Chapter III
Oldage Homes – Concept, genesis and an ideal construct of an OAH

Ever since mankind came into existence, the man has sought protection. Sometimes it was fear from nature other times scare from his own tribe and yet at other times from other adversaries. In an effort to be more secure, man ever since, has organized the living in groups and associations. The most pronounced of all these associations have been the family. The Indian society, being the best example of a closed society world over, has nurtured its family system as a joint effort where under the leadership of a senior male member all other members of the family thrived. The joint family system ensured protection to all in the family, especially to older persons. In early times life was simple so was the life style and as a result an individual lived for long. The society demarcated the individual’s life span in the context of role played in four stages i.e. Ashramas’ namely, Brahmacharya, Grihastha, Vanprastha’ and Sanyasa’. In the role of Brahmacharya an individual leads a life of student, and in Grihastha Ashrama an individual has to support, develop and protect the family and the Vanprastha stage mark the completion of individual’s social responsibilities and is transitional stage for Sanyasa. The last stage of life span is Sanyasa which means nothing else but renouncing the worldly and material life thus living life away from society. Since the demand of Sanayasa Ashram is to live life away from society, the concept of Vridda Ashrams came into being. Looking back into the history, the mention of Vridda Ashrams is found in our ancient religious scriptures, which is nothing but indigenous name of OAHs of today.

Definition of an OAH

In simple terms OAH is the home which provides residential care, meals and limited assistance in activities of daily living for older persons who are capable of personal or nursing care but unable to live independently in the community.

In OAH older persons live in a congregate residential setting that generally provides personal services, 24-hour supervision and assistance, activities and health-related services, which are specifically designed to minimize the need to relocate; accommodate individual residents’ changing needs and preferences; maximize their
dignity, autonomy, privacy, independence, choice, safety; and encourage family and community involvement.3

An OAH can also be defined as a collective living in an institutional setting, where older persons spend the bulk of their, sleeping and waking time which is not their home.4 It is also a residential accommodation for older persons who ‘by reasons of age, infirmity or any other circumstances are in need of care or attention which is not otherwise available’.5

**Difference between home and an oldage home**

In India, collective living is equated with institutional care and is contrasted unfavourably as compared to living at home. Residential homes have been portrayed as exemplifying institutional life. An OAH or institutional care is where an older person lives in a setting which is not their home. Higgins has proposed the dichotomy between the home and an OAH which is being reproduced in Table 3.1. It can be noted that in this model the characteristics of home and OAH are polar to each other.6

**Table: 3.1: Key characteristics of an OAH and a home**

<table>
<thead>
<tr>
<th>An OAH</th>
<th>A Home</th>
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<tbody>
<tr>
<td>Public space, limitations in privacy.</td>
<td>Private space but may be some limitations in privacy.</td>
</tr>
<tr>
<td>Living with strangers, rarely alone.</td>
<td>May live alone or with relatives or friends, rarely with strangers.</td>
</tr>
<tr>
<td>Staffed by professionals or volunteers.</td>
<td>Normally no staff but they may visit to provide services.</td>
</tr>
<tr>
<td>Formal and lacking in intimacy.</td>
<td>Informal and intimate.</td>
</tr>
<tr>
<td>Sexual relationships discouraged and unacceptable within inmates.</td>
<td>Sexual relationships accepted (only between certain family members).</td>
</tr>
<tr>
<td>Owned or rented by other agencies.</td>
<td>Owned and rented by inhabitants.</td>
</tr>
<tr>
<td>Variations in size but may be large (in terms of physical space numbers living in them).</td>
<td>Variations in size but usually small.</td>
</tr>
<tr>
<td>Limitations on choice and on personal freedom.</td>
<td>Ability to exercise choice and considerable degree of freedom (depending upon inter personal relationship with family).</td>
</tr>
<tr>
<td>Unknown (Strangeness-of people, place, etc.).</td>
<td>Known people, place etc. (Familiarity)</td>
</tr>
<tr>
<td>Batch or communal living arrangements for eating, sleeping, leisure activities which are quite planned usually, may not be flexible.</td>
<td>Individual arrangements for eating, sleeping, leisure activities which can vary according to time and place.</td>
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</tbody>
</table>

Source: nrchhm-Home Modification Research Studies. uac.edu/dept/gero/nrchhm/research

The inherent assumption is that living at home is infinitely a more positive experience than living in an institution it offers privacy, informality, freedom and familiarity.7 It is acknowledged that some residential care has tried to take on the characteristic of domestic environments in response to concerns about low standards and the depersonalizing effects of institutional living.
Traditionally, staying in own home or flat has been portrayed as independent living while residential care represents dependent living. Hence, even the researchers did not reflect in literature review the living in OAH in positive manner; however, quite clearly, the various forms of housing with care which are reviewed are given below. The main aim of the good housing for elders is to what extent these OAHs are quasi-institution or quasi-home.8

**Blurring the boundaries between home and hospital**

The sharp divide between home and hospital needs to be bridged. There are now emerging, although in very limited numbers, models of provision which conform neither to pure home nor pure hospital care. The blurring is coming from two directions that are the OAHs require becoming more homely and whenever elderly person require caring then it should become hospital or institutional like and provide for special facilities.9

**OAH and other relative terms**

- **Hostel**: provides communal living accommodation, organized programmes and round the clock support to older persons who are capable of self care.

- **Oldage Home**: provides residential care, meals and limited assistance in activities of daily living for older persons who are capable of personal or nursing care but unable to live independently in the community.

- **Care Home**: provides residential care, meals and limited nursing care and assistance in activities of daily living for older persons who suffer from poor health disabilities.

- **Nursing Home**: provides residential care, regular and basic medical, nursing and rehabilitative services social support and personal care to older persons who are suffering from poor health or physical/mental disabilities.

- **Infirmary**: provides medical/hospital care to older persons who are suffering from physical/mental disabilities.

**History of OAHs in modern society**

The present system of residential care evolves directly from the traditions of the Nineteenth and early Twentieth century in Britain. The opportunity espoused by Beveridge and Bevan immediately after the Second-World War, to provide a comfortable, attractive, hotel model of provision was never implemented.10 The local authority home was set up by the National Assistance Act, 1948 in United Kingdom and

<table>
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<td><strong>Care Home</strong></td>
<td>Provides residential care, meals and limited nursing care and assistance in activities of daily living for older persons who suffer from poor health disabilities.</td>
</tr>
<tr>
<td><strong>Nursing Home</strong></td>
<td>Provides residential care, regular and basic medical, nursing and rehabilitative services social support and personal care to older persons who are suffering from poor health or physical/mental disabilities.</td>
</tr>
<tr>
<td><strong>Infirmary</strong></td>
<td>Provides medical/hospital care to older persons who are suffering from physical/mental disabilities.</td>
</tr>
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the Section 21 of this Act stated that it shall be the duty of every local authority to provide residential accommodation for persons who by reasons of age, infirmity or any other circumstances are in need of care or attention which is not otherwise available.

Although policy rhetoric stressed the desirability of supporting older people in their own homes, there was very little progress made towards developing community care alternatives to residential care. The older people entered in private, NGO and government run residential care without any assessment of their care needs but solely on the basis of financial situation. A dramatic increase in residents of NGO and independent sector OAHs resulted after year 2000 all over the world and also in India. The overall number of residential care, nursing home and long-stay places has more than doubled but the balance of provision has shifted dramatically in that period with NGOs and Trusts etc. and government run long-stay provision falling sharply, private residential care is fastest growing sector.

In India the implementation of NPOP has been only partly successful. The government run OAHs do not provide person centered facilities and in private sector the charging frameworks take into account the capital deposit from the older person’s when they enter OAH. Reasons encouraging non-government sector in opening of more OAHs is to involve community resources, hence, number of these pay-stay OAHs are mushrooming everyday.

**Need for OAHs**

Before the need of the OAHs is discussed it is pertinent to define an aged person. A person is termed aged or older person when she or he distances himself from those roles and statutes which he was performing as an adult. As age increases, persons are more likely to experience physical disabilities and limitations in their functional abilities. The disability and impairment slowly reach a stage of dependency requiring biosocial and psychological support from the kith and kin, especially from the members of family. However, in case of absence of family members, this care is sought from voluntary and public sector organizations at institutional level which is required for the needy older persons for care services. The need for care varies from person to person based on age, physical capabilities and socio-psychological conditions especially for the elderly the biosocial factors like senility, morbidity, physical disability, impairment and social defects make them dependent on kin network. Broadly, the care services are categorized into physical and socio-
psychological, i.e. interpersonal interaction, involving emotional support, information and appraisal etc.\textsuperscript{12}

**Living in communal settings**

The collective living arrangements are unusual particularly so in India where there exist some hostility to communitaire philosophies.\textsuperscript{13} Living together with others of roughly the same age or generation is a feature of life, particularly during the student life in form of shared housing at the beginning of adulthood but does not become so again until some 50 or 60 years later in specialized housing provision or in residential or assisted care. However, the two living arrangements are perceived very differently. At the young end, communal living is seen as exciting and vibrant, albeit with its downside but as far as later life it is generally viewed negatively. In between the two extremes communal living is even more a minority experience intended either for people under pensionable age with special needs or for small groups of people who choose alternative lifestyle and opt to live collectively.

The definition of communal living for older people means living arrangements where there is some degree of sharing facilities. Within this definition, therefore, the specialist housing provision can be included, which is often known as OAHs namely residential care. (For the purposes of the present study living in hospital provision is excluded). The boundary between the lives of communal living has been quite distinct until recently. The provision of housing is considered where the residents have their own front door, they are householders with housing rights, care and support is, largely, is an add-on. With the provision of care the degree of communal living and sharing is greater and the residents are not independent householders, however, care is an integral element. The communal arrangements for older people which have the characteristics of housing provision are the best. However, the main thing is that the boundary between OAH and residential care is becoming blurred and that definitions of what is housing and what is care are problematic, there should be some attention paid to residential care as well because as the age advances the functional abilities may get restricted.\textsuperscript{14}

Despite low numbers of the interested people and failure to develop positive attitude towards communal living, the growing numbers of OAHs has been considerable in India. The residential care has largely been seen as the provision of last resort in the context of a consistent policy focus, to maintain people in their own homes wherever possible. The essential feature about lack of development of
collective living arrangements for older people is that the latter have not, in any fundamental sense, been active participants.

The framework for evaluating the range of different communal living arrangements is one of the very important issues. The balance between independent and the institutional living must be maintained. One has to look at residential care in more detail at specialized housing provision. The research done by Oldman et al., on recent and innovative developments in housing and care provision discuss about the older persons’ perceptions on communal living and particularly on their views of the newer forms of housing with care provision. The research studies conclude that policy development has largely neglected the social and collective dimension of later life.15

A comparison of experiences of developed countries’ versus India

The welfare and housing traditions in India are very different from the West there is a less positive approach to collective living arrangements. The older persons shifting to OAH raises eyebrows in Indian society as the attitudes are more paternalistic. Hence, development of positive attitude to shift into an OAH willingly and with choice while maintaining dignity will take long time.

In developed countries, governments have charted the development of communal living arrangements for older people. It has shown that they have evolved along quite separate lines of residential care. Residential care needs to become more domestic and more institutional; sheltered housing is moving much further along the care continuum, which may help the affluent older persons, who can afford facilities for home care with the help of trained and semi-trained domestic aids and supervision by welfare officers and health care professionals.

In India, we tend to look very negatively at older persons staying in OAH, seeing it as unavoidable only for those, for whom it is no longer possible to live in their own homes or those who are destitute, but it brings its dangers; such as dehumanizing due to custodial nature of image of institutions who keep people for life long or worst still like jail.16

In developed countries for frail older persons there is emergence of hybrid forms of provision of long term care homes which are trying to maintain fair balance between institutional living and home for it may help in changing the old workhouse image of residential care which has persisted so long but the closer integration of OAH and home does not represent a conversion by providers and policy makers to genuine notions of independent living, to concepts of empowerment and self-
determination. The old model of care institution for older persons have two separate varieties; one, for those who can perform activities of daily living and are fairly independent and the other, for those older persons who may require nursing care some times and yet third, for those older persons who may require nursing care all the time which means that the OAH need to provide facilities, to care for ill and physically dependent persons as well. Hence the provider of OAHs need to bridge the gap between OAH and nursing home, which would however, call for change in policies for older persons.

The trend is changing in urban India where demand for OAH is increasing. Some of the older couples who are not able to stay with children or do not have any child have started opting for OAHs for the reasons of safety and assurance of medical aid, if so required. In some cases the affluent children are keeping sick parents in private hospitals and nursing homes till death, since money is not an issue with them.

In some of the studies conducted by sociologists, the findings suggest that older persons are social animals like everyone else. Some inmates have become depressed while living in alienating environments; with very little activities to do and very few people to talk with hence, it is important to introduce activities for socialization in existing OAHs. Then it can be hoped that the concept of a viable community can be achieved and some QOL can be improved for those staying in OAH.\textsuperscript{17}

In the western world, however, there are impending policy developments which threaten the above. First, the new regulation regime set to bring housing and care models into its embrace with consequent problems about low disposable incomes, pauperization and institutional drift. Second, the supporting people regime, while it may oil the wheels of joint working between housing, health and social care, with its implicit hostility to collective living, may continue to threaten ideals of mutual support, empowerment and self-determination, which are hallmarks of positive communal living. Third, while residential care is improving, the continued driving down of the price of care and the consequent low profit margins means that providers have little scope to develop a wider range of amenities and more personalized care. Fourth, the unfairness which surrounds the funding of residential care facilities may be initiated in future.\textsuperscript{18}

In India, the joint-family system was taking care of its older members till the present times and the need for institutions for older persons was not as great as that in
the western countries, where the family ties are not so strong. However, in times to come even in India the need for institutionalized care is not going to be far behind the developed countries.

In the developed countries several care facilities have been ordered for closure by licensing authorities as the provider of these services could not maintain the requirements of policy, either due to lack of insurance cover or due to high turnover of staff or shortage of funds whereas in India no closures are ordered by any authorities as there are no legislative control specific to OAHs at present but overcrowding and neglect forces the older persons to hunt for another OAH or to reconcile with the circumstances.

In developed countries the cost of residential facility are financed by either government or insurance companies but in India the OAHs would have to be planned for variety of strata and types of settings; i.e. rural and urban, and variety of categories of older persons i.e. high profile hotel like, medium level and for destitute older persons.

Types of OAHs

Broadly speaking the OAHs fall into two categories; a) according to funding/ownership that is either funded by government or NGO i.e. run by state government or by NGOs; trusts or missions, and b) according to paying capacity of the benefactor that is either free-stay or pay-stay type.

Free-stay versus pay-stay OAHs

The inequity between free-stay OAHs and pay-stay OAHs are too many. In pay and stay OAHs; there is great deal of concern and anxiety about the funding arrangements, which are perceived to be unfair. Many older persons believe they are made to pay much more then what was initially informed to them (in pay and stay type) and they have already run out of their financial assets. If an older person develops serious illness or dependency they will not receive any personal care without extra payment in pay-stay type and if they cannot afford they will have to leave the OAH which is not the case in free-stay OAHs, where the older persons may not be asked to leave but they may not get the assistance according to their need and desire.

The current system of financial support does not provide any incentive i.e. extra funding, to managers and owners of OAHs to provide care to older persons in the sickness or in times of special needs without extra payments. The system appears to be designed around a series of different bureaucracies rather than the needs of
individual older person. Hence, there is need to develop physical structure as well as process standards for managing OAHs e.g. to increase the facility in providing single rooms and rooms with attached toilet. Though the quality assurance is in vogue, however, standards in the quality of care need to become more transparent. There is also need to consider the living arrangements to make a more home like setting e.g. elderly living in flats having attached bathroom/toilet.

**Institutional care for the older persons in India**

**Development of institutions**

Development of institutional care for the handicapped, infirm and older persons in India started in early 18th century, but concrete evidence is available from the year 1782 onwards. Today, the services are mainly provided by the NGO, private, voluntary, non-profit and particularly the religious charitable organizations. The Central and State Governments still play a very negligible role in providing care to the older sections of society.19

In England, forty-two years old Group Captain Leonard Cheshire, hero of the Second World War established a series of sixteen homes. He visited India in 1955 with a small sum of Rs.1,000/- but his faith and determination gradually brought into existence homes for older persons at Bombay, Pune, Nagpur, Dehradun, Delhi, Jamshedpur, Calcutta, Katpadi and several other places for the sick and abandoned persons including older persons and these homes are called Cheshire Homes.20

Beginning with the enactment of the Societies’ Registration Act of 1860, voluntary organizations encompassing a wide range of agencies, such as societies, cooperatives and trusts has been given a legitimate place in the welfare mechanisms in the country. They are now more popularly referred to as NGOs.

**Growth of OAHs in India**

A directory of voluntary agencies for the welfare of the aged in India compiled in 1982 by Centre for Welfare of the Aged (CEWA) which lists 379 such agencies; the number of newly established such agencies showing an increase especially after Independence in India. Significantly, more than half of these agencies are located in the southern states of India and Maharashtra. About 86 per cent of the listed agencies are institutions providing services like day care, recreation, counselling, geriatric care (medical and psychiatric care) and financial assistance.21

Most of the registered voluntary agencies provided institutional care in the form of OAH, either on the basis of free stay facilities or on pay-stay basis. Many of
these agencies are set up under religious auspices. The OAHs in India are used by the needy elderly to spend the fag end of life either as a last resort because for various reasons like a break down in the family support system or they seek solace while disengaging from family and social concerns etc. The quality of care in these homes varies which ranges from the bare minimum lodging and boarding facilities to the maximum of providing primary level medical services, along with social and recreational facilities.

Though a complete comprehensive history of OAH in the country is not available, however, it can be said that the first ever OAH in India was set up way back in the early 18th century. A general understanding of the institutional care facilities available to older persons in the country is provided in a monograph entitled, ‘Care for Elderly’. This monograph lists 329 institutions involved in the care of the elderly, out of which only four OAHs were under the auspices of the government as against 189 of the elderly care centres listed were run by Christian missionaries and 12 by Hindu based organization and 2 supported by Muslim and the other 117 were under secular auspices, with 5 put under the category of others. Of the listed institutions 88 per cent functioned as OAH while 6 per cent were engaged in providing health care and self-employment opportunities as well and about 6 per cent of voluntary organizations also provided day care facilities. Yet another noteworthy survey was published by Centre for Development Studies, Trivandrum, Kerala, which reported that most of the funds to these institutions came through religious organizations, private sources and other types of trusts and caste organizations, of their total capacity, 62.4 per cent were covered under the care of Christian organizations, but it had only 57.4 per cent of the total institutional facilities in India.

A decade later in the year 1992, the Handbook of Information published by the Association of Senior Citizens listed 665 such organizations in India working in the field of welfare of the aged. The list included OAHs, day care centres, pensioners’ associations, institutions providing medical help, institutes devoted to research and some of the registered associations of senior citizens. Later on a Directory catering to the housing needs of older persons in India was published in 1995 and according to this directory there were 354 institutions and 12,702 elderly persons resided in 256 OAHs.
Current capacity of the OAHs in India

In the HelpAge-India’s directory which was published in the year 2006 there were 963 OAHs out which 9 were pay-stay type run by government, 252 were pay-stay type run by NGOs, 61 were free-stay type run by government and 641 were free-stay type run by NGOs. These 963 OAHs provided accommodation to 38,081 older persons at present. The number of seats available in OAHs is approximate only; nearly 10 per cent of the OAHs have not provided the details about their facilities and the capacity of seats and gender wise distribution to the HelpAge India data source. (For current status of OAHs in India see Annexure IX).

Warden and support staff in the OAHs

No discussion on OAHs can be considered without mention of the Warden and the supporting staff. The Warden’s role has been more or less passive earlier as he was expected to press the button of care delivery system only in the emergencies. The challenges faced by the OAHs in the modern times has involved a shift in the role of the Warden from good neighbour to the one that emphasizes on enabling care services and providing proper coordination in the care services for the older persons. The providers of OAHs and Wardens alike have welcomed the professionalism in their role. In the context of the new community care, Wardens are moving away from their direct contact, good neighbours role to one of Manager, coordinator and professional. The role of Warden needs policy development to prevent further confusion. The Warden’s service and support staff, i.e. caretakers, house keeping staff, ayahs and care giving staff etc. is a very significant element of the expenditure on OAH. It is not at all clear what level of care is carried out by OAH Wardens, and also the number and type of support staff requirements.

Mode of service of the institutions

As most of the OAHs are run by religious institutions in India by generating funds from donations more than 67 per cent of OAHs are run on free-stay basis. Around 10 per cent OAHs are run on pay-stay basis. Nearly 20 per cent OAHs are having twin system, they are charging only from those clients who can afford to pay whereas provide free of cost services to the destitute elderly persons. However, most of the OAHs run by the religious organizations provide all services free of cost.

Grants for OAHs

The Government of India gives grants to the voluntary organizations for running homes for the aged and infirm. The guidelines laid-down by the Ministry of
Social Welfare to receive the grants include eligibility conditions, procedure for submitting an application, purposes of grant, extent of expenses, procedure for releasing grant and maintenance of accounts thereof. The grant is available to registered societies, charitable institutions and public trusts etc. These grants can be utilized for constructing buildings, buying equipments and for paying salaries of the staff. This grant is meant to cover 90 per cent of the approved expenditure, the balance 10 per cent is being met by the concerned voluntary organization. The grants given to institution acts as mechanism of control to maintain proper standards of services provided and proper maintenance of the accounts of the funds received as the grant. The Central Social Welfare Board and the State Departments of Social Welfare also provide financial assistance to NGOs working in the field of care for the older persons, i.e. medical and health care services, and day care centres etc.

**Minimum standards for OAHs**

The Study Team on Social Welfare set up by the Planning Commission recommended that the Government may lay down minimum standards for social welfare services. The Indian Council of Social Welfare appointed a Study Group which worked out minimum standards for child care institutions. Later, the Central Social Welfare Board (CSWB) brought out a brochure indicating standards of welfare services. The Parliament enacted Orphanages and other Charitable Homes (Supervision and Control) Act in 1960. Yet these attempts were not adequate as the service standards for the aged and the infirm category of people have not been laid down.

**The Maharashtra experiment: A role model**

The state of Maharashtra has given a lead by framing rules for the recognition of the OAHs for the aged and the infirm. According to these rules, grants are sanctioned to the institutions for the infirm only after these institutions are recognized by the Director of Social Welfare of the State Government and while giving recognition, the Director shall verify the following:

- The OAH is registered under the Societies’ Registration Act, 1860, or the Public Trust Act, 1951, etc.
- Its management is in the hands of reliable and competent persons.
- The OAH meets a genuine need in the locality.
- The resources of the OAH are adequate to meet its essential expenditures.
• The amenities provided in the OAH for the inmates are suitable, such as wholesome and sufficient food, clothing, bedding, medical care, recreational and leisure-time activities etc.

• The premises in which the OAH is situated should be environmentally safe and the OAH provides for adequate sleeping and dining accommodation to the inmates.

• Separate arrangements are provided for male and female inmates of an OAH which caters to the needs of both males and females.

• The OAH admits inmates of all castes, creed and religions without any discrimination.

• The OAH allows inspection by the Inspecting Officers of the Social Welfare Department with or without prior notice and to furnish such records and registers as may be required for the inspection; and

• Sufficient funds are available with the OAH in the year of recognition.

Climate in institutions for the older persons

An institution does not mean mere shifting of the person physically from his natural environments and social settings to another place. An older person has, therefore, to make adjustments with the change in environment and settings which is a difficult process. For this change, the older person has to be prepared psychologically before hand so as to be minimum anxiety-prone and apprehensive. After years of living as an integral part of the family, the old person faces wrenching separation. In addition to this anxiety, there is always apprehension as to what the institution is like? Hence, the care needs to be taken to ensure that the environment is conducive for the easy adjustment for the older persons.

Psychological problems

Many studies have revealed that psychological changes take place in a person after moving in an institution. Accordingly, there is a tendency towards apathy, passive acceptance of life, negative feelings, tendency towards self-criticism, depression, bitterness, irritability, etc. The older person, therefore, has to learn to adjust with a difficult situation like this. An entry in an institution may be marked by confused and excessive caution. On one hand, there is a feeling of anxiety because of separation from his family and on the other it gives a sense of disruption from previous life and a feeling of a road block.
Although, there may be satisfactory physical comfort and friendly atmosphere inside the OAH, yet all this cannot overcome loneliness and the apathy which afflicted the older persons. The person has to adjust to an environment, where any time any inmate may get critically sick and may die suddenly.

**Reaction of inmates in OAHs**

The reaction of the older person of being in an institution may vary from person to person. The problem of older people needing institutional care has not assumed such a proportion, that state is required to organize these institutions. The voluntary welfare agencies will, for some time, have to provide institutional services to the needy older persons. An OAH needs to provide opportunities to older homeless men and women to ensure their health and morale by means of proper rest, wholesome recreation and proper and timely medical care.

**An ideal construct for OAH**

A homely and comfortable OAH is one, which is able to provide a barrier free environment to older people and is functional and able to cater to the needs of older persons. The OAH has to lend itself to the participation, involvement, independence and dignity of the residents. The HelpAge India has made an attempt to provide the insight into building and running of a residential home for the older persons. Building and running of a residential home for the older people is a very challenging task. It requires careful planning, innovation and most importantly sensitizing the older persons about the ageing process.

**Building design**

The following needs to be borne in mind while designing an OAH:

- Physiological needs: Sleep, rest, food, hygiene, light, air, and sun.
- Safety needs: general house safety, avoidance of pollution, noise, accidents, and also traffic safety.
- Psychological needs: contact, experience, privacy, activity, play, identification, recognition and aesthetics. Structuring of activities if capable of orientation.

The above mentioned requirements must be considered while constructing the residential accommodation for older persons, whose needs are less predictable, highly variable, than those of younger people. Generally old persons shift to OAHs for the reasons of anxiety about declining health, bereavement due to loss of the spouse leading to depression, loneliness, lack of security, inability of the family members to...
provide care to the older person, destitution and difficulties with maintenance of the previous home. Hence, the older persons expect that these needs should be fulfilled by OAHs once they shift to OAH.

Planning for an OAH

The planning of an OAH is a complex process. There are many queries which need to be addressed before building an OAH i.e. whether it is to be built from scratch or an existing building is to be modified, it is very important to be clear from the very beginning: “For whom the Home is meant for?” The number of proposed residents, their needs and their background will determine the facilities that need to be provided to them.

- The OAH needs to be able to accommodate people with disabilities. It needs to be able to provide a barrier free environment to those older people who may use a wheelchair, walker, walking stick, etc.;
- The new environment need to give feeling of home to the older persons;
- The older person are to spend rest of their lifetime in the OAH it should not turn into life sentence;
- The older persons are different in their behaviour from other age groups. They move into “community living” (OAH) at a later stage of their life i.e. the time by when their habits have ripened and it is difficult to expect them to adapt to the new environment; and
- The OAH is required to be so designed that it caters to the individual needs of the older people.

The OAH is required to ensure that all the five principles enunciated by the UN are fully respected and implemented to provide the older people care, participation, self fulfillment, independence and dignity.

Location of the OAH

While selecting a place for setting up an OAH, it is important to consider following factors:

- A secluded place is not the right choice for the proposed OAH.
- It has to be well connected by roads.
- Public transport has to be easily available.
- Good accessibility to local facilities, health services, public transport, markets, shops and religious centers is to be sought.
• The basic amenities such as water, sewage and electricity are available in the area.
• The locale needs to be flexible to accommodate future needs of the older persons. (To expand with newer amenities).

**Land**

The land may be on lease, purchased or may be donated. It is important to check that the site should be legally approved and it has to be an authorized land holding. Deed papers need to be in order and the lease may be for a period of 99 years. The size of the land may be large enough to permit development of outdoor and for active and passive recreation. A rectangular piece of land is most ideal site for OAHs. The quality of soil has to be checked for strength. However, the land having slopes is not suitable for building OAHs.

**Landscaping**

The OAH needs to look like a living place, a home and not like an institution. The entrance to the home has to be receptive and pleasing. There has to be enough of greenery, flowers and foliage around the building of the OAH. There is need for areas with shade for the older people to provide comfort to them.

**Walkways**

All the footpaths need to be concretized and demarcated by small hedges. The walkways should be kept leveled. The walkways should have continuous and smooth surface without abrupt pitches in angle or interruptions. In lengthy or busy walkways, spaces have to be provided at some points along the route so that a wheelchair may pass another or turn around. Passageways for disabled and the older people may not be obstructed by street furniture, sign posts, tree branches along the defined route. Directional and informational signs need to be positioned at points which can be visibly and conveniently seen even by a person on a wheelchair and those with visual impairments.

**Designing the building**

The building design of an OAH requires a lot of careful planning. The home is required to provide all comfort, care and privacy to the residents. The advanced ‘age’ factor differentiates the design of the OAH from any other residential institution. All rooms need to cater to the special needs of the older persons.

The OAH may require having the following rooms and areas:
• Bedrooms;
• Common room;
• Dinning room;
• Kitchen;
• Toilets and bathrooms;
• Store room;
• Laundry;
• Sick room;
• Guest room;
• Office and
• Staff quarters.

In the subsequent paragraphs each of the aforesaid room/unit has been discussed in detail with emphasis being laid on the special considerations to the needs of older persons.

**Bedroom**

Since, most of the time of the older persons is spent in the bedroom thus it needs to provide a feeling of comfort and possession to the inmates. The older person may be allowed to personalize it with their own style and equipment. Availability of space would decide the bedroom arrangements.

**Individual cottages**

To provide older persons with complete privacy, sufficient storage space, a sense of safety and belonging must prevail. The disadvantage of the individual cottage is that the older person may not like to come out of the room and may withdraw from other inmates.

**Double occupancy**

It has all the comforts available in that of an individual cottage and at the same time it is economical. Care would have to be taken on selection and pairing of room partners.

**Dormitory**

A dormitory is a big room in which 6-10 older persons can be accommodated together. Each older person is provided with a bed space, a storage space and may be some sitting space. Temporary or permanent partitions may be put up between beds to provide privacy to each of the inmates.
Important considerations while designing bedrooms:

- The bedroom may not be next to common room or office area.
- Enough of natural light needs to come into the rooms. Provision may be made for sufficient artificial lighting as well.
- The room needs to offer a sense of privacy.
- There is need for some kind of connectivity of individual cottages so that in case of emergency the residents can approach each other.
- Each bed may have an independent cupboard or inbuilt storage space where the resident can keep his or her personal belongings.
- The storage space must not be far from reach.
- A few extra hooks on the walls may be provided so that the older persons can hang their walking sticks, caps, etc.
- The beds need to be properly numbered in dormitories and the rooms as well.
- Each bed needs to have a window view, especially in a dormitory.
- ‘Warden call-alarm system’ – Each bed need to have an emergency call bell switch. The main board has to be in the warden’s room.
- Night light/lamp may be provided in the bedroom.
- Each bed needs to have a bed light and a switch.
- The light switches and sockets need to be conveniently positioned.

For wheelchair bound/walker users

- At least 1500 mm turning space for wheelchair may be kept near all entry points to the bedrooms.
- Bedroom for the wheelchair/ walker user needs more floor area to provide for movement of wheelchair.
- The bed need to be at a height from the ground that permits the turning of wheelchair under the bed. A minimum 900 mm width should be kept in front of the bedroom closet and any other furniture.

Common room

The common room is one of the most important rooms in an OAH. Most of the day’s activities take place in this room. This room needs to be big enough to accommodate 50-70 people at a time. It may be a multipurpose room that could be used for organizing get-togethers, yoga classes, recreational activities, spiritual
discourses, etc. The common room may preferably be close to a separate entrance of the OAH so that the visitors can also join the residents in the activities.

A minimum floor space of 1 sq. m. per person is required for occasional use by the residents. Where the common room is the focus of more regular activity or where the common room provides for a ‘day centre’, a space standard of 2 sq. m. per resident is more appropriate.

- It would be a sensible idea to have one uni-sex toilet next to the common room. If space permits, separate toilets may be provided.
- It may have facilities for indoor games, television, a library, musical instruments, etc.
- The furniture for the common room needs to be light-weight and functional.
- A notice board and a clock may be provided in the common room. There is need for providing newspaper reading stand also.
- It is wise to have an attached store room next to the common room where all material such as *durries*, extra chairs, tables and other items of use may be stored.
- A small lounge may be provided in front of the common room. The office, common room, bed room should be identifiable from the lounge.

**Dining room**

Dining area is an important part of the OAHs as eating is one of the important daily activities in the OAH. It is an opportunity for the residents to socialize and eat together. A smaller functional dining room is ideal. The dining room needs to provide for:

- An opportunity for the staff to keep an eye on all residents and their diet intake.
- Dining room facilities also contribute towards maintaining certain amount of discipline among the residents.
- The tables may be provided with small drawers, which can be locked. The older people can keep their personal items such as napkin, salt, sugar, jam, pickles, etc. in the drawers.
- The table height may be such that allows the arms of a wheelchair to go under the table. The service counter may also allow for a wheelchair user to get as close as possible to the counter.
• A display board may be put up in the dining area where the daily menu could be displayed.

Kitchen

Kitchen is another area which generates lot of attention and attraction. Those who cook remain attentive and busy and those who do not cook remain attracted to as what is being cooked; kitchen thus is a hub of activities and is needs to be carefully planned and designed.

The following important points may be considered while designing the kitchen for an OAH:

• The kitchen is to be well ventilated and illuminated with a provision of natural light.
• It needs to have continuous supply of potable water.
• The kitchen to be positioned close to dining area but not very close to bedrooms as it may emit the smoke, pungent cooking smell and noise causing inconvenience to the residents.
• The kitchen needs to be big enough to carry out cooking activity at large scale.
• Preference is to be given to installation of steam cooking system to maintain the nutritive value of the food.
• There must be enough of shelves and cabinets for storage in the kitchen. The height of cabinets and shelves need to be such that the staff and the residents can conveniently reach out to the stored items as some of the residents may also like to assist in cooking.
• The fittings and equipment needs to follow the sequential arrangement of storage, preparation and cooking.
• The working-shelves have to be so designed and need to be so strong as to with stand both hot and cold temperatures surface finish of the work-tables needs to be able to withstand hot temperatures.
• Attached store room next to the kitchen is always useful as it can store raw material, which is to be used or consumed on daily basis.
• A kitchen garden can also be planned out it there is enough open space in the OAH.
**Garbage disposal area**

The garbage disposal area preferably be facing the north of the building. The exposure to sun and direct heat may build up an obnoxious smell. The away-going wind direction may keep the foul smell away from OAH.

**Toilets and bathrooms**

The older people have a tendency to use toilets frequently all through the day. The toilets and bathrooms must be so designed that residents who are suffering from arthritis, obesity and failing vision, etc. can use them with ease. Badly planned and ill-maintained toilets and bathrooms can become the cause of accidents in the OAH. Moreover, if they are not comfortable to use, the older people may resist going to toilets which can lead to constipation and other health problems. There is need of a minimum of one toilet for four residents and one bathroom for eight residents.

- The separate bathrooms and toilets for ladies and gents are to be provided.
- In the OAH the toilets would be used more frequently, so to avoid any stink, they may be planned to be slightly away from the main rooms.
- Bathrooms and toilets may ensure full privacy and safety to older persons.

**Doors and locks**

- All bathrooms may be fitted with outward opening doors whose locks can be opened from outside in an emergency.
- The door-handles of contrasting colours to be used so as to ease identification.
- Sliding doors can save lot of space and prevent accidents.
- Spring doors may be provided which opens in the direction of egress.
- Large and easy to grip doorknobs or lever-type handles need to be used for the convenience of inmates.

**Inside placement of the toilets/bathrooms**

- There has to be obstacle free approach to bathroom, wash basin, western type commode etc.
- There is enough space in the bath room for the wheelchair user to enter and exit.
- There is enough space to accommodate a helper(s).
- The wash basin’s height is good enough to give clear space to wheel chair.
- The bathroom shelves are to be well within comfortable reach of the older persons and the wheelchair users.
- The mirror is to be installed at a point to allow its use by the inmates using wheelchairs.
- The wash basin is to be strong enough to withstand the weight of the older person.
- The bathrooms taps and wash basins taps be of simple design which are easy to operate.
- Wash basin to be positioned at a minimum of 40 cm (16”) and a maximum of 45 cm (18”) away from the side wall to leave room for a wall grab rail and ‘lavatory roll holder’.
- Shower cubicles to have seats whose width and height facilitate easy gripping by wheelchair users.

**Grab rails**
- Grab rails will generally be required besides the western type commode, wash basin and the bath tub.
- The grab rails to be able to withstand a pulling and hanging load of 300 pounds/170 kilograms.
- Upward-folding support bars are recommended to allow lateral transfer of the weight of the person from a wheelchair.

**Other considerations**
- The bathrooms and toilets floors to be non-slippery/anti-skid.
- There has to be a provision of the night-light/lamp in the toilets.
- Proper ventilation of the living area to prevent any suffocation of the residents.
- Since the running water supply is regulated, so there is need of provision of stored water by using high capacity water tanks to facilitate use of toilets and other such facilities.

**Laundry area**

The provision of laundry area may be separate from the bathrooms with enough space to enable the older persons to do washing of clothes.

Provision for the laundry areas can be made as per the following:
- A sink;
- Space for washing clothes;
- Space for rinsing and drying clothes;
- A table or bench for folding clothes; and
• Space for ironing clothes.

Proper water supply and drainage system is to be in place and anti-skid laundry floor is to be preferred.

**Store room/ locker**

When the older persons enter the OAH they always bring with them a few items, which are precious to them and they may like to put them in a locker. It is, therefore, required that a separate store room to put their belongings safely is provided in the OAH. The store room and locker room need to have provision of lockers for each of the residents.

**Sick room**

The OAH is different from other residential institutions because comparatively there would be frequent medical emergencies. Due to advancing age the resistance of older persons to diseases is likely to reduce and proneness to injury/fall increase thereby requiring frequent shifting of ill residents into sick room or even to hospital.

• The sick room to have an attached toilet and bathroom.
• The sick room to have provision for accommodating one or two patients and an attendant.
• The sick room is meant for extending nursing care only to those residents who fall sick due to health problems of temporary nature, i.e. fever or injury.
• It is not be used as an infirmary. (A resident may have to be shifted to a separate wing of infirmary if available or to a hospital).

The sick room has to have the following essential items:

• Hospital beds;
• Bed for the attendant;
• Food serving table;
• Storage space for linen and medicines;
• Oxygen cylinder;
• Nebulizer;
• Weighing machine;
• B. P. instrument;
• Thermometer;
• Bed pans for stools, urine and sputum and
• Wheelchair.
A first aid kit— for minor cuts and wounds is an essential component of the sick room. A dispensary may be attached to the sick room. An examination room physiotherapy centre and a laboratory may also be planned along with the sick room.

**Staff quarters**

Accommodation for the OAH staff will not only make it convenient for the staff to attend to any emergency but would save their time as well as cost on the rent. Offering larger dwelling to the staff increases the overhead costs, but it widens the range of suitable staff. It is important that the staff quarters to have enough space to accommodate families of the staff. This provision will attract the young staff and make them stay for long as the staff accommodation is going to meet their long term needs.

The location of the staff quarters to be such that it offers certain amount of privacy to the staff and at the same time proximity of the staff to the OAH will give feeling of security to the residents.

**Prayer/worship/quiet room**

Religion plays a very important role in life but in old age faith in God increases. The older persons do spend most of the time in worshipping or praying. It is therefore very important to provide for a quiet place in the OAH where the residents can offer their prayers.

- People from different religious faith may be there in the OAH.
- Understand the requirements of each religion and make sure all reasonable observances are made possible.
- The setting of the room and accessories to be put in the room will depend on the religious background of the residents.

**Office Area**

- The location of the office near the entrance of the OAH is more appropriate.
- The facility of attached toilet with office is to the convenience of all.
- The staff to be provided with quality furniture, safe cabinets to store files, confidential papers, and record files etc.
- A display board in the office would be an added advantage for both provider and user.
Guest room

A guest room for visiting relatives may be provided. This needs to have one or two single beds and comfortable furniture. It is useful if this can be located adjacent to a bathroom that is provided for general use of the residents or to have a wash basin nearby. The provision of drinking water inside the guest room is another requirement.

Corridors and staircase

- The convenient access route to various rooms needs to be with flow of natural light wherever possible.
- Plants may be kept on the sides of the corridors to provide indication to the users, that here the corridor is ending.
- The corridors floors to have one level. The steps may never be introduced in between the corridors.
- If change in level is unavoidable. The ramps may be provided where same level cannot be maintained.
- The minimum corridor width should be 120 cm (48”).
- It is essential to provide handrails along the walls on either side of the corridor. The handrails should be at suitable height.
- Use of different colours and decoration pieces help the older people to identify which floor they are on.
- Designing of staircase be such that it becomes easy to climb, the flights of the steps has not be too high.
- The nosing of the stairs to be non-skid/slippery and not to be sharp.
- Handrails are to be fitted on both sides of stairs.
- The stairway to have natural light and ventilation.
- Handrails to start 30 cm (12”) from top of the stairs and to carry on little further at the end of the staircase and the ramps. The ends of handrails to be rounded.
- All the paths to be painted to act as route guiders.
- Recess all appliances and fittings wherever possible.
- The corridors to be fitted with night-light/lamp.
Fittings and fixtures

Doors and windows

- Door openings have to be at least three feet wide to permit easy passage of wheelchairs, stretchers and persons using crutches.
- All door handles to be large in size and easy to grab.
- Provision of windows to allow cross ventilation and flow of fresh air in all the rooms of the OAH.
- The window is to be positioned at such a height that while sitting and looking out of the windows is convenient, as it is a daily activity for many older persons.

Electrical installations

- All the light switches to be rocker switch types, fitted with switch plates. Fluorescent colours may be used to differentiate various switches.
- Height of switches should be between 70 cm and 90 cm above the floor level except in the kitchen. The recommended height for sockets in kitchens is 115 cm.
- The Circuit breakers should be fitted rather than re-wirable fuses for main switch board.
- There is need for night-lights in the corridors and toilets.
- Earth Leakage Circuit Breakers need to be fitted to sockets likely to be used externally.

Additional important points

- OAH preferably, a single storey building as to avoid any climbing of stairs on part. In case of double storied building, ramp need to be provided along with the staircase. Provision of lift and a supporting generator is also to be made available.
- There is need for sufficient natural light in OAH.
- Not too many sharp corners in the rooms.
- The floors to be smooth but it needs to be non-slippery.
- The furniture needs to be light weight, sturdy and without sharp edges.
- The OAH should have sufficient fire fighting equipment with quick accessibility.
Building material

• The eco-friendly building material to be used for construction.
• The OAH needs moderate temperature in the extreme weathers, i.e. warm/cold.
• Local building material is to be preferred because it is readily available in bulk and would be economical and most importantly it would respond best to climatic conditions.
• The use of material which catches fire to be avoided.

Management of OAH and caring of the residents in OAH

"Concrete and mortar can only make a House but it is the people who live in it who will make it a Home”.

It is very important for the caring staff to understand the ageing process and the needs of older person. The building alone cannot be sufficient for the older persons it is the attitude of the caring staff which will make all the difference. The OAH can achieve its objective of providing a “homely” environment to the older person only when the caring staff is able to look after the residents on a one to one basis. The staff alone cannot make this happen. The older persons are equally a partner to this and rather have a major role to play in making OAH a sweet home.

Caring staff

The number of residents, availability of volunteers and funds would play a very important role in deciding about the type and number of caring staff to be employed at the OAH. The most important requisite for the OAH is a well-qualified and mature staff, with not only an understanding of problems of the old people but also take keen interest in the welfare of the inmates.

The size of the staff will depend upon the number of residents. The ratio of the staff with that of inmates will vary according to the type of services, being rendered by the OAH. There may be trained nurses in the ratio of one for twenty inmates, part-time dietician and medical officer and staff required for the kitchen. It may not be possible to appoint separate social work staff for the OAH. It is enough if the Superintendent or the Manager of the OAH is a trained social worker with specialization in medical social work. As far as possible, the staff should be provided with residential facilities in separate units or wings of the building. There should be
sufficient number of people on duty at night. Following personnel should be appointed in an OAH.

- Superintendent;
- Assistant Superintendent;
- Nurse;
- Cook;
- Assistants;
- Accountant;
- Peon;
- Cleaners and
- Guards.

For an OAH with residential strength of 50 older persons, the following number of staff may be employed.

- Superintendent -1;
- Assistant Superintendent -1;
- Nurse -2;
- Cook -1;
- Assistants -2;
- Accountant -1;
- Peon -1;
- Cleaners - 3; and
- Guards -2.

In a smaller OAH, the jobs may be clubbed and lesser number of staff may be employed.

**Job description of superintendent**

A superintendent of the OAH has different job components. A typical job description would require:

1. People manager (human relations);
2. Counsellor;
3. Book keeper;
4. Public Relations Officer;
5. Nutritionist;
6. Planner;
7. Fund raiser;
8. Nurse;
9. Cook/housekeeper;
10. Peace maker;
11. Liaison officer;
12. Trouble shooter;
13. Odd job person;
14. Legal advisor; and
15. Funeral/cremation undertaker.

These job functions show the diversity of skills required by a manager. Some of the qualities required by a manager are:

- Compassion;
- Sense of humour;
- Common sense;
- Firmness;
- Good physical and mental health;
- Endurance;
- Good listening skills;
- Concern;
- Patience and
- Decisiveness.

Recruitment of staff

An OAH will only be as good as the staff that runs it. It is, therefore, very important that suitable staff should be recruited and that they all work as a team. The job in OAH is very demanding. The assessment of the staff should include the following:

- Age;
- Health;
- Family commitments;
- Educational level;
- Work experience;
- Reasons for applying for the advertised post;
- Reasons for leaving the previous job;
• Previous experience of working with older people;
• Outside interests;
• Sense of vocation;
• General knowledge;
• Health record;
• Ability to work in a team;
• Ability to work in emergency situations and
• Commitment and dedication.

Maintenance of the OAH

The OAH and its immediate surroundings make up the environment in which the residents live.

To maintain a clean, safe, pleasant environment the superintendent must:

• Check that every part of the OAH and garden is cleaned on a regular basis.
• Organize a cleaning schedule.
• Organize cleaning materials.
• Allocate tasks.
• Supervise.

Routine cleaning timetable

Daily tasks: Clean lavatories, sweep and wash floors, dust, clean open drains, scrub kitchen tables.

Weekly tasks: Clear cobwebs, clean doors and windows, bedside lockers, kitchen and bathroom walls, clean water filters, change linen.

Monthly tasks: Repairs, fumigation, wash curtains, cushion covers, water tanks.

Annual tasks: Whitewash, pest eradication, contract renewals.

Feeding the residents

One of the important duties of the staff is to ensure that the residents are fed well. The right kind of food in correct proportions will not only make them happy, but will also keep them healthy and create resistance to sickness.

Food provided for the elderly must be

• Easily digested.
• Balanced (including 38 per cent protein, carbohydrate, minerals, vitamins, fats and water).
When planning for meals, consider the following:

- Physical condition (fit/mobile/bedridden)
- Age
- Sex
- Climate
- Individual needs (religious restrictions)
- Work undertaken (manual/light/heavy/sedentary)
- Use of seasonal fruits and vegetables
- Availability of money and resources
- Number of people to be fed (residents, staff, guests, etc.)
- Availability of storage space
- Type of food to be followed:
  - Buffet system: Older persons can choose food and portion of serving.
  - Tray system: Portion of serving can be controlled.

How to preserve nutritional content of food

- Boil for short time in covered pan.
- Cut into big pieces.
- Don’t over cook.
- Don’t add too much water.
- Soak lentils and green grams until shoots appear, vitamin B and C will be present.
- Serve raw vegetables and salads.
- Eat fresh food.

Administration and public relations

The administrative work and maintaining public relations would involve:

- Day to day correspondence.
- Maintaining various files related to records of the residents, staff, stock, finance, and assets etc.
- Preparing annual budget for running the OAH.
- Responding to enquiries.
- Entertaining guests and visitors etc.
• Attending to general maintenance of the OAH.
• Establishing good public relations for seeking community support.
• Encouraging and training volunteers.
• Networking with local institutions such as banks, post office, public library, community centre, transport company, nursing homes, and shopkeepers, etc.
• Establishing good relations with local print and electronic media.

Fund raising
Regular inflow of funds is essential for running the OAH. The recurring expenses form the major expenditure head in an OAH. The management and staff of the OAH are to be constantly on the look out for newer ways of raising funds. The following funding sources and ideas may be explored:

- Government grant.
- Donations in cash and kind.
- Look around for sponsorship.
- Market the items made by older people.
- Organize community feasts, get-togethers, etc.
- Open crèche for toddlers in the premises of the OAH.
- Open up ISD, STD, local call booth, etc.

Health care of the residents
One of the important aims in old age is to keep the body physically fit and mentally alert. It is a very important duty of the caring staff to ensure good health of the residents.

Medical and nursing care
As has been said above, adequate provision for medical care of the aged is necessary, particularly if the OAH has got some feeble and infirm people. This is one of an important essential of OAH. Budget provision for providing necessary medicines and tonics should be made. Physical examination of every inmate is required before admission, and it is to be followed by periodical examinations. Cases needing prolonged medical care of those suffering from chronic diseases may not be admitted and if any inmate is found suffering from a contagious disease, she/he should be immediately moved to a hospital. Services of a visiting physician be made available daily. As far as possible, the medical facilities in the community are to be utilized. Adequate dental and optical care is also to be provided.
• Regular check-ups of the residents are to be organized from time to time.
• The superintendent of the OAH is to keep individual health records of the residents.
• It is also important that the nearest nursing home or hospital be actively involved.
• The superintendent is to keep a close look at those older residents who have heart problems, hypertension, etc.
• It is always helpful to apprise the room partners and friends of the patients about the health problems of the inmates.
• It is wise to keep the telephone numbers of ambulance van service, blood bank, a few doctors etc. under the table glass/or at a place where visible.

The manager can arrange for the health check-up of older persons residing in the local community. The vehicle of the OAH may be used for an outreach ‘Medicare Programme’.

Exercise

Exercise is an important art of keeping the older persons fit and healthy and for that the older persons need to exercise for as long as they comfortably can. To be beneficial, exercises must be done regularly with proper warm up and no prolonged or strenuous form of exercise is to be undertaken without seeking advice from a doctor or physiotherapist.

Older persons in the OAH may frequently require essential medicines for the following diseases. Reasonable stocks of medicines for these common ailments may be maintained in the sick room.

• Fever.
• Constipation.
• Cough and cold.
• Diarrhoea.
• Pain killers.
• Throat lozenges.
• Medicines for preventing immediate cardiac arrest.
• Sleeping pills.
• Flatulence.
• Eye and ear drops.
• Breathlessness.
• Dry skin.
• Skin rashes.

To keep residents occupied

‘Idle mind is the devil’s workshop’ is an age old adage is true for an individual of any age. Shifting to an OAH does not mean that the older person have to retire from an active life. Active life does not necessarily mean economically productive. A sedentary life style may adversely affect the health of older persons. The older people are to be encouraged to keep themselves occupied in a kind of a routine. The physical limitations of the older person may be kept in consideration.

The caring staff has to evolve ways and methods of keeping the residents busy. A daily time table is to be worked out. The aim is that the residents come out of their bedrooms and socialize with each other and keep themselves busy and active.

The caring staff is to plan out activities for the older persons keeping in view their individual needs according to their age, gender and education etc. Some older persons may prefer to play indoor games while others would prefer to work in the garden. Some older persons would like to indulge in some productive work, which is remunerative in nature. The staff may find a few volunteers who would like to help in the kitchen activities. The older ladies may volunteer to assist in repairing and doing task at the laundry.

Individual activities may include

• Library and reading room,
• Hobbies, handicrafts, wood work, tailoring, embroidery, painting leather work, ceramics, spinning etc.,
• Creative writing,
• Use of musical instruments,
• Book review, and
• Repairs to household gadgets.

Group activities could include

• Singing,
• Folk-dancing,
• Discussion groups,
• Story-telling,
• Light refreshments,
• Picnics,
• Sight seeing trips,
• Indoor games (cards, carom, chess etc.),
• Outdoor games (Badminton, hockey etc.),
• Lectures and debates,
• Poetic competition,
• Adult literacy,
• Parties,
• Dramas,
• Group games etc.
• Inter-club activities,
• Visiting churches and temples,
• Attending or organizing religious discourses,
• Celebrating national festivals, and
• Film Shows

Forming residents’ committees

The older persons are not to be underestimated in their potentials. Some may be good administrators; others may have excellent communication skills, etc. The caring staff can very effectively involve the residents in running the OAH by organizing them into management committees.

• Catering committee;
• Repair and maintenance committee;
• Public relations committees;
• Purchase committee;
• Fund raising committee;
• Health care committee;
• Grievance redressal committee;
• Admission committee etc.

Starting hobby classes

The staff may involve the local community in this assignment. Volunteers may be identified from nearby areas who may take hobby classes for the residents. A
variety of handicraft items may be taught to the residents. Music classes may also be found interesting by the residents.

Community service by residents

- The residents may be helped to involve themselves in social service for the benefit of local community.
- The residents may adopt a nearby slum for its improvement.
- Literacy/tuition classes may be taken by the residents.
- The residents may run crèche for children of working couples.
- The residents may organize domiciliary care services for other home bound fellow older persons.

Safety measures in an OAH

- All important telephone numbers should be kept handy.
- Nursing home/ hospital.
- Ambulance.
- Doctor.
- Fire brigade.
- Police station.
- Plumber.
- Electrician.
- Proper illumination of the building is to be ensured.
- No loose carpet or rug to be laid in the rooms.
- Any spilt water is to be immediately wiped.
- Any uneven or broken steps to be repaired immediately.
- Ensure that the older person wear comfortable, non-slippery and properly tied footwear.
- Ensure that those older person who have mobility problems have easy and quick access to toilets and bathrooms.

Pets

Pets bring companionship and add liveliness in the environment. For some of the older persons cuddling the pets could be a good time pass. The caring staff may keep a few pets such as dogs, cats, birds and fishes.

Rules and regulations
In order to run the OAH effectively, it is very essential that there are certain rules and regulations, which are to be followed by the residents. It is always better to keep ready the brochure about the OAH, describing the OAH, its distinctive features such as its room capacity, rules and regulations, etc. The brochure has to be self-explanatory. In fact the rules and regulations would to a large extent give an idea about the internal environment of the home i.e. ‘whether it is a home or an institution’.

Given below is the list of some of the areas which could be included in the rules and regulations list.

Eligibility

The following eligibility criteria may be applied:

- The person applying for admission has to be of 60 years or above.
- The person should not have such a handicapped which restricts her/him to do activities of daily living, also suffering from any infectious/communicable disease which can be spread to others.
- The person should be able to do his/her own day to day personal work.
- There is none to support or maintain him/her.

Application for admission

Application must be made on the prescribed form accompanied by the following:

- Two recent passport size photographs.
- Two references/guarantors with their full name and addresses.
- Medical fitness certificate from a registered medical practitioner.

An application not complete in all the above respects are liable to be rejected.

Selection of applicant

The OAH is open to men and women of all castes and creeds. The approval for admission to the OAH shall be made by the managing committee. The decision of the managing committee or the nominating authority shall be final. The candidate will be informed about his/her selection and if he/she fails to occupy the accommodation within the specified time, the offer will be treated as cancelled automatically.
Expulsion of residents

The residents are liable to be expelled from the OAH for any behaviour that adversely affect the reputation and disturb the peace of the OAH and create friction among the residents.

Other rules and regulations

1. It is mandatory to observe all the rules.
2. It is to be observed that neither a resident nor a donor enjoys any proprietary rights or any other rights in respect of any room or any part/portion of the properties of the OAH. The lands, the buildings and other properties standing thereon, belonging absolutely to the OAH, and neither the residents nor the donors thereof shall have any right, title or interest in the same.
3. Residents are expected to extend help to the superintendent in the day-to-day running of the OAH as and when required.
4. Residents shall not expect or demand personal service from other residents or servants without specific instruction from the superintendent. On the other hand residents are expected to give help without reward or remuneration.
5. Plain/simple and balanced vegetarian meals would be served to the residents.
6. A common kitchen would be run for all residents which will cater vegetarian meals only. A catering committee would be formed from among the residents. The committee would be responsible for planning the weekly menu and general supervision of the kitchen upkeep and its staff.

Maintenance of OAH premises, furniture

- A bed, a chair and also a built-in-cupboard is provided for each resident.
- No resident shall remove any furniture or other fittings from the allotted space.
- A resident is not allowed to change his/her room or seat, unless prior written permission from the OAH authorities is obtained for it.
- The residents shall be responsible for the proper upkeep of the furniture and fittings etc. Any damage to these including the glass panes or electric fittings is to be made good by the residents concerned.
- No furniture belonging to the resident will be allowed in the OAH without prior permission from the OAH authorities.
- No electrical equipment-such as electric irons, heaters, immersion heaters etc. is to be used.
Inspection of rooms

A key to each room is available to the caring staff. The rooms will be liable to inspection by the OAH authorities daily, or at any time. These will also be open to inspection by the members of the Managing Committee.

Movement of residents

For the safety, residents before leaving the premises must sign the register kept for purpose. All residents who intend to stay out of the OAH for the night have to inform the superintendent giving details of the place to be visited.

Unless prior permission has been granted in writing to a resident for absence on holiday for a period not exceeding one month, the management reserves the right to allocate the room to some one else. Normally the main door of the OAH shall be locked at 8 p.m. Residents have to be in before that time but may stay out up to 9.00 p.m. once in a week. No meal charges would be made from those residents who remained away from OAH with prior information for a period of two weeks or more.

Valuable and cash

No responsibility would be taken by the management committee for loss of cash or valuables or any other articles belonging to any resident. Residents will themselves be responsible for the safety of their cash, valuables and other belongings.

Visiting hours

Visitors are allowed inside the OAH only with the permission of the superintendent. Visiting hours for the guests will be from 4.00 P.M. to 7.30 P.M. daily and on Sunday and on public holidays from 9.00 A.M. to 12.00 noon in the lounge. A visitor planning to stay for the night shall be required to make a payment towards the boarding and lodging expenses. The visitors shall not stay for more than two nights in OAH.

Pets

Residents are not allowed to keep personal pets in their rooms of the OAH.

Personal expensive items

No individual would be permitted to keep any expensive items such as Television/Air Conditioner etc. without the approval of the managing committee.

Drinks and drugs

No resident shall be allowed to use any kind of intoxicants/ drugs within the premises. No intoxicant liquor or drug of any kind will be allowed to be brought in the OAH premises. Smoking must be strictly prohibited in the OAH premises.
In case a resident has any special requirement of different type of food or beverages and medications on medical or other grounds, he or she may make an application to that effect to the managing committee, who may, or may not, permit use of such food, beverage or medication at its discretion.

**Medical facilities**

A 24 hour ambulance service would be provided at the OAH. All residents will have to have periodic medical check-up arranged by the managing committee and limited medical facilities would be arranged by the management. All residents must specify a relative/next of kin residing nearby, who can be contacted in case of any emergency. The specified contact person would be required to move the resident from the OAH if prolonged and continuous medical attendance is required. If there is no response to this urgent communication, the management will be entitled to take whatever action is deemed necessary and will in no way be held answerable or responsible.

The management is responsible for the care of invalid or dying or dead residents as per the regulations decided by the Managing Committee.

**Recreation**

The OAH provides recreational facilities as well as a reading room for the residents. The management of OAH has to plan the outings to places of interest after periodic intervals to be decided by the Managing Committee.

**In case of death of resident**

If a resident dies, the Superintendent shall inform the doctor retained by the OAH, who shall examine the body and record full particulars of the death in the death certificate. The Superintendent shall inform in writing to the Managing Committee and to the nearest relative of the deceased. The caring staff should arrange for cremation of the deceased, in accordance with his/her religious faith and as per the regulations of the OAH. In the event of the death of a resident, all his/her possessions including money in cash or bank shall be the property of the OAH.

**Other facilities**

A pay phone service shall be available within the premises of the OAH. The older persons would appreciate if facilities for e-mail and internet are also made available at the OAH. Banking and postage services shall be available on request.

It may be good idea to allow the applicant to stay in the OAH for a week before finalizing the mission formalities. This would provide an opportunity to both
the staff and the applicant to know each other. The applicant would know about the inner environment and the staff would be able to judge about the possibility of adjustment by the applicant. Upon admission to OAH an orientation program has to be arranged for the new resident by superintendent.

**Other Requirements of an OAH for older persons are**

**Proper records of the inmates**

The history of all residents prior to their entrance, progress in the OAHs, discharges and deaths has to be maintained. An OAH may have to arrange for short stay of certain older persons for a change. Needs of such residents would be different from the needs of the permanent residents. The older persons need to be encouraged to provide social service to the community. This may be in the form of coaching children, adult education classes, helping in arranging/solemnizing marriages, advising and counselling youth, and doing Community Service, etc.

**Mental health and Counseling Services**

A psychiatric assessment of each resident at the time of entry to OAH and also as and when required would go a long way to identify and tackle the problems of Depression, dementia, or any other mental disorder. A consultant psychiatrist has to be there on part-time basis who knows the residents well enough to understand their problems and the situation.

Counselor’s role in an OAH is a specific one; the counselor’s help may be taken to assist the older person to adjust with the environment, when they feel lonely or depressed, and also for counseling the staff to prevent burnout. An OAH could have part-time regular counselor or provide consultation as and when required.

**Training of staff**

It is ideal to take the trained staff in care of older persons and management of welfare institutions for older persons. And time to time in-service programmes are to be arranged by managing committee to ensure quality care in an OAH and to prevent turnover of the staff.

**Summary**

The present Chapter has focused on the concept of OAHs and also dealt with growth and development of OAHs in India. The setting of a model OAH was also looked into. With the framing of the NPOP the national policy-makers have shown their inclination towards the cause of older persons with its adoption the stage was set to provide old-age care by setting up Old-Age-Care-Division in the Ministry of Social
Justice and Empowerment. The emphasis of NPOP was on framing the laws, regulations and opinions that will influence the establishing and running of OAHs, the NPOP also advocated that the elderly must have access to all types of basic services required for older persons and the resources be raised by the organizers to pay for these services.

An ideal OAH as visualized by HelpAge-India must meet the needs and desires of the residents and for that the OAH must be designed and operated with capable staff to the strength. Other essentials for an ideal OAH consisted of security, independence, privacy, companionship, physical and social well-being. In a model OAH individuals received personal care and health care services to their satisfaction while accommodating their choices and preferences.

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