

# SEMINAR REPORT

## An Attempt to Develop Gerontological Social Work in India

### Introduction

A National Seminar on 'Globalisation and Ageing: Implications for Gerontological Social Work' was organised by the Tata Institute of Social Sciences and the Family Welfare Agency, on December 22-24, 1997.

The objectives of the Seminar were to:

- examine the effects of globalisation on the roles, power and status of the ageing;
- analyse the differential situation of the ageing by urban/rural/tribal context, organised/unorganised sources of livelihood and gender;
- discuss the following issues of ageing and review research, laws and programmes for each: Social security, physical health, mental health, living arrangements, care giving, and neglect and abuse;
- consolidate recommendations for a national policy and laws for the ageing; and
- draw implications for gerontological social work practice, research, education and training.

An analysis of the emerging needs of older persons, in the context of globalisation, is summarised in this report, followed by some guiding principles of work with them and recommendations for a national policy, work by voluntary organisations, social work curriculum and training programmes for paraprofessionals, that emerged from the Seminar papers and proceedings.

## **Emerging Needs of Older Persons in the Context of Globalisation**

### ***Socioeconomic Trends***

The older persons in India have carried a high status, the oldest man generally being considered the head of the family. As their family responsibilities were concluded, they were expected to move out to play a role in community activities. The dominant paradigm of development, comprising technological advancement with industrialisation, urbanisation and liberalisation, has been changing the socioeconomic context of ageing. The fast moving world of technology, increasingly values young and educated professionals. The experiential wisdom of the older persons is not being considered productive in this scenario. Moreover, the concept of retirement from work is leading to lowering of their status as non-productive dependents. It is the earning man who is now being considered the head of the family. Women, who were always subordinate to the men in the family, earlier had authority over younger women. Due to growing consumerism, leading to self-centredness, the trend is towards inverting of hierarchies and ambiguity of roles, rather than a movement towards an egalitarian family structure.

This marginalisation is being justified by assumptions that older persons have reduced physical and intellectual capabilities and are, therefore, dependent on the younger population. This is usually not true at the age of 60, just because it is generally the age of retirement from formal work. The young-old (61-70) are productive human resources, as seen in the informal sector, and the old-old (71-80) are capable of being useful to the society and are not dependent liabilities. The non-productive very old (81+), the disabled and the terminally ill; the landless and the migrant; and the single older persons in cities, where community supports are weak, are more likely to be neglected, abused and rendered destitute. 'Development' has led to migration and displacement of individuals and families from their roots, traditional sources of livelihood and community bonds and supports. The problems of older persons are aggravated due to loosening social support systems of family and community.

### ***Demographic Trends***

Besides the socioeconomic trends, the following demographic trends are taking place in India, leading to a growing number of and a new profile of older persons. The evidence is drawn from the Census data.

1. The physical context of ageing is changing. The death rate is reducing, especially in the 0-4 age group. It came down to 29.1 per 1000 in 1991. The expectancy of life at birth is increasing. It increased to 59.4 in 1991. The birth rate is reducing. It reduced to 29.5 per 1000 in 1991. As a result of these demographic changes, the population in the age group of 60+ is increasing. It increased to 56.7 millions, comprising 6.8 per cent of the total population in 1991. It is growing at a rate faster than the rest of the population. The older population is expected to grow to over 76 million by year 2001, which would comprise 7.7 per cent of the population then.
2. The 60+ population is, by and large, rural (78.1 per cent in 1991), as the young tend to migrate to urban areas. In the rural population, 7.1 per cent of the people were 60+ whereas 5.7 per cent of the urban population was in this age group in 1991. On the other hand, life expectancy at birth is higher among the urban population (64.9 in 1991) as compared to that of the rural population (58 in 1991), due to better health services in urban areas.
3. Longevity also has gender differentials. The life expectancy at birth is greater for females (59.7 in 1991) than for males (59 in 1991). As a result, the sex ratio in the 60+ age group is better (932 females per 1000 males in 1991) and increasingly improves with age, compared to the population as a whole (927 in 1991). However, older women have a higher morbidity rate than older men.
4. As a result of higher longevity among women as well as a higher remarriage rate among men, a majority of the female older persons (54 per cent in 1991) are widowed, while a large majority of the male older persons are married (80.7 per cent in 1991).
5. Almost three-fourths of the 60+ population (72.85 per cent) was illiterate in 1991. The literacy rate among the older females was worse (12.68 per cent) than that of the older males (40.62 per cent) and that among the rural older persons was worse (21.12 per cent) than that among the urban older persons (48.72 per cent). However, literacy rate among the older persons will improve in the coming years, as today's young literate grow old.
6. The labour force participation among the 60+ population was 39.13 per cent in 1991, mainly in the agricultural and informal

sector. While it is higher and increasing among the rural older persons, it has gone down for the urban older persons, as a result of more people retiring from the formal sectors in the urban areas. On the other hand, the urban older persons earn much more than the rural older persons. Moreover, the average salary earnings of the older persons are much lower than the rest of the earning population and that of the male older persons are much higher than that of the female older persons.

Thus, the situation of the older persons is not homogeneously changing. It differs by sex, urban-rural context and other such factors. The 60+ population is more likely to be rural, female and single, illiterate, and poor, compared to the rest of the population and, therefore, vulnerable to marginalisation.

### *Emerging Needs*

The growing marginalisation of older persons in the context of socio-economic and demographic changes, needs to be countered by government and non-government approaches that accept old age as a developmental stage and not a problem or a disease, and older persons as human resources and not as liabilities. Besides, often being the care givers of their grandchildren, increased longevity also means that the young-old are also likely to be the care givers of their very old parents. Coordinated approaches are necessary to ensure that the needs of older persons with reference to their self-fulfilment, health and nutrition; work and financial security; property and housing; continuing education; recreation and mobility; family and community awareness and interaction; protection from neglect, violence and destitution; and death with dignity; are met as rights and not as charity.

### **Guiding Principles for Work with Older Persons**

The United Nations Principles for Older Persons are organised in five clusters: independence, participation, care, self-fulfilment and dignity. The government may draw from them and develop the following guiding principles to guide the National Policy for the Well-Being of Older Persons, in order to counter their marginalisation and ensure their well-being.

#### *1. Positive Perception of Older Persons*

Old age is a developmental phase and not a disease or a problem. The needs of the older persons generally vary from the young-old (61 -70),

to the old-old (71-80), to the very old (81+). Most of the young-old are productive in the informal sector and often the care givers of their grandchildren or their very old parents. Most of the old-old are capable of being useful to the society. They are human resources and not dependent liabilities. Their capabilities need to be constructively utilised for their well-being and that of the society. Age related discrimination needs to be prevented in education and employment. The strategies of reemployment, flexible work, second career, and so on, need attention.

## *2. Need for Outreach to Vulnerable Older Persons*

The vulnerable among the older persons are the non-productive very old, the disabled and the terminally ill, who are dependent on others for care; the landless and migrant; and the single, the destitute and the institutionalised. Voluntary organisations should have outreach programmes for the vulnerable older persons, especially the women, who may not be aware of or cannot access the organisations.

## *3. Rights of Older Persons*

The older persons have a right to meet their basic needs of self-fulfilment, health and nutrition; work and financial security; property and housing; continuing education; recreation and mobility; family and community awareness and interaction; protection from neglect, violence and destitution; and death with dignity.

## *4. Family and Community as Natural Systems*

Family and community are the natural support systems of the older persons, which need to be strengthened. The non-institutional services should, therefore, be given priority over the institutional services.

## *5. Sensitivity to the Background of Older Persons*

The programmes for older persons should be planned depending upon the composition of the group with reference to sex, marital and family status, urban/rural context, literacy and education, organised/unorganised source of livelihood, religion and so on.

## *6. Barrier-Free Environment*

The planning of the physical structures such as public transport, government buildings, market, banks, voluntary organisations and the fixtures and the furniture within, should be barrier-free to facilitate mobility of older persons.

## 7. *Participatory Approach*

The voluntary organisations should follow the principle of participatory approach by involving the young-old and the old-old, according to their interest, in the planning, monitoring and evaluation of the policies and programmes for them.

### **Recommendations for a National Policy for the Well-being of Older Persons**

The guiding principles for work with older persons need to be integrated in the legislation, old age pension schemes and grant-in-aid schemes of the Ministry of Welfare and policies and programmes of other ministries. Services, when made available, should also be accessible to those who need them and people should be made aware of their availability. The state needs to coordinate and collaborate with the voluntary organisations, academic institutions and international organisations, to promote the principles for the well-being of older persons.

#### *Legislation*

##### *Holistic Family Legislation/or Older Persons*

A holistic family legislation for older persons is needed to protect older persons' right to family housing and property. Women's right to family housing and property needs to be strengthened with reference to her rights as a daughter, sister, wife and mother. Family violence against the older persons should be made a cognisable offence.

##### *Age Related Discrimination*

Prevention of age discrimination will help to promote the well-being of older persons in the liberalised economy, where the young are going to be given increasingly higher preference. This will help to bring down the old-young dependency ratio. Age related discrimination needs to be prevented in education and employment. The discrepancies in retirement age within and across centre and states need to be reviewed and revised with reference to increased longevity.

##### *Social Security for the Informal Sector*

A social security legislation for people who work in the informal sector could replace the ad hoc national and state-sponsored old age pension schemes.

### *Care Giving Support*

A legislation is necessary to provide care giving leave and financial support to the male and female care givers of the immobile older persons, along the lines of maternity leave. Such a support is also necessary for older persons who are care givers for their parents, or children, or grandchildren.

### *Barrier-Free Structure*

Public transports and the building bye laws and development control regulations should ensure that built environment, especially in public places, are planned to facilitate mobility of the disabled and the older persons.

### *Legal Aid and Petitions*

Free legal aid should be made available to the older persons. Priorities may be given to the speedy disposal of petitions by or on behalf of older persons, as a human right imperative.

### *Old Age Pension*

Pensions provided to older persons who have worked in the organised or the unorganised sector, should have provisions of including the dearness allowance and be exempted from tax.

As a majority of India's older persons live below the poverty line, in the rural informal sector, strengthening the old age pension schemes targeting at this group, will help prevent destitution among and need for institutionalisation of older persons, in the absence of a social security legislation applicable to this people. Financial allocation being done for institutional services needs to be diverted to these schemes which help retain the older persons within their family and community settings.

The criteria of destitution/ widowhood/no family support, need to be reviewed so that older persons, below the poverty line, get financial assistance, independent of their dependence on family members. Speedy delivery of pensions is a human right imperative for older persons. Funeral expenses of the beneficiaries of this Scheme may be in-built into the Scheme.

### *Scheme for the Welfare of the Aged*

The Scheme for the Welfare of the Aged should be reworded as the Scheme for the Weil-Being of Older Persons. It should lay down

minimum standards and regulations for services and the grant should have in-built provisions for in-service training, monitoring and evaluation. The Scheme should aim to develop a service centre for older persons below the poverty line in every district, and be managed by the Panchayati Raj institutions. This centre may have a three-pronged approach, depending upon the needs of that district: multiservice centres for the mobile, outreach units for the home-bound and old age homes for the destitute older persons. The Old Age Pension Scheme may also be routed through this centre.

### *Multiservice Centres*

The day care centres may be reworded as multiservice centres which may be required to provide various non-institutional support systems to older persons: Developmental programmes for preparation for old age, death and bereavement and raising family and community awareness for enriched interactions; health check up camps, information and awareness for prevention of problems and treatment; continuing education; training and opportunities for income generation, employment exchange and sponsorship; training as volunteers; recreation, cultural and creative art programmes; occupational therapy, counselling and legal aid; self/mutual help groups; family assistance; information and referral services; death with dignity; and so on. Older persons may also function as volunteers for community activities. Telephone helplines may be sponsored, to provide information and referral services and for crises intervention in the lives of older persons. A canteen is needed for older persons who would like to make use of it. Day care centres for children may be integrated with those for the older persons so that day care needs of both the groups can be met in an integrated manner.

### *Outreach Units*

Instead of focussing only on mobile medicare, the outreach units may also run other home/family-based services for home-bound older persons such as mobile meals, clinics and libraries; volunteer's visits for help in homemaking and running external errands; and information and referral services.

### *Old Age Homes*

Although non-institutional services should be given a priority over institutional services, the destitute and the houseless, and the older persons who are unmarried or childless, those whose children have

migrated abroad and those who have only daughters, face the problem of care giving even when they have their own home to stay.

The old age homes for older persons may be required to provide for self-fulfilment, health, nutrition and care giving, continuing education, and recreation activities and facilitate death with dignity. The institutional life should correspond to normal conditions in the family and community as far as possible. The institutions may keep their health, education and recreation services open to non-resident older persons. The homes for older persons may be combined with those for children. The residents should be treated with dignity and respect. The residents' interaction with their family members and community may be encouraged but not forced. Institutions should be made an integral part of the community. Interactions between the residents of old age homes and the associations of senior citizens may be promoted.

### *National Institute for Ageing*

The changing situation of the older persons and the emerging issues require a comprehensive and focussed attention to ageing. A national institute for ageing may be set up, with regional branches, aiming at coordination and convergence of activities by the various ministries, voluntary organisations, academic institutions, and international organisations, towards the well-being of older persons. The Institute may undertake tasks such as developing and maintaining a data base on older persons, carrying out and funding research, commissioning state level status papers, compiling encyclopaedia, disseminating them, setting up and funding innovative multiservice centres and outreach units for older persons, networking among voluntary organisations working for older persons, conducting training programmes, making policy recommendations, monitoring and evaluating programmes, and so on.

### **Recommendations for Voluntary Organisations**

The management, staff and volunteers of the voluntary organisations should be committed to the guiding principles while working with older persons and raise community and government awareness regarding them. They may plan and implement the following activities, guided by these principles.

### *Developmental Programmes*

Developmental programmes may be organised for facilitating ageing and coping with the final stage of one's life span. Broadly speaking,

these programmes may aim at preparation for and coping with old age, preparation for death and bereavement and raising family and community awareness about ageing, integrating information, attitudes and skills in these areas.

#### *Developmental Programmes for Preparation for and Coping with Old Age*

Preparation for old age needs to be started at the age of 50, or even earlier, in the areas of self-fulfilment, health and nutrition, work and financial security, property and housing, recreation and mobility, changes in roles and interactions with family and community. These are not to be seen merely as needs but also as rights of older persons. The ageing need information, and skills in all these areas in order to cope with old age. The stereotypes and myths that they themselves carry need to be expressed, discussed and replaced with positive attitudes.

#### *Developmental Programmes for Preparation for Death and Bereavement*

The two realities of certainty of death and uncertainty of its timing, have to be conveyed to the ageing in order to help them deal with the anxieties related to their own and their spouse's death. Spiritual/religious education for understanding death is useful. They should be helped to turn their negative emotions of hatred, anger, guilt, pain, depression, resentment, and so on into positive emotions of acceptance, forgiveness, love and meaning in death, so that death can be faced with peace. The developmental programmes should also help the older persons plan the financial and other aspects of lives for their spouse after their death.

#### *Family and Community Awareness Programmes about Ageing and Death*

Family and community awareness programmes are necessary to change the prejudicial attitudes of children, youth and young adults towards older persons by making them sensitive and responsive to them. It can also provide skills for them to interact with and reach out to older persons in the family and the community and protect them from deprivation and exploitation. They can learn to use the potentials of older persons towards making contributions to the well-being of the family and community. Intergenerational programmes may be planned for this purpose. Family and community awareness programmes

should also convey the two realities of the certainty of death and uncertainty of its timing to every age group. The ethos should be that no one should die in the family and community without being cared for and prayed for.

### *Other Non-Institutional Services*

The nomenclature of day care centres need to be changed to multiservice centres as older persons need a range of services and not necessarily 'care'. The multiservice centres may provide support systems to older persons: Developmental programmes for preparation for and coping with old age, death and bereavement and raising community awareness; health check up, information and awareness for prevention of problems and treatment; continuing education; training and opportunities for income generation; employment exchange; training as volunteers; recreation and creative art programmes; counselling and legal aid; self/mutual help groups; family assistance; information and referral services; death with dignity; and so on. Older persons may also function as volunteers for community activities. A canteen is needed for older persons who would like to make use of it. Day care centres for children may be integrated with those for the older persons so that day care needs of both the groups can be met in an integrated manner.

The voluntary organisations may also run outreach services for home-bound older persons such as mobile meals, clinics and libraries, volunteer's visits for help in homemaking and running external errands, and information and referral services. Telephone helplines need to be developed all over the country, to provide information and referral services and for crises intervention.

### *Institutional Services*

Although non-institutional services should be given a priority over institutional services, the destitute and the houseless, and older persons who are unmarried, childless, those whose children have migrated abroad and those who have only daughters, face the problem of care giving even when they have their own house to stay.

The institutions for older persons should provide for self-fulfilment, health, nutrition and care giving, continuing education, and recreation activities and facilitate death with dignity. The institutions may keep their health, education and recreation services open to non-resident older persons. The residents' interaction with their family members and community may be encouraged but not forced. The institutional

life should correspond to normal conditions in the family and community as far as possible. The residents should be treated with dignity and respect.

## **Recommendations for Curriculum Planning for Social Work with Ageing**

### *Introduction*

Course curricula all over the country vary, but according to the University Grants Commission's Second Review Committee Report, subjects may be grouped under the following heads: Foundation Courses, Method Courses, Social Work Administration and Policy Courses and Social Research Course. The contents of gerontological social work should be integrated appropriately into these various courses as well as in their field work, so as to have a multifaceted emphasis on old age in the context of the life span model. Distribution of the components between the Bachelor's and the Master's level courses, may be done by the respective schools, in the context of their total programme. Wherever the pattern of electives exist, gerontological social work could be offered as an elective.

### *Objectives*

The objectives for curriculum on gerontological social work are grouped into knowledge, attitude and skills areas as below.

#### *Knowledge Objectives*

1. Understand the theories, concepts and perspectives in gerontology and gerontological social work.
2. Examine the historical norms of roles, power and status of older persons and emerging trends and issues in the context of liberalised political economy and changing demography.
3. Study the physical, mental, sexual, emotional, economic, social and spiritual aspects of ageing and emerging needs.
4. Understand and analyse the policies, laws and programmes affecting older persons.

#### *Attitude Objectives*

1. Understand one's own attitude to ageing, and develop a positive perception of older persons and intergenerational values.

2. Perceive that older persons have a right to meet their basic needs and to participate in the management of their lives.
3. Accept family and community as the natural support systems of older persons.
4. Develop sensitivity to the background of older persons, especially to factors that make them more vulnerable.

### *Skill Objectives*

1. Develop skills in psychodynamic, ecological and advocacy approaches in gerontological social work.
2. Acquire skills in developmental programmes for the ageing, their family members and the community in general.
3. Develop skills in health, livelihood and family related interventions with older persons.
4. Obtain skills in programme planning, implementation and practice based research with older persons.

### *Course Content*

#### *Introduction*

1. Theories, concepts and perspectives in gerontology.
2. Changing demography of older persons.
3. Guiding principles of work with older persons.
4. Psychodynamic, ecological and advocacy approaches in gerontological social work.

#### *Roles, Power and Status of Older Persons*

1. Historical norms in different cultural, urban/rural, tribal, economic, age and gender contexts.
2. Emerging trends and issues in the context of the liberalised political economy.
3. Historical norms of practices related to death and bereavement and emerging trends.

#### *Health of Older Persons*

1. Longevity and physical health.
2. Mental and emotional health.
2. Ill health, disabilities and care giving.
3. Sexuality in old age.
4. Spirituality in old age.

5. Review of health policies and policies for the disabled and their implementation with reference to older persons.
6. Health intervention: periodical check up, information and awareness about prevention of problems, recreation and creative art programmes, spiritual discourses, counselling, and access to geriatric treatment.

#### *Older Persons and Livelihood*

1. Work participation of older persons in the organised and unorganised sectors.
2. Economic situation of older persons.
3. Age related policies and laws for education, employment, retirement, social security and pensions.
5. Intervention needs: retirement planning, promoting savings, investments and making a will, training and opportunities for income generation, employment exchange and sponsorship programmes.

#### *Older Persons and Family*

1. Interaction of older persons with parents, spouse, children, children's in-laws, grandchildren and others.
2. Care giving roles between older persons and the family.
3. Issues of division of property and housing.
4. Issues of neglect, abuse, violence and abandonment.
5. Review of laws for inheritance and protection from abuse.
6. Intervention needs: raising family awareness and family and bereavement counselling.

#### *Review of Policy, Legislation and Schemes for Older Persons*

1. Scheme for the Welfare of the Aged: institutional care, daycare and mobile medicare units.
2. Laws affecting older persons.
3. Policy and plans for older persons.

#### *Intervention with Older Persons*

1. Developmental programmes for ageing; developmental programmes for preparation for old age; retirement planning; developmental programmes for preparation for death and bereavement; and raising family and community awareness about ageing and death.

2. Non-institutional services/Community services: continuing education; mutual/ self-help groups; training of older persons as volunteers; counselling and legal aid to older persons; multiservice/day care centres; home/family-based services; telephone helplines; information and referral services; and death with dignity.
3. Institutional services
4. Training of paraprofessionals and volunteers

### *Methods of Teaching and Learning*

- Lectures and discussions.
- Lectures by other professionals — geriatricians, lawyers, nutritionists, insurance agents, yoga experts, practitioners, researchers, or older persons.
- Field visits to institutional and non-institutional services.
- Presentations of case studies.
- Library study, writing assignment and class presentation.
- Observation and visualisation.
- Simulation games and role plays.
- Resource file — newspaper cuttings and research articles.

### *Methods of Assessment*

- Classroom tests and examinations.
- Writing assignments.
- Case analysis.
- Carrying out a developmental programme with older persons/ their families/ community.
- Critical appraisal of researches and other policy documents.

### *Field Work Objectives*

Students may be given opportunities to apply their class room learning in their field work settings, with the objectives of analysing their perceptions of older persons and promoting positive perceptions and practising skills in psychodynamic, ecological and advocacy approaches with older persons, to promote development as well as to intervene in problem situations. They may identify micro-level problems with older persons and develop linkages with macro-level problems and understand the importance for integrated model of social work.

### ***Field Work Placements***

Students can be placed in the following settings for practice in gerontological social work.

1. Settings with a focus on older persons: multiservice/day care centres for older persons and homes for older persons.
2. Family and community settings that include older persons: family service centres; community centres; hospitals and health centres; industries; women's organisations; organisations for the disabled; and police stations and civil courts.
3. Settings for creating intergenerational awareness (besides those listed above): schools and colleges and children's and youth organisations.

### ***Field Work Content***

The intervention programmes may be planned with the older persons for whom they are meant, some by students under supervision and some can be jointly undertaken by the supervisor and the student.

### ***Developmental Programmes***

Developmental programmes may be carried out with older persons for preparation for and coping with old age, preparation for death and bereavement and raising family and community awareness about ageing. Developmental programmes for specific areas may cover the following.

1. Health related areas: ageing gracefully; health awareness programmes for physical exercises, nutrition and yoga; health check up camps; packages to help older persons to understand and manage illnesses of old age such as diabetes, high blood pressure, arthritis, ophthalmic, hearing and dental problems; and certainty of death and uncertainty of its timing.
2. Livelihood related areas: retirement planning; savings and investment schemes; education on making wills; legal awareness; and income generating programmes
3. Education and recreational programmes: continuing education and programmes can be related to art, music, picnics, fun activities, hobby-related activities.
4. Family and community awareness programmes: propagating the concept of a caring family and community; celebration of the World Day for Older Persons; sensitivity programmes for children, youth and adults including discussion, sports activity

and adoption programmes; developing linkages between community and old age homes; intergenerational programmes; knowledge of rights of older persons and utilisation of the existing services in the community; and promoting the concept and implementation of a barrier-free family and community environment.

### *Intervention*

Efforts may be made to reach out to vulnerable older persons, such as the very old, the disabled, the terminally ill, the single elderly living by themselves, the destitute and the institutionalised. Need-based intervention for counselling, legal aid, family assistance, and information and referral services may be provided.

### *Group Work*

Students can be helped to work with various groups such as:

1. Group of families having older persons as the family member.
2. Groups of older persons which can be self help groups, therapeutic groups, advocacy groups.
3. Groups of care givers.

### *Networking*

Need-based programmes or innovative programmes can be developed as a result of networking, for example, identification of elder abuse cases and legal intervention in the same.

## **Recommendations for Training Programmes for Paraprofessionals for Work with Older Persons**

### *Introduction*

An army of trained paraprofessionals is required to care for older persons in the near future. These paraprofessionals could extend the work of medical, social work and other professionals, as front-line workers, and help in reaching a wider section of the society.

### *Objective*

The objective of the training programmes is to build skill, knowledge and attitudes, as well as facilitate practice of social work with older persons by a set of paraprofessionals. These trained persons will assist trained social workers and will be guided by them.

### *Trainees*

Any person in reasonably good health, who is above 18 years of age, who has been educated at least up to ninth standard, and who is interested in social work or in voluntary work should be eligible for the training.

The programme should be flexible so that if need be other groups could also be trained, such as spouse of an older person who needs long term care, family members who may have to give care to a sick older person likely to be discharged from hospital, and senior citizens who are in good health and would like to volunteer in caring for others.

### *Trainers*

Social workers, teachers, PHC workers, interested faculty members from academic departments, people managing old age homes, day care centres, and so on.

### *Training Sites*

Primary Health Care centers, community centres, colleges/educational institutes, old age homes, rehabilitation homes, any place where facilities are available such as rotary/ lions clubs and so on.

### *Duration of Training Programmes*

Three to four months course, spread over weekends or an intensive one month course, may be extended or shortened depending on target groups (part-time workers, deputed staff on short leave, family members who need training and so on). A single module may also be used. For example, only health and caring aspects may be taught to family members who need to provide long term care.

### *Course Content*

#### *Basic Information on Work with Older Persons*

1. Information about adult development and ageing — who are older persons.
2. Guiding principles for work with older persons.
3. Role of paraprofessionals: why need paraprofessionals, rationale for training, roles, responsibilities, when to consult supervisors, limits of their roles.
4. Ethical responsibilities.

### *Physical Aspects of Ageing*

1. Major changes with age, age related diseases, sensory difficulties, stroke, heart disease, psychiatric disorders.
2. Multiple diagnosis and poly drug use in older persons, drug-drug interaction and effect.
3. Prevention of disability, health promotion steps in community importance of nutrition and physical activity in ageing.

### *Psychological Aspects of Ageing*

1. Common psychological problems, depression, and coping with loss of job, spouse, physical abilities.
2. Cognitive loss, memory failure, detecting dementia.
3. Anxiety, death anxiety, preoccupation with death.
4. Death counselling.
5. When and whom to refer a person to mental health professionals.
6. Guidelines for happy ageing, plan for old age, role of religion, recreation, social activity and groups in ageing well.

### *Economic Aspects of Ageing*

1. Economics of ageing, dependence in old age.
2. Retirement and planning for retired life.
3. Reemployment, part-time employment, types of work that a retired person can do, who will employ, list of agencies.
4. Longevity and hidden costs of medical care, chronic illness and expenses.
5. Eligibility for pension, welfare measures, types of facilities available, whom to approach, list of agencies.
6. Where and how to apply for financial aid, sources for civic concessions, subsidies.
7. Making a will, bestowing property, how to save and invest.

### *Sociological Aspects of Ageing*

1. Loneliness and isolation, role loss, and vacuum.
2. Loss of social support, intergenerational support, negative attitudes of ageism.
3. Changes in family, living arrangements, coping with it.
4. Neglect, abuse, exploitation, how to identify such cases .
5. Counselling in cases of relationship problems.

6. Institution as an option, pros and cons of old age homes.
7. Community participation in elderly care, mobilising social support.
8. Social rehabilitation of isolated older persons.

### *Self Care Practices*

1. Basics of nutrition/ diet for older persons, high fibre diet, diet in case of systemic disorders.
2. Importance of personal hygiene, weight control and exercise, yoga, aerobics, meditation and so on .
3. Habits: eating, bowel, sleep, avoidance of alcohol, tobacco and so on.
4. Health check up, why and how often, breast exams and mammography for middle aged women, post-menopausal check up for cancer.
5. Oral/ dental care, cataract, hearing problems.
6. Common precautions to be taken for well-being of older persons: avoiding falls, accidents, injuries.
7. Barrier-free environment: safe household, environment railing, non-slippery floors, good lighting, creating a safe neighbourhood.

### *Education and Awareness Building*

1. Creating mass awareness, motivating community and opinion leaders, motivating people to attend health camps, using religious and cultural groups for spreading messages, celebrating.
2. Older Person's Day.
3. Awareness about rights, privileges, schemes available.
4. Organising for self help to fight discrimination.
5. How to use media to one's advantage, pressure lobbies.
6. Resource mobilisation, enlist community support.
7. Learning effective communication techniques and skills.
8. Use older persons to train others, teach and guide children and adolescents.

### *Issues in Care Giving*

1. Different types of care.
2. Long term care: who provides care gender, proximity, and so on.
3. How to handle stress, counselling to avoid care giver burnout.

4. Building support system for providing care, self help groups, partial institutionalisation, list of agencies who can help.
5. Volunteers who can act as respite care givers.
6. Counselling family and care giver about issues.
7. Training older persons, who are capable, as care givers.

*Basics of Record Keeping and Assessment*

1. How to develop a simple identification record.
2. Basic data needed for documentation.
3. Simple methods of measuring height, weight, testing vision and hearing and so on.
4. Assessment of activities of daily living to estimate disability
5. Simple test for screening for cognitive impairment (memory, attention, orientation).
6. Assessment of resources, social supports and needs of older persons .

*Methods of Teaching and Learning.*

1. Lectures and discussions.
2. Lectures by other professionals: geriatricians, lawyers, nutritionists, insurance agents, yoga experts, practitioners, researchers, or older persons.
3. Field visits to institutional and non-institutional services.
4. Presentations of case studies.
5. Library study, writing assignment and class presentation.
6. Observation and visualisation.
7. Simulation games and role plays.
8. Use of newspaper cuttings.
9. Trainees could be encouraged to creatively design aids, environments, home care and so on, using existing facilities in an innovative way.

**NOTES**

1. This report is compiled and edited by Dr. Murli Desai, in consultation with Dr. Gita Shah, Dr. Siva Raju and Ms. Rosamma Veeton, who comprised the Organising Committee of the Seminar.
2. Prof. M.S. Gore, Chancellor of Jawaharlal Nehru University and Dr. Yogesh Atal, Ex-Director of the Coordinating Unit for the Follow Up of the World Summit on Social Development at UNESCO, delivered the key theme addresses. Resource

persons from different disciplines presented 29 papers. A total of 44 people, from different parts of India, participated in the Seminar.

3. The sections on 'Changing Situation and Emerging Needs of Older Persons', 'Guiding Principles for Work with Older Persons', and 'Recommendations for a National Policy for the Well-Being of Older Persons', have been compiled by Dr. Murli Desai.
4. The section on 'Recommendations for Voluntary Organisations' was compiled by Dr. Murli Desai and Dr. Gita Shah.
5. The section on 'Recommendations for Curriculum Planning for Social Work with Ageing' was compiled by Ms. T.G. Vaswani and Dr. Gita Shah, based on the Working Papers by them and by Dr. Murli Desai and group discussion.
6. The section on 'Recommendations for Training Programmes for Paraprofessionals for Work with Older Persons' was compiled by Prof. Indira Jai Prakash, based on her Working Paper and group discussion.