



Towards a Successful Ageing Framework for Bermuda

March 4, 2011

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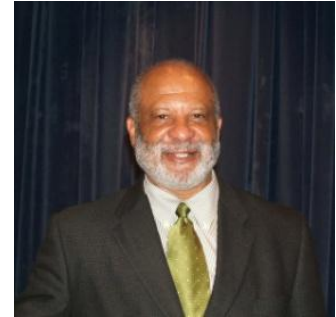
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Introduction Letter from the Chairman

March 2011

On June, 2nd 2010, as Chairperson of Age Concern Bermuda, I announced at the Annual General Meeting of our membership that Age Concern Bermuda would commence the development and campaigning of its own advocacy plan for a national ageing policy.



Such a decision was necessary at this time in the organization's history for a number of reasons, namely: the rapidly growing aged population; the commencement of a national plan for the aged by the Government of Bermuda; the potential closure of the Continuing Care Unit of the hospital and; rising health and long-term care costs.

The following document is a direct result of our commitment to strengthen our advocacy efforts in the call for a comprehensive, island-wide approach to ageing.

I would like to thank all of those who contributed to the contents of the successful completion of *Phase One* of a four phase process that Age Concern is undertaking to better meet the needs of the ageing population. These individuals include: Age Concern Directors and Steering Committee Co-Chairpersons, Mr. Jonathan Brewin and Mr. James McCulloch; local, primary, and secondary researchers, Dr. Edmina Bradshaw and Mrs. Marian Sherratt; the remaining Root Cause research team, Mr. Anand Dholakia, Mr. Peter Hill, and Mr. Ron Sinha; and Marilyn Ball from the Age Concern team. We are also very grateful for the generous support of the Atlantic Philanthropies in advancing this work.

Yours sincerely,

Paget Wharton
Chairperson of Age Concern Bermuda

The Significance of a Framework for Ageing

March 2011

Dear Reader,

The way forward to addressing the ageing issues that face most developed countries has become the proverbial elephant in the room. Will demographic shifts translate into larger numbers of older people being overly dependent on already strained economies, or is this the dawn of a new era of more dynamic ageing and active living?



The truth of the matter is that there are no easy answers to these questions. While there is certainly a need to disband the images and stereotypes of the past that represent ageing as the slippery slope to decline, there is also a need to acknowledge that the ageing process can be a period of growth and fulfillment.

How, then, does Bermuda design its approach to ageing?

Age Concern Bermuda is excited to release a milestone research document: Towards a Successful Ageing Framework. The framework provides a lens for looking at the opportunities that are emerging to address the growth of Bermuda's ageing population.

What is it?

The Successful Ageing Framework is a representation of key components for a basic infrastructure to support successful ageing of older adults in Bermuda. It provides a comprehensive structure for three key groups: older adults and caregivers who will be the direct beneficiaries of the framework, other stakeholders in the ageing field, and policy makers. The framework illustrates five areas of focus and identifies their related stakeholder groups, and relevant policies and legislation. The framework further addresses identified gaps, issues, and challenges, as well as potential measurement and evaluation.

The framework was developed using a research process that looked at ageing policies and approaches in other jurisdictions, a thorough review of the Bermuda ageing stakeholder landscape, and a review of available information. It provides a lens to:

- Help maintain a healthy, productive, and fiscally sound population of older adults
- Outline five core areas of focus for a successful ageing plan
- Represent Bermuda's landscape of stakeholders, programmes and services, legislation and other issues related to Bermuda's ageing population
- Address a broad spectrum of issues that relate to the frail elderly as well as long-term preventative measures to sustain a healthy and active older adult population Define a common set of measurable primary outcomes and social impact indicators for successful ageing

Why was it developed?

The framework was developed in order to inform the ageing plan that is being developed by the Bermuda Government, and to help frame the conversation for those who will be involved in developing and implementing the plan. The framework is also intended to underpin Age Concern's other advocacy

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and education efforts to heighten awareness in the community about what a more proactive approach to ageing could look like.

How can it be used?

The Successful Ageing Framework can be used to:

- Build awareness about an ageing context beyond just medical needs
- Engage a broad spectrum of stakeholders—including the older adult population—to be aware of, advocate for themselves and the importance of their roles in creating a better environment for older adults
- Empower older adults and their caregivers
- Inform current ageing planning efforts
- Provide a common structure to strategically focus and align the efforts of stakeholders to help increase overall efficiency and effectiveness
- Identify specific and potential areas for collaboration among stakeholders
- Help key stakeholders track and share Bermuda's progress in improving the common outcomes for successful ageing

What are the next steps for the framework?

Age Concern will obtain feedback from older adults, the Government, and other stakeholders to:

- Refine the Successful Ageing Framework
- Inform the organization's education and advocacy work
- Submit the Framework and/or relevant portions as one of its contributions to the national ageing planning process being undertaken by the Government of Bermuda

How will success be measured?

We will know that we have been successful in our endeavors if we have achieved one or all of the following goals:

- Ensure inclusion of the framework in a national ageing plan for Bermuda
- Grow the participation of older adults and other stakeholders in advocating for the use of the Successful Ageing Framework in their own lives and practice
- Demonstrate heightened awareness throughout the community by executing our education and advocacy efforts for more proactive and healthy ageing

We hope that the Successful Ageing Framework will help support a shift from the dominant stereotype of the ageing population as a burden, to a vision of opportunity in the pursuit of a more proactive ageing agenda.

We invite your active participation in this journey into a new era of ageing in Bermuda.

Yours sincerely,



Claudette Fleming, MSW
Executive Director
Age Concern Bermuda

Executive Summary

Bermuda is currently at a major crossroads, and is experiencing a demographic shift that will lead to a significantly older population. The proportion of older adults 65 and older will double from 11% to 22% by 2030 and the median age will increase significantly. As the population gets older and increases in size, so will its corresponding service and care needs. With an increasing percentage of Bermuda's older adults not working, the burden on the nation's labour force—and the family caregivers—is even greater. The complexity of existing needs of older adults and their caregivers and demographic trends, together with shifting economic, political, and social forces, suggest that a new approach towards ageing is required.

The traditional conversation about ageing has generally revolved around addressing illness, decline and dependency through various modes of support. Successful ageing is a more holistic concept regarding ageing that encompasses both the traditional approach and modes of support, and also other broad concepts for ensuring that older adults have a happy, healthy, and successful experience as they age. Successful ageing incorporates the importance of older adults maintaining not just physical health, but also financial security, productivity and employment, independence, an optimistic outlook on life, and continued involvement with people and activities that bring meaning and support to their lives.

Given current momentum in the ageing field being driven by Government and other stakeholders, Bermuda has a strong opportunity to develop and implement a national ageing plan to transform the way in which ageing is addressed. To help capture this opportunity, Age Concern and a team of researchers and stakeholders in the ageing field conducted a comprehensive project to research the current state of ageing in Bermuda, and to define the requirements for promoting successful ageing.

The Successful Ageing Framework and underlying research presented in this document provides a comprehensive, national-level lens to address a broad spectrum of ageing issues in order to promote a successful ageing approach. Overall, the framework is designed to help build awareness about a broader ageing context, engage key stakeholders, inform current ageing-related planning efforts, and provide a common structure to strategically focus and align the efforts of stakeholders and track progress. To do this, the framework clearly outlines five core areas of focus: Finance, Advocacy, Planning & Accountability, Primary Care, and Integrated Services. These focus areas have been defined as critical to supporting successful ageing in Bermuda, and are based on a thorough review of national ageing policies in other jurisdictions with customization for Bermuda. The framework also presents a thorough review of Bermuda's landscape of existing stakeholders, programmes and services, legislation, and other issues related to these focus areas, with an analysis of the status quo and remaining gaps. Finally, the framework includes a model that links ageing-related activities to a defined set of outcomes and indicators that will help to define common, measurable goals.

Based on the research and Successful Ageing Framework developed through the project, Bermuda already has many elements for successful ageing in place, including a wide range of critical programmes and services, supports, and existing data. These elements are supported by a wide range of stakeholders in the public, private, and nonprofit sectors and across the community itself. The landscape review reveals that many groups currently play, or have the potential to play, a role in supporting successful ageing, including: older adults themselves, Government, funding agencies, employers, families/ primary caregivers, service providers, professional and special interest groups,

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international organizations and associations, and academic and training institutions. However, the research also revealed a number of remaining gaps, with many opportunities for increased supports, stronger collaboration, and better policies in order to achieve a more coordinated, integrated system and approach towards successful ageing in Bermuda.

With the deliberate, dedicated efforts of Bermuda's stakeholders guided by a common framework and the development of a comprehensive national plan, the goal of moving towards successful ageing in Bermuda can be a reality.

Project Overview

The Concept of Successful Ageing

The traditional conversation about ageing has generally revolved around addressing illness, decline and dependency. While these elements will always be a part of the ageing field, over the past few decades the perceptions of ageing and the scope of what is included in conversations about serving and supporting older adults have expanded. Ageing is being viewed more positively and not necessarily as a time of inevitable decline and disease, but of continued life activity.

Successful ageing includes the full range of health, personal care, financial and social services and resources at home and in the community to help older adults:

- Avoid Disease and Disability
- Maintain High Cognitive and Physical Function
- Stay Involved With Life and Living

Successful Aging – based on the MacArthur Foundation Study of Successful Aging

Successful Ageing is a holistic concept of ageing that focuses on the importance of older adults maintaining financial security, productivity and employment, independence, an optimistic outlook on life, and continued involvement with people and activities that bring meaning and support to their lives, in addition to physical health.

The MacArthur Foundation Study of Successful Aging, one of the most comprehensive studies of its kind, found that a high quality of life is preserved by three key ingredients—maintaining a low risk for disease, high physical and cognitive function, and a high level of engagement with one’s community—and “it is the combination of all three that represents the concept of successful aging fully.”¹ Older adults show a similar broad perspective regarding successful ageing, as shown in the chart to the right. The table below summarizes the main differences between the traditional and successful ageing lenses.

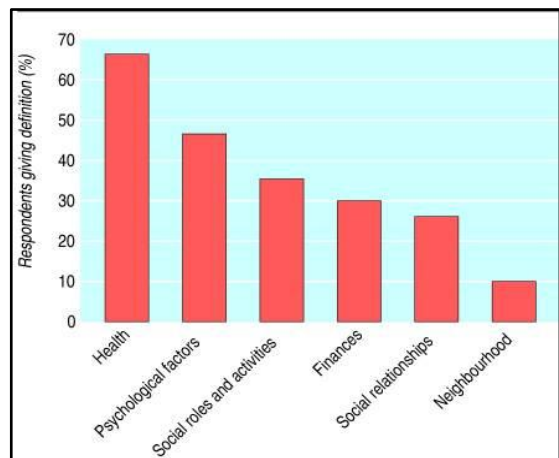


Figure 1: Most common definitions of successful ageing given by people aged 50+ in Britain (Bowling and Dieppe December 2005)

Traditional Ageing Lens	Successful Ageing Lens
<ul style="list-style-type: none"> • Focus on medical and health side of ageing-related issues • Short-term treatment perspective • Older adults seen as frail, unwell & dependent, “going downhill” • Nursing homes, hospital geriatric beds, etc. 	<ul style="list-style-type: none"> • Focus on entire spectrum of ageing-related issues including health, social, employment, financial, etc. • Long-term prevention <i>and</i> treatment • Older adults seen as healthy, active and important contributors to society • Lifelong learning, community service, exercise, social activities²

¹ (Rowe and Kahn 1998)

² (Hyman 2007), (Coyle 2003), (G. Cohen 2006), (LIFE Study Investigators 2006), (Morrow-Howell, Hinterlong and Tang 2003), (Rowe and Kahn 1998)

This report uses the concept of Successful Ageing to encompass the traditional understanding ageing and to embrace other holistic concepts for ensuring that older adults have a happy, healthy, and successful experience as they age.

Age Concern Overview

The mission of Age Concern Bermuda is to “link seniors to services that meet their needs.” Age Concern’s vision is “a day when through collaboration and coordination of Government, Charities and the Business sector, all seniors in Bermuda, regardless of economic status, will receive a seamless integration of high quality, affordable services needed in order to live a healthy and happy life.” The organization currently consults with seniors, families, service providers, government departments and the corporate and donor community on matters that affect the aged, and has developed a number of strategic alliances within the Bermuda business community to provide goods, services and key products to Bermuda’s over 50 population. In addition, Age Concern holds convenings, conducts research, reports data and hosts trainings for service providers to collaboratively improve effectiveness, efficiency and sustainability of services.

Project Objectives and Scope

In November 2010, Age Concern Bermuda initiated a research project to develop a Successful Ageing Framework for effectively addressing the needs of Bermuda’s growing ageing population. The purpose of the project is to identify the major components for successful ageing that are required to sustain and improve the quality of life of older Bermudians.

The anticipated outcome of the process is a comprehensive framework that includes empirical and other evidence. The framework is to be refined and implemented via a process that includes the following four phases:

Phase	Purpose	Outcome
Phase 1: Research	Identify the major components for successful ageing that are required to sustain and improve the quality of life of older Bermudians, and the major gaps that exist	Successful Ageing Framework for Bermuda – 1 st Draft
Phase 2: Consultation	Identify, consult with and integrate input from Government and other critical stakeholders	Successful Ageing Framework for Bermuda – 2 nd Draft
Phase 3: Advocacy and Education	Educate and equip the Age Concern membership and relevant stakeholders with information that highlights findings from the Successful Ageing framework	Launch of an Age Concern Successful Ageing Advocacy Campaign
Phase 4: Implementation	Age Concern utilizes the framework to expand its efforts and to support a national ageing plan for Bermuda	Framework contributes to a national ageing plan and other coordinated ageing efforts, Age Concern leverages the framework to expand its advocacy and education efforts

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The overall project is guided by a ten-person steering committee representing key stakeholders across the ageing field. This report presents the first draft of a Successful Ageing Framework, and is the result of the Phase 1 research component described above.

The research questions, methodology and limitations for the Phase 1 research component are described below.

Research Questions

1. What are the major components of successful ageing that are required to sustain and support older adults successfully in Bermuda?
2. What is the baseline of components currently available in Bermuda?
3. What are the major gaps that currently remain in Bermuda?

Research Methodology

The focus of Phase 1 was to research & identify the relevant range of issues related to successful ageing for Bermuda's older adult population, based on existing and available information.

The research process included the following steps:

1. An initial review of the need and opportunity—the landscape and broad context for older adults in Bermuda, including demographics, trends, challenges, and opportunities in Bermuda and beyond
2. A comparative analysis of national approaches to successful ageing in other countries
3. The development of a customized framework of critical components for relevant successful ageing in Bermuda
4. An analysis of i) Stakeholders, ii) Programmes & Services, iii) Policies & Legislation relevant, and iv) Caregiving as is relevant to successful ageing in Bermuda
5. Measurement recommendations for Outcome and Social Impact Indicators

Research Limitations

- The research was limited to existing and readily accessible data
- Direct information from interviews of focus groups was not obtained
- The timeframe for data gathering, analysis, and reporting was limited
- Although extensive information was collected, analysis and synthesis were maintained at a high level, primarily for the purposes of defining a framework

Definitions

National Policy on Ageing

The development of a coherent framework linking different practices for the achievement of a goal to address a growing ageing population.

Successful Ageing

Successful ageing includes the full range of health, personal care, financial and social services and resources at home and in the community to help older adults:

- Avoid Disease and Disability
- Maintain High Cognitive and Physical Function
- Stay Involved With Life and Living³

Advocacy

Advocacy is the pursuit of influencing outcomes—including public policy and resource allocation decisions within political, economic and social systems and institutions—that directly affect people’s current lives.⁴

Caregiving

The act of providing paid or unpaid assistance and support to older adult family members or acquaintances who have physical, emotional, and/or other needs.

Older Adults

Age Concern defines older adults as people 50+. The terms “older adults,” “seniors,” “elderly,” and others are used relatively interchangeably in the literature to refer broadly to the older population, with the precise age range varying depending on the specific target of an individual law, organizational mission, or focus of care. While the AARP, Age Concern Bermuda, and the UK Friendly Societies Act all focus on the 50+ population, the United Nations uses 60+ in its ageing work and Bermuda’s retirement age is 65.

This document has relied on studies using a variety of age ranges in their statistics on older adults, most commonly 65+. Because of the emphasis on prevention and considerations for older adults across the spectrum of ageing, however, the document is generally focused on the broadest definition of this population.



³ (Rowe and Kahn 1998)

⁴ (Cohen, de la Vega and Watson 2001)

Ageing in Bermuda: The Need and the Opportunity

Bermuda's Rapidly Growing Ageing Population

Bermuda is currently experiencing a demographic shift that will lead to a significantly older population. The proportion of older adults 65 and older will double from 11% to 22% by 2030 and the median age will increase significantly.

Factors driving the ageing of the population include a declining birthrate, increased life expectancy, and changing family structures. While the birthrate fell from 28.3 births per 1,000 people in 1960 to 13.5 in 2000, life expectancy rose over the same period from 65.07 to 80.60 years for women, and 70.61 to 75.26 years for men.⁵ The shift in social values toward childlessness, divorce, and smaller families has also contributed to the ageing of the population.

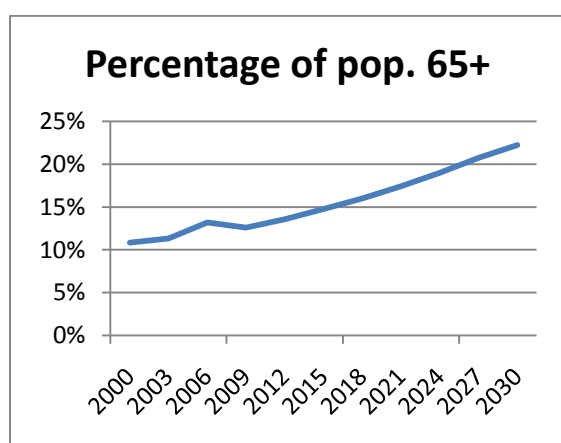


Figure 2: Percentage of Bermuda population 65+

These changes are leading to a record-high old-age dependency ratio, which reflects the ability of the working population to support its older adults.¹² By 2030, the old-age dependency ratio is expected to increase significantly, which combined with a relatively constant youth dependency ratio means that there will be more than 60 older adults and youth for every 100 people of working age.¹³

Statistic		2000	2030 Projected
Median age	Total Population ⁶	37	43
	Bermudian Population ⁷	38	46
Old-age dependency ratio	Total Population ⁸	15.5%	36%
	Bermudian Population ⁹	19.2%	44.8%
Total dependency ratio	Total Population ¹⁰	45.3%	64.4%
	Bermudian Population ¹¹	49.0%	72.1%

Figure 3: Statistics on Bermuda's ageing population

⁵ (Department of Statistics, Government of Bermuda 2006, 10,12)

⁶ (Department of Statistics, Government of Bermuda 2006, 1)

⁷ (Department of Statistics, Government of Bermuda 2006, 2)

⁸ (Department of Statistics, Government of Bermuda 2006, 25)

⁹ (Department of Statistics, Government of Bermuda 2006, 32)

¹⁰ (Department of Statistics, Government of Bermuda 2006, 24)

¹¹ (Department of Statistics, Government of Bermuda 2006, 32)

¹² Dependency ratios are measures of a society's ability to support those who are not generally in the workforce—the young and the old. The total dependency ratio is calculated as (# people under 15 or 65+) / (# people 15 to 64) * 100. The old-age dependency ratio is calculated as (# people 65+) / (# people 15 to 64) * 100.

¹³ (Department of Statistics, Government of Bermuda 2006, 25)

The shift toward an older population is compounded by a trend toward earlier retirement. Of people over 65 in 1980, 50% of men and 25% of women were in the labour force. In 2000, the percentage of older adults in the labour force had declined to 34% of men and 17% of women.¹⁴

The Needs of an Ageing Population

As the older adult population gets older and increases in size, so will corresponding service and care needs. With an increasing percentage of Bermuda's older adults not working, the burden on the nation's labour force—and the family caregivers—is even greater. If Bermuda's ageing sector environment remains in its current state, it appears likely that the gap between older adult needs and the capacity to meet those needs will worsen.

As a result of demographic changes in recent years, Bermuda faces a number of challenges in providing for its older adults, including:

- Smaller population to serve as family caregivers
- Economic costs of additional caregiving needs, including lost work time and wages, emotional and physical stress, and increased financial pressure
- Increased demand for older adult services, including at-home care, residential and long-term care facilities, and nursing, and more rigorous standards and qualifications for care providers
- Rising health care costs
- Inadequacy of the Contributory Pension Fund, with the potential of insolvency requiring additional tax support¹⁵
- Decreased tax base at a time when costs are rising in health care and pensions

There are many examples of unmet needs among older adults. Approximately 1 in 5 older adults over 80 reported needing more transportation services to get to the doctor or go shopping. Similarly, 43% of service providers cite “travel difficulties” as an obstacle to older adults using existing services.¹⁶ In health care, though most older adults have some form of health insurance, 25% of younger seniors and 35% of seniors over 80 reported having inadequate health insurance coverage for their medication.¹⁷

A key factor in creating a high quality of life for older adults is family caregivers, who currently provide the bulk of direct care for older adults in Bermuda. Shifting demographics will have a significant impact on this group as there are more older adults to care for per person. Already, the strains of caregiving are clear:

- Approximately 50% to 70% of older adults are helped exclusively by family caregivers in 14 task categories studied, including using transportation, doing finances, light and heavy housework, shopping and in-home daily living activities.¹⁸
- 14% of caregivers have to take a leave of absence or give up work altogether, creating a dramatic opportunity cost amounting to tens of millions of dollars in lost productivity and worker replacement costs.

¹⁴ (Department of Statistics, Government of Bermuda 2006, 42)

¹⁵ (Department of Statistics, Government of Bermuda 2006, 42)

¹⁶ (Gutheil and Chernesky 2004, 23,44)

¹⁷ (Gutheil and Chernesky 2004, 12)

¹⁸ (Gutheil and Chernesky 2004, 15)

- Caregivers experience different levels of stress: 76% report emotional stress, 64% physical stress, and 46% report financial stress.
- Over half of caregivers report having less time for activities/friends, and nearly one third report having given up a vacation or hobby.

The complexity of existing needs of older adults and their caregivers and demographic trends, together with shifting economic, political, and social forces, suggest that a coordinated effort will be needed to ensure that Bermuda's growing older adult population maintains its quality of life. This effort will require a comprehensive approach that not only looks at health care and disease management, but also emphasizes prevention, education, healthy ageing, and financial, emotional, and legal considerations.

Barriers to Successful Ageing in Bermuda

While many services for older adults in Bermuda currently exist, there are a number of challenges that have kept the fragmented landscape of services from producing a successful system that effectively supports the successful ageing of all older adults. These barriers include:

- **Coordination of Service Providers** – Limited resources to focus on collaboration and coordination among service providers can lead to gaps and duplication in services for older adults.
- **Information among Older Adults** – A centralized information service with significant connections to both older adults and service providers would improve both efficiency and outreach. A study by Fordham University indicated that 76% of older seniors and 86% of younger seniors thought this would be a helpful service.¹⁹
- **Financial Assets/Low Affordability of Services** – Limited savings, high cost of living and low older adult average income level limit access to available services.
- **Underutilization of Services** – The burden of managing service provision falls on older adults and their caregivers, and lack of knowledge about services, a fear of losing independence, the difficulty of accessing transportation, and time constraints on caregivers can mean that older adults do not take advantage of services available to them.
- **Planning and Accountability** – Comprehensive management of research information and experience-based measurement are needed to continuously gauge effectiveness and improve service quality. There is currently limited ongoing data collection and strategically-aligned research to support a national ageing plan.

The Opportunity for a National Ageing Plan for Bermuda

Three significant elements converge to allow for the development and implementation of a successful ageing plan for Bermuda at this point:

Evidence – There is a well-established and growing body of research and international experience that shows that a holistic approach on a regional or national scale can be effective in addressing the needs of older adults.

Infrastructure – The existence of infrastructures provided the National Office of Seniors & Physically Challenged, coupled with the expansion of Age Concern driven by increased

¹⁹ (Gutheil and Chernesky 2004, 24)

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philanthropic support from Atlantic Philanthropies and others, provides a significant opportunity for Bermuda to develop a comprehensive plan to address the full range of needs of its older adults, today and into the future.

Momentum – The Government of Bermuda is soliciting input on an ageing plan, meaning that there is significant energy toward improving the support and services for older adults in Bermuda.

The development of a national ageing plan would also align with the impending closure of the extended care unit at King Edward VII Memorial Hospital.

Such a plan could transform the way in which ageing is addressed, using best practices supported by research to ensure that all of Bermuda's older adults can live healthy, productive, and meaningful lives. The Successful Ageing Framework and its underlying research presented in this document provide what can be the critical, broad foundation for such a national plan.

By supporting the National Office as it begins to build momentum for a national plan, Age Concern aims to play a key role in ensuring that the vision of a healthy, active ageing process can be a reality for all.

National Policies on Ageing – Review of Other Jurisdictions

To inform this research project with evidence from other national jurisdictions, a review was initially conducted to understand the scope and nature of national ageing policies in other countries.

The countries selected for review represent both a geographic and demographic spread. While the selection cannot claim to be comprehensive, it is representative of jurisdictions that have an identifiable national policy relating to older persons. “National policy” is taken to mean the development of a coherent framework linking different practices for the achievement of a goal for addressing a growing ageing population. Given this definition, the completed or ongoing process of development of such a policy framework—sometimes referred to as “National Strategy,” “National Approach,” “Guiding Principles,” etc.—was evident in the countries reviewed for this study.

Data Sources

Africa	<ul style="list-style-type: none"> • Kenya • Tanzania
Asia	<ul style="list-style-type: none"> • Hong Kong • Japan • Korea • Malaysia • Singapore • Thailand
Australia	
Caribbean	<ul style="list-style-type: none"> • Barbados • Jamaica • The ‘Pillars’ Framework
Europe	<ul style="list-style-type: none"> • Sweden • Germany • United Kingdom • Wales • Northern Ireland • Republic of Ireland
North America	<ul style="list-style-type: none"> • Canada • Unites States
International Organizations	<ul style="list-style-type: none"> • United Nations • World Health Organization

Key Issues and Questions

Given the broad range of issues and guiding principles addressed in the various national policies, the research focused particularly on the following questions:²⁰

²⁰ The questions identified for comparison of national policies on ageing were informed in part by protocols outlined in (Phillips and Chan 2002)

- Who takes a lead role in the ageing policy and its coordination?
 - Is there a focal agency?
 - Is there an appointed senior government official or administrator specifically responsible for older persons?
 - Does a government department, ministry or minister head the national policy?
 - What is the role of non-governmental agencies?
- What are the main features of the policy and how long has it been in place?
 - How comprehensive is it?
 - What is the scope/range of issues addressed in the national policy?
 - Which sectors and stakeholders are involved?
 - To what degree is there reliance on the traditional areas of institutional care, care by families, and/or care in the community?
- How is the issue of funding addressed?
- Is there a national/public awareness of the issues surrounding the ageing population, demographic shifts, and socio-economic trends?
 - Has there been any community involvement, nonprofits, or older persons themselves in the formulation or development of the national policy?
- How is impact measured?
- Are there any significant obstacles or challenges?

Key Findings

Based on the research conducted, the following key findings were identified.

Leadership Role

Without exception, the relevant governments took the lead role in developing and coordinating a national policy on ageing. Indeed, many national ageing policies are guided by enactment of legislation in some countries – e.g., The Older Americans Act (1965, 2006) in the United States. Most recently (December, 2010), Northern Ireland enacted a landmark piece of legislation creating a Commissioner dedicated to safeguarding the rights of people in later life, generally recognized as the trigger for a comprehensive national policy on ageing. In Canada, responsibility for a coordination of the national policy rests with the federal, provincial, and territorial ministers responsible for older adults.

In many instances, governments appointed councils that comprise a cross-section of society—including representation from public, private, and nonprofit sectors—to be responsible for the national policy on ageing. For example, in Jamaica, The National Council for Senior Citizens is the core institutional mechanism for the development of strategies and the implementation of programmes to meet the needs of older persons. Typical of other countries, the mandate of this body is to:

- Advise the Minister with responsibility for issues on ageing on all matters concerning the welfare of older adults
- Make recommendations for policies and programmes to meet the needs of older adults
- Work with government and citizens to develop plans of action which:

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- Encourage the participation of the elderly in nation building
- Give recognition to the elderly as vital and useful members of the society
- Establish programmes to meet the physical, spiritual, and socio-economic needs of the elderly in different stages of the ageing process

National Policy Features

National Policies are generally anchored around specifically defined themes, which reflect the scope and nature of the country's strategy on ageing. The themes are variously referred to as "Pillars," "Principles," "Themes," "Areas of Focus," "Priorities," "Areas of Concern," etc. and they vary widely in number. For example, the World Health Organization *Active Ageing: A Policy Framework* (2002) is consolidated within three areas of focus—Health, Participation, and Security—while Tanzania's *National Ageing Policy* (2003) has 15 policy areas.

At the international level, the United Nations General Assembly adopted an *International Plan of Action* (1991) specifying five "United Nations Principles for Older Persons": Independence, Participation, Care, Self-Fulfillment, and Dignity. While these themes are anchored principally in human rights, many governments including those of Canada and the Republic of Ireland have responded to the urging of the United Nations to incorporate the principles into their national programmes "to add life to the years that have been added to life." Twenty-one member countries of the World Health Organization have similarly adopted the three pillars of *Active Ageing: A Policy Framework* (2002), which is also guided by the United Nations Principles for Older Persons.



It is evident that idiosyncrasies such as cultural traditions affect the nature of national policies for older persons. In Tanzania, for example, where natural operating norms may compromise the rights and wellbeing of women in particular, the national policy specifically addresses "Women & Incompatible Traditions" as one of its policy areas.

In sum, the common features of a national policy on ageing include the following core elements:

- Point to a shift from a "needs basis" to a "human rights" basis
- Emphasize maintenance of independence and prevention of unnecessary ill health
- Underscore a coordinated and integrated approach within mainstream health, social, and economic policies
- Recognize the social needs of older persons
- Address financial security and responsibility
- Balance responsibilities among individuals, family caregivers and government
- Underline legislative underpinnings to protect & promote the welfare of older persons
- Reflect cultural idiosyncrasies.
- Include advocacy and public awareness strategies
- Highlight ongoing research, measurement, and evaluation

Impact

Few reports of the impact of a national policy on ageing were found. Of those, most countries indicated that their planning processes underestimated implementation constraints, especially human and financial resources, for example, as reported in *Status and Implementation of National Policies on Ageing in Jamaica* (2004).

It is unlikely that impact can be effectively assessed without the collection and analysis of data on socio-economic issues affecting older persons.

Not only is this crucial for monitoring and evaluation, but it is essential for establishing an implementation baseline. For Kenya, their national ageing plan stipulated that “In collaboration with NGO, Universities, International organizations, private sector and public in general, the Government will have to identify information gaps that exist in relation to the needs and rights of older people, collect data on factors that contribute to the poverty experienced by older people, undertake research on differential ageing in women and men, and research on educational gaps and needs of older people amongst others.”²¹ This approach to measurement of impact is typical of many of the national strategies reviewed.

Older people told us the sort of services they wanted the money invested in – and that affected what we spent the money on.

The real test to me of engagement is that you have to affect one of the two important things: what you do or what you spend your money on... The involvement of older people in the programme has affected both things directly.

Project manager, Partnership for Older People Projects local partner site
(Windle, et al. n.d., 5)

An emphasis on impact *of* older adults, in addition to the impact *on* the older adult population has been made in some jurisdictions. A national evaluation of the U.K.’s Partnership for Older People Projects reported that “a wide range of projects resulted in improved quality of life for participants and considerable savings, as well as better local working relationships.”²² This perspective on impact underscores the successful ageing concept, which proposes that with effective planning and appropriate national infrastructures, most older adults can continue to be active contributing members of society.

²¹ (Olum n.d., 42)

²² (Windle, et al. n.d., 1)

Proposed Bermuda Successful Ageing Framework

The proposed ageing framework for Bermuda is divided into five distinct areas of focus, and is intended to underpin the entire spectrum of services, support, and considerations for the growing older adult population.

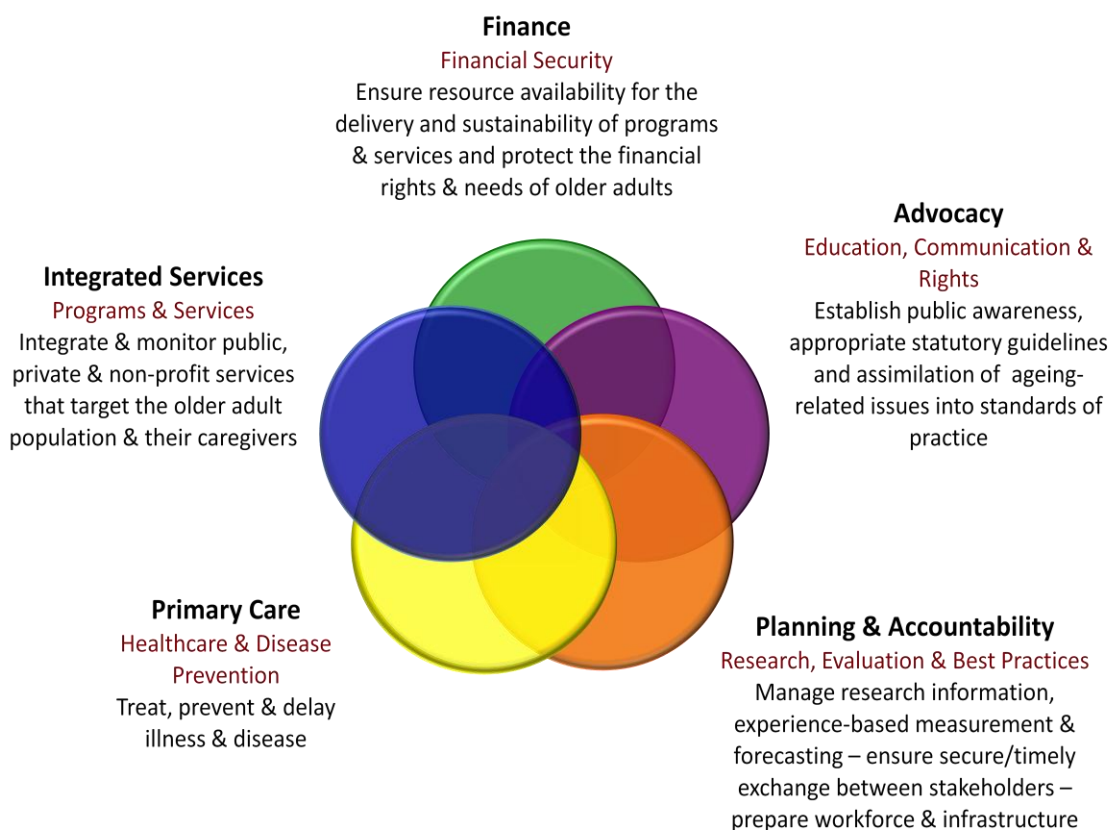


Figure 2: A Framework of interconnected areas of focus relevant to ageing in Bermuda

The framework's focus areas were distilled from the broad range of elements addressed in the comparative analysis of national ageing programmes and factored against an equally broad range of issues, stakeholders, services and other elements in Bermuda's ageing landscape. Each focus area is described below.

Primary Care

Primary care is consistently recognized as fundamental to all national ageing strategies. This area of focus recognizes primary care of older adults as a distinct and critical element of the ageing framework. It represents a multidisciplinary approach to provide comprehensive healthcare services to older adults, led by primary care providers. It emphasizes health promotion and preventative services, management of chronic diseases and specialty care.

The interface with adjacent services provided by other stakeholders in the community is also an important element of this area of focus.

Integrated Services

This area of focus emphasizes the integrative coordination of the services, programmes, and the related stakeholders who support the older adult population. This is a critical component of national ageing programs, and is also emphasized in a proposed framework for the Caribbean²³; and is recognized as a priority for “...Equity, Efficiency and Sustainability” of ageing programs.²⁴

An illustration of the scope of integrated services for Bermuda is provided in Appendix A: Stakeholders, Programmes, and Services Status Quo Analysis Matrix. Ultimately, older adults and their caregivers can also benefit from easy navigation of and ready access to programmes, services, and other resources.

Finance

This area of focus represents the array of resources that support the financial sustainability of an ageing plan. Financial rights and need relative to the varying social and economic circumstances of the older adult population are of significant importance. Elements of the ageing framework included in this area of focus include needs-based financial support, reverse mortgages and other banking issues, insurance provision, retirement planning, resource management, etc.

Advocacy

This area of focus emphasizes the integration of the framework into society through education, outreach, and policy. The goal of this area of the framework is to promote public awareness of the lives of older adults and to influence public policy and legislation.

Advocacy is the pursuit of influencing outcomes—including public policy and resource allocation decisions within political, economic and social systems and institutions—that directly affect people’s current lives.

David Cohen
(Cohen, de la Vega and Watson 2001)

Planning & Accountability

This area of focus emphasizes advance preparation, monitoring, and review as ongoing processes for continuous enhancement of the Successful Ageing Framework. It addresses research, evaluation, and best practices in all areas of the framework. Further, it points to the overall administration of the framework including setting standards, managing research and information, implementing experience-based measurement and forecasting, and facilitating the secure and timely exchange of findings between stakeholders. This area of focus ultimately ensures that the workforce and infrastructure exist to support the framework.

²³ (Duke University, et al. 2010)

²⁴ (Karlsson, et al. 2004)

Stakeholder Analysis

Overview

The successful implementation of an ageing framework in Bermuda rests upon the active, deliberate, and coordinated participation of a wide range of stakeholders. The breadth of the components in the framework will naturally require a distribution of roles across the public, private, and nonprofit sectors.

Best Practice

The effective implementation of a successful ageing framework carries with it a number of recommendations for stakeholders and their roles. Specifically, government would drive the effort to develop and maintain a framework, and responsibilities would be balanced among individuals, family caregivers, and government for its operation. A resource centre for caregivers would also be important part of implementing an effective framework for Bermuda.²⁵ Regarding all stakeholders as a group, successful implementation would allow for the programmes and services provided by stakeholders (summarized in the Programmes & Services section) to be coordinated, comprehensive, continuous, and flexible, and integrated with mainstream health, social and economic policies.



²⁵ (Gutheil and Chernesky 2004)

Baseline – What Exists in Bermuda

A scan of the Bermuda landscape identified stakeholders that currently play a role in supporting older adults and the ageing sector. A detailed description of the roles of these stakeholders in relation to each focus area of the Successful Ageing Framework is included in Appendix A.

Older Adults: In addition to being the recipients of ageing services and the central focus for the Successful Ageing Framework, older adults also play a critical role as stakeholders in all aspects of the system, as caregivers, recipients, advocates, and in their roles within other organizations and groups.

Government: Government is the largest and most important stakeholder, playing a major role in primary care, integrated services, finance, advocacy, and planning and accountability. Numerous ministries and departments play roles in the framework, including the National Office for Seniors and Physically Challenged, Department of Financial Assistance, Department of Health, etc.

Family/Primary Caregivers: This stakeholder group includes family members, relatives, and volunteers or paid professionals who have direct responsibility for the well-being of an older adult. Due to their direct involvement with older adults, Bermuda's caregivers play an essential role that helps to increase the effectiveness and integration of every component of the Successful Ageing Framework, except for planning and accountability. As a result of their caregiving duties or other factors, members of this stakeholder group can become vulnerable and in need of support themselves.

Service Providers (Private and Nonprofit Sectors): A wide range of businesses, institutions, service organizations, and professionals in both the private and nonprofit sectors provide a broad spectrum of ageing services. These providers play an important role in every component of the framework. This stakeholder group includes private health care professionals, health education organizations, and older adult residential facilities that address primary care, integrated services, advocacy, and planning and accountability, as well as insurance companies and banks that help support finance and economic security.

Employers: Employers in all sectors play a role in supporting all focus areas of the Successful Ageing Framework. Employers and the Bermuda Employer's Council support primary care by encouraging the healthy behaviours of employees, support integrated services by allowing caregivers to balance their family and job responsibilities, support the financial security of older adults as both employees and retirees, and play a role in advocacy by participating in the development of employer-related policies and legislation that may affect older adults.

Academic & Training Institutions: Local and overseas institutions of learning include schools, Bermuda College, the National Training Board, etc. This stakeholder group supports successful ageing by training a workforce of primary care integrated service providers, providing financial assistance to students, and conducting and supporting research and assessment of ageing services and systems. In addition, building awareness of ageing in the community would include students in general.

Professional and Special Interest Groups: This stakeholder group includes relevant volunteer service groups, faith-based institutions, advocacy groups, and professional associations. These stakeholders have a vested interest in and advocate directly or indirectly on behalf of the ageing population. Their focus may be on any specific condition or situation that may affect older adults e.g. elder abuse. This group can also help support research and long-term planning for ageing by collecting and sharing data.

Funding Agencies: This group represents the agencies that play a role in the funding for any element of the ageing framework, and includes government and numerous corporate and private foundations, banks, businesses, individual donors and faith-based institutions.

International Organizations and Associations: This stakeholder group includes organizations and partnerships outside Bermuda such as the World Health Organization and United Nations that help to develop and define best practices, standards, research, etc. in the field of ageing. Such benchmarks help to set the context for developing and maintaining a robust ageing sector in Bermuda. International groups also occasionally support research and advocacy in Bermuda.

As outlined above, the stakeholders in Bermuda who play a role related to the ageing population come from a range of organizations, institutions, agencies, and positions across the public, private, and nonprofit sectors. These many entities, ranging from government institutions to individual family caregivers, are currently engaged in supporting all areas of the framework either directly or indirectly. The current stakeholder landscape is underpinned by the Bermuda Government in all areas from setting policy and planning to delivery of programmes and services and capturing demographic information. The Bermuda Government is also driving the development of a national plan for ageing.

Gaps

Bermuda has an existing healthy range of stakeholders. However, there is little evidence of coordination or integration between individual stakeholders. Overall, the stakeholder landscape appears to be fragmented, with most individual entities primarily focused on their own activities. Also, while playing an active role within the ageing framework, many stakeholders may not be aware of or deliberate in their ageing role.

Addressing these gaps would benefit from the following:

- Increased recognition, understanding, and clarification of stakeholder roles in supporting successful ageing
- Increased coordination of stakeholder activities with each other in order to promote more strategic and deliberate support of successful ageing
- Strengthened focus on measuring and sharing data about their work
- Increased scale of available services (more detail provided in next section)
- Increased emphasis on innovation and creativity in order to help make the support of successful ageing more scalable, accessible, and affordable
- Creation of a central resource entity that is focused on support for family caregivers²⁶

²⁶ (Gutheil and Chernesky 2004)

Programmes & Services

Overview

The successful implementation of the Successful Ageing Framework in Bermuda will require a broad spectrum of programmes and services to address the framework's five focus areas. The stakeholder groups described in the previous section provide a wide range of direct and indirect programmes and services that support the framework. A more detailed listing of programmes and services is included in Appendix A.

Best Practice

While the successful approaches in all aspects of ageing are too numerous to list, a few best practices stand out as being particularly necessary to infuse throughout the ageing framework. Programmes and services should:

- Coordinate with each other in order to maintain a continuum of programmes and services that is comprehensive, continuous, and flexible
- Include a case management component
- Sufficiently address the area of financial security for older adults and their caregivers
- Promote healthy living and help prevent illness and disease
- Remain accessible and affordable
- Maintain strong quality control through ongoing measurement and evaluation

To support the above, there should be available programmes and services for advocacy and awareness, for training and education of the workforce needed in the Successful Ageing Framework, and for sufficient older adult transportation so that older adults can physically access what they need.

Baseline – What Exists in Bermuda

Existing programmes and services that support each of the Framework's focus areas are summarized below. A more detailed listing of programmes and services is included in Appendix A: Stakeholders, Programmes, and Services Status Quo Analysis Matrix, mapped by both area of focus and stakeholder group.

Primary Care: To support the treatment, prevention, and delay of illness and disease, a wide range of primary and secondary care, health promotion and education activities, and population-based health services are currently provided by government, service providers, and professional and special interest groups. Family/primary caregivers support older adults' access to and use of these services, with employers helping to promote healthy behaviours and lifestyles via corporate wellness programmes.

Integrated Services: Government, caregivers, service providers, and professional and special interest groups currently provide a wide range of programmes and services that address the needs of the older adult population. These include housing, transportation, personal care, home improvement, meal delivery, recreation, companionship, and connections to other services. However, there is an opportunity for better integration and

more readily accessible information on services. A small number of programmes and services provide support for family caregivers.

Finance: Programmes and services in this focus area support and protect the financial rights and needs of older adults and their caregivers. Currently, government, caregivers, professional and special interest groups, and funding agencies provide varying levels of direct financial assistance to older adults. Caregivers, service providers, employers, and professional and special interest groups also provide an important second level of support by assisting older adults with financial management and planning, providing financial services such as insurance and banking, and by facilitating access and connections to those financial services. Other important programmes and services include banking, affordable insurance for older adults and caregivers, retirement planning, estate planning, sliding scale pricing, etc.

Advocacy: Programmes and services supporting this focus area help establish public awareness, appropriate statutory guidelines, and the assimilation of ageing-related issues into standards of practice. Service providers and professional and special interest groups are currently very active in this area, helping to lead and support public awareness and advocacy efforts related to the issues of older adults, ageing, and caregiving via their participation in collaborative efforts, development and execution of campaigns, and meeting with key stakeholders. Family caregivers can also provide important support for this pillar by providing personal advocacy for older adults, with the potential to help increase older adults' awareness of rights, and helping them to have their rights enforced.

Planning & Accountability: Programmes and services for this focus area help manage research information, conduct experience-based measurement and forecasting, and ensure secure/timely exchange between stakeholders. Government (especially the Department of Statistics), service providers, academic and training institutions, and professional and special interest groups are currently active in leading and supporting research, evaluation, and planning programmes and services related to ageing.

As summarized above, a wide range of programmes and services is currently provided by stakeholders in Bermuda to support each focus area of the framework. These include mostly direct and indirect programmes and services that address the needs of older adults, with a few that address the needs of family caregivers. These programmes and services are mostly sustained through a combination of funding by government and other funding agencies, and by the generous volunteer services of multiple stakeholder groups.

Gaps

Closely linked to the fragmentation of stakeholders described in the previous section, programmes and services for supporting older adults are also largely fragmented. This fragmentation is a primary driving factor behind the fact that the overall programme and service landscape is not always clear, continuous, or flexible. There are also challenges regarding quality, accessibility, and affordability for older adults and their caregivers. Contributing to the accessibility challenge are:

- Difficulty of easily accessing information about programmes and services
- Insufficient older adult-focused transportation to help older adults access the currently available programmes and services
- Difficulty of ongoing, rigorous measurement

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- Fundamental gap of insufficient scale (i.e., currently the need for many programmes and services greatly exceeds the supply).

In terms of specific programme and service areas, a central case management component, support for caregivers, and support for healthier, active ageing would all benefit from further development.

The following improvements would help address the gaps outlined above.

- Improved level of integration and coordination of programmes and services, in order to address service gaps and minimize service duplication
- Increased development of the spectrum of programmes and services that emphasize healthy lifestyles, the prevention and delay of physical or mental health issues, and continued involvement in meaningful activities and community interaction, e.g. nutrition and exercise programmes, lifelong learning options, volunteer and community service opportunities, arts-based programmes, etc. that cater to older adults. The benefit of such programmes has been supported by numerous research studies.²⁷
- Further development of programmes and services to support family caregivers
- Improved availability and quality of information about programmes and services
- Increased scale of effective available services, in order to meet current and future growing demand
- Increased attention to quality control and the measurement and sharing of quality information
- Improved accessibility and affordability of programmes and services
- Greater availability of transportation for older adults

²⁷ (Hyman 2007), (Coyle 2003), (G. Cohen 2006), (LIFE Study Investigators 2006), (Morrow-Howell, Hinterlong and Tang 2003), (Rowe and Kahn 1998)

Legislation and Policy

Overview

Legislation and policy to support successful ageing can focus on a wide range of areas, from certification and quality of providers and coordination and accessibility of services, to protections from those who would take advantage of older adults' potential vulnerability. Providing legal protections for older adults that allow them to age confident in their financial security and access to health care and caregiving services is essential to keeping Bermuda's older adults healthy and active.

Baseline

A number of laws currently protect older adults and regulate services for them, either specifically designed for older adults or addressing the larger population.

Financially, older adults in Bermuda currently benefit from the Contributory Pension Scheme, an exemption from the land tax for those over 65, and access to the financial assistance safety net for those who qualify. In cases where older adults are unable to manage their assets and are deemed mentally incapable, the Mental Health Act provides for management of those assets. Older adults also receive some level of protection from legislation addressing consumers and employees generally.

Current laws on primary care require the registration of nursing homes and charge the Bermuda Health Council to regulate, coordinate, and enhance the delivery of health services. Other health care services are overseen by the Ministry of Health, which operates under the auspices of several pieces of legislation, including the Bermuda Hospitals Board Act (1970) and the Public Health Act (1949). There are also licensing boards in place for all major medical and clinical services.

In 2008, the Senior Abuse Register Act was passed, establishing a register of persons who have abused older adults and providing for the mandatory reporting of the abuse of older adults.

Gaps

While there are many basic protections and systems in place for older adults, there are still a number of areas that need to be addressed.

In the area of finance, protection of assets is important, as older adults in vulnerable situations may unintentionally give up possessions or property, or may do something to jeopardize their eligibility for financial assistance. Establishing a system of guardianship to handle older adults' assets and direct their care when they are unable to handle their own affairs would also be a useful change.

The right to work needs more protection for older adults, as the Human Rights Amendment Act does not prohibit age discrimination. Further, the combination of mandatory employer-based insurance and the difficulty of obtaining insurance coverage due to age or pre-existing conditions can mean that older adults are unable to find the coverage that allows them to work. Family caregivers also need protections in their workplaces such as policies for time off or extra support, as 14% have to take a leave of absence or leave work altogether to fulfill their caregiving duties.

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The area of paid caregiving services needs particular attention. The act focusing on nursing homes does not address home care or other off-site services, leaving providers unregistered and unregulated. Case management—especially connections between hospital and community care workers—is another area where legislative or policy action could produce positive change, such as creating centralized medical records to improve sharing of information between providers.

Caregiving

Overview

As the population ages in the coming years, the need for caregivers will increase. Family caregivers even now are challenged and need more support to properly care for their ageing relatives while balancing work and other responsibilities. Their role is essential to a successful active ageing plan, as caregivers provide approximately 80% of care needed by older adults.²⁸ Failure to support the caregiver puts her health at risk due to psychological, social, and/or physical stress.

Best Practice

In the United Kingdom, perhaps the best example of a caregiver support system for Bermuda to follow, caregiving support was established through legislation in 1995 and reinforced in the last decade, with a recognition of the caregiver role and assessments of caretakers' ability to provide care, as well as funding for support of caregivers based on the findings of the assessments. Support for caregivers in the UK includes breaks from caring and annual health checks for caregivers, training for professionals to provide better services and support to caregivers, accessible information on resources for caregivers, and coordination of caregiver support from GPs and other providers.

Baseline

In Bermuda, caregivers must currently navigate a complex web of services and payment options to support the person they are caring for. Both the National Office for Seniors and the Physically Challenged and Age Concern provide some resources for caregivers, but resources could be greatly expanded and made more easily accessible. Many employers—including the majority of Bermuda Employers' Council members—allow short-term paid and unpaid compassionate leave on either systematic or discretionary bases, often with benefits accruing during absence, but these policies are still far from being offered by all employers.

Gaps

According to the 2004 Fordham report “Ageing In Bermuda: Meeting the Needs of Seniors,” the key gap in supporting caregivers is the absence of a major caregiving resource centre that provides easily accessible information to caregivers and services including counseling, respites from caring, crisis management, and referrals to services for older adults.²⁹ Such a dedicated centre could readily build upon the caregiver resources already provided by the National Office for Seniors and the Physically Challenged, Age Concern, and increased communication efforts from other providers. Other gaps include:

- **Financial support** to minimize the burden on caregivers and relieve stress
- **Employment policies** that respect and support caregiving obligations to provide much needed stability to caregivers having difficulty balancing responsibilities
- **Assessments** to help professional service providers understand what services are needed to supplement caregiving, and what supports are needed to help caregivers avoid undue stress or physical strain

²⁸ (Canadian Caregiver Coalition 2008)

²⁹ (Gutheil and Chernesky 2004, 53)

Social Impact Indicators – Measuring the Progress of Successful Ageing

Overview

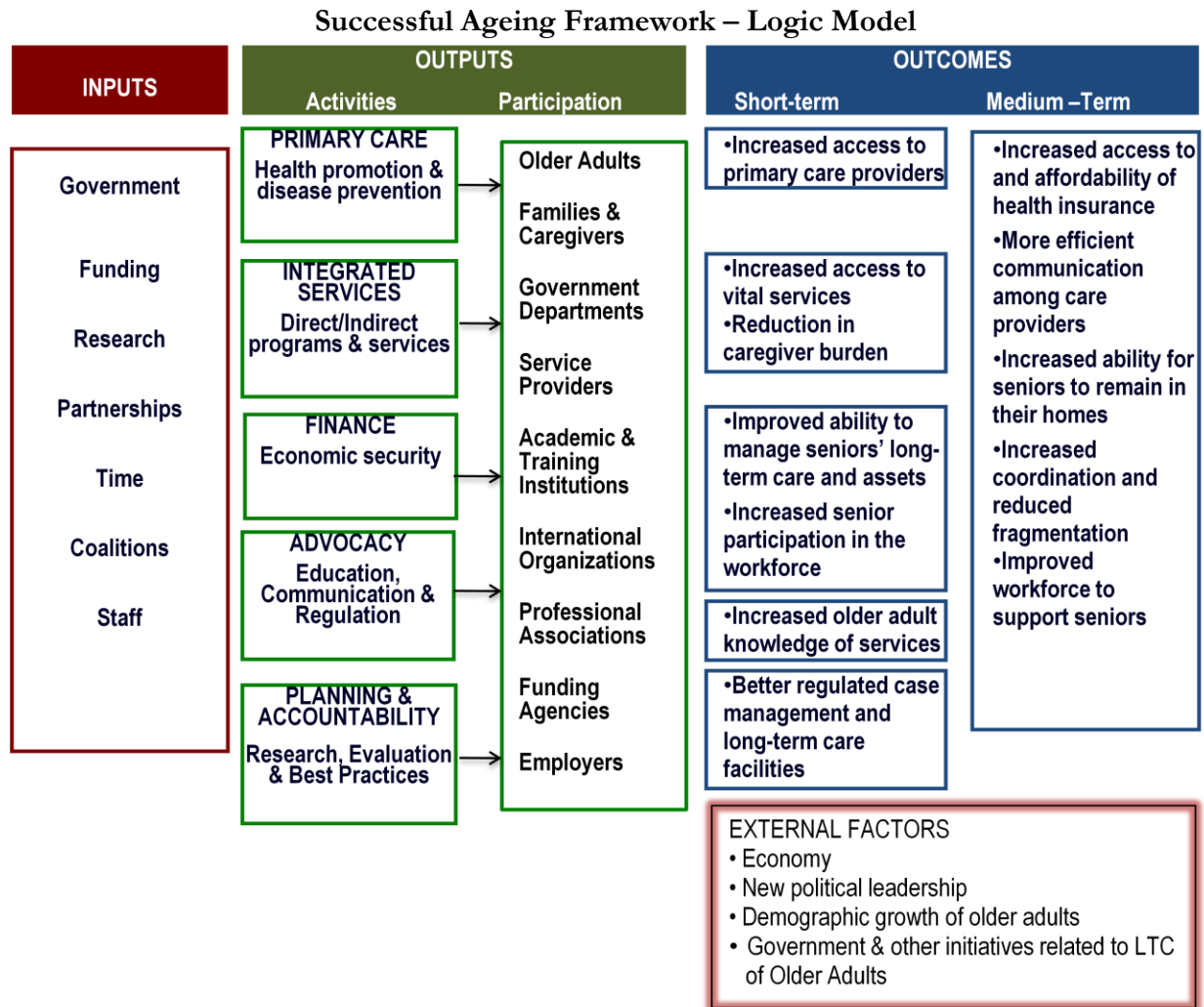
In order to assess the progress of the Successful Ageing Framework in Bermuda, it will be critical to define and monitor a common set of social impact measurements. Such measurements would indicate the level of real health and livelihood outcomes that are being generated for older adults and caregivers, and also the level of supporting outcomes. In addition to helping show progress, a core set of social impact measurements will also help to generate new insight and learning as Bermuda pursues the Successful Ageing Framework, illuminate what is working and what is not, and help stakeholders make better informed decisions on a continuous basis.

Currently, the Department of Statistics provides reports based on data from the decennial census and collaborates with Age Concern on the Seniors' Test for Ageing Trends and Services (STATS) survey every five years. Other reports on older adults have been produced by a range of government departments, nonprofits, and academic researchers, but are generally standalone projects. The Successful Ageing Framework for Bermuda would provide the foundation and structure for a more systemic and consistent approach to data collection, performance measurement, and evaluation across the spectrum of care, services, and preventative measures.

A logic model that serves as the base for developing social impact indicators to assess successful ageing in Bermuda, and a set of sample indicators is illustrated below.

Successful Ageing Logic Model

The foundation of the Successful Ageing Framework’s logic model, illustrated below, is the five key areas of focus: primary care, integrated services, finance, advocacy, and planning and accountability. The logic model diagram outlines how activities in these focus areas with the participation of a full range of key stakeholder groups will lead to specific short-term and longer-term social outcomes in the area of successful ageing.



Sample Measurements

The following are a small selection of categories and indicators of social impact that the Successful Ageing Framework might track. While there is baseline data available from earlier research, a more coordinated approach to regularly tracking and making decisions based on this data is still needed.

The table is designed to serve as a template for future work on tracking progress toward an improved ageing experience for all in Bermuda.

Focus Area	Social & Economic Impact Level 1 (Mid-Term)			
Primary Care Healthcare & Disease Prevention	Outcome	Sample Indicators	Base	Goal/ Bench- mark
	1. Increased access to primary care providers	<ul style="list-style-type: none"> Proportion of older adults who have had a general physical examination in the previous 12 months 	89% ³⁰	TBD
	2. Increased access to and affordability of health insurance	<ul style="list-style-type: none"> % older adults who report inadequate insurance coverage for doctor visits (80+) 	39% ³¹	TBD
<ul style="list-style-type: none"> Median monthly amount spent on health insurance 		\$227 ³²	TBD	
Integrated Services Programmes & Services	Outcome	Sample Indicators	Base	
	1. Ability of older adults to access services	<ul style="list-style-type: none"> % older adults who are able to access all services they need 	Data not available	TBD
	2. Reduction in caregiver burden	<ul style="list-style-type: none"> % of caregivers taking a leave of absence or giving up work altogether due to caregiving 	14% ³³	TBD
Finance Economic Security	Outcome	Sample Indicators	Base	
	1. Improved ability to manage vulnerable older adults' long-term care and assets	<ul style="list-style-type: none"> Law or policy regulating the protection of older adults' assets 	Not in place	TBD
	2. Increased older adult participation in the workforce	<ul style="list-style-type: none"> % of older adults participating in the workforce (65+) 	34% men 17% wmn ³⁴	TBD
Advocacy Education, Communication & Rights	Outcome	Sample Indicators	Base	
	1. Increased older adult knowledge of vital services	<ul style="list-style-type: none"> % older adults who know how to access all needed services³⁵ 	Data not available	TBD
Planning and Accountability Research, Evaluation & Best Practices	Outcome	Sample Indicators	Base	
	1. Better-regulated case management and long-term care facilities	<ul style="list-style-type: none"> Law or policy registering and monitoring case managers 	Not in place	TBD
	2. Implementation of best practices from int'l benchmarks	<ul style="list-style-type: none"> % international best practices adequately implemented in Bermuda 	TBD	TBD

³⁰ (Ministry of Health, Government of Bermuda 2006)

³¹ (Gutheil and Chernesky 2004)

³² (Riley 2008)

³³ (Gutheil and Chernesky 2004)

³⁴ (Department of Statistics, Government of Bermuda 2006)

³⁵ Stats on 16 individual services (use and need) are available in the 2004 Gutheil and Chernesky study

Conclusion

The research and Successful Ageing Framework presented in this document outline a base of work that can be the initial broad foundation for a community-wide effort to work towards more successful ageing in Bermuda. As our population ages more and more rapidly, we can no longer afford business as usual. As described throughout this report, a wide range of stakeholders are already engaged in supporting the elements required for successful ageing. One of the most important stakeholder groups is older adults themselves. With a more coordinated effort to build upon the existing work of these stakeholders, Bermuda has a real opportunity to address the remaining gaps and achieve greater alignment and effectiveness in services and support for its older adults.

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Appendix A: Stakeholders, Programmes, and Services Status Quo Analysis Matrix

Matrix to represent the responsibilities, services and programmes provided by Stakeholders groups within the five areas of focus (Primary Care, Integrated services, Finance, Advocacy & Planning & Accountability) for the Successful Ageing Framework in Bermuda

This matrix illustrates some of the interfaces between the Successful Ageing Framework’s five focus areas and the individual stakeholder groups in Bermuda who are currently involved in these areas. Each cell contains a brief summary of the role of the stakeholder group in that focus area and a general description of its role(s) and services. The bulleted list represents major categories within the larger stakeholder groups, such as individual government offices. Most stakeholder groups play some role in 4 or 5 of the focus areas, though in many cases the roles in a few of the areas are relatively limited. Older adults are not listed as a separate stakeholder group on this table, but are rather understood to be the main recipient of services and a strong voice across all focus areas covered.

Findings: There is a wide range of stakeholders already playing some role related to ageing. However, there are many places where connections, coordination, and clarity of the group’s role could be made substantially stronger, or where there is opportunity for deeper involvement.

Overall, this mapping represents a starting point from which to identify and work with the key stakeholders who are helping to drive the essential focus areas for ageing in Bermuda. It will also help each stakeholder to be more acutely aware of their role and where they fit in the larger landscape.

	<u>PRIMARY CARE</u> Focus: Healthcare & Disease Prevention Treat, prevent & delay illness & disease	<u>INTEGRATED SERVICES</u> Focus: Programmes & Services Integrate & monitor public, private & nonprofit services that target the older adult population & their caregivers	<u>FINANCE</u> Focus: Economic Security Ensure resource availability for delivery and sustainability of programmes & services, and protect the financial rights & needs of older adults & their primary caregivers	<u>ADVOCACY</u> Focus: Education, Communication & Rights Establish public awareness, appropriate statutory guidelines and assimilation of ageing-related issues into standards of practice	<u>PLANNING & ACCOUNTABILITY</u> Focus: Research, Evaluation & Best Practices Manage research information, experience-based measurement & forecasting – ensure secure/timely exchange between stakeholders – prepare workforce & infrastructure
Government <i>All aspects of government in supporting older adults</i>	Provides a wide range of primary and secondary care, disease prevention, health promotion/ education, and population-based health services; supports training of primary care workforce <ul style="list-style-type: none">• Department of Health• Department of Health – Community	Provides direct and indirect services addressing a range of older adults’ physical, mental and emotional needs, e.g. housing, transportation, personal care, etc.	Provides financing of ageing infrastructure and service delivery, and direct financial services for older adults <ul style="list-style-type: none">• Dept. of Finance• Dept. of Financial Assistance	Responds to gaps in policies and legislation incorporating the input of key stakeholder groups; enact and enforce legislation <ul style="list-style-type: none">• National Office for	Leads, supports, and provides guidelines around strategic planning, performance measurement, research, and evaluation regarding ageing <ul style="list-style-type: none">• Department of Health• Central Policy Unit

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	<p>PRIMARY CARE</p> <p>Focus: Healthcare & Disease Prevention</p> <p>Treat, prevent & delay illness & disease</p>	<p>INTEGRATED SERVICES</p> <p>Focus: Programmes & Services</p> <p>Integrate & monitor public, private & nonprofit services that target the older adult population & their caregivers</p>	<p>FINANCE</p> <p>Focus: Economic Security</p> <p>Ensure resource availability for delivery and sustainability of programmes & services, and protect the financial rights & needs of older adults & their primary caregivers</p>	<p>ADVOCACY</p> <p>Focus: Education, Communication & Rights</p> <p>Establish public awareness, appropriate statutory guidelines and assimilation of ageing-related issues into standards of practice</p>	<p>PLANNING & ACCOUNTABILITY</p> <p>Focus: Research, Evaluation & Best Practices</p> <p>Manage research information, experience-based measurement & forecasting – ensure secure/timely exchange between stakeholders – prepare workforce & infrastructure</p>
	<ul style="list-style-type: none"> • Health Section • Health Promotion Office • Bermuda Hospitals Board • King Edward Memorial Hospital • Mid-Atlantic Wellness Institute • Sylvia Richardson, Lefroy House & other Rest Homes • Tribunal • Council of Allied Health Professions • Psychologists • Dietitians • Diagnostic Imaging Technologists • Chiropodists • Addiction services • Dentists • Doctors • Nurses • Pharmacists • Medical technologists • Occupational Therapists • Physiotherapists • Radiographers • Optometrists and Opticians • Etc. 	<ul style="list-style-type: none"> • King Edward Memorial Hospital • National Office for Seniors and Physically Challenged • Mid-Atlantic Wellness Institute • Bermuda Housing Corporation • Dept. of Health • Dept. of Community & Cultural Affairs • Dept. of Family Services • Public Transportation Board • Bermuda Fire & Rescue Services • Health and Safety Advisory Council • Etc. 	<ul style="list-style-type: none"> • Dept. of Social Insurance • Health Insurance Dept. • Legal Aid Office • Court Commissioners • Department of Labour and Training • Financial subsidies directly to qualifying older adults through the Financial Assistance Dept, the LCCA and Social Insurance 	<ul style="list-style-type: none"> • Seniors and Physically Challenged • Department of Consumer Affairs • Human Rights Commission • Bermuda Police • Attorney General & Minister of Justice • Dept. of Communications & Information • Central Policy Unit 	<ul style="list-style-type: none"> • Sustainable Development Unit • Department of Statistics • Department of Health – Epidemiology and Surveillance Unit • Bermuda Health Council • Health Profession • Licensing boards • Bermuda College • Bermuda Health Council • Mental Health Review Council
<p>Family/Primary Caregivers</p> <p><i>Family members, relatives or other persons with direct responsibility for the well-being of the older adult</i></p>	<p>Supports the primary care of older adults through personal care, assistance with therapy/exercise, assistance with managing medication, and overall facilitation of primary care delivered by other stakeholder groups</p>	<p>Helps older adults access and manage services, including personal care, recreation, housing, transportation, and companionship</p>	<p>Provide direct financial assistance and assist older adults with their financial management</p>	<p>Provides personal advocacy for older adults, helping to increase older adults’ awareness of rights, and facilitate enforcement of rights regulations</p>	

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<p>Service Providers</p> <p><i>(Private and Nonprofit Sectors)</i></p> <p><i>The businesses, institutions and related professionals</i></p>	<p>Provides range of primary and secondary care, disease prevention, and health promotion/education, and population-based health services</p> <ul style="list-style-type: none"> Private physicians, dentists, other health care professionals Health promotion/ education organisations 	<p>Provides a wide range of direct and indirect services for older adults, including personal care, transportation, home improvement, meal delivery, recreation, companionship, and information and connections to other services</p> <ul style="list-style-type: none"> Older adult-focused transportation providers Home and personal care providers Older adult residential facilities Pharmacies Small businesses Meal delivery services 	<p>Provides direct services that address the financial security needs of older adults, including job placement, assistance with financial planning and management, banking and insurance services, estate/will planning</p> <ul style="list-style-type: none"> Insurance companies Banks Law firms Private law practices Investment/ asset management firms Service providers offering sliding scale or discount pricing for older adults 	<p>Leads and supports public awareness and advocacy efforts related to older adults and ageing via participation in collaborative efforts, development and execution of campaigns, and meeting with key stakeholders</p> <ul style="list-style-type: none"> Wide range of service providers 	<p>Engages in individual organisation-level and wider field-level research and evaluation; engages in organisation-level and field-level planning efforts</p> <ul style="list-style-type: none"> Wide range of service providers

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	<p>PRIMARY CARE Focus: Healthcare & Disease Prevention Treat, prevent & delay illness & disease</p>	<p>INTEGRATED SERVICES Focus: Programmes & Services Integrate & monitor public, private & nonprofit services that target the older adult population & their caregivers</p>	<p>FINANCE Focus: Economic Security Ensure resource availability for delivery and sustainability of programmes & services, and protect the financial rights & needs of older adults & their primary caregivers</p>	<p>ADVOCACY Focus: Education, Communication & Rights Establish public awareness, appropriate statutory guidelines and assimilation of ageing-related issues into standards of practice</p>	<p>PLANNING & ACCOUNTABILITY Focus: Research, Evaluation & Best Practices Manage research information, experience-based measurement & forecasting – ensure secure/timely exchange between stakeholders – prepare workforce & infrastructure</p>
<p>Employers</p> <ul style="list-style-type: none"> Employers of service providers, Employers in general with regard to insurance & benefits for primary caregivers on leave, etc Employers as access for targeting education & advocacy for employees 	<p>Promote healthy behaviors of employees via corporate wellness programmes and policies, and support</p> <ul style="list-style-type: none"> Bermuda Employers’ Council Corporations Government Nonprofits Academic Institutions Businesses 	<p>Provide financial support and/or short- or long-term work time flexibility for primary caregivers on leave</p> <ul style="list-style-type: none"> Bermuda Employers’ Council Corporations Government Nonprofits Academic Institutions Businesses 	<ul style="list-style-type: none"> Support financial security of employees and retirees via the provision of health insurance, retirement and pension plans, etc. (as required in Health Insurance Act 1970) Provide financial support for primary caregivers on leave; Provide employment opportunities for older adults based on general employment legislation Provide targeted employment for older adults, based on the Employment Act (2000) which promotes the fair treatment of employers and employees (however age discrimination is not covered) 	<p>Participate in development of employer-related ageing policy and legislation</p> <p>Mandatory retirement ages are effectively imposed in some cases if insurance isn’t available or is prohibitively expensive</p>	
<p>Academic & Training Institutions</p> <p><i>Local institutions of learning: Schools, Bda. college, NTB, etc. Role includes building awareness re ageing, training service providers, etc.</i></p>	<p>Provides education and training to specifically develop primary care workforce</p> <ul style="list-style-type: none"> Bermuda College Overseas colleges / universities/ professional schools 	<p>Provides education and training to develop workforce that delivers specific ageing services; builds awareness of employment in the field of ageing</p> <ul style="list-style-type: none"> Bermuda College Aerie Foundation Overseas colleges/ universities/ professional schools St. John Ambulance Brigade 	<p>Provide financial assistance to students studying to join the work force focused on older adults</p> <ul style="list-style-type: none"> Bermuda College Scholarships Overseas college/ university scholarships 		<p>Lead and support research and assessment of ageing services and systems, effective approaches and models, and needs of Bermuda’s older adult and caregiver populations</p> <ul style="list-style-type: none"> Bermuda College Overseas research institutions

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	PRIMARY CARE Focus: Healthcare & Disease Prevention Treat, prevent & delay illness & disease	INTEGRATED SERVICES Focus: Programmes & Services Integrate & monitor public, private & nonprofit services that target the older adult population & their caregivers	FINANCE Focus: Economic Security Ensure resource availability for delivery and sustainability of programmes & services, and protect the financial rights & needs of older adults & their primary caregivers	ADVOCACY Focus: Education, Communication & Rights Establish public awareness, appropriate statutory guidelines and assimilation of ageing-related issues into standards of practice	PLANNING & ACCOUNTABILITY Focus: Research, Evaluation & Best Practices Manage research information, experience-based measurement & forecasting – ensure secure/timely exchange between stakeholders – prepare workforce & infrastructure
Professional and Special Interest Groups <i>Groups that have a vested interest in the older adult population (directly or indirectly) and can be targeted source of/for Advocacy</i>	Engage in health promotion activities, personal care <ul style="list-style-type: none"> Disease-focused advocacy and health promotion groups Older adult-focused volunteer service and advocacy groups Healthcare worker professional associations 	Provide range of direct support to older adults, self-help, recreation, companionship, transportation, home and personal care, facilitate connections to services <ul style="list-style-type: none"> Churches, faith-based institutions Older adult-focused volunteer service groups 	Provide direct financial assistance to older adults, facilitate connections to financial services <ul style="list-style-type: none"> Older adult-focused advocacy groups Churches, faith-based institutions Social clubs 	Engages in advocacy efforts related to ageing, older adults, and caregiver issues <ul style="list-style-type: none"> Disease-focused advocacy groups Older adult-focused advocacy groups 	Support research and assessment of ageing services and systems, and needs of the older adult and caregiver populations; support planning efforts related to ageing <ul style="list-style-type: none"> Disease-focused advocacy groups Older adult-focused advocacy groups
Funding Agencies <i>All agencies related to funding of ageing support and services: includes Insurers, Donors, Banking, etc</i>	Provide funding to organizations in the field of ageing; provide direct financial assistance to older adults <ul style="list-style-type: none"> Bermuda Government (see Gov't row above) Corporate Foundations Individual donors Private Foundations Businesses Churches, faith-based institutions 				
International Organizations & Associations <i>Organizations & partnerships outside Bermuda e.g., WHO, UN – relationships include, Best Practices, Standards, Research information, etc.</i>	Standards for lifestyles among older adults			Support public awareness and advocacy efforts, research on issues surrounding healthy ageing and knowledge of best practices	Research and assessment of services and systems

Appendix B: Legislation and Policy Matrix

This matrix lays out existing legislation and policies in relation to the protection and care of older adults in Bermuda, along with weaknesses and gaps in these particular policies and in the broader categories. Highlighting these weaknesses and gaps is intended as a step toward identifying action items for legislative/policy reform within the Successful Ageing Framework in Bermuda.

Focus Area	Existing Legislation	Existing Policies/Programmes	Weaknesses and Gaps
Finance Economic Security	Financial Assistance Act (2001) <ul style="list-style-type: none"> Created the Director of Financial Assistance position to provide financial assistance to persons in need Land Tax Act (1967) exemption <ul style="list-style-type: none"> Bermudian older adults 65+ who own and live in their own homes are not subject to land tax Mental Health Act (1968) <ul style="list-style-type: none"> Provides for management of a person’s finances while they are deemed mentally incapable Contributory Pensions Act (1970) <ul style="list-style-type: none"> Establishes Social Insurance, requiring all employed/self-employed people to contribute to the Contributory Pensions Scheme from the time they leave school until age 65 Must make minimum # of payments in order to be eligible in later life Consumer Protection Act (1999) <ul style="list-style-type: none"> Establishes the Consumer Affairs Board and provides for the protection of consumers against unfair business practices and unsafe consumer goods 	Department of Financial Assistance Workforce Development <ul style="list-style-type: none"> The Bermuda Employers’ Council members have policies and programmes for workforce development, benefits, family leave, job retention, etc., that are administered both systematically and sporadically, subject to individual employer, employee, and situation. Caregiver Assistance programme – introductory level 	Asset Protection <ul style="list-style-type: none"> In vulnerable situations, older adults may unintentionally give up possessions or property, which can make them ineligible for financial assistance Older adults need a way to recover property taken from them if they were not competent when the property was turned over Guardianship <ul style="list-style-type: none"> A law is needed for the instance when an older adult is unable to handle his/her own affairs, especially in regards to asset management and direction of care over the long-term. While the Mental Health Act can be used to cover some of this need, it is designed to be temporary and it is not specifically designed for elders. An agency should be designated to handle the assets and affairs of older adults for whom family caregivers are not available Better education is needed for lawyers dealing with power of attorney and other documents related to vulnerable older adults. These documents need to address assets and decisions about long-term care. Insurance Regulation <ul style="list-style-type: none"> Workers are required to have insurance through their employers, but may be cut off by the insurance company, making it difficult or impossible to find insurance coverage that allows them to work. It is necessary to end discrimination based on age, sex, and pre-existing conditions by improving the quality of the minimum insurance package, ensuring that everyone has the minimum package, and outlawing discrimination on

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Focus Area	Existing Legislation	Existing Policies/Programmes	Weaknesses and Gaps
	<p>Employment Act (2000)</p> <ul style="list-style-type: none"> To promote the fair treatment of employers and employees by providing minimum standards of employment, establishing procedures and notice periods for the termination of employment, providing employees with protection against unfair dismissal, and establishing the Employment Tribunal 		<p>these categories</p> <p>Right to work</p> <ul style="list-style-type: none"> The right to work should be protected by eliminating mandatory retirement ages, or effective retirement ages imposed by insurance or pension requirements Reducing payroll taxes on a sliding scale could encourage recruiting and retraining of older workers <p>Family Caregivers</p> <ul style="list-style-type: none"> To be able to provide support to their family members and continue to work, family caregivers need workplace policies—which could be shaped by legislation—that enable them to take the time necessary and receive support for their extra responsibilities.
<p>Primary Care Healthcare & Disease Prevention</p>	<p>Residential Care Homes and Nursing Homes Act (1999)</p> <ul style="list-style-type: none"> Requires registration of nursing homes, and provides for the inspection of homes. <p>Bermuda Health Council Act (2004) Establishes the Bermuda Health Council to regulate, coordinate, and enhance the delivery of health services</p>	<p>FutureCare</p> <ul style="list-style-type: none"> FutureCare is the government-subsidized health insurance programme for older adults 65+ who qualify <p>Mental Health Strategy 2010</p>	<p>Residential Care Homes and Nursing Homes Act (1999)</p> <ul style="list-style-type: none"> Does not include home care or other services outside nursing homes, leaving those providers unregistered and unregulated. <p>Bermuda Health Council Act</p> <ul style="list-style-type: none"> BHC publication of evidence is pending <p>Case Management</p> <ul style="list-style-type: none"> Registration and oversight of case managers needs to be tightened A system for coordination between hospital and community care workers is necessary. Centralized electronic medical records could help by providing for information sharing and enabling notifications when a person’s status changes. <p>Mental Health Strategy 2010</p> <ul style="list-style-type: none"> Shortage of trained case managers and trained community mental-health care workers; affordable support services and respite are under-resourced

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Focus Area	Existing Legislation	Existing Policies/Programmes	Weaknesses and Gaps
<p>Integrated Services Programmes & Services</p>			<p>Family court</p> <ul style="list-style-type: none"> No mechanism exists for families to work out difficulties on older adult-related issues as is available for child protection
<p>Advocacy Education, Communication & Rights</p>	<p>Ministry of Health is governed by several Acts: Public Health Act 1949 Mental Health Act 1968 Bermuda Hospitals Board Act 1970 Health and Safety at Work Act 1982 Bermuda Health Council Act 2004</p> <p>Senior Abuse Register Act (2008)</p> <ul style="list-style-type: none"> Establishes a register of persons who have abused older adults and provides for the mandatory reporting of the abuse of older adults 	<p>Department of Health’s mandate is to “promote and protect the physical, psychological and social well being of the community through:</p> <ul style="list-style-type: none"> Promoting healthy lifestyles Identification, surveillance, reduction and prevention of disease, disability and factors detrimental to health Treatment and rehabilitation of health problems in the community setting Participation and coordination of staff of the department, allied agencies and the community” <p>Senior Abuse Register</p> <ul style="list-style-type: none"> National Office for Seniors & Physically Challenged maintains register 	<p>Ministry of Health Role</p> <ul style="list-style-type: none"> A thorough review and update of the acts governing the Ministry of Health are needed, as most are over 30 years old. <p>Bermuda Health Council Act 2004</p> <ul style="list-style-type: none"> Lacking practical definition of health service, for example whether care workers provide a “health service” and whether the unskilled or semi-skilled “caregivers” advertised by for-profit companies such as cleaning companies come under the BHC mandate <p>Senior Abuse Register Act (2008)</p> <ul style="list-style-type: none"> Registry is not well publicized, and law enforcement officers are not necessarily familiar with it Care workers may be vulnerable to prosecution and may not know The act only protects older adults 65+, and there is a need for similar protections for vulnerable people under 65

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Focus Area	Existing Legislation	Existing Policies/Programmes	Weaknesses and Gaps
<p>Planning & Accountability Research, Evaluation & Best Practices</p>	<p>Human Rights Act (1981) and Amendment Acts 1995, 1998, 2000, and pending amendment in 2011</p> <ul style="list-style-type: none"> Prohibits discrimination on the basis of disability, race, and sex 	<p>Human Rights Commission</p> <ul style="list-style-type: none"> Resolve individual complaints Promote knowledge of human rights in Bermuda and to encourage people to follow principles of equality Reduce barriers to equality in employment and access to services 	<p>Human Rights Amendment Act (2000)</p> <ul style="list-style-type: none"> Does not prohibit age discrimination <p>Human Rights Commission</p> <ul style="list-style-type: none"> Under-resourced for outreach, mainly concerned with complaint resolution. <p>Workforce to care for growing older adult population</p> <ul style="list-style-type: none"> The growing needs of older adults will require a larger workforce to accommodate. Providing training programmes and incentives for those entering these fields may be beneficial.