VERBATIM NOTES OF THE NINTH MEETING OF THE JOINT SELECT COMMITTEE APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD (IN PUBLIC) IN THE J. HAMILTON MAURICE ROOM MEZZANINE FLOOR), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, NOVEMBER 16, 2016.

PRESENT

Dr. Dhanayshar Mahabir	Chairman
Brig. Gen. (Ret.) Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Miss Nadine Stewart	Member
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

UNREVISED

Dr. Barry Ishmael	Legal Officer II
Ms. Anra Bobb	Project Coordinator/Geriatric Adolescent Partnership Programme

***10:25 a.m.**: Meeting resumed*

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 practise, 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 centres, 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 centre and help desk and the family services division which also provides support for elder abuse cases and so on. We also have the GAPP—we have the coordinator of the GAPP 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 licence 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 licence or are you able to advise us on whether the licences 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 licence. The licence 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 licences—

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 licence?

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 centres 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 licence, 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 licence?

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 licence 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 licence 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 licence, 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 licence? 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 multisectoral 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, licences?

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 hundred 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 passed 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 disease 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 centres 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 centres 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 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 GAP 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 neighbourhood 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?

Dr. Rouse: It is something we will have to brainstorm because I know in another incarnation in the Ministry they used to have programmes like "adopt a home" or "adopt 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 demeanour 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 centre 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 enrolees 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?

Mr. Gangapersad: 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 your social welfare office will in all likelihood no longer be required?

Mr. Gangapersad: 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 defence 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 Defence 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 centres 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 neighbour, 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 neighbour 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 decanted, 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, their only income is pension, which is the baseline pension of $3,500. The question arose 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 neighbours, 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 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.*