

Need for developing Community Care Centers for Elderly

How many crimes we have prevented because of the punishments prescribed by law in various countries including India ?

How many older people are able to receive care and love from their children because of law?

There are many Acts and laws with very noble intentions but their outcome is dismal.

Love, care and respect is earned and not extracted by force

Solutions to present challenges will be more effective when greater number of elderly get effectively involved as actually too many good people do nothing

Introduction-- India is an ancient nation with its history of many millennia. Rights and responsibilities of our people were not codified by any constitution. They were embedded in our culture and spiritual outlook towards life. Great saints and wise persons of yester-centuries had developed the cultural environment in which every person was expected to rise from one stage to higher stage in our 4 stage evolution of life that is, Bramhacharya; Grahastha; Vanaprastha and Sanyas. Among the institutions, mankind has built for its survival and progress, the best is **this institution of family**. To-day, this institution of family must be preserved and strengthened. It is the smallest unit of society and happy **where old and young live together, sharing the bonds of love and care**. Elders in our families, committees and societies used to be valued for their wisdom and their opinion and their advice were accepted by one and all.

How many elderly are able to get love, respect and care from their family because of law or U N Declarations from time to time? There are many Acts, laws in the State with very noble intentions but their outcome is dismal. **Love, respect and care is earned and never extracted by force. Respect is earned and not begged and self respect has to be maintained at all costs. Elderly form a rich repository of knowledge and experience and no society can afford to ignore.** Quite often most of us pass on blame to external impact. non-implementation of government policies and Acts, lack of political will or effective measures of UN agencies but fail to realize that we are failing in realizing our own duties and strength. All outer agencies at best, create better environment or facilitate the development and utilization of tools helpful in improving our life. In all elections at Central, State or local levels, more than 14% voters are senior citizens. In addition, each elderly voter commands influence on several other voters. In Parliament, Assemblies and Local bodies, more than 50% are senior citizens. Solutions to present challenges will be more effective when greater number of senior citizens become effectively involved. **Actually too many good elderly do nothing and quite often, only blame others for their miserable plight.**

India has today the second largest population in the world and days are not far when they will outnumber younger people and our workforce. In several countries even today their population is more than their workforce. The dream of people to live long has become a reality but paradoxically the problems of elderly are overshadowing the joy of longevity and affect the social, economic and physical well being of individuals. Problems of elderly women and widows or single are much more. Chronically ill

patients are the worst sufferers. Providing care and relief at home is still the best for care and emotional relief but our constantly damaging family structure and the fast decline in present value system, associated with migration of family members for work and women, the best care givers in families, now opting to work outside, is posing severe problems for care at home. In addition, most hospitals do not have proper geriatric facility. Outreach of villagers and specially poor in rural areas is very limited and it is worse for disabled and women.

Approach to care of elderly- At present three distinct approaches have emerged in different historical and cultural contexts in many countries.

First is the role of **State** in providing care to elderly. In more developed western societies and after the welfare state policy first appeared in Germany and Britain, government's instituted universal coverage of pension and health insurance and made such system compulsory. America, Canada and Australia and several countries in Europe have also followed this model to a great extent, depending upon their internal resources available...

Second approach more easily found in eastern countries in ASIA which includes India, emphasizes major role of **family** in providing care of elderly. As of today CHINA and majority population, still features **family centered old age care**. However, China is constantly striving for a middle approach between the above two i.e. between State and family, China pays much more attention to the role of **community** and informal groups generally **involving seniors actively**. China views elderly more than a care taker and focuses on their general wellbeing instead of specific care needs and encourages them to lead an active rather than a secluded life. However, now a days, the traditional practice of elderly being cared by children is no longer a **complete** solution for contemporary society.

Third approach is developing **Community Care Centers** involving local seniors, social workers and volunteers. They are reasonably equipped to support homecare needs of elderly and also create public awareness.. Even in Australia they have experimented with “ Area Geriatric and Rehabilitation centers”. These consist of multi disciplinary teams with nurses, social workers, physiotherapists, occupational therapists, meals on wheels etc.

Care for elderly is a global issue and we are all struggling to develop ways and means to find how we are able to care best for our loved ones as they age and this will be testament of humanity,

For India with a population exceeding 1200 million people and more than 90 million elderly increasing at the rate of more than 3% annually and around 70 % of them living in rural areas with very little health care facilities, poor infrastructure of roads, electricity and transport, care of elderly is indeed a very complicated challenging task. We must take full advantage of experiences in the east as well as west and devise our own model with **Indian ethos** with following broad objectives:

- 1- Strengthen our well experimented existing Institution of **family** and its value system.
- 2- Create public awareness and motivate people to play participatory role.
- 3- Be closely associated with and easily accessible to 1000 or more elderly in the area.

- 4- Involve community especially elderly to maximum extent and harness the rich potential available in the area..
- 5- Get closely linked with existing services and support system in India
- 6- Can attract NGOs; private entrepreneurs as well as Government agencies

Logically, for Indian conditions, an improvised **Community Care Center (CCC)** should prove most practical for **urban as well as rural areas**. The need is to develop different models suitable for private entrepreneurs; NGOs; state governments etc. In China private care centers, nursing homes; old-age homes; day care centers are coming up at an increasing rate. In western developed countries, private sector has already been actively involved since past several decades, with or without any support from the state. Normally these CCCs should have following facilities:

- 1- A committee room and attached office space.
- 2- Health care staff e.g Doctors (part or full time) ;nurses; informal Care givers; personal care givers; home health care aids and assistants; paraprofessionals for long care facilities etc
- 3- Social workers; volunteers paid or honorary
- 4- Gadgets to train care givers and elderly for improved living. Several low-tech services have been designed to minimize ,rehabilitate or compensate for loss of independent physical or mental functioning and provide assistance for bathing, dressing, eating and personal care, several instruments can also provide support to household chores such as meal preparation cleaning etc.
- 5- Transport
- 6- Apartment to accommodate elderly with 24 hour caring system(if possible)
- 7- Canteen with home delivery facilities
- 8- Library and some recreational facilities.
- 9- Laundry.
- 10- Bank and post office (if possible)

Home and community base care is a catch all phrase referring to a large variety of non-institutional care settings ranging from various types of congregate living arrangements to individual homes. State alone can not take full care of elderly and non-state services should be involved. Compared to present welfare schemes struggling for meager state funding, CCCs will run at much lower cost, offer more services and will be more affordable as well as efficient. At a very low cost they will support and supplement the home care system also. In China they have already realized that this is the least expensive system for taking care of elderly and encourages the involvement of elderly on a large scale. **It has blazed a new trail in elderly care business and there is a boom in private care centers** . Our energy should be around how to replace nursing homes and develop homelike places where elderly could gather and sit before a blazing fire and even dine to-gather. This will encourage individuals to remain in their present residence and have better control on their quality of life and reduce burden on family. This will lead to better management of physical and emotional stresses and keep elderly more happy and comfortable and healthy aging during progressing years. **Government should support and encourage aging in place**. This will also serve as a bridge in the intergenerational transmission of values and beliefs.

Size and facilities in CCCs will depend upon resources available with its managing organization. Since these CCCs will be having close association with local community and information about their multifarious requirements , with a free hand under an encouraging atmosphere, they can come up as **one window shop** for other local needs as well. For a long time, emphasis has already been laid by several NGOs and specialists in rural development at grass root level through Growth centers in cluster of villages and Central village centers with a view to take the development tool close to and within reach of beneficiaries, but India being a large country with limited resources, governments could not venture to provide and develop facilities closer than Blocks, already developed in all districts of India. Successful operation of CCCs will be a great movement in harnessing the rich experiences of elderly and local community for the National reconstruction programs.

Extensive support system should be developed through several **Institutions on Ageing** and harness existing infrastructure already available with Universities and other Institutions. Like United Nation's International Institute on Aging in MALTA, ILC; CASP; Help-age India ; Central & State Government and good Charitable Trusts involved in caring for Elderly should come forward and develop Institutes on Aging. Variety of home nursing courses; training home care givers; geriatric nurses; health workers; Research in gerontology, geriatrics, population aging, seminars and public awareness activities, model CCC, daycare center etc should be encouraged. Some CCCs can add care for children; school; vocational training nursing home ;nurse's training school; development of assistive appliances and several other activities useful for elderly and community in general.

RN Kapoor [_rnkapoor31@hotmail.com](mailto:rnkapoor31@hotmail.com); rnkapoor31@gmail.com M- 91-9793730077

-Founder Chairman Indian Society of U3As

-Founder Vice Chancellor Mahatma Gandhi Gramodaya Vishvishavidya Chitrakoot

-Founder Chairman All India Board of Vocational Training (AICTE)

-Founder Director Institution of Engineering & Rural Technology Allahabad

-Ex Director of Technical Education of UP