A HOME AWAY FROM HOME – ‘OLD AGE HOME’: AN IDEAL CONSTRUCT

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ABSTRACT

The present paper 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 population with its adoption the stage was set to provide old-age care by setting up Aged-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.

INTRODUCTION

“Home O Home”

O My Sweet Home”

‘Home’ is a word which encompasses feelings of comfort and warmth, love and affection, a setting of closest possible relations on the earth. How our Home may look like to be? Whatever may be its setting?; yet each one of us claim it to be the Best as it gives us feeling of freedom of inter-action, mutual respect and cooperation. The Concept of Home is undergoing Change and is facing challenges from changing role of our social institutions especially from the institution of Family. The family values are shifting from favourable to unfavourable for the older persons in the present society. The joint family system is breaking up into the mono-family set up where one to one and our two on one principle is working conveniently and there is no place for the elders or older people to manage there life in such settings. Undoubtedly, the
traditional Indian family structure provided adequate mechanism for meeting the needs of elderly persons which now is in contrast with present family structure due to industrialization, urbanization and exposure to life styles of developed countries which has brought about changes in value structure regarding the care of the aged persons.

**ABRUPT RISE IN ELDERLY POPULATION**

There is abrupt increase in the ageing population which is expected to jump from 81 million in the year 2005-06 to 327 million by the end of 2050. The rate of growth of aging population was much slower in India during the year 1961-91 but has gone faster ever since.

The higher survival rate of elderly persons beyond the age of 60 and 70 years has led to the increased aged - population.

**TABLE 1: TRENDS AND PATTERN OF AGING IN INDIA**

<table>
<thead>
<tr>
<th>Year</th>
<th>Present population of Elderly (60 + )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>1.9 Crore (approximately)</td>
</tr>
<tr>
<td>2005-06</td>
<td>8.1 Crore (approximately)</td>
</tr>
<tr>
<td>2013</td>
<td>10 Crore (approximately)</td>
</tr>
<tr>
<td>2030</td>
<td>19.8 Crore (approximately)</td>
</tr>
<tr>
<td>2050</td>
<td>32.7 Crore (approximately)</td>
</tr>
</tbody>
</table>

A vast majority of 81 million (8.1 crore approx) senior citizens in India battles failing health, financial constraint, lowliness, emotional stress and abuse in the dusk of their live, leading many to end their lives in depression or to lead a pitiable existence. The notion in our society has been that old people have to be taken care of by their children but are finding themselves at loss as in the changed social matrix they are, at best, on the periphery invariably neglected, very often abundant and in many cases exploited by their own children, to say by their own blood.

The second generation find the Parents as “deadwood” who extracts everything from them but offers nothing in return, not even sweet hollow words. The state is equally responsible for this bad situation as the state has not yet recognized the importance of this rapidly increasing population ageing and is not incorporating the issue in their welfare policies for the elderly. The Constitution under Article 41provisions have been made under Article 41 that the State shall make provision within the limits of its economic capacity and development for Public assistance in case of old age. Social security, social insurance, employment and unemployment are mentioned in the Concurrent List of the Seventh Schedule of the Constitution of India which vests the responsibility for social security, social insurance and public assistance in cases of
unemployment disableness and old age with the Central and State Governments. These Commitments have left onus on the state to promote old age persons, maintaining homes for the destitute aged and providing grants to voluntary organizations to maintain the old age homes. But the state has not been doing much in these areas due to the financial constraints and weak Political will and Administrative limitation. Thus, state, society and family all have hand in the plight of the elderly who ought not to be treated as burden.

The discussion above indicates enough that the problem of the older people can easily identified as that they have

- Added years to their life
- Population rate of this category on the increase
- Changed family structure
- Changed family values

All leading to their neglect and necessitating the focus on their care.

A HOME AWAY FROM HOME: OLD AGE HOME

In the given scenario, it is not only becoming hard but impossible for children to care for their elderly, therefore, shifting the elders to a place called Old Age Home (OAH) for their needed care is going to be a common features in the years to come.

In simple terms OAH is the Home Away from 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.¹

“Resident facilities for the elderly with three or more beds that provide nursing, personal care to the aged or chronically ill or destitute or needy persons”

(NATIONAL CENTRE FOR HEALTH STATISTICS OF USA)

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.²

WHAT MAKES A HOME DISTINCT FROM OLD AGE HOME

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 2. It can be noted that in this model the characteristics of home and OAH are polar to each other.iii

**TABLE 2: KEY CHARACTERISTICS OF AN OAH AND A HOME**

<table>
<thead>
<tr>
<th>An OAH</th>
<th>A Home</th>
</tr>
</thead>
<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 interpersonal 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>
</tr>
</tbody>
</table>

Source: nrchhm-Home Modification Research Studies, usc.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.iv 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.
OAH: DIMINISHING BOUNDARIES WITH HOSPITAL CARE

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.

NEED AND TYPES OF OAHs

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.

Broadly, 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.

Thus, broadly OAHs, can be categorized as

- Types of OAH- Indian context
- Free - Stay – 475 – 32%
- Pay - Stay – 224 – 15.5%
Both above – 165 – 11.4%

One time donation

No data exists on 40% of OAHs

INSTITUTIONAL CARE FOR THE OLDER PERSONS AND GROWTH OF OAH IN INDIA

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.\(^\text{vii}\)

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.\(^\text{viii}\)

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.\(^\text{ix}\)

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
cross 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. xi

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. xii 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. xiii

CURRENT CAPACITY AND MODE OF SERVICES 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. xiv As per recent statistic, there are 1018 old age homes in India today. Out of
these, 427 homes are free of cost while 153 old age homes are on pay and stay basis, 146 homes
have both free as well as pay and stay facilities and detailed information is not available for 292
homes. A total of 371 old age homes all over the country are available for the sick and 118
homes are exclusive for women.

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. xv

MINIMUM STANDARDS FOR OAHS

Any OAH must confirm to the minimum standards to provide the service to the elder
persons who wish to reside in OAH. The decision of the concerned persons to join the OAH is
generally based on one factor i.e. Paying capacity of the party. If the person is not financially
sound then Free-Stay OAH is the option to be opted where choice and service is not for asking,
the person who is financially comfortable can opt for OAH of his or her choice and won’t mind
paying for the services. The effort through the paper is to send a message to the stateholders
that construct of OAH’s to be taken seriously as it matters to those who are on the receiving end of the services.

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.xvi

AN IDEAL CONSTRUCT FOR OAHxvii

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.

DESIGNING AND PLANNING OF OAH

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.

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 a 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, LAND AND LANDSCAPING 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).

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.
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 AND KITCHEN**

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 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 withstand 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 if there is enough open space in the OAH.

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.

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.
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 bathroom 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 wheelchair.
- 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 wheel chairs.
- 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.

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.

**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 AND GUEST ROOM

- 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.

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.

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.

RULES AND REGULATIONS BROCHURE

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’.

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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.

SUMMARY

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 within the set guidelines suggested. The present situation in relation to construct of OAH’s and the services provided by these have nothing to cheer about as the majority of these existing OAH’s have not been designed with a purpose rather have been converted to serve the purpose. Therefore, these OAH’s are not suitable to the needs of older people as they in particular require specially designed and planned constructions to make the stay and living of inmates more comfortable and pleasant. The ideal construct of OAH’s will go long way in making OAH as Home not much different from the comforts of sweet home.

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