

Policy for the Aged:

Opportunities and Challenges

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1. Introduction

Caring for the aged or elderly or senior citizens is the fulfilment of needs and requirements that are unique to senior citizens¹. Caring for the aged encompasses such services as assisted living, old age homes, adult day care, long term care, nursing homes (often referred to as residential care), and home care. Because of such wide variety of elderly care services found nationally, which is often influenced by different cultural perspectives on elderly citizens, care for the aged cannot be limited to any one practice. For example, many countries in Asia, including India, use government-established elderly care quite infrequently, preferring the traditional methods of being cared for by younger generations of family members. Elderly care emphasizes the social and personal requirements of senior citizens who not only need financial assistance but also need some assistance with daily activities and health care, but who desire to age with dignity. It is an important distinction, in that the design of housing, services, activities, employee training and such should be truly customer-centered.

1.1 Demographic Trends

Increasing proportion of ageing population, a global phenomenon, has hit Indian shores as well. People are living longer. According to 1999 National Policy for Older Persons, 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.

Improved life expectancy in India has contributed to an increase in the number of persons who are 60+ years from only 12 million in 1901 to 20 million in 1951 and 57 million in 1991. According to the May 2006 Report of the Technical Group on Population Projections constituted by the National Commission on Population, the proportion of the older people (60 years and above) are set to more than double from 71 million in 2001 to 173 million in 2026 - an increase in their share to the total population from 6.9 to 12.4 percent (see Table 1 and Figures 1 & 2). According to National Policy on Senior Citizens 2011, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700% - the fastest growing group in the years 2000-2050 (Figure 1). As can be seen from Figure 1, the growth rates of all the age groups are either stagnant or decreasing, while the growth rate of those over 60

¹ A senior citizen is one who is older than 60 years.

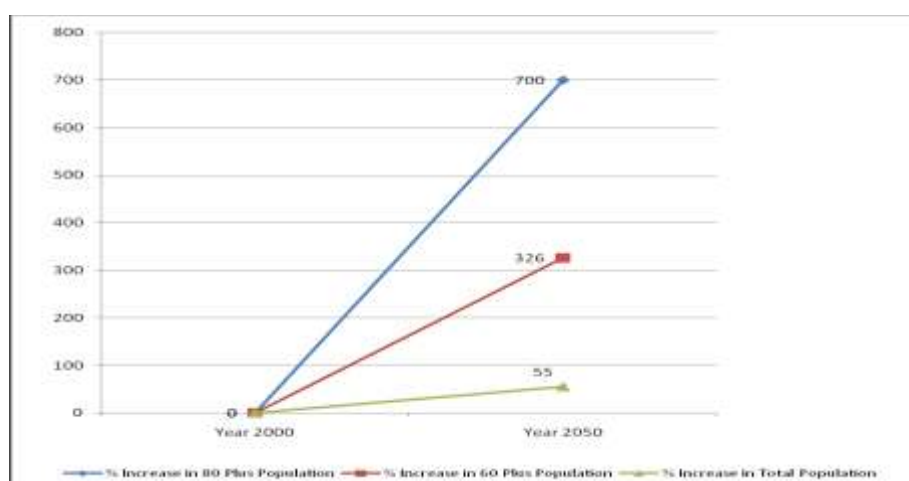
years is increasing. Growth rates are similar for both male and female groups. The 60 plus age group's proportion will reach 10% of the total population by 2021.

Table 1: Growth in ageing population (in Millions)

Year	Male	Female	Total	Growth Rate (rounded)
2001	34.94	35.75	70.69	
2006	40.75	42.83	83.58	15 %
2011	48.14	50.33	98.47	18%
2016	58.11	59.99	118.10	20%
2021	70.60	72.65	143.24	21%
2026	84.62	88.56	173.18	21%

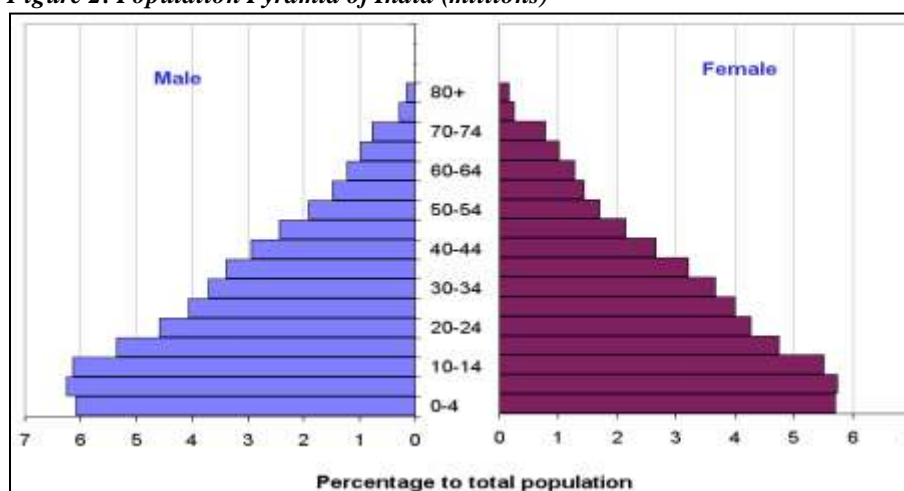
Source: Ministry of Social Justice and Empowerment

Figure 1: Percentage of India's Population by Age Groups – 2000 To 2050



Source: National Policy on Senior Citizens 2011

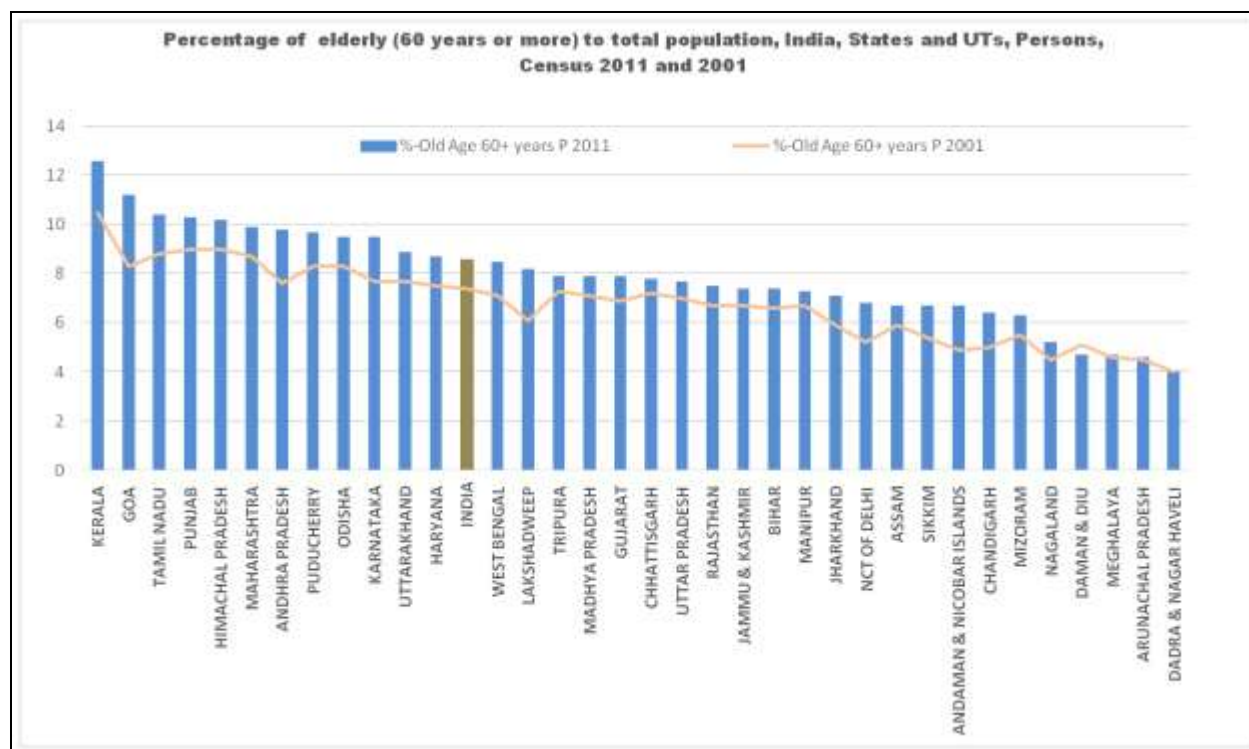
Figure 2: Population Pyramid of India (millions)



Source: Report of the technical group on population projections constituted by the National Commission on Population, May 2006

As expected, the proportion of older people is much higher in more developed States compared to less developed States (see Figure 3). Kerala leads the States with over 12% of older people closely followed by Goa and Tamilnadu. North-Eastern States and A&N Islands have much lower proportion of older people.

Figure 3: Growth in elderly population from census 2001 to 2011 (%)



Source: Census of India 2011

Note: In Census 2011, 8.6 % of persons are in age group 60+ years compared to 7.4 % in Census 2001

Growth rate on a large demographic base implies a much larger increase in numbers. This will be the case in the coming years. 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+ years 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 percentages in these age groups will be almost the same, but the numbers are expected to be 69 million and 11 million respectively. With continuous improvements in nutritional levels and health care facilities, the older persons could be still active and hence constitute a very highly valuable human resource. According to the 2011 National Policy Senior Citizens, many of the older persons in the age group of 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 while 70-79 years persons can also be expected to be fit for a reasonably active life. This is indicative of the huge reserve of human resource.

As can be seen from Figure 3, men slightly 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+. However, incidence of widowhood is much higher among 60+ females 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 of 60+ years compared to 4.5 million widowed males in the same age group. In other words, there were four times as many widowed females as widowed males.

1.2 Implications of Growth of Ageing Population

The 1999 National Policy for the Elderly, revised in 2011, has provided some very critical insights and implications of the ageing population. The demographic ageing of population has implications at the macro (national) level, as well as at micro (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 senior citizens 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.

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. This situation is more serious in rural areas where the

children migrate to cities and towns in search of jobs and livelihoods leaving old parents behind in the village.

Industrialization, urbanization, education and exposure to life styles in developed countries are bringing changes in values and life styles. Increasing cost 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 and high rents for dwellings in urban areas, 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 especially 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.

2. Constitutional Provisions and Government of India Policies & Programmes

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 Governments 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 issues of senior citizens have been deliberated. It is desired that a clear articulation of the principles underlying the policy for senior citizens, the directions, the needs that will be addressed and the relative roles of governmental and non-governmental institutions for their areas of operation and action in the direction of a humane age-integrated society.

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. Schedule VII, list III, entry 24 stresses on the welfare of labour, including condition of work,

provident fund, livelihood for workmen compensation, invalidity and old age pension and maternity benefits. Other provisions are mentioned in the state and concurrent list relating to social insurance, pension, social and economic planning and social security. 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.

Besides these constitutional provisions, there are some other legal provisions pertaining to senior citizens. These are given below.²

- Part IX – Personal Law (Hindu) (Chapter III – Maintenance)
 - Section 20(1):-----a Hindu is bound during his or her life-time, to maintain his or her legitimate/illegitimate children and his or her aged or infirm parents.
 - Section 20(3):- The obligation of a person to maintain his or her aged infirm parent or a daughter who is unmarried extends in so far as the parent or the unmarried daughter, as the case may be, is unable to maintain himself or herself out of his or her own earnings or others property.
- Code of Criminal Procedure, Chapter IX Order for maintenance of wives, children and parents
 - Section 125(1) (d): If any person having sufficient means neglects or refuses to maintain his father or mother, unable to maintain himself or herself, a Magistrate of the first class may, upon proof of such neglect or refusal, order such person to make a monthly allowance for the maintenance of his wife or such child, father or mother, at such monthly rate not exceeding five hundred rupees in the whole, as such Magistrate thinks fit, and to pay the same to such person as the Magistrate may from time to time direct.
 - Section 125(3): If any person so ordered fails without sufficient cause to comply with the order, any such Magistrate may, for every breach of the order, issue a warrant for levying the amount due in the manner provided for levying fines, and may sentence such person, for the whole or any part of each month's allowance remaining unpaid after the execution of the warrant, to imprisonment for a term which may extend to one month or until payment if sooner made:.....

Based on these constitutional and legal provisions, Government of India has formulated various policies and implemented various programmes and activities for the elderly. Salient features of the National Policy for the Elderly Persons 1999 are described below.

²<http://www.silverinnings.in/docs/Finance/Discounts%20n%20concessions/CONCESSIONS%20AND%20FACILITIES%20GIVEN%20TO%20SENIOR%20CITIZENS%20BY%20DIFFERENT%20MINISTRIES.pdf>

3. National Policy Statement-1999 & 2011 for the Aged

National policy recognises the rich experience 60+ year olds and hence rightly considers them as important human resource; assures dignified life in their last phase; assures physical & financial security, health care, shelter; and acknowledges the need for affirmative action by the government, especially for the elder women, and rural poor. Some salient provisions present in both 1999 and 2011 policies are as follows.

- Assures older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized; aims to strengthen their legitimate place in society to live the last phase of their life with purpose, dignity and peace.
- Promote the concept of "Ageing in Place" or ageing in own home
- Provide 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. Institutional care will be the last resort.
- 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.
- Visualizes extending 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 to provide services so that they can improve the quality of their lives.
- Recognizes the need for affirmative action in favour of elderly. 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.
- Views the life cycle as a continuum; considers 60+ as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life.
- The Policy values an age-integrated society; endeavours to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and the old.
- Recognizes that older persons, too, are a resource and hence employment in income generating activities after superannuation will be encouraged.
- To promote long term savings instruments and credit activities to reach both rural and urban areas, assuring savings attractive enough to take care of the likely erosion in purchasing power.

- Recognizes that larger budgetary allocations from the State will be needed and the rural and urban poor will be given special attention. However, individuals, families, communities and institutions of civil society have to join hands as partners.
- To advise States 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.
- 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.

3.1 Principal Areas of Intervention and Action Strategies

Strategies to implement the national policy intent are described below.

i) Financial Security

- Old age pension scheme
 - It would cover all senior 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.
- Public distribution system (PDS)
 - The PDS would reach out to cover all senior citizens living below 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.
- Settlement of Retirement Benefits

- Prompt settlement of all retirement benefits like pension, gratuity PF, etc. Widows will be given special consideration in the matter of settlement of benefits accruing to them on the demise of husband.
- Pension Schemes
 - To facilitate the establishment of pension schemes in nongovernmental employment, with provision for employers also to contribute. Pension Funds will function under the watchful eye of a strong regulatory authority
 - To consider much higher annual rebate for medical treatment, whether domiciliary or hospital based, in cases where superannuated persons do not get medical coverage from their erstwhile employers.

ii) Health Care and Nutrition

The 2011 national health policy recognizes that 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.

- Health care needs of older persons will be given high priority to ensure good affordable health services which will be very heavily subsidised for the poor and a graded system of user charges for others.
- The primary health care system will be the basic structure of public health care. It will be strengthened by larger budgetary support to provide geriatric care facilities and curative, restorative and rehabilitative services at secondary and tertiary levels.
- Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages
- Private organizations and not for profit organizations will be encouraged to provide health services, and health insurance services for the aged by offering grants, tax relief and land at subsidized rates to provide free beds, medicines and treatment to the very poor
- 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. Geriatric wards will be set up.
- Medical and paramedical 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.

- 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.
- Older persons and their families will be given access to educational material on nutritional needs in old age.
- 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.

iii) Shelter / Housing

- 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.
- 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.
- Group housing of older persons comprising flat lets with common service facilities for meals, laundry, cultural activities, common room and rest rooms will be encouraged.
- 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.

iv) Education

- 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.
- Access of older persons to libraries of universities, research institutions and cultural centres will be facilitated.
- Educational curriculum at all stages of formal education as well as non-formal education programmes will incorporate material to strengthen intergenerational bonds and mutually supporting relationships.
- Interactions of older persons with educational institutions will be facilitated

v) Welfare

- 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.

- 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.
- Services by voluntary organizations will be promoted and assisted to strengthen the coping capacity of older persons and their families.
- Assistance will be provided to voluntary organizations by way of grants-in-aid for construction and maintenance of old age homes' day care, multiservice citizen's centres, reach-out services, and supply of disability related aids and appliances
- Voluntary organizations will be supported to provide helpline and telephone assurance services to help in maintaining contacts with friends, relatives and neighbours and escorting older persons to hospitals, shopping complexes and other places
- Senior citizen's forums and centres formed for a group of neighbourhoods / villages.
- 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.

vi) Protection of Life and Property

Safety and security is given much less importance in 2011 national policy with just three items. The 1999 policy was more elaborate and hence it is reviewed here.

- 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.
 - 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.
 - Police will be directed to keep a friendly vigil on older couples or old single persons living alone

vii) Other Areas of Action

There are various other areas which would need affirmative action of the State to ensure that policies and programmes reflect sensitivity to older persons. Machinery for achieving this objective will be put in place.

- 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;
- Priority in gas and telephone connections and in fault repairs;
- Concessions in entrance fees in leisure and entertainment facilities, art and cultural centres and places of tourist interest.
- Speedy disposal of complaints of older persons relating to fraudulent dealings, cheating and other matters
- The year 2000 will be declared as the National Year for Older Persons.
- Facilities, concessions and relief given to older persons by the Central and State governments and the agencies will be compiled, updated at regular intervals and made available to associations of older persons for wide dissemination.

viii) Non-Governmental Organizations

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 complement the endeavours of the State in providing services to the aged.

- Trusts, charities, religious and other endowments will be encouraged to and supported in a big way
- Networking, exchange of information and interactions among NGOs will be facilitated. Opportunities will be provided for orientation and training of
- The grant-in-aid policy will provide incentives to encourage NGOs to raise their own resources and not become dependent only on government funding for providing services on a sustainable basis.

ix) Realizing the Potential

- 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.

x) Family

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. It is the most preferred most emotionally satisfying living arrangement for them. 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.

- Programmes will be developed to promote family values, sensitise the young on the necessity and desirability of intergenerational bonding and continuity and the desirability of meeting filial obligations.
- 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,

xi) Research

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
- 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.
- An interdisciplinary coordinating body on research will be set up.
- 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.
- The necessity of a national institute of research, training and documentation is recognised. Assistance will be given for setting up resource centres in different part of the country.

xii) Training of Manpower

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.
- In service training centres will be strengthened to take up orientation courses on geriatric care.
- Facilities will be provided and assistance given for training and orientation of personnel of NGOs providing services to older persons.

xiii) Media

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

- The Policy aims to involve mass media as well as informal and traditional communication channels on ageing issues.
- Opportunities will be extended for greater interaction between media personnel and persons active in the field of ageing.

3.2 Implementation Mechanisms

The Policy will make a change in the lives of senior citizens only if it is implemented. The 2011 policy states that: "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 NPSC 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 NPSC 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.

- 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.
- National Association of Older Persons

An autonomous registered National Association of Older Persons (NAOPS) was sought to be established in 1999 policy but is absent in 2011 policy. The NAOPS is expected 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 nonrecurring administrative costs for a period of 15 years

3.3 Responsibility for Implementation

The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati 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 NPSC 2011 and address local issues and needs of the ageing population.

Based on the 1999 and 2011 national policies for the older persons, Government of India formulated various policies and programmes which are described in Table 2.

Table 2: Policies for the Elderly³

Programme	Legal Coverage	Effective Coverage
National Policy for Older Persons, 1999	The policy envisaged State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of life	
Maintenance and Welfare of Parents and Senior Citizens Act, 2007	Maintenance of Parents/ senior citizens by children/ relatives made obligatory and justiciable through tribunals Revocation of transfer of property by senior citizens in case of neglect by relatives Penal provision for abandonment of senior citizens Establishment of Old Age Homes for Indigent Senior Citizens Adequate medical facilities for the Senior Citizens	The Act has been notified by all states and UTs The act is not applicable to the state of Jammu & Kashmir and the state of Himachal Pradesh has its own act for the Senior Citizens
Central Sector Scheme of Integrated Programme for Older Persons (IPOP) (1992)	Financial assistance up to 90% of the project cost is provided to Government and NGOs, Panchayati Raj Institutions / local bodies for establishing and maintaining old age, mobile care units and day care centre	From the year 2013 to 2015 a total of 885 project has been assisted, 629 NGOs have been assisted and an amount of 34.38 crore has been spent.
National Council for Senior Citizens	Set up under the provision of the National Policy -Advice the government on policies -Feedback on the implementation of the NPOP -Nodal point for addressing grievances -Awareness generation	Notified during 2016
The Unorganized Worker's Social Security Act, 2008	Provide formulation of schemes by the Central Government for different sections of unorganized workers on matters relating -Life and disability -Health and maternity benefits -Old age protection	
Atal Pension	For the poor and under-privileged in the unorganized	

³ http://www.socialjustice.nic.in/writereaddata/UploadFile/SOCIAL%20JUSTICE%20ENGLISH%2015_16.pdf

Yojana Scheme , 2015	sector who join the National Pension System shall be provided with a defined pension depending on the contribution and its period	
Rashtriya Swasthya Bima Yojana, 2008	Launched by the Ministry of Labour and Employment to provide health insurance coverage for Below Poverty Line families	21 states have advertised the scheme. 47,97,688 smart cards have been issued till 29.05.2009

In the spirit of 1999 national policy for the older persons, many facilities and concessions are extended to senior citizens by different Ministries and departments of Government of India. Details are given Table 3.

Table 3: Facilities and Concessions Available to Senior Citizens in India⁴

Sl. No.	Name of the Min./Department	Facilities/Benefits given to Senior Citizens
1	Ministry of Social Justice & Empowerment	<ol style="list-style-type: none"> 1) Ministry of Social Justice & Empowerment is the nodal Ministry responsible for welfare of the Senior Citizens. It has announced the National Policy on Older Persons covering all concerns pertaining to the welfare of older persons. The National Policy on Older Persons recognizes a person aged 60 years and above as a senior citizen. 2) The Ministry is also implementing following schemes for the benefit of Senior Citizens: <ol style="list-style-type: none"> (a) An Integrated Programme for Older Persons (Plan Scheme) – This Scheme has been formulated by revising the earlier scheme of “Assistance to Voluntary Organisations for Programmes relating to the Welfare of the Aged”. Under this Scheme, financial assistance upto 90% of the project cost is provided to NGOs for establishing and maintaining Old Age Homes, Day Care Centres, Mobile Medicare Units and to provide non-institutional services to older persons. (b) The Scheme of Assistance to Panchayati Raj Institutions/ Voluntary Organizations/Self Help Groups for Construction of Old Age Homes/Multi-Service Centres for older persons (Non Plan Scheme) - Under this Scheme, one time construction grant for Old Age Homes/Multi-Service Centre is provided to non-governmental organizations on the recommendation of the State Governments/ UT Administrations.
2	Ministry of Finance	<ul style="list-style-type: none"> • Income tax rebate upto an income of Rs. 1.85 lakh p.a. • Higher rates of interest on saving schemes of senior citizens. • A Senior Citizens Savings Scheme offering an interest rate is 9% per annum on the deposits made by the senior citizens in post offices has been introduced by the Government through Post Offices in India doing savings bank work.
3	Ministry of Road	<ul style="list-style-type: none"> • Reservation of two seats for senior citizens in front row of

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⁴ <http://www.silverinnings.in/docs/Finance/Discounts%20n%20concessions/CONCESSIONS%20AND%20FACILITIES%20GIVEN%20TO%20SENIOR%20CITIZENS%20BY%20DIFFERENT%20MINISTRIES.pdf>

	Transport and Highways	<p>the buses of the State Road Transport Undertakings.</p> <ul style="list-style-type: none"> Some State Governments are giving fare concession to senior citizens in the State Road Transport Undertaking buses and are introducing Bus Models, which are convenient to the elderly.
4	Ministry of Health & Family Welfare	Separate queues for older persons in hospitals for registration and clinical examination.
5	Department of Telecommunications	<ul style="list-style-type: none"> Faults/complaints of senior citizens are given priority by registering them under senior citizens category with VIP flag, which is a priority category. Senior citizens are allowed to register telephone connection under N-OYT Special Category, which is a priority category.
6	Ministry of Railways	<ul style="list-style-type: none"> Indian Railways provide 30% fare concession in all Mail/Express including Rajdhani/Shatabadi/Jan Shatabadi trains for senior citizens aged 60 years and above. Separate counters for Senior Citizens for purchase/booking/cancellation of tickets. Wheel Chairs for use of older persons are available at all junctions, District Headquarters and other important stations for the convenience of needy persons including the older persons. Ramps for wheel chairs movement are available at the entry to important stations. Specially designed coaches with provisions of space for wheel chairs, hand rail and specially designed toilet for handicapped persons have been introduced
7	Ministry of Civil Aviation	<ul style="list-style-type: none"> Indian Airlines is providing 50 per cent Senior Citizen Discount on Normal Economy Class fare for all domestic flights to Indian senior citizens who have completed the age of 65 years in the case of male senior citizens and 63 years in the case of female senior citizens subject to certain conditions. Air India is offering discount to senior citizens of 60 plus on flights to USA , UK and Europe. Further, Air India has now decided to reduce the age of 60 plus for discount on their domestic routes as well with immediate effect. Sahara Airlines is offering 50% discount on basic fare for travel on its domestic flights only to senior citizens who have attained the age of 62 years. Discount is applicable in economy class only.
8	Ministry of Consumer Affairs, Food and Public Distribution	<ul style="list-style-type: none"> Under the Antyodaya Scheme, the Below Poverty Line (BPL) families which also include older persons are provided food grains at the rate of 35 kgs. per family per month. The food grains are issued @ Rs.3/- per kg. for rice and Rs.2/- per kg. for wheat. The persons aged 60 years above from the BPL category were given priority for identification. Under the Annapurna Scheme being implemented by the States/UT Administration, 10 kgs. of food grains per beneficiary per month are provided free of cost to those senior citizens who remain uncovered under the old age

		<p>pension scheme.</p> <ul style="list-style-type: none"> • Instructions to State Governments for giving priority to the Ration Card holders who are over 60 years of age in Fair Price Shops for issue of rations.
9	MCD, Delhi	<ul style="list-style-type: none"> • Opened a separate counter to facilitate the senior citizens for submission of property tax bills. • A rebate of 30% of the property tax due on the covered space of a building up to one hundred sq. metres of the covered space has been allowed by the corporation in the case of any self-occupied residential building singly owned by a man who is 65 years or more in age.
10	Miscellaneous	<ul style="list-style-type: none"> • Courts in the country accord priority to cases involving older persons and ensures their expeditious disposal • Under the Old Age Pension Scheme, monthly pension is given at variable rates to the destitute old by various State Governments / UT Administrations.

4. Initiatives Taken By Different States

4.1 Kerala

Kerala is greying faster than any other state in the country. The state has life expectancy of more than 71 years and with a fertility rate of 1.6, the older age group is expanding and the younger age group is shrinking.⁵ Every year there is successive increase in elderly population by 0.1 million from 1981 till 2001 and in 2011 it increased to 0.2 million.⁶

The State of Kerala has laid out certain schemes and programmes to address the state specific needs of the elderly

a) State Old Age Policy 2006

The aim of the policy was to ensure suitable affordable health care facilities to all aged people in the state. Under this scheme the state government was considering to register police case against those, who neglected and avoid their aged old parents.⁷

b) Kerala Maintenance and Welfare of Senior Citizens Rule

⁵ <http://www.newindianexpress.com/cities/thiruvananthapuram/Elderly-Population-State-Scores-a-First/2014/09/20/article2440451.ece>

⁶ <http://www.madhyamam.com/en/features/2014/sep/16/kerala-added-million-elderly-every-year-81>

⁷ <http://www.oneindia.com/2006/12/19/kerala-releases-old-age-policy-2006-1166620960.html>

Under this scheme the senior citizens or parents who are unable to maintain himself/herself apply for maintenance to the Maintenance Tribunal. The Revenue Divisional Officers (RDO) are appointed as presiding officers of Maintenance Tribunal under the Act for each Sub-division. District Collectors are appointed as presiding officers of Appellate Tribunal for each District. District Welfare Officers are designated as Maintenance Officers for each District.⁸

c) Vayoshreshtha Samman Award for the Aged

Every year October 1st is celebrated as International Day of Elderly by Ministry of Social Justice and Empowerment to recognise the service rendered to senior citizens. Awards are distributed on this day in order to facilitate and recognize the contribution of the elderly to the society.⁹

4.2 Himachal Pradesh

One of the first states to adopt the 'Parents Maintenance Act', in the country was Himachal. *It has launched 'Mukhya Mantri State Health Scheme to improve the quality of life and health of elderly.'*¹⁰ It further has its pension benefits expended to the aged person more than 80 years. It has started to think over providing land for the benefit of the elderly persons and causes related to the welfare of the aged.

The state government has been encouraging in conducting various seminars and research on the status of the elderly in the state. It has revamped the "Integrated Scheme for Older Persons" to be able to reach the elderly in difficult areas and provide improved amenities like shelter, food, medical care. In order to be able to render services it has tied up with various non-profit organizations. The state government is taking small but firm steps in combating the issues of the elderly.

5.3 West Bengal

According to the census 2011 the state of West Bengal had 8.5 percent population were above 60 years of age. The decadal growth rate of 60+ populations in West Bengal, projected by the Technical Group of Population Projections, National Commission on Populations, indicates that over the next few years, the state will undergo a huge demographic shift and while the total population is projected to rise by 26 per cent in the year 2026 as compared to the base year of 2001, population

⁸ <http://keralalaw.blogspot.in/2009/11/maintenance-welfare-of-parents-senior.html>

⁹ <http://www.swd.kerala.gov.in/index.php/social-justice-a-empowerment/award/senior-citizens/273?task=view>

¹⁰ <http://timesofindia.indiatimes.com/india/Himachal-boasts-of-healthy-elderly-population/articleshow/46965001.cms>

of 60+ age groups will rise by 170 per cent over the same period, (Alam, Mazumdar, Chakravarty and Yadav, 2001). The state government in order to address the issues of ageing population has designed programmes which are stated below.

The Government of West Bengal runs two exclusive housing schemes for BPL category – Gitanjali and Amar Thikana. In the rural areas more than 34,000 houses have been constructed under these two schemes. As per the administrative records there are more than 4,000 elderly beneficiaries, (ibid). A scheme called “Pronam” a 24-hour helpline is initiated through a venture of Kolkata Police and NGO ‘The Bengal’. It’s a unique support mechanism wherein psychological and physical security supports are provided to the elderly in the city of Kolkata. Ambulance facilities are provided during the time of emergencies. Hospitalization is ensured for the caller when required.¹¹

5. Review of Policies for the Elderly in Other Countries

We need to review the policies for the aged of some developed countries before a critical evaluation of the Indian 1999 policy is taken up. In this regard, the Madrid declaration, policies of Australian government and a few other countries are reviewed here.

5.1 Madrid International Plan of Action on Ageing¹²

The Madrid International Plan, to which India is a signatory, calls for changes in attitudes, policies and practices at all levels in all sectors, so that the ‘enormous potential’ of ageing in the twenty-first century may be fulfilled. The Madrid Plan lists 33 objectives and 117 concrete recommendations, grouped into three priorities. Together, the priorities cover 18 areas of concern to older people.

Priority 1: Older persons and development

- Active participation in society and development
- Work and the ageing labour force
- Rural development, migration and urbanization
- Access to knowledge, education and training
- Intergenerational solidarity
- Eradication of poverty
- Income security, social protection / social security and poverty prevention

¹¹ <http://timesofindia.indiatimes.com/city/kolkata/Pronam-only-for-elderly-citizens-living-alone/articleshow/31500960.cms>

¹² <http://www.helppageindiaprogramme.org/other/Publications/Mippa%20folder.pdf>

- Emergency situations

Priority 2: Advancing health and well being into old age

- Health promotion and wellbeing throughout life
- Universal access to healthcare services
- Older persons and HIV/AIDS
- Training of care providers and health professionals
- Mental health needs of older people
- Older people and disabilities

Priority 3: Enabling and supportive environments

- Housing and the living environment
- Care, and support for caregivers
- Neglect, abuse and violence
- Images of ageing

5.2 Caring for Elderly in Australia¹³

- Support and services for the aged in Australia are provided by a large number of government programs (Commonwealth, State/Territory and local) as well as programs/support from the community and voluntary sectors (particularly families and carers), the private for profit sector and the private not-for-profit sector.
- Besides, the aged also access, like in many other countries, 'mainstream' support and services (for example, health care, housing support and income support) that are available to the whole population.
- Policy places increased emphasis on early intervention and 'healthy' ageing combined with 'ageing in place', that is, keeping older people out of health and residential facilities for as long as possible. This is found to be not only more cost effective from a government point of view, (for example, it costs the Commonwealth, on average, approximately \$30 000 per annum to fund an average residential aged care bed compared to the average cost of a [Community Aged Care Package](#) of approximately \$10 000 per annum), it also conforms to the wishes of the vast majority of aged people themselves.

¹³ http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/archive/agedcare

The three tiers of support of Government that provide support services to the elderly are as follows:

a) Commonwealth

The Commonwealth (the Central Government) provides the following payments and support either specifically to the aged community or through mainstream programs that the aged can access:

- Old age pensions to people aged over 65 years of age or who were aged 60 years and over and permanently incapacitated for work
- Rent assistance and disability payments
- Residential services (for example, the funding of residential aged facilities and veterans residential facilities)
- Medical and pharmaceutical benefits
- Public housing (with the States and Territories via the operation of the Commonwealth-State Housing Agreement)
 - Acute care (with the States and Territories)
 - Disability services (with the States and Territories via the operation of the Commonwealth-State/Territory Disability Agreement)
 - Hospital and home and community care support (with the States/Territories and local government)
 - Support and assistance to carers of the elderly, both in the form of support payments (for example, the Carer Payment and the Carer Allowance) and support services (for example, funding for carer respite centres and carer resource centres).
 - Funding other support services that directly or indirectly help and support the aged population, for example in the provision of:
 - ✓ financial counselling
 - ✓ health promotion programs
 - ✓ rehabilitation services
 - ✓ retirement assistance for farmers
 - ✓ advocacy services
 - ✓ support for consumer organisations

b) State/Territory

The States and Territories also provide a range of health, housing and welfare services for the aged. Most States operate a number of residential aged care facilities and provide, often with joint Commonwealth funding, services and support such as:

- Respite care
- Carer assistance
- Dementia support programs

- Transport assistance
- Home help
- Information services
- Seniors' Cards that allow discounts on a range of products and services

c) Local

Local or municipal governments provide various aged specific support and services, some of which are funded by the Commonwealth and the States and Territories. As well as providing various levels of rate relief for aged pensioners, local governments are also directly involved with land management matters relating to health and aged specific accommodation and the provision of services such as home help and the running of Senior Citizen's clubs. Much of the effort at this level is involved with helping co-ordinate aged care services such as residential provision and various health and lifestyle support.

d) Non-Government Support

As well as government support there is a large range of services and support provided to the elderly by the non-government sector. Many residential aged care facilities, support organisations and aged care programs are directly run by the community and charitable sector. It has been estimated that across the whole welfare area of the economy the non-government community sector funds, from its own resources, about 20 per cent of the total cost of welfare services and support (Australian Institute of Health and Welfare, *Australia's Welfare 2001*, p. 38). The private for profit sector is also involved with the provision of support and services for the aged, particularly with respect to *residential aged care and health services*. The residential aged care and health services provided by the for-profit sector organization which prepares individualised care plan for each elderly person. The services include everything an old person needs - health, nutrition, security, counselling, nursing care, regular visits of the doctor, and so on. The subsidy for these services are decided on individual's capacity to pay.

5.3 Policies for the Elderly in USA

Various policy initiatives have been taken up by the United State government to deal with the growing needs of the elderly.

*Medicaid is state-run health insurance programmes that pay for a broad range of medical services for people with low income and resources*¹⁴. The programme is run by states and hence the benefits

¹⁴ <https://www.ncoa.org/economic-security/benefits/medicare-and-medicaid/medicaid-msps/> accessed on 21st August, 2016

varies. Doctor visits, home health, lab tests, medical transportation, x-rays and nursing facility service are some of the services included in the programme.¹⁵ Fresh fruits, vegetables, herbs, milk, juice, cereal, rice, pasta, peanut butter, dry beans, canned meat, poultry, or fish, and canned fruits and vegetables are part of the programme.

The National Council for Ageing works for improving the health of the low-income elderly through programmes such as the Supplemental Nutrition Assistance Program (SNAP), Commodity Supplemental Food Programme and Senior Farmers' Market Nutrition Programme. These programmes provide low-income individuals and families buy the food they need for good health.¹⁶ There are developed platforms to harness the potential of the elderly. *The Senior Environmental Employment programme allows mature workers aged 55 year and above to share their skills and expertise with the U.S. Environmental Protection Agency.*¹⁷

Senior Community Service Employment Program (SCSEP) was launched in 1965. It is the oldest program which helps low-income, unemployed individual's to find work. It acts as a bridge for the eligible older adults to find part-time jobs for community service organizations. The programme focuses on building confidence and skills along with providing a modest income to the participants. It is a path for securing permanent jobs.¹⁸ They are engaged in the community as:

- Child care provider
- Customer service representative
- Teachers' aide
- Computer technician
- Building maintenance worker
- Health care worker

Centre for Healthy Ageing under the National Council for Ageing has come up with helping seniors manage their chronic conditions. The objective is to empower individuals so that they are able to care for themselves and improve their quality of life. These programmes are offered to communities throughout U.S. Centre for Healthy Ageing serves as a resource centre for the states and local communities.¹⁹

5.4 Policies for the Elderly in Sweden

¹⁵ <https://www.ncoa.org/economic-security/benefits/food-and-nutrition/food-assistance-benefits>

¹⁶ <https://www.ncoa.org/economic-security/benefits/food-and-nutrition/senior-hunger-snap/>

¹⁷ <https://www.ncoa.org/economic-security/matureworkers/see-program>

¹⁸ <https://www.ncoa.org/economic-security/matureworkers/scsep>

¹⁹ <https://www.ncoa.org/healthy-aging/chronic-disease>

One of the outstanding features of Swedish elderly care is the support and care extended to the elderly people living in regular housing. The local authorities provide with meals on wheels, transportation services, home medical service and help with simple practical task, (SALAR, 2006).

Under the Social Service Act, local authorities are responsible for making special housing arrangements for the elderly, which are to provide service and nursing of elderly who need particular support. These residences are allocated after assessment of the need and have assistance available round the clock, (ibid). The municipalities are responsible for elderly care and provide financial incentives for hospitalization and housing.²⁰

5.5 Policies for the Elderly in Denmark

Denmark priorities community care over residential care and hence it has few elderly in long-term care institution when compared with other European Union countries. This is done to promote older persons to live in their own homes with their loved ones. Social services in Denmark are extended to all citizens irrespective of the income, assets and potential of informal care, (Schulz, 2010).

Denmark has developed a system to integrate the health and social care. Elderly persons are provided services by integrated teams of home-helpers, home nurses, etc. *“Elderly in need of support has a case manager in the municipality, who is the individual counsellor of the older person applying for support.”* (ibid). The home nursing services, practical home-care workers and personal home-care services work in tandem to be able to provide the support required.

6. Gaps in the Earlier Policies

The various measures put in place to address the growing concerns of the elderly are inadequate. Some of these are discussed below.

- The major inadequacy is the inadequate analysis of the older population regarding the large variation in their social, cultural, economic & resources endowment, health and professional/technical capabilities.
- The support provided does not take into consideration the variations in needs of older people. It assumes that all older people require similar services.
- Most of the policies are aimed at older people in the below poverty line (BPL) category. While financial support in the form of pension is essential for this category of the aged persons, many other support services are required for all the older population groups.

²⁰ <https://globalhealthaging.org/2014/08/03/sweden-a-role-model-for-elderly-care>

- Majority of the aged live in rural areas and low-income states and work in the unorganized sector, most do not have any good source of retirement benefits (Purohit, 2003). Though rural-urban distinction is recognised in the national policy statements of 1999 & 2011, the programmes and implementation mechanisms are still urban oriented - except the pension and PDS programmes. The pension offered is low to adequately meet the needs of the poor.
- There is a variation in the social and cultural background of various regions. The States are not of equal size nor do they have the same socio-economic status or the rural-urban division, hence the programmes need to be sensitive towards the needs of the state in question and cater to the diverse elderly population. While some states have large urban population, some are predominately rural; some have large population of elderly like Kerala which requires upmost attention. Therefore planning policies and programme would have to be tailored to reach the requirements. For example, planning health services in Madhya Pradesh and Rajasthan will have to take into account such factors as reaching out to tribal population living far apart from each other (Gokhale, 2003). Though the National Policy for Older Persons gives the liberty to the States governments to plan and generate programmes according to the different geographical areas, different age groups and backgrounds of different regions but do not address the issues of implementation.
- The financial planning for taking care of old needs has to start quite early in ones working life. Educating the need for such financial planning is not given enough scope in the national policies.
- Though both 1999 & 2011 national policies mention that older people are an important HR resources, it is not clearly spelt out as to how such HR resource is going to be used.
- The areas of intervention like finance, housing, health & nutrition, security, education, family, and research are indicated in the national policies, they need to be elaborated further.
- Income security, health & nutrition security, and providing shelter are not given adequate importance.

7. Recommendations

The policies should be based on principles or concepts of as agreed in the Madrid declaration. On developing policies, it should be kept in mind that States and regions differ in their values and traditions. The policies and interventions included in the 1999 & 2011 national policies for senior citizens are not repeated here. The interventions indicated here are those which are included in the earlier policies.

7.1. Income and Financial Security

- Pension:

- Pension amount has to be decided based on the need of the elderly, rather than a fixed amount, and limiting it to only the BPL families.
- Introduce pension scheme exclusively for farmers and agriculture labour.
- All the older people who do not liable to pay income tax should extended the benefit old age pension.
- The amount of pension should be decided keeping view the regional and rural-urban variations.
- Public Distribution System:
 - Extend PDS to all the aged who are not liable to pay income tax pay.
- Income Tax:
 - Real value of the savings needs to be ensured by further increasing the interest rate differential by at least another 0.5%
 - Tax incentives for savings to get annuities for the old age, as an exclusive category which is on-par with housing, need to be introduced.
 - For providing tax incentives, the amount contributions for annuity purpose should be kept as 10 per cent of one's annual gross earnings. In fact, if the working class starts saving and ensure dignified post-retirement life, the pressure on the government will be lower.
 - Awareness and training programmes for post-retirement financial planning need to be introduced quite early in life - perhaps in their 20s and early 30s.
- Financial Support to Old Age Institutions
 - Financial support for managing and providing facilities in various old age institutions are unreasonably low. They need to be revised upwards keeping in view the Government employees salary structure, and revising them at least once every year.

7.2 Healthcare & Nutrition

- The design of health insurance policies are quite adverse to those who are 65+ and are almost impossible to get for those who are 80+. It is these categories who need the insurance most.
- Premium for health insurance for the 60+ should be same as those in 55-60 year age group. The differential premium for the 60+ age group should be subsidized by the Government.
- Individual and Community Aid Packages being implemented in Australia should be introduced in India. These packages are worked for each elderly person taking care of all the needs - health, education, nursing, medical, security, recreation, etc. The cost of such services provided by the for-profit sector are shared by the elderly person and the Government. The Government subsidy is determined by the financial status of the elderly person.
- Government should incentivise establishment of Geriatric Hospitals by providing land and loans on concessional basis.

- Strengthen the network of Health Care Centres for the elderly. There should be at least one such centre in every district in the country.

7.3 Safety and Security

- It should be mandatory for the household staff and servants working for elderly persons to register with the local police.

7.4 Housing

- Encourage establishment of old age recreation and rehabilitation centres at every major religious centre in the country. Such homes may be permitted to have 1/3rd of the rooms/constructed area for income generating propose, which should be clearly separated from the facilities for the elderly. Some religious centres already have such homes.
- Reverse mortgaging schemes of the banks, perhaps meant for the elderly, should be promoted by the State.
- Encourage establishment of old age care centres that offer varying levels of facilities - like star hotels. There are many senior citizens in the country who can afford and perhaps are willing to pay for such care centres.
- Provide tax incentives for the children for keeping their dependent parents with them.

7.4 Productive Ageing

- Considering the excellent health condition of most professionals, researchers, educationists, and technologists, who constitute a very high quality human resource, it is necessary to utilise their services not by increasing retirement age but by engaging them on contractual basis - as consultants, advisors, mentors and counsellors to the younger employees - in Government, public and private sectors.
- Creating Directorate of Employment to enable seniors find re- employment is an important intervention already include in 2011 national policy.
- Attachment of senior citizens with Orphanages and similar institutions - to interact periodically, once a month or so - will help both the younger and older generations.

7.5 Welfare

- Mainstreaming senior citizens policies and programmes from welfare status is essential. Make the programmes for the elderly rights-based, instead of welfare based.

- Older generation have given their best to the society, and it is the responsibility of the society to take care of them in the last phase of their life.

8. References

- Aronkar, C. (2012). 'Aging of Population in India and Need for Wider Social Security Scheme', *International Journal of Social Science & Interdisciplinary Research*. Vol.1, (11), 2277-3630.
- Bakshi, S. and Prasanta, P. (2015). "Aging and Socioeconomic Life of Older Adults in India: An Empirical Exposition", Sage Open
- Burtless, G. (2013). 'The Impact of Population Aging and Delayed Retirement on Workforce Productivity', *Centre for Retirement Research- Retirement Research Consortium*.
- Chattopadhyay, A. (2004). "Population Policy for the Aged in India", *Economic and Political Weekly*, Vol. 39, No. 43
- Das, S.K. (2011), 'Situation Analysis of the elderly in India', Central Statistics Office – Ministry of Statistics and Programme Implementation Report.
- Gokhale, D. S. (2003). "Towards a Policy for Aging in India", *Journal of Aging & Social Policy*, 15, 213-234
- Irudaya, R. And Kumar, S. (2003). 'Living Arrangements among Indian Elderly: Evidence from National Family Health Survey'. *Economic and Political Weekly*, 38(1), 75-80.
- Irudaya, R. And Kumar, S. (2003). 'Living Arrangements among Indian Elderly: Evidence from National Family Health Survey'. *Economic and Political Weekly*, 38(1), 75-80.
- Joshi, K. A. (2011). "Globalization and Ageing in India", *The International Journal of Social Quality*, Vol. 1, No. 1 (Summer 2011), pp. 33-44

Kumar, Y and Bhargava, A. (2014). Elder Abuse in Indian families: Problems and Preventive Actions. *"International Journal of Scientific and Research Publication"*, Vol. 4. Issues 10

Mahal, A., & Berman, P. (2001). Health expenditures and the elderly: A survey of issues in forecasting, methods used, and relevance for developing countries. Research paper 01.23. Cambridge, MA: Harvard Burden of Disease Unit

Melendez, N. and Menon, J. (2009). "Ageing in Asia: Trends, Impacts and Responses", *Working Paper Series on Regional Economic Integration No. 25*, Asian Development Bank.

Mahadeven, K. (1986). "A System of Policy for Welfare of the Elderly Citizen", *The Indian Journal of Social Work*, Vol. XLVI, 4.

Ministry of Social Justice and Empowerment, Annual Report. 2001. Government of India, New Delhi

Purohit, C. B. (2003). "Policymaking for Diversity Among the Aged in India", *Journal of Aging & Social Policy*, 15:4, 49-79

Raju. S (2011). 'Studies on Ageing in India: A Review', United Nations Population Fund (UNFPA), 7.

Report on Caring for the Elderly in Sweden Today (2006), *published by Swedish Association of Local Authorities and Regions*

Report on the Status of Elderly in the state of West Bengal, 2011, published by Central Statistics Office 2011

Report on Dignity and Respect, 2009, published by HelpAge India

Srivastava, A and Mohanty, S (2012). Poverty Among Elderly in India. *"Social Indicators Research"*, Vol. 109, No. 3 pp. 493-514

Shettar, S. (2013). Problems of Aged in changing Indian Scenario. Yojana.

Shai K and Rao, S. (2007). Demographic aging: Implication for mental health. *"Indian Journal of Psychiatry"*, 49 (2).

Singh, C. Bharati, K and Sanyal, A. (2015): 'Ageing in India: Need for Universal Pension Scheme', *Economic and Political Weekly*, Vol L, No. 8, pp 40-46.

Socmmegna, P. (2012): 'Today's Research on Aging: Program and Policy Implication', *Population Reference Bureau*, Vol25, pp- 1-5.

Singh, C. Bharati, K and Sanyal, A. (2015): 'Ageing in India: Need for Universal Pension Scheme', *Economic and Political Weekly*, Vol L, No. 8, pp 40-46.

Socmmegna, P. (2012): 'Today's Research on Aging: Program and Policy Implication', *Population Reference Bureau*, Vol25, pp- 1-5.

Schulz, E. (2010). "Long- Term Care System for the Elderly in Denmark", *European Network of Economic Policy Research Report No. 73*, ENEPRI

Singh, P. D. and Yesudian, P. "After Age 60 in India : A glimpse through Census and NSSO" *The Journal of Social Work*, Oct 2007, Vol 68, PP (545- 559)

Thakur, A. (2008). "Care of Senior Citizen and the Role of the State", *Economic and Political Weekly*, Vol43, Issue 17

Waite, J . L (2005). "The Demographic Faces of the Elderly", *Aging, health and Public Policy: Demographic and Economic Perspective*, published by the "Population Council" New York.

The World Bank Annual Report, 2001