

## **National Policy on Older Persons**

### **Demographic Trends**

1. 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 a 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 year 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.
2. 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 reach 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.
3. 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.
4. 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 percentages 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 of leading an 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.
5. 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+.
6. 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**

7. 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.
8. 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.
9. 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 educational qualifications, lead an active life in their 60s and even first half of the 70s, and have a positive frame of mind looking for opportunities for a more active, creative and satisfying life.
10. 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, specially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs.
11. 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**

12. 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.

13. 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 on 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 humane age integrated society.

### **National Policy Statement**

15. 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.
16. 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.
17. The Policy recognizes the need for affirmative action in favour of the 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.

18. 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.
19. 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.
20. 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.
21. 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 especially since they constitute 12 percent of the electorate, a proportion which will rise in the coming years.
22. 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.
23. The Policy emphasises 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.

## **Financial Security**

24. A great anxiety in old age relates to financial insecurity. When the issue is seen in the context of fact that one-third of the population (1993-94) is below the poverty line and about one-third are above it but belong to the lower income group, the financial situation of two-thirds of the population 60+ can be said to fragile. Some level of income security in old age is a goal which will be given very high priority. Policy instruments to cover different income segments will be developed.

25. For elderly persons below the poverty line, old age pensions provide some succour. Coverage under the old age pension scheme for poor persons will be significantly expanded from the January 1997 level of 2.76 million with the ultimate objective of covering all older persons below the poverty line. Simultaneously, it will be necessary to prevent delays and check abuses in the matter of selection and disbursement. Rate of monthly pension will need to be revised at intervals so that inflation does not deflate its real purchasing power. Simultaneously, the public distribution system will reach out to cover all persons 60+ living below the poverty line.
26. Employees of government and quasi government bodies and industrial workers desire better returns from accumulations in provident funds through prudent and safe investment of the funds. Issues involved will be given careful consideration. It will be ensured that settlement of pension, provident fund, gratuity and other retirement benefits is made promptly and superannuated persons are not put to hardship due to administrative lapses. Accountability for delays will be fixed. Redressal mechanisms for superannuated persons will ensure prompt, fair and humane treatment. Widows will be given special consideration in the matter of settlement of benefits accruing to them on the demise of husband.
27. Pension is a much, sought after income security scheme. The base of pension coverage needs to be considerably expanded. It would be necessary to facilitate the establishment of pension schemes both in the private as well as in the public sector for self-employed and salaried persons in non-governmental employment, with provision for employers also to contribute. Paramount considerations in regard to pension schemes are total security, flexibility, liquidity and maximisation of returns. Pension Funds will function under the watchful eye of a strong regulatory authority which lays down the investment norms and provide strong safeguards.
28. Taxation policies will reflect sensitivity to the financial problems of older persons which accelerate due to very high costs of medical and nursing care, transportations and support services needed at home. Organisations of senior citizens have been demanding a much higher standard deduction for them and a standard annual rebate for medical treatment, whether domiciliary or hospital based, in cases where superannuated persons do not get medical coverage from their erstwhile employers. There are also demands that some tax relief must be given to son or daughter when old parents co-reside and also allow some tax rebate for medical expenses. These and other proposals of tax relief will be considered.
29. Long term savings instruments 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 due to erosion. Earners will be motivated to save in their active working years for financial security in old age.
30. Pre-retirement counselling programmes will be promoted and assisted.
31. Employment in income generating activities after superannuation should be the choice of the individual. Organisations which provide career guidance, training and orientation, and support services will be assisted. Programmes of non-governmental organizations for generating incomes of old persons will be encouraged. Age related discrimination in the matter of entitlement to credit, marketing and other facilities will be removed. Structural adjustment policies may

affect the older workers in some sectors more adversely, specially those in household or small scale industry. Measures will be taken to protect their interests.

32. The right of parents without any means to be supported by their children having sufficient means has been recognised by Section 125 of the Criminal Procedure Code. The Hindu Adoptions and Maintenance Act, 1956, too secures this right to parents. To simplify the procedure, provide speedy relief, lay down the machinery for processing cases, and define the rights and circumstances in a comprehensive manner, the Himachal Pradesh Legislative Assembly passed the Himachal Pradesh Maintenance of Parents and Dependents Bill, 1996. The Government of Maharashtra has prepared a Bill on similar lines. Other States will be encouraged to pass similar legislation so that old parents unable to maintain themselves do not face abandonment and acute neglect.

## **Health Care and Nutrition**

33. With advancing age, old persons 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, specially when accompanied by impaired functional capacity, require long term management of illness at time, and of nursing care.
34. Health care needs of older persons will be given high priority. The goal should be good affordable health services, very heavily subsidised for the poor and a graded system of user charges for others. It will be necessary to 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 require greater State participation, the second category will need to be promoted by the State, the third category given some assistance, concessions and relief, and the fourth encouraged by subjected to some degree of regulation, preferably by an association of providers of private care.
35. The primary health care system will be the basic structure of public health care. It will be strengthened and oriented to be able to meet the health care needs of older persons as well public health services, preventive, curative, restorative and rehabilitative, will be considerably 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.
36. The development of health insurance will be given high priority to cater to the needs of different income segments of the population and have provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Various reliefs and concessions will be given to health insurance to enlarge the base of coverage and make them affordable.
37. Trusts, charitable societies and voluntary agencies will be promoted, encouraged and assisted by way of grants, tax relief and land at subsidized rates to provide free beds, medicines and treatment to the very poor elder citizens and reasonable user charges for the rest of the population.
38. Private medical care has expanded in recent years offering the latest medical treatment facilities to those who can afford it. Where land and other facilities are

provided at less than market rates, bodies representing private hospitals and nursing homes will be requested to direct their members to offer a discount to older patients. Private general practitioners will be extended opportunities for orientation in geriatric care.

39. Public hospitals will be directed to ensure that elderly patients are not subjected to long waits and visits to different counters for medical tests and treatment. They will endeavour to provide separate counters and convenient timings on specified days.      Geriatric                  wards                  will                  be                  set                  up.
40. Medical and para-medical personnel in primary, secondary and tertiary health care facilities will be given training and orientation in health care of the elderly. Facilities for specialization in geriatric medicine will be provided in the medical colleges. Training in nursing care will include geriatric care. Problems of accessibility and use of health services by the elderly arise due to distance, absence of escort and transportation. Difficulties in reaching a public health care facility will be addressed through mobile health services, special camps and ambulance services by charitable institutions and not for profit health care organizations. Hospitals will be encouraged to have a separate Welfare Fund which will receive donations and grants for providing free treatment and medicines to poor elderly patients.
41. For the old who are chronically ill and are deprived of family support, hospices supported or assisted by the State, public charity, and voluntary organizations will be necessary. These are also needed to cater to cases of abandonment of chronically ill aged patients admitted to public hospitals.
42. Assistance will be given to geriatric care societies for the production and distribution of instruction material on self care by older persons. Preparation and distribution of easy to follow guidance material on health and nursing care of older persons for the use of family care givers will also be supported.
43. Older persons and their families will be given access to educational material on nutritional needs in old age. Information will be made available on the foods to avoid and the right foods to eat. Diet recipes suiting tastes of different regions which are nutritious, tasty, fit into the dietary pattern of the family and the community, are affordable and can be prepared from locally available vegetables, cereals                  and                  fruits,                  will                  be                  disseminated.
44. The concept of health ageing will be promoted. It is necessary to educate older persons and their families that diseases are not a corollary of advancing age nor is a particular chronological age the starting point for decline in health status. On the contrary, preventive health care and early diagnosis can keep a person in reasonably good health                  and                  prevent                  disability.
45. Health education programmes will be strengthened by making use of mass media, folk media and other communication channels which reach out to different segments of the population. The capacity to cope with illness and manage domiciliary care will be strengthened. Programmes will also be developed targeting the younger and middle age groups to inform them how life styles during early years affect health status in later years. Messages on how to stay healthy for the entire life span will be given. The importance of balanced diets, physical exercise, regular habits, reduction of stress, regular medical check up, allocation of time for leisure and recreation, and pursuit of hobbies will be conveyed.

Programmes on yoga, meditation and methods of relaxation will be developed and transmitted through different channels of communication to reach diverse audiences.

46. Mental health services will be expanded and strengthened. Families will be provided counselling facilities and information on the care and treatment of older persons having mental health problems.
47. Non-governmental organizations will be encouraged and assisted through grants, training and orientation of their personnel and various concessions and relief to provide ambulatory services, day care and health care to complement the efforts of the State.

### **Shelter**

48. Shelter is a basic human need. The stock of housing for different income segments will be increased. Housing schemes for urban and rural lower income segments will earmark 10 per cent of the houses/house sites for allotment to older persons. This will include Indira Awas Yojana and other schemes of government. Earning persons will be motivated to invest in their housing in their earning days so that they have no problems of shelter when they grow old. This will require speedy urban land development for housing, time bound provision of civic services and communication links, availability of loans at reasonable rates, easy repayment installments, time bound construction schedules and tax reliefs. Development of housing has to be a joint endeavour of public and private sectors and require participation of Housing Development Boards, civic authorities, housing finance institutions and private developers and builders. Older persons will be given easy access to loans for purchase of housing and for major repairs, with easy repayment schedules.
49. Layouts of housing colonies will have to respond to the life styles of the elderly. It will have to be ensured that there are no physical barriers to mobility, and accessibility to shopping complexes, community centres, parks and other services is safe and easy. A multi-purpose centre for older persons is a necessity for social interaction and to meet other needs. It will therefore, be necessary to earmark sites for such centres in all housing colonies. Segregation of older persons in housing colonies has to be avoided as it prevents interaction with the rest of the community. Three or four storied houses without lifts are unfriendly to older persons, tend to isolate them, restraints their movement outside the home, and are a serious barrier to access to services. Preferences will be given to older persons in the allotment of flats on the ground floor.
50. Group housing of older persons comprising flatlets with common service facilities for meals, laundry, common room and rest rooms will be encouraged. These would have easy access to community services, medicare, parks, recreation and cultural centres.
51. Education, training and orientation of town planners, architects and housing administrators will include modules on needs of older persons for safe and comfortable living.
52. Older persons and their families will be provided access to information on prevention of accidents and on measures which enhance safety, taking cognizance of reduced physical capacity and infirmities.

53. Noise and other forms of pollution affect children, the sick and older persons more adversely. Norms will be laid down and strictly enforced.
54. Civic authorities and bodies providing public utilities will be required to give top priority to attending complaints of older persons. Payment of civic dues will be facilitated. Older persons will be given special consideration in promptly dealing with matters relating to transfer of property, mutation, property tax and other matters. Harassment and abuses in such cases will be checked.

## **Education**

55. Education, training and information needs of older persons will be met. These have received virtually no attention in the past. Information and educational material specially relevant to the lives of older people will be developed and widely disseminated using mass media and non-formal communication channels.
56. Discriminations, if any, against older persons for availing opportunities for education, training and orientation will be removed. Continuing education programmes will be encouraged and supported. These would cover a wide spectrum ranging from career development to creative use of leisure, appreciation of art, culture and social heritage and imparting skills in community work and welfare activities. Assistance of open universities will be sought to develop packages using distance learning techniques. Access of older persons to libraries of universities, research institutions and cultural centres will be facilitated.
57. Educational curriculum at all stages of formal education as also non-formal education programmes will incorporate material to strengthen intergenerational bonds and mutually supporting relationships. Interactions with educational institutions will be facilitated whereby older persons with professional qualifications and knowledge in science, arts, environment, socio-cultural heritage, sports and other areas could interact with children and young persons. Schools will be encouraged and assisted to develop out-reach programmes for interacting with older persons on a regular basis, participate in the running of senior citizens centres and develop activities in them.
58. Individuals of all ages, families and communities will be provided with information about the ageing process and the changing roles, responsibilities and relationships at different stages of the life cycle. The contributions of older persons inside the household and outside will be highlighted through the media and other forums and negative images, myths and stereotypes dispelled.

## **Welfare**

59. The main thrust of welfare will be to identify the more vulnerable among the older persons such as the poor, the disabled, the infirm, the chronically sick and those without family support, and provide welfare services to them on a priority basis. The policy will be to consider institutional care as the last resort when personal circumstances are such that stay in old age homes becomes absolutely necessary.

60. Non-institutional services by voluntary organizations will be promoted and assisted to strengthen the coping capacity of older persons and their families. This has become necessary since families, as they become smaller and women work outside the home, have to cope with scarcity of full time care givers. Support services will provide some relief through sharing of the family's caring responsibilities.
61. Assistance will be provided to voluntary organizations by way of grants-in-aid for construction and maintenance of old age homes. Those for the poor will be heavily subsidized. It is important that such institutions become lively places of stay and provide opportunities to residents to interact with the outside world. Non-governmental organizations will be encouraged to seek professional expertise in the designing of old age homes, keeping in view needs of group living at this stage of the life cycle and the class of clients they serve. Minimum standards of services in such homes will be developed and facilities provided for training and orientation of persons employed in these homes.
62. Voluntary organizations will be encouraged and assisted to organize services such as day care, multi-service citizen's centres, reach-out services, supply of disability related aids and appliances, assistance to old persons to learn to use them, short term stay services and friendly home visits by social workers. For old couples or persons living on their own, helpline, telephone assurance services, help in maintaining contacts with friends, relatives and neighbours and escorting older persons to hospitals, shopping complexes and other places will be promoted for which assistance will be given to voluntary organizations. Older persons will be encouraged to form informal groups of their own in the neighbourhood which satisfy the needs for social interaction, recreation and other activities. For a group of neighbourhoods/villages, the formation of senior citizen's forums will be encouraged.
63. A Welfare Fund for older persons will be set up. It will obtain funding support from government, corporate sector, trusts, charities, individual donors and others. Contributions to the Fund will be given tax relief. States will be expected to establish similar Funds.
64. The need for plurality of arrangements for welfare services is recognised. Government, voluntary organizations and private sector agencies all have a place, the latter catering to those who have the means and desire better standards of care.

### **Protection of Life and Property**

65. Old persons have become soft targets for criminal elements. They also become victims of fraudulent dealings and of physical and emotional abuse within the household by family members to force them to part with their ownership rights. Widow's rights of inheritance, occupancy and disposal are at times violated by their own children and relatives. It is important that protection is available to older persons. The introduction of special provisions in IPC to protect older persons from domestic violence will be considered and machinery provided to attend all such cases promptly. Tenancy legislation will be reviewed so that the rights of occupancy of older persons are restored speedily.

66. Voluntary organizations and associations of older persons will be assisted to provide protective services and help to senior citizens through helpline services, legal aid and other measures.

67. Police will be directed to keep a friendly vigil on older couples or old single persons living alone and promote mechanisms of interaction with neighbourhood associations. Information and advice will be made available to older persons on the importance of keeping contacts on phone with relatives, friends and neighbours and on precautions to be taken on matters such as prevention of unauthorized entry, hiring of domestic help, visits of repair and maintenance persons, vendors and others, and the handling of cash and valuables.

### **Other Areas of Action**

68. There are various other areas which would need affirmative action of the State to ensure that policies and programmes reflect sensitivity to older persons. Among these are issue of identity cards by the administration; fare concessions in all modes of travel; preference in reservation of seats and earmarking of seats in local public transport; modifications in designs of public transport vehicles for easy entry and exit; strict enforcement of traffic discipline at zebra crossings to facilitate older persons to cross streets; priority in gas and telephone connections and in fault repairs; removal of physical barriers to facilitate easy movement, concessions in entrance fees in leisure and entertainment facilities: art and cultural centres and places of tourist interest.

69. Speedy disposal of complaints of older persons relating to fraudulent dealings, cheating and other matters will go a long way in providing relief to them. Machinery for achieving this objective will be put in place.

70. Issues pertaining to older persons will be highlighted every year on the National Older Person's Day. The year 2000 will be declared as the National Year for Older Persons. Activities during the year will be planned and executed with the participation of different organizations.

71. Facilities, concessions and reliefs given to older persons by the Central and State governments and the agencies will be complied, updated at regular intervals and made available to associations of older persons for wide dissemination.

### **Non-Governmental Organisations**

72. The State alone cannot provide all the services needed by older persons. Private sector agencies cater to a rather small paying segment of the population. The National Policy recognizes the NGO sector as a very important institutional mechanism to provide user friendly affordable services to complement the endeavours of the State in this direction.

73. Voluntary effort will be promoted and supported in a big way and efforts made to remedy the current uneven spread both within a state and between states. There will be continuous dialogue and communication with NGOs on ageing issues and on services to be provided. Networking, exchange of information and interactions among NGOs will be facilitated. Opportunities will be provided for orientation and training of manpower. Transparency, accountability, simplification of procedures

and timely release of grants to voluntary organizations will ensure better services. The grant-in-aid policy will provide incentives to encourage organization to raise their own resources and not become dependent only on government funding for providing services on a sustainable basis.

74. Trusts, charities, religious and other endowments will be encouraged to expand their areas of concern to provide services to the elderly by involving them on ageing issues.
75. Older persons will be encouraged to organize themselves to provide services to fellow senior citizens thereby making use of their professional knowledge, expertise and contacts. Initiatives taken by them in advocacy, mobilization of public opinion, raising of resources and community work will be supported.
76. Support will be provided for setting up volunteer programmes which will mobilize the participation of older persons and others in community affairs, interact with the elders and help them with their problems. Volunteers will be provided opportunities for training and orientation on handling problems of the elderly and kept abreast of developments in the field to promote active ageing. Volunteers will be encouraged to assist the home bound elderly, particularly frail and elderly women and help them to overcome loneliness.
77. Trade unions, employers organizations and professional bodies will be approached to organize sensitivity programmes for their members on ageing issues, and promote and organize services for superannuated workers.

### **Realising the Potential**

78. The National Policy recognizes that 60+ phase of life is a huge untapped resource. Facilities will be made available so that this potential is realized and individuals are enabled to make the appropriate choices.
79. Older persons, particularly women, perform useful but unsung roles in the household. Efforts will be made to make family members appreciate and respect the contribution of older persons in the running of the household specially when women, too, are working outside the home. Special programmes will be designed and disseminated through the media targeted at older persons so that they can enrich and update their knowledge, integrate tradition with contemporary needs and transmit more effectively socio-cultural heritage to the grandchildren.

### **Family**

80. Family is the most cherished social institution in India and the most vital non-formal social security for the old. Most older persons stay with one or more of their children, particularly when independent living is no longer feasible. It is for them the most preferred living arrangement and also the most emotionally satisfying. It is important that the familial support system continues to be functional and the ability of the family to discharge its caring responsibilities is strengthened through support services.

81. Programmes will be developed to promote family values, sensitise the young on the necessity and desirability of inter-generational bonding and continuity and the desirability of meeting filial obligations. Values of caring and sharing need to be reinforced. Society will need to be sensitized to accept the role of married daughters in sharing the responsibility of supporting older parents in the light of changing context where parents have only one or two children, in some situations only daughter. This would require some adjustment and changes in perceptions of in-laws in regard to sharing of caring responsibilities by sons and daughters as a corollary to equal rights of inheritance and the greater emotional attachment that daughters have with their parents.
82. State policies will encourage children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses and giving preference in the allotment of houses, persons will be encouraged to go in for long term savings instruments and health insurance during their earning days so that financial load on families can be eased. NGOs will be encouraged and assisted to provide services which reach out to older persons in the home or in the community. Short term stay-in facilities for older persons will be supported so that families can get some relief when they go out. Counselling services will be strengthened to resolve inter-familial stresses.

### **Research**

83. The importance of a good data base on older persons is recognised. Research activity on ageing will require to be strengthened. Universities, medical colleges and research institutions will be assisted to set up centres for gerontological studies and geriatrics. Corporate bodies, Banks, Trusts and Endowments will be requested to institute Chairs in Universities and medical colleges in gerontology and geriatrics. Funding support will be provided to academic bodies for research projects on ageing. Superannuated scientists will be assisted so that their professional knowledge can be utilized.
84. An interdisciplinary coordinating body on research will be set up. Data collecting agencies will be requested to have a separate age category 60 years and above. Professional associations of gerontologists will be assisted to strengthen research activity, disseminate research findings and provide a platform for dialogue, discussion, debate and exchange of information.
85. The necessity of a national institute of research, training and documentation is recognised. Assistance will be given for setting up resource centres in different parts of the country.

### **Training of Manpower**

86. The policy recognizes the importance of trained manpower. Medical colleges will be assisted to offer specialization in geriatrics. Training institutions for nurses and for the paramedical personnel need to introduce specific courses on geriatric care in their educational and training curriculum. Inservice training centres will be strengthened to take up orientation courses on geriatric care. Assistance will be provided for development of curriculum and course material. Schools of Social Work and University Departments need to give more attention in their organization

of services for them. Facilities will be provided and assistance given for training and orientation of personnel of non-governmental organizations providing services to older persons. Exchange of training personnel will be facilitated.

87. Assistance will be given for development and organization of sensitization programmes on ageing for legislative, judicial and executive wings at different levels.

### **Media**

88. The National Policy recognizes that media have a very important role to play in highlighting the changing situation of older persons and in identifying emerging issues and areas of action. Creative use of media can promote the concept of active ageing and help dispel stereotypes and negative images about this stage of the life cycle. Media can also help to strengthen inter-generation bonds and provide individuals, families and groups with information and educational material which will give better understanding of the ageing process and of ways to handle problems as they arise.

89. The Policy aims to involve mass media as well as informal and traditional communication channels on ageing issues. It will be necessary to provide opportunities to media personnel to have access to information apart from their own independent sources of information and reporting of field situations. Their participation in orientation programmes on ageing will be facilitated. Opportunities will be extended for greater interaction between media personnel and persons active in the field of ageing.

### **III - Implementation**

90. The National Policy on Older Persons will be very widely disseminated for which an action plan will be prepared so that its features remain in constant public focus.

91. The Policy will make a change in the lives of senior citizens only if it is implemented. While the government and its principal organs have some basic responsibilities in the matter, other institutions as well as individuals will need to consider how they can play their respective roles for the well-being of older persons. Collaborative action will go a long way in achieving a more humane society which gives older persons their legitimate place. Apex level organisations of older persons have special responsibilities in this regard so that they can function as a watchdog, energise continuing action, mobilize public opinion and generate pressure for implementation of the Policy.

92. The Ministry of Social Justice and Empowerment will be the nodal Ministry to coordinate all matters relating to the implementation of the Policy. A separate bureau of older persons will be set up. An Inter-Ministerial Committee will coordinate matters relating to implementation of the National Policy and monitor its progress. States will be encouraged to set up separate Directorates of Older Persons and set up machinery for coordination and monitoring.

93. Five year and Annual Action Plans will be prepared by each Ministry to implement aspects which concern them. These will indicate steps to be taken to ensure flow of benefits to older persons from general programmes and from schemes

specially formulated for their well-being. Targets will be set within the framework of a time schedule. Responsibility for implementation of action points will be specified. The Planning Commission and the Finance Ministry will facilitate budgetary provisions required for implementation. The Annual Report of each Ministry will indicate progress achieved during the year.

94. Every three years a detailed review will be prepared by the nodal Ministry on the implementation of the National Policy. There will be non-official participation in the preparation of the document. The review will be a public document. It will be discussed in a National Convention. State Governments and Union Territory Administrations will be urged to take similar action.
95. An autonomous National Council for Older Persons headed by the Minister for Social Justice and Empowerment will be set up to promote and co-ordinate the concerns of older persons. The Council will include representatives of relevant Central Ministries and the Planning Commission. Five States will be represented on the Council by rotation. Adequate representation will be given to non-official members representing Non-Government Organisations, Academic Bodies, Media and Experts on Ageing issues from different fields.
96. An autonomous registered National Association of Older Persons (NAOPS) will be established to mobilize senior citizens, articulate their interests, promote and undertake programmes and activities for their well being and to advise the Government on all matters relating to the Older Persons. The Association will have National, State and District level offices and will choose its own bearers. The Government will provide financial support to establish the National and State level offices while the District level offices will be established by the Association from its own resources which may be raised through Membership, subscriptions, donations and other admissible means. The Government will also provide financial assistance to the National and State level offices to cover both recurring as well as non-recurring administrative costs for a period of 15 years and thereafter the Association is to be expected to be financially self-sufficient.
97. Panchayati Raj institutions will be encouraged to participate in the implementation of the National Policy, address local level issues and needs of the ageing and implement programmes for them. They will provide Forums for discussing concerns of older persons and activities that need to be taken. Such forums will be encouraged at Panchayat, block and district level. They will have adequate representation of older women. Panchayats will mobilize the talents and skills of older persons and draw up plans for utilizing these at the local level. Amongst others, the help of the Social Justice Committees of the village panchayats will be taken to advocate different measures for giving effect to the Policy.
98. In order to ensure effective implementation of the policy at different levels, from time to time the help of experts of public administrations shall be taken to prepare the details of the organizational set up for the implementation, coordination and monitoring of the Policy.