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A STUDY ON NATIONAL POLICY FOR OLDER PERSONS**DR. RASHMI RANI AGNIHOTRI H.R****FACULTY****DEPARTMENT OF STUDIES & RESEARCH IN SOCIAL WORK****P.G. CENTRE RAICHUR****GULBARGA UNIVERSITY****GULBARGA****K.S MALIPATIL****CHAIRMAN****DEPARTMENT OF STUDIES & RESEARCH IN SOCIAL WORK****GULBARGA UNIVERSITY****GULBARGA****ABSTRACT**

A man's life is normally divided into five main stages namely infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation. There are 81million older people in India-11 lakh in Delhi itself. According to an estimate nearly 40% of senior citizens living with their families are reportedly facing abuse of one kind or another, but only 1 in 6 cases actually comes to light. Although the President has given her assent to the Maintenance and Welfare of Parents and Senior Citizens Act which punishes children who abandon parents with a prison term of three months or a fine, situation is grim for elderly people in India. According to NGOs incidences of elderly couples being forced to sell their houses are very high. Some elderly people have also complained that in case of a property dispute they feel more helpless when their wives side with their children. Many of them suffer in silence as they fear humiliation or are too scared to speak up. According to them a phenomenon called 'grand dumping' is becoming common in urban areas these days as children are being increasingly intolerant of their parents' health problems. After a certain age health problems begin to crop up leading to losing control over one's body, even not recognizing own family owing to Alzheimer are common in old age. It is then children began to see their parents as burden. It is these parents who at times wander out of their homes or are thrown out. Some dump their old parents or grandparents in old-age homes and don't even come to visit them anymore. Delhi has nearly 11 lakh senior citizens but there are only 4 governments' run homes for them and 31 by NGOs, private agencies and charitable trusts. The facilities are lacking in government run homes.

KEYWORDS

Older persons, senior citizens.

INTRODUCTION

Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but like many westernized concepts, this does not adapt well to the situation in Africa. While this definition is somewhat arbitrary, it is many times associated with the age at which one can begin to receive pension benefits. At the moment, there is no United Nations standard numerical criterion, but the UN agreed cut off is 60+ years to refer to the older population.

Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous.

As far back as 1875, in Britain, the Friendly Societies Act, enacted the definition of old age as, "any age after 50", yet pension schemes mostly used age 60 or 65 years for eligibility. (Roebuck, 1979). The UN has not adopted a standard criterion, but generally use 60+ years to refer to the older population (personal correspondence, 2001).

Realistically, if a definition in Africa is to be developed, it should be either 50 or 55 years of age, but even this is somewhat arbitrary and introduces additional problems of data comparability across nations. The more traditional African definitions of an elder or 'elderly' person correlate with the chronological ages of 50 to 65 years, depending on the setting, the region and the country. Adding to the difficulty of establishing a definition, actual birth dates are quite often unknown because many individuals in Africa do not have an official record of their birth date. In addition, chronological or "official" definitions of ageing can differ widely from traditional or community definitions of when a person is older. We will follow the lead of the developed worlds, for better or worse, and use the pensionable age limit often used by governments to set a standard for the definition.

Lacking an accepted and acceptable definition, in many instances the age at which a person became eligible for statutory and occupational retirement pensions has become the default definition. The ages of 60 and 65 years are often used, despite its arbitrary nature, for which the origins and surrounding debates can be followed from the end of the 1800's through the mid-1900's. (Thane, 1978 & 1989; Roebuck 1979) Adding to the difficulty of establishing a definition, actual birth dates are quite often unknown because many individuals in Africa do not have an official record of their birth date.

DEFINING OLD

"The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible." (Gorman, 2000)

Age classification varied between countries and over time, reflecting in many instances the social class differences or functional ability related to the workforce, but more often than not was a reflection of the current political and economic situation. Many times the definition is linked to the retirement age, which in some instances, was lower for women than men. This transition in livelihood became the basis for the definition of old age which occurred between the ages of 45 and 55 years for women and between the ages of 55 and 75 years for men. (Thane, 1978).

CATEGORIES OF DEFINITIONS

When attention was drawn to older populations in many developing countries, the definition of old age many times followed the same path as that in more developed countries, that is, the government sets the definition by stating a retirement age. Considering that a majority of old persons in sub-Saharan Africa live in rural areas and work outside the formal sector, and thus expect no formal retirement or retirement benefits, this imported logic seems quite illogical. Further, when this definition is applied to regions where relative life expectancy is much lower and size of older populations is much smaller, the utility of this definition becomes even more limited.

Study results published in 1980 provides a basis for a definition of old age in developing countries (Glascok, 1980). This international anthropological study was conducted in the late 1970's and included multiple areas in Africa. Definitions fell into three main categories: 1) chronology; 2) change in social role (i.e. change in work patterns, adult status of children and menopause); and 3) change in capabilities (i.e. invalid status, senility and change in physical characteristics). Results from this cultural analysis of old age suggested that change in social role is the predominant means of defining old age. When the preferred definition was chronological, it was most often accompanied by an additional definition.

These results somewhat contradict the findings of a more recent study conducted in Nigeria regarding perceptions about the onset of old age. (Togonu-Bikersteth, 1987 and 1988) Younger and older age groups had similar responses regarding the chronological onset of old age, with differences in the stated age for men and women. The results suggested that the generally accepted definition was similar to westernized definitions of old age; however, this was a unique community with culture-related norms that bestowed certain privileges and benefits at older ages. If one considers the self-definition of old age, that is old people defining old age, as people enter older ages it seems their self-definitions of old age become decreasingly multifaceted and increasingly related to health status (Brubaker, 1975, Johnson, 1976 and Freund, 1997).

While a single definition, such as chronological age or social/cultural/functional markers, is commonly used by, amongst others, demographers, sociologists, anthropologists, economists and researchers, it seems more appropriate in Africa to use a combination of chronological, functional and social definitions. However, the challenge of how to incorporate a suitable multidimensional definition into the "pensionable age" concept remains. It was felt that by using age 50 years, this project will be indirectly incorporating these other definitions.

For this project, we will use 50 years of age and older as the general definition of an older person. We feel these data are necessary to fully inform policy makers and programme planners. The accumulated evidence and resulting information will be able to more accurately determine the health status of the older population.

RIGHTS OF THE ELDERLY

- Parents cannot be evicted from a house without due process of law if they have been staying there from before. There is three enactments that can be applied.
- Under section 125 of the CrPC, a magistrate can order a child to maintain his old parents under the Maintenance of Parents Act.
- The Hindu Adoptions and Maintenance Act say an aged parent can demand maintenance from children in the same way that a wife can demand it from her husband.
- The Domestic Violence Act too provides parents with the right to seek relief from any kind of abuse.

A National Policy on older persons was announced in January 1999 which identified a number of areas of intervention-financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property for the wellbeing of older persons in the country. A National Council for Older Persons (NCOP) was constituted by the Ministry of Social Justice and Empowerment to operationalize the National Policy on older persons. The paper shows the detail text of A National Policy on older persons.

METHODOLOGY

The study is based on the secondary data sources. The necessary information about A National Policy on older persons and its various components are collected from the sources published by Govt. department and information collected from various books, internet source of related topics.

NATIONAL POLICY ON OLDER PERSONS

THE BACKGROUND

DEMOGRAPHIC TRENDS

Demographic ageing, a global phenomenon has hit Indian shores as well. People are living longer. Expectation of life at birth for males has shown a steady rise from 42 years in 1951-60 to 58 years in 1986-90, it is projected to be 67 years in 2011-16, an increase of about 9 years in at twenty five year period (1986-90 to 2011-16). In the case of females, the increase in expectation of life has been higher-about 11 years during the same period, from 58 years in 1986-90 to 69 years in 2011-16. At age 60 too, the expectation of life shows a steady rise and is a little higher for women. In 1989-93, it was 15 years for males and 16 years for females.

Improved life expectancy has contributed to an increase in the number of persons 60+ from only 12 million persons 60+ in India in 1901, the number crossed 20 million in 1951 and 57 million in 1991. Population projections for 1996-2016 made by the Technical Group on Population Projections (1996) indicate that the 100 million mark is expected to be reached in 2013. Projections beyond 2016 made by the United Nations (1996 Revision) has indicated that India will have 198 million persons 60+ in 2030 and 326 million in 2050. The percentage of persons 60+ in the total population has seen a steady rise from 5.1 percent in 1901 to 6.8 percent in 1991. It is expected to reach 8.9 percent in 2016. Projections beyond 2016 made by United Nations (1996 Revision) has indicated that 21 percent of the Indian population will be 60+ by 2050.

Growth rate on a large demographic base implies a much larger increase in numbers. This will be the case in the coming years. The decade 2001-11 is expected to witness an increase of 25 million persons 60+ which is equivalent to the total population of persons 60+ in 1961. The twenty five years period 1991 to 2016 will witness an increase of 55.4 million persons 60+ which is nearly the same as the population of persons 60+ in 1991. In other words, in a twenty five years period starting 1991 the population 60+ will nearly double itself.

Sixty three percent of the population in 1991 (36 million) is in the age group 60-69 years, often referred to as 'young old' or 'not so old' while 11 percent (6 million) is in the age group 80 years and over i.e., in the 'older old' or 'very old' category. In 2016, the percentage in these age groups will be almost the same, but the numbers are expected to be 69 million and 11 million respectively. In other words, close to six tenths of population 60-69 years can be expected to be in reasonably good physical and mental health, free of serious disability and capable leading a active life. About one third of the population 70-79 years can also be expected to be fit for a reasonably active life. This is indicative of the huge reserve of human resource. Men outnumber women in India even after age 60 (29 million males, 27 million females 60+ in 1991). This will continue to be the situation in 2016 when there will be an estimated 57 million males and 56 million females 60+.

Incidence of widowhood is much higher among females 60+ than among males of the same age group because it is customary for women to get married to men older by several years; also, they do not remarry and live longer. There were in 1991, 14.8 million widowed females 60+ compared to 4.5 million widowed males. In other words, there were four times as many widowed females as widowed males.

IMPLICATIONS

The demographic ageing of population has implications at the macro and also at household level. The sheer magnitude of numbers is indicative both of the huge human reserve and also of the scale of endeavours necessary to provide social services and other benefits.

Demographic transition has been accompanied by changes in society and economy. These are of a positive nature in some areas and a cause of concern in others.

A growing number of persons 60+ in the coming decades will belong to the middle and upper income groups, be economically better off with some degree of financial security, have higher professional and education qualifications, lead an active life in their 60s and even first half of the 70s, they have a positive frame of mind looking for opportunities for a more active, creative and satisfying life. Some areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in India are very strong and an overwhelming majority live with their sons or are supported by them. Also, working couples find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.

Industrialisation, urbanization, education and exposure to life styles in developed countries are bringing changes in values and life styles. Much higher costs of bringing up and educating children and pressures for gratification of their desires affects transfer of share of income for the care of parents. Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in their native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care giving. Also, adoption of small family norms by a growing number of people implies availability of fewer care givers specially since in a growing number of families, daughters, too, are fully occupied, pursuing their educational or work career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care of non-lineal relatives. So also is the situation of widows an overwhelming majority of whom have no independent source of income, do not own assets and are totally dependent.

THE MANDATE

Well-being of older persons has been mandated in the Constitution of India. Article 41, a Directive Principle of State Policy, has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right of public assistance in cases of old age. There are other provisions, too, which direct the State to improve the quality of life of its citizens. Right to equality has been guaranteed by the Constitution as a Fundamental Right. These provisions apply equally to older persons. Social security has been made the concurrent responsibility of the Central and State Governments.

The last two decades have witnessed considerable discussion and debate on the impact of demographic transition and of changes in society and economy on the situation of older persons. The United Nations Principles for Older Persons adopted by the United Nations General Assembly in 1991, the Proclamation of Ageing and the Global Targets on Ageing for the year 2001 adopted by the General Assembly in 1992, and various other Resolutions adopted from time to time, are intended to encourage governments to design their own policies and programmes in this regard.

There has for several years been a demand for a Policy Statement by the State towards its senior citizens so that they do not face an identity crisis and know where they stand in the overall national perspective. The need has been expressed at different forums where ageing issues have been deliberated. The Statement, by indicating the principles underlying the policy, the directions, the needs that will be addressed and the relative roles of governmental and non-governmental institutions, is expected to facilitate carving out of respective areas of operation and action in the direction of a human age integrated society.

NATIONAL POLICY STATEMENT

The National Policy seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized. The goal of the National Policy is the well-being of older persons. It aims to strengthen their legitimate place in society and help older persons to live the last phase of their life with purpose, dignity and peace.

The Policy visualizes that the State will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation, and provide services so that they can improve the quality of their lives. The Policy is based on some broad principles.

The Policy recognizes the need for affirmative action in favour of elderly. It has to be ensured that the rights of older persons are not violated and they get opportunities and equitable share in development benefits, different sectors of development, programmes and administrative actions will reflect sensitivity in older persons living in rural areas. Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

The Policy views the life cycle as a continuum, of which post 60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is therefore, on active and productive involvement of older persons and not just their care.

The Policy values an age-integrated society. It will endeavour to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and the old. It believes in the development of a social support system, informal as well as formal, so that the capacity of families to take care of older persons is strengthened and they can continue to live in their family.

The Policy recognizes that older persons, too, are a resource. They render useful services in the family and outside. They are not just consumers of goods and services but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, the community and society.

The Policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision making on matters which affect them as well as on other issues as equal partners in the development process. The decision making process will seek to involve them to a much larger extent specially since they constitute 12 percent of the electorate, a proportion which will rise in the coming years. The Policy recognizes that larger budgetary allocations from the State will be needed and the rural and urban poor will be given special attention. However, it is neither feasible nor desirable for the State alone to attain the objectives of the National Policy. Individuals, families, communities and institutions of civil society have to join hands as partners.

The Policy emphasizes the need for expansion of social and community services for older persons, particularly women, and enhance their accessibility and use by removing socio-cultural, economic and physical barriers and making the services client oriented and user friendly. Special efforts will be made to ensure that rural areas, where more than three-fourths of the older population lives, are adequately covered.

The foundation of the new policy, known as the "National Policy for Senior Citizens 2011" is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor (51 million elderly live below the poverty line). A higher proportion of elderly women than men experience loneliness and are dependent on children. Social deprivations and exclusion, privatization of health services and changing pattern of morbidity affect the elderly. All those of 60 years and above are senior citizens. This policy addresses issues concerning senior citizens living in urban and rural areas, special needs of the „oldest old“ and older women.

In principle the policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

THE FOCUS OF THE NEW POLICY

1. Mainstream senior citizens, especially older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens' associations. Support promotion and establishment of senior citizens' associations, especially amongst women.
2. Promote the concept of „Ageing in Place“ or ageing in own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age. The thrust of the policy would be preventive rather than cure.

3. The policy will consider institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector.
4. Being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age-friendly society.
5. Recognise that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualises that the states will extend their support for senior citizens living below the poverty line in urban and rural areas and ensure their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the quality of their lives improves.
6. Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power.
7. Employment in income generating activities after superannuation will be encouraged.
8. Support and assist organisations that provide counselling, career guidance and training services.
9. States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.
10. States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

AREAS OF INTERVENTION

The concerned ministries at central and state level as mentioned in the „Implementation Section“ would implement the policy and take necessary steps for senior citizens as under:

INCOME SECURITY IN OLD AGE

A major intervention required in old age relates to financial insecurity as more than two third of the elderly live below the poverty line. It would increase with age uniformly across the country.

- citizens living below the poverty line.
- Rate of monthly pension would be raised to Rs.1000 per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing.
- The „oldest old“ would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grand children and women. This would be reviewed every five years.
- The public distribution system would reach out to cover all senior citizens living below Indira Gandhi National Old Age Pension scheme would cover all senior the poverty line.
- Income Tax Taxation policies would reflect sensitivity to the financial problems of senior citizens which accelerate due to very high costs of medical and nursing care, transportation and support services needed at homes.
- Microfinance Loans at reasonable rates of Interest would be offered to senior citizens to start small businesses. Microfinance for senior citizens would be supported through suitable guidelines issued by the Reserve Bank of India.

➤ HEALTHCARE

With advancing age, senior citizens have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when accompanied by impaired functional capacity require long term management of illness and nursing care.

- Healthcare needs of senior citizens will be given high priority. The goal would be good, affordable health service, heavily subsidized for the poor and a graded system of user charges for others. It would have a judicious mix of public health services, health insurance, health services provided by not-for-profit organizations including trusts and charities, and private medical care. While the first of these will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged and subjected to some degree of regulation, preferably by an association of providers of private care.
- The basic structure of public healthcare would be through primary healthcare. It would be strengthened and oriented to meet the health needs of senior citizens. Preventive, curative, restorative and rehabilitative services will be expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems. Geriatric services for all age groups above 60--- preventive, curative, rehabilitative healthcare will be provided. The policy will strive to create a tiered national level geriatric healthcare with focus on outpatient day care, palliative care, rehabilitation care and respite care.
- Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages and urban areas and public/private partnerships will be worked out for geriatric and palliative healthcare in rural areas recognizing the increase of non-communicable diseases (NCD) in the country.
- Efforts would be made to strengthen the family system so that it continues to play the role of primary caregiver in old age. This would be done by sensitizing younger generations and by providing tax incentives for those taking care of the older members.
- Development of health insurance will be given priority to cater to the needs of different income segments of the population with provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Concessions and relief will be given to health insurance to enlarge the coverage base and make it affordable. Universal application of health insurance – RSBY (Rashtriya Swasthya Bima Yojana) will be promoted in all districts and senior citizens will be compulsorily included in the coverage. Specific policies will be worked out for healthcare insurance of senior citizens.
- From an early age citizens will be encouraged to contribute to a government created healthcare fund that will help in meeting the increased expenses on healthcare after retirement. It will also pay for the health insurance premium in higher socio economic segments.
- Special programmes will be developed to increase awareness on mental health and for early detection and care of those with Dementia and Alzheimer’s disease.
- Restoration of vision and eyesight of senior citizens will be an integral part of the National Programme for Control of Blindness (NPCB).
- Use of science and technology such as web based services and devices for the well being and safety of senior citizens will be encouraged and expanded to under-served areas.
- National and regional institutes of ageing will be set up to promote geriatric healthcare. Adequate budgetary support will be provided to these institutes and a cadre of geriatric healthcare specialists created including professionally trained caregivers to provide care to the elderly at affordable prices.
- The current National Programme for Health Care of the Elderly (NPHCE) being implemented in would be expanded immediately and, in partnership with civil organizations, scaled up to all districts of the country.
- Public private partnership models will be developed wherever possible to implement healthcare of the elderly.
- Services of mobile health clinics would be made available through PHCs or a subsidy would be granted to NGOs who offer such services.
- Health Insurance cover would be provided to all senior citizens through public funded schemes, especially those over 80 years who do not pay income tax.
- Hospices and palliative care of the terminally ill would be provided in all district hospitals and the Indian protocol on palliative care will be disseminated to all doctors and medical professionals.
- Recognize gender based attitudes towards health and develop programmes for regular health checkups especially for older women who tend to neglect their problems.

➤ **SAFETY AND SECURITY**

- Provision would be made for stringent punishment for abuse of the elderly.
- Abuse of the elderly and crimes against senior citizens especially widows and those living alone and disabled would be tackled by community awareness and policing.
- Police would be directed to keep a friendly vigil and monitor programmes which will include a comprehensive plan for security of senior citizens whether living alone or as couples. They would also promote mechanisms for interaction of the elderly with neighbourhood associations and enrolment in special programmes in urban and rural areas.
- Protective services would be established and linked to help lines, legal aid and other measures.

➤ **HOUSING**

Shelter is a basic human need. The stock of housing for different income segments will be increased. Ten percent of housing schemes for urban and rural lower income segments will be earmarked for senior citizens. This will include the Indira Awas Yojana and other schemes of the government.

- Age friendly, barrier-free access will be created in buses and bus stations, railways and railway stations, airports and bus transportation within the airports, banks, hospitals, parks, places of worship, cinema halls, shopping malls and other public places that senior citizens and the disabled frequent.
- Develop housing complexes for single older men and women, and for those with need for specialized care in cities, towns and rural areas.
- Promote age friendly facilities and standards of universal design by Bureau of Indian Standards.
- Since a multi-purpose centre is a necessity for social interaction of senior citizens, housing colonies would reserve sites for establishing such centres. Segregation of senior citizens in housing colonies would be discouraged and their integration into the community supported.
- Senior citizens will be given loans for purchase of houses as well as for major repairs, with easy repayment schedules.

➤ **PRODUCTIVE AGEING**

- The policy will promote measures to create avenues for continuity in employment and/or post retirement opportunities.
- Directorate of Employment would be created to enable seniors find re-employment.
- The age of retirement would be reviewed by the Ministry due to increasing longevity.

➤ **WELFARE**

- A welfare fund for senior citizens will be set up by the government and revenue generated through a social security cess. The revenue generated from this would be allocated to the states in proportion to their share of senior citizens. States may also create similar funds.
- Non-institutional services by voluntary organizations will be promoted and assisted to strengthen the capacity of senior citizens and their families to deal with problems of the ageing.
- All senior citizens, especially widows, single women and the „oldest old“ would be eligible for all schemes of government. They would be provided universal identity under the Aadhar scheme on priority.
- Larger budgetary allocations would be earmarked to pay attention to the special needs of rural and urban senior citizens living below the poverty line.

➤ **MULTIGENERATIONAL BONDING**

- The policy would focus on promoting bonding of generations and multigenerational support by incorporating relevant educational material in school curriculum and promoting value education. School Value Education modules and text books promoting family values of caring for parents would be promoted by NCERT and State Educational Bodies.

➤ **MEDIA**

- Media has an important role to play in highlighting the changing situation of senior citizens and in identifying emerging issues and areas of action.
- Involve mass media as well as informal and traditional communication channels on ageing issues Natural disasters/ emergencies
- Provide equal access to food, shelter, medical care and other services to senior citizens during and after natural disasters and emergencies.
- Enhance financial grants and other relief measures to assist senior citizens to re-establish and reconstruct their communities and rebuild their social fabric following emergencies.

➤ **IMPLEMENTATION MECHANISM**

- There will be efforts to provide an identity for senior citizens across the country and the ADHAAR Unique identity number will be offered to them so that implementation of assistance schemes of Government of India and concessions can be offered to them. As part of the policy implementation the Government will strive for:
 - Establishment of Department of Senior Citizens under the Ministry of Social Justice and Empowerment
 - The Ministry of Social Justice and Empowerment will establish a “Department of Senior Citizens” which will be the nodal agency for implementing programmes and services for senior citizens and the NPS 2011. An inter-ministerial committee will pursue matters relating to implementation of the national policy and monitor its progress. Coordination will be by the nodal ministry. Each ministry will prepare action plans to implement aspects that concern them and submit regular reviews.
 - Establishment of Directorates of Senior Citizens in states and union territories
 - States and union territories will set up separate Directorates of Senior Citizens for implementing programmes and services for senior citizens and the NPS 2011.
 - National/State Commission for Senior Citizens A National Commission for Senior Citizens at the centre and similar commissions at the state level will be constituted. The Commissions would be set up under an Act of the Parliament with powers of Civil Courts to deal with cases pertaining to violations of rights of senior citizens. Act of the Parliament with powers of Civil Courts to deal with cases pertaining to violations of rights of senior citizens.
 - Establishment of National Council for Senior Citizens
 - A National Council for Senior Citizens, headed by the Minister for Social Justice and Empowerment will be constituted by the Ministry. With tenure of five years, the Council will monitor the implementation of the policy and advise the government on concerns of senior citizens. A similar body would be established in every state with the concerned minister heading the State Council for Senior Citizens.
 - The Council would include representatives of relevant central ministries, the Planning Commission and ten states by rotation.
 - Representatives of senior citizens associations from every state and Union Territory.
 - Representatives of NGOs, academia, media and experts on ageing.
 - The council would meet once in six months.

CONCLUSION

Ageing is a natural process of human development and must be understood in all its dimensions and effect on national development. The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayat Raj and Departments of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology and Personnel & Training will setup necessary mechanism for implementation of the policy. A five-year perspective Plan and annual plans setting targets and financial allocations will be prepared by each Ministry/ Department. The annual report of these Ministries/ Departments will indicate progress achieved during the year. This will enable monitoring by the designated authority. Role of Block Development Offices, Panchayat Raj Institutions and Tribal Councils/Gram Sabhas Block Development offices would appoint nodal officers to serve as a one point contact for senior citizens to ease access to pensions and handle documentation and physical presence requirements, especially by the elderly women. Panchayat Raj Institutions would be directed to implement the NPS 2011 and address local issues and needs of the ageing population. In rural/ tribal areas, the

tribal council or gram sabha or the relevant Panchayat Raj institution would be responsible for implementation of the policy. The provisions of the 13th Finance Commission for special funding to them would be made applicable.

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