Draft for discussion

State Old Age Policy: Plan of Action

Ageing is a normal, inevitable, biological phenomenon. United Nations considers 60 years as the age of transition to the elderly age group. Ageing of population is a major, emerging, demographic issue and is an inevitable consequence of the demographic transition experienced by most countries including India. In almost every country, the proportion of people aged above 60 years is growing faster than any other age group as a result of both longer life expectancy and declining fertility rates. In India the proportion of the population aged 60 years and above was 7 percent in 2009 and has been projected to increase to 20 percent by the year 2050.

The population of the elderly in Kerala has been increasing rapidly in recent decades. The proportion of the elderly constituted 10 percent of the population as per the 2001 Census, which rose to 12 percent in 2011. If the present trend persists, Kerala's older population (20%) will be more than the child population (18%) by the year 2030. The elderly population faces various physical, psychological and social problems. Thus, the care, protection and welfare of the aged will be a major challenge to the state and society.

In Kerala Social Justice is the nodal department in implementing programmes for the elderly. Kerala was one of the earlier states to have introduced a policy for senior citizens. The Efforts towards this end started in 2003 and the first policy document emerged in 2006. Later, Government reviewed the Old Age Policy 2006, and came out with a new "STATE OLD AGE POLICY "in 2013. Social Justice Department constituted an inter-departmental task force to prepare a programme of action for the implementation of the policy. Based on the task force report, a two- day workshop was conducted jointly by social justice department and the department of community medicine on 30-31 January 2014 at the Medical College Thiruvananthapuram.

The objective of the workshop was to formulate an implementable action plan based on (a) planning board report on planning for the vulnerable groups (b) task force report, (c) State old age policy-2013 and (c) the qualitative study on "Needs and services for the elderly" which was conducted in 2013 by the Department of Community Medicine.

- **Promote physical activity**
  - Implementing a broad based healthy and active ageing community education campaign targeting lifestyle changes, and other prevention strategies, that can be adopted throughout a person's life to improve quality of life.
  - Develop and implement targeted community programmes for physical activity among older people;
  - Provide advice about physical activity in all health and social care settings for older people;

- Support local governments in creating motivating environments and infrastructure for physical activity (in particular active transport) for all age; and
- Promote the civil engagement of older people and strengthen the role of volunteering;
- Promote old persons' hobby clubs across the state
- Ensure that the public utilities and infrastructure including roads and transport are aged friendly for them to use it conveniently.
- ***Public support to informal care giving with a focus on home care, including self-care.***
- Design strategies for training older adults in self-care and for training informal caregivers, and adapt self-care training programmes; and
- Design volunteer-based programmes to take care of aged people
- Young generation may be invited to initiate old age care programmes either voluntarily or on entrepreneurial basis under an institutionalized scheme (along a similar lines as R&D based programme)
- Create regional networks of providers of older persons services to consolidate and maximise local provision of ageing services.
- Conduct a research programme to identify service models and services which most effectively assist individuals experiencing different sorts of difficulties, maximise their independence and ability to remain living at home as lo;ng as possible

- **ICT enabled independent living for the aged**

With the availability of a new wave of ICT applications reesrach is needed to determine how learning can best be supported and provided in an ageing society. ICT Solutions address daily and independent living such as:

- Social communication: easy access to phone and video conversation, notably if enabled by broadband to stay in touch with family and friends, overcoming social isolation (in several countries over half of the 65+ are living alone)
- Daily shopping, travel, social life, public services: easy access over the internet to order goods online e.g. when reduced mobility makes physical shopping more difficult
- Safety (making sure entrance doors and windows are locked/closed when leaving then house or sleeping; checking for water or gas leaks; and turning all but one light off when going to bed, etc.)
- Reminders (memory problems tend to be associated to ageing and thus support may be needed in taking medication and fulfilling household tasks)

- User-friendly interfaces (for all sorts of equipment in the home and outside, taking into account that many elderly people have impairments in vision, hearing, mobility or dexterity)
- Telecare and telemedicine opens up new opportunities for providing medical care to the home and there are many new developments in ICT-based home care, including ways of monitoring wellbeing and providing a secure home environment Personal health systems include wearable and portable systems for monitoring and diagnosis, therapy, repairing/substitution of functionality and supporting treatment plans for individuals with a chronic disease – (e.g. heart disease and diabetes), complemented
  by tele-monitoring and telecare, thus avoiding hospitalisation

- Support for people with cognitive problems and their carers to stay at home for longer
  and remain active for as long as possible, e.g. through cognitive training, reminders, GPS tracking etc.

- Support for more efficient workflows in care, by integrating health and social care through sharing information, monitoring and follow-up to interventions across different organisational and physical boundaries.

- **Adapt health systems to the needs of the aged**
- *More regular follow-up of chronically ill patients and better co-ordination of care.* A growing share of the elderly have chronic conditions – and aged often suffer from multi-morbidity– while medical care systems have become more specialised and fragmented over time.
- *Enhanced preventive health services*: Primary and secondary prevention are of particular importance. Policies in this area include vaccinations, reducing substance abuse and screening for diseases such as glaucoma, cancer, diabetes and hypertension related ailments. Policies can also include efforts to reduce accidents, for example through the promotion of safe homes of the elderly and their environment or programmes against violence and suicide.

  Greater attention to mental health: Mental illness – which can take on a range of forms from depression to dementia and to psychiatric disorders – is common among the elderly and requires institutional care. Policies to address wider determinants of mental health as well (social isolation, poverty and discrimination and housing) may also be required.

- *Encourage better self-care*: Increased health literacy and access to technology such as the Internet may provide at least well-off individuals with the potential for a greater understanding of their condition and how to adapt their lives to deal with it best.

- **providing institutional care to the aged**

  The Kerala government has established Old Age Homes and Day Care Centers for the care, protection and rehabilitation of the aged by providing food, clothing, medical services, shelter, and other services. The present institutions lack facilities for counseling and geriatric care. The physical, emotional and psychological problems faced by the elderly people due to ageing demand that these institutions be revamped. Participation and involvement of NGOs and other welfare organizations can be thought of to ease or share the financial burden of revamping and providing the above facilities in these institutions. Two pronged policy may be adopted.

- **Increase old age homes:** If we assume a constant capacity (in terms of bed)/population ratio, then sanctioned capacity will have to be increased to 1998 in 2026. If we assume that demand for such facilities increases by three percent every five years (based upon rates of decline of co-residential arrangements), then sanctioned capacity will have to be increased to 2058.

- **Improve facilities:** Moreover, it is important to improve the facilities in such Old Age Homes. A triple-layered system may be useful in this context. Less well-off aged population may be catered to by the public sector offering basic facilities like medical care, counseling, exercising facilities, group recreation, etc. Demand from the middle income households may be met by establishing facilities through Public-Private Initiatives (PPI). Well-off aged, who can afford to pay more, can be lodged in Old Age Homes established by the private sector. Such Homes should also have facilities for rehabilitating aged patients with locomotor-related ailments or accident-related facilities.

The existing number of Day Care Homes should also be increased. Such centres may be a useful alternative to the Home Visit System prevalent in developed countries. This will allow working couples to admit their parents in such centers during working hours, reducing chances of falls and accidents. It will also help in the creation of social networks among the elderly that will minimize their sense of isolation and depression.

- **Ensuring economic security to the aged**

To meet the social and demographic challenge of ageing in Kerala comprehensive social security measures are needed to ensure basic entitlements in the form of income security, health and housing for them. Successive governments in Kerala have introduced various social security measures for the aged. Currently there are about 35 such schemes in the state—of which 16 are fully funded by the state. In addition, there are 26 Welfare Fund Boards providing welfare assistance and income security and employment to workers in the unorganised sector. Details available for 26 Welfare Fund Boards show that there are 59.18 lakh members enrolled in these Boards. Out of them, 16.27 lakh are in the agriculture sector and 11.58 lakh are in the construction sector. Female workers out number males in industries like cashew, tailoring, coir, bamboo, beedi industries and anganwadi workers. In the Anganwadi Workers Welfare Fund Board, all the enrolled workers are female. Similarly in tailoring, 85 per cent workers are female. On the other hand, in Boards like Toddy Workers, and Abkari Workers, above 99 per cent of the workers are male. The coverage of these welfare schemes is very high—70 percent of the workers in the sector, and 28 percent of the population aged 15-59 years are covered by them. Reducing cost of delivery of these schemes will be an important challenger in coming years.

While Kerala has made considerable progress in extending social security coverage to the aged through the mechanism of tripartite welfare fund boards, many of the existing schemes require a clear perspective and restructuring to improve their delivery mechanisms to ensure cost effective delivery. A "Frame Legislation" can be enacted to bring in a degree of perspective and order to all social security initiatives. This will enable consolidation of the current set of enactments, executive orders, provide guidelines for working out future schemes and obviate the need for individual legislations, apart from providing a standard set of basic operating policies and procedures.

It is proposed in that context that the 26 sectoral boards may be merged and standardized. The scheme may be extended to groups which are excluded from the programme. The delivery system should be computerized to facilitate efficient disbursement; and chip-based social security cards should be introduced to facilitate universal access and to prevent leakage and malpractices. There is thus a need for better quality delivery of services emerging as a major requisite. It is essential to upgrade institutions as also to make provision for hitherto relatively neglected areas of concern—of which the ageing population is an important group.

1. Financial Security

Sl. No	Objective	Responsibility	Activity
1.	Universal coverage of Old Age Pension Enumeration of eligible persons for pension	LSGD	• Propaganda on eligibility criteria • Calling for application by LSGI • Enquiry by Implementing Officer for assessing eligibility • Gram sabha ↓ • Approval by LSGI
2.	Amount of pension	Social Justice	< 80 yrs- 1000/month >80 yrs – 1500/month
3.	Timely payment of pension	Land Revenue Commissioner	1st working day of every month
4.	Grievance Reddressal Mechanism	Social Justice	District Collector to be notified as Grievance reddressal authority
5.	Gainful employment	Labour & Employment	Employment Exchange for the Older Population
6.	Skill upgradation and Self employment	Kudumbashree/LSGI	SHGs of the elderly Bank loans, subsidy – reverse mortgage 1 year for group formation, grading & find allocation. Monitored by Kudumbashree
7.	50% concession	Social Justice	Separate ID card for the elderly
8.	Tax/water/electricity at concessional rates	All service departments	Fixed units of drinking water /electricity etc on concessional rates for those receiving old age pension
9.	State / district Old Age Council	Social Justice	Functional Council endowed with legal responsibilities/powers, budgetary provision and dedicated full-time personnel on the lines of women's commission which will act as a regulatory mechanism
10.	Developing State depository of data which can be drilled to the LS GI ward level	Social Justice	Reliable data base for planning
11.	Retirement planning	Social Justice	Awareness creation among employees for retirement planning

			sufficiently early.
12	Elderly Component Plan in the State budget	Finance	Capacity development of departments for Geriatric Planning, Budgeting and Auditing

2. INSTITUTIONAL CARE

Sl. No	Objective	Responsibility	Responsibility
1.	To discourage institutionalization/Promote home based care	• Strict admission criteria. • Counseling. • Paid institutionalization for financially stable.	Vayojana Counsel. Trained staff
2.	To improve quality of services	• Trained Superintendent • Staff ratio should be reviewed • Nurse trained in palliative and geriatric care • Staff trained in Yoga, Aerobics • Tenure of three years for care givers • Ensure vehicle with drivers • Adequate (min 2/50 inmates) cleaning staff	SocialJustice Department
3.	Senile friendly infrastructure	• Senile friendly building with ramps, railings, customized toilets etc • Elderly friendly furniture(chairs, tables) • European style toilets • Accessories like walking sticks, wheel chairs • Create separate sick rooms/Special rooms for mentally ill inmates • Provide separate room for couples	Institutional Management Committee/
4.	Healthy living	• Regular health check-up • Facilities for yoga, physical exercise and physiotherapy • Counseling for mental health care • Male and female bystanders in the case of hospitalization	Physician Clinical psychologist Physiotherapist Yoga practioner
5.	Healthy food	• Menu to be decided in consultation with a dietitian and inmates. • Sponsorship-Preference money to food • Serve food in the presence of the sponsor	Dietitian Staff - food in charge Cook
6.	To keep the mind	• Elderly friendly interactive games	Institutional Management

	refreshed	• Daily newspaper reading in groups • Involving the members in planning and implementing monthly cultural programmes of residents • Separate prayer room • Organise periodic outings • Members to maintain kitchen garden • Vocational training for bead necklace making, paper cover making etc according to their interest and capabilities	Committee SocialJustice Department
8.	Ensure Minimum Standards of Care	• Increase the per capita expenditure to from 750/- to Rs. 2000/-	SocialJustice Department
9.	Greater transparency in the management of OAH/Day Care Home	Increase awareness among community regarding services available	SocialJustice Department
10.	Monitor the functioning of institutions	• Independent autonomous bodies for monitoring the functions of OAH & DCC to be established • Capacity building of Management Committee	SocialJustice Department

3.<u>HEALTH SERVICES:</u>

Aims	Activity	By whom
1.To coordinate and monitor all the elderly health care activities in the State	Set up Elderly Health Mission	Health Services

2. To make all government and private health institutions elderly friendly	• Create a cadre of trained health volunteers for the care of the elderly (retired health workers can also be considered)
	  ◦ A help desk for the elderly
	  ◦ All elderly persons visiting health care institutions will be guided by these volunteers so that they can take full advantage of services available to them.
	• Provision of separate queue for elderly at all service points in health institution
	• separate geriatric ward at district hospital level/ bed reservation at all wards for elderly at taluk hospital level
	• Ramps and / or lifts at health institutions
	• Elderly friendly toilets
	• Provision of wheel chair
		Health Services Department

3.Capacity building of human resources in elderly care	Prepare and roll out training module for elderly care
	• Reorientation of primary care physicians in elderly care
	  ◦ To identify and refer major diseases
	  ◦ To treat minor conditions
	  ◦ To identify and refer to day care centres
	• Train health workers in elderly / geriatric care (like NCD training) : can effectively use existing staff
	• Geriatric departments may be
		Health Services/DME

	set up at medical colleges with posting for students(Geriatrics to be included in curriculum)	
4. To ensure adequate nutrition for all elderly	• State sponsored special supplementary nutrition programme at AWCs for poor elderly living alone • Utilize CDS/ADS/ SHGs for delivery of services • Prepare list of those who require door step service • Services delivered through ADS/SHG (via AWC) : hot cooked food as required • Health education about nutritional requirements of elderly through AWCs and ADS/SHG	social justice department /Kudumbashree Volunteers from self help groups
5) To make health services more accessible to elderly	• Mobile comprehensive health care unit for the elderly at block level/ specialty clinics for the elderly at identified CHCs (including specialties like Ophthalmology, Dental, ENT, Gynecology- at least once a week) • Self help groups (ayalkoottom) for elderly • Those with health problems to be identified through SHG/ Ayalkoottom and treatment given through PHCs or health camps special referral slip should be given to these persons if required • Such persons should be given preference at referral centres • Strengthen palliative care services	Health services and LSG CDS Health Volunteers for the elderly at the Institutions
6) Door step care for elderly	• Line list those elderly who require such services • Palliative care services given with the help of palliative care nurses(two per Panchayat)	
7) Elderly health : "Right to health"	• to give cashless service at all govt health institutions for all services for 70+ age group (irrespective of OP/IP and APL/	Health Services

	BPL)	

- **LSGD**

Action point	Responsibility	How
Enumeration of elderly	LSGI	• using census data and voters list for enumeration • Computer data base updation based on age strata Aggregation of data at district & state level
Streamlining Pension disbursement	LSGI	Through bank/ postal office – as per the choice of the pensioner
Formation of senior citizen clubs/ Vayojana sabha	LSGI	At ward level
Awareness creation on existing schemes and rights of the elderly	Local level: senior citizen clubs State level: Social Justice department	Media campaign State level mass media campaign
Funding: 5% exclusively for elderly	LSGD	Policy decision
Help Desk cum Redressal forum	LSGI	Volunteers from senior citizen club on rotation basis
Employment facilities	LSGD	Remedial coaching classes, managing day care centers,
Day care cum vocational centers	LSGD	Rented building accessing funds from Central granting aid, Local funds, Social justice department fund. Activities can be decided in consultation with the senior citizens in the respective locality
Elderly friendly Panchayat Office and other public offices toilets	LSGD	Annual maintenance fund for making ramps, railings

1.CURRICULUM • a)Inclusion in study topics of NCERT, SCERT, DME, other syllabuses • Students and clinicians to be familiar with about social security measures of elderly	**Education department** Education department	Academic sessions, clinical interaction and teaching and case discussion
2.value based education	Education department	Moral science hour can be devoted- short story, poem presentation Free periods-devoted for elderly focused sessions
3.Formation of specialty posting in geriatrics-case studies, clinical interactions to medical and paramedical students **2.Educational Institutions**	DME,	
2.1Elderly day	School ,college authorities	1.A day in a month 2. Interaction with elderly-utilization of their knowledge and experience.
2.2Interaction with elderly-Selected AWCs, schools	LSGI	1.Discussion with older persons 3.Inviting older people to Adolescent clubs, mothers' day meetings
2.3social activity **FAMILY**	Educational institutions	1.Field works 2.Visit to care homes once a month 3.Project preparation
3.1CARE GIVING		
3.1.1 Informal care givers training	Health Dept.	Anganwadi centers :Training by health workers and trained formal care givers specially targeting caregivers of elderly with dementia and elderly who are bedridden
3.1.2 Formal caregivers	DME/ community medicine departments	• Uniform curriculum • Registered agencies • Special training in basic patient care like catheterization ,RT insertion
3.1.3curriculum committee- with members from elderly care	Community Medicine Departments	1.academic orientation classes 2.practical guidance by field

studies		workers 3.list of trained nurses to be published on govt web site 4.piloting of such course and services in a selected Block Panchayats
3.1.4 formation of geriatric volunteer corps	LSGIs	Volunteers for specified population(to help in cooking, bathing ,care of bedridden, physiotherapy etc)
3.2 Psycho-social interventions 3.2.meetings of residential associations	LSGI	Interaction with elderly
3.2.2 Vayojana sabha	LSGI	Visits to bedridden patients, other introvert elderly
3.2.3Active involvement of religious leaders, local union (auto rickshaw drivers union)	LSGI	1.medicine procurement 2.vehicle availability in need 3.we help- to pay bills, tax
3.3 Nutrition	Health Services	1.Create awareness regarding • .Standardize nutrition regimes • Awareness for caregivers • . Nutritious food in DCC
4.Help Line	Social justice department	• .Establish a uniform number nationally • use for complaint registration, • needs of travel • medical emergencies
5. Family support system	LSGIs	1.Upgradation of AWCs with less number of children into – multi service centers, on a pilot basis 2.capacity building of volunteers for elderly care: IECS(Integrated Elderly Care Scheme) 3.Temporary shelter houses to take care of parent/parents for short duration 4.Recreation Facilities
6.Media Plan	Social justice department	1.Media plan for family value oriented programs 2.Talks by elderly
7.Convalescent homes/ respite homes	LSGIs	1.Preferrably near to hospital 2.Family supports are given 3.walking stick….walkers

• Legal protection

What	How	Who
Legal awareness	• Include legal provisions for protection of the elderly in school curriculum • Awareness creation for residents association • For office staffs • To different stakeholders – doctors, care givers	Education department
Police station and complaints	• Ensure fast-track recording of statement. • Provide drinking water. • Ensure free transport service.	Home department
Care services	• Procurement of adequate food • Timely treatment and health care • Provide emotional support and security. • Shelter for destitute elderly	LSGD/Socialjustice department
Para legal counselors at LSGI level	• Helps to quickly address legal issues at the grass route level • Legal coordinators can be social worker or any individual having necessary legal background	LSGD
Laws for Adoption of elderly	• Interested people can provide care and protection to elderly. • criteria should be developed	Social justice
Social rehabilitation services	• Pooling of retd personnel to utilize their services • Make them socially active	LSGIs
Employment policy for elderly	The vast experience of the elderly can be properly utilized	Labor department/ social justice department
Community care homes for elderly	• Rest homes where elderly can spend leisure time and social time with peers.	Social justice /LSGIs

	• Necessary rules should be framed for eligibility criteria for community care homes.	

• Public utility services

Railways : Low floor buses	• separate queue • ramps, railings, luggage trolleys • Elderly friendly stations • Elderly friendly toilets/, European toilets. • To facilitate easy and safe entry. • Elderly friendly toilets in bus stations	Indian Railways PWD KSRTC
Elderly friendly autos	• Provide side handles. • cushioning for bars in auto, • provide half doors by the side of autos, • seat belts.	Motor Vehicles department
Safe roads Public amenities.	• Gutter free roads. • zebra crossings at cross roads. • Elderly friendly toilets • Enforcement of existing laws for seat reservation • Elevators in busy roads • Automated crossing points • Wheel chair facility in stations • Electric cars for travel inside stations. • Online / telephone booking facilities • Separate counters in banks and treasuries	PWD • PWD Department, • Transport department, • Railway department,