HOUSING THE ELDERLY IN BARBADOS: AN EXPLORATORY STATUS REPORT

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ABSTRACT

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The elderly population in most countries of the world is increasing. Discouragingly, in Barbados this phenemenon has not produced much empirical research on social aspects of aging or on elderly needs.

Superimposed on the (perceived) needs of Barbadian elderly is the fact that more than one third of Barbadian nationals are inadequately housed. The elderly are distinctly disadvantaged because of income limitations, age of dwellings, the shrinking extended family and the lack of government policy for the aged.

Housing, and housing for the elderly, constitute the major elements of this thesis. Data collection techniques included a review of literature, observation and interviews.

Important findings are that the government (and private sector) respond to some of the needs of the elderly through the provision of institutions and a variety of services. However, this response is for the most part unstructured and uncoordinated.

ACKNOWLEDGEMENTS

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This thesis could not have been possible without the financial assistance of the Organization of American States (OAS) and I am very grateful to them.

Last, but by no means least, I must thank the elderly members of my family who unknowingly generated my interest in the aged. Initially this interest evolved from interaction with my grandmothers, Rosa Bowen and Agnes Vernon. I was inspired to complete this thesis in memory of Rosa Bowen.

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INTRODUCTION

Within the last twenty years countries such as the United States of America and the United Kingdom have become aware of the increase in the number of persons living well beyond age sixty-five. These persons place new demands on health care, transportation and housing.

The growth of the elderly population has generated much interest in gerontology. The American Heritage Dictionary defines gerontology as the scientific study of the physiological and pathological phenomena associated with aging. A nascent discipline, gerontology has sub-groups in clinical medicine, the biological sciences, psychology, social sciences, social work and administration. It has encouraged studies of health needs caused by the physiological, psychological, nutritional changes of the elderly. The growth of gerontology is evidenced by the growth of related organizations. One such organization, the Gerontological Society of America (GSA) grew out of the Club for Research on Aging, initiated in 1939. In 1946 there were eighty members in GSA, today there are more than 6,000 members and more than seventy gerontological journals published by professional societies and social groups (Achenbaum 1987). The Washington D.C. based "International Federation on Ageing" had in 1981, regular contributions from eighty-three organizations in forty-three countries around the world (Nusberg 1981).

Aging is a multi-dimensional phenomenon; the needs of aging persons are multifaceted and include the psychological, physiological, physical and financial. Some developing countries have benefited from improved health care, education, nutrition and have managed to substantially upgrade the quality of life to support great reductions in infant mortality increased life expectancy. In the Caribbean, gerontology has been sadly neglected, with

little or no empirical research on the social aspects of aging. This thesis examines certain aspects of aging in Barbados and more specifically those relating to housing needs.

Housing is a basic human need, no less important than food or clothing. Housing provides security and privacy from the outside world, shelter from inclement weather. Housing is (or should be) more than a sanitary place to eat, bathe and sleep. It should provide a safe environment necessary for the pursuit of creative, recreational and educational activities. The lack of proper housing can have a cumulative effect on the lives of individuals. The home should be large enough to accommodate the particular size of households and be a place which enhances personal development, family love and civic pride. The home and the quality of housing ultimately impact (positively or negatively) on the overall development of the country. The 1973-77 Development Plan of Barbados makes the point that "proper housing conditions embrace not only adequate houses but the broader needs of community activity, recreation, proximity to place of employment and pleasant environmental surrondings". Unfortunately, "proper housing" continues to be an unmet demand in the Caribbean and throughout the developing world.

Safe, sanitary housing of suitable size, with electricity and indoor plumbing for all people has been an unsatisfied need throughout the world and more so in developing countries. This is certainly true in Barbados where fifty-seven percent of the present housing stock is built entirely of timber and more than half of these houses have exceeded their twenty year life expectancy (Potter and Dann 1987). These dilapidated wooden structures require frequent structural repairs and are vulnerable to the ever increasing number of house fires. Another indicator of the poor standard of housing is the number of dwelling units with indoor plumbing. From the 1980 census, Potter (1987) reports that almost ten percent of the population obtains water from public standpipes and fifty-two

percent use latrines instead of toilets.

Housing status can also be evaluated by the pattern of homeownership. In 1980, seventy percent of the island's dwelling units were owner-occupied. Paradoxically this house ownership pattern does not include land ownership. This situation is unique and impacts on the standards and quality of housing in Barbados and produces an unusual tenure system (see chapter one).

It is paramount that an analysis of government provisions for housing the elderly be undertaken for several reasons. These reasons include the fact that the majority of Barbados' population is inadequately housed and that the homes of the elderly are frequently more than twenty-five years old and lack modern conveniences.

Regrettably, but understandably, housing for the elderly has not been a major concern of the government of Barbados. Facilities such as hospitals and senior citizen homes exist and many services are provided for the elderly. However, there are unresolved development problems: increasing unemployment (approximately eighteen percent), insufficient foreign exchange, the need to improve the tourist trade and diversify the agro-industrial economy. In the light of these problems it is clear that planning for the elderly is a low socio-economic and political priority.

The thesis analyzes issues that are intended to produce recommendations for planning and policy-making for housing the elderly in Barbados. As a planner, my ultimate goal is to provide factual information which stimulates recommendations that are incorporated to future policy. The two components of this thesis are housing and the elderly. The Pan American Health Organization (PAHO) reports that by the year 2000 almost thirteen percent (more than thirty thousand people) of the Barbados population will be over sixty-five years of age. More significantly by the year 2030 more that one quarter of the islands' population

will be elderly, giving planners a relatively short time to research, recommend and make effective policy decisions for the elderly and their housing.

Purpose of study

This thesis is an evaluation of government provisions for housing the elderly in Barbados. Conceivably, it will guide future decision-making and will be the impetus for further research. In the planning context, assessing the basic needs of the elderly, their housing dilemma and government provisions is essential for any constructive effort towards setting priorities and implementing the policies for housing the elderly.

An evaluation of government housing for the elderly in Barbados is important for the following reasons:

1). Documented aging research in Barbados (and the Caribbean in general) is limited. Currently, only two main sources exist, one is an unpublished Pan American Health Organization (PAHO) pre-feasibility study completed in June 1986 on the health needs of the elderly in Barbados. PAHO is an auxilliary of the World Health Organization (WHO) and its report evaluates local hospitals and senior citizen homes primarily from a health-care paradigm.

Dr Farley Braithwaite's book *The Elderly in Barbados* published in November 1986 is the other major source. The book provides statistical data on the elderly such as race, educational achievement, number of children, income; and focuses more on socio-gerontological concepts such as adjustment to aging, levels of isolation, and attitudes to death. This text gives minimal consideration to the issue of housing for the elderly.

2). Women are predominantly the heads of households in the Caribbean. Women generally live longer than men, therefore, aging in Barbados is also a gender issue. This has implications for future policies.

3). The extended family is shrinking. Many elderly are forced to look beyond the family for financial assistance and other kinds of support. The government is the major provider of social services and without proper planning, this increasing elderly population could be a financial burden.

4). An analysis of services rendered to the elderly and housing choices provided by the government is necessary to facilitate planning at the macro and micro-levels.

Data collection

There were two phases of data collection. The first phase, a literature review of secondary sources on aging and housing for the elderly, was conducted while fulfilling requirements for the Masters in Urban Planning program at Michigan State University. The second phase was done in Barbados during the summer and fall of 1986 and involved interviews with officials from the Ministries (i.e. US 'departments') of Housing, Finance, Planning, Health and Welfare. Also interviewed were directors, staff and residents of goverment-managed geriatric hospitals and senior citizen homes. Several community organizers were interviewed for their assessment of the elderly population, housing facilities and services available for the elderly.

There were some difficulties encountered while collecting data in Barbados. These included the bureaucratic nature of many government agencies and the lack of cooperation (despite verbal agreement and expressed interest in the topic) of a few professionals in the community. However the major frustrations centered around the lack of data on housing and housing for the elderly in Barbados. Frequent references to Potter, Dann and Braithwaite are indicative of this limitation. However, these references do not reflect an incomplete or ineffective review of literature. Census data on the elderly and housing were reasonably accessible. However beyond that, research on housing is basically limited to unpublished reports by the staff of the Ministry of Housing and Lands (MOHL), sections of Graham Dann's book on *The Quality of Life in Barbados*, and books and articles by Robert Potter on urbanization, housing and planning in the Caribbean and Third World.

Few scholars have addressed the issue of aging and more so housing for the aged in the

Caribbean. Studying these overlapping topics proved almost futile as only three articles specifically addressed the issue of housing for the elderly in Barbados. Despite these limitations, secondary sources were obtained and material reviewed.

Problem statement

The thesis evaluates government provisions for housing the elderly in Barbados and recommends policies to improve existing services and facilities. The four main assumptions guiding this research are:

1). Currently no clear, comprehensive plan exists to meet the housing needs of the elderly in Barbados.

2). The elderly in Barbados are poorly housed.

3). Elderly persons in Barbados need more housing choices.

4). The government, like the private sector has made efforts to provide for the elderly. However, existing services and facilties are uncoordinated, unnecessarily duplicated and do not adequately meet the needs of the elderly.

This analysis of government housing provision for the elderly is important because of the unmet housing demands, the increasing number of elderly persons and because of the role of government. Modelled after Britain, the government is the major provider of social services including education, health care and subsidized housing. If not carefully planned, efforts to meet the needs of the elderly could be an additional burden on the financial resources, facilities and services of this tiny developing island.

A number of questions need to be answered and these are: what are the housing needs of the elderly in Barbados?, what policies exist to meet the needs of the elderly?, what services and facilities are available to the elderly in Barbados?, do the housing alternatives

provided by government and the private sector meet the needs of the elderly in Barbados? , what policies will be needed, services provided and facilities constructed to ensure that the multi-dimensional needs of the Barbadian elderly are met?

Research objectives

The objectives of this research are to:

1). Report on the population over sixty-five years of age in Barbados and its needs as evidenced by current research.

2). Evaluate Barbadian housing needs and how these reflect the housing needs for the islands' elderly.

3). Comment on the housing conditions of institutionalized and non-institutionalized Barbadian elderly.

4). Evaluate the government provision of housing for the elderly.

5). Recommend services and policies to better satisfy the housing needs of Barbadian elderly.

Organization of chapters

The first chapter introduces the history, economic environment, population, elderly and housing situation of Barbados. Chapter two reviews the literature on theories of aging and analyzes the housing situation in Barbados.

Chapter three explains methods used to obtain the literature and to conduct the research. The chapter discusses the validity and reliability of the research methods.

Chapter four presents research findings which result from six months of field research in Barbados. This chapter discusses government involvement in housing the elderly,

describes government housing facilities and presents information gathered from observation and interviews. Research questions outlined in this introduction are answered.

Chapter five presents the conclusions and recommendations based on the review of literature and field research.

CHAPTER ONE

BARBADOS - AN INTRODUCTION

The population trends, characteristics and circumstances of the Barbadian elderly closely resemble those of urban industrialized countries. These features are presented in this chapter in addition to an overview of Barbados' geography, history, politics and economy.

BARBADOS - AN OVERVIEW

Barbados is a 166 square mile island (430 sq kms), about twice the size of Washington D.C. and is the most easterly Caribbean island (see inset of figure 1) located 59^0 37' east longtitude and 13^0 4' north latitude. Its western shores are washed by the Caribbean Sea and the eastern shores by the Atlantic Ocean.

Unlike neighbouring islands, Barbados is not volcanic. Its present surface is the result of uplift of coral limestone rock which was deposited under marine conditions in geologically recent times (Waterman 1977). The highest point on the island is Mount Hillaby, which is 1115 ft or 340m above sea level.

History

The first recorded European sighting of the island was in 1536 by the Portugese navigator Pedro a Campos who reportedly left wild hogs to breed so that shipwrecked sailors would find food. The island was named after the "bearded" fig trees that were growing there (Carrington 1982). At that time the island was thought to be uninhabited, but archaelogical evidence indicates that there was an earlier permanent settlement of the island by Barrancoid Indians. Arawak Indians subsequently lived on the island from

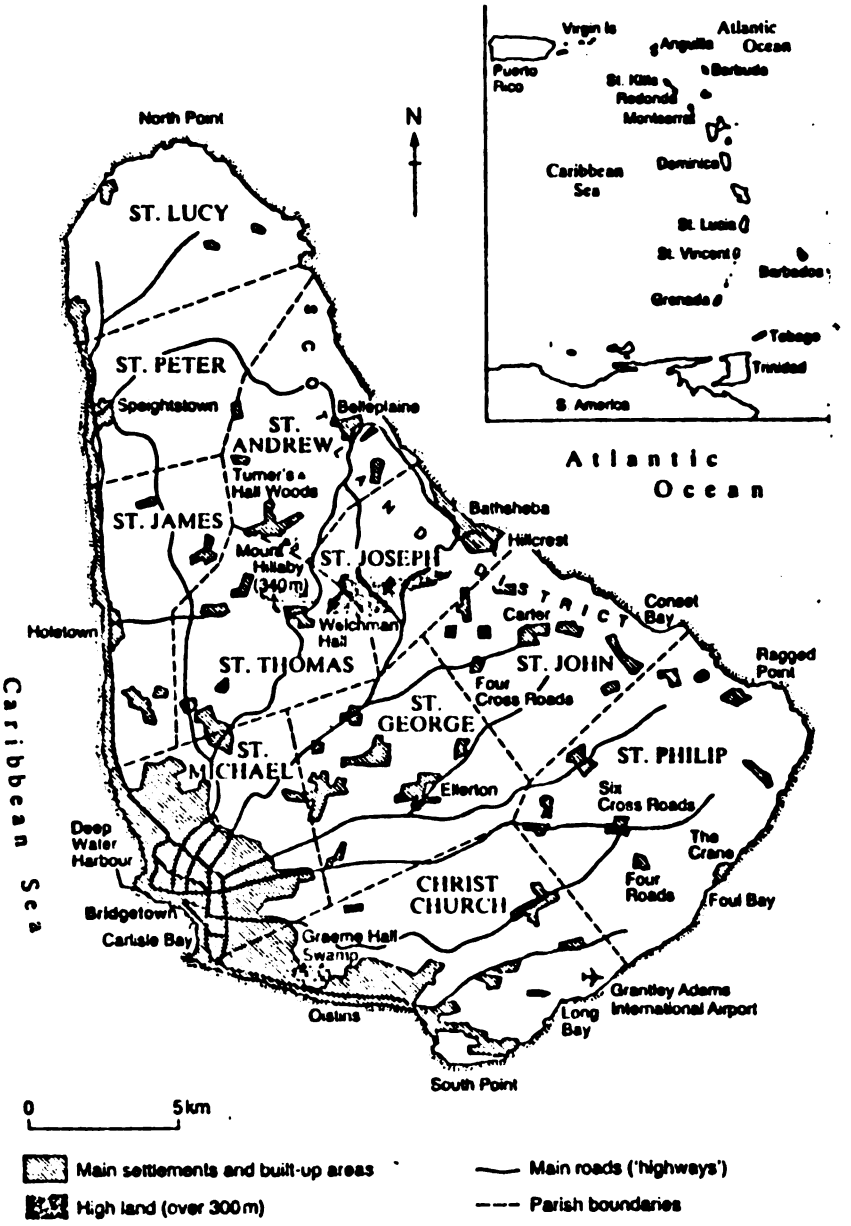

Figure 1
Location and settlement pattern of Barbados

Source: Robert B. Potter and Graham Dann, Barbados, World Bibliographical Series. London: Clio Press, 1987.

1000 AD for approximately 500 years. The Arawaks are believed to have been killed by belligerent Carib Indians who then moved to nearby islands.

In 1627 Sir William Courteen and eighty English settlers colonized Barbados (Hoyos 1978). Between 1629 and 1645 the British set up a pattern of administration that divided the island into parishes and established the Parliament in 1639. The British ruled until 1966 when Barbados gained full independence. Barbados is the only Caribbean island to have an unbroken British colonial rule.

British influence

Despite more than twenty years of independence the British influence is still evident in the Westminister-style parliament, the law courts and their bewigged judges (Potter and Dann 1987). Potter and Dann also find similiarities in the residents being predominantly Anglican (Protestant) with the vestments, hymns and Canterbury intonations. Local place names also resemble those of the former 'mother country', examples of which are Worthing and Hastings and Trafalger Square complete with its statue of Lord Nelson. Even local football teams (Everton, United and Spurs) have British counterparts. The greatest resemblence is obvious in the sport, cricket, with all the "gentlemanly virtues of honorable team spirit and respect for authority" (Potter and Dann 1987).

Government is based on the Westminister model. This system is a multi-party one with periodic and free elections. There are two major political parties, both are liberally democratic with a Socialist orientation and philosophy similiar to that of the British Labor Party (Lewis 1978). A Governor General appointed by the Queen of England functions as the Head of State. In this system the Prime Minister is the leader of the political party which holds the majority of seats in the House of Assembly. There are two houses of Parliament, the Lower House with twenty-four elected representatives and a Senate (the Upper House)

with twenty-one appointed members.

In keeping with this British philosophy the government adopts a general responsiblity in the social service sphere and is the major provider of social services. Most policies for social welfare such as education, housing and health are patterned after British models. Pan American Health Organization (PAHO 1986) describes the prevailing government attitude as "non-interventionist" with the feeling that most economic activity should be in private hands. The function of government is said to be to ". . . create conditions conducive to investment and growth. . ." by making ". . . investments in physical and social infrasturcture. . . " such as health, housing and education.

Sugar-cane cultivation and its impact

In 1627 one of the colonists, Captain Powell, left the new settlers on the island to subsist on wild game and fruits and sailed to the Dutch colony of Guiana (now Guyana), to learn about the crops that best suited the climate. The Governor of Guiana persuaded native Indians there to barter with Powell for tobacco, cotton, Indian corn, plantains, cassava and yams. Powell promised forty Indians land and they willingly went with Powell to teach the Barbadian settlers the use of these crops (Greenfield 1966; Hoyos 1978).

Tobacco, cotton and indigo became Barbados' main crops. White servants imported from Scotland and Ireland satisfied the demand for labor. Sir Robert Schomburgk wrote in 1848, that by the 1640's, Barbados had become a colony of "yeomen" small farmers primarily of English descent. During the civil war in England, Barbados was the dumping ground for thousands of prisoners captured by Cromwell's forces. These prisoners increased the island's European population (Greenfield 1966; Hoyos 1978).

The civil war adversely affected trade routes between Barbados and England. During the war, residents of Barbados relied on Dutch merchants for supplies. This trade resulted

in the introduction to sugar-cane in 1645 (Greenfield 1966; Tree 1977; Hoyos 1978). The warm climate, regular rainy periods and undulating topography suited sugar-cane cultivation and planters quickly focused on this crop. At the time, the planters felt that tobacco, cotton and indigo were no longer economically viable. Additionally, sugar-cane required much more land than tobacco. The agricultural sector was therefore transformed from a collection of small holdings to a plantation economy.

Greenfield (1966) contends that some Africans arrived with the original settlers in 1627 even though slavery was only legal in 1637. The shift from tobacco to sugar cultivation was accelerated by the importation of slave labor. The economic importance of sugar was so great and the labor requirements so demanding that during the 1650's planters cared little about the racial origin of workers. The island reportedly received 12,000 prisoners of war between 1650-1655 (Greenfield 1966; Tree 1977; Hoyos 1978). However, planters soon realised that slaves would be far more profitable. . . "than reliance on the sickly efforts of social outcasts from the mother country". . . the white servants (Potter and Dann 1987). The slave trade flourished.

Sugar-cane cultivation institutionalized the plantocracy system and racial hierarchy structure which continue to have profound socio-economic impacts on the island and its people. The effects are revealed in the persistence of sugar as a monoculture crop and its by-products of molasses and rum. Another continuing feature is the agro-mercantile dominance by the white minority population, which through major corporations effectively control the private sector and significantly impact the "three pillars" of the economy: agriculture, manufacturing and tourism (Karch 1978; Potter and Dann 1987).

Economic Background

Barbados has no significant natural resources. Sixty-five percent of the land is arable, most of which is relatively flat and ideal for growing sugarcane (Carrington 1982). As previously discussed, sugar-cane and its by-products have dominated the export-oriented trade. Barbados, like other Caribbean islands, is structurally tied to the production and marketing choices of multi-national corporations such as Tate & Lyle, which control the industry's major resources through vertical and horizontal integration.

There have been recent attempts at agricultural diversification, but there has been little emphasis on alternative fruit and vegetable crops. In spite of sporadic cultivation of bananas, guava, citrus, soursop, breadfruit, avocado, yam, sweet potato, cassava and the small chicken and livestock industries, Barbados continues to face an annual food import bill of approximately US$75 million dollars (Carrington 1982; Potter and Dann 1987).

Recent introduction of fishing and oil exploration, light manufacturing of electrical components and garments have successfully given impetus to an otherwise ailing sugar-based economy. Carrington (1982) notes that in 1980 the tourist industry serviced 369,915 long-stay visitors and currently contributes significantly more to the Gross Domestic Product (GDP) than sugar.

Barbados' size and lack of resources limit the potential for economic stability and independence. Compared to other Caribbean islands the Barbados economy has been managed with relative success to the extent that it has not been excessively overburdened by foreign debts, inflation or constant pressure to devalue its currency. United Nations Monthly Bulletin of Statistics reports that the national income was US$0.9 billion in 1982, the average per capita income was $3,643 and the national debt in 1981 was $339 million, which calculates to a debt of $1,307 per person. When these figures are compared to those of Jamaica, Barbados seems considerably more stable. Jamaica is more than 4,000 square

miles in size (about 20 times that of Barbados) and it is blessed with more resources including bauxite. In 1980, Jamaica's national income was US$2.1 billion and the per capita income was US$998. Jamaica has a population of approximately two million and with the national debt was US$3,349 million; the debt per person was US$1,502.

In many ways Barbados is one of the more developed and economically stable Caribbean economies. In fact the United Nations recently upgraded the status of Barbados from a "non-industrial" country to that of an "industrializing" one (Potter and Dann 1987). Potter and Dann (1987) suggest that Barbados can be likened to a developed country on the threshold of a post-industrial era. This is justifiable because the island has efficient postal and digital telephone services, a modern international airport, public and private bus transportation, a good network of paved roads, regular water and electricity supply; amenities which few other Caribbean islands can boast. However, despite these amenities, Barbados has basic similiarites to other islands such as an "open" economy, increasing unemployment and difficulties securing markets for products regionally and internationally. Rev Allen Kirton explains these phenomena when he mentions that:

> Our open Caribbean society is susceptible to the irresistible and overwhelming influences of economic and social activity in the metropoles, to the point that if Europe or North America sneezes, the Caribbean catches pneumonia! (Caribbean Contact July,1985).

Population: strucutre, density and trends

Pan American Health Organization (PAHO) reports that 248,000 persons live in Barbados (1986). Population density averages 1,500 persons per square mile (580 per sq km), making Barbados the most densely populated Caribbean island. Most of the population is located in the south-east portion of the island in close proximity to the capital

city of Bridgetown (see figure 1).

This density of population has been a feature for several years. In 1956 there were 230,000 persons resident on the island (Greenfield 1966). There was an average of 1,380 persons per square mile making Barbados more densely populated than Java and Japan. Barbadian novelist, George Lamming reacts to this in his book *In the Castle of My Skin* when he recalls:

> Twus a high burnin' shame to put on a piece o'land no more than a hundred an' something square miles. . . two hundred thousand people. . . . When you put us all together from top to bottom was a record population for the size o' the piece of land anywhere in this God's World.
> (Greenfield 1965:63)

Ninety-two percent of the population is black and are descendants of former slaves brought to work on sugar-cane plantations. Whites represent three percent (7,600 persons) of the population and are descendants of plantation owners and "poor whites" brought to work as cheap labor between 1650 and 1655 and after slavery was abolished. Three percent of the island's population is mixed. Within the last seventy years recent immigrants include Chinese, Amerindians, Portugese, Syrians and Lebanese people. The populations of these groups are small, with only thirty to one hundred and forty persons in each group (Braithwaite F. 1986).

Figure 2 is a 1980 population pyramid and table 1 displays population projections up to the year 2000. It is estimated that by the year 2030, twenty to thirty percent of Barbados' population will be over sixty-five years of age.

Life expectancy in Barbados is sixty-nine years for males and seventy three years for women. Of the elderly population, sixty-three percent (16,076 persons) are females and thirty-eight percent (9,415 persons) are males (Braithwaite F. 1986). This female dominance in the elderly is similiar to world patterns. The longevity of 'Bajans' (local term

for Barbados nationals), is felt to be due to the island's excellent underground water supply (due to permeable limestone formations) and improvements in the sanitation service (Dann 1985; Advocate News 1986). Mortality rates are low as evidenced by the 86 deaths per 1,000 persons in 1980. These rates, it is argued, have been attained by improved diet, better working conditions and increased medical knowledge. Improvements in the status of women, accessibility to primary and secondary education, a well organized family planning program instituted in 1955, sex education in schools and a 1982 act legalizing abortion are believed to have resulted in 1980 fertility rates of 16.4 per 1,000 persons. Farley Braithwaite suggests that these fertility and mortality rates represent a natural increase of almost zero (0.4 percent), equivalent to that of advanced industrialized countries.

Table 1
Barbados' non-institutionalized population projections in '000's

Age groups	1980	% pop	1990	%pop	2000	% pop
0 - 14	72.7	29.4	61.0	23.7	54.3	20.3
15-44	110.9	44.8	131.5	51.1	121.9	45.5
45-64	36.1	14.6	35.2	13.7	58.1	21.6
65+	27.5	11.2	29.6	11.5	33.5	12.6
Total	247.2	100.0	257.3	100.0	267.8	100.0

Source: Ministry of Finance and Planning. Barbados Physical Development Plan. Bridgetown: Barbados government printing office. 1983.

Note: table based on the assumptions of percentages increases of these rates.

	1970-80	1980-90	1990-2000
Crude birth rate	1.9	1.6	1.3
Crude death rate	0.9	0.7	0.7
Net Migration rate	-0.6	-0.5	-0.2
Net increase	0.4	0.4	0.4

In 1986 the elderly consisted of 29,400 persons or just over eleven percent of the

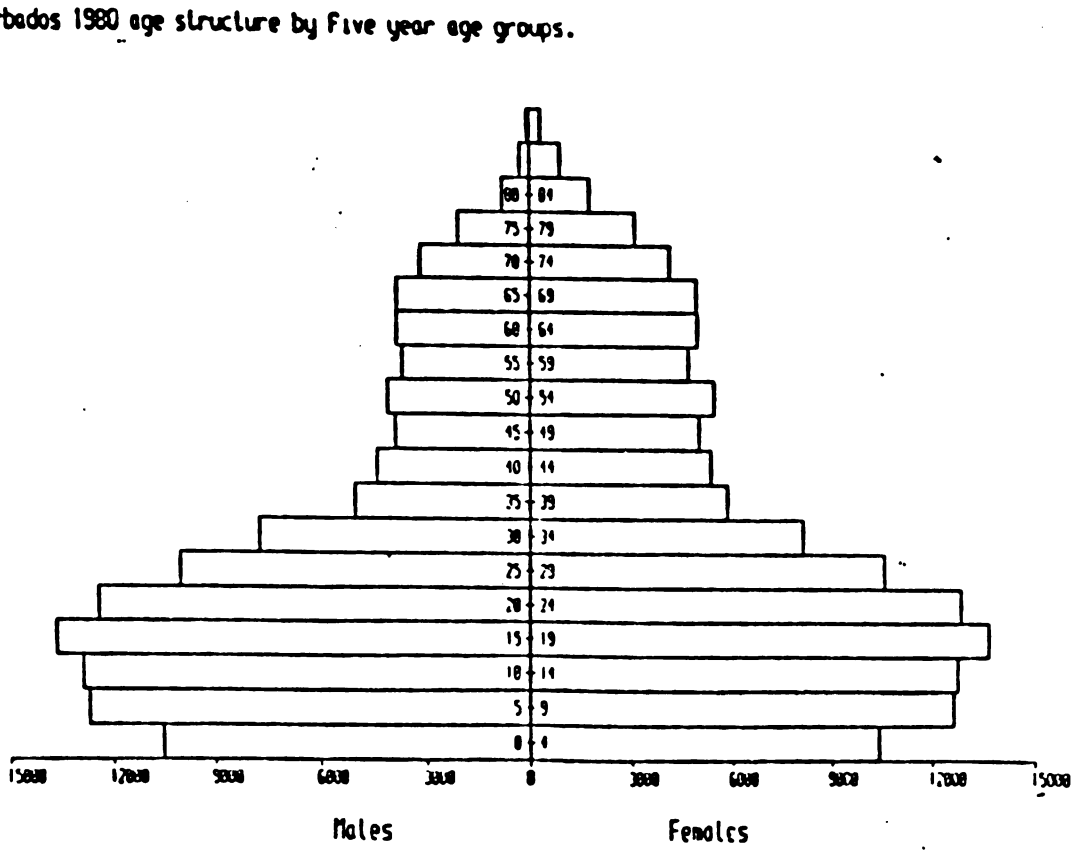

Figure 2
Barbados population pyramid - 1980

Source: Pan American Health Organization, Health services for the elderly: a pre-feasibility study. Photocopy,1986.

Barbados population. The elderly of other Caribbean islands on an average represent six percent of the total population. Throughout the rest of the developing world the elderly average four percent of total population (PAHO 1986). A 1985 two percent random sample survey by Dr Farley Braithwaite indicates that aging trends in Barbados are very similiar to those of developed countries. Characteristics such as the proportion of persons over sixty-five to the total population in Barbados, the proportion of females to males, high rates of home ownership, and the fact that more than one quarter of the elderly live alone; mirror characteristics of the elderly in developed countries.

Migration patterns have affected the population structure and are a direct result of years of colonial domination and its resultant dependency, underdevelopment, underemployment and marginalization of labor. In the post-emancipation history of Barbados local officials encouraged migration to the 'mother country' (Britain) and metropolitan centers in the United States of America and Canada. Caribbean nationals sought (and still seek) employment overseas to combat underemployment and unemployment in the islands. During 1861-1921, 150,000 persons (primarily males under age thirty) emigrated. There was a net increase by return migration and in-migration of persons from other countries between 1921 and 1946. Braithwaite estimates (1986) that 32,600 persons emigrated during 1951 and 1970. PAHO asserts that thirty percent of the Barbados-born population currently reside overseas. The 1980 census reveals that eight percent of the population is foreign born. There is a growing but small number of Barbadian retirees from outside the region that return to the island.

Family structure

Sociologists and anthropologists such as Melville J. Herskovits, Edith Clarke and Sidney Greenfield describe Caribbean families as 'matrifocal' or 'mother-centered'. Herskovits defines matrifocality as an African cultural phenemenon transported by slaves

and reinterpreted into the New West Indian family. Other scholars refute Herskovits' interpretation noting that African families are traditionally polygamous and extended. But, Herskovits suggests that slavery destroyed African family patterns by enforcing the allegiance of male slaves to their masters, separating them from their children; creating a strong link between mother and child.

Greenfield explains that neither African culture nor slavery account for Barbadian family forms. He stresses that the British influence within the African slavery experience causes matrifocality to dominate in Barbados. He posits that among the lower-class (or low-income earners) in Britain and Barbados, marriage is only considered necessary for the transmission of property and other rights protected by law. Marriage has little meaning if there is no property to be controlled or transferred. This feature is borne out by observations that indicate that there is a tendency for 'nuclear' families to develop when middle class status is attained.

Another reason for the infrequency of 'legal' marriage is suggested by Michael Horowitz in his 1967 study of a peasant village in the nearby island of Martinique. There, cohabitating low-income couples claim that their inability to afford a fete (the party after the wedding) is the obstacle to marriage. Additionally most men feel that women who are docile and self-effacing while in the 'common-law' (couples living together in socially-recognized non-legal unions) marriage become arrogant and demanding once married! The general attitude seems to be that it is better to have a happy 'common-law' relationship than to have a poor marriage.

The debate continues; suffice it to say that Barbadian families are matrifocal. Caribbean matrifocality is evidenced by a high percentage of female heads of households, high rates of illegitimacy (children born to couples who cohabit without the benefit of legal or religious ceremony), easy adoption of children between family members, high ratios of children per household and a marginal role for the husband/father in the family. Graham

Dann's research attests to one feature of matrifocality. He estimates that seventy-eight percent of children in Barbados are born to couples in 'common-law' or 'visiting' relationships. Only twenty-two percent of the nation's children are born to legally-married couples.

Table 2 is evidence of the low rates of 'legal or religious' marriages. Greenfield observes that couples in 'common law' marriages often marry after the birth of one or more children, and some marry after the birth of several children and twenty or thirty years of cohabitation. This may explain the relatively high percentage of legally married elderly persons.

The 'extended family' often assumed to exist in developing countries such as Barbados has been vastly reduced because of migration and lowered fertility rates. Family structure and the extended family influence the status of the elderly because the family can assist

Table 2
Marital status of Barbadian elderly

Marital status	% of elderly population
Legally married	38.2
Common-law marriage	4.6
Single	20.5
Widowed	29.2
Other	7.5
Total	100.0

Source: Farley Braithwaite, ed. The elderly in Barbados. Bridgetown: Carib Research and Publications,1986.

financially, emotionally and by providing other necessities such as food, clothing, housing, access to medical attention. Virginia Little (1983) has found that the decline of the extended family is more prevalent than people would like to admit. One problem Little notes is that in densely populated developing countries, families can not afford additional bed space. She

states that in many developing countries policy-makers deny the reality of the denudation of the extended family by ignoring the rural-urban drift and the tensions and problems which have long characterized joint or multi-family arrangements. Indicators of family tension are illustrated by Braithwaite, who found that twenty-three percent of the elderly had no contact with their siblings and fourteen percent had "bad relations" with their siblings (1985). Additionally, eighteen percent of the elderly report having no contact with grandchildren and thirty-three percent have "bad relations" with spouses (ibid.).

Insights from my research are consistent with Braithwaite's conclusion that many institutionalized elderly have living adult children. Braithwaite states that twenty-five percent of the elderly have no children alive or have never had children. In several instances, adult children are living overseas (usually Britain and North America) and therefore unable to help their parents on a daily basis. These elderly persons choose to remain in Barbados thereby avoiding the cold weather of Britain and North America where their children and grandchildren often reside.

There are generalizations that elderly persons living in institutions have been forgotten by their families. Even though aging relatives maybe an inconvenience and embarassment to some Barbadian families, this is far from the norm. Glennis Nurse (1976) submits that institutionalized elderly know their friends and relatives are unable (and in a few cases unwilling) to care for them. Institutionalized Barbadian elderly view themselves as "terminal cases" living in facilities which are the "ante-chambers of death".

Staff at the Geriatric Hospitals report that few residents require the on-going medical attention available at these hospitals and that the overwhelming majority of the residents are "social cases". These "social cases" are persons in need of assistance for daily living. Some of them are individuals whose homes need repair or regular maintenance they can not do themselves or can not afford to have done. Some of these persons have chronic health

problems such as diabetes and arthritis and need minor yet regular attention.

The majority of institutionalized Barbadian elderly males are in fact "social cases" requiring little or no medical attention. From interviews with institutionalized elderly males I concluded that many of them had children but could not expect them to provide financial or emotional support. One individual confessed that he had children but he and their mother could not "agree" (i.e. get along) so he left her and the children "ever since" (i.e. long ago). He was uncertain of their whereabouts or their willingness to assist him because of his lack of financial support when they were growing up.

Scholars of Caribbean families like Greenfield, Smith and Clarke insist that the role of (Caribbean) father does not require cohabitation with the children or their mother. Dann (1986) supports this and points out that only a little less than five percent of the island's female-headed households have an adult male resident. Families function normally as long as the father of the children provides money. This information and the high rates of illegitimacy (seventy-eight percent) indicate that a large proportion of Barbadian children grow up without a father "regularly present". A father is therefore rated not so much by his emotional support or by the regularity of his physical presence, but more so on his making reasonable financial contributions to the household.

HOUSING IN BARBADOS

The 1970 Census records that seventy five percent of the dwelling units were of timber and approximately ten percent were of concrete. Timber is well suited to the island's climate, but even if treated and painted regularly, it has a life expectancy of only ten to fifteen years. Dann (1984) observes that seventy percent of all dwelling units were at least twenty years old. Timber units, have therefore outlived their life expectancy and are invariably deteriorating structures. He also claims that seventy percent of the dwellings had latrines, twenty-five percent of the households lacked interior plumbing, and eleven percent

lacked electricity.

Land in Barbados is almost exclusively privately owned with a unique land tenure system which evolved from the sugar-cane plantation period. Laborers rented a 'housespot' on marginal land at the periphery of the plantation; these lands were called 'tenantries'. Placed on top of piles of rocks was a 'chattel house' built by the worker. Plantation owners were extremely powerful and forced laborers to remove their 'chattel house' if the laborer even considered changing jobs; consequently the tenure was extremely insecure. 'Spot' rents were charged for the area on which the house was placed.

Housespot rents remained fairly stable until the mid-1960's when land values increased because of developments in tourism and industry. In 1980 the government passed the Tenantries Freehold Purchase Act in an effort to improve security and make it possible to purchase 'house-spots' in private and government tenantries at reasonable prices.

Established in 1955 and renamed the National Housing Corporation (NHC) provides subsidized housing for low-income households in schemes (the equivalent of US housing projects) throughout the island. The Housing Welfare Scheme (HWS) was established in 1969 as a subsidiary to NHA and was responsible for:

a) processing applicants from tenants for rebates from rent payments to the NHA

b) processing applications from tenants for assistance with payment of rent due to NHA

c) processing applications from poor and disabled persons for repairs or re-siting of houses.

Today NHC also rents 'house-spots', builds houses for sale and enters into joint-venture projects with private developers in an effort to meet housing needs.

The demand for subsidized housing by far exceeds the supply. An example of unmet demand is that there were 15,000 applicants on the waiting list for subsidized rental units in 1986. This low-income housing shortage is aggravated by the fact that ninety percent of the occupants of rental units and persons with loans from NHC have significant arrears (Dann

1984).

Housing for the elderly in Barbados.

Barbados' elderly currently have four housing options and these are:
1) living independently in dwelling units which they own or rent.

2) living with relatives or friends in a dwelling units in which they may or may not be the head of the household.

3) living in institutions such as the Geriatric hospital, District hospitals, Golden Rock senior citizens home or nursing home managed by the government.

4) living in senior citizen or nursing homes owned and managed by private organizations including ones with religious affiliations.

PAHO's research determined that thirty-five percent (6,286 persons) live alone. Many elderly living in their own homes do so in substandard conditions. In 1981 Patricia Barrow studied elderly persons resident in dwelling units in tenantries and reported that conditions for them were fair or in many cases, poor. Conditions seemed to be slightly better for those living in inter-generational situations. Table 3 elucidates.

Braithwaite reveals that eighty-two percent of the elderly are satisfied with their housing

Table 3
Housing conditions for the elderly in tenantries

Household Composition	Housing Condition			
	Poor	Fair	Good	Total
Sole occupant	13	4	-	17
All senior citizens	3	4	3	10
Others with senior citizens	11	24	3	38
Other (non-sr citizen)	24	52	42	118
Total	51	84	48	183

Source: Patricia Y. Barrow. Accommodation for senior citizens. Photocopy. Ministry of Housing and Lands, 1981.

conditions. Another eighty-two percent of the elderly own their homes, while nine percent rent and another nine percent live in 'rent-free' houses. One is cautioned not to make hasty conclusions about this data because many amenities are lacking in the dwellings, as shown in table 4.

Elderly persons interviewed for Braithwaite's study admitted that their homes were in need of repair. As an example, one person stated that "the wind comes through all the holes in the house, water comes in too and the floor want fixing". Some persons complained that the house needed "better conveniences" such as a toilet and bath inside the home.

Home repair and upgrading require funds which many elderly lack. The National Assistance Board (NAB), a statutory body within the Welfare Department administers a Home Repair Program to assist elderly persons. However, this program is grossly

Table 4
Amenities lacking in elderly households

Amenities lacking	Percentage of elderly households
Piped water supply into the house	31.3
Water-borne toilet facilties (use latrines or 'other'/none)	52.8
Cooking with gas/electricity (i.e. use wood or kerosene)	36.0
Electric lighting (i.e use kerosene lamps or 'other')	19.0
Access to a motor car	75.2
Refridgerator	28.7
Telephone	56.0
Radio	23.8

Source: Relevant tables in The elderly in Barbados edited by F. Braithwaite. Bridgetown: Carib Research and Publications,1986.

under-staffed and under-funded and the demand for services exceeds the supply. The NAB insists that the vast majority of homes listed for repair are in such extreme conditions that they should be replaced instead.

Limited physical strength, the lack of knowledge about simple home repair (especially

for elderly women living alone), distrust of local carpenters, plumbers and other artisans are some reasons for the disrepair of senior citizen's homes. Problems also stem mainly from economic deprivation of the elderly due primarily to the inadequacy of pension funds, limited sources of income to supplement pension, inflation, the inability or the unwillingness of children to assist their parents financially.

In their discussions of the economic conditions of the elderly Braithwaite et al. note that their findings "do not bear out the conventional view" of Thirld World societies that "kinship network support is widespread". This statement supports my view that the 'extended family' is shrinking. Thirty-four percent of the Barbadian elderly receive financial support from their families. Those receiving money from relatives do so infrequently and get $30 or less per week. Table 5 gives an example of the kind of financial difficulties the elderly in Barbados have. More than three quarters of the elderly sampled use their pensions as their primary source of income. This undoubtedly impacts the ability of elderly persons to repair and or maintain their homes.

Table 5
Sources of income - Barbadian elderly

Sources	N	%
Earnings	104/302	34.4
Pension	308/405	76.0
Relatives	138/404	34.2
Friends	34/405	8.4
Other	52/399	13.0

Source: The elderly in Barbados edited by F. Braithwaite. Bridgetown: Carib Research and Publications,1986.

Note: demoninator in N column represents the number of persons responding; numerator is the number of persons who indicated getting money from specifed sources.

PRIVATE AND PUBLIC SECTOR PROVISIONS FOR HOUSING THE ELDERLY

Responsibility for housing the aged has been divided between the public and private sectors. The government provides some 826 beds. The private sector provides 230 nursing home beds and it is estimated that forty percent of the private residential facilities are not licensed. Primary health care is concentrated in eight community polyclinics, located by geographical population zones and each services an average of 30,000 people with general medical practice, dental and eye care, nutritional advice, and treatment for sexually transmitted diseases, diabetes and hypertension.

The government provides for the chronic care of the aged in the five 'geriatric hospitals'. The word 'hospital' is a misnomer. These 'hospitals' evolved from nineteenth century British 'almshouses' which were to shelter the poor, disabled and homeless. Over the years many almshouse residents aged, became more frail and in need of medical attention and these persons then represented the majority of the residents. In 1980 the almshouse names were changed to 'hospitals' such as the St Michael Geriatric Hospital. In rural areas, former almshouses were re-named 'district hospitals', such as St Philip District Hospital. Negative feelings about the institutions persist because of their almshouse history.

PAHO's research team states that these hospitals fail to meet requirements of modern geriatric care in terms of patient-staff ratios and the staff's knowledge of clinical skills. Residents of these institutions liken them to "ante-chambers of death" (Nurse 1976) and many residents need not be living in them. This is borne out by PAHO's 1986 report which states that these hospitals have become the repositories for 'social' cases from the Queen Elizabeth Hospital (a 530 bed modern teaching hospital specializing in secondary and tertiary care), and from the community. A geriatric hospital patient assessment manifests that many residents could live away from geriatric hospitals. For example, of the 420

persons in the St Michael Geriatric Hospital only sixty percent (244 persons) need the hospital's medical attention. A similiar pattern exists at the District Hospitals and is detailed in chapter four and in table 8.

There are more government facilities which house the elderly. The Black Rock Hostel was originally intended to house individuals needing emergency shelter. It is now being used as a permanent residence for some elderly persons. The Psychiatric Hospital is also home for several elderly persons.

Golden Rock Senior Citizens Home is a long term residential facility located in the Pine housing scheme and is an excellent model for housing elderly persons in fairly good health. The twenty-four residents share rooms which have private cubicles. There are two to three persons per room and they use a communal dining area. Doctors are available on call.

Golden Rock Senior Citizens Home was designed for ambulant elderly. However, many residents are bed-ridden. Bathrooms are poorly located at the ends of the "U" shaped building and do not have provisions for residents with mobility difficulties. Siting the Home in a community setting was well-intentioned, but has not served any useful purpose because there is no contact between community residents and the residents of the Home who hardly venture outside the building.

The government Welfare Department assists elderly by referring them to government services and institutions. In emergencies such as house fires the Welfare Dept provides houses for victims. In 1980 the Housing Welfare Scheme was changed to the National Assistance Board (NAB). The NAB supervises home repair and house replacement and has an average of 1,800 applications annually. One-third of the applications are for dwelling replacements, ninety percent of which are for senior citizens (Barrow 1981). NAB also manages the 'Home Help' Program which provides assistance on week days for daily needs: bathing, house cleaning and cooking. This program is limited by insufficient and

poorly trained staff, the unwillingness of staff to work outside of urbanized areas, NAB's inability to attract appropriate individuals with a caring attitude to the elderly and the need to expand services to include weekends.

CONCLUDING REMARKS

Barbados' limited natural resources restrict its potential for economic stability and independence. The tourism sector is very important and efforts continue to maintain and generate this potentially lucrative industry. Agriculturally, the island is still predominantly dependent on sugar-cane and on the marketing arrangements of multinational corporations. In general the island, like many other developing countries, remains an 'open' economy.

The Barbados government has historically provided for the social service needs of the population such as education, health and housing. The elderly population currently represents eleven percent of the island's population with projections of twenty to thirty percent by the year 2030. This growth will have numerous ramifications on the island's resources in the future.

My primary concerns are the issues associated with housing the elderly in Barbados. Unfortunately, housing for the elderly has not been a policy issue, but it will need to be in the near future. There are few non-institutionalized housing options for the elderly. Many of the homes owned (by the elderly) lack basic amenities and conditions are especially bad in the tenantries. Housing for the elderly cannot be separated from the unique tenure system or from the housing problems of the island.

Family structure, private and public sector contributions to the elderly will need to be examined to facilitate the evaluation and planning for their needs. Additionally, the limitations of the NAB, the number of 'social' cases in the Geriatric Hospitals will need to be adjusted significantly to reflect the housing needs of elderly Barbadians.

CHAPTER TWO

LITERATURE REVIEW

This chapter examines the literature reviewed on the theories of adaptation to aging which constitute the theoretical foundation of this thesis. Literature pertinent to housing in Barbados is presented. Topics include housing quality, tenure, policy, demand and supply.

Adaptation theories of aging can be used to assist evaluation and documentation of housing needs which has implications for the design of housing alternatives. In developed countries the aged have several housing choices ranging from complete institutionalization to various types of independent living. Some are age-segregated while others are multi- or intergenerational. Each type of housing provides a different level of privacy, independence and social interaction for the elderly person. Some of the choices for housing the elderly are:

1. Institutionalized living especially for persons needing chronic care. For example in nursing homes and Barbados' geriatric hospitals.

2. Group (communal) living or sheltered housing. These are congregate facilities in which the number of units, facilities for communal (e.g. bathrooms, kitchens, dining and living rooms) use vary.

3. Accessory buildings or 'granny flats' on private property in residential communities. These guarrantee the elderly person the privacy and independence of living in their own home along with the security of having someone close by.

4. Home-sharing in private homes. This can be age-segregated or intergenerational. There are many variations of this sort of accommodation, 'tenants' can be charged 'rent' or can assist with a variety of household duties.

5. Independent living in one's own home with the assistance of housing-related services.

The importance of the need for housing choices and related services is poignantly illustrated when one considers that in the US, between fifteen and forty percent of the elderly in nursing homes could continue to live in their homes (Woodward 1982).

Special transportation, home help and repair, community health care services, social and recreational centers and activites, meals-on-wheels and other nutrition programs are examples of services that could benefit non-institutionalized elderly. These services could also limit unneccessary or premature institutionalization.

Theoretical frame of reference

Adaptation theories examine the degree of success or failure to which elderly people react to the physiological and psychological changes that occur as they age. Ideally, one adapts to aging by maintaining competence in social roles, despite losses such as sensory acuities, prestige, occupational status and former social circles. The 'activity' and 'disengagement' theories on adaptation to aging are significant in that they provide a starting point for responding to the need for elderly housing choices.

In the activity theory, Havighurst (1961) postulates that optimal aging occurs when individuals stay active and do not allow their social world to shrink. This can be done by maintaining activities from the 'middle' years, substituting new activities for those that can no longer be practiced because of loss of friends and relatives by migration, illness, and death.

With regards to the disengagement theory, Cummings et al (1972) explain that decreased social interaction occurs mutually between the individual and society and is essential to successful aging. The elderly individual finds ordered ways of withdrawing from the social roles and engagement with life. This withdrawal is preceded or accompanied by increased preoccupation with self and decreased emotional investment, and is a natural rather than imposed process. Krauss (1981) notes that Lowenthal suggested voluntary disengagement is healthy and has a positive impact on 'life satisfaction'. Krauss claims that

the quality of social interaction is more important than the quantity.

Bernice Neugarten's 1961 study on personality types and adaptation, along with research by Reichard, Livson and Peterson (1962) on the study of "87 Elderly Men" demonstrate that neither activity nor disengagement theory is sufficient to account for deviations in adaptations to aging. Indisputably, the aging adult must maintain a sense of self-worth and a satisfaction with their past and present life in general to adjust to the physical and pyschological changes of aging. However, some older persons are less successful in resolving the conflicting elements of their past life. These conflicts may have a negative effect and minimize their activity and energy levels. Present losses such as the decline of sensory acuities tend to affect the individual even more if accompanied by a dissatisfaction with past and present life.

Based on the activity and disengagement theories and variations in the adaptation to aging Reichard, Livson and Peterson identified five broad personality-adaptability categories which are presented below. Added to them are with my suggestions for the types of housing that may suit persons in each group.

Mature - these persons are well adjusted and have a constructive rather than an impulsive or defensive approach to aging. They maintain activities that helped them adapt during their youth and through their aging years. Persons in this category should to any type of elderly housing although they might prefer to live independently.

Rocking chair group - investigation into their (personality) histories indicate they have not changed much during their life. These persons need to lean on others and 'take life easy'. This group justifies the claim that for some disengagement is satisfactory adaptation to aging. Living in intergenerational settings where the support of friends and family is guaranteed (if they want to take advantage of it) may suit persons in this category.

Armored - these persons have a highly developed, smoothly functioning system of defences against anxiety. Their personalities changed very little throughout their lives. This group may have difficulty dealing with the losses (physical and emotional) associated with aging and may do well in an intergenerational setting with family and friends. Some may prefer the structure of an institution to assist their adjustment to these losses.

Angrymen - these persons are hostile and blame others for the frustrations and failures they experience during aging. Their poor adaptation is a continuation of lifelong personality

traits. An institutional setting may suit these persons.

Self-haters - these persons blame themselves for their misfortunes. Their personality traits persist from those manifest during earlier stages of life. These persons are in the minority and their housing needs would probably vary with each individual.

Braithwaite (1986) makes reference to these theories and examines elements of adjustment to aging, levels of satisfaction, isolation and social relations among the elderly in Barbados. There are two main reasons why for the purposes of this thesis, these theories have limited application. Firstly, because of the lack empirical research and data on the elderly in Barbados. Secondly, given the island's resource constraints and the unresolved housing shortage, quality and tenure problems; it is unlikely that the different personality-adaptation responses to aging will be whole-heartedly incorporated in geriatric housing design in Barbados. Nevertheless, it is possible to consider these theories as a frame of reference for future study and policy recommendations for geriatric housing alternatives in Barbados. It is hoped that this will be possible in the not too distant future.

Housing and tenure in Barbados

Traditionally, Barbadian homes are single-story, gable-ended bungalows made of timber with roofs of shingle or iron sheeting. Houses typically have wooden shutters. These homes are called chattel houses and are placed on a loose rock or concrete foundation. As the name 'chattel' indicates these houses are moveable property. The construction material and design of these houses made it possible for them to be dismantled easily, moved and rebuilt at another location. The foundation of the home (loose rock or concrete) is a fairly reliable indicator of whether or not the house and land are owned by the same person.

Chattel houses usually consist of two rooms which each have dimensions of 10'x10'.

Extra rooms are added as the household and income increases. Figure 3 is an example of a typical wooden chattel house with a loose rock foundation. In figure 4 there is a traditional chattel house made almost entirely of shingle; this type of chattel house is no longer a common site. Figure 5 is of a typical modern Barbadian house. This house maintains the traditional chattel style and has a concrete foundation instead of traditional loose-rock. There are indoor toilet facilities, a concrete kitchen to the rear of the home and additional sun and rain protection for the windows. Figures 3,4 and 5 depict typical housing of the island. In the foreground of figure 6 a chattel house has been dismantled to be moved. Figure 7 is the architectural details of a chattel house and the normal stages of upgrading these houses.

The purchase of a house is often an individual's most significant investment. In the Barbadian context homeownership symbolizes prestige, security and independence. 'Mr Foster' a character in the novel *In the Castle of My Skin* emphasises this by saying:

> If there is one rule we on this island got, it is this: if the good God give you health and strength work till you can get yourself a shelter over you head by day, and a corner to rest you bones at night. And once you get it; give the good God thanks and never get rid of it . . . . A man ain't a man till he can call the house he live in my own: And it ain't matter how small it be once you can call it my house.
> (Lamming 1953: 244).

Similiar statements can be readily found in other Caribbean literature.

The reverence Barbadians attribute to homeownership is consistent with the fact that in 1980, seventy percent of the dwelling units on the island were privately owned. In 1986 private homeownership increased to seventy-two percent (Ministry of Housing and Lands (MOHL) 1986).

Potter (1986) observes that in 1980, just over twenty-six percent of the island's dwelling units were not owner-occupied. Of these units, sixty-one percent were rented privately, less than one percent (0.39) were leased, five percent were rent-free and another five percent were rented from government. Unlike other developing countries, squatting is

negligble in Barbados and less than one percent (0.03) of the island's dwelling units.

Tenure in Barbados has been described as a long enduring system that is virtually unmatched anywhere in the world (Potter 1980). Despite the high levels of homeownership a large proportion of these home-owners (thirty-one percent) rent instead of owning their land on which their homes are sited. Explanations of this and other housing anomolies lie in the socio-history of the tenantries.

Tenantries - a brief history

Opportunities to cultivate land or find employment away from the plantations were virtually nonexistent for the newly freed slaves after emancipation in 1838. The 508 plantations which existed occupied the prime arable land making it difficult for the former slaves to practice subsistence agriculture. These newly freed citizens remained enslaved by their dependence on the plantation for employment and housing (Braithwaite M. 1980). These landless laborers were employed on the plantations and were offered land on the periphery of the plantation to place their dwellings. These peripheral lands were collectively called 'tenantries'.

In 1840, the Master and Servant Act was passed by the plantation owners who were now landlords. This guaranteed plantation owners or landlords a stable supply of labor. The Act stipulated that laborers that did not live in tenantries were to be paid twenty percent less than other laborers. Tenants could also be evicted from the housespot on which their dwelling unit was placed and the produce from their backyard garden confiscated if the laborer gave intention to quit. Clearly, tenure was extremely insecure. The plight of the laborers was aptly described by a critic of the day, Samuel Prescod who noted in a

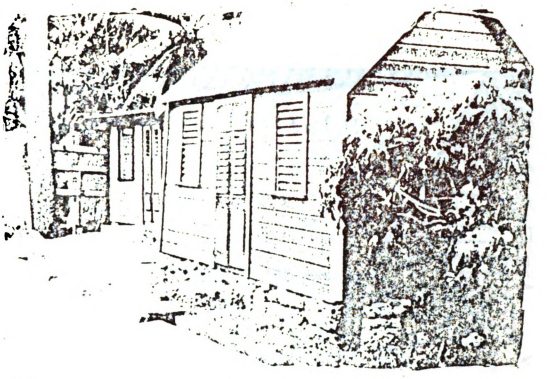

Figure 3
Chattel house on loose rock foundation

Source: Robert B. Potter, Housing upgrading in Barbados: the Tenantries Programme. Journal of Geographical Association. 1986 (no. 312) :71.

Note: The proximity of the dwelling unit to the left of the home in the foreground. This is an indication of the density of population.

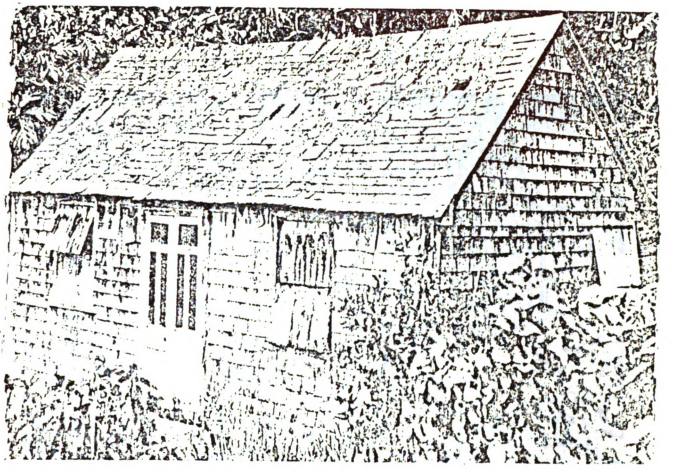

Figure 4
Traditional Barbadian chattel house made from shingle

Source: Robert B. Potter, Barbadian housing - good, bad or beautiful? New Bajan, 1987 (Sept).

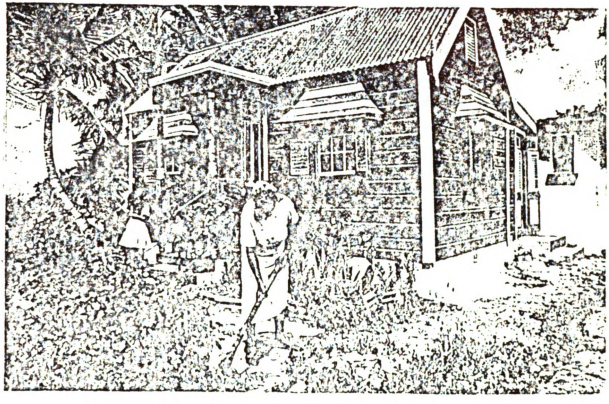

Figure 5
Modern chattel-style house with concrete foundation and kitchen

Source: National Geographic, Isles of the Caribbean, Washington D.C. (Special Publication) n.d.

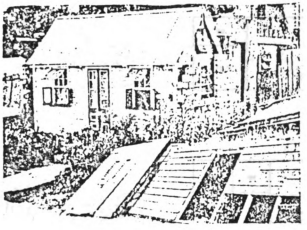

Figure 6
Typical chattel house and a dismantled one waiting to be moved

Source: Robert B. Potter, Barbadian housing - good, bad or beautiful? New Bajan, 1987 (Sept).

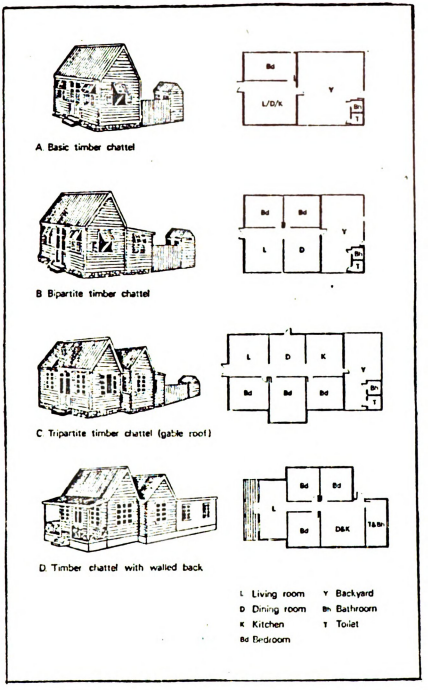

Figure 7
Stages of upgrading chattel houses

Source: Robert B. Potter, Urban housing in Barbados, West Indies: vernacular architecture, land tenure and self-help. Paper presented at Commonwealth Geographical Bureau Workshop on Urbanization in Developing Countries. 14-19 December, 1987. University of Delhi, India.

newspaper *The Liberal* :

> The laborer is far from being comfortable. . . he has no security. . . liable every moment to ejection from a bit of hired land he tills for his benefit from the hut that he perhaps, or his father built and has kept in repairs for years, he has no certain home, his industry is insofar a venture - a mere game of chance in which the probabilities number and weight are against him . . .
> (Braithwaite M. 1980)

The Tenantries Control and Development Act (Cap 239) of 1965 defined a tenantry as "any area of land other than land vested in or leased to the Crown or a statutory body which is now and shall be hereafter subdivided into more than five lots for the purpose of being let to tenants as sites for chattel buildings or intended to be used as dwellings."

Today, tenantries are owned either by the government or private individuals. Margaret Braithwaite of MOHL, estimates that there are currently 603 tenantries and that there is an average of seventeen dwelling units per tenantry. In 1980, 320 tenentries were identified, 203 of them are on plantation land and they account for 1042 hectares of land and provide 'housespots' for 4,200 dwelling units. The other 117 tenantries are not on plantation land and provide housespots for approximately 2,000 dwelling units.

Government efforts at tenure modification

The 1965 Act is government's attempt to help provide greater security of tenure by extending the period of notice to terminate employment from one to six months for tenantries on agricultural land of less than ten acres.

The government of Barbados has made additional efforts to modify the tenure system which exists in tenantries by encouraging land ownership and property upgrading. The government's rationale has been that the inability to affix dwelling units permanently to the ground adversely affects homeowners' desire to upgrade homes and housespots.

Housespots are usually 40x40 (Potter 1983) and rent for spots are paid weekly, monthly or quarterly. Government feels that upgrading housing and a stable tenure system

are desperately needed, especially for housespots which rent for less than $100 per week. MOHL claims that "tenure of these properties has a different etiology" because of their old age; the occupants and the dwelling units. Tenure is problematic if the housespot was inherited and if there are family disputes over land ownership, or if land owners reside overseas. A 1986 National Housing Plan report reveals that nineteen percent of the housespots in plantation tenantries have been subleased and this situation is very insecure.

Another example of the government's commitment to increase land ownership, improve tenure and upgrade housing standards is the establishment in 1980 of the Tentantries Freehold Purchase Act and Tenantries Development Act. These Acts established the legal right for all "qualified tenants" to buy land on which their house is situated. A "qualified tenant" is one who has resided on a spot for five consecutive years or five years out of seven. These Acts have been described as "revolutionary" (Braithwaite M. 1980; Potter 1986) since they are the first to focus on the control of land through purchase and provide tenants this exclusive purchase right.

In the case of plantation and government tenantries the government bears the cost of surveying the land and ensures that costs of transferring the title are kept to a minimum. Tenants pay a minimum of $300 or a statutory price of ten cents per square foot, whichever is greater for lots in these tenantries. Pensioners residing on government tenantries receive their lots free of charge. However, sales of land on private tenantries are subject to market rates.

Despite these efforts of government research reveals (MOHL 1986) that approximately fifty percent of housespot renters are unable to purchase their spots without a loan. Although the lots cost less than they would at less than market rates, personal savings are used to finance house repairs and these repairs leave little money for land purchase.

The Tenantries Development and Tenantries Freehold Purchase Acts are aimed at modifying the tenure system by giving all tenants the opportunity to purchase their

housespots and constitute one component of the island's housing policy. Tenants are at a disadvantage because of their financial inability to upgrade their homes. Upgrading includes erecting a permanent foundation for their dwelling and improving toilet facilities. Quality is another element of the housing problem in Barbados. Programs for house upgrading presuppose a fair quality of existing shelter, but research (Braithwaite M. 1980; Dann 1986; Potter 1986 and 1987) shows that much of the Barbadian housing is indeed substandard.

Housing quality

Housing quality has "lagged behind the general economic development in Barbados to a degree which is quite surprising" (Potter 1987) and these conditions leave little room for complacency. Potter argues that even though it is important to facilitate a stable tenure system, tenure itself is not a surrogate for housing quality.

Indicators used in assessing the quality of the Barbadian housing stock include the proportion of dwelling units made of timber, the age of dwelling units, the proportion of dwelling units with piped water and the proportion of dwelling units with latrines. A comparison of 1970 and 1980 housing indicators in table 6 confirm that the quality of Barbadian housing is improving but still leaves much to be desired. For a conclusive indication of housing condition, the age of dwelling units should be compared to the type of construction material.

In 1970, sixty-one percent of the dwelling units reportedly had access to piped water, but more than one-third of these units lacked the appropriate connections to bring the water to the dwelling units (Braithwaite M. 1980). It is probable that a similiar situation existed in 1980 when fifty eight percent of the dwelling units reportedly had access to piped water (Jones 1981; Potter 1986).

These amenity deficiencies are exaggerated in the tenantries where for example, ninety

percent of the houses have no toilet facilities. 'National' housing statistics also vary tremendously throughout the country (Potter 1986). In rural areas it is reported that modern household amenities are lacking in greater proportion. For example, fifteen to twenty percent of the houses lack indoor plumbing and residents have to use public standpipes for water. Rural areas also exceed national averages for the percentage of dwelling units made entirely of wood. For example in St Andrew (see figure 1) eighty percent of the dwelling units are made entirely of wood, compared with fifty-seven percent island wide. Rural areas also tend to have a greater percentage of dwelling units built before 1960.

Table 6
Indicators of the quality of Barbadian housing

Dwelling units	1970 (%)	1980 (%)
With pit latrines	70	52
Sharing toilet facilites with neighbor	6	-
Without toilet facilites	2	-
Had "access" to piped water	61	58
Occupants use public standpipe	10	-
Unit made entirely of wood	75	57
Unit built of wood and brick	-	12
Units more that 20 years old	47	67

Source: Tables from G. Dann 1986; R.B. Potter 1986 and 1987.

In summary, the quality of Barbadian housing needs immediate attention. There has been a growing shift from the traditional timber moveable chattel houses to the more permanent wall houses made from concrete or brick and wood combinations. This a positive sign of improvements in the situation. However, continuous yet piecemeal attempts to upgrade homes by material conversions and repairs are a feature of Barbadian culture. Unfortunately there are few sources of financial assistance for low-income households to improve the quality of their homes, these issues are discussed in the section on financing sources.

Housing need

MOHL (1986) estimates that 1700 dwelling units are required annually to meet housing demand and of this amount 1100 units need to be subsidized by the government so that lower income households can afford them. Concrete houses (with land) are affordable to forty percent (the higher income earners) of the population. The most severe gaps in housing demand and supply exist for moderate income and low-income households. Moderate income households earn between $12-23,000 per annum, and low income households earn between $6-12,000 per annum. Furthermore twenty-five to thirty-five percent of the population cannot afford to purchase the lowest priced dwelling units which are made of timber.

Indications of the housing shortage is that between 1956 and 1965 there were 10,000 applications for government housing units, (Potter 1986) but by the end of the 1960's only 4,127 dwelling units were constructed (Development Plan 1973). Each year there are more than 1500 applications for government units but not more than 200 (about thirteen percent) receive units.

The high population density of the island (1,500 per sq ml/580 per sq km) is not an indication of a shortage of residential land for construction. The 1983 Barbados Physical Development Plan estimates that 2,570 hectares of land are available for residential use in urban zones. Only 296 hectares is required to meet housing construction needs between 1980 and the year 2000. This land is available in newer urban zones such as the parish of St Philip which represents forty-nine percent of the available land in newer zones. This land is unfortunately far from traditional employment centers and near Bridgetown and currently lacks regular, reliable mass transportation services.

In parts of the island, especially along the south and west coasts, land costs are at a premium because of the growth of tourism, business and industry competing for land which was formerly agricultural or residential. Land shortage therefore is more a qualitative than

quantitative problem.

Government tries to bridge the gap between units provided by the private sector and the number of units required to satisfy the low and moderate income housing need. Government tries to meet these needs by renting housespots (3,651 in 1985), building units for sale (1096 units by 1985) and by providing rental housing (5087 units by 1985). Inspite of these subsidies, it seems that a sizeable proportion of population find their costs excessive or simply refuse to pay their rent. High arrears on rents and loans for purchased units exist. In 1963, ninety percent of tenants/occupants were in arrears. Poor loan repayment forced the Barbados Workers Housing Loan Fund to stop loan disbursements in 1982 (Barrow 1985). In the 1981-82 financial year 269 loans valued at $B1.04 million were disbursed and the credit outstanding was $B6.2 million.

Another factor restricting efforts to satisy housing need is that construction costs are inflated by the poor training, work attitudes and low productivity of construction workers and poor management. Construction material is imported (with mark-ups of sixty to eighty percent of the original cost) and represents fifty to sixty percent of housing costs (Jones 1986; MOHL 1986).

Cozier, in an editorial in *Advocate News* (1981) stated that house-hunters will find their dream of home ownership a fantasy in the not-too-distant future. A few examples of inflation in the housing industry substantiate this. For example, the average three-bedroom, two-bathroom concrete house cost $70,000 in 1978, cost $125,000 in 1981. Timber houses (chattel-style) which sold for an average of $4,860 in 1970, retailed for $14,185 in 1980.

Another example of this inflationary housing trend, which makes it more difficult for lower income people to own a home is the joint-venture (government and private enterprise) West Terrace housing project. Units were estimated to cost $60-70,000 each. At project completion, units sold for between $103-120,000 (*Advocate News* 1981).

When calculating individual housing affordability, a common rule of thumb is that household income should be one half of the cost of the home. For example if a family is considering purchasing the average concrete house which is in the price range of $100-120,000, half the house price should equal the total household income or $50-60,000. This is too expensive for the majority of Barbadians to afford. As discussed previously, moderate income households earn between $12-23,000 annually. However, the average cost of timber homes (without land) is about $14,000. Households attempting to purchase these units would need to earn approximately $7,000 annually. Low-income households earning $6-12,000 per annum would be able to afford the least expensive of these units. It is clear that inflation rates, rising land values and high construction costs negate the possibility for more than a quarter of the Barbadian population from ever owning a home (MOHL 1986).

Housing policy

Housing policy is often part of a fierce ideological battleground because of the "intimate relationship" of housing to the family and to the social structure as a whole (McGuire 1981). Housing policy reflects a nation's social system and in general correlates with its stage of overall economic development. Government intervenes in the housing sector for one or a combination of reasons including the need to improve housing conditions, to ease the burden of housing costs on low and moderate income households and to stabilize housing production and prevent severe housing shortage. A solid housing policy can significantly contribute to employment creation and stimulate ancillary industries which provide inputs for the construction sector.

In Barbados, the housing construction industry is the sixth largest contributor to the Gross Domestic Product (GDP). This industry, in 1986 contributed more to the economy

than the sugar industry (MOHL 1982). This industry fluctuates with the island's overall economic activity, the availability of financing, the impact of government credit policies and levels of government expenditure.

The public sector plays a pivotal role in housing because it formulates and executes by legislative action housing policy and intervenes in the market to bridge the gap between housing supplied by the private sector and those required. In Barbados, the government also tries to bridge the gap but housing supplied by the private and public sectors is not enough to meet the demand for housing.

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Recognizing the complex nature of housing needs the government instituted a housing policy. The "White Paper on Housing" (1986) is guided by five central objectives which have a variety of short, medium and long term goals to meet the housing policy objectives. The five central objectives of the housing policy are to promote home and land ownership, to encourage maintenance of the existing stock, to assure affordable housing solutions and to encourage private sector participation. Policy objectives are detailed in appendix A.

Housing policy for the elderly

No specific policy exists for housing the elderly. In a review of the island's Development Plans (1973-77 and 1979-83) there is only occasional reference to the elderly and their needs.

Health objectives of the 1973-77 Development Plan were to "develop rehabilitation and geriatric services" and to improve ward space and amenities of the geriatric hospitals. A psycho-geriatric unit at the mental hospital was to be established. There is no evidence that these plans materialized.

The 1979-83 Development Plan observed that there was a gradual decline of the extended family relationship. This reflects an understanding of some of the dilemmas of the elderly. The plan explained that there was a need for "an expanded program of responsibility for the elderly through a community approach to their welfare" and beginning elderly day care programs. It is uncertain how this "community approach" manifested itself. A geriatric Day-Care Center opened in 1985 at the St Michael Geriatric Hospital. This is the actualization of the "rehabilitation and geriatric services" mentioned in the 1973-77 Plans.

The 1983-88 Development Plan states that an important social goal is the "proper maintenance and functioning of the elderly population". Some proposals included increased development of the Home Help service and the de-institutionalization of the Geriatric and District Hospitals. There were indications that the government wished to relieve "the loneliness senior citizens experience" by providing $2.5 million for the construction of single and group homes to accommodate 250 persons. These homes would allow maximum privacy and at the same time social interaction. There is no evidence that any of of these policies were implemented.

The 1983-88 Development Plan also observed that there was need for an analysis of the needs of the elderly. This was done in conjunction with PAHO in their study of elderly

health needs.

In spite of the lack of specific policies for housing and the elderly, there are government-run institutions and housing-related programs, some of these are administered by the NAB. In addition, the NHC provides housespots free-of-charge to pensioners. Of the dwelling units constructed, rented or managed by the NHC, only nine percent of them are one bedroom or bed-sitter (studio) units. The government has responded to some of the housing needs of the elderly, but policies for housing and related programs for the (non-institutionalized) elderly must be designated. A housing policy for the elderly will be some indication of the government's commitment to improving the quality of life on the island. This thesis includes some of these policy recommendations which are in chapter five.

Implementation of Barbadian housing policies

The Ministry of Housing and Lands (MOHL) is an umbrella body which provides some centralized services in administration and accounting of departments, agencies and subsidiaries. The primary function of these departments is to provide low-income housing for rent, for sale and to administer low-income loans such as the General Sugar Workers Loan Fund and the Public Officers Housing Loan Fund. MOHL formulates and administers this housing policy through programs such as the Urban Improvement Program and the Tenantry Program which are particularly relevant to this thesis' evaluation of government provisions of housing for the elderly.

The National Housing Corporation, a statutory body affiliated with MOHL. NHC administers subsidized rental homes for households earning less than $200 per week. NHC also rents housespots to low-income households and provides low-income housing and land for sale. NHC is responsible for slum clearance, house relocation, redevelopment programs and administering the General Workers Housing Loan Fund (GWHLF).

NHC monitors the Starter Home Sites and Services Program funded through the USAID Housing Credit Fund. Households obtaining starter homes get a "housing core" consisting of a kitchen, toilet, bathroom and bedroom. The living area and extra bedrooms can be added by the households when they can afford it. Sites are provided with utilities and services such as roads and drainage.

The NHC rents dwelling units to 5,000 households and housespots to 4,000 households (Dubinsky 1985). The subsidies costs households between $10-41 per week (per unit). The rental subsidy program utilizes the majority of governments' expenditure in housing. Housespot rentals range from $12-40 per quarter. Despite these seemingly low rates, as mentioned in chapter one, arrears on rental units and for-sale units through the General Workers Housing Fund are unreasonably high.

The National Assistance Board (NAB), formerly the Housing Welfare Program attempts to meet the needs of "indigent and elderly people" (Barrow 1985) by construction, relocation and repair of housing units. NAB constructs an average of thirty timber dwelling units per year and by 1985 constructed a total of 338 units. Approximately 400 units a year are repaired by NAB at an average cost of $3,000 per unit. An average of fifty units a year are relocated. These services are provided to the "most deserving cases", (MOHL 1985) that is for persons who have been evicted or persons whose homes are in extreme disrepair or have been destroyed by fire.

NAB operates a hostel (Black Rock Hostel) which is supposed to accommodate a maximum of thirty persons in temporary emergency situations. The NAB also operages a senior citizens home (Golden Rock) which is home for twenty-two persons.

The housing policies instituted by the MOHL are administered by the Housing Planning Unit of MOHL and by the NHC and NAB reflect an attempt to satisfy a gamut of housing needs. However, the demand for these services and facilities by far exceeds the supply. The housing policies must be evaluated within the context of the island's economic

circumstances, the unique landlessness of many homeowners and the relationship between housing needs and phenomena which prevent them from being satisfied. The section of this chapter on housing finance sources elaborates on some of these issues. Chapter four looks at the housing policies and programs in relation to the housing issues and needs of the elderly.

Housing finance

A variety of financing options exist for the improvement or repair and purchase of homes. Most lending facilities such as commercial banks, insurance companies and trust companies have interest rates of between nine and thirteen percent and provide loans averaging between $60,000 and $90,000 for home purchase. Interest rates are much higher (seventeen to twenty-four percent) for home improvement loans. These restrictions exclude low income households.

The quality and quantity of housing can not be improved without adequate financing lower-income households that allows them to purchase and or upgrade their houses and the land on which the houses are placed. The tenantry upgrading programs which encourages and facilities lower income households to purchase their housespots as a commendable endeavour at housing improvement, but fifty percent of these persons reequire a loan to purchase the land. However, there are many lower income households living outside of tenantries unable to benefit from these upgrading incentives.

Lower income households have four main options for housing finance. Unfortunately, as with the subsidized housing provided by government the demand for these services by far exceeds the supply. The financing options for lower-income households are credit unions, the General Workers Housing Loan Fund, the Barbados Mortgage Finance Company and the Housing Credit Fund.

Credit unions provide short-term loans for home construction, improvements, land

purchase, house purchase. Loans are for three and seven years for amounts of $10,000 to $15,000 for home purchase and $3-5,000 for home improvement.

The General Workers Housing Loan Fund (GWHLF) offers short-term financing for construction, renovation and repair of houses and the relocation of chattel houses. A maximum of $12,000 can be borrowed at an interest rate of six percent repayable in fifteen years. This loan fund is financed by government budget allocations but lacks sufficient funds to meet demands. The GWHLF is also plagued with extremely low levels of repayment. The high arrears stopped loan disbursements in 1982. Loans were restarted in mid-1986.

The Barbados Mortgage Finance Company (BMFC) is funded largely by government loans from overseas agencies. BMFC provides long-term housing financing to households with average incomes of $10,000 at a thirteen percent interest rate. Average loan disbursements are between $28-70,000 and a maximum of $100,000. BMFC approves mortgages and disburses funds during construction which is different to the practices of other finance houses.

The Housing Credit Fund (HCF) is a revolving housing fund started by a $B20 million USAID Housing Guaranty Program and provides funds for home improvements, tenantry housespot purchase and mortgages to households earning $16,000 or less per annum. The HCF is a short-term facility available for a maximum of ten years at a six percent interest rate. Loans in this program can not exceed $8,000 for home improvements or $45,000 for home purchase.

Despite these financing options, home purchase is fast becoming a fantasy for the majority of the Barbadian population. The demand for funds (for low income and moderate earners) exceeds the ability of financial institutions catering to their needs.

CONCLUDING REMARKS

Theories on adaptation to aging provide an appropriate starting point for determining matches between housing options and the elderly. Despite the limited applicability of these theories to existing data on housing for the elderly in Barbados, they provide a frame of reference for analyzing the findings of this thesis.

In spite of government efforts, the tenure system in Barbados results in an overwhelming majority of the population (seventy-two percent) owning their homes but a significant percentage of this population (thirty-one percent) not owning the land on which their homes are sited. This is to the detriment of house and land upgrading programs.

Even with purchasing rights and cost reductions that the Tenantries Freehold Purchase and Tenantries Development Acts produce, fifty percent of housespot renters need a loan to purchase their 'spot'. There are several financing options for house purchase, repair and improvement (including purchasing housespots). Low income families find they have few choices because of high interest rates (nine to twenty-four percent) on the commercial market. There is also a high demand for loan funds which exceeds the supply of funds to financing from credit unions, the GWHLF, BMFC and HCF.

The quality of Barbadian housing, based on a variety of 'indicators', is below acceptable standards. Conditions such as the number of units made entirely of wood, more than twenty years old and those with latrines; tend to be worse in the tenantries and in rural areas. This is also true in households where elderly persons predominate (see tables 3 and 4 in chapter one).

Calculations by MOHL are that 1700 houses are needed each year to meet the demand for houses. The majority of these houses (1100) would need to be subsidized to be affordable to lower income households. However, loan defaults, arrears on rental units, low productivity of construction workers, excessive mark-ups on imported construction material, spiralling inflation in the housing industry, competition for land in certain urban

areas result in a chronic housing shortage. This shortage mostly affects lower-income households.

In their documents on housing policy, the government expresses its concerns about the demand for affordable housing, the poor quality of most of the island's housing; and their commitment to improving this situation. The housing policy has short, medium and long-term actions to achieve its five-objective plan.

Government has policies to meet the financial (pension plans) and health needs (free drug service and medical attention) of the elderly. There is no housing policy for the non-institutionalized elderly. Such policy is required to actualize government's commitment to the general welfare of the island's citizens and to provide a home (instead of rudimentary 'shelter') for senior citizens.

CHAPTER THREE

METHODOLOGY

This chapter outlines the sources of data and methods of data collection based on the four main assumptions and the questions this thesis attempts to answer. The limitations of the research design and effectiveness of the data collection methods are also presented.

Phases of data collection

The data collection process had essentially two phases. The first phase was a review of literature completed while doing course work at Michigan State University. Literature reviewed focused on gerontology, the process of aging, the elderly population in developed and developing countries. Graham Dann's book *The Quality of Life in Barbados* provided initial census data on housing, family structure and economic conditions of the Barbados population. Even though there was only the occasional reference to the elderly the text was very useful for statistical data and its references. This literature review lay the foundation for the thesis proposal which was accepted prior to my departure to Barbados to do field research.

The field research lasted six months. During that time I reviewed pertinent data on the two major aspects of the thesis - housing and housing for the elderly. Most of the material was obtained from government agencies. For example, I reviewed the National Development Plans (1970's-1980's) specifically sections on housing, health care, national insurance pensions and senior citizens. I used several unpublished government documents on housing on topics including tenure, demand, supply, quality, financing and government expenditures.

Pan American Health Organization (PAHO) had recently completed their study on the the health needs of the elderly in Barbados. This study provided detailed information on the elderly and on their evaluations of private and public sector facilities and programs for the elderly.

Research design

Thesis research consisted of a combination of interviews, site visits and literature reviews of primary and secondary literature sources. Primary data and material from secondary sources are compiled in sections (see chapter four) which describe topics relevant to housing for the elderly in Barbados.

There were interviews with policy makers of various government departments and supervisory staff at the institutions for the elderly. Additionally there were interviews with elderly persons resident at these institutions and non-institutionalized elderly persons. Introductory comments on the findings from this phase of research are in this chapter, and are detailed in chapter four.

Very little data exists on the elderly in Barbados or the Caribbean and virtually none on housing for the elderly. Under these circumstances it was not prudent to attempt to do a quantitative analysis of the housing needs of the elderly. It was decided (by myself and the committee) that secondary data would be supplemented by the interviews of Ministry (government department) policy makers and or senior staff. It was not possible (because of time and financial constraints) or practical to study all the existing institutions for the elderly. I decided to examine the St Michael Geriatric Hospital (main geriatric institution in an urban area), the St Philip District Hospital (older hospital in a rural area) and Golden Rock (the government's only senior citizen home). To facilitate the acquisition of data on government provisions for housing the elderly senior staff in the Ministries of Housing and

Lands, Finance and Planning, Health and the Welfare Dept were interviewed. I also interviewed the Chief Consultant of PAHO's team and discussed the methodology and findings of the PAHO study.

There were many persons in the academic and professional community knowledgeable about and actively working with the aged in Barbados. At the University of the West Indies (Cave Hill) in Barbados I met with Dr Graham Dann and Dr Farley Braithwaite for discussions on their assessments of local geriatric issues, my research and PAHO's. Similiar discussions took place with Athelstan King, a local architect who evaluated the engineering and architectural surveys of government institutions for the PAHO study.

I met with Bob Taylor, who at the time was the President of the Barbados National Council on Aging and Mr Rose, a member of the Val Rosa Club and organizer of an exhibition "Youth and Age in Harmony". Our conversations enhanced my understanding of elderly (housing) needs and improvements required for services and facilities currently provided. Their insights and comments were an invaluable resource.

Government interviewees were asked open-ended questions (see appendix B) such as if there were any clearly identifiable policies for the elderly, and which programs and facilities were available to the elderly. Basically I tried to find out how sensitive they were to the growth of the elderly population and their needs.

I met with two senior staff members of the Ministry of Housing and Lands (MOHL) and the Ministry of Health. I interviewed one member of staff at the National Insurance Service office and a senior staff person at the Welfare Dept.

The persons I interviewed were knowledgeable about most of the existing government programs and facilities. They admitted that the only established policies for the elderly were isolated policies such as for pensions and for geriatric institutions. They agreed that no overall policy for the elderly or housing for the elderly exists.

I interviewed one Matron-in charge and two Head-Nurses at these geriatric institutions.

The interview had four main sections (see appendix C) with questions concerning the institution and staff, the means of accommodating residents/patients, and daily activities at the institution.

Questions for these interviews were developed from analyzing questionnaires used in similiar research. References included Dann's quality of life survey, elderly life satisfaction and network analysis scales by Christine Fry and Jeannie Keith and surveys of geriatric institutions by M. P. Lawton and Edgar Rose.

I also interviewed three elderly residents from each of the three (chosen) geriatric institutions. These interviews were arranged during introductory telephone calls to the Matron-in-charge of each hospital. I requested permission to meet with at least one male and one female resident of the institution that had been resident there more than one year and who were reasonably healthy and mentally alert. The hospital staff decided which persons were interviewed. It is possible that I may have interviewed the 'best' or 'worst' residents. However, the residents I interviewed seemed to be from a mix of health conditions, economic circumstances and educational backgrounds.

The purpose of the interviews was to get feedback from residents on what they felt about their current living situation and what they thought would be needed for them to live in the community again. Questions were closed and open-ended (see appendix D) and solicited information on the needs of the institution and the patients/residents. Their responses offered tentative recommendations for policy and further study. A synopsis of the responses are found in chapter four.

During site visits I took careful notes to help me evaluate the institution's atmosphere and activities. To avoid subjectivity, recognized observation techniques were also studied and a guide developed to assist note-taking. This observation guide is in appendix E. It is important to note that observation was only used to supplement interviews and secondary data.

While conducting the field research I learned that the PAHO study incorporated a multi-disciplinary team including architects, structural, electrical and mechanical engineers who completed an exhaustive appraisal of all institutions for the elderly. PAHO analyzed them based on the identification of contemporary architectural design philosophy for modern geriatric facilities and progressive trends for the care of the elderly. PAHO's conclusions from observation were used in conjunction with the results of my 'casual' observation.

Shortcomings and limitations of the data collection process

The limitations and shortcomings of the data collected reduce the comparability of data. The overriding burden of collecting data for this thesis is the lack of data on the elderly and housing for the elderly in Barbados and the rest of the Caribbean. Studies by PAHO, Graham Dann, Robert Potter and Farley Braithwaite were extremely helpful but did not comprehensively address housing for the elderly. Few other detailed secondary sources were found. This limitation negated interrelationships between data collected and the theoretical literature foundation of this thesis.

The lack of literature specific to this topic severely restricted my ability to compare the literature reviewed. Farley Braithwaite for example, conducted a survey which was supposed to be based upon a national random sample of the elderly, but admitted ". . . for a variety of technical reasons this (a random and representative sample) was not achieved, and even though the results can not be extrapolated to the country as a whole, they remain important indicators for policy and project development" (PAHO 1986). Dr Braithwaite did not specifiy why a random sample was not achieved. Nevertheless, the five percent sample was used along with census data as the foundation of the PAHO study. Braithwaite also did a two percent sample (i.e. 525 persons) based on the distribution

of the elderly in each electoral constituency (i.e. district). From each of the twenty-seven constituencies a list of the elderly was taken from the voter registration lists. He used the questionnaire interview method to obtain data on topics such as occupational class, religion, marital status, head of household, employment status, education and other demographic and socio-cultural data. This sample had a seventy-nine percent response rate.

Braithwaite commenting on the demographic characteristics of the sample said it is ". . . interesting to note that where comparable data exist in the census, the two distributions approximate very closely. . . attesting to the relative accuracy of the registration list which was used as a sample frame" (1986:24). He made no reference to methodological limitations or shortcomings. I accepted this data on age, sex, income, occupation and accomodation as valid and representative.

Braithwaite extrapolated data based on the two and five percent samples. Data included adjustment to aging, levels of isolation, closeness to and dependence on family, number of children, attitudes to death and dying and knowledge of programs for the elderly and proved to be the only source of this much-needed information.

It was impossible for me to do a representative sample of the Barbadian elderly given the existing data and lack of other 'needs assessments' on the elderly, combined with my time and financial constraints. Even though I obtained documents from MOHL on a variety of housing issues only one addressed the housing conditions and needs of the elderly. This report focused on the housing conditions of elderly in the tenantries. Of the island's 320 tenantries it is estimated that there are 6200 dwelling units or ten percent of the island's total housing stock are accommodated in tenantries. Tenantries are fraught with land ownership problems which are compounded by low incomes of most of tenantry residents. These factors seriously impact the ability of residents to upgrade their homes and housespots. No study exists on the quality of non-tenantry housing for the elderly. Farley Braithwaite's samples quite possibly included the tenantry and non-tenantry residents but this is uncertain.

PAHO's findings are indicative of data collection problems. One notable example is that it was not possible to get information on private nursing homes from the Ministry of Health which regulates and monitors health-related activities on the island. The PAHO report states that ". . . no register of these private nursing homes existed despite regulations. . . a list of them was generated from questions surveying nurses and general practitioners. . . ". In many instances data collected was from primary sources and lacked a second opinion.

During the time I conducted my field research the National Assistance Board (NAB) was under inquiry for a variety of "irregularities" including allegedly using funds allocated for twelve months in six and providing jobs predominantly to persons supporting a particular political party. The inquiry began shortly after I began my field research and was not completed by the time of my departure. The inquiry was one of the reasons that prevented me from being able to meet with the Director of the NAB. I met with a senior staff member of the Welfare Dept. This person unfortunately was unable to answer questions such as "how long do persons have to be on the waiting list for Home Help service" because of the inquiry. He could only say that my questions would be "answered by the inquiry findings". Since then the island's Prime Minister (Hon. Errol Barrow) died suddenly and the Finance Minister who originally made the allegations resigned from his post and there have been many Cabinet changes; possibly putting the issue on the proverbial 'back-burner'. At this the inquiry results have not been published.

There were methodological shortcomings in addition to the lack of data on housing for the elderly in Barbados. Much of the existing data on the elderly was based on a few surveys done by Graham Dann or Farley Braithwaite. This made comparisons of data difficult and in many instances, impossible.

Although I am quite satisfied with the research design, methodology and the data I collected, I feel there were additional phenomena that could have been researched. For

example, I spoke with top-level staff members at the respective agencies and departments. However, it may have been useful to interview politicians and other elected officials especially those with responsibilites for agencies, services or facilities for the elderly. These persons would have been the 'real' policy-makers. I was uncertain if aging issues were being ignored, or if they were on a political 'soft-pedal' where political rhetoric masked practical improvements in provisions. Their comments and insights (or the lack of them) on housing for the Barbadian elderly could have been interesting to analyze.

Much of the information I collected focused on the institutionalized elderly population which was a small portion of the elderly population. Few references are made about circumstances of the non-institutionalized elderly persons. Some data from Farley Braithwaite's samples and Magaret Braithwaite's study of the tenantries partially revealed the plight of many senior citizens. Data on this population could have provided an interesting comparative picture of the effectiveness of government's provisions for the elderly, especially housing-related services.

The thesis introduction mentioned that aging in Barbados, (similiar to patterns elsewhere in the world) is intrinsically a gender issue. This is because of the longevity of females. This factor was not addressed in the thesis and indeed is another research shortcoming. This is an area that needs careful attention in future efforts.

These shortcomings limit the usefulness of the data collected. This thesis points to worthwhile indicators of the housing needs of the general population and more specifically for the Barbadian elderly. One conclusion is the need for a policy for the elderly. However, the material presented in this thesis is not much more than a 'needs assessment' and hopefully a catalyst for more research (qualitative and quantitative) on the housing needs of the elderly - institutionalized and non-institutionalized.

Few other Caribbean islands have resources to provide for the elderly in the manner Barbados has done so far. Despite the limitations of the data collection and research

shortcomings, the qualitative nature of this research should be useful for comparative studies and policy plans.

CHAPTER FOUR

RESEARCH FINDINGS

Data obtained from primary and secondary sources of literature, interviews and observations have been compiled in categories which are presented in this chapter. This chapter examines the public sector services and facilities available to the elderly. The public and private sector provisions particularly those relating to housing for the elderly are presented. The housing needs of Barbadian elderly and methods of meeting these needs are outlined.

The first chapter explained the major role government has in providing social services such as health care, education and housing. Because of the government's historical commitment to improving the quality of life of all citizens; Barbadians are going to expect (and justifiably so) the government to bear the major responsiblities in meeting the needs of the elderly. Ther are numerous examples in the literature (Butler 1983; PAHO 1986; Qureshi and Walker 1986) that institutionalized care is costly to individuals and government. Although, it is a minority of the elderly population that is institutionalized; alternative accommodation should be encouraged. The description and evaluation of services the public and private sectors provide for elderly Barbadians will assist formulate policy to better meet the needs of the elderly.

SERVICES FOR THE ELDERLY PROVIDED BY THE GOVERNMENT

The National Insurance Scheme (NIS) instituted in 1967 provides Barbadian nationals with unemployment, sickness, maternity and survivors benefits and funeral grants. NIS also administers the contributory and non-contributory pensions for senior citizens.

Contributory pensions are financed by joint contributions of the employees and the employer and benefits depend on the level of contributions and the employees income. An estimated 9,000 persons have contributed and receive this contributory pensions.

The non-contributory pension plan is designed to provide a means-tested pension to persons who do not qualify for benefits under the contributory pension plan because they have never been employed or have an inadequate contribution record. Up until 1982 these pensions were funded from general taxation, now monies come from the National Insurance Fund. PAHO estimates that four percent of the National Insurance Fund is used to pay for non-contributory pensions. An estimated 17,000 persons receive these pensions.

Non-contributory pensions increased from a minimum of $33 weekly to $50 weekly in 1986. The increases are well appreciated by the recipients but do not reflect realistic allowances for inflation. In fact, eighty-four percent of the respondents in Braithwiate's five percent sample claim they need better financial assistance. Given the country's limited resources the pension monies are disbursed on the basis of what the government can afford rather than on needs (established by the means test) of the elderly (PAHO 1986).

The free bus service plan entitles elderly persons to free transportation on the government-run Transport Board buses during non-peak hours and at reduced rates during peak hours. Forty-two percent of the elderly used this scheme (Braithwaite 1986). Braithwaite's surveys revealed that many senior citizens were unaware of many of the programs available to them. There were cases in which the elderly preferred not to use services such as the free bus plan to avoid being stigmatized. Research confirms that most elderly persons take pride in being able to 'pay their way'. This is a factor to consider in planning services for the elderly.

There are government administered health-related programs such as the Drug Plan and the GP (general practitioner/doctor) walk-in clinics. With the drug plan government provides senior citizens with free or heavily subsidized rates on prescription drugs. Senior

citizens obtain prescribed drugs free-of-charge from a government dispensaries. At private pharmacies senior citizens are charged a maximum of $5 for each prescribed medicine, the government is billed for the balance of the cost.

Free GP walk-in clinics began in 1985 and are available to all citizens of Barbados. There are expectations that these clinics will be helpful to senior citizens. The program is still relatively new but already is plagued by a shortage of doctors and faulty record-keeping because these clinics are not integrated with the polyclinics or other medical services (PAHO 1986).

District nursing services is a medical service provided by the government for senior citizens. In this program there are fifteen nurses, one for each parish except for St George and St Michael (see figure 1) which have two nurses each. The nurses are attached to the polyclinics and see ten to twenty patients each week-day morning. Duties include giving insulin injections and clipping nails for diabetics, changing dressings and checking blood pressure. This is potentially the most important service to the home-bound elderly, but is deficient in the number of nurses and the inability of patients, especially diabetics, to get assistance on public holidays (PAHO 1986).

In 1986 a geriatric day-care center opened at the St Michael Geriatric Hospital. Elderly persons can get free transportation to attend the center from 9am to 4pm on week days. During the day free meals are also provided and while at the center they can obtain nursing care and receive medication. The center's objective is to allow elderly living alone to socialize and to give family care-givers a break during the day. Participants are encouraged to take part in activities such as hydrotherapy, walking practice, light exercises, games and crafts.

Government administers several residential facilities which house the elderly. While conducting field research I visited Golden Rock Senior Citizens Home, the St Michael Geriatric Hospital and the St Philip District Hospital. These institutions are an important part

of my analysis of government's provisions for the elderly and are described in detail.

Golden Rock Senior Citizens Home

This is a long-term residential facility, built in 1972 and is run by the NAB. The home consists of eight single-storey bedroom units with communal dining and recreation areas on three sides of a courtyard. The living units are on two parallel wings of the building and the bathrooms are at one end of each wing.

The Home was originally built to house sixteen ambulant elderly who applied or were referred and selected by the NAB (PAHO 1986). The ages of residents range from 77 to 97 years and two are bedridden and three are incontinent. When I visited the home in October 1986, there were only nineteen residents (instead of the regular twenty four) because of some recent deaths and transfers to Queen Elizabeth Hospital (QEH). There is an element of overcrowding; the Matron explained that three persons live in one room, instead of two to a room as originally intended.

The 1982 NAB Annual Report notes that there is a long waiting list for accommodation at Golden Rock. There are no set fees but most residents pay "at least $100 a month from their pensions" (from interview, 29 October 1986). This fee leaves residents with enough money for personal items. Most private nursing homes charge an average $500 per month.

The old age of residents and their limited mobility has resulted in the elimination of most therapy programs. Daily recreation is restricted to watching television and listening to the radio.

Most residents have good social contacts outside the home and are visited by family and friends. On Sundays and Thursdays local church groups conduct services and have singing sessions. Organizations such as the Salvation Army and Lions occasionally take the residents on outings.

Even though the Home is located in the residential area of Pinelands in St Michael, (see

figure1) there is virtually no contact with the residents of the home and those of the community. The gates to the home's courtyard are locked and residents do not go outside unless they are going on a planned outing.

The Matron and a staff nurse are trained, there are also seven housekeepers. Both the Matron and PAHO researchers are satisfied with the resident-staff ratio.

St Michael Geriatric Hospital

Built in 1883 this hospital was designed to meet the needs of the almshouse system of providing dormitory-like accommodation for the poor, destitute, sick and indigent. The hospital is on six acres of flat land and is strategically located close to the capital city of Bridgetown.

Composition of patients

Patients/residents are referred by social workers from the Welfare Dept, from QEH and from police who bring persons whose homes have been destroyed by fire. There are twenty-one wards, each ward has approximately seventeen patients and sometimes as many as twenty-three patients. The Matron-in-charge stated (interview, 29 October 1986) that the hospital had a bed-capacity of 428, however in July 1986 there were 418 patients, which by PAHO standards was overcrowding by 107 persons.

Most patients/residents are over age sixty-five. PAHO (1986) reports that some twenty percent of the residents are under age sixty-five and are "early stroke victims" between the ages of forty and fifty-nine. Other 'young' patient/residents are individuals with severe mental and physical handicaps who can no longer be kept at QEH and other hospitals because of space limitations.

Chapter one mentioned that there is a preponderance of 'social' rather than medical cases which is evident in the high number of male patients/residents in this hospital. Forty-five percent of the residents are males, which is higher than in other hospitals.

Fifty-five percent of the patients are women. As an indication of the gender differential of longevity also presented in chapter one, seventy percent of the patients over age seventy five are women.

Chapter one reported that forty percent of patients/residents at this hospital could go back to their homes if there was sufficient support to assist them with daily chores and personal needs. This situation points to a need for improvements in residential services for the elderly.

The Matron-in-charge stated that about fifty percent of the patients are bedridden from the effects of strokes and arthritis and some are paraplegics (from interview). PAHO questions the hospital's function; asking if it's just a "retention hostel where the elderly receive room, board and custody". These comments lead one to believe that the institution is not catering to chronically sick elderly patients, but rather to a mixture of needs. The crucial question is can these needs be met by other services or facilities? Tables 7 and 8 help to analyze the needs and services provided and answer these questions.

Table 7
Occupancy at the St Michael Geriatric Hospital, 1980-4.

Year	% occupancy	New Patients Transfers	Readmissions/ Home	Discharges Transfers		Death
1980	98.0	131	35	9	55	102
1981	99.0	133	27	13	50	97
1982	99.0	128	35	4	47	107
1983	98.0	171	37	6	53	163
1984	94.7	129	38	13	46	123
Avg.	97.7	138	34.4	9	50.2	118.4

Source: PAHO, Health services for the elderly - a prefeasibility report. Photocopy, 1986.

A three year wait is normal for admission to the hospital, during which time many applicants die. This long wait is due to the few discharges other than by death and because

admission priority is given to patient transfers from QEH and other hospitals. The average annual discharge rate of this hospital is forty-four percent, twenty-eight percent of which is due to death. In 1985 there were only eleven home discharges which was similiar to the previous years. In 1986 there were "only thirty persons" (from interview) on the waiting list, but it's uncertain how long these persons waited.

Although the majority of patients/residents need the chronic care services many could benefit from alternate methods of care. Table 8 outlines the kinds of care that would be best suit these patients/residents.

Table 8
Possible alternative care facilities for patients/residents of the St Michael Geriatric Hospital

Chronic care (Remain at hosp)	Senior citizen home	Nursing home		Home	Total
Male	85	42	40	14	181
Female	159	36	18	14	227
Total	244	78	58	28	408

Source: PAHO, Health services for the elderly - a prefeasibility report. Photocopy, 1986.

Staffing

There are 116 nurses and a total of 258 persons on staff. PAHO's report questioned the number of trained nurses on staff and observed that nursing knowledge and practice seemed "widely absent". Even though the nurses were lauded as kind and caring PAHO stated that assessment and monitoring of elderly patients with multiple problems was poor.

Recreation

Daily activites at this hospital include craft work, reality orientation, personal care and walking practice. Participants are chosen by the activity nurses. Some patients go to the Rehabilitation Unit where they learn skills to help them when they eventually return home.

On visits to the hospital I saw the 'activities' taking place on some wards and in the Rehabilitation Unit. These activities seemed to be stimulating, but the groups were small with possibly a maximum of ten patients in each. Many more patients, however, were not involved and were conspicuously 'sitting around' on the verandas of their wards.

Social activities include outings and picnics organized by hospital staff and charitable organizations and musical concerts performed by school children and religious groups. There is a chapel on the premises and a service on Sunday mornings in addition to occasional services from groups such as the Seventh Day Adventists and the Nazarenes.

The District Hospitals

Formerly these hospitals were located in each parish but now only the St Philip, Christ Church, St Lucy, Gordon Cummins (in St Peter) and St Joseph exist. Many of these buildings are in disrepair and are fire hazards because of their design. Most buildings have two stories which make it difficult for some residents to move around the buildings. There is a desperate need for toilets and bathrooms to be remodelled to be more accessible to residents.

Like the St Michael Geriatric Hospital, the District Hospitals were patterned on the almshouses. Occupancy rates, transfers to another hospital (instead of going back home) and death rates are similiar to those of the St Michael Geriatric Hospital. Staff-patient ratios are generally higher, although patients/residents are less dependent and require less continuous medical care. Doctors visit monthly unless called for emergencies.

Recreational programs include crafts, church services, reality orientation and occasionally ADL (activities for daily living) training. Each hospital has a league of Friends (such as 'Friends of the Geriatric Hospital') and the group raises funds to purchase recreational articles (TV's, radios, books) and craft materials.

St Philip District Hospital

This hospital is home for 158 geriatric patients and twenty six mentally and physically disabled children. It is overcrowded by twenty seven patients (PAHO 1986). There is a total staff is sixty-three persons including eighteen nurses and forty qualified nurses aides. PAHO reports that the staff-patient ratio is higher than that of St Michael. The custodial care of patients is described as "acceptable" but there is ". . . no evidence that proper medical assessments are made. . . clinical files reveal only scant medical notation, non-informative social work referrals and no nurse notes" (PAHO 1986).

The hospital's buildings vary in age and are grouped around three courtyards. The children's ward is the only single-story building. The stairs of the geriatric units are difficult for the patients to maneuver, and "the stronger ones were put on the top floors". Recently, so many patients have multiple chronic medical problems that the "kitchen staff has to take the meals up" (from interview with the Matron 13 November 1986).

Social and recreational activities include craft classes, singing, church services, birthday parties and occasional excursions and picnics. Most of the residents do not have visitors and many have been there for more than fifteen years. Funerals are arranged by relatives, even though they do not visit; especially if property or money can be inherited (from interview).

Approximately half the patients could return home if they had assitance for daily tasks such as bathing and cooking. However, few persons return home. Hospital vacancies occur mainly by death and to a lesser extent, transfers to another hospital (usually QEH or St Michael Geriatric Hospital). Table 9 lists the occupancy rates, vacancies and transfers from this hospital. Table 10 suggests alternative care facilities for the patients/residents of this hospital. It seems (from table 10) that the majority of the patients at this institution need the medical care provided. However, these percentages maybe higher (than those of the St Michael Geriatric Hospital) because the severely handicapped patients were not separated

from the elderly in this survey.

Table 9
Occupancy at the St Philip District Hospital

Year	% occupancy	New Patients Transfers	Readmissions/ Home	Discharges Transfers		Death
1981	96	45	15	2	37	27
1982	97	50	15	-	23	36
1983	94	35	2	3	20	46
1984	90	66	11	-	14	50
Avg.	94	49	10	2	34	39

Source: PAHO, Health services for the elderly - a prefeasibility report. Photocopy, 1986.

Table 10
Possible alternative care facilities for patients/residents at the St Philip Geriatric Hospital

	Chronic care (Remain at hosp)	Senior citizen home	Nursing home	Home	Total
Male	48	18	10	2	78
Female	66	12	3	0	81
Total	114	30	13	2	159

Source: PAHO, Health services for the elderly - a prefeasibility report. Photocopy, 1986.

Government's provisions for non-institutionalized housing

It was mentioned in chapters one and two that the NHC makes an effort to provide low-cost housing to senior citizens and as part of the Tenantry Upgrading Program, senior citizens can get their housespots free of charge. However, there is no policy for housing the elderly (institutionalized and non-institutionalized). Non-institutionalized elderly receive

housing assistance mainly through the NAB's Home Help, Housing Welfare and Home Repair programs. Information on these programs was obtained from interviews of NAB staff and from their annual reports. Unfortunately the NAB was under inquiry and many interview questions could not be answered because of this.

Home Help

The purpose of this program is to help non-institutionalized elderly persons with their daily chores and to reduce the need for institutionalization. The elderly person is visited each weekday by a home helper whose main tasks are cooking, cleaning, washing, shopping, giving bed-baths, combing hair and escorting elderly to the doctor. Home Helpers do not provide nursing services.

PAHO (1986) descibes this service as a "commendable strategy to alleviate the anxiety of relatives". Almost sixty-seven percent of the elderly benefitting from this service live alone. There are eighty two home helpers. PAHO describes the ratio of clients to staff (4:1) and days of care per helper to be excessive and recommends an increase in staff.

Service is provided to elderly persons that have been referred and live predominantly in Christ Church and St Michael. Home Helpers travel by bus and transportation problems (caused by the irregularity of bus service) limit their work in rural areas.

Each month there is an average of forty-five referrals of elderly persons requesting this service. The number of requests exceeds the capability of the NAB to grant this service. There were 756 applications on file during 1981-2, and 500 persons received service. Of the 920 applications on file during 1982-3, 715 obtained assistance. The number of applications on file was not given in the 1984 annual report which was the most recent (in 1986) when I conducted field research. There was some indication that many applicants waited so long for the service that it was suspected that many applicants were deceased.

Even so, Braithwaite (1986) asserts that forty-four percent of the Barbadian elderly are unaware of the Home Help service. If a serious attempt is to be made to meet the needs of the non-institutionalized elderly population, NAB must expand its geographic service areas, increase its staff and get more publicity.

Housing Welfare

By 1984, 323 welfare houses had been given to persons in emergency situations. There are more than 200 applications still on file. Most assistance was given to persons in the urban parishes of St Michael and Christ Church.

In 1982 the NAB started putting water and toilet facilities in welfare houses but this severely limited its funds to do repairs and help with emergency re-siting of homes.

The Home Repair component of this program has about 300 requests a year. In 1986 there were more than 2000 unfilled applications. Evidence of this is that by 1985, only a total of 509 homes had been repaired since the inception of the program.

The NAB's 1984 Annual Report complained that limited funds, staff shortages and restrictive office space need to be rectified to improve the agency's effectiveness. NAB provides a well needed service to many non-institutionalized elderly persons. However, the effectiveness of programs are limited by the lack of weekend service (especially for the Home Help program) and the concentration of service in the urban areas.

PRIVATE SECTOR SERVICES FOR THE ELDERLY

There are housing facilities and services which are provided by the private sector for the elderly. Several charitable organizations participate in trying to reduce the void between (what is thought to be) the needs of the elderly and those that are met by the (extended) family and government.

Although the private and community-based services to the elderly are well intentioned, PAHO describes them as "rudimentary and fragmented" and "unequally distributed throughout the island". My field research also found this to be true. Services were uncoordinated and unnecessarily duplicated. Organizations understandably tried to meet the needs of a particular geographical area or support a certain hospital for example "Friends of the St Michael Geriatric Hospital". However, these efforts lacked a comprehensive approach to help coordinate volunteering and to meet elderly needs.

There are several private sector services and facilities catering to the needs of the elderly and some are discussed in this section. One example of a small but invaluable service is that offered by the Barbados Registered Nurses Association (BRNA) a private organization which began as a volunteer service in 1937. Services are funded by a B$18,000 annual subvention from the government and fund raising efforts by members. Five qualified nurses attend to a few elderly patients referred from QEH, six days a week (including holidays). The nurses provide general nursing services such as bathing patients, applying dressings, giving insulin injections and urine tests. Other BRNA members visit and telephone elderly shut-ins.

The Barbados Nursing Service provides varied and comprehensive assistance to about twenty elderly patients on a fee-service basis. They obtain referrals from the private wards at QEH and private doctors. This organization may cater to the medical needs of the middle (and upper) class, who can afford to pay for this service and the private doctors. This claim is not substantiated in the literature I reviewed.

The majority of private nursing homes are located in St Michael and Christ Church (see figure 1). These homes provide forty percent (230 beds) of the island's nursing home beds and usually function at ninety percent occupancy levels. Monthly fees range from $110 (i.e. full board at most charitable institutions) to $1400 private room. Many of these nursing homes are of poor quality and are not licensed (see table 11).

Licensing requirements are that a registered doctor or nurse must be on the premises at all times and there must be a "proper proportion" of nurses to patients. Males and females must have separate sleeping areas. Each resident must have a minimum of ninety square feet of bed floor area and must be at least five square feet from the next bed. There must also be "adequate" toilet facilities. However, government regulations are haphazardly enforced.

It was difficult to find these private nursing homes. The signs for them were obscure and many were only recognizable by seeing elderly persons (usually women) on verandas and nurses aides (dressed in white) going into large homes. PAHO researchers commented on having similiar problems; they only learned of these homes from an independent survey of the island's nurses and doctors.

To avoid licensing many homes reclassify themselves as a "home for the elderly" even though their activities remain the same. Table 11 shows the distribution of licensed nursing homes on the island.

Table 11
Licensing status of private nursing homes in Barbados

Status	Number of nursing homes
Licensed	3
Not licensed	9
Awating recommendation	2
Withdrew application	1
Total	15

Source: PAHO, Health services for the elderly - a prefeasibility report. Photocopy, 1986.

Private homes for the elderly do not need to be licensed. They are subjected to regular building regulations and health inspection checks. Most homes require that residents be

mobile. Only one home caters specifically to males. Three of the homes for the elderly are run on a charitable basis. The average occupancy level is eighty percent. A list of these homes, the number of beds and staff available are in appendix F.

The Soroptomists, an international womens service organization has been raising funds for its Senior Citizen Village at Eden Lodge in St Michael. The Village will provide accommodation for twenty moderately independent elderly women. It is a complex of one bedroom efficiency units with a communal activity center, day-care facility and an administrative building. Rents are set at a maximum of $110 per month and can be paid from pensions or family contributions. Water and phone bills are paid by the Soroptomists. A full time handyman is available to help residents. Club members rotate duties as 'Matron' and taking residents to do their errands. Residents do not have to be Soroptomist members.

This facility successfully combines independent living with community support. It is the only private housing of its kind in Barbados. So far fifteen of the twenty-five units have been completed.

A meals-on-wheels service is provided on week days by the Barbados Red Cross and the Salvation Army. Persons receiving meals are obtained from referrals by QEH and social workers. The Barbados Red Cross serves fifty-six meals weekly. The Salvation Army serves fifty-five meals at a central canteen in Bridgetown and about forty meals to shut-ins in the parish of St Michael during the week. This is a very good example of a much needed service which is restricted geographically to the urban areas and week day service. It is quite likely that these services could and should be extended to non-urban areas.

Many churches visit the geriatric institutions and conduct religious services, concerts, to provide entertainment for "Open Days" and at Christmas time. Several churches have volunteer programs for visiting shut-ins and counselling the elderly in their communities. One church, St Barnabas (again in St Michael) runs a half day-care center for persons over 60 years of age.

The Ecumenical Caring Group (ECG) is a collective effort by Bethel Methodist, St Ambrose churches and the Wellington Street Salvation Army. ECG focuses on meeting the social and recreational needs of the elderly in the Bay Street area (in St Michael).

It is uncertain how many (if any) churches and organizations run similiar programs in the rural areas where isolation of the elderly is greater and living conditions are below national averages.

There are community organizations such as the Committee of Brittons Hill (in St Michael) Senior Citizens. This committee plans excursions and picnics for the elderly and provides a Christmas party, hampers and home visits for shut-in elderly persons. Another community group based at the House of Friends in St James encourages senior citizens to meet on certain days of the week to socialize and do crafts.

Major service clubs on the island have international affiliations. Some of these are the Lions, Soroptomists, Rotary and Kiwanis. Their efforts are laudable but like the work of the churches and other community organizations, in desperate need of centralized coordination in response to researched needs.

The Lions club works closely with the St Lucy District Hospital and provide assistance as requested. Services include providing transportation to the doctor and donating funds to purchase wheel chairs. The Rotary and Kiwanis assist in ways similiar to the Lions. Rotary members are developing a resource center for the aged.

The Scouts and Girl Guides have troop or company level activities for the elderly such as reading to them and clearing home gardens.

The Barbados National Council for the Aged (BNCOA) was formed in 1980 and is a very important advocacy group for the institutions and the elderly. BNCOA works closely with government agencies, Matrons-in-charge of the geriatric institutions and elderly in the community. BNCOA activities include seminars on care for the elderly, supporting "Open Days" at the geriatric hospitals and homes, organizing and sponsoring the annual Senior

Citizens Week and publishing a directory of services for the elderly. As advocates the BNCOA has been very visible and vocal in its objections to increases in telephone and electricity rates and in explaining how these have a disproportionate effect on pensioners.

BNCOA members are volunteers. The organization's efforts are limited by the lack of regular staff and funds. BNCOA's funding is from an annual subvention from government of $2000 and member dues.

BNCOA believes that a careful study of the needs of the elderly is imperative to make efforts to assist the institutionalized and non-institutionalized elderly more effective (interview with former President of BNCOA, 13 November 1986).

HOUSING NEEDS OF THE ELDERLY IN BARBADOS

This section outlines research findings on the institutionalized and non-institutionalized elderly. Within these sub-sections and in a separate section methods of meeting these needs are presented. From the field research, interviews with the Head-Nurses and Matron of the geriatric institutions for the elderly, senior civil servants and institutionalized elderly; it is clear that the efforts of the private and public sectors to satisfy elderly needs are vital and well appreciated. Forty-five percent of the island's geriatric population does not think enough is being done to help the elderly (Braithwaite 1986). The needs of the Barbadian elderly are for the most part unknown and undocumented.

Institutionalized elderly

It seems (from field research and secondary sources) that resources would be used more appropriately if the geriatric hospitals cater predominantly to the medical needs of patients with chronic illnesses. It is imperative that the housing-related services such as Home Help, Home Repair, District Nurses, Meals-on-wheels) expand. These services can effectively reduce the rates of institutionalization. Other types of accomodation should be

developed for 'social' cases and other elderly persons that can live (to a certain extent) independently. Housing will also need to be developed to meet the needs of rehabilitated elderly persons suffering from chronic conditions such as diabetes, heart conditions and the milder effects of strokes.

Understandably, it will take some time before Barbadian elderly can avail themselves of the housing choices described in chapter two. Determined efforts are required to put the proposals for de-institutionalization from the Development Plans (see chapter two) into action. Until this ideal is achieved there are improvements that can be made at the existing institutions. Below are some examples of required improvements:

- expanding kitchen facilities,
- landscaping the grounds,
- expanding (or constructing) day-room and activity, rehabilitation or therapy areas,
- installing handrails, ramps and other supports in and around the buildings for greater mobility and safety of patients/residents,
- refurbishing, redesigning and relocating toilet and bath facilities to a ratio of one toilet and bath for every six patients/residents,
- redecorating the wards using colors that help to brighten surroundings, give environmental cues and stimulate the patients/residents.

In this chapter, there was brief reference to the need to remodel most of the facilities and make them more accessible to the patients/residents. From my observation and PAHO's research, one positive change would be to make the surroundings more stimulating. PAHO (1986) comments, for example, that ". . . patient care areas were especially dull, sterile and lacking in visual and or tactile stimuli." The now off-white and pale green and blue colored walls could be repainted with a brighter color that does not confuse the patients/residents.

Again at the design level, adaptive furniture, especially chairs that do not restrict the already limited mobility of the elderly are needed. On site visits I found many patients seemingly 'imprisoned' in their chairs because it was so difficult to get out of them.

At the Golden Rock Senior Citizen Home the chairs in the communal dining room were not cushioned and much of the wood was stripping making it easy for the residents to be scratched or bruised. PAHO commented that many diabetic patients and those with "severe trophic changes vascular ulcers and gangrenous toes" were sitting in chairs that provided no leg elevation and in positions that did not avoid pressure areas. There is a dire need for more "geri-chairs", walkers and wheelchairs.

Non-institutionalized elderly

Many non-institutionalized senior citizens live in extremely unsuitable conditions. Home helpers state that many clients lack running water and indoor toilet facilities. Many elderly use outdoor toilets and have to "struggle through bush and grass" (NAB 1982) to get to them. Braithwaite's (1986) research reinforces these comments, having found that fifty-three percent of the elderly lack indoor toilets and thirty-one percent did not have a source of piped water to their house (see table 4). Basic household items such as stoves, beds, bed linen, mops, buckets and brooms are lacking in many homes. There is also a need for cupboards to protect foodstuffs from flies and rats (NAB 1983).

There seems to be a correlation between the lack of household or housing amenities and foot problems. This indicates a lack of medical services and poverty (PAHO 1986). Braithwaite (1986) reports that approximately fifty-two percent of the elderly have "foot problems" and require help (eleven percent) to walk outside their homes. Thirty-one percent of the elderly complain that health problems interfere with daily activities. This is important information for community-based service (private, public or volunteers) providers.

Meeting some elderly housing needs

An important consideration in the investigation and planning of housing, and related services for the elderly is the role of the family. In previous chapters references were made to the breakdown of the extended family, the high rates of illegitimacy and the limited importance of marriage and physical presence of the father in the family. There are indications from research (Smith 1962; Greenfield 1966; Horowitz 1967; Nurse 1976; Lieber 1981 and Dann 1986) that the narrowing of the extended family is not simply due to a lack of love or concern for the elderly or because of the lack of financial contributions (by males) when their children were growing up. The breakdown of the extended family is largely the result of mobility required by employment and high costs of personalized care for the elderly. Furthermore, the role of the extended family (in caring for the elderly) seems to be "more deep than wide" (PAHO 1986) which can cause difficulties (emotional, financial) for the person(s) doing the caring.

Planners and policy makers must remember the elderly are individuals with different personalities and are at varying stages of adaptation to aging. The elderly avoid becoming (completely) dependent on their family or community. At the same time they view institutionalization with disenchancement and think of it as loss of their privacy, independence and links with family and friends. This too is delayed or avoided. My recommendation for meeting some of the housing needs of the elderly are substantiated by responses from interviews with institutionalized elderly persons.

Most of the institutionalized elderly persons I interviewed were "satisfied" with the facilities. One could easily sense that this 'satisfaction' was borne out of helplessness and a hopelessness with their situation. That is their satisfaction was realtive when they recalled the circumstances they left at 'home' years ago. Several of them commented on the fact that they feel forgotten and are extremely lonely. There was a yearning for visitors and contact with the 'outside world'.

Three persons blatantly stated that they did not feel enough was being done for them. One person went so far as to explain that he worked for more than sixty years (starting before he was a teenager) and was proud to have made contributions to the development of Barbados. While rejecting the idea of 'hand-outs', he felt that more consideration needed to given to the elderly.

In the planning process of meeting the needs of the elderly, an essential ingredient is to incorporate them, the potential users in the process. When asked if they wanted to move back home (see appendix D), the majority responded affirmatively, but with qualifications. Some said they would need a companion and others would go if their homes were repaired.

From the interviews it appeared that many persons would enjoy a mix of ages in their (next) home. Interestingly, I was cautioned by one resident who explained that 'young' people (under twenty-one) were too noisy and he (at seventy-three) had no desire to live with 'old-old' people.

CONCLUDING REMARKS

Many varied services and facilites are available to the elderly by the private and public sector. The public sector endeavours to meet the financial needs of the elderly by way of contributory and non-contributory pensions. The health needs of senior citizens seem to be satisfied by the available services and programs. Many lower income elderly with chronic illnesses (and 'social' cases) are institutionalized in government facilities. These institutions seem to be mis-used because most of the population does not need the continuous medical attention provided. Most institutions need to be adapted structurally and acquire furniture that accommodates the mobility limitations of the patients/residents.

Housing-related services provided for non-institutionalized elderly need to be expanded to reduce the difference between those persons requesting service and those receiving it. This will be essential if there is a sincere attempt to carry out proposals from the

Development Plans and to de-institutionalize some facilities.

The private sector, through a plethora of organizations, caters to the social, recreational, health and housing needs of the elderly. The private nursing homes and homes for the elderly may be a disguised form of institutionalization. However, the high occupancy rates despite the fees (many are expensive) seem to indicate that these homes provide a necessary service. My research shows that, for the private sector to make a significant contribution to satisfying the needs of the elderly it will need coordinated action in response to researched needs of the elderly.

An agency or department on aging may well be an important element of future government policy. This agency could administer government policies for the elderly by, for example, ensuring the licensure of private residential facilities and conducting research on the needs of the elderly. This agency could organize a comprehensive coordinated plan that utilizes the services of charitable organizations along with services already provided by government and families of the elderly to effectively meet the multi-faceted demands of the Barbadian elderly, especially those resident in rural areas.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This thesis described the history, economic background, political system, population and family structure of Barbados. The need, supply, quality and tenure system of the island's housing was an important component of my research. Circumstances surrounding the condition and availability of the island's housing for the elderly was another. Housing for the elderly includes basic shelter and a variety of housing-related services that are currently provided by the public and private sector in Barbados. Three of the government-run institutions for the elderly were studied as examples of public sector housing facilities. Services and facilities provided by the private sector were identified and presented in this 'exploratory status report' on housing for the elderly in Barbados.

This thesis presented the activity and disengagement theories relevant to adaptation to aging. Research on personality and adaptation to aging were combined into five broad categories. I speculated on housing that would suit members of each category. This was the theoretical foundation of my research. Unfortunately, the lack of data on the social aspects of aging and the island's resource constraints negated the applicability of these theories. Four assumptions guided this research. These assumptions are listed below with my comments summarizing if the data collected and field research confirmed them.

1). Currently no clear, comprehensive plan exists to meet the housing needs of the elderly in Barbados.

Assumption confirmed. There is no comprehensive plan to meet the (housing) needs of the elderly. Policies exist for some aspects of health-care, for pensions and bus transportation; but these are isolated programs. Too many elderly persons are institutionalized because few

housing choices exist and of the inability of housing-related services to meet the demands of non-institutionalized elderly. A policy must be developed to meet the needs (including housing) of the Barbadian elderly.

2). The elderly in Barbados are poorly housed.

Assumption confirmed, based on data available. More empirical research is required before making definitive statements on the housing condition of the Barbadian elderly. This is merely a reflection of the factors which prevent many Barbadian households from improving their housing situation. These factors include the limited financing options for home purchase and repair, insecure tenure, substandard housing quality and the lack of certain amenities and modern conveniences in many dwelling units and a demand for housing which surpasses the supply. The elderly and rural households tend to even more disadvantaged in terms of housing.

3). Elderly persons in Barbados need more housing choices.

Assumption confirmed. To a certain extent the elderly can choose between institutionalized (provided by private or public sector) living, or variations of non-institutionalized accommodation. Housing-related services exist and the elderly can take advantage of them to ensure privacy and independence while maintaining contact with their community. The Soroptomist Senior Citizen Village is a very good example of a type of non-institutionalized housing that hopefully will be available to more elderly in the future. More variations or choices between living independently and institutionalization need to be provided for the elderly by the private and public sectors.

4). The government, like the private sector has made efforts to provide for the elderly. However, existing services and facilties are uncoordinated, unnecessarily duplicated and do not adequately meet the needs of the elderly.

Assumption confirmed. Programs and services exist in response to what are the perceived needs of the elderly. This re-active, instead of pro-active response has resulted in uncoordinated and duplicated services and facilities. Data on the needs of the elderly is incomplete, therefore the public and (or) private sectors can not honestly claim success in adequately meeting elderly needs. More needs assessments and quantitative research must be conducted to determine the needs of the Barbadian elderly. With this information, efforts to meet the multi-faceted needs of the elderly could be done more effectively and efficiently.

Summary and conclusions

Despite the dramatic increased population of the aged, this area of research has been neglected; little or no empirical research exists. Planners and social scientists have to remedy this deficiency by encouraging studies by government and or private agencies. After the relevant studies have been completed, legislation is needed to establish regulations for services, programs and facilities for the elderly.

Existing programs and services for the elderly have been well-intentioned but often are no more than a 'band-aid' reaction to problems, frequent complaints or pre-election promises. Pension and national insurance schemes, drug and bus service programs, the residential facilities such as the geriatric hospitals and the Golden Rock senior citizens homes are part of an array of government provided services which exist for elderly persons.

The dilemma is that during the next twelve to twenty years the elderly are estimated to represent up to thirty percent of Barbados' population. Coordination of public and private sector planning and activities (for the elderly), evaluation of existing programs, services and facilities and appropriate recommendations for new ones is imperative. A policy for catering to the needs of the elderly must be instituted. This should be considered as important as existing policies on health-care, education and housing.

Several factors have led to the shrinking of the extended family and to it being "more deep than wide". This situation combined with increased mobility and migration of family members, the predominantly female-headed households and the rejection of formerly absent fathers (who didn't make financial contributions to the family) impact of the status of the Barbadian elderly. These factors will be important considerations in the development of policies which take into account the extended families of senior-citizens.

Braithwaite asserts that there is a "high level of awareness" about current elderly services. However, programs such as the bus service plan are under-utilized because the elderly fear being stigmatized; these issues need to be addressed by policy-makers. PAHO,

Braithwaite and my research suggest that the NAB's Home Help and Home Repair programs need expanding. The buildings of most of the government institutions for the elderly need upgrading and renovating. Licensure of private senior citizen and nursing homes must be enforced. Pensions must be increased to give allowances for inflation.

While conducting my research I was told by several professionals that Barbados was the model in the eastern Caribbean for social policies. This may well be true. The services and facilites provided are indicative of an effort to follow through on the government's commitment to improving the quality of life of the island's citizens. However, the demographics of the elderly population, combined with data on housing needs is evidence that the government can no longer ignore the need for a comprehensive approach to servicing the elderly.

Interestingly enough, the government may be forced to back their rhetoric with action in the very near future. Organizations like BNCOA are becoming more visible and vocalize their concerns on the financial burdens many Barbadian elderly face. In 1986 members of BNCOA attended public hearings at the Telephone Company and Board of Light and Power. They protested rate increases and demanded special consideration of senior citizens. As the twenty-first century approaches, it is expected that the elderly will be a significant interest group with considerable political clout. Politicians will not be able to ignore this segment of the population. Aging issues will be as important in political manifestos as policies geared to reducing unemployment and rectifying balance-of-payments problems.

Recommendations

From the field research and literature reviewed, I have several recommendations that could (and should) be incorporated in future policies and research on the elderly in Barbados.

One agency should be designated the task of dealing with the needs of the aged. This agency (conceivably, the Office or Department on Aging) should have inter-relationships with the NAB, the Ministries of Housing and Health, Transportation Board, private charitable organizations and the BNCOA. These departments and organizations could work with the Office on Aging to schedule volunteer/community activities and expand service and funding for programs such as the District Nursing Service, BRNA, Meals-on-wheels, Home Repair and Home Help.

An integrated, well coordinated health-care system with institutional and residential long-term care facilities (senior citizen and nursing homes) that also has community support is desperately needed. This could be included in the portfolio of this proposed Office on Aging.

Government must enforce licensing regulations on private senior citizens and nursing homes. The public sector could be encouraged, possibly through financial incentives to construct or fund group homes and other living alternatives. Simultaneously, more community-based senior citizen centers providing day-time activities should be established.

Public education campaigns can make people aware of the physiological and psychological changes that occur with aging. This knowledge should minimize stereotyping of the elderly and their needs and thereby improve efforts among families and communities for their care. School children and groups like the Girls and Boys Scouts should be guided to have more contact with elderly through programs like Adopt-a-grandparent, reading and gardening projects and sing-a-longs in private homes and at institutions.

With the proper legislation, the geriatric hospitals should service only the medical needs of chronically ill patients. It will be necessary to screen applicants to the geriatric institutions to limit the number of 'social' cases resident there. This screening should reduce the lengthy wait applicants currently endure. Research suggests that an average of forty percent of the currently institutionalized patients/residents could live elsewhere if

alternative forms of housing are made available. These elements could be part of a progressive de-institutionalization program, which could incorporate upgrading and renovating existing geriatric facilities.

Regarding the housing situation (for the elderly) in Barbados, I recommend that government establish more regulations (and penalties for non-compliance) for the inspection and maintenance of housing including units and housespots rented from the government. A housing code should be developed to monitor quality and determine basic housing standards. MOHL (1986) recommends that the Skills Training and National Apprenticeship programs be re-activated to improve local construction skills and give advice to persons doing their own home repair.

Although financing programs exist, more funding for the purchase and repair of homes (especially for lower income households) must be made available. Additionally, despite the possible political repercussions, government must ensure the payment of outstanding rents and loans.

The NHC should allocate five to ten percent of (newly constructed) government units to senior citizens. Construction plans of homes and public buildings should be given the motivation to adopt "universal design" which accommodates the elderly by having fewer (or no) stairs, kitchens and bathrooms with grab bars and other mobility aids.

It is my fervent hope that this 'exploratory status report' will be a catalyst for more research on the aged and that these recommendations will be incorporated in policies for the elderly in the very near future in Barbados.

APPENDICES

APPENDIX A

Major objectives of Barbados' housing policy

Time Frame	Promote home and land ownership.	Encourage maintenance existing stock.	Assure affordable housing solutions.	Improve capability and effectiveness of Bdos govt. particip.	Encourage[a] private sector.
Short term					
	Continue current initiatives.	Initiate systematic upgrading programs.	Encourage builders to develop low cost housing.	Update Housing Plan.	Maximize role of private builders.
	Further define HCF role. Establish a secondary lending facility.	Expand Housing Welfare prog.	Encourage efficient land use.	Improve MOHL capability.	--
	Establish statutory corp to handle HCF + secondary mkt esponsiblities.	Establish rehabilitation grant program.	Make NHC sites + services projects affordable.	Improve NHC systems.	Maximize role of lending institutions.
	--	--	Increase help to very low income families.	Improve NHC capability .	--
	Restart General Workers Housing Fund.	Expand upgrading of NHC housing.	Modest standards for NHC projects.	Improve coordination of housing development	--
	Examine alternative financing options.	--	Assure that NHC units are occupied by needy households.	Establish more explicit NHC policies and eligibility req.	--
	Seek out off-shore resources.	--	Develop more affordable financing	Maximize cost recovery.	--

Appendix A cont'd

Time Frame	Promote home and land ownership.	Encourage maintenance existing stock.	Assure affordable housing solutions.	Improve capability and effectiveness of Bdos govt. particip.	Encourage[a] private sector.
Medium Term					
	Improve coordination of housing finance policy devmts.	Study tax code.	Study reduction in consumption and housing related taxes.	--	Prepare area devpmt plans
	Begin to operate secondary mortage market.	Evaluate need for home improvement loan insurance.	--	Improve MOHL capability.	--
	Evaluate Mortgage Insurance Act	Provide mortgage financing to landlords.	--	Develop ongoing NHC planning process.	--
	Test innovative financing arrangements.	--	--	--	--
	Develop leverage arrangements with HCF and private lenders.	--	--	--	--
Long Term					
	Reduce soft costs.	--	Encourage reduction in housing costs.	Develop comprehensive housing planning and budgeting system.	--

Source: Ministry of Housing and Lands, Technical Report on National Plan of Barbados 1985-1990, Housing Planning Unit, photocopy, 1986.

[a] This objective is implicit in many initiatives presented under the four other objectives.

APPENDIX B

Questionnaire guide for interviews with senior government staff

This questionnaire guide was used at the Ministries of Housing and Lands and Health, the Welfare Department and the National Insurance Office.

Does this ministry/agency have any policies exclusively for the elderly?

In your estimation at what age do Barbadians actually retire?

What services/facilities does your Dept/Ministry provide for the elderly?

Was your Dept/Ministry involved in the PAHO study on the health needs of the elderly?

Has there ever been any study by this Dept/Ministry about the needs of the elderly or their satisfaction of services already provided?

What services/facilities would this Dept/Ministry ideally like to offer the elderly?

How are the elderly referred to your Dept/Ministry?

What other services do you know of that cater specifically to the elderly?

What do you think of the programs/services/facilities that currently exist for the elderly?

Ideally, how and where do you think the elderly should be housed?

APPENDIX C

Questionnaire guide for interviewing Matron-in-charge and Head-nurses of government elderly institutions

Questions about institution and staff

How many wards or bedrooms units are here?

How many communal areas are there?

How old is this institution?

How many persons are on your staff?

How is this institution funded?

Do residents or their families contribute (money or gifts) to the institution?

Housing/accommodation questions

Do residents have individual rooms and private bathrooms?

Do residents share rooms?

How many persons are there to a room?

How many persons are there to a ward?

Are there TV's and radios available for residents' use?

Are there telephones available for residents/patients' use?

Are there recreation/meeting/visiting areas?

Questions about the residents/patients

How many persons live here?

How many males?

How many females?

What is the average length of time persons live here?

How are patients/residents referred here?

APPENDIX C cont'd.

Is there a waiting list for occupancy?

How many person are currently on that list?

How long (on an average) do applicants/referrals have to wait?

How many residents are bedridden?

How many residents are physically or mentally incapable of functioning independently on a daily basis and are dependent on staff for daily functions such as eating, toileting and bathing?

Questions about activities and daily living at institution

Are activities (such as reality orientation, exercise therapy, craft, entertainment and outings) regularly scheduled?

How often do they take place?

Who schedules these activities?

Are activities "brought in" such as a school or church choirs?
How often?

How do you feel about working at this institution?

What do you think are the needs of the elderly?

Do you think it meets the needs of the elderly?

What do you think is needed to meet the housing needs of the elderly in Barbados?

APPENDIX D

Questionnaire guide for interviews with institutionalized elderly persons

(Example of introductory greeting) Good morning Mr/Miss_____! How are you? I am Tanya Ward and Nurse _____ said that I should talk with you. I am going to school in the US and getting information on housing and senior citizens. I would like to ask you a few questions. It should only take a little while. Is that okay with you? Thank you.

Mr/Miss can I ask how old are you?

Is your health good?

Where do you go for medical attention?

How often?

Mr/Miss_____ do you have any children?

Are you from a large family?

Is the family close with each other?

How often do you see your relatives?

Do they give you money/food/clothing?

If you need something how do you get in touch with them?

Do you have many friends outside _____ (the institution)?

Do they live near here?

Do you see them often?

Do you own a home?

How long have you lived here?

Would you like to move back to your home?

(If no. . .) where would you like to live?

APPENDIX D cont'd.

Mr/Miss_____ I am finished my questions. Do you have any questions for me?

Thank you very much, you have been very helpful Mr/Miss_____. I appreciate your talking with me today. Have a pleasant afternoon/evening!

APPENDIX E

Marginal participant observation guide

Observation guide used during site visits to government (geriatric) institutions. I used this on each visit and gave the appropriate response of "yes" noting (if possible) the frequency of occurrence or "no". Where necessary additional comments were recorded.

Atmosphere

What is the size and layout of the institution?

What color are the floors and walls?

Are the communal areas (bathrooms, dining rooms, recreation areas) of adequate size and conveniently located?

Does the size of resident-patient room/living space seem adequate?

Are there accessible verandas/porches?

Are there flowers/garden plots or landscaped areas?

Do residents/patients rooms have any signs of personalization (e.g. pictures, radios, furniture)?

Does the staff wear uniforms?

Are the patients/residents wearing pajamas?

Interaction

Did many of the residents 'greet' (nod or say hello/good morning) you?

Are the residents/patients doing - eating, resting, bathing/being bathed, talking to each other, or are they involved in a recreation program?

How do staff speak to each other (tones, frequency)?

How do staff speak to (tones, frequency) to the residents?

APPENDIX F

Private nursing homes for the elderly in Barbados

Name	Bed capacity	Bed occupancy	Number of males/ females	Age range	Licensed	Trained staff	Fees/ month	Remarks
Cave Nursing Home (Seventh Day Adventist).	20	20	2/18	70-90	yes	2RN's per shift Nursing aides.	$800 (sharing)	Caters to feeble
Torrington.	24	17	3/14	75-85	awaiting	5RN's per shift	$1200	--
Olive Blossom.	18	12	4/8	65-98	withdrawn	2RN's 3 nursing aides	shr-$800 prv-$900	Has a charitable program for poor.
Home for Senior Citizens.	14	14	-/14	73-91	No	7RN's.	$700-900	Custodial care.
Home for the indigent, sick or infirm.	23	23	-/23	70-92	No	1RN 1Nursing assistant 1 Matron (untrained).	$150	Custodial care for mobile patients.
Goodridge Home.	15	14	-/14	75-91	No	1 Matron 1 Bedside nurse.	$100 rm and noon meal.	For sick and aged.
St Paul & Ambrose.	6	3	-/3	62-89	No (closed)	Night nurse 1 untrained Matron.	$250	Mobile patients.
St Anne's Home.	14	12	1/11	60-95	No	7 Nurses.	No infro.	Mobile.
Loving Care Nursing Home.	19	19	1/18	70-96	Awaiting	--	--	--

Appendix F cont'd

Name	Bed capacity	Bed occupancy	Number of males/ females	Age range	Licensed	Trained staff	Fees/ month	Remarks
Almair Home.	11	9	-/9	70-90	No	1RN at night 1 Nurse to each patient if paid by family.	$110 min. charitable program.	Mobile ladies.
Powlette Nursing Home.	12	12	-/12	60-95	No	1 Matron 1 trained Nurse asst.	$525	Mobile patients.
Marshall's Nursing Home.	20	20	6/14	50-95	No	1 Matron 2 RN's 1 trained bedside nurse.	$500 min. varies with condition.	Mobile and terminally ill patients.
Maitlands.	8	5	1/4	74-79	yes	1RN 2 Nurses Aides.	$770 min. $850 max.	Sick or mobile elderly.

Source: Pan American Health Organization, Health services for the elderly: a pre-feasiblity study, photocopy, 1986.

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