencing major chronic diseases and placed in Homes over the past year, was not currently available at the MoH or MoSDFS.

## *Categorization of Homes*

4.56. The Committee was informed that there are two (2) categories of homes based on the level of care provided to clients:

- **Type I (assisted living facilities):** Any Home for Older Persons which provides care and housing to four or more healthy, older persons, and older persons who are not in need of acute medical care, but who may require assistance with performing activities of daily living, including the administration of medication and who may also require supervision by a member of staff; and
- **Type II:** Any Home for Older Persons which provides care and housing to four or more infirm older persons, who require the administration of medication and continual supervision by a registered nurse or physician.

## *The adequacy of Geriatric Care Facilities/Old Age Homes under the purview of MoSDFS*

4.57. The MoSDFS suggested that in order to meet the demand for Elderly Community Residences in Trinidad and Tobago, the following models should be considered:

- **Assisted Living Facilities (ALF) -** which allow older persons (approx. 35-60 persons aged 60 years and over) to live independently in a communal setting. Affordable public/private sector arrangements could be negotiated to fund such projects, which were recommended in the former Ministry of Local Government's land use policy. The suitability of the ALF model is based on the demographic, which shows an increased/increasing number of elderly single women living alone (namely, widows, divorcees and un-marrieds); and

- **Companion Care** - which allows three (3) older persons to share one domicile that is owned by one of them, furthermore affordable homecare services could be provided by graduates of the Geriatric Adolescent Partnership Programme (GAPP) or Patient Care Assistants.

4.58. Both recommended models are components in the **Continuum of Health and Social Support Services for Older Persons**, which was approved by Cabinet in 2004. The components of the Continuum are established on a phased basis, in response to the demand for such services and the availability of funding.

4.59. It was also revealed that improvements to the infrastructure of existing Geriatric Care Facilities/Old Age Homes will be mandatory when the Homes for Older Persons legislation is proclaimed, since it allows for a transition period of at least one year [from the date of proclamation] for compliance with the legislative requirements for physical infrastructure. The MoSDFS has been upgrading/reconstructing the facilities of the Homes under its remit over the years, based on requests and subject to the availability of funding. To date two Homes have been reconstructed:

- The La Brea Home for the Aged; and
- Toco Senior Citizens Homes.

4.60. The Committee was informed that a request was made for funding to upgrade an additional three other Homes for the fiscal year 2017, however approval was not granted.

Standard of Care provided to patients/clients

4.61. The Committee was also informed that in the case of a home for the elderly, every patient shall be medically examined by a medical practitioner at least once every six months and assessed by a nurse once a month. The nursing assessments should be entered on the form prescribed in the Third Schedule and included in the resident's case record.

4.62. Private Homes make their own arrangements for the provision of doctors and nurses. Notably, patients continue to access the public health facilities for medical care.

Staff at geriatric care facilities/old age homes

4.63. There are no regulations that require nurses employed at geriatric care facilities/old age homes to be registered (HOP sub-Regulations 25(1) (c) and 25 (2) (b) refer). The Homes for older persons Regulations 25(1) (c) and 25 (2) (b) proposes that employees of Homes should possess appropriate training and experience in geriatric care, which should include first aid, CPR, and food and nutrition.

## *The role of the MoH in referring elderly patients to geriatric homes in instances where they are socially displaced or abandoned by relatives*

4.64. The remit of the MoH is to provide the required medical treatment. Following an assessment, socially displaced persons or elderly persons abandoned by relatives are referred to the Ministry of Social Development and Family Services to be assigned to Rehabilitation Centers. However, some patients remain at the health institution as "long stay" patients due to the inability to secure a home.

4.65. "Long stay" patients who are in need of care are classified by the RHAs within four categories of varying intensity based on their need for personal care, special care and social support. These categories are as follows:

- **LEVEL 1 (Personal Care**) - Ranges from independent in most areas of personal care but may need special devices and supervision to needing one person to assist with all personal care and activities of daily living. May be independent in one or two areas of self-care but may need assistance in all other areas.
- **LEVEL 2 (Special Care)** - These clients' conditions are stable, they are aware and oriented to persons but need assistance to monitor conditions e.g. diabetes. These patients may be independent using an assistive device. Alternatively, they may have need for medical assistance and special care needs that require observation and care e.g. ulcers, seizures and diabetes. Patients need observation and intermittent interventions more than twice per day. These needs can be met in the home and community.

- **LEVEL 3 (Social Support**) - These clients would have needs for social services in the provision of accommodation, supervision, laundry services, security, meals, transport to and from appointments and/or school. There is little or no family support and these clients will be in need of financial support and counseling.
- **LEVEL 4 -** Patients categorized as needing Level 4 care will be the responsibility of the Ministry of Health through the RHAs. These patients require 24 hour nursing care and interventions. These patients have complex needs resulting from dialysis, tracheotomy, intubations, dementia with severely disruptive or aggressive behavior, and comatose young adults with complex health conditions such as brain injury or other neurological disorders. These patients will be cared for in long term care facilities or hospices established or governed by RHAs, NGOs or the private sector.

Decanting of patients

4.66. Prior to April 2015, the MoH was responsible for the decanting of persons from the Community Care Programme in hospitals to old age Homes.

4.67. During the public hearing on Wednesday 16 November, 2016 it was disclosed to the Committee was informed by MoSDFS that in 2016 there have been 25 cases involving socially displaced persons who were referred to the MoH for decanting. There were several considerations to be taken such as affordability of the homes, and the level and type of care needed.

***Number of elderly patients transferred to geriatric care facilities***

4.68. Notably, patients who have received care and are socially displaced are referred to MoSDFS, and if no home is sourced, they continue to stay at the public health institutions. During the period 2002 to present, the Ministry of Health continued to refer patients admitted at hospitals to residential homes. In this regard, the details are as follows:

- During the period 2002 to 2003, 104 out of 204 patients were qualified to be placed in Residential Homes;
- During the period 2007 to 2009, 13 out of 94 patients were qualified to be placed in residential Homes; and
- During the period 2015 to present, 59 patients were long stay and still awaiting placement in Homes.

4.69. It was disclosed to the Committee that as of April 2015, 60 persons were referred and placed into Homes. The Ministry advised that they were awaiting directives to process nine (9) additional cases.

## FINDINGS AND RECOMMENDATIONS

### Findings

4.70. <u>In this regard the Committee has made the following findings:</u>

i. Geriatric Care Facilities/Old Age Homes are categorized into two types as previously mentioned. The Committee observed that many of these geriatric care facilities/old age homes are not properly categorized. This became evident during a site visit to a particular home located in St. James which is categorized as a Geriatric Care Facility, but accommodates socially displaced and mentally disabled persons under the age of 65 years;

ii. There is a notable number of elderly persons who are socially displaced. The Committee noted the lack of decanting centers/facilities for "long stay" elderly patients residing at various health care institutions. Most of these patients have various

health care needs. This means these persons may be both physically and emotionally vulnerable and ought not to be allowed to degenerate into street dwellers;

iii. In addition to ensuring that the physical infrastructure and health and safety standard of Geriatric Homes are acceptable, the quality and professionalism of the person who provide care at these Homes is also a critical issue. The quality of staff and the quality of the physical facilities are two interrelated requirements which determine the level of client/customer satisfaction. In view of this, the Committee noted with concern that there are no practicing geriatricians within the health institutions throughout Trinidad and Tobago, and

iv. Due to the compounded nature of the medical conditions of the elderly population residing in geriatric care facilities, there is an urgent need for staff employed in these homes to be properly trained in the areas of geriatric care, psychology and Counselling and palliative care. Without such training, staff at these Homes are unable to accommodate the various health needs associated with aging and this may result in the mistreatment and inadequate care of patients residing at these facilities.

## Recommendations

In light of the foregoing, the Committee recommends the following:

**A. That amendments be made to the current legislation to codify the categorization of geriatric care facilities/old age homes in Trinidad and Tobago. This classification should take into account clients with physical and mental disabilities.**

**B. Private/public partnership be pursued to raise funds for decanting facilities for elderly persons who are socially displaced;**

**C. That homes both in receipt of government subventions and privately owned facilities be properly assessed and evaluated in a timely manner to ensure that standards related to equipment and infrastructure are being adhered to. Furthermore, that frequent inspection and monitoring of Homes be undertaken to ensure that clients'/patients' needs are met;**

**D. That staff employed at Geriatric Homes/Facilities be mandated/required to possess training in geriatric care, basic psychology and counselling and any other necessary form of training as recommended by MoH;**

**E. That there be greater collaboration between the MoSDFS and the MoH, with regard to research and collection of data on the elderly population. In addition, a shared digital registry should be created to facilitate accurate collection and storage of data on the elderly population residing in homes, and**

**F. That the line Ministries collaborate with a view to acquiring the assistance of Gerontologists and Geriatricians to provide expert advice on:**

i. **The type of training staff employed or intended to be employed at the different categories of Homes should possess;**

ii. **The formulation of specific interventions directed at the elderly;**

iii. **Whether existing policy documents that guide or are intended to guide geriatric care in this country are aligned with international "best practice".**

**The services of these specialist medical professionals can be sourced through joint-venture collaborations between the line Ministries and local/foreign Universities. Foreign health care institution willing to provide technical support (in –person or via distance-learning) should also be engaged.**

**G. Furthermore, the Ministry of Health should advise the Ministry of Public Administration and Communications on whether expertise in the area of Gerontology and Geriatric is a priority area for national human resource development. If considered a priority area, consideration should be given to the granting of scholarships.**

Your Committee respectfully submits this Report for the consideration of the Parliament.

Dr. Dhanayshar Mahabir
**Chairman**

Mr. Esmond Forde, MP
**Vice-Chairman**

Mrs. Glenda Jennings-Smith, MP
**Member**

Brig. Gen. (Ret.) Ancil Antoine, MP
**Member**

Mrs. Christine Newallo-Hosein, MP
**Member**

Mr. Rohan Sinanan
**Member**

Ms. Khadijah Ameen
**Member**

**June 29, 2017**

# APPENDICES

# Appendix I

# Minutes of Proceedings

**MINUTES OF THE NINTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS MEETING ROOM (EAST), LEVEL 6, AND THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON**

**WEDNESDAY NOVEMBER 16, 2016**

**PRESENT**

**Members**

| | |
|---|---|
| Dr. Dhanayshar Mahabir | Chairman |
| Mr. Esmond Forde, MP | Member |
| Mrs. Glenda Jennings-Smith, MP | Member |
| Brig. Gen. Ancil Antoine, MP | Member |
| Mrs. Christine Newallo-Hosein, MP | Member |
| Ms. Nadine Stewart | Member (Former) |
| Ms. Khadijah Ameen | Member |

**Secretariat**

| | |
|---|---|
| Mr. Julien Ogilvie | Secretary |
| Ms. Kimberly Mitchell | Assistant Secretary |
| Ms. Ashaki Alexis | Research Assistant |

**ABSENT**

| | |
|---|---|
| Mr. Rohan Sinanan | Member (Excused) |

**OFFICIALS OF THE MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES (MoSDFS)**

| | |
|---|---|
| Mrs. Jacinta Bailey-Sobers | Permanent Secretary |
| Ms. Natasha Barrow | Permanent Secretary (Ag.) |
| Mr. Vijay Gangapersad | Chief Technical Officer (Ag.) |
| Dr. Jennifer Rouse | Director, Division of Ageing |
| Dr. Barry Ishmael | Legal Officer II |
| Ms. Anra Bobb | Project Coordinator/Geriatric Partnership Programme |

**CALL TO ORDER AND ANNOUNCEMENTS**

1.1 The Chairman called the meeting to order at 9:41 a.m. and welcomed those present.

1.2 Members were informed that Mr. Rohan Sinanan requested to be excused from the meeting.

**CONFIRMATION OF MINUTES OF THE EIGHTH MEETING HELD ON JUNE 15, 2016**

2.1 The Chairman asked Members to examine page by page, the Minutes of the Meeting held on June 15, 2016.

2.2 There being no corrections or omissions, the Minutes were confirmed on a motion moved by Mrs. Newallo-Hosein and seconded by Ms. Stewart.

**MATTERS ARISING FROM THE MINUTES**

3.1 With reference to item 4.3, xii (on page 8), Ms. Ameen queried whether the Committee made a recommendation for data collection to be undertaken as it concerned the number of socially displaced children on the streets.

3.2 The Verbatim Notes were consulted and it was confirmed that the Committee did not make any further inquiries into the matter. It was suggested that correspondence be sent to the MoSDFS requesting information on the statistics of the number of street children for a particular period.

3.3 The Chairman drew Members' attention to item 4.4 (on page 12), and indicated that the response of the Society of St. Vincent de Paul to the Committee's request for additional information, was received on July 01, 2016. The information was incorporated into the relevant draft report.

3.4 The Chairman then referred to item 7.2, (on page 13) and advised that information on the success rate of the I-CAN Programme was received from the Ministry of Education on August 17, 2016, and incorporated into the relevant draft report.

3.5 With respect to item 8.1 (on page 13), members were informed that the submission provided by Mr. Anthony Salloum, was received on July 01, 2016, and circulated to all Members by email on July 15, 2016.

3.6 With reference to item 8.2 (on page 13), discussions ensued concerning the proposed site visit. It was agreed that the report be submitted and the site visit be undertaken subsequently.

3.7 The Chairman referred Members to item 8.5, (on page 14), and informed that all requests for additional information were honored by the respective bodies, and circulated to Members.

**CONSIDERATION OF DRAFT REPORT ON AN INQUIRY INTO SCHOOL VIOLENCE**

3.8. Due to time constraints, it was agreed that Members would consider the Draft Reports at the end of the public inquiry.

**PRE-HEARING DISCUSSIONS**

4.1 Members were informed that the following were received:

- a pre-hearing submission from the MoSDFS, which was circulated on November 10, 2016; and

- Stakeholder submissions from the Ministry of Health (MoH) and the Trinidad and Tobago Registered Nurses Association (TTRNA), which were also circulated to Members by email.

4.2 The Chairman reminded Members that the Secretariat prepared an *Issues Paper* based on the pre-hearing submission of the MoSDFS, which was circulated by email on Tuesday November 15, 2016. Members were informed that hard copies would be provided.

4.3 A discussion ensued on the approach to questioning that would be adopted during the hearing.

**OTHER BUSINESS**

***Work programme for the 2016/2017 Session***

5.1 The Chairman expressed the view that the Committee has had excellent inquiries thus far and indicated that the inquiry into Geriatric care facilities may need another public hearing. He also suggested that the Committee should conclude the current inquiry and table the Report in Parliament before the end of the year.

5.2 Members were reminded of some of the topics listed on the Revised List of Issues for Inquiry.

5.3 Members were asked to consider the inquiry topics with a view to prioritizing the issues to be examined.

5.4 The Committee agreed that the following topics should be merged into one inquiry: teenage pregnancy, STDs amongst secondary school children and an examination of the quality and affordability of health care services provided to persons with HIV.

**SUSPENSION**

6.1 The Chairman suspended the meeting at 10:16 a.m.

**PUBLIC HEARING WITH THE MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES (MoSDFS)**

7.1 The meeting resumed in public at 10:25 a.m. in the J. Hamilton Maurice Room.

7.2 The Chairman welcomed the officials and introductions were exchanged.

7.3 The Chairman reminded those concerned of the objectives of the inquiry and acknowledged the submissions received from:

- the Ministry of Social Development and Family Services;
- the Ministry of Health; and
- the Trinidad and Tobago Registered Nurses Association.

7.4 Detailed below are the issues/concerns raised and the responses which were proffered during the hearing with the officials of the Ministry of Social Development and Family Services (MoSDFS):

**i. Opening Statement by the Permanent Secretary, MoSDFS**

a. The Permanent Secretary indicated that population ageing is a global phenomenon. She informed the Committee that a population is considered to be ageing when ten (10) per cent or more of its same is age sixty (60) and over.

b. According to the Trinidad and Tobago Population Census 2011, older persons represent 13.4 per cent of the population, which is approximately 177,676 persons. The majority of these persons fall between the ages of 60 and 75 years and are either healthy or live with lifestyle diseases such as diabetes and hypertension.

c. Research conducted by the MoSDFS revealed that the fastest growing cohort of the elderly are the persons who are age 85 years and over, and predisposed to infirmity.

d. The MoSDFS has undertaken a number of measures to address the concerns of older persons, most notably through the establishment of the Division of Ageing in 2003. The Division facilitates the implementation of Government's goals and objectives geared towards the improvement of the lives of older persons. The work of the Division is guided by the National Policy on Ageing, which is dated, but will be reviewed in 2017.

e. The MoSDFS has oversight of 10 Homes for the aged located in Trinidad, as well as 10 senior citizens centers which receive subventions from the Ministry.

f. The MoSDFS also has a social welfare division which provides the Senior Citizens Pension. At present, 90, 800 persons, approximately 51 per cent of the older population, receive this pension.

**ii. Requirements for the operation of Geriatric Homes/facilities**

a. Persons who wish to open facilities to provide services for older persons must first obtain a license from the Ministry of Health (MoH). The licenses contain the terms and conditions under which the facilities are to operate. Furthermore, in accordance with the Private Hospitals Act, there are multi-disciplinary teams that visit the Homes on a monthly basis or at the request of a Minister or as a result of reports submitted.

b. The Permanent Secretary revealed that since the Homes for Older Persons Act, 2007 has not yet been proclaimed, the MoH remains responsible for ensuring that the operations and standards of privately managed Homes adhere to the relevant stipulations outlined in the licenses.

c. There are 187 Homes, of which 10 fall under the jurisdiction of the MoSDFS. The other 177 Homes are the responsibility of the MoH.

d. In response to a question regarding the closure of Homes due to non-compliance with a license stipulations, the Director, Division of Ageing, advised that there were no records of such actions taking place.

**iii. Process for applying for funding from the state and the criteria to be met in order to receive such funding**

a. According to the Permanent Secretary, the Homes currently under the purview of the MoSDFS were initially funded by the Government from the beginning and the Ministry continued to maintain them.

b. With respect to the 10 Homes that received support from the state, the Ministry generally contributes at least 60 per cent of the funds required for recurrent expenditure. In most instances 100 or close to 100 per cent funding is provided.

c. It was also indicated that Homes are required to be assessed every 2 years in order to receive state subventions. Further, the Homes are required to submit Reports on a quarterly basis to the MoSDFS.

**iv. Roles and responsibilities of the Ministry of Health versus the MoSDFS**

a. The Permanent Secretary stated that she believed that there is a clear demarcations of responsibilities between the MoH and the MoSDFS. She stated that her Ministry collaborates closely with the MoH since the MoSDFS provides assistance with the placement of older persons from the Community Care Programme, who have been abandoned in health care facilities and hospitals.

b. The Director, Division of Ageing indicated that this exercise began in April 2015 and between then and September 2015, a total of 60 persons were placed into Homes. These persons are monitored by the officials from the Division of Ageing.

c. The Director further indicated that the MoSDFS also collaborates with the MoH as it concerns investigations. The PS (Ag.), MoSDFS, revealed that the MoH has Inspectors who conduct field visits to examine the terms and conditions of license compliance of Homes.

d. It was further disclosed that when the MoSDFS receives complaints, as per the Private Hospitals Act, the first response comes from the MoH's multidisciplinary team. Prior to April 2015, the MoH was responsible for the decanting of persons from the Community Care Programme in hospitals to the Homes.

e. There was a period of constant monitoring and evaluation of the persons who were transferred, in addition to regular monthly visits to the Homes. The MoH would prepare Reports but there was no stipulation to hand over the Reports to the MoSDFS. They would however, liaise with the MoSDFS in instances of elder abuse and provide assistance where needed.

f. The MoSDFS would only deal with persons from the Community Care Programme who are on levels 1 to 3, those who are independent, or require basic assistance with the activities of daily living. Level 4 persons have complex, acute needs and so remain with the MoH.

g. In response to concerns regarding a submission received from the MoH, which indicated that the remit of the other 177 Homes fell under the MoSDFS, the Director, Division of Ageing stated that there is no official communication from the MoH regarding cases.

h. She clarified by indicating that the Division had 156 complaints that required investigation and follow up, of which 100 concerned compliance issues. MoSDFS officials had to go in and assess the situation to determine why the particular Homes were not meeting established standard. The MoSDFS then worked with the respective Homes to assist them in attaining the required standard.

i. The other 56 cases concerned complaints of abuse which were specific to Homes, 10 of which the investigations were completed and closed. 25 are still in progress where the Homes are being regulated for compliance and 20 were found to be inconclusive since the claims could not be verified.

j. The Director, Division of Ageing stated that the Division would usually receive on average, 15 cases per month, the majority of which concern the community and not the Homes.

k. In cases where the Community Police has to become involved, reports are generated for filing purposes at the MoSDFS and a copy is sent to the MoH so that in their routine investigation of Homes, they can do checks to ensure compliance.

l. The MoSDFS has no means of ensuring that the MoH takes action against non-compliant Homes as this is not the jurisdiction of the MoSDFS. The Private Hospital's Act is the remit of the MoH.

**v. Staffing at the Division of Ageing for research and field visits**

a. The PS, MoSDFS submitted that the Division is understaffed. There are 2 Inspectors, one Inspector I and one Inspector II, who conduct field visits on a monthly basis to ensure that payments are aligned and that there is proof of life (that the Ministry is paying for persons who are still alive).

b. The Division has 12 positions of Inspectors I and III, which were advertised. It was indicated that interviews were scheduled for either November or December 2016.

c. In response to a question concerning the optimum number of Inspectors needed, the PS, MoSDFS, indicated that a different number is needed for each level such as for example there are 3 Inspector II's and 12 Inspector I's.

d. The Director, Division of Ageing stated that the Division has a help desk, the Older Persons Information Centre (OPIC), phones, emails and walk-ins. She indicated that the cases of elder abuse are more prevalent in the residences and the communities than in the Homes for the aged.

e. In previous times, SRPs under the MoSDFS' Inter-agency unit would conduct research as it concerns allegations of abuse. However, with the dissolving of the Unit, it was indicated that investigators from the Division of Ageing have assumed that role.

**vi. Frequency of Home Assessments**

The Division of Ageing undertakes investigations every month. Most of the Homes would have been visited for the year and a comprehensive assessment of all the Homes under the remit of the MoSDFS was undertaken in August 2016. The PS, MoSDFS indicated that more staff is needed to be able to undertake more frequent assessments.

**vii. Ratio of residents to caregivers**

a. It was indicated that the ratio of caregivers to clients varies according to the Homes. The Private Hospitals Act prescribes a ratio of 1:5.

b. The Director, Division of Ageing stated that the ratio is not strictly enforced since there are no contingency measures in place in the event a home needs to be closed. Instead the Ministry works with the homeowners to build capacity and ensure that they comply with all required standards.

**viii. Training requirements for Managers of Homes**

a. The Private Hospitals Act contains a requirement for the Managers of Homes as well as the staff, to have a particular level of training.

b. The Geriatric Adolescence Partnership Programme (GAPP) facilitates training of young persons between particular age groups. The MoSDFS recently embarked upon a retraining process in collaboration with the National Training Agency to ensure that there are caregivers who are better equipped to deal with the elderly.

c. It was revealed that part of the level 1 and 2 training of the GAPP programme contains a component where trainees who are assigned at a particular center operate within a particular community and are paired with an elderly person for the duration of the programme. The trainee would assist the assigned person with daily living activities for a week.

d. The Project Co-coordinator/Geriatric Partnership Programme, indicated that it was customary for former trainees to continue to visit with the elderly at the end of a training cycle.

e. Level 2 of the programme involves participating in a full 1 month training at an elder facility to gain on-the-job training experience. The programme also has an elderly appreciation day where elders are brought in to participate in a day of activities.

f. The Director, Division of Ageing admitted that the provision of training for Managers and staff of Homes must be enhanced and she is looking forward to the proclamation of the Homes for Older Persons Act to remedy the issue. However, training is provided by the Trinidad and Tobago Registered Nurses

Association (TTRNA) and SERVOL, but the Homes for Older Persons Act specifically calls for training to be provided by accredited institutions.

g. It was revealed that a curriculum was compiled but could go no further without the proclamation of the Homes for Older Persons Act.

**ix. Proclamation of the Homes for Older Persons Act**

a. The PS MoSDFS indicated that once the Act has been proclaimed, the Ministry will be able to meet its objectives and ensure that the Homes meet and comply with the requirements. She submitted that there were two (2) areas of the legislation that needed to be addressed: (I) Facility Review Team and who would lead the Team, and (II) how elder abuse in the community would be handled.

b. The Director, Division of Ageing added that before the Act can be proclaimed, provisions must be made for Tobago, with specific reference to the Fifth and Sixth Schedules of the Tobago House of Assembly (THA) Act. She stated that the THA may want autonomy as it concerns the operations of a Facility Review Team in Tobago.

c. Once proclaimed, the Homes for Older Persons Act will repeal provisions in the Private Hospitals Act applicable to geriatric homes to ensure that there is no overlap. However, the Ministry admitted that conditions are not ready for the proclamation of the Act since certain staffing positions need to be filled. The Committee challenged the Ministry to aim to proclaim and enforce the Act by June 01, 2017.

d. It was indicated that there is a section in the Homes for Older Persons Act which will ensure that Homes provide social activities (educational and recreational) for residents. It was further disclosed that the MoSDFS is creating a Procedural Manual for Geriatric Homes as a prerequisite to the proclamation of the Homes for Older Persons Act.

**x. Role of Regional Corporations in elderly care**

It was indicated that there are provisions in the Municipal Corporations Act which delegates certain oversight responsibilities to municipal corporations in respect of elderly Homes.

**xi. Complaints concerning allegations of elderly abuse and negligence**

a. The Division of Ageing received 74 complaints during the period 2011 to 2016, of which 45 concerned allegations of elderly abuse and negligence. None of those complaints emanated from the State funded Homes.

b. The Division has worked with the Victim and Support arm of TTPS. However, it now collaborates with the community police, who would be called in once

the Ministry determines whether the case is sensitive or is potentially dangerous and necessitates police involvement. In such instances, the police officers accompany the Ministry officials to provide protection and do not intervene in the case.

c. The Ministry submitted that a lot of the cases of elder abuse are not reported and the MoSDFS relies on the trustworthiness of Owners/Managers. Sometimes the Ministry may even receive complaints from neighbors who may hear different noises at night.

**xii. Use of CCTV Cameras in Homes**

Officials of the MoSDFS indicated that this was being considered however, the issue of privacy will need to be addressed.

**xiii. Repeat Offending Homes**

There were 3 to 5 Homes that fell into this category where requirements were not met. In such instances, the MoSDFS would work in collaboration with the MoH to remove the clients, especially those under the Community Care Programme. The MoSDFS then discontinues placement of persons in such Homes. Despite this however, it was indicated that the Ministry (of Health) has never closed a Home.

**xiv. Collection of Data specific to the Elderly**

a. Officials of the MoSDFS indicated that they were challenged in the area of research.

b. In response to a question on the consideration of a forecasting model to anticipate the need for facilities to accommodate the elderly over the next 5 to 10 years, the PS, MoSDFS indicated that research is on the agenda. However, the Ministry has access to a recent study conducted by Professor Karl Theodore and a graduate student (UWI) on *The Trends in Population Ageing*, which will be used for planning purposes.

**xv. Mechanisms for ensuring standards are maintained at the other 177 Homes**

It was reiterated that the MoH is responsible for the Homes which are not state sponsored. The Director, Division of Ageing indicated that the inspections of the MoSDFS went beyond the 10 Homes under their purview to include 46 of the 177 Homes. She clarified that the Division of Ageing deals with the quality/standards of care provided to clients while the MoH's facility review team deals with the physical infrastructure and requirements to ensure the conditions of the licenses are met.

**xvi. Number of Persons comprising the 10 Homes under the MoSDFS**

It was disclosed that as at the end of September 2016 there were 154 persons at the 10 Homes. Data for the other 177 Homes was not available.

**xvii. Possible use of the NIB model – use of death certificates vs life certificates for proof of life**

a. The Chief Technical Officer (Ag.), MoSDFS indicated that the Ministry embarked on discussions with the Registrar General to allow the MoSDFS to have a link to their database. In this way, the MoSDFS will have access to information concerning death and so remove such persons from the system.

b. It was also disclosed that the MoSDFS engaged the Immigration Division on the matter of senior citizens' pension. The Committee was advised that once a person is out of the country, he/she is not paid the pension unlike the NIB that continues the payment. It was indicated that the Ministry will be seeking to pursue a similar model as the NIB to ensure that pensioners no longer need to show themselves as proof of life in order to receive the pension.

c. It was revealed that life certificates are a legal requirement and therefore in order to remove it as a requirement, the relevant legislation must be amended.

d. Officials of the MoSDFS gave the assurance that by January 01, 2018, elderly persons would no longer have to visit the Ministry's welfare office to provide proof of life. The PS, MoSDFS indicated that the Ministry intends to work with other government agencies to implement such a system across the board.

e. It was clarified that only senior citizens are required to present themselves for life certificates. Persons with disabilities are not required to do so.

**xviii. Number of cases referred to the MoSDFS by the MoH**

a. It was indicated that as of April 2015, 60 persons were referred and placed into Homes. The Ministry advised that they were waiting directives to process nine (9) additional cases persons which would make it 69 persons in total.

b. It was clarified that prior to April 2015, the MoSDFS did not have the necessary mechanisms in place to facilitate the transfer of clients under the MoH into Homes.

c. Inspectors from the MoSDFS provide monthly checks and follow ups at the various Homes where Owners/Managers have to sign a verification certificate as proof of life of the persons placed into the Homes before they can receive payment. The Ministry is dealing with 12 Homes outside of 10 state-sponsored in this regard.

**xix. Support for MPs by the MoSDFS**

The PS, MoSDFS indicated that the Ministry can provide MPs with information on the various services/facilities available for the elderly as well as training for the persons who provide support to the older persons.

**xx. Status of the 25 Cases involving socially displaced persons referred to the MoH for recanting**

a. It was indicated that there were several considerations to be taken in respect of the 25 social displaced persons such as affordability of the Homes, and the level and type of care needed.

b. The sole source of income of most elderly persons is the senior citizens' pension which is baseline $3,500.00. Although some Homes may have available spaces, elderly persons may not be able to afford the Home which may cost more than the pension. The cost of the Homes depend on the level and type of care required. There are tiers set out in the Private Hospitals Act according to the level of care requirements.

c. The MoH has to produce medical records which will provide information on the degree of disability, and the type of medication needed. Based on such information, persons can then be placed in Homes. However, some Homes may not be able to provide the type of care needed for particular patients and in those instances, they are not immediately decanted.

**xxi. Price range for Homes in Trinidad and Tobago**

a. The 10 Homes under the Ministry's purview receive subventions and may receive donations from the community. Nine (9) of the MoSDFS' 10 Homes charge $2,500.00. Higher end Homes may cost as much as $21,000.00 per month, however the average for such Homes is now approximately $4,500.00.

b. It was stated that policy issues concerning fee payment for Homes would emanate from the proclamation of the Homes for Older Persons Act. One such issue would be liability insurance which all Homes would be mandated to pay. Currently they are not required to have a liability insurance policy. The Ministry is working with insurance companies to get an affordable group rate.

c. It was disclosed that licensure will be commensurate with the number of clients per Home, so any additional costs Homes Owners may be required to incur may be placed on the residents. The Ministry is therefore working on this issue to ensure the protection of the elderly residents.

d. There are two (2) categories of Homes based on the level of care provided to clients. However, there is no standard model that prescribes how a home should be configured. The Ministry reported that there is an assisted-living facility in Santa Cruz which has a tiered system and a sliding scale.

**xxii. URP Social**

URP Social was transferred to the Ministry of Works and Transport as part of Government Policy so the Ministry had to find ways to strengthen the GAPP Programme through review and evaluation.

**xxiii. Building Codes for Homes for the Aged**

It was indicated that the related Cabinet Note produced by the Ministry of Planning and Development has not yet been submitted.

**xxiv. Closing Statement by the PS (Ag.) MoSDFS**

a. The PS, MoSDFS thanked the Committee for its invitation and stated that the Ministry would like to commit to pursuing the different initiatives discussed during the meeting. She indicated that the revision of the Ministry's National Policy on Ageing is a priority item.

b. The Ministry indicated its intention to expand the GAPP programme and mentioned that consideration is being given to implementing a Retiree Adolescent Partnership Programme (RAPP).

**xxv. Closing Statement by the Director, Division of Ageing**

a. The Director thanked the Committee and indicated that she would prefer persons do not move too quickly to institutionalize seniors, but instead try to keep them at home for as long as possible. She mentioned the *TTMF*/HDC's initiative of Granny Suites and reverse mortgages initiatives [italics mine].

b. She also stated that she would like to see the construction of institutions within a communal setting where older residents can maintain their independence.

**xxvi. Recommendations/Solutions proffered during the public hearing:**

i. The following recommendations emanated from the Committee during the discussions:

a. that the Homes for Persons Act 2007 be amended and proclaimed by June 2017;

b. that the MoSDFS undertake greater responsibility as it concerns the regulation and oversight of all Old Aged Homes throughout Trinidad and Tobago;

c. that recipients of GATE be mandated to socially engage with elderly persons at Geriatric Homes through participation in the various related programmes of the MoSDFS;

d. that the Ministry revise the policy in place that requires elderly persons to report to the Ministry to indicate proof of life through collaboration with the Ministry of the Attorney General and Legal Affairs;

e. the creation of a database for elderly persons who reside independently and require assistance;

f. the use of CCTV equipment in Geriatric facilities to monitor activities and deter staff from committing acts of abuse against clients residing at the Homes;

g. the provision of proper training to Managers and staff of Geriatric Homes in the reporting of elder abuse;

h. that it be mandated that all cases of elder abuse be reported to the police;

i. that training in Geriatric care, basic psychology and palliative care be made a prerequisite for all staff employed in private and government funded Homes as well as for managers applying for licenses to operate geriatric facilities; and

j. that the URP Social be reinstated.

ii. Recommendation which emanated from the panel of witnesses included:

The provision of lanyards to residents of the Homes which are specifically outfitted with alert buttons as a means of alerting the relevant authorities in instances of abusive treatment.

**Requested Information**

7.5 Further to the discussions, the MoSDFS was requested to provide the Committee with the following:

a. the Ministry's recommendations for addressing the hindrances to the implementation of the Homes for Older Persons Act;

b. copies of the draft manuals and handbooks for homeowners; and

c. a status update on the submission of the Cabinet Note concerning building codes for Homes for the Aged.

**Suspension**

8.1 The meeting was suspended at 12:31 p.m.

**Resumption**

9.1 The meeting resumed at 12:37 p.m.

**CONSIDERATION OF DRAFT FIRST REPORT ON THE COMMITTEE'S INQUIRY INTO SCHOOL VIOLENCE**

10.1 Members were informed that the Draft Report on Bullying and School Violence had to be finalized. The Chairman indicated that he made detailed comments which were incorporated into the Draft Report.

10.2 Members were asked to consider the summary of recommendations and to send comments by midday on November 18, 2016.

10.3 The Secretary informed Members that as per the revised Standing Orders, all Members are not required to sign the Report. Instead, the Chairman or any other Member can be delegated the responsibility to sign and submit the Report.

10.4 The Chairman suggested that all Members of the Committee should sign the Report.

10.5 It was agreed that the Chairman would present the Report in the Senate and the Vice-Chairman will present it in the House of Representatives. It was also agreed that in future, other Members of the Committee would take turns to present Reports in both the Senate and the House of Representatives.

**CONSIDERATION OF DRAFT SECOND REPORT ON THE COMMITTEE'S INQUIRY INTO SOCIALLY DISPLACED PERSONS**

11.1 The Chairman informed Members that the Draft Report on Socially Displaced Persons was due to be submitted to Parliament. He advised that he suggested some amendments to the report which members should consider. He also requested that the Secretariat circulate the amended Report to all Members for their consideration.

**OTHER BUSINESS (CONT'D)**

***Work programme for the 2016/2017 Session***

12.1 As it concerned the current inquiry, Members agreed to ask the MoH in writing, any additional questions and based on the responses, would determine whether the Ministry should be asked to appear at a public hearing.

12.2 It was also agreed that the Committee's next inquiry would be on STDs amongst teenagers, teenage pregnancy and HIV/AIDS care. The Ministries of Education, Health and the Office of the Prime Minister, Gender Unit would be the stakeholders to be engaged.

***Date of next Meeting***

12.3 The Committee agreed to next meet in January.

**ADJOURNMENT**

13.1 The meeting was adjourned at 12:54 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

*December 23, 2016*

**MINUTES OF THE TENTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS MEETING ROOM (WEST), LEVEL 6, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON**

**WEDNESDAY JANUARY 18, 2017**

**PRESENT**

**Members**

| | |
|---|---|
| Dr. Dhanayshar Mahabir | Chairman |
| Mrs. Glenda Jennings-Smith, MP | Member |
| Brig. Gen. (Ret.) Ancil Antoine, MP | Member |
| Mrs. Christine Newallo-Hosein, MP | Member |
| Ms. Nadine Stewart | Member (Former) |
| Ms. Khadijah Ameen | Member |

**Secretariat**

| | |
|---|---|
| Mr. Julien Ogilvie | Secretary |
| Ms. Kimberly Mitchell | Assistant Secretary |
| Ms. Ashaki Alexis | Research Assistant |

**ABSENT**

| | |
|---|---|
| Mr. Esmond Forde | Member |
| Mr. Rohan Sinanan | Member (Excused) |

**CALL TO ORDER AND ANNOUNCEMENTS**

1.3 The Chairman called the meeting to order at 11:12 a.m. and welcomed those present.

**CONFIRMATION OF MINUTES OF THE NINTH MEETING HELD ON NOVEMBER 16, 2016**

2.1 The Chairman invited Members to examine page by page, the Minutes of the Meeting held on November 16, 2016.

2.2 An amendment was made to item 7.4 xi (c) (on page 10), by replacing the word 'different' with 'disturbing'.

2.3 There being no further corrections, the Minutes were confirmed on a motion moved by Mrs. Newallo-Hosein and seconded by Brig. Gen. (Ret.) Antoine.

**MATTERS ARISING FROM THE MINUTES**

3.1 The Chairman initiated discussions on the Site Visits held on January 16, 2017, under this item of business.

3.2 Mrs. Newallo-Hosein raised the issues of inadequate monitoring and the dysfunctional panic buttons at the Couva Home for the Aged.

3.3 The Chairman indicated that from his observations, there was an issue with the clear categorization of Geriatric Homes. He further indicated that the Couva Home for the Aged could be considered a low rent housing facility for individuals sixty (60) years and over. St. Magdalen's Haven in St. James was not a Geriatric Home but a decanting facility for mentally ill patients with some as young as thirty (30) years of age. Agatha's Home in Maraval was considered to be a well-defined purely private sector facility.

3.4 The Chairman also raised his concern with the fact that some Homes permitted the mixing of persons who were over sixty (60) years with those who are much younger which may make targeting difficult in terms of conducting inspections and providing support services.

3.5 The Committee agreed to write to the Ministry of Social Development and Family Services to request information on the process used by the Ministry to categorize Homes.

3.6 Members also agreed that it was imperative that the Committee meet with officials of the Ministry of Health and the Ministry of Social Development and Family Services to clarify issues regarding the roles of both ministries in the oversight and management of Geriatric Homes.

**CONSIDERATION OF DRAFT PROPOSAL FOR AN INQUIRY INTO THE PREVALENCE OF STDs AMONGST SCHOOL STUDENTS AND INTO THE GENERAL SERVICES ADMINISTERED TO TREAT STDs IN TRINIDAD AND TOBAGO**

4.1. The Committee agreed that the topic was worthy of examination and a discussion ensued on the content of the Draft Proposal.

4.2 The Draft Proposal was amended by:

i. removing the word "secondary" in objective one (1); and
ii. substituting the word "understand" with the word "evaluate" in objective three (3).

4.3 The Committee discussed the stakeholders to be invited. It was agreed that the main stakeholders to be invited would be the Ministry of Education and the Ministry of Health. Members considered other stakeholders such as the Children's Authority and the Gender Affairs Division, Office of the Prime Minister.

**CONSIDERATION AND APPROVAL OF DRAFT SECOND REPORT ON AN INQUIRY INTO THE EFFECTIVENESS OF THE STATE'S INTERVENTIONS DIRECTED AT SOCIALLY DISPLACED PERSONS IN TRINIDAD AND TOBAGO**

5.1 Members were reminded that the Committee's First Report was presented by the Chairman in the Senate and by the Deputy Speaker in the House of Representatives. It was agreed that the Committee's Second Report will be presented in the Senate by Ms. Stewart and in the House of Representatives by Mrs. Newallo-Hosein.

5.2 Members were given a deadline of Friday January 20, 2017 to send any additional comments concerning the Report to the Secretary. It was agreed that signing of the Report would begin to ensure that the Report is presented in the Senate on Tuesday January 24, 2017, and in the House of Representatives on the next occasion it meets.

5.3 The Committee discussed the possibility of conducting a site visit to a facility for the socially displaced followed by a press briefing to discuss the findings and recommendations of the Report.

5.4 Ms. Ameen suggested that the Committee consider having a press briefing at the facility for the socially displaced. She also suggested that a recommendation concerning the automatic pre-qualification of recipients of public assistance for food cards be included in the Report.

5.5 Members also discussed the merits of giving one (1) days' notice to the receiving entity of an impending site visit by the Committee.

**OTHER BUSINESS**

6.1 The Committee requested the following:

i. information on the Model used by the THA to oversee Geriatric Homes in Tobago;
ii. that Dr. Rouse of the Division of Ageing, Ministry of Social Development and Family Services be asked to make a written submission on her perspective on the role of Regional Corporations in the supervision and oversight of Geriatric Homes; and
iii. that the relevant section of the Municipal Corporations Act regarding the role of Regional Corporations as it concerns the oversight of Geriatric Homes, be emailed to all Members.

**Consideration of a Draft Inquiry into the Adverse Health Effects of Fireworks**

6.2 A discussion ensued concerning the possibility of having an inquiry into the Adverse Health Effects of Fireworks.

6.3 There was agreement that for the purpose of such an inquiry, the Committee should aim to engage the following stakeholders:

a. Environmental Management Authority (EMA);
b. Ministry of Health;
c. Ministry of National Security;
d. Medical doctors
e. veterinary services; and
f. persons whose health has been affected by fireworks.

**Date and Agenda of Next Meeting**

6.4 The Committee agreed to next meet on Wednesday February 15, 2017 at 9:30 a.m.

6.5 It was further agreed that at that meeting, the Committee would convene two public hearings, the first with officials of the Ministry of Social Development and Family Services and the Ministry of Health with respect to its inquiry into Geriatric Homes, and the second with officials from the Ministry of Education and the Ministry of Health regarding its inquiry into STDs amongst school children.

**ADJOURNMENT**

7.1 The meeting was adjourned at 12:39 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

*January 27, 2017*

# Appendix II

# Verbatim Notes of Public Hearings

**VERBATIM NOTES OF THE NINTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS ROOM (EAST), LEVEL 6, (IN CAMERA) AND J. HAMILTON MAURICE ROOM (MEZZANINE FLOOR) (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, NOVEMBER 16, 2016 AT 9.41 A.M.**

**PRESENT**

| | |
|---|---|
| Dr. Dhanayshar Mahabir | Chairman |
| Brig. Gen. Ancil Antoine | Member |
| Mrs. Christine Newallo-Hosein | Member |
| Miss Nadine Stewart | Member (Former) |
| Mrs. Glenda Jennings-Smith | Member |
| Miss Khadijah Ameen | Member |
| Mr. Esmond Forde | Member |
| | |
| Mr. Julien Ogilvie | Secretary |
| Miss Kimberly Mitchell | Assistant Secretary |

**ABSENT**

| | |
|---|---|
| Mr. Rohan Sinanan | Member [*Excused*] |

**Ministry of Social Development and Family Services**

| | |
|---|---|
| Mrs. Jacinta Bailey-Sobers | Permanent Secretary |
| Ms. Natasha Barrow | Permanent Secretary (Ag.) |
| Mr. Vijay Gangapersad | Chief Technical Officer (Ag.) |

| | |
|---|---|
| Dr. Jennifer Rouse | Director, Division of Ageing |
| Dr. Barry Ishmael | Legal Officer IIMs. Anra Bobb |
| | Project Coordinator/Geriatric |
| | Partnership Programme |

**Mr. Chairman:** A pleasant good morning to all. This morning, we in the Parliament will be convening our Ninth Meeting of the Joint Select Committee on Social Services and Public Administration. I would like at this point to welcome all of our viewers on Parliament Channel 11—we do have a dedicated following—Parliament Radio 105.5 FM and Parliament's YouTube Channel, *ParlView*. I would like to indicate to all viewers that they can send comments via email to members of the Committee at Parl, P-A-R-L 101@ttparliament.org or on our Facebook page, facebook.com/ttparliament or on twitter@ttparliament. We have received valuable comments in the past from people who do have an interest who are not here in the Chamber with us, but who would like to offer to the Committee solutions which they think can be implemented in the public interest.

Today, the Committee will convene a public hearing with officials of the Ministry of Social Development and Family Services pursuant to its enquiry into the existing arrangements and possible options for regulating geriatric care facilities and old age homes. This particular topic was selected as a matter of priority by members of the Joint Select Committee of the Parliament because as will unfold, we think there is an urgent need, given the ageing of our society for us at the level of the Parliament to determine what is really occurring on the ground and what can we do to improve at the level of decision-making in the Parliament.

I would like to welcome officials of the Ministry of Social Development and Social Services and, at this point, I would invite them to introduce themselves. Before I ask them to make brief opening remarks, I would ask them first to introduce themselves.

[*Introductions made*]

**Mr. Chairman:** Thank you very much, members of the Ministry of Social Development and Family Services. It is the first time, as Chairman of the Committee that I have the opportunity of getting two Permanent Secretaries from one Ministry, so we will enquire into that phenomena. I suspect there is also some priority being placed by public administration on the issues covered by your Ministry. At this point, I would ask colleagues of the Joint Select Committee to introduce themselves for the benefit of the Ministry's officials and the general public. May I start with my colleague on the left? Please activate the microphone on whenever we are speaking.

[*Introductions made*]

**Mr. Chairman:** I am Dhanayshar Mahabir, Independent Senator, Chairman of this Committee. May I now focus on for the benefit of all of our viewers and also to remind the colleagues of the enquiry objectives? There were really four objectives of the current enquiry:

(1) to assess the systems in place to regulate and monitor geriatric care facilities, old age homes in Trinidad and Tobago;

(2) to determine the prevalence of cases of abuse and negligence of the elderly at geriatric care facilities;

(3) to access the efficacy of existing legislation in relation to geriatric facilities; and

(4) to determine whether there is a need for an expansion in the capacity of geriatric care facilities in Trinidad and Tobago.

At this point, I would like to express the Committee's gratitude for the written submissions received from the Ministry of Social Development and Family Service. We also received a written submission from the Ministry of Health, and one from the Trinidad and Tobago Registered Nurses Association. As is practice, before we

begin to ask questions, I will ask the Permanent Secretary—there are two Permanent Secretaries, and so I will ask both Permanent Secretaries, one after the other, to give us some brief opening remarks with respect to the enquiry before us. First, may I ask Mrs. Jacinta Bailey-Sobers?

**Mrs. Bailey-Sobers:** Thank you very much, Chair. Good morning to our live viewers also and listeners of the session. As the lead Ministry charged with the mandate of attaining the goals and objectives of Government's social development agenda, we are pleased to have been invited to attend and to contribute to today's enquiry. Indeed, it is an important one, we agree, as it focuses on the existing arrangements and possible options for regulating geriatric care facilities and old age homes in Trinidad and Tobago.

As we know, population ageing is a global phenomenon and a population is considered ageing when 10 per cent or more of its population is age 60 years and over. According to our Population Census 2011, older persons represent 13.4 per cent of Trinidad and Tobago's population. That is approximately 177,676 persons of which the majority fall between the ages of 60 and 75 years and are healthy or living with lifestyle diseases such as diabetes and hypertension. Yet our research has shown that the faster growing cohort is the elderly that are oldest old. These are persons, age 85 years and over who are predisposed to infirmity, and that is important for us to note.

Now, a comprehensive combination of measures to address the concerns of older persons have been undertaken by the Ministry over the years, especially when we established the Division of Ageing in 2003. That division serves as a focal point for the implementation of Government's objectives and goals towards improving the well-being of our older persons. We do this through public education programmes. The division also plays an important role in sensitizing our national community and targeted stakeholders about issues concerning ageing and older persons.

The work of the division, of course, is guided by the national policy on ageing which is a bit dated. So, in 2017, we will be working towards a review of the ageing policy. As we dialogue in the upcoming session, you will hear much more about the initiatives of this division and some of the priorities.

We also have oversight of the 10 homes for the aged in Trinidad and Tobago and also the 10 senior centers, which we provide subventions to, for NGOs to run. Apart from the division, we also have the social welfare division which provides the Senior Citizens Pension which is very popular. Just to say, at present, we have 90,800 persons receiving that pension which is about 51 per cent of our older persons. So that is a significant benefit that we have responsibility for.

We also have the older persons' information center and help desk and the family services division which also provides support for elder abuse cases and so on. We also have the GAP—we have the coordinator of the GAP here this morning—where we provide 600 caregivers throughout the country to give support to our older persons. So we have quite a number of initiatives for older persons, and as we go along you will hear more about it.

**Mr. Chairman:** Thank you very much.

**Ms. Barrow:** I would ask Ms. Barrow to continue.

**Mr. Chairman:** And before Ms. Barrow comes in to fortify some of the issues that you have raised, we are in the profession of data and the Parliament staff was able to obtain the following critical information for me at my request. In 1970 there was some 62,000 persons over age 60 in Trinidad and Tobago. In 1980, 10 years later, the number had grown to 87,000. In 1990, the number had reached 105,000. In the year 2000, it was 126,000 and according to the Permanent Secretary, Mrs. Jacinta Bailey-Sobers, from what I just heard today, it is 177,000. Is that correct?

**Mrs. Bailey-Sobers:** Approximately.

**Mr. Chairman:** Approximately. So we have seen from 1970 to now, an increase

in the elderly population, 60 plus, from 62,000 to 177,000. What you have indicated is that the individuals 80 plus is also a growing category, because they are in need of particular care, and we would focus on that subsequently. I would then like to turn to Permanent Secretary, No. 2, to give us some brief opening remarks.

**Ms. Barrow:** Good morning again. I just wanted to continue and say that we have made considerable strides towards improving the quality of life of older persons. However, there are still much to be done including the proclamation of critical legislation to govern the operations of the facilities for older persons.

There are also important roles of other Ministries and other government agencies including the Ministry of Planning and Development and Town and Country Planning specifically, and the need for the engagement of private and corporate sector in order to ensure that older persons receive the requisite standards of care in the homes for the aged and in their private domiciles as well. So a collaborative approach is key. So the Ministry of Social Development and Family Services remains committed to providing and, in some instances, facilitating the provision of support systems required for the continued well-being of our senior citizens. Thank you.

**Mr. Chairman:** Thank you. Before I start with the question, is it that the Ministry of Social Development and Family Services has grown so large that there is now a need for two Permanent Secretaries?

**Mrs. Bailey-Sobers:** Just as you said, Chair, we want to ensure that the focus is on the social sector, because it is all about people.

**Mr. Chairman:** To answer the question, is it that it is now a very large Ministry?

**Mrs. Bailey-Sobers:** It is a large Ministry. It has been a large Ministry. We have over 20 divisions under the Ministry, so we do need that support.

**Mr. Chairman:** So, in Latin, a fortiori, it means that since this issue is becoming so large, we do need to make some enquiries as to how we can make the conditions

of life of the elderly population in our country a bit more pleasant.

Let me use the prerogative of the Chair and ask the first question before I open to the floor where every member will then pose his or her question. I just want to ask a simple question and, that is, from your submission, Mrs. Bailey-Sobers, there existed a large number of homes in Trinidad and Tobago or facilities offering care for the elderly defined as domiciles which can accommodate four and more paying persons in one particular locale, and their objective is to provide care and housing for the elderly. I would like to find out: what are the requirements for operating such a facility? Are there any licensing arrangements? Is it that someone has to come to you and seek approval and you will assess their facilities or can anyone simply post a notice somewhere and they are open for business?

**Mrs. Bailey-Sobers:** At present, a person who wants to open or to provide a service for older persons, they will not just be able to post a notice. They will actually have to go to the Ministry of Health and get a license from the Ministry of Health to operate, because at present the Ministry of Health is responsible for the licensing at this moment.

**Mr. Chairman:** So, therefore, we will have to pose a question to the Ministry of Health as to the conditions of the license or are you able to advise us on whether the licenses are issued based on conditions that they must satisfy and whether these conditions are monitored? I would ask Dr. Rouse to answer, but it is governed by the Act under the Private Hospitals Act under the Ministry of Health. Okay. May I get a response from Dr. Rouse?

**Dr. Rouse:** Yes. In accordance with the Private Hospitals Act which governs the Ministry of Health, they have what they call multi-disciplinary teams that go out from time to time on a regular basis. It is done monthly, but then it could be at the request of a Minister or if there is some report that was made.

**Mr. Chairman:** Okay. So you are saying a business person wishing to operate such

a facility must obtain a license. The license will contain terms and conditions under which you can operate. The Ministry of Health has the responsibility of ensuring operators comply with the terms and conditions of the licenses—

**Dr. Rouse:** Correct.

**Mr. Chairman:**—and if they do not, they face some penalty, a fine. Are you aware of any geriatric home, over the last year, which has had to change its modus operandi or actually had to cease operations in order to comply with a license?

**Dr. Rouse:** No. As far as our record show, we have no home that has had to be closed down or faced any of those severe penalties.

**Mr. Chairman:** Very well. Thank you very much. I would now open the floor, and I would ask Retired Brigadier Ancil Antoine, MP, to pose his question.

**Brig. Gen. Antoine:** I would ask a follow-up question to the Chairman. Who has the responsibility for ensuring the operations and standards of these privately managed homes are adhered to, the Ministry of Health or the Ministry of Social Development and Family Services?

**10.45 a.m.**

**Mrs. Bailey-Sobers:** It is still the Ministry of Health, given that the Homes for Older Persons Act, 2000, has not been proclaimed. So it is still the Ministry of Health that would have that responsibility.

**Brig. Gen. Antoine:** Therefore, in terms of getting the information of how the homes are managed and operated, you will have to deal with the Ministry of Health?

**Mrs. Bailey-Sobers:** Primarily. We have 187 homes, however, 10 of those homes are under the jurisdiction of this Ministry, and we will actually investigate those homes and oversee those homes, but the other 177 is the Ministry of Health, the private homes.

**Mr. Chairman:** Is there a follow-up question, MP? MP Newallo-Hosein, do you have a follow-up?

**Mrs. Newallo-Hosein:** Thank you, Chair. What criterion must homes meet in order to receive funding from the State, and how does one apply for funding from the Ministry? I have a follow-up question.

**Mrs. Bailey-Sobers:** I would commence, and probably Dr. Rouse could add, but historically these homes have come through the ages from poor houses right up to where they are now. So the homes that are under the jurisdiction of the Ministry, essentially those homes were funded by Government from the beginning, the inception. So we just continued it coming through the years.

Generally in terms of subventions, the rule of thumb is that the Ministry will provide essentially 60 per cent of the recurrent expenditure for the particular organization, but with these homes 100 per cent is really provided—well, very close to 100 per cent, because only one out of the 10 homes is run by an NGO. And still these homes, because they are support to older persons and because of the philosophy behind it that really it is the Government providing this service, we do not expect the NGOs to be able to fund part of the expenditure. So it is very close to 100 per cent for these 10 homes of the funding that is provided. It goes beyond the 60 per cent that is generally the rule of thumb for provision of subventions.

**Mr. Chairman:** I need to intervene. The intervention will be a slightly different one, in that, now we are seeing that you have to work closely with the Ministry of Health. The Ministry of Health has certain obligations. Are you satisfied that there are clear demarcations of responsibilities between what you do in your Ministry and what the Ministry of Health has to do with respect to the operations of these geriatric homes?

**Mrs. Bailey-Sobers:** I believe it is very clear. As it is now, we have jurisdiction over the 10 homes under our remit. The Ministry of Health treats with the other homes. But we do collaborate very closely because we also have to assist with the placement of older persons that are in health care facilities, hospitals, who have been

abandoned and need to be placed in homes in the community. So we treat with health on a monthly basis in terms of those cases, and we also collaborate sometimes in terms of the investigations and so on of the homes that are under our remit. So I think it is clear at this point, but I will also ask Dr. Rouse to contribute to this.

**Mr. Chairman:** We will revert to the question posed by MP Newallo-Hosein; afterwards Miss Stewart will come in and then MP Esmond Forde you will come in after.

**Dr. Rouse:** The clients or patients when they leave the hospital—because what we have is the community care programme, which deals with the socially displaced and mentally—not mentally so much—but they are medically discharged, but they remain in the hospital and then the hospital needs the bed space. So it was effective April 2015 when we really began to try to get homes for at least the persons who are 55 years and over, because in the Community Care Programme it is not age-based, so you find that most of the medically discharged and socially displaced are along the full gamut of ages, but because the Division of Aging target group are those who are 55 and over, we were able to align them, working closely with the RHAs and the medical staff there, to make sure that there is a good fit between what the care needs are of these persons, and it is usually called "social care", and then fitting them with the respective home that has the training that is required and the proportion of staff that can deal and, of course, capacity, in terms of rooms and spaces. So that is the relationship that we have.

So far it has been running pretty smoothly, because we have moved between April of 2015 and September of last year 45 persons and additionally we have moved 15 more. So at present we have 60 persons who we monitor from that care programme.

**Mr. Chairman:** Thank you very much, Dr. Rouse. One follow-up MP Newallo-Hosein.

**Mrs. Newallo-Hosein:** We speak about the follow-up Dr. Rouse, and what concerns me is how often—because you said it is like once a month or something like that—but you have a high incidence of elder abuse and, as such, do you have adequate staff to be able to visit all the homes that are necessary within the period? My question would be: how many members of staff do you have to facilitate this research that must be done on a timely basis?

**Dr. Rouse:** For the two parts of the question what we have realized through the OPIC, which is the Older Persons Information Centre, which is the help desk, we have walk-ins, we have phones, we have emails. The percentage of elder abuse cases we realize are in the community, not in the homes for the aged. They are more in the residences, and as a result of which the ratio of the elder abuse cases in the homes you could see the disparity.

In terms of the staffing that we have to treat with it, we now have three inspectors: two Inspectors I and one Inspector II. They go out in the field and monitor these. As a matter of fact, regularly their monitoring is one every month, because they have to make sure that the payments are aligned and make sure they have verification of the life. Sometimes they pass away, so we have to be clear that we are paying for the persons who are still alive. The Ministry of Health also does that in their end of the programme, because you have to verify on a monthly basis that what you are paying for is for the care and the persons are alive. In terms of elder abuse, as I said, it is more in the communities. So what we have to engage are some other agencies to facilitate us and refer some cases when it is beyond our remit.

**Mr. Chairman:** Could we hold and then come back to a second round. I will ask Miss Nadine Stewart to pose her question.

**Miss Stewart:** Good morning again. Permanent Secretary, Mrs. Bailey-Sobers, you mentioned I think it is 10 homes and various senior citizen activity centers that fall under the remit of your Ministry. How often are these homes assessed or inspected

to ensure that they remain in compliance with standard regulatory procedures?

**Mrs. Bailey-Sobers:** As far as I am aware, the Division of Aging undertakes investigations every month as you heard mentioned by Dr. Rouse a while ago. Of course, they are not fully staffed so that limits them a bit, but most of the homes for the year, in one fiscal year, would have been visited. We did a comprehensive assessment of all the homes under our remit in August of this year, and you are required to actually do an assessment of the home every two years in order to go back to Cabinet for the subvention. So we have, I believe, an adequate period within which we do these assessments, but of course we need to get some more staff to be able to do it more frequently.

**Miss Stewart:** Just one follow-up. What would be the ratio of residents to caregivers in these homes?

**Mrs. Bailey-Sobers:** We do have the ratio of residents to caregivers in these homes. We do have the ratio. It varies according to the homes. You have ratios of one to two, one to five, but not more than one to five in terms of caregivers and persons being cared for.

**Mr. Chairman:** Just for clarification, is that as per the license, is that by law or is that just a customary practice, this one to five ratio?

**Mrs. Bailey-Sobers:** I am not sure that the law requires a ratio. Dr. Rouse, could you clarify that?

**Dr. Rouse:** In accordance with the Private Hospitals Act it is one to every five. That is usually the ones that are not with extreme care needs—one to every five.

**Mr. Chairman:** If the home violates this, they are in violation of the law and they can lose their license?

**Dr. Rouse:** So far it is not as stringent as that because in the event that anything untoward happens, there is no contingency where you can close a home and then say, "What are we going to do with the residents?" What does happen is there is a

period where we try on both end to work with the homeowners to build their capacity and allow to meet the compliance and be in compliance.

**Mr. Chairman:** Very well, thank you very much.

**Ms. Barrow:** I just wanted to add that the Division currently has 12 positions of Inspectors I and Inspectors III, and we did advertise the positions already, and interviews are to be scheduled either for this month or next month. So they should be filled soon.

**Mr. Chairman:** Is it the job of the inspectors to visit these homes at times and periods determined by your Ministry?

**Mrs. Bailey-Sobers:** Yes.

**Mr. Chairman:** I just want to get clear again the demarcation between the function of these inspectors from your Ministry and the inspectors from the Ministry of Health who are going to examine the terms and conditions of license compliance. Are they duplicating each other, are they complementing?

**Ms. Barrow:** No they would not be duplicating. They would be complementing each other, in that the inspectors from the Ministry would be more focusing on whether or not the care that is being given to the residents at the home is in compliance, as well as making sure that the actual home itself is in accordance with the different things.

**Mr. Forde:** Good morning again. Sitting here we are saying that there are 177,000 plus over-60 persons. According to the responsibility of your Ministry, the 10 Government-funded homes that is where your emphasis lies. Correct?

**Mrs. Bailey-Sobers:** Right.

**Mr. Forde:** So we are saying out of the 187 homes, your 10 is the responsibility. The 177 other homes, I think I have a concern there. How many persons are in those 10 homes? Can I have an answer for that please?

**Mrs. Bailey-Sobers:** We did not have the information and we indicated that we

would move to see how we could get the information from those other private homes.

**Mr. Forde:** Mr. Chairman, I would like to get that information in terms of how many persons are in those 10 homes. Like everything else we know that these ten homes would be as we say well taken care of, but the concern of the other 177, I think as a member of this committee I would like to know from the Ministry of Social Development, are the inspectors going to be part of those 177 visits? Are we saying that you all are comfortable with the Ministry of Health doing a social function for your Ministry? When these health guys go in, or ladies as the case may be, is it that they are checking health from the point of view of infrastructure? Are they looking at the care of the individual who may have an illness, sores, different things as the case may be? That is the clarity I would need to find out in terms of ensuring that out of these 10 homes—how many individuals are able to afford these 10 homes, which I think are the more established homes, which would be the one that would be more costly in order to send your parent, your mother or father for some sort of stay. Your Ministry I think would need to take a more hands-on approach. I do not like the idea of the Ministry of Health doing the work for the Ministry of Social Development. It may be just my opinion, but I think it is something that from the PS point of view you need to look at. I am on the ground in terms of being a good Member of Parliament, and I think I could identify one or two homes which could do with some assistance from just visiting, a visible look. Not knowing what I am looking for but the whole idea; I mean I am a parent, I have a mother, and I would think that sometimes you see some things and you kind of wonder. Mr. Chairman, I think that coming out of this, the social aspect versus the health aspect we need to be clear on that.

**Mr. Chairman:** If I could pinpoint, the Ministry of Health in my mind would be dealing with the medical conditions of the elderly person. The Ministry of Social Development has the responsibility of looking at the social conditions under which

they live, such as: can they move from their bed out to a patio; is there mobility; are they given exercise; are they taken for walks. The question I think is: are you satisfied that the quality of life of the elderly person in these homes is very well enhanced, based upon the relationship you have with the Ministry of Health, or is it that given that the elderly are not in need of health care as much as they are in need of care, that there should be much more inspectors from the Ministry of Social Development, inspecting the homes to ensure that living conditions are improved for the elderly? We have captured the questions. Because it is the conditions of life. We want the elderly to be comfortable, to be comforted, to have companionship, to have the care that they need in addition to the medical care, but the social interactions as well. The question I think we want to re-emphasize is: is it that of the large number of homes out there you can give the committee the assurance that in your opinion in fact it is so, not only health care but care in general.

**Mrs. Bailey-Sobers:** I think I would want to begin by asking the legal officer and Dr. Rouse to speak to what the Ministry of Health's inspectors would do at this point, because I believe it is not just going in to look at health aspects, it is beyond that. So probably we could get that clarification first.

**Dr. Rouse:** To the Chair, the 10 homes that we are not—I would not say they are at a comparative advantage to the other 177, that we give more attention to those 10 than the others. It is just that because they fall under our remit we have a responsibility to them, because they report to us on a quarterly basis, and it is only on receipt of that quarterly status report do they get the next tranche, otherwise we investigate to see what is happening there. We also try to assist them with their administration and management.

But the other homes, what we get in some of the cases they are complaints or sometimes a resident has a relative that may come to visit and they report to the OPIC desk, the help desk, that they did not like what they saw. This does not apply

to the 10 homes for which we have the remit. So we do not do the 10 exclusively to the others. However, on a regular inspection basis, because we are under the Private Hospitals Act, the first response comes from the Ministry of Health's multidisciplinary team.

What we find is that before the official handover on the Community Care Residence, which happened last year, Health used to do these decanting of persons from the hospitals and place them in homes. So they have been constantly monitoring and evaluating those persons that have been transferred, and then their regular visits that they are mandated to on a monthly basis. They would do their reports, and they have no responsibility to give us those reports. But they liaised with us sometimes maybe if there is an elder abuse case, or they will help to enhance what we are doing, because we are strapped in terms of manpower.

By the same token, when we also look at the social care, which is the one that the member has emphasized, that is the one that we really kick in, where we have very clear lines of demarcation with Health where only persons who are in levels one to three, and that is defined as some who are independent, some who require just basic assistance with their activities of daily living, those are the levels we can accommodate to say where we can place in the respective homes, but when there is a level four person in a home that has complex, acute health needs, that remains with the Ministry of Health.

So in terms of when you were asking where the lines of demarcation are, we are clear on where the levels of care are and the needs, so that we do not encroach in something that we do not have the resources to fulfil. But the concern is there, and we are really awaiting when the complement of the Inspectorate is really at its optimal, because the number of inspectors that we are asking for was commensurate and proportionate to the amount of homes that were there. That is why the numbers are 12 and three in terms of the senior ones and the junior.

**Mr. Chairman:** Thank you very much. One follow-up question from the Chair, and that is: general hospitals, health care institutions are run by professionals. There is in charge of the nursing fraternity, a matron, and that matron understands and knows everything about procedures for care. I am just wondering whether the operator of one of these geriatric care facilities is also someone who must have some training before he or she received a license so that individual will know what the conventions are with respect to care for the elderly. That is, a bath between 6.00 to 9.00, breakfast at 9.30, lunch at 12, a walk at 1.30, medication and so on. Is that a requirement of every operator who has a license, that he or she must understand the protocols and procedures on geriatric care facilities?

**Mrs. Bailey-Sobers:** Under the Private Hospitals Act, I believe that there is a requirement for the managers to have training, and also all the staff throughout the institution, the home. They must have a particular level of training; so that is required.

**Mr. Chairman:** PS, the training I am asking about is: with respect to nurses—because we did get a submission from the Nursing Association—nurses are certified. Do we have a training programme anywhere in the country which offers training in geriatric care facilities, so that someone who wishes to operate such a home can make himself available for such training, prior to receiving a license? Is there a need for that kind of training as far as you are aware?

**Mrs. Bailey-Sobers:** Both Ms. Bobb and Dr. Rouse could speak to the training elements.

**Ms. Bobb:** The GAPP programme perhaps deals with the training of young persons between particular age groups. Recently we have embarked on a retraining process in collaboration with the National Training Agency. So that we will have caregivers who are better equipped to deal with the ills that affect the elderly. However, we cannot indicate at this point how many of our trainees are situated at the homes. A

lot of them have come to us to ask for recommendations of persons, but in terms of what exists right now I will not be able to say how many of these persons are trained and to what extent.

**Mr. Chairman:** Therefore as a recommendation that the committee can make for action, do you think it is a justified recommendation that we should have somewhere in the National Training Agency framework, a nine-month training programme dedicated to geriatric care in Trinidad and Tobago for any individual who wishes to pursue that as a career, that there should be a formal training programme administered by the nursing association, the National Training Agency or some other agency which will ensure that individuals who avail themselves of caring for the elderly, either as managers or as caregivers in private homes, have the requisite training? Do you think that is fair?

**Dr. Rouse:** Yes, Chair, I endorse that, because that is why the provision is made in the homes for older persons legislation that we are hoping is proclaimed as soon as possible. In terms of the capabilities of the homes that have been inspected thus far, that is the main area that is weak, in terms of the training that is required to meet with the kind of care needs that the clients or residents have. What exists is that the Trinidad and Tobago Registered Nurses Association does some of that training. We also have some done by Servol, but what the homes for older persons' legislation calls for specifically is accredited institutions. I remember sitting on a committee with the Ministry of Health, it was a multi-sectoral team and we compiled a curriculum of what would be required, and it was just a matter of having now the right institution train them, but that is in the offing in that legislation where you must have accredited training so that you will then have the issuance of licensure.

**Mr. Chairman:** Thank you very much, first recommendation coming out of the committee hopefully that will be entered into the report, because when we are looking at care for children we are now asking for there to be some training in

Montessori methods and early childhood care. I think we are now moving into the geriatric care facilities, the same programme of formal training for all caregivers regardless of age. I have not focused on my left. Miss Ameen, do you have a question?

**Miss Ameen:** You mentioned recommendation. Earlier it was mentioned that the Homes for Older Persons Act has not been proclaimed. I want to get from you if the provisions within that act would empower you to better treat with the emerging challenge, because over the past few decades you would have had a significant increase in the number of older persons in our country, and so the legislation must grow with us as a nation. Would one of your recommendations be to have this Act proclaimed so that you can better administrate the care of older persons through the homes and the responsibilities that you would take on legally?

**Mrs. Bailey-Sobers:** We believe that the Act as it is, once proclaimed, would assist us to meet the objectives. There were just two particular areas as we reviewed that we would have to address, which had to do with the facility review team and who would lead that team, because the Act was silent on that, and also how would we treat with elder abuse in the community, because we are recognizing that it is not so much in the homes but in the community, with persons in their own homes, and the Act does not speak to that. So I think those are the two major gaps as far as I am aware, but of course I will have Dr. Rouse speak to it, the legal officer also.

**Miss Ameen:** As a follow-up I want to ask if you could perhaps, Chairman, that these recommendations should be sent to the committee in terms of these two areas identified in the Act for practical purposes, for the committee to consider and for us to find a way forward, because Parliament is responsible for ensuring that laws are passed, and laws in my opinion must always be relevant to those who are affected by them. So we could have the legal officer sending the recommendations for those two areas that you felt were not clear in the Act.

**Mrs. Bailey-Sobers:** He may have some others, and Dr. Rouse also, so I am asking them just to contribute.

**Dr. Rouse:** Your concern, I should say, is well taken. It is a good point. When we submit to Cabinet for approval for proclamation, we have to outline the terms of reference for the Facility Review Team. As PS Bailey-Sobers just indicated, we recognize the need to have a coordinator of that team, because it is not there right now. But this is the good point at which I would also like to make a plug for Tobago, because when this becomes law it will be for Trinidad and Tobago. In January of 2014, we paid a visit. It was members of the executive of the Ministry, together with the then legal officer, myself and one of the senior inspectors. We met with Secretary Assemblyman Groome-Duke and her policy advisor, and I think two of her staff, and we spent two days really flushing out the Act and going through line by line.

What their recommendations and concerns were, coming out of that meeting, the THA Act must be mentioned when we are proclaiming; a provision must be made, because too often it is overlooked at times. Because what they do in their decentralized system, there needs to be provision, and we have to pay attention to the THA Act 40 of 1996, especially the Fifth and Sixth Schedules, because that goes directly with the care. How we will treat a facility review team, they may want that autonomy. They may want to know about their licensure.

How they would collect their fees; how they deal with investigations and complaints, and they would want their own inspectors. For efficiency and prudence, it does not make sense for us to be flying over there to inspect homes. So clearly there must be a clause built into the homes for older persons' legislation. Just as when it is proclaimed, it would immediately repeal the Private Hospitals Act so that there is no overlap. It would be the same way that the THA would be mentioned. So Tobago is critical here.

**11.15 a.m.**

**Mr. Chairman:** Okay.

**Miss Ameen:** If the Chairman would allow me? As you mentioned—

**Mr. Chairman:** One follow up, yes. And after MP Jennings-Smith has not been in for quite a while so she will come in and then MP Ancil Antoine. Yes.

**Miss Ameen:** You mentioned the Tobago House of Assembly Act. Tobago House of Assembly is a local authority. There are 14 local authorities in Trinidad that are governed, at this time, by Act 21 of 1990. There are some provisions in that Act that have never been fully implemented with regard to overseeing homes for senior citizens. The cities, such as San Fernando and Port of Spain, are way more advanced in terms of doing those things, but not the regional corporations. Can you say if there are recommendations to have regional corporations? There is an exercise taking place with regard to reforming the local government, the laws that govern local government, and I want to know if you would have any recommendations, through this Committee to make for regional corporations and all local authorities, probably along the same lines as the Tobago House of Assembly? But from your experience with them, to make recommendations for all regional corporations to play a role in ensuring that the elderly within their regions are well cared for?

**Dr. Rouse:** And through you, Chair, and—

**Mr. Chairman:** Brief response.

**Dr. Rouse:**—yeah, very brief because when we were repealing and revoking the Act of 2000, that is when we recognized that the Municipal Corporations Act dealt with homes for the aged and they gave the oversight and everything so it would not be difficult to amalgamate all of that. So we are not speaking of one alone.

**Mr. Chairman:** Thank you. And Senator is very knowledgeable about local government. Yes. MP Jennings-Smith, your question.

**Mrs. Jennings-Smith:** Yeah. Thanks, Chair. I noted that you all had mentioned

that going forward many training programmes for your caregivers and I want to refer to the amount of abuse and negligence we have had over the past five years which you alluded to in your report. And I want to ask you, out of those reports, out of the 74 complaints that you have received, you said that 45 concerned allegations of elderly abuse and negligence, so therefore, we are talking about victims. And I want to know, out of those complaints, how many emanated from homes that were state funded?

**Dr. Rouse:** From our 10 homes, none of the cases were from any of those homes.

**Mrs. Jennings-Smith:** Right. I want to ask a second question, a follow up, Chair?

**Mr. Chairman:** Yeah. Sure.

**Mrs. Jennings-Smith:** I want to know if—I see you have in train to bring on an inspectorate department. And, you know, when we make laws we must look out for persons who would circumvent those laws. In your recommendations in going forward did you consider that a process where you would look out for people or persons? Because quite clearly you are suggesting that other homes were guilty of this particular Act. Is there any condition in going forward that your inspectorate could pick up on homes that operate without legislation, licenses?

**Mrs. Bailey-Sobers:** Once the Homes for Older Persons Act is proclaimed, that will govern how we will operate in terms of going to do investigations and ensuring that the homes meet the requirements and comply with the requirements of the Act. Yes. So that will take care of it once the Act is proclaimed.

**Mr. Chairman:** Okay. Very well. MP Ancil Antoine.

**Brig. Gen. Antoine:** I am having a growing concern with this 10 versus 177. Right? And we posed certain questions to the Ministry of Health and I would like to give you the responses. Has the Ministry of Health received any complaints concerning the quality of service rendered by staff at the facilities?—that is the 177. The Ministry of Health through the RHA has received complaints which were forwarded

to the Ministry of Social Development and Family Services, and that was the response from the Ministry of Health.

Next question: what are the most frequent types of abuse the Ministry has recorded as occurring in these homes? The continuous monitoring of private homes for the elderly, the operations have been placed and as such the reporting of abuse is under the remit of the Ministry of Social Development and Family Services. That is the Ministry of Health's response. It goes on: how many of these complaints has the Ministry of Health investigated independently with the collaboration with the Ministry of Social Development and Family Services? The Ministry of Health's response to the RHA is that they have received complaints that have been forwarded to the Ministry of Social Development and Family Services. And where—and what were the conclusions of these investigations? They said that is the remit of the Ministry of Social Development and Family Services.

So in every question that was asked to the Ministry of Health, they point towards the Ministry of Social Development and Family Services.

So the question that I would like to ask: what is the procedure, if any, if the Ministry of Social Development and Family Services inspectors determine irregularities in the private homes? What is the procedure in terms of the report by the inspectors? What is the procedure in terms of complaints and what is the procedure in terms of? Because it seems that the Ministry of Health is saying, all of this is the remit of the Ministry of Social Development and Family Services. We are talking about in the 177 home, not the 10 that is under the Ministry of Social Development and Family Services.

**Mrs. Bailey-Sobers:** Just to commence the response, I am aware that there is an unofficial, I would say, arrangement between the Ministry of Health and the Ministry of Social Development and Family Services in terms of complaints, because all of the complaints would usually come to the Division of Ageing and they would usually

investigate it as far I am aware. But in terms of the specific procedures, I will ask Dr. Rouse to speak to that.

**Dr. Rouse:** When the cases come, whether they come through the public or elsewhere, we have not really heard the Ministry of Health saying on a phone or on an email, "we are sending you these cases", so they can come in various way. But we have had 156 complaints that required investigation and follow up, one hundred, and that was in reply to one of the questions asked that we gave written response. One hundreds of those cases were compliance issues where we had to go in and look and see how they did not fulfil or meet.

Once that happens, we work with those respective homes in giving them like a grace period to come up to par and then we check back again. Of the 56 other cases that had complaints of abuse, and these where the ones specific to homes, 10 of them were completed. Meaning, that those investigations closed because when investigated, the complaints were unfounded, so those were 10. Twenty five of those complaints are in progress, meaning that those complaints are partially or wholly verified and the home is being regulated for compliance so that we can stay with them to see that there is a follow up and with no recurrence.

Twenty of those cases were inconclusive, in that the claims could neither be verified nor debunked. Because what has happen to us, when the report is made, let us say we got a report that a person had physical abuse and there were bruises. Many times when the report is lodged at the division and a month or more has past and we go in to investigate, there is no sign or evidence of that bruise. It might have healed or whatever and we cannot verify or debunk that something was awry. So as a result we call those kinds of cases inconclusive. But at the same time we make follow ups and especially with more than one report comes in for that particular home, we realize that this was just not a one off and we will follow up on that. But again, manpower does not allow us the latitude to really respond to all in respective times

because of the frequency. But on an average we get roughly about 15 cases per month, but many more in the community than in the homes that we have to respond to, and this is abuse.

**Brig. Gen. Antoine:** A follow up, Chair. So therefore, is there a procedure then to report back to the Ministry of Health that this particular home has cases of abuse and is there a process to see whether or not the Ministry of Health is responding to the complaints or the abuse in a specific order?

**Dr. Rouse:** Some of the cases we have had to use the community police and then a report is generated for our files and we send a copy, so that the Ministry of Health knows what is happening, so that in their routine investigations of those homes, they also do a check to ensure that there was follow up, there is something remedial in place to avoid a recurrence. That is the most that is done as present.

**Brig. Gen. Antoine:** But the Ministry of Social Development and Family Services has no means, no ways or means of ensuring that the Ministry of Health takes action against these homes?

**Dr. Rouse:** Right. No. Not at this point.

**Mrs. Bailey-Sobers:** That is out of our jurisdiction. The Private Hospitals Act is really their remit. And I think what might be a part of the issue is, well we speak to the Act in terms of the private hospitals and the definition of private hospitals. Because when you think private hospital, you might think of some of the, you know, nursing homes, St. Augustine and those kinds of facilities. But in the Act it actually defines it to include a home for the elderly, but in terms of how much focus, given the resources that the Ministry of Health may have, how much they may place those resources towards looking into what is happening in the elderly homes as opposed to the other types of private hospitals, that we may not be able to speak to.

**Mr. Chairman:** Okay. I do need to intervene.

**Mrs. Bailey-Sobers:** If you understand what I am saying?

**Mr. Chairman:** Right. I do need to intervene. And that is, given what MP Antoine has said and given the submission from the Ministry of Health, is it that you think, both permanent secretaries, you think that some of the deflections that the Ministry of Health placed on your Ministry now necessitates that the Ministry of Social Development and Family Services should by law be given the powers to do more than you are currently doing? Because I too read these submissions from the Ministry of Health where they placed the buck back on your responsibility. So, I am simply asking: should it not by law be your responsibility to do a lot more than what you are currently doing?

**Mrs. Bailey-Sobers:** And I am saying that is the intent that, once the Homes for Older Persons Act is proclaimed, it will repeal those Acts.

**Mr. Chairman:** And so therefore a solution is that we have to proclaim that Act.

**Mrs. Bailey-Sobers:** We should work as much as possible to—[*Crosstalk*]

**Mr. Chairman:** Put pressure on the Executive arm to ensure that the Act is proclaimed.

**Mrs. Bailey-Sobers:** Yes.

**Mr. Chairman:** One bit of info I need. Are the circumstances on the Ministry on the ground at the point where the Acts can be proclaimed? Because that normally is what prevents the proclamation when you cannot enforce the Act, you cannot comply with it. Is it that you are satisfied that the conditions are right now in the State's apparatus that this particular 2007 can be proclaimed?

**Mrs. Bailey-Sobers:** We are not just ready yet, and that has to do with the human resources.

**Mr. Chairman:** Okay. But when would it be ready?

**Mrs. Bailey-Sobers:** The staffing would have indicated that we had advertised for the post of inspectors and we are looking, I would imagine that by January—first, second quarter fiscal 2017 which will be January, February, March, around there we

would have the inspectors on board.

**Mr. Chairman:** So do you think then, from your experience and both of you are experienced Permanent Secretaries, that by June 1, 2017 the Ministries, because I think it will require a number of agencies will be ready to start to comply and enforce this 2007 Act, June 1, 2017? You see, we need to have time plans in order to ensure actions are undertaken. And once we have the time plans, we can refer to our report and issue a request for ministerial action. June 1, 2017, I want to pin you down to a time. Is it reasonable?

**Mrs. Bailey-Sobers:** It seems reasonable. But, Dr. Ishmael, do you think we will be ready in terms of the legal issues?

**Dr. Ishmael:** Chairman, members, as far as the legal issues are concerned, I think we will be ready. The only thing that will affect our ability to implement would be availability of funding.

**Mr. Chairman:** Okay. Very well. Thank you. And a follow up from MP Jennings-Smith and then I will ask Nadine Stewart, and the order would be, MP Esmond Forde.

**Mr. Forde:** Thank you for the opportunity to ask a question.

**Mrs. Jennings-Smith:** Thank you, Chairman.

**Mr. Chairman:** And I am getting complaints. We are now getting into a position where I am getting complaints. Right. So we are coming around and then Newallo-Hosein, MP.

**Mrs. Jennings-Smith:** I am interested in the way we address this. Now, your responsibility does not give you that power of action. But your responsibility gives you that power where you could do reports. I want to ask you, in your reporting and in your visits to these homes where you responded to treatment of abuse, can you say how many instances or how many homes you have gone to where this situation has been a repeat, a cycle of abuse? Where you would have gone to a home twice

or five times? Can you tell me? So that in our collation of information it can help us to point to some of the homes that really need that kind of an intervention, and this information could be forwarded to Ministry of Health for appropriate action. So could you tell us in how many instances you have visited homes where there have been repeat offending of this nature, Dr. Rouse?

**Dr. Rouse:** My recollection from the reports given, there were about maximum three homes and we got those also corroborated from the Ministry of Health. Through the RHAs they will send to say and they would always, well we do not like to use the word blacklist, but there was a list of homes that did not meet the requirements. And so what we had to do collaboratively was remove the clients, especially the ones who were under the community care because they are wards of the State, many of them, so we had to secure them. But that point at which to close a home, we have never reached there. But we have had repeated reports of particular homes and they measured between three and five homes and so we do not place persons there.

**Mr. Chairman:** MP, Sen. Nadine Stewart. I am making her an MP. Sen. Nadine Stewart and then MP Esmond Forde. Yeah. We are coming around this way.

**Miss Stewart:** I think this question would be specifically to Dr. Rouse. In your submission you indicated that data concerning the percentage in the elderly which are disabled or experiencing some major chronic decease and were placed in homes, is not currently available under the Ministry of Social Development and Family Services. So my question is: what is the reason for the Ministry's failure to collect data on the elderly?—these persons who are differently abled? Elderly persons who are differently abled.

**Dr. Rouse:** One of the questions that we answered was our need for research. Research, research, research. Data is really—we have been challenged with that, to be honest. And that is why in one of the questions when we wanted to know how

many residents, collectively are in all the homes, because that will tell us what percentage overall of our elders are institutionalized. Then we could have a more robust argument to say, well clearly we have to move in the direction of protecting all older persons in the society because more of the abuse is there, but we do not have the numbers because that is where we are challenged primarily.

**Mr. Chairman:** Thank you very much. MP Esmond Forde.

**Mr. Forde:** Yes, Madam PS. Just to follow up to what was said earlier with regard to complaints coming out of the homes. Well then again, those are still, 10 homes. Right?—not necessarily the 177. And, Mr. Chairman, I am still—that is where the concern lies, right?—that percentage of individuals who reside in the 175, the 177.

Now the Chairman adhered to June 2017. Right? I heard the legal officer mention that it is subject to funding. But in terms of the paperwork, in terms of the draft document, the procedures, the policies, the procedure, that time line is adequate. Right? In order to ensure that. And then we will look at the funding form the Government's point of view. Keeping in mind that, for me, the social aspect is more important than the health aspect. Because if the social aspect is taken into consideration, the health will be second. Right? Because once the person is socially taken care of, the person's health, health condition would be in a good state.

So coming out of that Act I would also like to see to ensure that the social aspect is taken care of and a health department or something of the sort can be incorporated into this same Act. But I think that the emphasis has to be on the social nature of the individual whereby the Ministry of Social Development and Family Services will take the full responsibility for the Act. Coming out of this Act we will have a health section where the social development will have an instruction being passed out to the health section in order to go and look at these particular aspects. Right? And I think that is the important key in order to ensure that we ensure that the social aspect of these individuals are well taken up.

Just one question coming out of the other aspect. In terms of the standards with the other 177, what mechanisms do we have in place to ensure that the standards are maintained at these other homes?

**Mrs. Bailey-Sobers:** As mentioned before, the Ministry of Health is still responsible for that. Yes? Because of the Act that is currently in place. So we would not be able to speak to that, but when we go out to do investigations—and Dr. Rouse, if you could clarify? Some of our investigations go beyond the 10 homes, not so?

**Dr. Rouse:** Yeah. Our inspections have gone beyond the 10. Because when we did those 10, we made that comprehensive report on them and then what we have accessed so far are about 46 of those remaining 177. Because what the Division of Ageing has done, because the inspectorate of the division deals with the standards of care, meaning the quality of care that is meted out to the clients, to the residents inside the homes, the facility review team, when it comes on board, will deal with the physical infrastructure and requirements that will meet licensure requirements. So as a result we pay a lot of attention to the quality of care.

And I endorse what member Forde said, because in the Homes for Older Persons legislation that is to be proclaimed, we specifically have a section just dealing with the social activities that now will become law for all homes to have to engage their residents in social activities because too often they look like they are warehoused and they just remain there waiting to die and now it will be law where they have to be engaged in activity. And what we would really want to see ideally is that they are linked with our senior activity centers which engage in educational and recreational activities and so that there will be a synergy of where these homes are and where we place senior centers so that they can go and have some more social, a social life.

**Mr. Chairman:** So, Dr. Rouse, you are agreeing with MP Esmond Forde—

**Dr. Rouse:** Yes.

**Mr. Chairman:**—that we need to look at the quality of life not only the quality of care, but the quality of life of the senior citizens. And when you talk about activities, are you also considering things like outings to the mall for an ice cream on an afternoon, a trip to the Botanic Gardens? You see, because when they were young, they moved.

**Dr. Rouse:** Correct.

**Mr. Chairman:** And now you are saying you want to prevent them being warehoused. I too would like to do that, but is that going to be a requirement that they be given these outings, social interactions outside the homes as well?

**Mrs. Bailey-Sobers:** Exactly.

**Mr. Chairman:** Very well.

**Mrs. Bailey-Sobers:** That would be optimal.

**Mr. Chairman:** Thank you very much. And that will come with the proclamation of the new Act?

**Mrs. Bailey-Sobers:** That by law—

**Mr. Chairman:** By law.

**Mrs. Bailey-Sobers:**—not by proclamation.

**Mr. Chairman:** Very well.

**Mrs. Bailey-Sobers:** So for what we are drawing up now as one of the prerequisites to the proclamation is the procedural manual.

**Mr. Chairman:** Okay. Very well. Thank you very much. I will now ask MP Newallo-Hosein who has be delayed for a while.

**Mrs. Newallo-Hosein:** Thank you, Chair. Earlier PS Bailey-Sobers indicated, a question was posed to you, PS, regarding how many persons were in the 10 homes so you would you be able to determine the ratio of caregiver to client. And you were able to indicate how many persons comprised of the 10 homes. And that was very—

**Mrs. Bailey-Sobers:** No. No. Because I did indicate that in our 10 homes we had that information. We did not have for the 177.

**Mrs. Newallo-Hosein:** How many persons do you have?

**Mrs. Bailey-Sobers:** So we have 154 persons as at the end of September in our 10 homes. We had 154 persons in those homes.

**Mrs. Newallo-Hosein:** All right. Okay. But based on what MP Antoine had indicated earlier through the same report that I looked at from the Ministry of Health, you had indicated that your main responsibility was really to administer and manage these 10 homes and as such, cases of abuse would not be drawn to your attention, which I found a little bit strange. Because if you have inspectors going out, inspectors should not just go out, according to you, to determine life because of the fact that there is an income coming in. It should incorporate the research on whether there is abuse and other things in terms of the quality of life and quality of care. And I do not think it should wait for legislation to be enacted for you to do such a thing. It is mandatory to, as your inspectors go out, do that necessary research for the care of persons in those 10 homes while they are still under your care and while they are still receiving 100 per cent funding. Once you are receiving 100 per cent funding, then the onus should be on the Ministry to ensure that there is no abuse, et cetera.

And in addition to that, what I do understand is that in times previous you would have utilized the SRPs from the IAU unit to do your research where you got reports of abuse. With the IAU not being in place now, and with the SRPs not being there, what is there to replace that what is being done now?

**Mrs. Bailey-Sobers:** We do have complaints concerning our 10 homes and they are investigated. Also, the investigators in the Division of Ageing are the ones that would do the work that would usually be done by those SRPs, because they do go out when they visit the homes and not only assess the standard of care—

**Mrs. Newallo-Hosein:** You do not have the SRPs now, PS.

**Mrs. Bailey-Sobers:** Yes. So that is what I am saying. We do not have them, but the inspectors are the ones that are going out to those homes.

**Mrs. Newallo-Hosein:** You have three inspectors, PS.

**Mrs. Bailey-Sobers:** You use the resources as best as we could until such time that we can get more.

**Mr. Chairman:** You said that you have three. How many do you think would be an optimum number?

**Mrs. Bailey-Sobers:** The structures speak to a different number for each level. So I think for the Inspector IIIs we have—the structures speak to two. I will ask PS Barrow to speak to this.

**Ms. Barrow:** The Inspector IIs, there are three Inspector IIs and 12 Inspector Is.

**Mr. Chairman:** Okay. So, all right. So, we do have a target for the amount that we will need and, of course, it will require the necessary funding.

Let me now use the prerogative of the Chair and pose a question to Dr. Rouse and then I will—another question to the two PSs. But first, while colleagues are getting their second round of questions in order.

Dr. Rouse, the submission from the Ministry Social Development and Family Services referred to the GAPP programme. The programme where you are teaming adolescents with the senior citizens and they are being trained in geriatric elderly care. I want to raise an issue with you. And that is: could we move beyond adolescence to a little older age where there are recipients in Trinidad and Tobago of GATE funding? Could we indicate that as a condition of receiving GATE which is a funding from the wider society, each GATE recipient is going to be associated with an elderly person as your department, the department of ageing in their neighborhood with whom they must interact as part of the condition of satisfying their obligation to the country? Do you think it is a reasonable idea that we can pursue?

**Mrs. Bailey-Sobers:** It is something we will have to brainstorm because I know in another incarnation in the Ministry they used to have programmes like "a doctor a home" or "a doctor an elder", but it was seasonal, like for Christmas or some Mothers' Day or something like that. But I never thought of it that way. Also too, because we are exploring innovative ways and so it is something to consider because we are at that point, and I was made to be aware that a discussion is going on right now at UWI, a panel discussion on the relevance of 50 and over and the need for higher education generally and its relevance now. So that is happening now to justify why GATE should continue for those who are over 50. But it is an idea that we can look at.

**11.45 a.m.**

**Mr. Chairman:** I am not talking about GATE over 50, I am talking about age 20 and in receipt of GATE, thousands and thousands of our taxpayers dollars, should we not consider and is it something that your department will consider as—to make them into someone who will give the elderly the quality of care as MP Esmond Forde has indicated, the quality of life interacting with young people and having someone to assist with their daily chores, maybe once a week visits, and they must log in and your department of ageing will then be able to indicate that this individual has complied with his elderly care requirement.

I think it is a thinking outside the mainstream, but certainly it is going to expand the pool of people who are looking at work. We know that social work graduates will do that, but I am thinking about someone in engineering, someone in history, it does not have to be social work, it does not require too much skill to make an older person happy, because they are getting GATE money after all. Right?

**Dr. Rouse:** It is a novel and a noble idea because there is a course that is done in the faculty of social sciences, Social Gerontology, of which I am a part. Just looking at the numbers of students, and the majors that they are doing has shown clearly that

they use it as an elective, and I have had some who are dealing with economics, some are dealing with physics, some are dealing with geography, some are public management administration as degree programmes, but it is a point in fact because the class is growing; that is why there are sheer numbers. They are showing the need through an informal network that more of this course needs to be done. So, the degree is not offered in the region, but it could be something that—almost like an internship or a project that they can work with a senior and then see the need of sensitizing those persons to see it as part of a caring society.

**Mr. Chairman:** Also doctor, put it on their CV, the name of the elderly care person or persons that they have interacted with so that if an employer needs a recommendation it should not only be from a professor, it could be from an elderly person with whom they have interacted with respect to care and compassion and overall demeanor of things. It is just an idea, but you are the specialist, I am not, and I am hoping that you will give it some thought so that we could hopefully use some of the resources of young people with the aged. Now to the two PSs.

**Mrs. Bailey-Sobers:** Chair, if I may though, I would like Ms. Bobb who is the coordinator of that programme to give a comment, especially in the context of the younger persons' interaction with the older persons, because there are some issues there.

**Mr. Chairman:** But PS, that does not mean that the question I am going to pose to you and the other PS are exempt, eh.

**Mrs. Bailey-Sobers:** No, Chair.

**Mr. Chairman:** I want to get something from the PS, but from Ms. Bobb.

**Ms. Bobb:** Chair, I was really interested to hear what your recommendation would be, because as part of the level one and level two training, there is that component already there. In the level one, the trainees who operate at the center operate from a community standpoint and they are paired with an elderly for the duration of the

programme. They go out one day a week and they assist the elderly with their daily living activities. At some point during the course we have an elderly appreciation day, the elders are brought in and have a day of full activity, and we have not—how should I put it—research, not official, that some of the young people when the programme is finished continue to visit the elderly, and I think that this is one of the things that you alluded to when you said that young people should be paired with the elderly.

At the level two stage, they have a full one-month training at one of the elder facilities to actually give them a first-hand knowledge, on the job training, we may say, that gives them the idea of what working at these facilities is. So, when I spoke earlier about not being able to give you a number in terms of how many of them are at the facilities, through this interaction at the end of the programme a lot of them are employed at the facilities.

**Mr. Chairman:** Thank you very much. So, there is potential for the use of the tertiary institute enrolls to actually interact with the individuals in institutionalized care in geriatric, and you will pursue that with the universities—the University of the West Indies and the University of Trinidad and Tobago—and elsewhere. Thank you very much.

Now, to both PSs, we are looking at the 65-plus population, some of whom are institutionalized. They are in care in homes for the elderly. Many of them are living in their own homes, and I would imagine, you said of the 177,000, over 90,000, that is half of them, are in receipt of—is it the old-age pension?

**Mrs. Bailey-Sobers:** Senior Citizens Grant.

**Mr. Chairman:** The Senior Citizens Grant, well, also known as the old-age pension—but there is a requirement that these people must make an appearance, I do not know whether once or twice a year, to the social welfare office to show that they are alive, and PS you indicated that we have a rising number of the 80-plus-age

persons who are immobile. In one of the hearings that we conducted with the National Insurance Board it was determined, and they have implemented, that they will be dispensing with life certificates where an individual has to make a personal appearance a couple times a year, and in fact they are substituting death certificates which are going to be issued from the Ministry of Legal Affairs to the NIB on a regular basis, and if someone on their roll is not on a death certificate that person is assumed to be alive, and they have eliminated the trauma and the hassle of hundreds of thousands of people trekking to their office simply to show that they are alive by proving that they are not dead.

**Brig. Gen. Antoine:** I did it last week.

**Mr. Chairman:** At NIB?

**Mr. Forde:** "You's a retiree?"

**Mr. Chairman:** But NIB has indicated that they have dispensed with the life certificates and they go on death certificates. So, I am wondering whether in your Ministry you can follow the same model that uses death certificates so that—especially for people who are immobile, we are looking at the quality of life. You know, it is costly and it is difficult and it is taxing and traumatic to make that trip to the office to say, "Hey, I am alive".

Now, could you consider the issuing of the death certificates, and as long as the efficiency of the Ministry of Legal Affairs is in order you can simply strike off from your rolls the death certificates received on a monthly basis. Is that something that is difficult for you to achieve? Or something that in the interest of improving the quality of life of the elderly, something you would actively consider and report to your Minister so that you could initiate that forthwith.

**Mrs. Bailey-Sobers:** Chair and Members, we have good news for you. And I would ask Mr. Gangapersad, who has not said anything, to speak to it very briefly.

**Mr. Chairman:** Mr. Gangapersad, please give me the great news, because I raised

that issue in my budget contribution. Yes, Mr. Gangapersad and then MP Antoine.

**Mr. Gangapersad:** Mr. Chair and Members, the good news is that we have already embarked on discussion with the Registrar General, so that we would have a link with their database, so that in an automated fashion matters pertaining to death will come into the Ministry and through automation we will be able to remove persons from the system who have passed on. So we are embarked on that exercise. We are also embarked on an exercise with the Immigration Division, because the issue of our pension, it is not paid while you are out of the country, whereas NIB, they pay their pension still. So, we are also engaged in discussion with Immigration Division to set up a similar arrangement where our pensioners, pursuant to that initiative being launched, would no longer be required to come into our offices to prove that they are alive.

**Mr. Chairman:** And the follow-up question is this, I have dealt with politicians now for quite a while and I am accustomed to getting promises, and I do not like promises, I like action. When can we expect? When can I tell a senior citizen that you can reasonably expect not to go back to your office, is it next year 2017? 2018? 2020? Because remember, it is true they are living longer but they are not going to live too long either, you know, we would like this thing to be expeditious, expedited, could you give us a reasonable time frame when we can announce to the seniors of Trinidad and Tobago that no longer will you have to visit the social welfare office to prove that you are alive? Twelve months from now? PS, I want to pin both PSs down on this. Because, you see, if we are really interested, Dr. Rouse as you know, in the quality of care, we have to do the small things that we could do, and we need to do it quickly, and how quickly can we get this done?

**Dr. Rouse:** Okay, so we expect to get everything done within this fiscal so that we can announce for the next fiscal that we would be doing away with persons coming in.

**Mr. Chairman:** And could we then say—and this is going on record, the *Hansard* reporters are recording—that by January 01, 2018, the requirement for an elderly person to visit you social welfare office will in all likelihood no longer be required?

**Mr. Rouse:** Yes.

**Mr. Chairman:** Okay, let us announce to all the people who are listening, I have pleaded with the Ministry that on January—I know we have to give them time—January 01, 2018 we expect life certificates to be a thing of the past. But MP Antoine has a point to make.

**Brig. Gen. Antoine:** This is for the defense of authorities, I just have two more signatures, because I have to sign twice a year. So, January 01, 2018 I have two more signatures to prove that I am alive. Hopefully I will be alive by January 01, 2018.

**Mr. Chairman:** I need to get the clarification. You are saying that you are not—

**Brig. Gen. Antoine:** I sign twice a year.

**Mr. Chairman:** Right, but you are saying that as a retired member of the Defense Force you will not come under the protection of social services? That they are not going to look at the—

**Brig. Gen. Antoine:** By January 01, 2018, if it is no longer necessary, I have two more signatures for 2017.

**Mr. Chairman:** Right. Okay, well if you could, but MP Antoine it would only be two more signatures.

**Mrs. Bailey-Sobers:** Chair, if I may say though, we have agreed that once we are moving forward with this initiative we will also collaborate with the other government agencies to see how they could also do away with it.

**Mr. Chairman:** Thank you very much, Mrs. Bailey-Sobers.

**Mr. Forde:** Mr. Chairman, I know we are dealing with ageing, would it cover the other benefits under social security too—disability, persons with disability and

different things like that?

**Mrs. Bailey-Sobers:** They are not required to come in for life certificates, it is only the senior citizens.

**Mr. Forde:** Only senior citizens?

**Mr. Chairman:** Yes. Only senior citizens are. And I just need one further bit of clarification from either PS—was that an administrative requirement, the life certificate, or was it a legal requirement?

**Mrs. Bailey-Sobers:** I believe it is an administrative.

**Mr. Gangapersad:** It is legal.

**Mrs. Bailey-Sobers:** It is a legal.

**Mr. Chairman:** If it is legal then you will have to return for us to amend legislation. Okay, we look forward to that piece of legislation coming forthwith, and I will be assisting the Minister in piloting that one. MP Antoine and then we have MP Jennings-Smith.

**Brig. Gen. Antoine:** Yes, team from Social Development. I am going back to this, eh, because I see that there seems to be a bureaucratic division or a bureaucratic loophole between the Ministry of Health and the Ministry of Social Development. Again, this is a question that was asked to the Ministry of Health, what role does the Ministry play in referring elderly patients to geriatric homes in instances where persons were socially displaced or abandoned by relatives? And the Ministry of Health response is, it is a process. They assess the patients, they categorize the patients into various categories—level one, levels two, three, four, according to their health and social care needs—and then they refer patients to the Ministry of Social Development to be placed in appropriate residential facilities in the communities. So my question is, how many cases have been referred to the Ministry of Social Development in the last three years by the Ministry of Health? And what homes have they been placed in? And how were their placements determined?

**Mrs. Bailey-Sobers:** Yes, we had some information provided with regard to how many persons we have been able to place recently. The recent figure, Dr. Rouse.

**Dr. Rouse:** Yes, we have placed 60 persons from April of 2015 to date, and we still have nine that we are waiting on to submit for an additional, so that will make it about 69. Remember, too, that three years ago we did not have the inspectorate established to do this. So that even though Cabinet had approved the decanting and the deinstitutionalizing from Health to transfer to Social Development at the time, the mechanisms in the Ministry of Social Development were not in place. So, as a result, that is why they had the amount of bed space that was not available because of the crowds at the various institutions. So, this really came into being in April of 2015, and we have moved 60.

**Brig. Gen. Antoine:** And my follow-up questions, if it is that the Ministry of Social Development is placing these elderly people into homes—and this is not into your 10 homes, this is throughout the communities—whose responsibility it is then to follow up and check on these elderlies? Is it the Ministry of Social Development?

**Dr. Rouse:** Yes, the inspectors do that. They do that every month, and they have a verification certificate so that the homeowners sign before they get paid, and that verification is to see that they are alive, in what condition they are, how the home is functioning, if they had any complaints, and we work with those homes. And as a matter of fact, we are dealing with 12 of the homes outside of the 10 that we give subvention. So, 12 privately run homes have 60 of those residents at the moment.

**Brig. Gen. Antoine:** And one follow-up. And as the MP for D'Adabie/O'Meara, I have a programme where we deal with what we call shut-ins; these are elderly within our community who are not in homes but who we provide grooming hair, and doing barbering facilities as the case may be. What support would the Ministry of Social Development give to MPs so that they can look after the elderly in their communities who are not in homes, but who are shut-ins in their own private homes, that we can

interact with them and provide support for them?

**Mrs. Bailey-Sobers:** Certainly, we could provide information on what we have available to make life better for these older persons. We have our senior centers where they could actually be taken and enjoy aquaculture and learn how to use the Internet, and these kinds of facilities. And we have the GAPP, but the GAPP is oversubscribed right now, so we would not be able to say that we could provide a caregiver for these persons.

So, the most that we could do at this point is really to provide some information about what is available for those older persons, and even some training for the persons who you have providing that support to them, we could say we are to get that training and we may be able to facilitate some of that training. So, that is what we could provide at this point in time.

**Mr. Chairman:** Okay, but could I intervene here with respect to a solution. Is it that you have a roster of people in need of assistance and care in their homes on a constituency basis that you can forward to MP?

**Mrs. Bailey-Sobers:** We do have some information about requests for persons for geriatric caregivers under GAPP. We have that information.

**Mr. Chairman:** Okay. And the second is, is it possible that then people who are in tertiary education who would like to be a part of the programme can then register with their MP's office so that there would be a pool of young persons' registering with their MP's office from his constituency, and you will provide the list of seniors in that constituency so that the administration can be streamlined? Is that a possibility?

**Mrs. Bailey-Sobers:** We could provide some information on persons who have been trained.

**Mr. Chairman:** Okay, very well. Thank you very much. MP Jennings-Smith and then MP Newallo-Hosein.

**Mrs. Jennings-Smith:** I am reviewing your submissions and I am going back to elderly abuse, because I am looking at your submissions and I am seeing where you spoke of investigations completed, 88; investigations in progress, 47; inconclusive, 20; and investigation referred to the police. I want to ask you, at what point do you call in the police?

**Dr. Rouse:** That one case that you saw with the police that was listed, that was the one that made the media where the caregiver had her foot on the chest of the elderly gentleman in a home.

**Mrs. Jennings-Smith:** Could I have a follow-up question because, now, that particular case made social media and it was very public, that is why I am asking you, who determines when a report is forwarded to the police? If you see somebody is being abused in a home, who determines? Do you carry out an investigation first or do you bring it to the attention of the relevant persons, which is the police officers?

**Dr. Rouse:** Who we used to work with originally was the Victim and Support Unit, which is an arm of the TTPS. But what we do is, when the reports are submitted to us, either by walk-ins, or by phone, or so, many times the persons want to be anonymous, it might be a neighbor, they do not want any publicity, sometimes it is the relative of the victim, and they will come in and they will lodge the report.

Sometimes in the case of a home where we are dealing with specifically, they were whistle-blowers, and they will come in and just beg for anonymity. And then when we hear from them the kind of case that it is, where there is physical abuse, not just verbal, or it might be emotional abuse, or like that, so, maybe it may come across as being subjective, but so far when we envisage that there might be some harm, or it might be a sensitive area that we are not sure how to proceed to the premises, we are now using the community police.

Some instances we have had, and I believe these were not in homes, we had to get a marked police vehicle, because of the danger that was involved at the time.

Because we had to have senior police officers go with us and let us drive behind them, because we did not know what we might have encountered. Because we heard that it was an adult son who was violent, he was using drugs, he was using the money of the pensioner, and she was just there in a daze, we did not know if she was being over-medicated, and when we got to the scene, especially if it is family, sometimes the police when we get there, because they are not trained, there is no MOU, there is no contractual arrangement on what their role is, they are just there protecting us from any harm, but they do not intervene in the case.

And that is to answer your question, if it does not make social media what do we do? So, for now, it is a subjective view from us when we hear the nature of the case that might have some violence, and especially if relatives are concerned, and the neighbor might be the whistle-blower and let us know what the scenario is, we engage the police. That is how it is thus far. But, so far we have not had any untoward occasion where we just call on them at a moment's notice, because many times they are not available.

**Mr. Chairman:** Thank you very much, Dr. Rouse. I want to pick up on that issue there. Do you think—and I do not know if the 2007 law which has not yet been proclaimed allows for the mandatory use of CCTV in these homes, which would be a permanent monitoring device—do you think that should be a requirement so that those who are giving care in these homes know that they are being monitored all the time, and that will serve to somehow reduce the incidence of elderly abuse? I am asking you as an expert.

**Dr. Rouse:** Through the Chair, and through PS, that is on the drawing board, but there is a situation of privacy, and you have to know where these cameras are to be, because sometimes it cannot be in the washrooms, and then the bedrooms some of them, because it is a very delicate area, but the—

**Mr. Chairman:** Barring the privacy issue, do you think the use of this device can

in fact serve as a deterrent to those who are prone to abuse, for them to refrain from such activities?

**Dr. Rouse:** Definitely, yes. And we are even looking at the lanyard, the one the THA uses with the emergency alarm that the elder can just press a button. They may not have to speak, and just press the button. We are exploring those options.

**Mr. Chairman:** Thank you very much. Any further up? Okay, MP Newallo-Hosein.

**Mrs. Newallo-Hosein:** Thank you. Three questions, the first one is that, in 2016, this year, there were 25 cases that were referred to the Ministry of Health regarding displaced persons to be recanted, they suffered from illnesses and therefore injury and therefore they required assistance in live-in facilities, which is 24 hours, but there was not any home that could have offered that type of facility, what happened with those 25 persons for this year?

**Dr. Rouse:** Through you, PS, the 25 cases, were they all elders?

**Mrs. Newallo-Hosein:** Yes.

**Dr. Rouse:** They were all elders? Now, what we have, and this was one of the issues we had to look at. Many of our seniors, there only income is pension, which is the baseline pension of $3,500. The question arouse of affordability, because you will see on the one hand that some homes are not filled, they have room, but their price, and depending on the level of care needs required, they have tiers in the Private Hospitals Act and the type of home where you pay like $4,500, you pay $6,000, and they tell you—and it is not affordable for them. That is one. And then two, the type of care needs that are required, the capabilities in terms of training, because we have some who may be Alzheimer's or advanced dementia, and there are not very many homes that can address that.

So, we have to look for that fit where in terms of what we do with these 25 cases, because we have to match, and this is where we work with Health, because

Health has to produce the medical record, and the report on what degree of disability, what their medication is, and what have you, and then when we look for the respective homes that may have now the capacity in terms of room space, they then go to the hospital or the institutions to see exactly the level of care that is required, and it is at that point they then say they are not able to do it. So, even though the 25 might be earmarked by Health, they do not automatically come across and be decanted immediately. Not in the time frame we would have liked. So, it is a matching of whether the home is available and if they could address the care need.

**Mr. Chairman:** Dr. Rouse, a very important point which is how arising, and that is the range. What is the price range for care in Trinidad and Tobago, from the low end to the high end of which you are aware?

**Dr. Rouse:** In the 10 homes that we have, because many of the residents in the 10 homes that receive subventions are indigent. Some are also socially displaced, some have, like almost a John Doe, they have no one, no relatives whatsoever, so we try to get the paperwork to see if they are eligible to get pension, and if they are then of course they are no longer just wards of the State, but they can pay their own way. Now that is baseline, that is—

**Mr. Chairman:** Pension payment of $3,500 is the base.

**Dr. Rouse:**—$3,500. You hardly will get a home now charging $2,500. Some of our nine homes, one or two of them do charge that, because they may get donations from the community to subsidize. High-end range goes, we have a home with $21,000 a month. That is of the 177. But, when we look at the costing of some that we have—we have a list of the homes that make up this 187 when we were doing our phone calling and letting them come in and give information, and the average range now is about $4,500.

**Mr. Chairman:** Okay, excellent. Thank you.

**Brig. Gen. Antoine:** Just a follow-up on that question. Based on what you just

mentioned, with the new Act, you all intend to put regulations in place in order to manage the fee payment?

**Dr. Rouse:** No, because that is one of—when we meet with the homeowners there are some policy issues that are going to emanate out of this new legislation. Because we have had consultation with them already, because things like liability insurance which is going to be mandated in the Act, they have never had to pay that. So, we have to work now with, like the group, is it ATTIC, with the insurance companies, to see if we could get an affordable group rate. Because, remember, we have to protect the residents.

If we have too many additional costs that have to kick in, because licensure will be commensurate with the ratio of residents to the home, and we will have two types of homes which will cost for the level of infirmity, when all of those costs kick in they may want to put it on to the resident, if it is that they have to have these additional costs. So, these are one of the policy issues we have to address where we have to now have these consultations, and also 90 per cent of the homes that are those 177, they do not own the buildings. They rent. So, it means if they have to modify to meet now the ramps and whatever, we have to protect to see that those residents do not get that cost.

**Brig. Gen. Antoine:** Could you then categorize homes, group A, group B, group C, different levels of homes, based on the infrastructure? Based on the care that you are going to receive? Could we then categorize homes? Based on your experience, do you think it is a wise move to go that way or we have it one standard?

**12.15 p.m.**

**Dr. Rouse:** Well, so far what is the need, the Act that is to be proclaimed, we have two types and that was based on care needs, not really the physical infrastructure, because there is really no one model of what a home should look like, but we do have one that is an assisted-living facility in Santa Cruz, run by the Villa where there

is a tiered system and a sliding scale, but the Government has to be able to come up with those policy issues, to see how we could protect and engage private sector, like insurance companies and other agencies, so that there is a soft landing and not a harsh increase.

**Mr. Forde:** One last point as we are on this, that I lose the point—

**Mr. Chairman:** Your last point, I take.

**Mr. Forde:**—which is to say again, social, my main beef is on the idea of the social aspect, because at the end of the day, we want to ensure that no one is left out, right?

**Dr. Rouse:** Exactly.

**Mr. Forde:** So that, you know, and again, subject to—I know the legal officer talked about funding and so on, and based on the present state of the economy, subject to funding, we need to ensure that again, where the Government will play its role, in ensuring that no is left out within the net that we are driving too, because of the ageing factor and the social aspect with regard to those people over 60.

**Mrs. Jennings-Smith:** Mr. Chairman, I want to follow up on that last question we made. Clearly from your report, you have placed old people as a vulnerable group, because you speak about their pension being the benchmark to support them in the homes. We are looking to—and I am going back to the whole question of abuse, because when people are vulnerable, they are at risk and we as institution, we are supposed to protect them.

We speak of—and your own report stated where this elderly abuse is on the rise. CAPA from the TTPS, they have said they received 192 cases and 243 cases of assault by beating. I am not too comfortable with the response I got a while ago, because I think if a report of assault happens in a home, it is the responsibility of the home to bring it to the attention of the police. It is not the responsibility of an organization or a person or persons, to look at the report and make a decision, an offence takes place, it must be brought to the police. I think that we need to look at

that in going forward, in developing our approach and in treating with our inspectorates, for proper training to be given, that when instances of abuse occur, they must be brought to the relevant authority.

**Mr. Chairman:** Could I interject and—could that recommendation be incorporated in your regulations to accompany the 2007 Act, that it is—the onus is on the home itself to report each and every incident of abuse to the police?

**Dr. Rouse:** It is there in the regulations because this regulation, especially in the Act, it is the first time that abuse has been actually documented in the Act, but what we have to mention is, a lot of the cases of elder abuse are under-reported, because we are relying on the trust—and I am listening to you member—that the homeowner will be ethical and follow the instructions and do it right, but some out of them out of fear, if they know that they are not in compliance in some other way, they will not just call the division or call the police. So we find that there is a tension there, and right now it is the neighbors, if they hear screaming or they hear noises at night, or they find out—they hear different sounds, they call us, but it is a very delicate area.

**Mrs. Newallo-Hosein:** Thank you, Chair. Just to go back on where I had ended, and I know that Vice-Chair and MP Antoine had made reference to how can we as MP's get assistance for our constituents who may require care? You have indicated already that GAPP is already oversubscribed, but there was URP social, which targeted specifically the gaps in services pertaining to the disabled and the elderly. I want to ask the Ministry to revisit the URP social because we removed it, and it was really geared towards assisting single mothers with cerebral palsy. But also for assisting caregivers who stayed at home to care for their elderly, but could least afford it with a stipend, and this would have been able to provide some level of care for persons who are living at home.

**Mrs. Bailey-Sobers:** To respond to that, could I just respond to that to say that the

transfer of URP to the Ministry of Works and Transport was, you know, Government policy and the most we could do in terms of what URP social was actually undertaking in the Ministry of Social Development and Family Services, is to actually look at GAPP, review GAPP, evaluate it and see how the programme could be strengthened.

**Mrs. Newallo-Hosein:** I agree, but I am saying in meanwhile, because there is a discrepancy and there is a gap with GAPP, and obviously there is a need and you cannot overlook that need, and as policymakers, I mean, it is also within your remit to make recommendations and that is what I am stating, that you can make recommendations for the URP social to be reinstated because it provided some level of service and care to our elderly.

**Miss Ameen:** Chairman, I endorse the point that my colleague, MP Christine Newallo-Hosein just made about URP social. I know of the pains of the cerebral palsy mothers, as well as persons who—elderly persons who look forward to that little assistance through that programme. So I am of the view that it should be reinstated.

Mr. Chairman, earlier I asked if the Ministry would be in a position to send their recommendations to this Committee, as to the hurdles you had with the implementation to ensure that the Act is proclaimed, that is one. So that this Committee could perhaps take it further, but you are indicating that there are some other areas that you may want to have changed, even though the Act is not yet proclaimed. You might want to have some amendments to some other areas, and I think it is important for this Committee to take that.

However, I also as a person who is very passionate about local government and communities, I want to ask if this Committee could facilitate the recommendations of this panel, towards local government reform, having regard to Dr. Rouse's apparently very comprehensive understanding of—in terms of the THA

and their—how they would want to operate, and it ought to be very similar for municipalities.

Many people do not know that a lot of things that we wish and we talk about regional corporations doing, are already in the current Act, and it is a matter of political will to ensure that it is properly implemented, and there is need for it to be updated. I want to ask if this panel will be willing to submit its recommendations, for us through this Committee to forward to the relevant Minister, while this local government reform and consultation exercise is ongoing, because as we go forward communities and empowering communities, is not just about infrastructure and cleaning the side of the road and picking up the garbage, it is also about the social development of our communities.

**Mr. Chairman:** Very well. So, I would ask the panel to comply with the request of Sen. Ameen, to forward to us the recommendations. I will also ask for the draft manuals and handbooks for homeowners which I understand are in your possession. I have not seen a copy, but I would like to see what is contained there, and with respect to the building codes for homes for the aged, there was supposed to be a Cabinet Note submitted by the Ministry of Planning and Development. I do not know, can you advise whether that particular Note has been submitted?

**Mrs. Bailey-Sobers:** No, as I am aware, it has not gone forward as yet. So we will enquire as to what might be keeping it back.

**Mr. Chairman:** Okay, very well, and I know there is a significant amount of economic expertise in the panel, amongst the PSs and so on. I would like to ask, given the data that we have on the ageing population now rising from what I mentioned from, I think, 70,000 in 1970 to 170,000 now, does the Ministry of Social Development and Family Services have any research underway, with respect to forecasting the need for facilities to accommodate the elderly over the next five years and 10-year period? Basically it is a forecasting model to forecast, given the current

situation what you anticipate, so you can guide the Minister of Social Development and Family Services and by extension the Parliament of Trinidad and Tobago, on what might be the types of projects the Government may consider over the next 10 years, as we deal with the inevitable problem of ageing, more facilities dedicated, public funding, private/public partnership funding, in addition to the private care facilities. What are the types of models you have in mind, given the growth in the demand for accommodation and care services? So do you have that in plan or do you think it is something that, at the planning stage of the Ministry, you would want to consider?

**Mrs. Bailey-Sobers:** We do have research on our agenda. However, we are also aware that a recent study was done by Prof. Karl Theodore and one of his graduate students, on *The Trends in Population Ageing*, and we have that report available to us which we will be using for planning purposes, and because it is so recent, it is 2015, I believe it is. We feel that it is adequate to begin doing our planning based on that report.

**Mr. Chairman:** And that would then inform the Ministry's policy on the various types of facilities which will cater to the various needs as Dr. Rouse indicated, assisted care, individuals with dementia, individuals who can live alone, individuals who need to be living in multi-tiered structures with supervision on floors and so on, that kind of a plan for caring and housing for the elderly. Is that currently being contemplated by the Ministry?

**Mrs. Bailey-Sobers:** This is where we recognize we need to do further research, in terms of the persons who are in those other 177 homes, and for us to be able to determine what the needs are with respect to provision of living facilities for older persons.

**Mr. Chairman:** There are many more questions, however, it is now 12.26 p.m. We are very close to our time for closing the session. With the approval of members of

the Committee and with their leave, I would now like to bring the session to a close. Before I do that, I would like to thank members of the panel, for being here, for sharing with the Committee, their insights into this problem of ageing, and I would like to give the Committee the final word. I will ask the PSs together with Dr. Rouse and other members of the Committee, to provide closing remarks to us that they think will bring a fitting end to this morning's proceedings.

**Ms. Barrow:** We really want to thank the Committee for having us here this morning. The Ministry would like to commit to really moving forward with all its different initiatives in—as most was discussed this morning, especially with regards to the legislation that we have to move forward with, the revision of our national policy on ageing, which we did not discuss too much, but we have on our agenda as a priority.

The accessibility in our different buildings and in the different areas, and especially the aged population and moving towards them not having to come in to—with regard to our pensions and the life certificates.

We do plan to expand our GAPP programme. I know it was not mentioned, but we also have RAPP programme, which is the Retiree Adolescent Partnership Programme, which I think will fit in well with the suggestion that you had, with regard to the persons who are in receipt of GATE, because that is a mentorship type of programme that we also have, and really commit to moving forward and looking forward to our new fiscal.

**Mr. Chairman:** Thank you. Any other closing remarks?

**Dr. Rouse:** I want to thank the Chair, Vice-Chair and the Committee members. I usually start with myself and others, we are all growing old, and using my sense of aesthetic and knowing what I would like to see for myself happen, is that we do not move too quickly towards institutionalizing our seniors, but there is a term used "ageing in place", where we try to keep them at home as best as we could. This is

where the HDC started with the granny suites and things like that, where we could add on, because we have to understand too, we have to look at the economic downturn. So we also have reverse mortgage, which is done through the financial institutions, as one way, but I would really like to see that when we do say that we have institutions built, it must be in that communal setting where persons can still have their independence, and especially since there are quite a number of elderly single women who live alone, and they need to be in that setting, that will be the best model, which is the assisted-living facility.

**Mr. Chairman:** Any other closing comments? Now, let the Chair have his closing comments. We have focused—and I do summarize on the quality of life of the senior citizen, as opposed to just his health status. We focused on the need for certified individuals, National Training Agency, UTT, UWI, so that they can be trained in geriatric care, to look after individuals in their own homes. So we do need training across the board, so that individuals can be trained in this area, and we look forward to a certificate programme which will so qualify people.

We spoke about the GATE programme, the GAPP programme, all the other various measures, which we could then use to team the younger generation with the older generation. We have focused on elder abuse and we are taking that under regulations, the abuse must be reported via the home itself.

We have looked at the proclamation of the 2007 Act, accompanying regulations. We have focused on the demand in the future for the facilities of the homes, and we got the very good news this morning, that by January 01, 2018, life certificates will be no more. I would like to bring—and also Sen. Khadijah Ameen has indicated, that we are going to get a submission from the panel, with respect to their recommendations on local government reform, since the current Local Government Act does, in fact, cater a great deal to the ageing population.

I would now like after a very productive session this morning in which I have

learnt a great deal, and I think members of the panel will concur. I would like to thank members of panel for being here. I would like to thank the media for being present for this morning's session; all of our listeners and viewers in the wider population. We want to give the assurance that we, in the Parliament are doing what we can, to improve the public welfare of all of our citizens. Thank you and good afternoon.

**12.31 p.m.**: *Meeting suspended.*

**VERBATIM NOTES OF THE ELEVENTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS ROOM (EAST), LEVEL 6, (IN CAMERA) AND J. HAMILTON MAURICE ROOM (MEZZANINE FLOOR) (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, FEBRUARY 15, 2017 AT 9.46 A.M.**

**PRESENT**

| | |
|---|---|
| Dr. Dhanayshar Mahabir | Chairman |
| Mr. Esmond Forde | Vice-Chairman |
| Brig. Gen. Ancil Antoine | Member |
| Mrs. Christine Newallo-Hosein | Member |
| Mr. Julien Ogilvie | Secretary |
| Miss Khisha Peterkin | Assistant Secretary |

**ABSENT**

| | |
|---|---|
| Mr. Rohan Sinanan | Member [*Excused*] |
| Miss Khadijah Ameen | Member [*Excused*] |
| Mrs. Glenda Jennings-Smith | Member |

**MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES**

| | |
|---|---|
| Mrs. Jacinta Bailey-Sobers | Permanent Secretary |
| Mr. Vijay Gangapersad | Chief Technical Officer |
| Dr. Jennifer Rouse | Director, Division of Ageing |

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| Dr. Barry Ishmael | Legal Officer II |

**MINISTRY OF HEALTH**

| | |
|---|---|
| Mr. Richard Madray | Permanent Secretary |
| Dr. Roshan Parasram | Chief Medical Officer |
| Dr. Abdul Hamid | General Manager, Primary Care, NCRHA |
| Mr. Beesham Seetaram | Programme Administrator, EPP |

**Mr. Chairman:** Good morning. Welcome to this the 12th Meeting of the Joint Select Committee on Social Services and Public Administration. This is the Committee's second public hearing, pursuant to its enquiry into the existing arrangements and possible options for regulating geriatric care facilities/old aged homes in Trinidad and Tobago.

This meeting this morning is being broadcast live on Parliament Channel 11, Parliament Radio 105.5FM and Parliament's YouTube channel, *ParlView*. I would like to say a special good morning to all of our viewers and our listeners on the Parliament channel and I would like to welcome the officials of the Ministry of Social Development and Family Services and the Ministry of Health. I would ask that they introduce themselves, after which we in the Committee will introduce ourselves. May I ask members to introduce themselves to us and to the audience?

[*Introductions made by Ministries of Social Development and Family Services and Health*]

**Mr. Chairman:** Thank you very much officials, and may I ask, starting with my left, my colleague to introduce himself?

[*Introductions made by members of the Committee*]

**Mr. Chairman:** May I remind officials and members of the public on the objectives of our enquiry into geriatric care regulations and geriatric homes. The objectives were as follows:

1. to assess the systems in place, to regulate and monitor geriatric care facilities, old aged homes in Trinidad and Tobago;
2. to determine the prevalence of cases of abuse and negligence of the elderly at geriatric care facilities;
3. to assess the efficacy of existing legislative framework relative to geriatric facilities;
4. to determine whether there is a need for an expansion in the capacity of geriatric care facilities in Trinidad and Tobago.

May I, having outlined and reminded members of the objectives, ask the Permanent Secretary, Mrs. Jacinta Bailey-Sobers, to provide some brief opening remarks to the Committee, followed by Mr. Richard Madray, Permanent Secretary of the Ministry of Health?

**Mrs. Bailey-Sobers:** Thank you, Chair. Again, Deputy Chair, members, colleagues of the Ministry of Health, listeners, viewers of the Parliament channel, the Ministry of Social Development and Family Services is pleased to have been invited once again to attend and contribute to today's enquiry into the existing arrangements and possible options for regulating geriatric care facilities and old age homes in Trinidad and Tobago.

We are also happy to have our colleagues from the Ministry of Health present to give clarity to some of the issues which arose at the previous hearing.

Since the last meeting, Chair, the Ministry of Social Development and Family Services has been working towards fulfilling the various commitments which we made, in terms of adequately staffing the Division of Ageing, addressing the other matters related to the proclamation of the Homes for Older Persons Act, 2007, and

exploring opportunities for initiatives, which will promote intergenerational partnerships, strengthening the systems and procedures for treating with abuse of older persons and eliminating the life certificate process, as you would recall.

We have conducted some interviews and the Ministry is hopeful to have the requisite staff on board by the beginning of the third quarter, as we had indicated. We have also provided the Committee with additional information, as you would be aware, which we trust would have been useful to the Committee's further understanding of the services that we provide and we have also taken steps to strength our relationship with the Ministry of Health, as it relates to the inspection of the homes and the reporting of the abuse of older persons, and so on.

So we have had some discussion, and as a Ministry we remain committed to the provision of services for this target group for our ageing population, and we truly look forward to another productive and engaging session as we interface with the Committee. Thank you.

**Mr. Chairman:** Thank you very much, Madam Permanent Secretary. Mr. Permanent Secretary Richard Madray.

**Mr. Madray:** Once again, good morning. I also would like to thank the Committee for the opportunity to appear before you. My team and I commit to fully responding to your enquiry as fully as possible and we look forward to productive discussions. I will just endorse what my colleague PS from the Ministry of Social Development mentioned. We have begun discussions with that Ministry to enhance the handshake between us and the collaboration to ensure that we improve the culture of the regulation and monitoring of geriatric homes.

**Mr. Chairman:** Thank you very much, Mr. Permanent Secretary. Members of the Committee, subsequent to the public enquiry that was held on this subject, site visits were undertaken by members of this Committee to a few geriatric homes selected for their particular specifications. On the basis of our actual visits and what we have

seen and our interactions with the elderly individuals who were housed in those facilities, certain matters arose and so we would like to get your views on some of those.

I will then ask MP Christine Newallo-Hosein to start the enquiry, with respect to some of the concerns she would have had, based upon what we saw on the site visits. Thank you very much.

**Mrs. Newallo-Hosein:** Thank you Chair. Members of the Committee, we all found it very disheartening when we went out on our site visits. The first thing that we observed was that there was inadequate monitoring of the facilities and there were dysfunctional panic buttons, particularly the Couva Home for the Aged.

There was an issue with clear categorization of the geriatric homes. There was not any that you had outlined in your previous meeting with us. And so, we are asking really and we brought both parties together because when we ask for one and the other is absent, the blame is cast on the other person. So we have both Ministries here to clearly identify to us what happens from your Ministry to another. What is the collaboration, and so forth?

In your issue paper you had sent out to us, Ministry of Health, I am addressing the Ministry of Health, in your submission you specified that there are two extended care centres under the South-West Regional Health Authority that provides care to psychiatric patients and those are the Couva Extended Care Centre and the Point Fortin Extended Care Centre. Is there a collaboration between the Ministry of Health and the Ministry of Social Development and Family Services, with respect to the operations of these extended care centres?

**Mr. Chairman:** So, there was a question with respect to monitoring. We saw that there were no panic buttons. I actually went into some of the rooms that I saw. If an elderly person had a problem sometime in the night, there was no way for him or her to call for help and the home was, of course, the Couva Home for the Aged. That

is the one where we actually tested.

So, with respect to the monitoring, Ministry of Health and Social Services, please provide some feedback on that.

**Mrs. Bailey-Sobers:** With respect to the monitoring, Dr Rouse, do you just want to say want we usually do with the homes?

**Dr Rouse:** In the Division of Ageing we have at present one Inspector II, which is the senior inspector; and two Inspectors I, which should really have been a complement of 12 Inspectors I and three Inspectors II. So, that was one part of it. Now, we also have to understand that Couva Home for the Aged is one of the 10 that is subvented through the Ministry of Social Development and Family Services and they submit to us quarterly reports, in order to get the tranches paid for the next subvention.

So the inspectorate of the division is charged in going to these homes. That assessment and inspection was done. Individual reports are done for the nine and then one comprehensive report is done, and what we do is we categorize whether they have met the standards because the inspectorate of the division, they deal with what happens inside the homes. So there is a list of what things they need, fire extinguishers, and so—[*Interruption*]

**Mrs. Newallo-Hosein:** May I interrupt?

**Dr Rouse:** Yeah.

**Mrs. Newallo-Hosein:** We did our own inspection.

**Dr Rouse:** Right, and you saw.

**Mrs. Newallo-Hosein:** And we saw that there was a disparity between what you are saying and what in fact happened. We are asking what the monitoring system is because, obviously, it has failed.

**Dr Rouse:** Well, I would not say it in that way because what we have done is documented in three categories: the items that they did not meet, because the

legislation that is to be proclaimed outlines what are the standards to be met and it includes those: alarms, smoke detectors, fire extinguishers that work. So we have categorized what were not met, including that and those that are met and then those that have some systems but that do not work. So that is in a report to then be followed up with the administration of that home.

**Mrs. Newallo-Hosein:** I beg to differ, Dr Rouse. When we sat in the meeting with the managers they indicated to us that they must meet these conditions and that these conditions were in fact very operable and we went and we did our site visit. We asked, and as a matter of fact we asked the patients or the residents if they in fact had any situations, if they need anything. They said none. I said is your button working? And they asked: what button? I said the button that you press if there is an emergency. And no one actually knew about the button and then some said: oh, there is one, but it is not working and we decided to test all the buttons. We looked at the smoke detectors and you can tell, from looking at the smoke detectors— [*Interruption*]

**Mr. Chairman:** Could I intervene here? I just want to get the response now. With respect to solutions, there are problems and given the problems, with respect to the facilities that we expect a geriatric individual should have at his/her disposal, some of them were not met. The question I want to pose to you Dr Rouse, as the expert on ageing is what must be done differently? Is it a resource problem? Is it that you need more inspectors? Is it that you need to inspect more often? What is a potential solution for not complying with the minimum essentials that the legislation, which is in the pipelines, says must happen? What must we now do?

**Dr Rouse:** Good, and Chair I am glad you mentioned it in that way because that is one part of the solution. But what we do in the interim, because—and that is in reply to member Newallo-Hosein. When we did that report with what things were defective, what things were missing altogether, what things did not even meet the

standards? That was done on a matrix and passed on now to the Project Implementation Unit.

First we went even to NSDP to see areas, whether it was plumbing or whatever that did not work in infrastructure but inside the home, in terms of monitoring, we had to document what are the things that are required, servicing, and that is where the depletion of the resources comes in. Because the timely follow-up in real time, that is where lag is. But it is not that we missed seeing what the member indicated.

**Mr. Chairman:** Follow-up now, and this to the Ministry of Health because the Ministry of Health has the legal responsibility, according to the hospitals Act, to grant the licenses. How does the Ministry of Health deal with a situation in granting a license where the home is not complying with the minimum requirements? Do you shut down the homes? Do you just turn a blind eye? What do you do? Because there is a clear gap here between the functions of the Ministry of Health in granting the licenses and the compliance of the homes, with respect to the minimum essential requirements. So, how does the Ministry of Health respond? After that question, I move on to Brigadier Ancil Antoine.

**Mr. Madray:** I will commence the response and then I will pass over to the members of my team. The Ministry of Health is responsible for licensing private hospitals and the process is firstly that the hospitals would make a payment to the Ministry and then the Ministry would notionally conduct an audit of the hospitals and then issue a license.

Last year, of those hospitals that did make a payment, we were only able to audit the non-geriatric homes. We were able to audit some of the bigger hospitals, and this was due to the complexity of what is involved in conducting an audit and also the lack of some of the staffing at our head office.

The team that is involved, however, is a multi-disciplinary team that involves, not just staff at our head office, that is our quality personnel, but also members drawn

from other areas of the Ministry, including the relevant County Medical Officer of Health, Public Health Inspector and other personnel drawn from the particular RHAs. So with that, may I request our Programme Administrator, External Patient Programme to give you some more details?

**Mr. Seetaram:** Thank you, PS, Chair and members. First of all, yes we agree that it falls under the Ministry of Health, with respect to issuing of the license. As my PS would have indicated, it is a multi-disciplinary team that is dispatched. It is quite difficult to pull persons to meet the requirements of the team, because the persons must not be affiliated with any of the centres that are being evaluated and we do have the cross-over of doctors and nurses that operate both in the public and private sector.

Some of the evaluation criteria that we use when we do our visits would be the evaluation of the documents and records, patient records, facility records. They actually observe what you all would have done as well, in terms of the work activities, the examination of the physical environment, which include the panic buttons, the actual interviews with the physicians, the nurses, the technicians, the patients themselves, housekeeping as well as all biomedical technicians.

Our areas of focus in the Ministry of Health has always been to focus on the governance, the clinical practice, infection prevention and control, the physical facilities, the environmental services, equipment, water treatment supply, consumables, hand hygiene, general practice.

In terms of—

**Mr. Chairman:** May I interject here? Do you have a close working relationship with the Department of Ageing? The Department of Ageing knows a good bit about geriatric issues, but do you, when you make these inspections, collaborate with them so that you would have some agreement as to what you are looking for, what is acceptable, what is not acceptable and to find some kind of minimum standard, which will act as a criterion for granting the license?

**Mr. Seetaram:** That discussion has started and we have received a list of the homes that are under the Ministry of Social Development. I can say that at the Ministry of Health, we only have 33 homes that have paid their fees for 2016. Now, the payment of the fees is annual and we have not received any for this financial year. We have received the list of all of the homes that fall under the Ministry of Social Development and Family Services and we are in the process of calling these homes to actually have them come in and pay the fees under the Act.

We are further in discussion, in terms of setting up a proper team that includes members of social development so that we have a proper assessment tool that we can use to go out and do the assessments themselves before we issue the license.

**Mr. Chairman:** Okay, have you ever closed any home that was unsatisfactory on all criteria, with respect to housing and accommodating geriatric inmates?

**Mr. Seetaram:** To date, no. What we have done though, I can say is that if there is an inspection done of a private facility and they do not meet all the requirements the facility is given a period of five to seven days to bring themselves up to standard and they have always done so.

**Mrs. Newallo Hosein:** Have you encountered at all any issues of abuse?

**Mr. Seetaram:** We have not evaluated any geriatric homes so I would not be able to speak to abuse.

**Mr. Chairman:** I would go to Brigadier Ancil and I would come back to that, to the question of abuse on a second round.

**Mr. Antoine:** Pleasant morning to the panel. We visited a number of homes that, I am not sure that they are categorized. For instance, the Couva Home for the Aged seems to be a sort of a low-rent housing for people over 60. We visited St. Magdalene's Haven in St. James, which seems to be a sort of decanting centre for mentally ill patients, along with elderly people. So I am not sure if, between the Ministry of Health and the Ministry of Social Development, if there is any sort of

categorization of these homes.

And, Health, obviously, is looking for health matters. But is there a collaboration between Health and Social Development, in terms of the patients who need health care and the patients who need social intervention. I am not clear on what it is that your two Ministries are doing, in terms of the ageing population in Trinidad and Tobago.

**Mr. Madray:** Again, I will pass to the team but I will again reiterate what had been said earlier. For many years no audits have been done on geriatric homes. Last year, we began improving our process of oversight. But the only audits that we were able to conduct were audits on major hospitals. We have begun discussions with the Ministry of Social Development on improved collaboration, with a view to commencing such audits of geriatric homes, with a goal of commencing our first audit in March this year. That will be a test of whether the process is sound and whether there is room for enhancing the collaboration in any way.

**Mr. Antoine:** My follow-up question, do you have decanting centres for people who are outpatients of the St. Ann's Hospital and the hospital can no longer accommodate them? And are you just placing them in geriatric homes or do you have special decanting centres in east, west, north and south to send them to? I am not clear on what is transpiring.

**Mr. Madray:** I would ask the Chief Medical Officer to respond to that.

**Dr Parasram:** For St. Ann's in particular, there is no decanting centre, for instance, and that is why Dr Hamid is here from North-Central Regional Health Authority. In 2009, they started a programme of decanting long-stay patients from Eric Williams Medical Sciences Complex into the community. Prior to decanting, they actually did full assessments of the homes to ensure that it was in a satisfactory state prior to decanting. So Dr Hamid, if you could just outline for us, basically what the programme entailed.

What we wanted to do is use that model, which occurred quite a while ago and stopped, I believe in 2014 with North-Central, to create a national model.

Right now what we do is licensure under the private homes Act. We want to move away from that passive process and move towards an active process, using the county medical officers of health within our eight counties to be our stewards of public health and care, so that they would be the eyes out on the field. So, rather than waiting for someone to apply for a license, we are using the CMOHs at all eight counties to go out with a team that has been formulated in North-Central in the past. So we would mirror that in all eight counties and actually do monitoring, as well as site visits, to ensure that both the health and the social state is at a good level in all the homes.

**Mr. Chairman:** Mr. Parasram, I need to interject here again with respect to solutions because the objective of the Committee is to use whatever powers we have in the Parliament to solve some problems. What MP Brigadier Antoine has alerted us to is the fact that at the St. James facility, we saw a number of individuals who were young but they were also living in a geriatric care facility. I would like to ask, from my own perspective, is there scope for having dedicated facilities, for patients who have been decanted from St. Ann's and other mental health care facilities? Is there sufficient numbers to ensure that we could decant them to a dedicated facility?

**Dr Parasram:** My answer would be yes. The short question is yes and the Ministry is looking towards a decentralized model of psychiatric care and mental health for the country, which actually we should have a draft of that model at the end of March.

**Mr. Chairman:** Thank you. Dr Hamid, you can come in here. I am also interested in your estimate of the numbers of these individuals who have been decanted. So I would like to get into my own mind what the feasibility is for having dedicated facilities, so that geriatric homes can be dedicated to geriatric individuals and these decanting homes can be dedicated to those with psychiatric problems.

**Dr Hamid:** Good morning, Chairman and members of the Committee. Basically, in the North-Central Regional Health Authority we had a pilot project that was started in 2009, and it selected long-stay patients from public health care institutions to residential homes within our catchment area.

Now, prior to these patients being decanted into homes, a team was formulated, which consisted of representatives of the CMOH , the Ministry of Health, the NCRHA, mental health officers, monitoring and evaluation officer of the NCRHA, as well as social officers. We had gone in and pre-approved homes that would have fulfilled a set of criteria, based on what we would have gotten from the Ministry of Health. These criteria would have been, in terms of patient care, staff levels, bed levels, the suitability of the home to carry out extended care of our patients.

**10.55 a.m.**

The aim of this programme was not only just to decant the patient from the hospital, but to prevent the patients from coming back to the hospital as a patient, which I think is the model we should be following throughout Trinidad and Tobago.

**Mrs. Newallo-Hosein:** Can I just ask who paid for the residents who are moved to the residential home?

**Dr Hamid:** Right. So some of the residents initially were paid for by their personal payments in terms of their pensions, and some of them were paid actually by the NCRHA as a fee which was congruent to a residential fee for the elderly patients, because they had worked out at that point in time the cost of keeping a patient in the hospital versus the cost of having them in the home was a vast, vast difference. So what we had done was after the initial assessment and approvals, we had decanted patients to the homes in 2009/2010 and the team was formulated then to carry out quarterly inspections on every single patient.

**Mr. Chairman:** Dr Hamid, what has arisen is very interesting because we did have

an enquiry on socially-displaced persons and I am seeing a logical extension of what you are telling us with respect to how we look after the socially displaced, many of them had experienced some mental health issues prior to being socially displaced. So I think that while the objectives of this enquiry were not about mental health, because many of those formerly mentally ill patients are now in residence in the Home for the Aged, I think we do need to look at that problem separately. We absolutely would like to have you back again, of course, with the leave of the Committee to focus on how we treat with the mentally ill, those who have been discharged from St. Ann's and other mental institutions and the facilities we have for them.

But the question I want to pose for Dr Rouse is this. Dr Rouse, the Ministry of Health has the primary responsibility, according to the Private Hospitals Act, to provide the licenses. What I would like to get from you is: what do you think should be the role of the Department of Ageing with respect to granting these licenses and ensuring that the facilities are up to the level which are consistent with international standards for suitable accommodations for the elderly?

**Dr Rouse:** Thank you Chair. Your question is well timed because, case in point, when I was replying to member Newallo-Hosein who had in her question referred to Couva Home for the Aged, we have Couva Home for the Aged as one of our subvented homes, but for Ministry of Health they do the Couva Extended Care Facility for Mental Patients. So the Couva Home for the Aged did not require panic buttons. So when I was answering her question for those who live independently in the Couva Home for the Aged—because these are more able-bodied, very independent—they are quite different to the type of patient that is in the Couva extended care and the Ministry of Health does not monitor the Couva Home for the Aged, which is one of the nine subvented.

So, in answering the question we needed to clarify that where those with the

mental health need special requirements and that extends also to the homes that where we have to place persons with Alzheimer's because as more and more the different types of medical care is needed, it calls for different kinds of amenities in those homes.

So what I recognize in going over the Private Hospitals Act, their fees for licensure right now are categorized $75, and then they go up I think to $100—and that is what is existing. Yes? Right—and it goes commensurate with the amount of residents in the homes. Now, when the Homes for Older Persons is proclaimed, licensure and that inspection is already catered for by the facility review team which is written into the Homes for Older Persons legislation. So what this is really doing is forming a sort of a seamless transition, once we collaborate more closely. In recent discussion with the team from Ministry of Health, we saw the need that members of the inspectorate of the Division of Ageing should be with their team to expand the multi-disciplinary eye of what we are looking for to transition into the homes.

**Mr. Chairman:** Let me intervene here. Does that require any legislative change or is it just administrative?

**Dr Rouse:** In terms of the fee structure, the Homes for Older Persons would increase for licensure, but in terms of administration they more or less owe, except for one other thing, different to their Act, our Act will call that each home must have liability insurance of $100,000. That was never catered for in the Private Hospitals Act. That is the only difference.

**Mr. Chairman:** Dr Rouse, you can give the public the assurance now that with respect to the inspection and the licensing of geriatric care facilities, your department is working closely with the Ministry of Health.

**Dr Rouse:** Much more closely. Yes.

**Mr. Chairman:** Because, you see, what was brought home to me in the site visit was that geriatric care is different from health care. Not every older person has a

medical problem. He is just restricted with mobility and so on. So that it has to be in my mind that the inspection, the geriatric specialists, would look at the special needs which may transcend health needs. So it is mobility issues and a lot of other things like that. It is welfare, mental well-being and loneliness. I think those are the things we need to be concerned about. Vice-Chair?

**Mr. Forde:** Good morning. Basically, we have identified there are approximately about four types of homes that we categorized. We have geriatric, the mental part, we have Home for the Disabled which could be separate, and Home for the Aged could be considered a separate one. Now, the Permanent Secretary, Mr. Madray, from the Ministry of Health, spoke about this multi-disciplinary team that comes out of the Ministry of Health, and as the Chairman was just mentioning, somewhere along the line the Ministry of Social Development and Family Services must play a role within that team.

We were just told that there is no change that would need to be placed in the Act in order for you all to work as a team. So, definitely, whether it is from Dr Rouse's committee or any other committee, needs to be part of this multi-disciplinary committee that comes out of the Ministry of Health when they are going to do their visits, when they are going to do their assessments.

From where I sit, with regard to the Ministry of Health doing their assessment and then passing the information over to the Ministry of Social Development and Family Services, there is definitely going to be a time lapse. There is definitely going to be variation of thoughts because health care is different from social care. Right? So when we go to like, for instance, the home we visited at Couva, again, as my colleague mentioned, they are individuals over 60 and they are in good health. We talk about the panic button—you know, those individuals, any situation, they can freely move out of there—

**Mr. Chairman:** In the interest of time, I do need to interject. Could we—

**Mr. Forde:** I just want to get to the point.

**Mr. Chairman:** Get to the point because we are running out of time.

**Mr. Forde:**—in terms of their care. So with regard to—the point is when it is that we are setting up these things we need to ensure that we work with haste, because we can sit here, hear all the good views and then after we go back after today, you know, we do not come to the final conclusion as to who are going to benefit at the end of the day. With 177 homes throughout Trinidad, we do not have the figure as to how many persons are in these homes, but I would presume it would be quite a number. So we need to ensure that we come to the conclusion as to how these individuals are going to benefit between the Ministry of Health and the Ministry of Social Development and Family Services.

**Dr Rouse:** Through you, Chair, in the Homes for Older Persons legislation which is awaiting proclamation, what we did was classify and categorize two types of homes which are correlated to the level of care required. So we have a Type 1 and a Type 2. The Type 1 deals with the more independent, able-bodied, requiring minimal supervision, but just basic assistance with the activities of daily living.

The Type 2 home though is the one where they are more infirmed, where they require a registered nurse, where they require assistance with all the activities of daily living. So we will look again at that because a Type 1 home cannot have a Type 2 person, but a Type 2 can have both, and that now is commensurate with the Ministry of Health levels of care. So you have a type of home with a level of care from one to three, and then health is from four and over.

**Mr. Chairman:** That underscores the point that really we are dealing with a range of problems within the rubric of geriatric care. I want to pose a question now to the Ministry of Health and that is, we have covered the issue of mental health. This Committee will now have to revisit it because mental health patients are housed with the geriatric patients. This is something we need to be looking at with respect to

whether that is the most optimal way of treating with the mentally-ill individuals or those who are recovering from mental health.

But the question I want to pose now to the Ministry of Health is given population trends in Trinidad and Tobago and, in fact, across the developed world that there is an increase in life expectancy. In Trinidad and Tobago, the life expectancy of a woman now is some 74 years. Fifty years ago it was just about 62 years. So that we are seeing an increase in life but not necessarily in the quality of life as we expand the amount of years lived. What I want to find from the Ministry of Health is: do you have any programme in place to train individuals in geriatric care at the rudimentary level to cater to this inexorable, inevitable increase in our elderly population over the next few years and, if so, what is programme for training geriatric caregivers?

Finally, second, do you have jurisdiction for Tobago? Is that a THA matter with respect to geriatric care facilities for individuals for geriatric care?

**Mr. Seetaram:** Through you, Chair, just a couple years ago the Ministry of Health embarked on a programme, the Patient Care Assistant Programme where we actually engaged persons at our public hospitals to treat with them and train them in the treatment of patients and in the treatment of elderly. These persons have been absorbed within the system and they have actually gone out and have been employed at many of the private homes as well. So there is a programme in place. The programme is currently—

**Mr. Chairman:** Who offers the programme? Is it one of the tertiary institutions, the department of nursing? Who offers that?

**Mr. Seetaram:** It is actually done through the regional health authority. The Patient Care Assistants are employed on a stipend to be trained and then certified. They then could apply and be absorbed by the Ministry of Social Development and Family Services.

**Mr. Chairman:** Someone wishes to be a geriatric caregiver, what are the qualifications? Do they go on the Ministry of Health website and they look at all the specifications and they apply to the RHA? What is the process?

**Mr. Seetaram:** The process is there is an annual intake and output. So every year there would be an advertisement at the RHA level. It is on the Ministry of Health website as well. The programme is, however, under review but the process is: apply, you are recruited and you are being trained and then you are actually certified. At that point when you are certified in terms of having the number of hours and supervision then you are actually certified and granted the license or a certificate in which you can then apply to work at one of the social services.

**Mr. Chairman:** Right. And one final question before I close—because we do have to truncate, but I think we have to continue this conversation—and this is: how many geriatricians, specialist geriatricians do we have operating, working in Trinidad and Tobago at this time?—medical doctors who are trained. I know we have a number of paediatricians, but do we have any geriatrician at all in Trinidad and Tobago in any of the RHAs in the private sector to the best of your knowledge?

**Mr. Madray:** I am advised that we had one last year, but the person has resigned.

**Mr. Chairman:** So currently in Trinidad and Tobago there is no qualified geriatrician to provide medical assistance to the Department of Ageing. Is that correct?

**Mr. Madray:** Yes.

**Mr. Chairman:** That is correct. And, therefore, that is something I would imagine the Ministry of Health would be looking at, given the increase in the ageing population. And the question on Tobago: do you have jurisdiction over the facilities in Tobago, the health care facilities for geriatricians in geriatric care?

**Mr. Madray:** The first question, I am advised that that is correct. To the second question, I am advised that the Tobago House of Assembly has jurisdiction over

Tobago.

**Mr. Chairman:** And, therefore, so far in this very short hearing, we have come up with the following positive recommendations that we could put in our report, we do need to look at specialist decanting facilities for those who have been discharged from the mental health facilities in Trinidad. Before, PS, I would like to go through with what we have so far distilled.

We are working on greater collaborations between the Department of Ageing and Ministry of Health with respect to licensures and the quality that we expect in the facilities.

Third, we have ensured that there is a training programme so that at the rudimentary level, at nursing level, basic nursing care, those who wish to be trained in geriatric caregiving would have those facilities available at the RHA level.

A fourth, there is no geriatrician in Trinidad and Tobago. It is a little bit disturbing to know that Dr Rouse you do not have the facilities of consulting with a specialist to guide the Department of Ageing. I think that is something we would be looking at, maybe providing some kind of—now, to the two medical doctors here: how long does it take to train a geriatrician? Is it that it takes the normal four-year period?

**Dr Parasram:** I believe it is a sub-specialty of internal medicine, so it would take approximately, in the foreign system, about two years.

**Mr. Chairman:** Okay. So basically we could look into a programme where if we start now, in two years we can have a couple of them in Trinidad and Tobago. We do have a last question.

**Mrs. Newallo-Hosein:** Based on the points you had raised earlier, Chairman, speaking about staff that would be trained to assist and to work in geriatric homes, but when we went on our site visit, there was a mixture of those who are mentally ill with persons in the geriatric homes and, therefore, persons there may be staff who

would be equipped to handle the geriatric patients, but they are ill-equipped to handle mental patients and, therefore, it is a very serious matter that we are discussing here, having made the site visit. I mean, I do hope that the both Ministries would be collaborating on a way forward ASAP. I know you said March, but I hope that by March you will have solutions as opposed to now going into discussions.

**Dr Rouse:** Chair, and might I add, because the team that is here are new faces in the Ministry of Health to the team that I had met with in the Ministry of Health under then Mr. Bodoe, where we had a multi-sectoral team that looked at the training and amongst that team we had Red Cross and the National Training Agency (NTA).

At the end of it, the outcome of those meetings, a document was produced by Dr Meryl Price who is a doctor of nursing. We did a curriculum because the Homes for Older Persons legislation when proclaimed calls for training at accredited institutions. So what Dr Price and the rest of the team compiled was two sets of curricula; one for basic geriatric training and dealing with equivalencies that NTA was very useful in saying how they could be matched and then we also drafted an intermediate level training. That document came out of a Cabinet Minute that was sent to the Ministry of Health then to restructure the Patient Care Assistant Programme that was just spoken of.

So, there is somewhere lodged in the Ministry of Health that document which was very comprehensive, very well compiled by a huge team, a multi-sectoral team. So if we could revisit that rather than reinvent the wheel, the question now is: which accredited institution would be willing to teach this because it will be now mandatory that all caregivers have to be trained?

**Mr. Chairman:** And that is a critical point. We have really run out of time. Are there any other urgent questions from members of the Committee? We do have another hearing after this one, but really a number of new material have emerged this morning. What we do know is that there is a need to enforce existing legislation.

I do not see any problem with the legislation as such. I do not see any need to change the legislation because if administratively you can arrange closer collaboration, I would imagine there would be a need, but there really are some issues which arose this morning given our site visit that we would like to attend to.

All other questions I think we could pose and you could respond in writing. I know that there are definitely—I am happy to hear from the Department of Ageing and the Ministry of Health that there are facilities, it is just how we are going to use the facilities, get them accredited, so that the elderly in Trinidad and Tobago, whether they are in an elderly home or are been cared for in their own home, will have access to trained individuals as opposed to—we did not touch the issue of elder abuse, but I suspect the training of individuals will cover that critical area as well.

So that, be on standby for another—this is such a critical subject that we may want another hearing after we have digested the new information that you will present, but we really would want to see that there are specialist decanting facilities for the mentally ill; we want to see the collaboration closer; greater inspections of the homes and what is to be done to assist these homes to comply, because I suspect it is going to be very difficult to close a home. Where are you going to place the residents? So you would want them to comply in a very quick manner. What can be done at both levels to ensure that there is compliance and the continuous monitoring so that the situation does not deteriorate rapidly?

And, of course, we do really need in the health care facilities the people who are now specialized, specialist geriatricians. I think we do need that specialty so that it can overall guide the process with respect to the public policy. Before I ask Mrs. Bailey-Sobers and Mr. Madray to offer closing remarks, do I have a last question from you MP or are you okay?

**Mrs. Newallo-Hosein:** Chair, I am okay.

**Mr. Chairman:** The MP is okay. So I will ask Mrs. Bailey-Sobers and Mr. Madray

to offer some brief closing remarks on this very brief public enquiry.

**Mrs. Bailey-Sobers:** Thank you, Chair, and just to say that we are grateful for the opportunity again, and for the Committee facilitating the discourse. I did have one point I wanted to bring to the attention of the Committee which is the fact that Brig. Antoine would have indicated that there were some homes where you all saw some young people and some older persons. We do have a situation where we do not have facilities for persons who are in the health system under 55 and there is no one to take them back home. There are no facilities in the community for us to decant them. So we do have that situation, but it is not older persons, it is the much younger generation, people who have gunshot wounds and so on and their families have abandoned them.

**Mr. Chairman:** PS, you are raising another issue. First, we have the mentally ill who have been decanted, we have the geriatric care facilities and now we are talking about people—

**Mrs. Bailey-Sobers:** Those who do not have a mental issue.

**Mr. Chairman:**—who do not have a mental issue, but who do not have a home. These are the socially-displaced people. They do not have a family network. How large do you think this group is?

**Mrs. Bailey-Sobers:** I am not sure but that is why we may find some of them in homes where they are not supposed to be.

**Mr. Chairman:** Okay, yes. It is getting curiouser and curiouser as Alice said in *Alice in Wonderland*. Mr. Madray, could you give us your closing remarks?

**Mr. Madray:** Thank you, Chairman and Committee members for the opportunity. We will continue to work at improving the quality of our service, and I will not raise any other issue. [*Laughter*]

**Mr. Chairman:** Thank you very much. But, Mr. Madray, you all have raised so many issues, we will be posing questions in writing now and we will be making site

visits. They are really valuable. Parliamentarians will be making the time to visit actually all the facilities under the care of the administration or administrators of the State, but we want to get solutions. We will be in dialogue continuously so that this vulnerable group, the elderly in Trinidad and Tobago, can be cared for better and better over time.

I thank you all for your participation, for taking the time out of your busy schedules to participate in this hearing and to inform the public. This hearing is officially suspended for five minutes. We will reconvene in five minutes with respect to the second hearing that we have for discussion. Thank you very much and have a productive and good day.

11.18 a.m.: Meeting suspended.

# Appendix III

# Number of persons residing at Homes that are in receipt of government subvention

| NAME OF HOME | NO. OF PERSONS RESIDING |
|---|---|
| **Chaguanas Home for the Aged** | 10 |
| **Couva Home for the Aged** | 19 |
| **Toco Senior Citizens Home** | 19 |
| **Siparia Home for the Aged** | 17 |
| **Sangre Grande Home for the Aged** | 9 |
| **Pont Fortin Home for the Aged** | 20 |
| **J.C. McDonald Home for the Aged (San Fernando)** | 19 |
| **Helena Charles Home for the Aged (La Brea)** | 18 |
| **Mayaro Home for the Aged** | 4 |
| **Hernandez Place** | 15 |

# Appendix IV

# Report on site visit to Geriatric Homes/Care Facilities held on January 16th 2017

## Report on a site visits to Geriatric Homes/ Care Facilities held on Monday January 16, 2017 from 10:00 am to 4:00pm

### Introduction

At a meeting held on Wednesday November 16, 2016, the Committee met with a team of officials of the Ministry of Social Development and Family Services (MoSDFS) pursuant to its *inquiry into the existing arrangements and possible options for regulating geriatric care facilities/old age homes.* Prior to this meeting, the Committee acquired written submissions on the subject of the inquiry from the Ministry of Social Development and Family Services and the Ministry of Health

Following the meeting with officials of the line ministries, the committee decided that it would be beneficial to acquire a first-hand perspective of the living conditions of a sample of geriatric homes. To this end, information on the Geriatric Facilities Homes which operate in Trinidad was sourced from the MoSDFS. Based on the information obtained the Chairman approved a sample of three homes to be visited based on the following criteria:

a. One (1) Home with a high income fee structure;
b. One (1) Home with a low income fee structure;
c. One (1) Home in receipt of government subventions.

As such, the following Geriatric Homes/Care Facilities were selected to be visited:

i. **the Couva Home for the Aged;**
ii. **St. Magadalen's Haven; and**
iii. **Agatha's House**

Ultimately, the Committee hoped that by conducting these site visits to the geriatric homes/healthcare facilities it will:

a) **acquire a realistic perspective of the issues/challenges which may be impacting the entity in question with a view to making informed findings and feasible recommendations in its report to Parliament; and**
b) **Verify evidence received in writing or during the public hearing.**

## Report

1. The following members of the Committee participated in the site visits:

**Members**

| | | | |
|---|---|---|---|
| i. | Dr. Dhanayshar Mahabir, | - | Chairman |
| ii. | Mrs. Glenda Jennings-Smith, MP | - | Member |
| iii. | Mrs. Christine Newallo-Hosein, MP | - | Member |
| iv. | Mr. Esmond Forde, MP | - | Member |
| v. | Brig. Gen. (Ret'd) Ancil Antonie, MP | - | Member |
| vi. | Ms. Khadijah Ameen | - | Member |

The Committee was accompanied by the following Parliamentary officials:

| | | | |
|---|---|---|---|
| i. | Mr. Julien Ogilvie | - | Secretary to the Committee |
| ii. | Ms. Kimberly Mitchell | - | Assistant Secretary to the Committee |
| iii. | Ms. Ashaki Alexis | - | Parliamentary Intern |
| iv. | Mr. Mark Peterson | - | Communications Officer |
| v. | 2 Parliament Police Officers | | |
| vi. | 1 Chauffeur/Driver | | |

# Visit to the Couva Home for the Aged, Couva

## Background information on the facility

1. The Couva Home for the Aged is a **Low rent living facility** for the aged that was founded in 1975. The Building was donated by Mr. Roopnarine and Mrs. Goura Sahatoo and was opened on December 16th, 1997 by the former Minister of Social Development. The facility currently accommodates 19 elderly persons and has the capacity to accommodate approximately 23 persons. This facility is one of the 10 homes that is in receipt of Government funding.

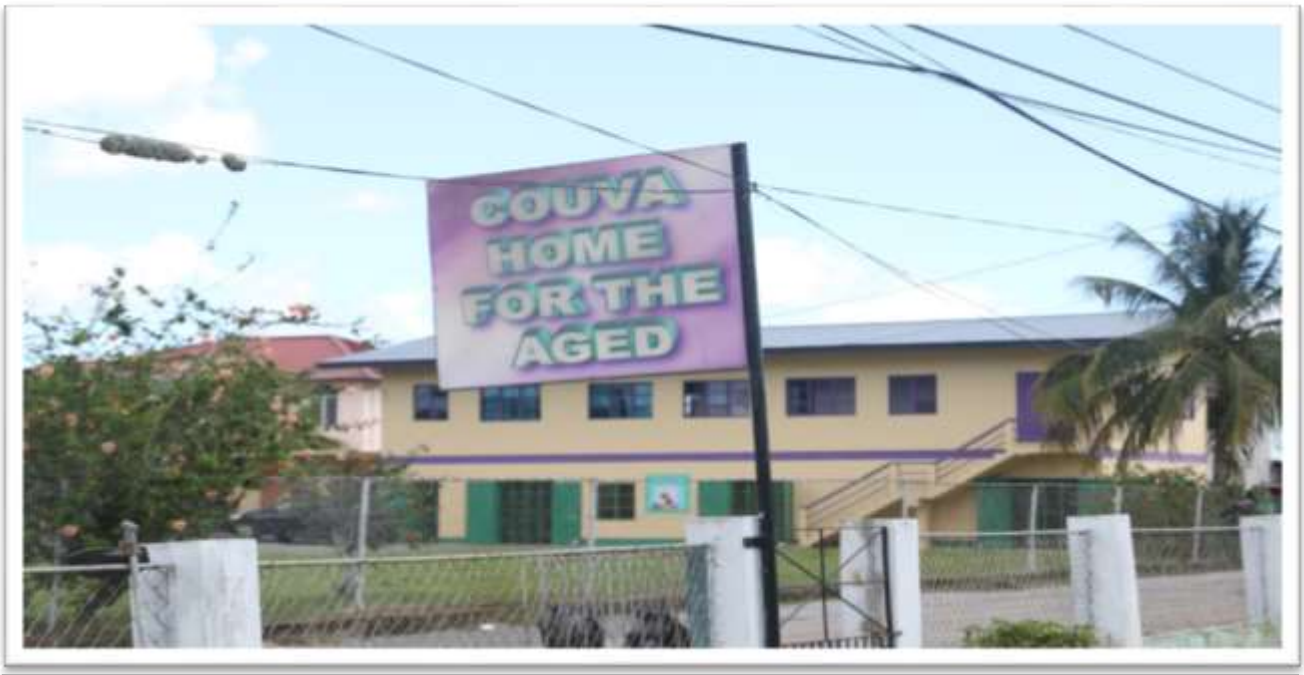


**Figure 4**: Couva Home for the Aged

**Members who visited the Couva Home for the Aged**

| | | | |
|---|---|---|---|
| i. | Dr. Dhanayshar Mahabir | - | Chairman |
| ii. | Mrs. Christine Newallo-Hosein, MP | - | Member |
| iii. | Mr. Esmond Forde, MP | - | Member |
| iv. | Brig. Gen. (Ret'd) Ancil Antonie, MP | - | Member |
| v. | Ms. Khadijah Ameen | - | Member |

**Official from the Ministry of Social Development and Family Services who were present at the Couva Home for the Aged**

| | | | |
|---|---|---|---|
| **i.** | Dr Jennifer Rouse | - | Director, Division of Ageing |
| **ii.** | Ms. Gashyia Siwaju | - | Inspector II |

2. The contingent arrived at the facility at 10:55 a.m. and was greeted by the following officials of the facility:
   - Ms. Latika Mohammed - Manager
   - Mr. Gulab Maharaj - Volunteer

3. A brief meeting was held with officials of the Ministry of Social Development and Family Services and the Couva Home for the Aged before the contingent toured the facility. During the meeting, Members of the Committee posed questions to the officials of the Home and the line Ministry.

**Figure 5**: The Members being welcomed by Ms. Latika Mohammed (manager of the facility)

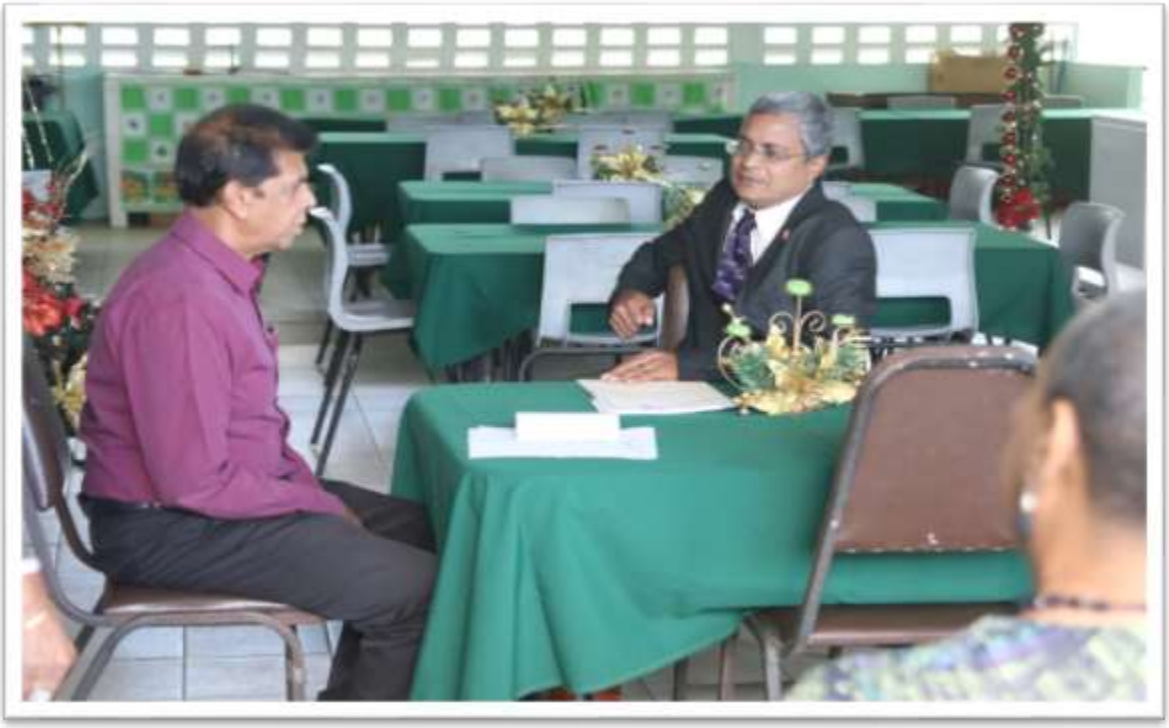

**Figure 6**: Dr Dhanayshar Mahabir (Chairman) and Mr. Gulab Maharaj

4. The tour of the facility commenced at 11:25 a.m. and was guided by Ms. Latika Mohammed and Mr. Gulab Maharaj.

5. The tour began at the reception area of the Home and then moved onto the dormitory section of the home. Each building on the compound consisted of 4 rooms (one person per room) and a common area.

**Figure 7:** Members enter one of the buildings at the Couva Home for the Aged.

6. The Members were introduce to the residents and shown the present condition of some of the rooms in each dormitory.

**Figure 8**: Members interacting with residents of the Couva Home for the Aged.

7. During the visit the following issues were highlighted:

**i. Classification of homes in receipt of Government subvention**

- Homes that are under the purview of the Ministry of Social Development and Family Services are not properly classified. The Couva Home for the Aged is a low-rent living facility for the aged, and therefore should be distinguished from assisted living facilities since a person must be self-sufficient in order to reside at the facility.

**ii. Support available to Residents**

- Residents unable to access the Conditional Cash Transfer card (Food Card) and other social services that is provided by the Ministry of Social Development and Family Services;
- There appears to be a need for more support to be provided by the ministry to assist in the upkeep of the facility. Currently there is only one cleaner employed at the home.

**iii. Medical care provided**

- Little to no medical care is provided by the Facility. Residents are required to seek medical care at the local Health Care Facility as needed or through family members.

**iv. Safety and care of residents**

- It was observed that there were no fire extinguishers in the rooms of residents;
- It appeared that smoke alarms and panic buttons were not operational in the rooms of residents at the facility;
- The facility is not properly secured. In particular, there are no security personnel, and the gates and fences could be easily breached.

- Lack of supervision at the Facility on weekends and after regular work hours. The manager of the facility informed the Committee members that her work hours are between 8 a.m. to 4 p.m. on weekdays and she is "on-call" on the weekends. However after regular work hours and during the weekend there is no on-site supervision of the facility.

**v. Transition period for persons who become immobile or incapacitated**

- Residence who are over the age of 80 years and are immobile/incapacitated are transfer from the Facility to a more suitable facility. This transfer is facilitated through the assistance of the Ministry of Social Development and Family Services or relatives of the resident.
- Transition period for persons who become immobile/incapacitated was not indicated by the Ministry.

**vi. Death and funeral arrangements of residents**

- The manager of the Facility appeared to be uninformed about the funeral grant that is offered by the Ministry of Social Development and Family Services to cover funeral expenses.
- Funeral arrangement are either made by the manager of the facility or family members of the decease.
- The Committee was informed that some residents lodge financial deposits with the manager on a monthly basis towards covering their funeral expenses.

8. The visit was concluded at approximately 12:00 noon, where the members then proceeded to the Office of the Parliament for lunch.

**Figure 9:** Committee Members, officials of the Couva Homes for the Aged and Dr Jennifer Rouse (Director, Division of Ageing)

# Visit to St. Magadalen's Haven (St. James)

## Background information on the facility

9. St. Magadalen's Haven is a privately owned facility that was established in 1995 by Ms. Bernadette Matthews (Owner/Manager). The facility accommodates persons (clients) who are mentally challenged/sub-normal between the ages of 20 to over 60 years of age. There are currently 20 clients residing at the facility. Furthermore, clients who resides at the facility are either placed there by the Ministry of Health or family members that are unable to adequately care for them.

**Members who were present at St. Magadalen's Haven**

| | | | |
|---|---|---|---|
| i. | Dr. Dhanayshar Mahabir | - | Chairman |
| ii. | Mrs. Glenda Jennings-Smith, MP | - | Member |
| iii. | Mr. Esmond Forde, MP | - | Member |
| iv. | Brig. Gen. (Ret'd) Ancil Antonie, MP | - | Member |

10. The contingent arrived at the site at 1:50 p.m. and was greeted by the manager of the Facility. Members held a brief meeting with the manager of the facility before the start of the tour. The taking of photographs was not allowed within the facility.

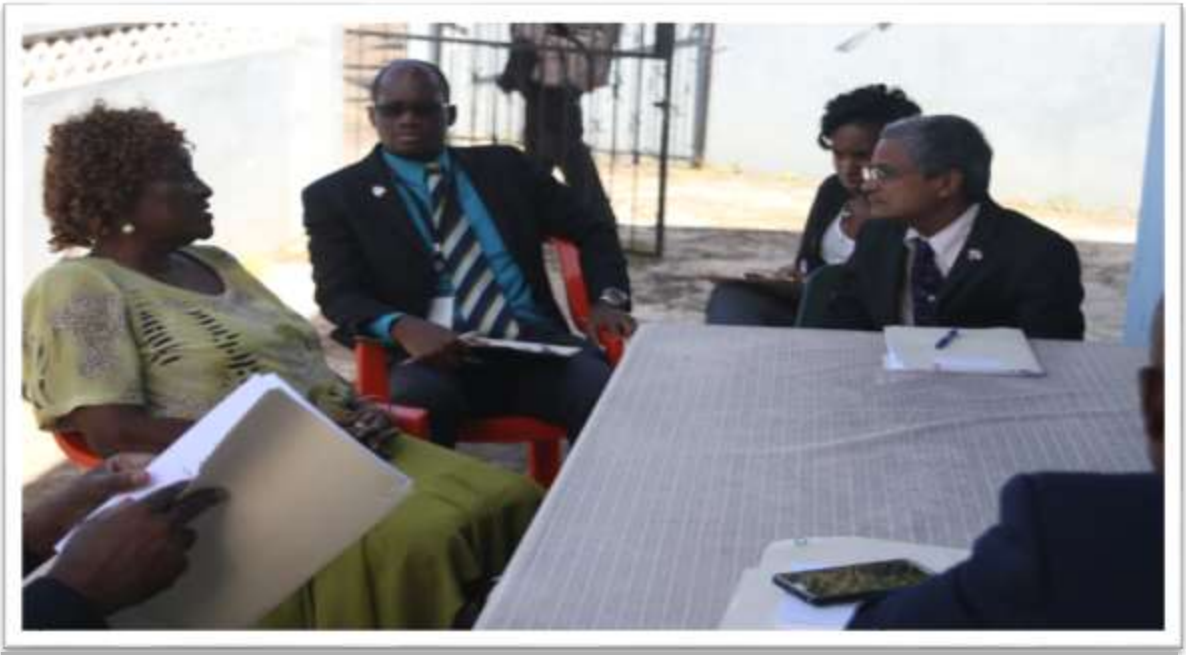

**Figure 10:** Dr Dhanayshar Mahabir (Chairman) and Ms. Bernadette Matthews (Manager of St. Magadalen's Haven)

11. The tour of the facility commenced at 2:05 p.m. and was guided by Ms. Matthews.
12. The tour began at the common area of the facility where members interacted with the residents.

**Figure 11:** outside view of dormitory of the residents of the St. Magadalen's Haven

13. The tour then proceeded to the dormitory area at the facility. The Members were able to view the conditions of the dormitories and asked questions about the residents at the facility.

14. During the visit the following issues were highlighted:

**i. Resources**

- **Lack of resources available for the upgrading of the facility's infrastructure.** It was brought to the attention of members that currently the manager of the facility is paying $10,000.00 in rent per month and cannot afford to do any infrastructural work on the facility
- **The need for government assistance**. The Facility does not receive any assistance from the Ministry of Health who utilizes the facility as a transition home for person removed from the St Ann's

Psychiatric Hospital. Funds to cover the cost of caring for residents (including food and accommodation) are mainly derived from the social welfare grants which are paid to clients on a monthly basis. It was noted that some social welfare cheques are cashed by the manager of the facility and others are cashed by relatives who then forward the funds to the manager.

- Residents are ineligible to receive "food cards".
- The facility is in need of new furniture and other equipment to assist in ensuring that the appropriate care is provided.

**ii. Resident's health and other records**

- The manager of the facility indicated that she has encountered problems in securing health records and proper documentation for residents such as National Identification Cards.

**iii. Staff**

- The need for staff employed at the facility to be properly trained to accommodate the needs of the mentally subnormal persons residing at the facility.

**iv. Legislation**

- The need for the appropriate policies, legislation and regulations to be implemented to ensure the effective and efficient monitoring and evaluation of privately owned homes;

- The facility cannot be categorised as an old age home/geriatric care facility since most persons residing at the facility are under the age of 60 years old. This has to be addressed by the Ministry of Health.

**v. Care of residents**

- Mental Health care services are sought at the St. James Health and Wellness Centre;
- Registered Nurses are employed at the facility (includes the Manager);
- It was not indicated whether persons employed at the facility possessed any certification in mental care;
- Some Medicine is sourced through CDAP and others must be purchased

**vi. Death and funeral arrangements of residents**

- Funeral arrangements are either made by the manager or family members of the decease.

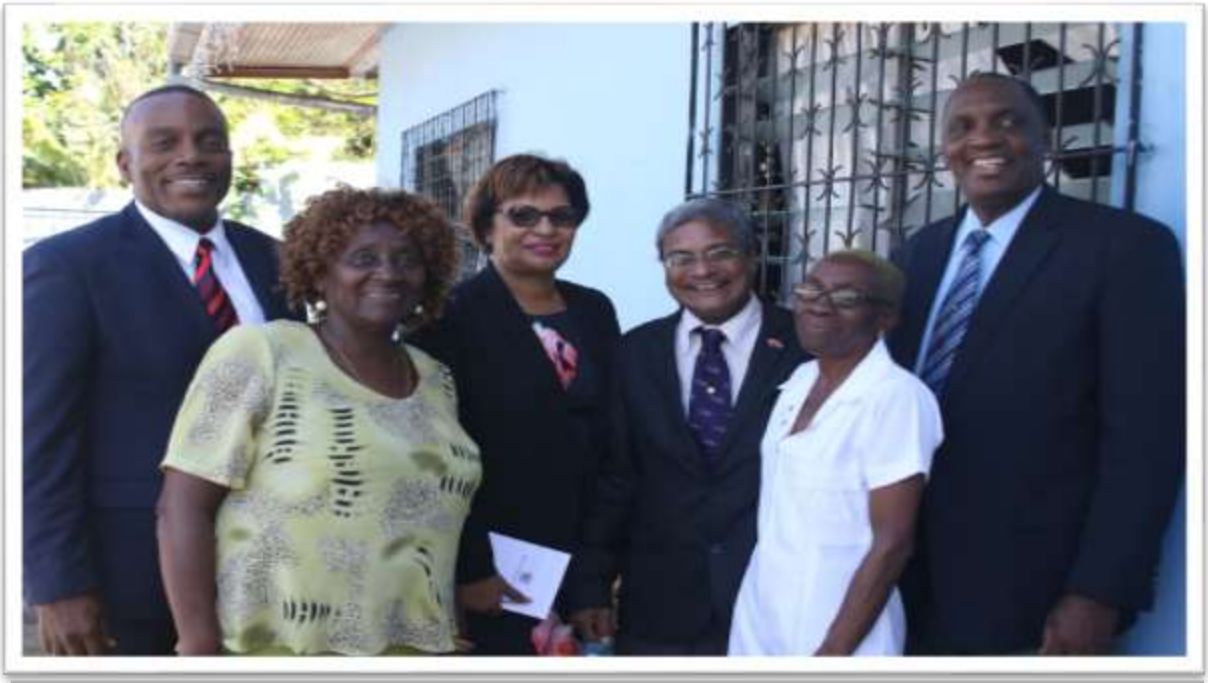

**Figure 12:** Members, Manager and nurse at St. Magadalen's Haven

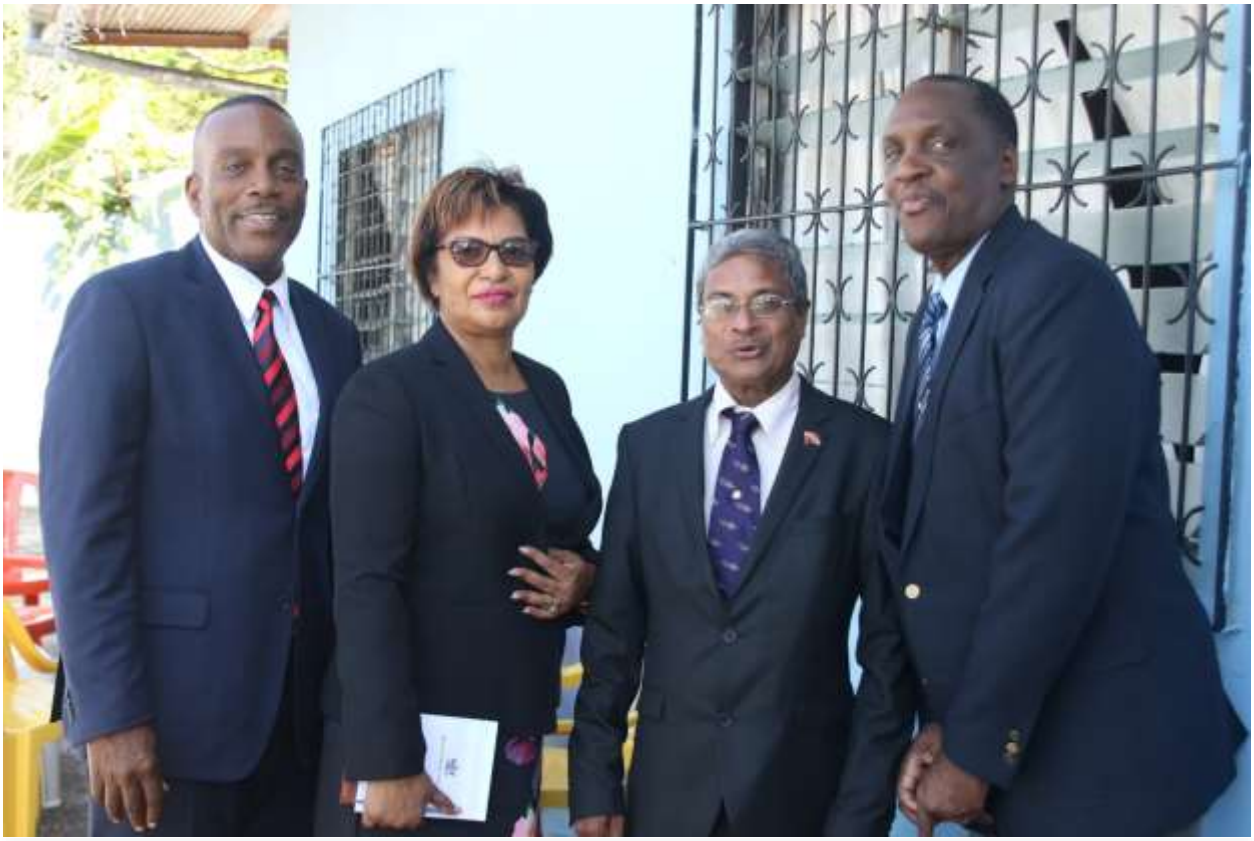

**Figure 13:** Dr Dhanayshar Mahabir (chairman) Mrs. Glenda Jennings-Smith MP (Member), Mr. Esmond Forde MP (Member) and Brig. Gen. (Ret'd) Ancil Antonie, MP (Member)

# Visit to Agatha House, Maraval

## Background information on the facility

Agatha's House which is operated and funded by **Takare Health & Recreation Group Ltd** is a privately owned **assisted living, seniors' activity centre and day care facility**. The Takare Group has been in existence for the past fifteen (15) years, in addition, Agatha's House has been operational for the past two (2) years and is managed by Dr Agatha Carrington. Agatha's House facilitates and accommodates persons with special needs and retirees between the ages of 32 to 60+ years. The monthly fee ranges between $4,000 and $6,000.

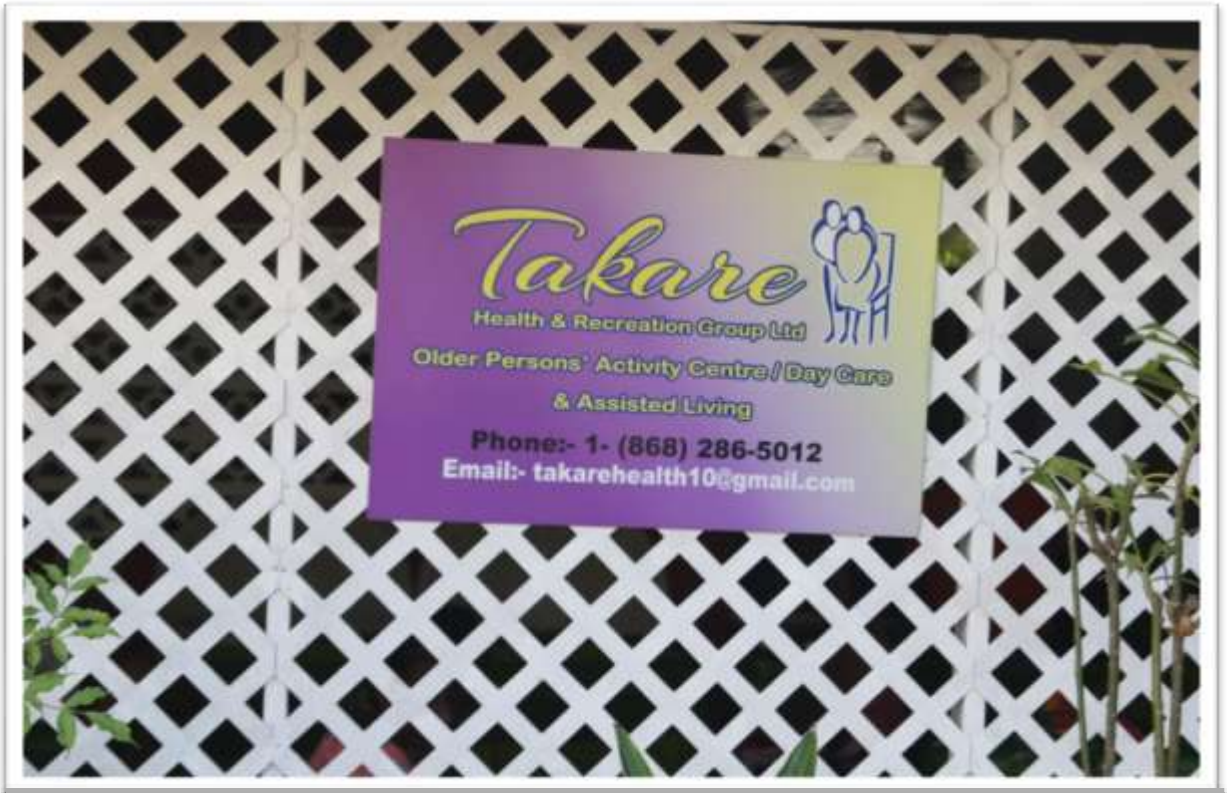


**Figure 14:** Agatha's House, Maraval.

**Members who were present at Agatha's House**

| | | | |
|---|---|---|---|
| i. | Dr. Dhanayshar Mahabir | - | Chairman |
| ii. | Mrs. Glenda Jennings-Smith, MP | - | Member |
| iii. | Mr. Esmond Forde, MP | - | Member |
| iv. | Brig. Gen. (Ret'd) Ancil Antonie, MP | - | Member |

16. On arrival at the facility at 2:55 p.m., the contingent was greeted by the manager of the facility, Dr Agatha Carrington.

17. The visit commenced at approximately 3:10 p.m. A meeting was held with the manager of the facility and the Members.

**Figure 15:** The Members being welcomed and given a brief history of Agatha's House by the manger Dr Agatha Carrington

18. The tour of the facility was guided by Dr Carrington. .

19. The tour of the facility began with the kitchen, then proceeded to the rooms of residents. The Members were allowed to view the rooms and interact with the residents. Interestingly, each room at the facility has a colour scheme.

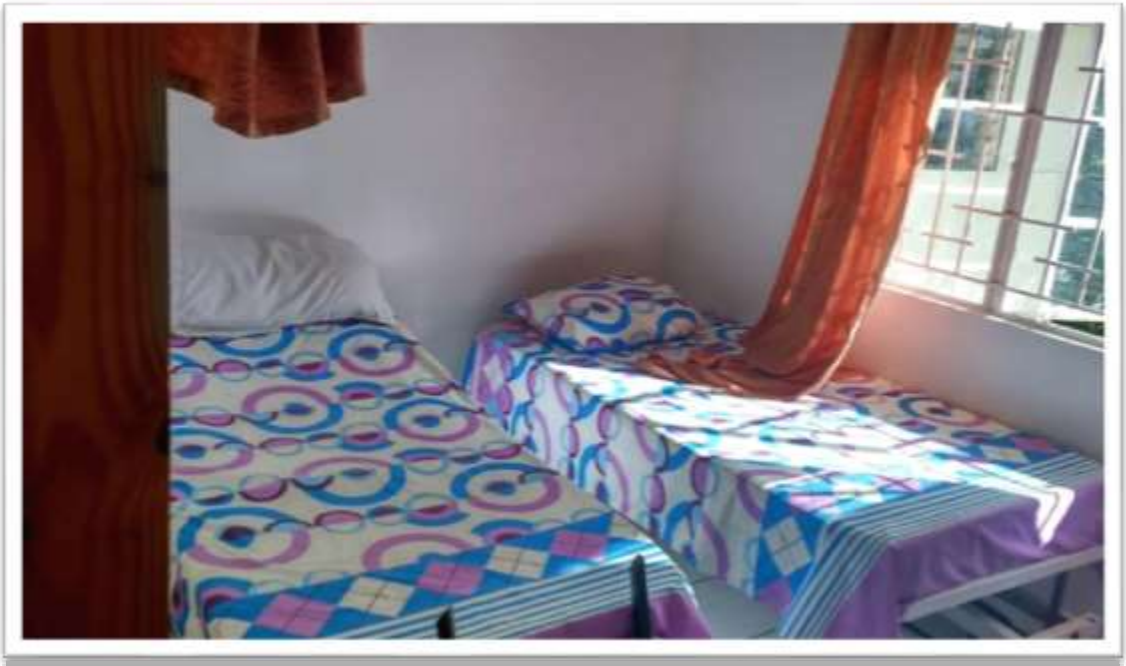

**Figure 16**: rooms of residents (purple room)

**Figure 17**: green room.

20. The Members then made their way to the sitting and recreational area where they interacted with the residents.

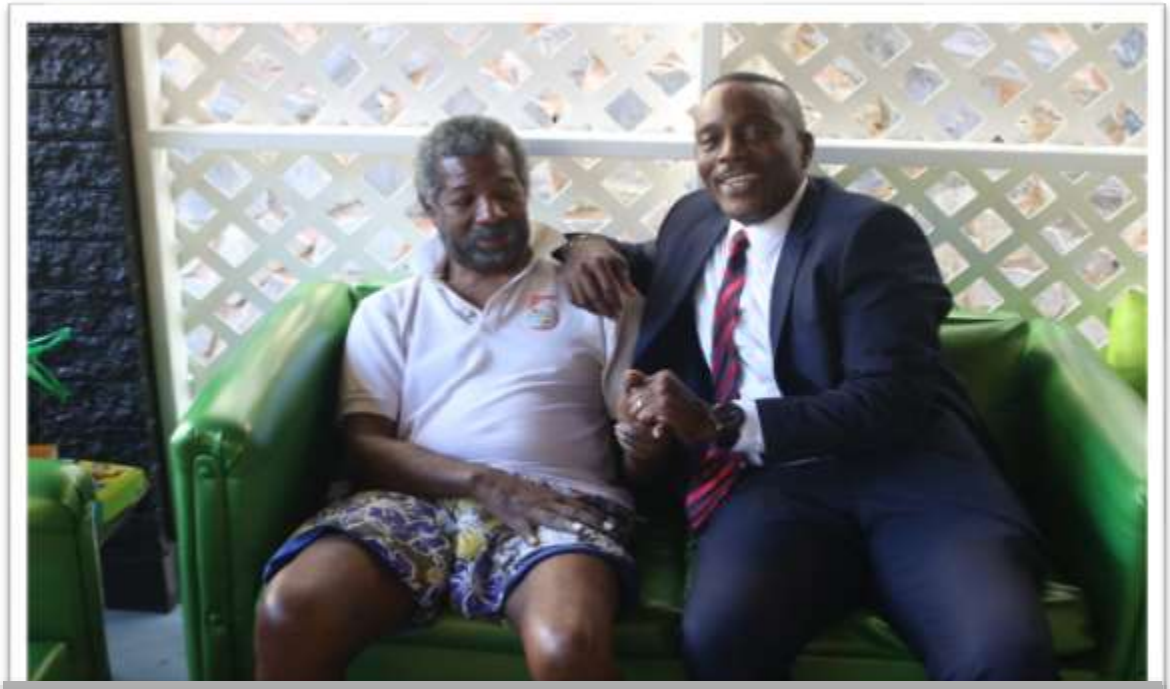

**Figure 18**: Mr. Esmond Forde, MP (Member) and resident of facility

**Figure 19:** members, residents, manager and staff at the main entrance of Agatha's House

21. During the visit the following were discussed:

**i. Resources**

- The facility is funded by Takare Health & Recreation Group Ltd.
- Funds are also obtained through fees paid by residents or their relatives. Fees cover the following:
  - Room;
  - Assigned nurses;
  - Medication management;
  - Laundry;
  - Housekeeping;
  - Meals; and
  - entertainment
- There are hospital beds at the facility

**ii. Staff**

- The manager of the facility is a former health administrator.
- Nurses and nurse instructors are employed at the facility;
- All staff employed at the facility are trained in geriatric care;
- Persons who have trained under the GAPP do their internship at the facility and in some instances were retained and employed at the facility. This category of staff operate under the supervision of registered nurses.
- Management training programmes are available to staff members.
- Cleaning and sanitation services are outsourced by the facility. Whereas cooking and laundry are done internally.

**iii. Monitoring and evaluation by the Ministry of Health**

- Quarterly monitoring and evaluation of the facility is conducted by the Ministry of Health.

**iv. Care of residents**

- The ratio of resident/client to care provider at the facility varies based on the needs of the resident/client. For example, patients that are bedridden benefit from the support of two care providers (i.e. a ratio of 1:2.)
- Some residents are visited by their personal medical doctors. In the instance where residents do not have access to their own personal doctor, the facility has an arrangement with a few "on call" doctors.
- Medicine is provided by CDAP or purchased by relatives.

**vii. Recreational activities**

- Residents are encouraged to participate in recreational activities arranged by the facility.
- The facility partners with the Police Youth Club in organising recreational activities for residents.
- There is a need for an arrangement between the private sector and the government to provide geriatric care facilities with access to swimming pools, gyms and health and wellness centres.

**viii. Death and funeral arrangements of residents**

- Funeral arrangements are coordinated by the family members of the decease or by the Facility.

22. The visit was concluded and the Members departed at approximately 3:40 pm.


**Figure 20:** Mrs. Glenda Jennings-Smith, MP (Member) and Dr Agatha Carrington (manager of Agatha's House)

Committees Unit

January 27, 2017