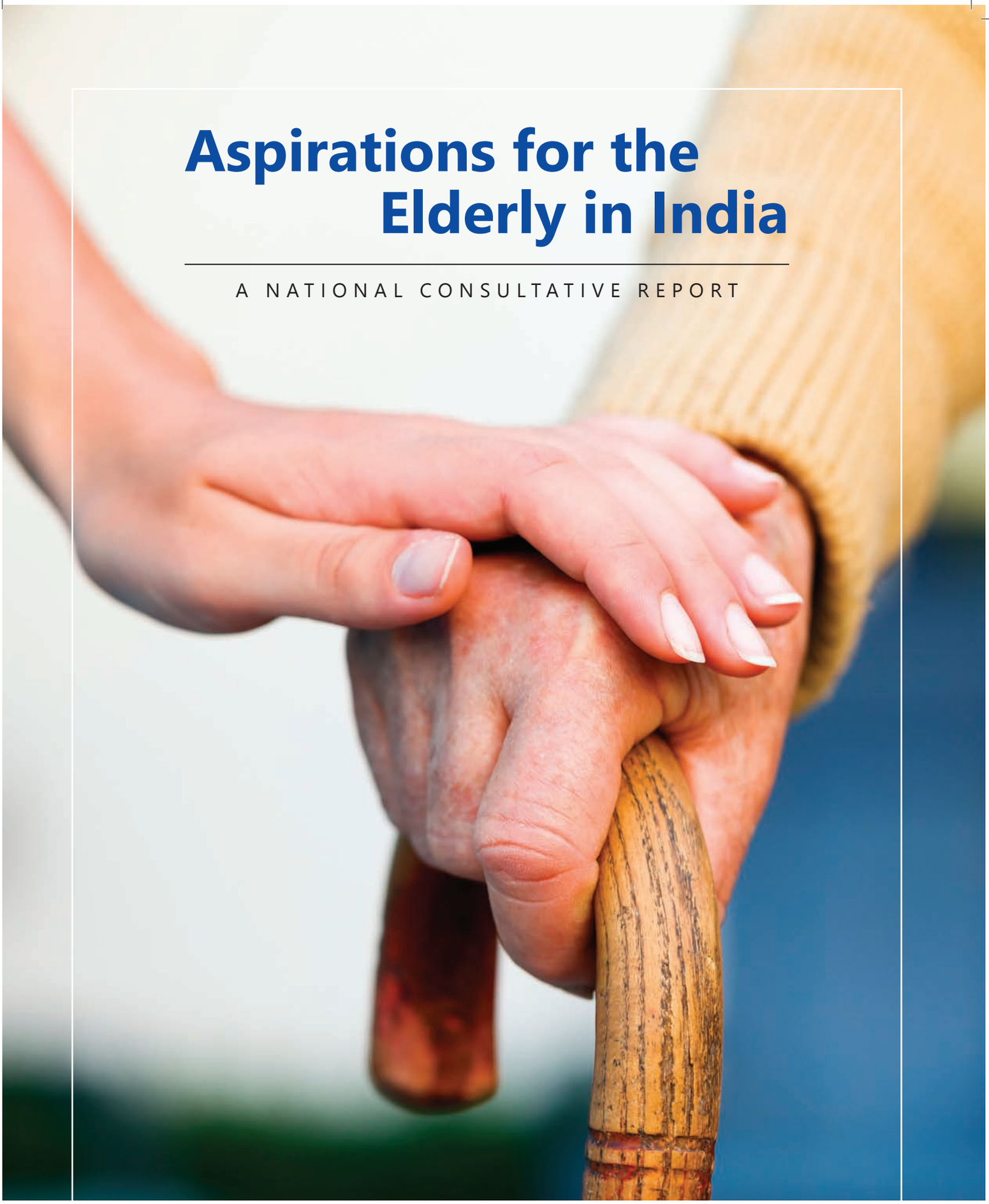
Aspirations for the Elderly in India

A NATIONAL CONSULTATIVE REPORT



An IbIn and Planning Commission Initiative

India Backbone
Implementation Network

"The single most important aspiration of senior citizens is to be treated with dignity by their own families, governments and society at large."

N. Srinivasan, Former DG, CII

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Preface

The proportion of the "grey population" in India has shown a steady increase from 7.4% of the country's population in 2001, to 8.2% in 2011. This is projected to touch almost 20% by 2050. Though this might seem a small increase in percentage, it would translate to huge numbers that would require mammoth plans and resources. Advances in science and medicine have added years to life but a major portion of those years seem to be weighed down by financial dependency, ill-health, disability, social exclusion and even abuse. This emerging challenge surfaced as the topic of discussion at an India Backbone Implementation Network (IbIn) meeting in New Delhi in April 2013 between Aruna Newton, of Infosys; Julia Middleton, of Common Purpose; Meera Harish, of Tata Coffee; A. Chandrasekaran, of Infocareer; and I.

In further understanding the need and the scope for Elder Care, our first step was to weave together a National Think Tank (NTT) of experts with extensive experience in addressing a range of issues pertaining to the elderly, across various socio-economic strata of Indian society.

This NTT has provided valuable inputs in the preparation of this comprehensive document, *Aspirations for the Elderly in India,* which presents insights for implementation in all aspects of Elder Care in India. This document is aimed at reinforcing the existing National Policy for Senior Citizens and engaging planners and policy makers in developing implementation strategies recommended by experts in Elder Care, which are efficient, feasible and cognizant of the cultural milieu of India.

In the spirit of IbIn, our efforts are geared towards effective implementation, which will be the focus in Phase 2 of this project. We hope that the recommendations and models proposed in *Aspirations* serve as signposts in identifying appropriate strategies and fostering widespread collaboration.



Dr Alexander Thomas
CEO, Bangalore Baptist Hospital (BBH), Bangalore
Member, IbIn

with



Dr Nancy Ramya
Technical Team, IbIn: Aspirations for the Elderly in India

Foreword



The India Backbone Implementation Network (IbIn) is an initiative of the Planning Commission of India that was written into the country's 12th Five-Year Plan with the primary objective of promoting capabilities in the country to systematically convert widespread confusion to coordination and pervasive contention to collaboration, so that well-intended policies can be converted to implementation.

The IbIn launch was held in Delhi on April 19, 2013, where stakeholders from the government, industry and community interacted towards the goal of transforming vision to reality.

The IbIn initiative hopes to facilitate the emergence of solutions to many of the challenges plaguing India's progress. Today, IbIn is strengthening projects in the areas of cooperative tourism, regional sustainable development, participatory governance and public accountability, to name a few. I am especially delighted to see a much-needed problem gaining focus through the IbIn network: Elder Care. With the steep rise in the elderly population of India, we are moving in the right direction, by awakening all sectors of society to the needs of the elderly. There is a definite need to spread awareness on the issues of concern among the elderly and on the practical steps that can address them. The *Aspirations for the Elderly in India* document is a testament to the strengthening of collaboration across sectors, which is essential, considering the tremendous challenge that lie ahead.

As part of the initiative, several experts were invited to form a National Think Tank (NTT). Several experts have joined hands as NTT and have drawn from their years of experience to highlight priority areas for intervention. Their recommendations have been presented in this document and will be useful to both the government and non-governmental implementers alike. *Aspirations* is a comprehensive collation of their recommendations. I firmly believe that the dedication of the team will lead to successful implementation as they move towards Phase 2 of this initiative.

Arun Maira
Member
Planning Commission

Acknowledgements

Aspirations for the Elderly in India is a collaborative effort, which would not have been possible without the contribution of various stakeholders. We are thankful to Mr Arun Maira, Member of the Planning Commission, who has been an inspiration and encouragement through this journey. Continued support was extended through the IbIn Cell, established for the support of IbIn projects.

The IbIn Bangalore team is a group of like-minded individuals who came together during the IbIn launch and agreed to work towards Elder Care, applying core IbIn principles in the process. The team, consisting of Aruna Newton (of Infosys), Julia Middleton (of Common Purpose), Meera Harish (of Tata Coffee), A. Chandrashekaran (of Infocareer) and Dr Alexander Thomas (of BBH), serves in an advisory capacity for the initiative. Bangalore Baptist Hospital provided the technical support for the entire national consultative process of the *Aspirations* document. We would like to thank the BBH team, comprising Dr Alexander Thomas, Dr Gift Norman, Thankam Rangala, Dr Dominic Benjamin and Dr Nancy Ramya, for their hard work and relentless efforts in putting this document together.

We gratefully acknowledge every member of the NTT for contributing and reviewing the content several times to ensure quality. We thank Dr Carolin Elizabeth, Dr Mathew Varghese, S. Sahu and Divya Alexander for reviewing and editing the document. We are grateful to Price Waterhouse Coopers (PWC) and the Public Health Foundation of India (PHFI) for their editing support. Common Purpose extended support in facilitating the first Open Space workshop at BBH to generate ideas for senior care. We would like to thank the Infosys team for the layout and design of the document.

We thank all our sponsors, namely Bet Medicals, Brigade Group, Biogenesis, Amaryllis, Infocareer, Judge Press, Narayana Hrudalaya Foundation and Nightingales Medical Trust, for the generous financial support they have extended to this initiative.

Background

The Planning Commission of India, with India @ 75, launched the India Backbone Implementation Network (IbIn). The objective was to identify bottlenecks in national policy implementation and promote better coordination between the agencies involved.

Pronounced as "ib-in" ("Ib" meaning "now," in a Hindi dialect, and "In" meaning "India"), IbIn resonates with the ethos behind the imperative "India Now!"

During the launch of IbIn and the workshop that accompanied it in New Delhi, a few members – Aruna Newton, Julia Middleton, Meera Harish, A. Chandrashekaran, and Dr Alexander Thomas – decided to join hands in translating into action some of the ideas generated at the workshop. After a series of meetings, this group identified Elder Care as a priority area. Work on the area began with the guidance and support of Mr Arun Maira, Member of the Planning Commission of India.

Bangalore Baptist Hospital took the lead in facilitating and coordinating this challenging initiative. BBH's first step was to host an Open Space workshop, which brought together a large group of leaders from government, the private sector and the social sector to identify areas in which implementation gaps needed addressing.

Through experiential and creative group learning techniques, this group identified some key areas of concern related to the elderly: rights, employment, social engagement, recreation, institutional care, civil society sensitisation, and value education for youth and young adults.

Existing policy documents on the elderly in India were reviewed to understand the issues already identified, the recommendations made and the potential for new opportunities. It was felt that policy could be strengthened further. Therefore, consultations were initiated with experts across the country, which led to the formation of a National Think Tank (NTT) on Elder Care, which is the first of its kind in Elder Care in India.

The NTT consists of doctors, academicians, eminent researchers, alternative medicine practitioners, sociologists, legal experts, finance and IT professionals and leaders in the social sector, who have long experience in Elder Care in India.

The NTT decided to develop the comprehensive document that you hold in your hands today.

To develop the initial draft of this document, the NTT had a series of in-person and online meetings and consultations that commenced with a one-day workshop at Bangalore Baptist Hospital. The Public Health Foundation of India reviewed the draft. What emerged was a document that had focused on five key aspects of Elder Care in India – health, social, financial, empowerment and legal. Price Waterhouse Coopers reviewed several subsequent drafts of *Aspirations*.

This initiative has been unique. It has fostered collaboration among specialists from diverse areas, who have joined hands for a multi-sectoral thrust in Elder Care for India and will be part of a national platform to launch innovations in Elder Care. The momentum generated shows promise of maturing into a movement centered on this important issue. The ideas presented in *Aspirations* will be translated in various ways into strategic programmes to serve the elderly across the country, who are becoming increasingly vulnerable because their safety and well-being are being compromised.

Abbreviations

ADLs	:	Activities of Daily Living
ANM	:	Auxiliary Nurse Midwife
APL	:	Above Poverty Line
ASHA	:	Accredited Social Health Activist
BBH	:	Bangalore Baptist Hospital
BPL	:	Below Poverty Line
CME	:	Continuing Medical Education
CSD	:	Canteen Stores Department
CSR	:	Corporate Social Responsibility
ESI	:	Employees State Insurance
IbIn	:	India Backbone Implementation Network
ICSE	:	Indian Certificate of Secondary Education
INC	:	Indian Nursing Council
LHV	:	Lady Health Volunteer
MCI	:	Medical Council of India
NBE	:	National Board of Education
NCERT	:	National Council of Educational Research and Training
NGO	:	Non-Governmental Organisation
NPHCE	:	National Programme for Health Care of the Elderly
NTT	:	National Think Tank
PHC	:	Primary Health Centre
PMCI	:	Para Medical Council of India
RSBY	:	Rashtriya Swasthiya Bima Yojna
TPDS	:	Targeted Public Distribution System
UHC	:	Urban Health Centre
USHA	:	Urban Social Health Activist

Executive Summary

India is experiencing a rapid demographic transition characterised by a significant increase in the numbers of the elderly. In 2011, this segment accounted for 8.2% of the country's population. But, by 2050, it is expected to touch the 20% mark.

In absolute terms, these figures are phenomenal.

The needs of India's older adults are unique. Owing to our society's diverse cultural and socioeconomic composition, they are also complex. Our elderly segment must thus be addressed at many levels. This warrants adopting a wholistic approach that includes strengthening health care, facilitating economic empowerment and promoting social integration.

Not only that, but vulnerable groups among the elderly – rural women, the widowed, the disabled, the SC/ST sections of the populace, tribals, migrants, refugees and the homeless – urge us to pay them even closer attention.

The most effective approach would be to foster collaboration among seemingly diverse stakeholders so that the needed momentum for the care of the elderly is reached, their rights are preserved and a dignified and fulfilling life becomes theirs to claim.

Aspirations for the Elderly in India is the first artefact of this collaborative effort. Into *Aspirations* a National Think Tank of experts has poured years of in-depth knowledge and firsthand experience of the needs of the elderly, the related legislation and state policy and the strengths and weaknesses of Elder Care programmes in our country. Based on these, the NTT recommends five major areas of focus in Elder Care – health, social, financial, empowerment and legal.

Going forward, IbIn will take the lead in implementing the strategies that come out of the recommendations detailed in this document.

Overview



Healthcare:

The more the elderly age, the further their health deteriorates. This adversely affects not only something as basic as their activities of daily living (ADL, e.g. eating, bathing and dressing) but, prevents most older adults from utilising healthcare facilities because of the limitations it imposes on their intellectual, physical and financial ability. Moreover, their financial dependence on their children and others often restricts them from accessing healthcare and enjoying a good quality of life during their sunset years.

Our healthcare delivery system needs to be strengthened, to address these issues on priority.

Sensitising political leaders on the issues involved is especially important, as political will is critical in addressing the health needs of the elderly. These leaders need to champion enhanced budgetary allocations, equitable human resource distribution, innovative delivery systems and stronger administrative mechanisms for better healthcare for the elderly.

Government could promulgate legislation to introduce well-conceptualised, universal health insurance schemes that cover all essential geriatric illnesses at modest premiums. The state could, through measures worked out jointly with insurance companies, finance Universal Health Coverage for the elderly so as to reduce their out-of-pocket expenditure.

Nationwide publicity through massive, well-strategised campaigns could promote awareness on various issues concerning the elderly. Enlisting advertising and public relations professionals and journalists with the print and electronic media to educate the younger age groups in healthy ageing would foster social inclusion among older adults.

Strengthening and making existing primary health care systems elder-friendly are also required. While the former could be achieved by setting up and establishing new infrastructure, a mechanism for functional referral to higher centres would help these systems become elder-friendly. Further, re-targeting the associated health services at primary, secondary and tertiary levels would go a long way in making them affordable, accessible and elder-sensitive.

The state could encourage private and public-sector technology organisations to develop innovative remote-access devices, applications and channels for monitoring, delivering and following up on Elder Care and well-being. A variety of incentives could be employed to spur the creation of low-cost, out-of-the-box solutions based on existing platforms, e.g. telemedicine, short-text messaging, telephone and the Web.

India's network of district hospitals has reached a stage of maturity that should allow them to be re-designed as "one-stop" centres offering services for the elderly. With specialist support provided by both public and private sectors, this state-owned infrastructure could deliver a comprehensive range of services to older adults.

In contexts where non-allopathic treatment has higher efficacy, collaboration with alternate systems of medicine would broaden the scope of the preventive, curative and rehabilitative care of the elderly.

Another mode of maximising reach for Elder Care would be capacity-building of the country's medical and non-medical workforce through both formal and non-formal courses. This would ensure the availability of skilled manpower at all levels. Embarking on training on a war footing would help meet the rising demand for geriatric care.

Public-private partnership (PPP) could also make available numerous options for affordable and accessible Elder Care. Promoting some of these PPP organisations as centres of excellence for research and treatment in specific older adult health conditions like dementia, disability and non-communicable diseases would add significantly to the body of knowledge in Elder Care.



Social concerns:

The social structure of Indian communities is changing rapidly, influenced by globalisation, urbanisation, migration, a changing work culture and the shift towards nuclear families. This has shrunk the social life of the elderly, imposed limitations on their societal roles and vitiated the quality of life that is essential for them. The priorities of the young seem to be replacing the needs of the elderly.

In such a climate, the much-needed tolerance of and care for the older generation must be instilled in the youth by implementing value-based education in schools and in young adults by encouraging activities that enhance cross-generational expressive ties.

A society whose children, youth and young adults, together with those in middle age, care for and support the dependent elderly, is alive and vital. Such

societies also readily adopt barrier-free standards in living and working spaces and transportation systems. They facilitate access for the elderly to friends, family and the wider community and strengthen instrumental ties across those age brackets.

Moreover, community-based Elder Care can be instituted simply by setting up specialised facilities that provide care for older adults on a short- or long-term basis, depending on the need at hand. For instance, day care centres for the elderly living in families could be introduced at the local level in culturally acceptable ways. In addition, day care centres having specialised facilities to support older adults in need of assisted living, dementia care or other rehabilitative infrastructure could be set up. Such centres would cater to not only older adults' special medical needs but their recreational and social needs too.

Leveraging the state's existing Targeted Public Distribution System and affordable housing schemes would help widen the government's reach and spread its benefits among the elderly. Ensuring transparency in such provisions and bridging the gaps therein would heighten their systemic elder-sensitivity. This could then become a platform for the formulation of standardised national state-approved guidelines for Elder Care.

In localities that have state-owned residential schemes such as those mentioned above, the local community could establish innovative, privately owned elder service centres (ESCs), peer support networks (PSNs) and Befriender services to enhance support for the elderly within the community.

This could engage stakeholders from the government and the public with those from private enterprise. Elder Care, as the common goal, could result in building a multi-party synergy that would enable each stakeholder to cater to the unmet needs of the elderly and inculcate elder-sensitive values into the community.



Financial issues:

The findings of the National Sample Survey (Jan-Jun 2004; NSS) included a distressing fact: 65% of India's elderly were financially dependent on others for their daily maintenance. This condition was found to be more pronounced among women, especially in the rural areas.

Financial independence is a decisive factor for anyone's choices and options concerning healthcare, food and social interaction. Much more so for the elderly, who struggle constantly with the disadvantages that old age brings – a continual sense of anxiety, living on the brink of exorbitant debt following personal emergencies, and vulnerability to the abuse that accompanies poverty.

Studies regarding the financial dependence of older adults on their children have shown that elderly parents, more often than not, are forced to silently put up with alarming levels of emotional and physical abuse from their progeny.

These realities render the due implementation of state schemes such as the Indira Gandhi National Old Age Pension Scheme crucial, e.g. increases in older adults' allowances that meet the basic needs of the elderly, periodical upward revisions of the same, in line with inflation, and easy access to disbursement even for the poorest of the poor.

Along with the above, the state could introduce innovative tax benefit schemes for the elderly, as well as tax exemptions for children who provide care for their elderly parents.

Regulating and restructuring health insurance schemes so that lower premiums are paid out by the BPL elderly, regardless of pre-existing morbidities and covering even the oldest older adult, widows and other vulnerable groups, should also be instituted.

Further, banks could publicise reverse mortgage schemes and make the procedure for getting mortgages elder-friendly.

Gainful employment can be a highly therapeutic activity, especially for the elderly, who bring a wealth of knowledge, experience, altruism and personal stability to the table. Thus, in addition to receiving environmental support, able older adults should advertise their expertise in the public domain, as this would create a symbiotic opportunity for both them and their prospective employers.



Empowerment:

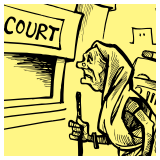
Sadly, the elderly in India are largely unaware about their rights and entitlements. This is an important reason for which many of them continue to live with their children despite being psychologically, financially, materially and physically abused by them, placed under considerable restrictions on their social life, subjected to coercion and, in extreme situations, to absolute neglect.

A well-strategised, nationwide awareness and sensitisation campaign on the rights of the elderly, if undertaken, would be a welcome first step towards empowering older adults. Such action would be a strong warning for those guilty of elder abuse and a powerful deterrent for would-be abusers.

Bolstering such a campaign could be the formation of a state-sponsored body such as a National Association of Older Persons comprising the elderly and lobbying for fulfilling their needs. Such an association would have chapters at national, state and district levels to promote Elder Care and rights-related programmes from the local level upwards.

Local support through activist nuclei, e.g. women's self-help groups (SHGs) and peer support groups (PSGs) like Alcoholics Anonymous, could easily cause a movement such as this to percolate into the warp and weft of society. Especially in the rural areas, grassroot-level action would build a veritable wall of solidarity to support the vulnerable elderly.

Finally, as mentioned in the Financial overview above, facilitating employment opportunities for older adults would enable them to exercise much-needed self reliance and a swifter appropriation of their rights.



Legal aspects:

Despite constitutional rights and legal provisions in the Indian legal framework, there are no laws in the country that specifically protect and promote the human rights and fundamental freedoms of older adults. To obtain justice when their rights are violated, the elderly must follow the same tedious legal processes to which the less vulnerable sections of society are subjected.

Moreover, the penal provisions under the Maintenance and Welfare of Parents and Senior Citizens Act (Imprisonment, Fine and Disinheritance) 2007 are difficult to execute, as parents find it difficult to plead for punitive action to be taken against their errant children. The safety and legal protection of life and property for the elderly continue to be big concerns.

Against this backdrop, resolution of disputes regarding maintenance of the elderly should include dispute settlement mechanisms such as mediation, instead of the penal provisions of the Maintenance and Welfare of Parents and Senior Citizens Act.

Special provisions should also be included in the Indian Penal Code to protect older adults from domestic abuse.

Specific and comprehensive legislation to grant special status to older adults, and especially the minorities among them, would be needed.

Systemic measures, such as simplified legal procedures to deal with violations of the rights of the elderly, would firmly underpin such legislation. This could include free legal aid, legal aid helplines, and sensitisation and advocacy programmes to raise awareness among the elderly of their legal entitlements and, concurrently, orientating and sensitising the law enforcement machinery.

This could include the formulation of other legislation related, for instance, to end-of-life care, advanced directives, anticipatory care plans, withdrawal of feeding and not-for-resuscitation exigencies.

The way forward

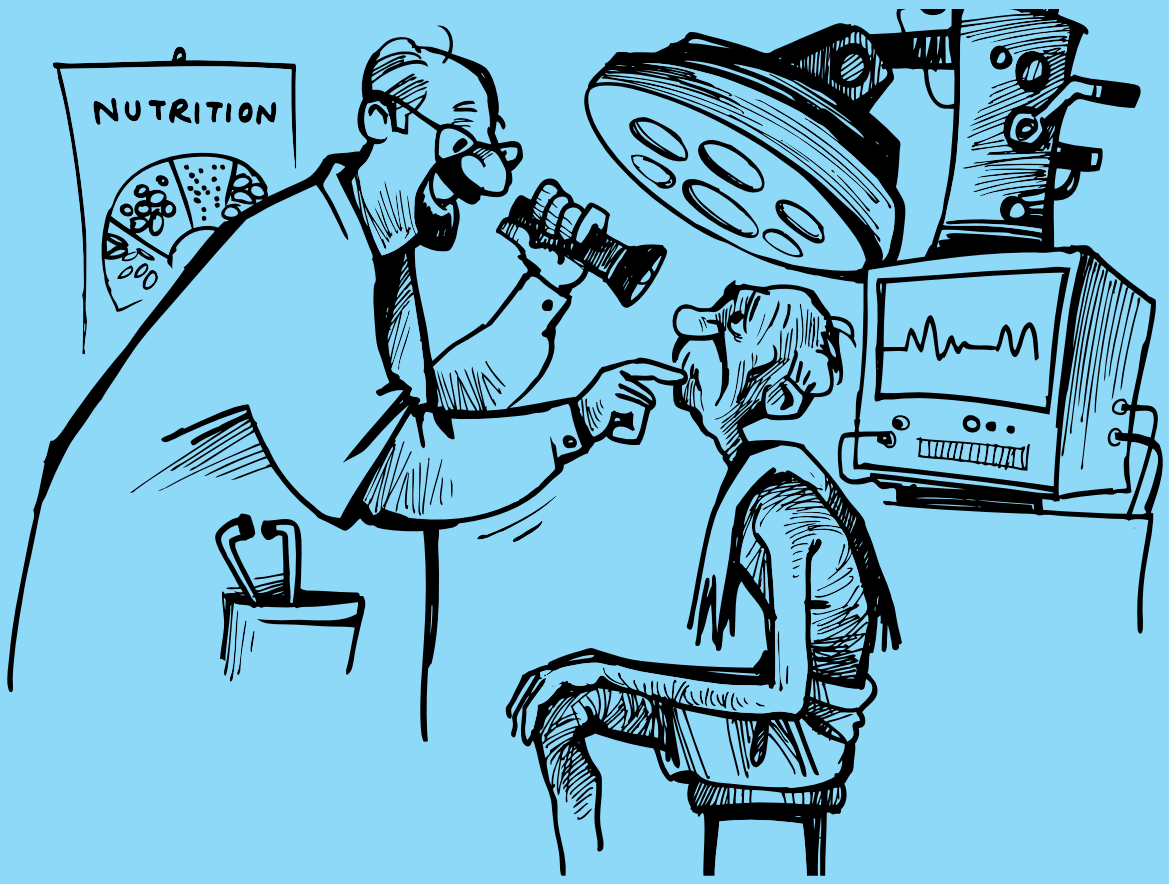
Clearly, the way forward is collaborative multi-stakeholder engagement so that a forum for IbIn Bangalore's Senior Citizen initiative may be developed. *Aspirations* – which represents the first product of this collaboration – has created a platform for discussion and cooperation across sectors. The gaps identified in this document and the ideas that can help close them can be translated into strategic programmes to serve India's elderly.

This initiative has identified five major areas of need and recommended programmatic measures to address them. It is hoped that the recommendations will encourage individuals and agencies to invest further in Elder Care systems so that manifold returns may be hoped for in the future.

In parallel, while implementation is strengthened through the initiation of large-scale programmes, cost-effective and evidence-based research should be given the required impetus so that it is distilled into policy that preserves the rights of the elderly and assures them a dignified and fulfilling life.

Recommendations

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Healthcare

We need to strengthen and make existing primary health care systems elder-friendly by establishing new infrastructure and adopting a mechanism for functional referral to higher centres. Re-targeting associated health services at primary, secondary and tertiary levels would also go a long way in making health care affordable, accessible and elder-sensitive.

I. Healthcare

A. Strengthening political will and increasing allocation of government resources

1. Political leaders, policy-makers and civil society should recognise the significance of the nation's demographic shift towards older people and its enormous economic and social implications for the country. This calls for political commitment at the national and state levels, which should translate to increased budgetary allocation, equitable human resource distribution, the development of innovative delivery systems and stronger administrative mechanisms.

2. The government should establish a separate ministry that will be responsible for the care of the elderly in India, at the central and state levels. This ministry should be tasked with developing strategies. Adequate financial resources should be allocated for execution of the suggested strategies. For this purpose, a multi-sectoral approach involving the departments of health, social welfare, transport, education and disability, and the participation of the insurance and not-for-profit sectors and civil society, could be developed. The National Health Mission, in partnership with private healthcare providers, should introduce practical and uncomplicated schemes to deliver reasonably priced healthcare services to senior citizens. In view of the diversity of problems experienced by the elderly, an integrated, decentralised approach, rather than a centralised strategy, would have higher chances of success.

B. Enhancing geriatrics knowledge and competencies from grassroot to tertiary levels

1. Preparing human resources for the healthcare of the elderly should be taken up on a war footing by the Human Resources Ministry and all medical, nursing and paramedical boards (MCI, INC, NBE and PMCI). Creating a pool of health personnel trained in geriatric care at the certificate, diploma, undergraduate and postgraduate levels is critical to providing geriatric services at the primary, secondary and tertiary healthcare levels. General practitioners in both government and private settings need to be strengthened with additional training.

2. Including geriatrics as a separate subject in medical, nursing, social work and psychology curricula is an immediate requirement for addressing the gaps in knowledge and skills among professionals.

C. Creating awareness

A massive education and awareness-building drive on various issues of the elderly may be implemented using a variety of media – TV, newspapers, the Internet and social media, mobile messaging services, public libraries and films. This must be a well-planned strategy with a systematic implementation plan covering the entire nation. The strategy should also target 40- to 50-year-olds, who are on the threshold of old age, and prepare them as well to face issues such as financial security, a healthy lifestyle, family bonding and adjustments for old age.

D. Reorienting healthcare delivery systems to provide affordable, accessible and elder-sensitive services

1. *At primary-care level:*

   a. Existing primary healthcare systems should be sensitised and strengthened for the provision of services to the geriatric population in their respective geographical areas.

   b. The knowledge and skills of healthcare personnel in the public and private sectors should be strengthened through capacity-building programmes, to deliver effective primary care services to the elderly.

   c. Efforts must be made to foster, a culture sensitive to the needs of the elderly among healthcare personnel. One approach for this could be to create elder-friendly hospitals along the lines of the "baby-friendly hospital" initiative.

   d. A collaborative approach with AYUSH and other culturally appropriate alternate systems of medicine, to promote preventive, curative and rehabilitative care of the elderly, should be pursued.

   e. Home-based preventive, curative, rehabilitative and palliative care for the elderly should be facilitated through ANMs, Anganwadis and ASHAs, in villages, and through link workers, ANMs, LHVs and USHAs, in urban areas.

   f. A larger number of centres to train caregivers in all areas – helpers, nurses, doctors and others – could be established and their attractive remuneration and promising career development options advertised.

   g. PHCs should have elder-friendly infrastructure, adequate diagnostic facilities and a regular supply of essential generic drugs for the geriatric population.

h. Two-way referral to higher-order centres that also provide subsidised care should be established.

i. NPHCE should be strengthened and streamlined through capacity-building of doctors to improve competencies, develop standards of care (e.g. RNTCP) and provide accessible and affordable diagnostic facilities, including regular supply of essential drugs.

2. *At secondary-care level*:

a. Public as well as private healthcare institutions should be encouraged to provide comprehensive and essential elder-sensitive geriatric services at subsidised and affordable rates.

b. Public-and private-sector capacity-building programmes should be conducted for health personnel so that they are duly equipped for caregiving on specific geriatric conditions such as dementia, delirium, depression, falls and urinary incontinence.

c. Conducting national audits and maintaining databases on stroke, dementia and other geriatric conditions would help research, analysis and action in geriatrics.

d. Due planning and the execution of innovative, sustainably priced home-based nurse-driven care should be carried out, including palliative care for the elderly living within a given radius of hospitals, so that the elderly are visited at their homes at periodic intervals.

e. For the elderly with problems such as visual and hearing impairment and dementia, basic ophthalmology services (such as cataract surgery, low vision screening and the provision of spectacles) and ENT services (such as aural screening and the provision of hearing aids) and psychiatric services (such as screening and counselling) should be provided at subsidised and affordable rates, as these would facilitate independent living among the elderly.

f. Empanelment of specialists from private hospitals should be encouraged to provide geriatrics services at sub-district- and district-level government hospitals when such services are not available at government hospitals.

g. Likewise, the use of telemedicine for care delivery should be promoted.

h. All hospitals, especially district hospitals, should be one-stop centres that have the facilities to provide comprehensive services to the elderly.

i. Such hospitals should also allocate beds for the exclusive care of the elderly.

j. An estimated 3.7 million Indians suffer from dementia, and only 10% of them are diagnosed. A person with dementia requires round-the-clock care during the later stages of the disease and is totally dependent on the caregiver for all ADL tasks. Sadly, however, lack of caregiver awareness results in sufferers of dementia being dehumanised and deprived of the dignity and care they deserve. Hence:

i. A national strategy for dementia care needs to be developed.

ii. Special programmes must be instituted to increase awareness on mental health and for early detection and care of those suffering from dementia and Alzheimer's disease.

iii. Professional, volunteer and family caregivers should be trained in dementia care.

iv. Memory clinics need to be established and strengthened.

v. Exclusive homes for persons with dementia, provided with assisted living facilities, need to be established.

k. Strategies and plans to reduce waiting time and minimise inconvenience for the elderly at hospitals should be developed by setting up helpdesks and separate queues and service counters, hiring assistants and aides to help the elderly move around the hospital, and facilitating appointments on priority with physicians.

l. In this connection, special transportation networks provided by hospitals would enable senior citizens to access these services.

m. Geriatric packages customised to an older adult's socio-economic status should be provided by hospitals.

n. Similarly, networks should be established that have quality local laboratories offering diagnostic services.

o. Hospitals should develop trained cadres of support personnel, like aides or helpers, who assist or stay with the elderly at their homes or in the hospitals.

3. *At tertiary-care level:*

    a. Centres of excellence that are pioneers in addressing geriatric challenges should be established. These centres should also develop training programmes to equip various categories of health personnel to deal with current and future geriatric challenges.

    b. A formal collaboration between specialist geriatricians in India and overseas should be established to ensure alignment with national and international standards.

E. Fostering a public-private partnership (PPP) approach to deliver a portfolio of essential and affordable geriatric services

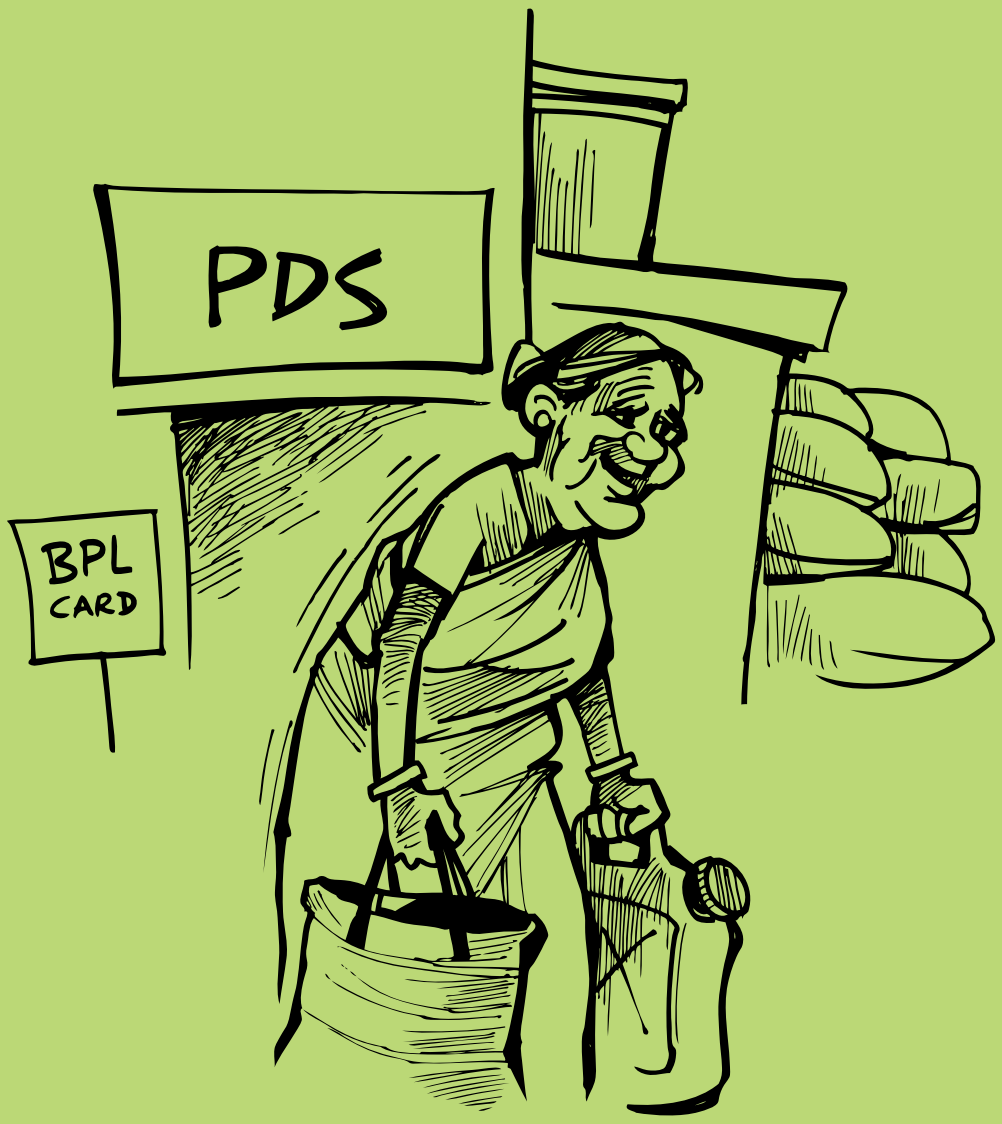
1. PPPs should be established to provide healthcare to the elderly in both urban and rural areas.
2. Access to primary care services should be improved in partnership with the private sector, as part of CSR programmes. Corporates can fund NGOs and other institutions working in the area of Elder Care. Corporates can themselves be encouraged to conceptualise and implement innovative schemes for Elder Care. The Ministry of Corporate Affairs can play a key role in pointing corporates in the direction of essential and quality Elder Care.
3. Access to specialist services (ophthalmology, ENT, psychiatry, orthopaedics, geriatrics, etc.) should be facilitated by organising monthly visits to PHCs by specialists from both private and public sectors.
4. Capacity-building through regular continuing education programmes for General Practitioners, nurses, paramedical staff and others should be instituted.
5. Standard treatment guidelines should be formulated for the management of common non-communicable diseases (NCDs) and other conditions.
6. Accreditation should be mandated for NGOs working in the area of Elder Care so that compliance with the required quality standards (along the lines of those expected by NABH) is maintained. This accreditation could also be linked to the funding received by NGOs from both public and the private sectors.

F. Establishing sustainable financial mechanisms to address the essential medical needs of the elderly

1. A well-conceptualised universal health insurance scheme should be introduced that entails modest premium payments which cover all essential geriatric and chronic diseases and inpatient and outpatient services.
2. Measures should be worked out jointly with insurance companies for the provision of sustainable UHC financing for the elderly so as to reduce their out-of-pocket expenditure. These insurance companies should also be encouraged to create special, affordable packages that cover a basic set of services provided through GPs, private clinics and nursing homes.
3. Subsidised care for the BPL elderly, including widows, widowers and the destitute, should be provided via innovative, in-house insurance plans that cover a set of services at affordable state-sponsored premiums.
4. Banks operating in India can develop innovative schemes for senior citizens. The reverse mortgage scheme is just one example. These innovative schemes should be promoted through awareness-building, simplification of procedures and effective implementation.

G. Developing IT innovations to operationalise elder-friendly mechanisms

1. Elder hotline numbers, with hospital-based specialists providing telephone- or Internet-based consultations, should be set up to facilitate easy access for older adults to health services.
2. SMS and the Internet should be leveraged to access the health records of the elderly. The very popular and effective Just Dial service, available to consumers across the country, links customers to products and services in near-real time, and a similar model can be developed for an Internet/mobile-based elder-specific healthcare service.
3. A system for telephonic follow-up on the health of older adult patients should be devised, which enables reminders for subsequent appointments. The system could also allow the generation of follow-up prescriptions, as an additional service provided by the hospital concerned.
4. Web-based applications could enable continuous monitoring of the health of older adults.



Social concerns

A society whose children, youth and young adults, together with those in middle age, care for and support the dependent elderly, is alive and vital. Such societies also readily adopt barrier-free standards in living and working spaces and transportation systems.

II. Social concerns

A. Promoting accessibility through age-friendly systems and barrier-free environments

1. Accessibility is a key enabler for social, cultural and economic participation with the community at large. In the case of senior citizens, it helps maintain essential links with friends, family and one's neighbourhood. For accessibility to be meaningful for older adults from both rural and urban areas, the elderly must be given priority in everyday activities at all publicly - and privately-owned utilities in sectors such as urban transportation and mass rapid transit systems, government offices, hospitals, banks, restaurants, cinema halls and recreational centres.
2. Assistive add-on facilities, such as separate waiting lounges provided with customer assistance staff, ramps that ease boarding and disembarking from buses, trains and aircraft, elder-friendly restrooms and walkways exclusively designed for older adults, should be provided.
3. All new buildings should conform to a minimum set of standards on barrier-free provisions.
4. Efforts should also be made to raise awareness among developers and architects on the needs and benefits of pro-accessibility designs.
5. Public transport operators should be encouraged to introduce low-floor buses with wheelchair accessibility.
6. Universal design concepts should be promoted for products and environments intended for the public's use.

Several possible approaches could be used to achieve the above. The social responsibility approach (educating service providers regarding the special needs of the elderly), the best practice approach (sharing and promoting best practices in elder-friendly facilities), the mandatory approach (establishing and enforcing policy through legal instruments) and the incentive-disincentive approach (incentivising by awarding of contracts or loans to promote best practices and, likewise, dis-incentivising by withholding permits and refusing grants).

B. Building an elder-sensitive community by fostering multi-generational social bonding

Changing the attitudes of the younger generation and fostering a climate of tolerance toward the elderly through value-based education in schools and colleges are the need of the hour. These can be promoted through the inclusion of geriatric care subjects and sensitisation towards the same in NCERT, ICSE, CBSE and other curricula. Value education, along the lines of Helpage India's "extra-curricular" model and China's Golden Sunshine Action Programme, can be implemented. Exposure visits to old-age homes and promoting volunteerism among school children and youth will sensitise the younger generation to the needs of the elderly.

Sensitising families to the need to allocate quality time for children and parents and to make that time non-negotiable is one of the most effective ways to instill positive values in children. Parents should make special efforts for children to spend time with their elderly grandparents during school holidays and family functions, thereby promoting family relationships and cohesiveness.

C. Building systems and services for the dependent elderly

Political will, adequate allocation of funds for implementation and simplification of administrative processes play a pivotal role in the efficient functioning of systems and services for the dependent elderly. Putting effective systems in place would allow the elderly to enjoy considerable independence in their day-to-day lives.

1. Day care centres

a. Day care centres are considered to be a culturally acceptable alternative to placing the elderly in old-age homes. They provide services for frail elderly persons who need supervised care in a safe environment during the day.

b. Day care offers the older adult a break from monotony and boredom and provides a platform for socialisation with peers.

c. With such centres supplying meals for users and engaging them in social and recreational activities, simple physical and mental exercises and spiritually nourishing activities, the value addition could be significant.

d. Moreover, transport services could be arranged to carry the elderly to and from the centres.

e. NGOs, corporates and other social enterprises could be appropriately supported by the government to help run such centres. The "enrichment" model used by the Nightingale Medical Trust is a remarkable example for the day care centres referred to here.

2. Day rehabilitation centres, including senior citizens' healthcare centres, could be set up so that rehabilitative care is provided after an older adult's discharge from hospital.

a. The emphasis of these centres would be on rejuvenating and rehabilitating clients, such as stroke victims, to reach optimal functional levels and enjoy greater independence.

b. Primary health care centres, private providers and grassroots-level healthcare personnel could be trained to deliver these services.

3. Dementia day care centres could be established to provide custodial and normalisation day care services and offer structured therapeutic or remedial activities, especially for dementia and associated problems. Setting up similar centres for specialised care could be encouraged, to address the various health challenges of the elderly.

4. Assisted living: Assisted living facilities enable onsite supervision or assistance in ADL tasks, coordination of services by external healthcare providers and monitoring of residents' activities to ensure their health, safety and well-being.

   a. Considering the changing social structure of families, this could be promoted as a real option in the urban areas for the upper and middle classes.

   b. Those involved in real estate development and management should be sensitised and encouraged to provide such facilities.

   c. A reasonable cost model for assisted living could be followed in urban areas.

   d. Deploying assistive devices using modern technology could play an important role in strengthening assisted living infrastructure.

5. Residential facilities established for the elderly should strengthen age-integrated communities that support and protect the elderly.

6. Elderly service centres (ESCs) could be set up. These would be one-stop centres within a community where senior residents can rent services such as those provided by domestic helpers, home nurses or drivers or for utility payments, shopping or housing repairs.

7. Peer Support Network (PSNs) – networks of elderly persons who volunteer mutual help and companionship, participate in inter-generational activities, social events, sports and recreation – could be popularised as a broad-based forum for the elderly.

8. Befriender services could be planned for the ambulant elderly. Aimed at relieving the loneliness, isolation and boredom of the homebound and single elderly, befriender services could be run with the help of volunteers who provide companionship and social support for such older adults. The model already implemented in Copenhagen could be adapted for use in India.

D. Engaging various stakeholders for Elder Care and building synergy

1. A process for accrediting and capacity-building of NGOs participating in the initiative should be put in place. The benefits for accredited NGOs should include funding from central and state governments. Contributions to such NGOs made by corporate businesses and the general public must be made tax-deductible. The social sector's involvement in promoting positive ageing should be incentivised.

2. Under the newly mandated CSR scheme for corporates, special efforts must be made to focus on Elder Care. Corporate businesses should be persuaded to fund accredited NGOs and other institutions working in the area of Elder Care. Such businesses could be encouraged to conceptualise and implement innovative schemes for the care of older adults.

3. Coordination across sectors would be is much-needed because fragmentation and duplication currently characterise efforts supporting the care of the elderly. Building synergy between agencies focusing on their respective niches in Elder Care could have a multiplier effect, e.g. strengthening the existing PHC structure using the PPP approach.

E. Making existing social security schemes elder-friendly

Mechanisms to mainstream the ability of the elderly to access all existing central and state government social security schemes should be strengthened. The schemes should include the Targeted Public Distribution System (TPDS), the Indira Awas Yojana, the Bharat Nirman programme, etc.

1. All older adults should be given free or subsidised rations, as per need. Regular supply of good-quality, culturally appropriate grains, with micronutrient fortification, is recommended. The models followed by Tamil Nadu and Kerala can be adopted. The existing mid-day meal scheme in the rural and urban areas should be extended to the elderly, especially to the vulnerable elderly (SC, ST, widows, those over 80 years in age, migrants, tribals, the deserted, etc). The mid-day meal scheme in the urban areas can follow a model such as "Meals on Wheels," Tamil Nadu's "Amma canteen" or that

proposed by Dignity Foundation, and be partially run by NGOs financed by corporates through CSR programmes and also be government-subsidised.

2. The vulnerable elderly should be included in the social mainstream transparently and on priority. The systems that operationalise this must be fair, friendly and fast and provided with innovative monitoring mechanisms to check malpractices and optimise system efficiency. These principles could be applied to improve access to housing schemes. Also, banks can be encouraged to fund inclusive parks for elders and residential estates in clusters in the rural and urban areas.



Financial issues

Financial independence decides much of our choices and options concerning healthcare, food and social interaction. This is many times more critical for the elderly, who struggle constantly with the disadvantages of old age – constant anxiety, living on the brink of high-cost debt that personal emergencies cause, and vulnerability to abuse.

III. Financial issues

A. Budgeting of financial resources for Elder Care

Allocations should be based on demographic assessments that consider the need, purchasing power and proportional population of the elderly in the state.

B. Improving tax benefits and promoting affordable services for the elderly

1. Income tax exemption limits should be raised for all in the 60-plus age bracket to Rs. 5,00,000; for those nearing 80 years in age and older, to Rs. 10,00,000; and, for females in these age groups, to 20% higher than that for the males.
2. The Indian Income Tax Act's Section 80D insurance premium limit should be increased and should include an exemption specifically for premium paid by or for the elderly.
3. Tax rates on pensions should be reduced.
4. Special tax benefits for senior citizen centres, medication and medical equipment usage should be provided.
5. Tax exemption should be granted under medical insurance schemes for the elderly, for hospitalisation and other medical expenses.
6. Commonly used medication for older persons should be regulated and made accessible at affordable prices.
7. Affordable day care and assisted living centres, catering to all sections of society, should be established.
8. Incentives on interest rates for fixed-deposit and savings accounts should be increased by 1%-3%.
9. Concessions, tax rebates and other rebates must be provided to the elderly wherever applicable

C. Enhancing pension and strengthening social security

1. Regular and prompt access to pensions should be ensured. This is a matter of priority and concern. The state should devise effective means for pension disbursement, via smart card-based mechanisms, so that they reach the beneficiaries directly.
2. The state should also provide for universal, non-contributory old-age pensions that have higher quanta for female, very old and differently-abled older adults and arrange effective disbursement of the same. ESI could be engaged in a greater way towards this, addressing post-retirement benefits.
3. Innovative pension and financial security schemes should be designed by the government for the unorganised sector for their latter years.
4. Existing pension and financial security schemes for the unorganised sector and self-employed weaker sections, like Swavalamban, should be strengthened at the national level to improve the standard of living of the elderly.
5. National Old Age Pension Scheme allowances should be made adequate to meet basic needs, and regularly revised.

D. Restructuring health insurance to be elder-friendly

1. Universal Health Coverage (UHC) for the elderly should be provided.
2. Health insurance could be regulated so that it becomes affordable.
3. Pre-existing condition-based disqualification for health insurance coverage must be revised to include more older adult beneficiaries.
4. The cost of medicines should be covered by the insurance policy.
5. Insurance for older adults should be introduced, with higher coverage for women and the 80-plus age group, in financial amount, type of disease and clinical and surgical service covered, and 100% state subsidy granted for older-adult BPL and non-taxable APL persons.
6. The income tax standard deduction limit for individuals caring for elderly parents at their residence should be raised. Additionally, if the older adult dependent is 80 years old or older, widowed or specially abled, the limit should be raised by 50%.
7. Income tax relief under expense heads like shelter, clothing and medical expenses should be provided through special deductions granted to children who provide for the basic needs of their parents.
8. The coverage of government insurance schemes should be increased to include Elder Care, with guidelines added to ensure provision for the needs of elders.
9. Service rates for BPL and APL insurance schemes should be standardised in collaboration with service providers, especially private hospitals, so that there is smooth implementation of the schemes.

10. Community-Based Health Insurance (CBHI) schemes should be promoted.

11. Policies, rates and rebates that incorporate the specific health needs and challenges of women should be made applicable to health insurance for female older adults.

E. Enhancing utilisation of reverse mortgage schemes

Banks operating across the country should be encouraged to publicise and innovate on reverse mortgage schemes for senior citizens.

F. Raising the income and employability of the elderly

1. The state should invest in establishing national- and state-level bureaus of economic empowerment that assist older adults in finding suitable employment opportunities.
    a. The bureaus could engage social organisations to deliver employment.
    b. The salary scales for the elderly would need to be revised and improved, to support the basic needs of the elderly.
    c. Loans and microfinance alternatives for older adults should be strengthened.
    d. SHGs of older adults who wish to work should be sponsored and supported by the state through appropriate microfinance and bank guarantees made available through banking networks.
2. Older-adult employment in corporate businesses should be encouraged. Subsidies and tax incentives should be furnished to companies that employ a certain minimum percentage of older adult workers.

G. Fostering financial preparedness of the elderly for retirement through non-formal financial education

1. Rather than spending sizeable portions of their meagre financial resources on family functions, such as weddings (which commonly lead to the older adults' inability to save money for their later years), the elderly should be urged to save.
2. Attractive savings schemes should be started for all in the 40-plus age, which can become a corpus for investment, savings or funding purposes in old age.
3. Employers should be incentivised to promote financial awareness among staff.
4. Individuals must be encouraged to plan early for retirement.
5. Adequate support and guidance should be made available for the preparation of wills and other legal and financial bequests.
6. SHGs should support microfinancing schemes, in tandem with banks.
7. Safe custody of financial documents should be facilitated and provided to the elderly.

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Empowerment

A nationwide association of older persons could promote Elder Care-and rights-related programmes from the local level upwards and gain grassroots-level support from activist groups. Such an association would make self-reliance and swift rights appropriation among older adults integral to society and build a wall of solidarity for the vulnerable elderly.

IV. Empowerment

A. Promoting rights-based empowerment for the elderly

1. Well-strategised nationwide awareness and sensitisation programmes should be initiated in urban and rural settings, on the rights of the elderly.
2. A National Association of Older Persons should be set up by and for the elderly at the national, state and district level that will advocate for older adults' right to health, employment, basic amenities and other entitlements and foster an inclusive society. Such an association could follow the Alcoholics Anonymous model.

B. Empowering the elderly through SHGs and associations

1. In villages across the country, the concept of Self Help Groups (SHGs) has gained ground. Promoting SHGs for the elderly can make a positive impact on their living and working conditions.
2. The government should fund SHGs for the elderly. This funding can be disbursed through select banks. SHGs should be evaluated to ensure that they fulfill the role expected of them.

C. Leveraging employability by improving mechanisms for placement and role suitability

1. The knowledge, expertise, resourcefulness and aptitude of the elderly could be used to augment human resources, especially in teaching, developmental activities, election duties, etc. Options for gainful employability and income generation for older adults could thereby be broadened. Relatively low attrition would be a definite advantage for employers, when considering employing the elderly.
2. Senior citizens with the right aptitude and domain knowledge could be a very rich resource as teachers in adult education centres across the country. There is a huge need to improve the teaching infrastructure across our country's social strata. Senior citizens with the right background could significantly augment the teaching resources at polytechnics, colleges, ITIs, etc.
3. The Election Commission of India can train senior citizens in election duty and thus add to the body of schoolteachers currently co-opted for this role.
4. In urban areas, organisations could liaise with seniors to coordinate their employment, based on their experience and skill base. Many older adults could engage with academia and take up tele-teaching, reaching universities and village schools.
5. In rural India also, the choices would be several. Offering seniors vocational options appropriate to their settings, e.g. agriculture, sericulture and handicrafts, would be financially viable for the elderly.

D. Creating an appropriate climate for empowerment

Structural measures to enhance a sense of empowerment among older adults would include the following:

1. Robust systems for protecting the elderly from abuse, neglect and violence, through legislation, sensitisation of the police, community policing, helplines, security devices, etc
2. Development of adult literacy and training programmes in health care, nutrition, child care, legal education, appropriate production methods and income-generation activities
3. Enhancement of provisions for employee leave-taking under a head such as "parent care"
4. Encouraging adults to reside with their parents by providing tax relief and rebates for medical expenses incurred under such arrangements and granting them priority allotments in housing
5. Celebrating senior citizens periodically through the organising of elegant social events and the formal recognition of their meritorious service
6. Research in all dimensions of Elder Care, with the involvement of medical, nursing, social work and other educational institutions

E. Deploying information portals for the elderly

1. A detailed database of all agencies, both public and private, working in the area of Elder Care across the nation, should be created to ascertain the nature, modus operandi and impact of each agency's work. Such a database would help identify organisations actively involved in Elder Care and/or needing support.
2. One or more national portals could be created to capture data on the organisations concerned and their work. The portal would also serve as a platform for information exchange and experience-sharing. Elderly persons in need of help can use the portal to get timely and competent attention.

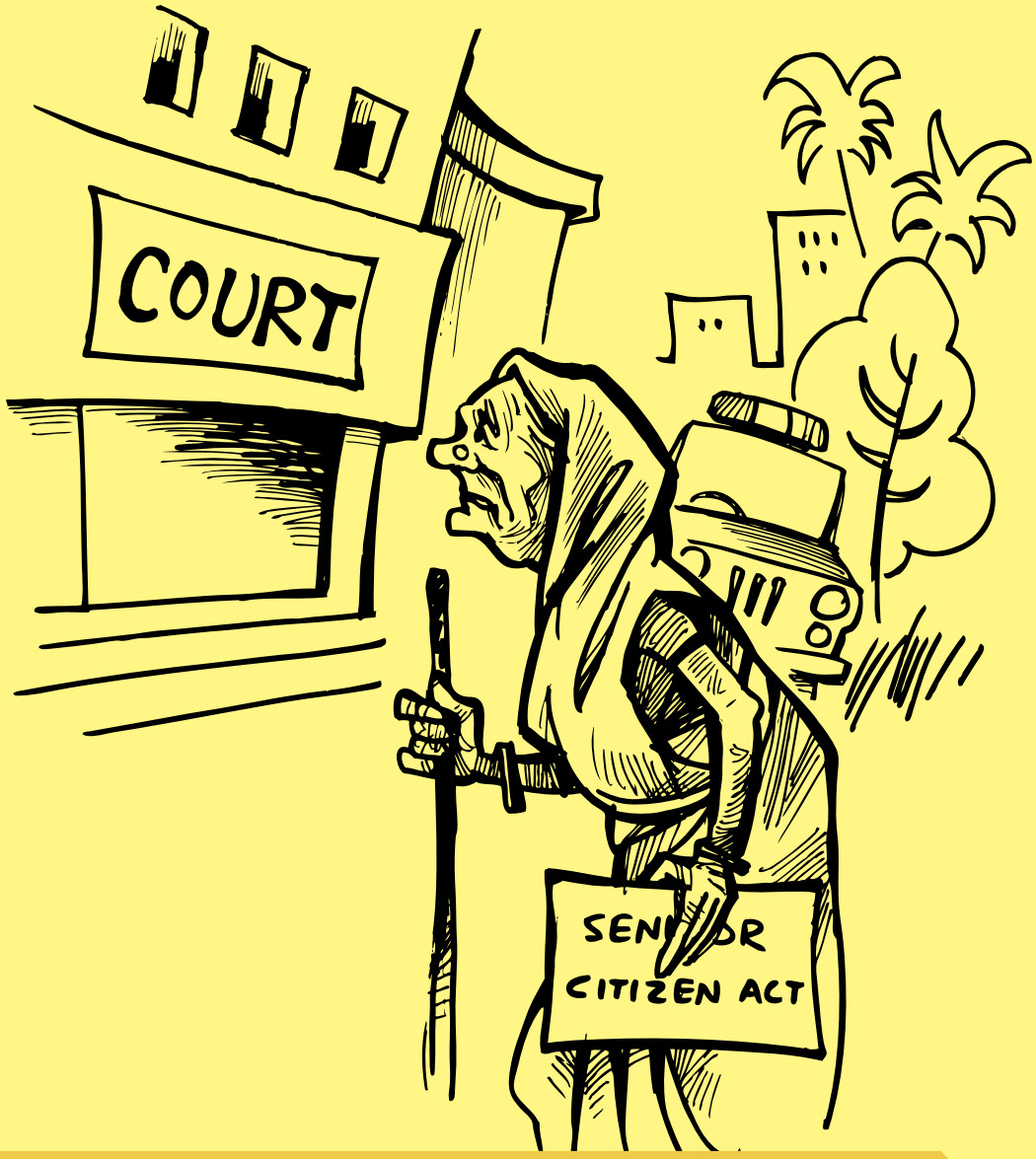
3. A dial-in service, connecting consumers to products and services sought, could be modelled along Just Dial lines, as described in the Social concerns section.

F. Providing for the needs of elderly women and other vulnerable groups

Addressing the needs of India's large elderly female population is a challenge. Many of these women are widows who are illiterate, dependent on their children, deprived of property, such as ancestral land, with little or no access to security and health schemes and subject to ostracism and stigma from their own communities. The other vulnerable groups among the elderly are the disabled and minority groups such as the SC/ST, dalits, tribals, the rural poor, migrants, refugees, the displaced, the homeless, the abandoned, people with cognitive impairments, etc. The following measures could be considered for these groups:

1. Policy frameworks against gender bias, which are crucial for the welfare and security of all older adult women (e.g. widows, the specially abled, the chronically ill, etc)
2. Special provision and consideration in all services planned and rendered
3. Long-term care options, essential in serving these sections of the population
4. Awareness-building for group needs, as envisaged in the Maintenance and Welfare of Parents and Senior Citizens Bill 2007
5. Developing of older women's organisations and SHGs
6. Spreading adult literacy and training programmes for older women

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Legal aspects

Despite constitutional rights and legal provisions in the Indian legal framework, there are no laws in the country that specifically protect and promote the human rights and fundamental freedoms of older adults. Dispute resolution regarding maintenance of the elderly should therefore also include dispute settlement mechanisms such as mediation.

V. Legal aspects

A. Formulating elder-specific laws to guard the rights of the elderly:

1. A specific, comprehensive law for the elderly that grants special status to them (such as SC/ST or minorities) could be instituted.
2. A simplified legal system should be put in place to deal with violations of the constitutional rights of the elderly. The elderly must not be expected to follow the procedures and systems meant for younger age groups.
3. Free legal aid and legal aid helplines should be established.
4. Special provisions should be included in the Indian Penal Code to protect the elderly from domestic abuse.

B. Improving awareness and access to legal entitlements of the elderly:

1. Awareness-building among the elderly on their legal entitlements and concurrently, orienting the law enforcement machinery to the vulnerability and special needs of older persons, would go a long way in protecting their constitutional rights.
2. Conducting sensitisation and advocacy programmes would promote a rights-based approach to the problems of the elderly.
3. Easier and safe access to entitlements for the elderly could be provided through various governmental schemes.
4. Feasible and accessible grievance redressal mechanisms and legislative measures would return confidence and a sense of security to those elderly that are denied their entitlements.
5. All litigation relating to the elderly should be made time-bound and fast-tracked.
6. The police should take up all elder-related issues on priority and seek elder-sensitive and -friendly means to encourage the elderly to approach them without inhibition.

C. Mediating in dispute resolution for the elderly

1. Resolution of disputes regarding the maintenance of the elderly should include dispute settlement mechanisms such as mediation, instead of the penal provision prescribed in the Maintenance and Welfare of Parents and Senior Citizens Act 2007.
2. In such situations, a Conciliation Officer/Mediator should be the first point of contact. All disputes must first be referred to mediation.
3. If the Mediator/Conciliation Officer is unable to settle the dispute, the matter should be referred to an adjudicative body such as the Maintenance Tribunal or the Commission.
4. The Maintenance Tribunal or Commission should have the power to enforce a settlement made by the Conciliation Officer/Mediator.

D. Addressing legal considerations for elderly women

1. The legal-judicial system should be made more user-friendly for elders and gender-sensitive towards older women's needs, especially widows, particularly in cases of violence, abuse and assault.
2. New laws must be promulgated to safeguard older women, particularly with regard to property ownership, inheritance and financial security.
3. Awareness of the Maintenance and Welfare of Senior Citizens Act, especially among older women, should be raised.
4. Legal literacy and support should be provided to older adults, particularly women, so that they may knowledgeably guard their constitutional rights.

E. Formulating laws addressing important issues regarding the elderly:

In India, there is no specific legislation related to end-of-life care, advanced directives, anticipatory care plans, withdrawal of feeding and not-for-resuscitation conditions. It is important, however, to remember that it is the moral duty of society to take care of its elderly, one that cannot be addressed only by legislation or force. Together with the police and the legal machinery, a community-based framework will be beneficial to set up for the safety of the elderly. There must be legal protection for their life and property, especially since they are soft targets for criminals and in fraudulent dealings. The safety and security of the elderly would thus include the following:

1. Sharing security and safety tips with the elderly.
2. Tracking all relevant data regarding domestic helpers.
3. Regular patrolling of neighbourhoods to instill confidence among senior citizens.
4. Quick-response measures for emergency calls from the elderly.
5. Institutionalising 'neighbourhood watch' schemes and telephone clubs for older adults and getting resident welfare associations and senior citizens' associations involved in security-related matters
6. In rural areas, setting up hotlines under each police station, panchayat and community policing group to strengthen support and collaboration at local level.
7. Giving the media legal access to information related to the problems faced by older people and in particular, by elderly women.

Conclusion

Clearly, the way forward is collaborative multi-stakeholder engagement so that a forum for IbIn Bangalore's Senior Citizen initiative may be developed. *Aspirations* – which represents the first product of this collaboration – has created a platform for discussion and cooperation across sectors. The gaps identified in this document and the ideas that can help close them can be translated into strategic programmes to serve India's elderly.

This initiative has identified five major areas of need and recommended programmatic measures to address them. It is hoped that the recommendations will encourage individuals and agencies to invest further in Elder Care systems so that manifold returns may be hoped for in the future.

In parallel, while implementation is strengthened through the initiation of large-scale programmes, cost-effective and evidence-based research should be given the required impetus so that it is distilled into policy that preserves the rights of the elderly and assures them a dignified and fulfilling life.

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IbIn Advisory



Dr Alexander Thomas
Director & CEO - Bangalore Baptist Hospital
ceo.bbh@gmail.com



Aruna C. Newton
Associate Vice President - Sustainability
Infosys Ltd.
arunacnewton@infosys.com



A. Chandrasekaran
CEO & Founder Director, Infocareer Pvt. Ltd.
achandra@infocareerindia.com



Julia Middleton
Founder and Chief Executive
Common Purpose Charitable Trust
Julia.Middleton@commonpurpose.org



Meera Harish
Vice President - Sales & Marketing
TATA Group
Meera.Harish@tatacoffee.com

National Think Tank



Dr Alakananda Banerjee
Head - Department of Rehabilitation
Max Healthcare Saket
alokabanerjee26@gmail.com



Dr Amit Arora
Consultant Physician and Geriatrician
University Hospital of North Staffordshire
Stoke on Trent, UK
amit.arora@uhns.nhs.uk



Dr Anitha Arockiasamy
President - India Home Health Care Pvt. Ltd.
anitha@ihhc.in



Dr Anoop Amarnath
Director and Consultant, Geriatric Medicine
Apollo Hospitals
anoopamarnath@gmail.com



Antony Jacob
Chief Executive Officer
Apollo Munich Health Insurance Co. Ltd.
antony.jacob@apollomunichinsurance.com



Dr Arvind Kasthuri
Professor - Department of Community Health
St. John's Medical College
arvindk@gmail.com

National Think Tank



Dr A. B. Dey
Professor & Head of Medicine &. Chief - Geriatric Services, All India Institute of Medical Sciences (AIIMS)
abdey@hotmail.com, drabdey@gmail.com



Dr Dominic G. Benjamin
Consultant Geriatrician and Diabetic Specialist
Bangalore Baptist Hospital
bdom25@yahoo.co.in



Dr B. N. Gangadhar
Professor of Psychiatry - National Institute of Mental Health and Neurosciences
kalyanybg@yahoo.com



Dr Gift Norman
Community Health - Head of Department
Bangalore Baptist Hospital
normangift@gmail.com



Dr S. Irudaya Rajan
Professor
Centre for Development Studies, Kerala
rajan@cds.ac.in



Dr Issac Mathai
Chairman, Managing & Medical Director
Soukya International Holistic Health Centre
doctor@sahaya.in



Dr Jacob Roy Kuriakose
Chairman, ADI
ARDSI National Administrative Office
kjacobroy@gmail.com



Krishnan Ramachandran
Deputy Chief Executive Officer
Apollo Munich Health Insurance Co. Ltd.
krishnan.r@apollomunichinsurance.com



Dr Kuruvilla Prasad Mathews
Professor and Head of the Dept of Geriatrics
Christian Medical College, Vellore
prasadmathews@hotmail.com



Laila Ollapally
Founder
Centre for Advanced Mediation Practice
lailaollapally@gmail.com



Dr Mala Kapur Shankardass
Associate Professor of Sociology
Maitreyi College, University of Delhi, India
Asia Chair: International Network for Prevention of Elder Abuse
mkshankardass@gmail.com



Meera Pattabiraman
Chairperson - Alzheimer's and Related Disorders Society of India
anrala@gmail.com

National Think Tank



Dr V. Mohini Giri
Founder/Chairperson
Guild of Service
guildofserviceni@gmail.com



Dr Nancy Ramya
Executive Program Manager
Bangalore Baptist Hospital
nancy.iraj@gmail.com



Dr Nandyala Sundari
Prof. of Obstetrics and Gynecology
M. S. Ramaiah Medical College
drnsundari@gmail.com



Nataraj Srinivasan
Former Director General
Confederation of Indian Industry
nataraj.srinivasan@gmail.com



Prof. PKB Nayar
Chairman, Centre for Gerontological Studies,
Thiruvananthapuram
pkbnayar@rediffmail.com,
gerontocentre@gmail.com



Dr Prabha Adhikari
Professor of Medicine in charge of Geriatrics
Kasturba Medical College, Mangalore
prabha.raghuveer@gmail.com



Dr S. Pruthvish
Professor of Community Medicine
M. S. Ramaiah Medical College
psreekantaiah@yahoo.com



Dr Radha Murthy
Managing Trustee
Nightingales Medical Trust
nightingalesmt@gmail.com



Rajiv Vasudevan
MD & CEO - AyurVAID Hospitals
rajiv_vasudevan@ayurvaid.com



Prof. P. Satishchandra
Director and Vice Chancellor & Senior
Professor of Neurology
NIMHANS (Institute of National Importance)
psatish@nimhans.kar.nic.in



Dr P. S. Shankar
Emeritus Professor of Medicine, RGUHS
KBN Institute of Medical Sciences, Gulbarga
psshankar@hotmail.com



Dr O. P. Sharma
National Prof. Geriatrics
Editor in Chief: Indian Journal of Geriatric Care
Gen. Sec: Geriatric Society of India
opsharma.gsi@gmail.com

National Think Tank



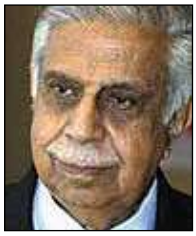
Dr Sheilu Sreenivasan
Founder President
Dignity Foundation and Dignity Lifestyle Retirement Township
sheilu.sreenivasan@dignityfoundation.com



Thankam Rangala
Division Head: Administration and OPD Services - Bangalore Baptist Hospital
tirangala@gmail.com



Dr V. P. Rao
Scientific Advisor
BioGenesis Euro Indian Health Cluster, UK & INDIA
rao.vp@i-brain.co.uk



M. N. Venkatachaliah
Former Chief Justice of India
(From 1993 to 94)
Awarded Padma Vibhushan in 2004



Prof. Vinod Kumar
Professor of Medicine and Head, Geriatric Clinic, All India Institute of Medical Sciences, New Delhi
vino_37@yahoo.com

Consultants & Reviewers



Dr Giridhar R. Babu
Associate Professor, Public Health Foundation of India, IIPH-H, Bangalore
epigiridhar@gmail.com



S. Prem Kumar Raja
Director – Admin,
Nightingales Home Health Services
nightingalesmt@gmail.com



Dr Pretesh R. Kiran
Asst. Professor, Community Health
St. John's National Academy of Health Sciences, Bangalore
preteshkiran@gmail.com



Roshini Susan Poonnen
Head – Finance
Bangalore Baptist Hospital
roshini@bbh.org.in



Tara Ollapally
Centre for Advanced Mediation Practice
taraothomas@yahoo.com



Usha B. Amin
Chartered Accountant
Usha Amin & Associates
1018usha@gmail.com

Sponsors

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IbIn Bangalore
Bangalore Baptist Hospital
Bellary Road, Hebbal, Bangalore 560024
ceo.bbh@gmail.com
Phone : +91-80-22024700 (Ext.: 304)

IbIn Movement
ibincell@gmail.com
www.ibinmovement.in