

Indexed Journal with  
www.sjifactor.com  
Impact Factor  
7.303

ISSN 2278-3199

Volume - 12, Issue - 02, July - December, 2023

*A Half Yearly Single Blind Peer Reviewed Multidisciplinary Indexed  
National Research Journal of Social Sciences & Humanities...*

National Journal on ...

# **SOCIAL ISSUES AND PROBLEMS**



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## Challenges in the Management of the Old Age Homes in Mumbai City

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**Abstract:** In this age where modernization is the pattern and individuals give less significance to the advanced age individuals generally. There is nobody to deal with the elderly issues. It has become significant for the associations like old age homes to approach and help the old. At the point when youngsters need to dispose of the old guardians or they can't deal with them, there ought to be someone who should come ahead and help to keep them blissful and giving a climate with solace, harmony and poise. The significance of old age homes for a maturing society has quickly expanded in the recent years. This study evaluated the management of advanced age homes and understanding the issues of the management staffs in old age homes in Mumbai. It surveyed the facilities and nature of administrations in these old age homes. It was observed that there are a few positive and negative perspectives engaged with dealing with these old age homes.

**Key words:** Institutional Care, Old Age Homes, Mumbai, Management.

**Introduction:** This study has been conducted in the 15 old age homes of Mumbai city by taking interviews of the 15 management personnel one from each old age home. During the study it was realized that building an old age home requires a lot of careful planning and most importantly sensitivity and imagination on the aging process and aging issues. The old age home should also ensure the five principles mentioned by the United Nations, viz., independence, care, participation, dignity and self-fulfillment. It is therefore the responsibility of the management, to make the home for the old as cozy and comfortable as possible, a place where they can spend the last days in ways that would make them happy and contented. A strong will power and dedication is needed to look after each and every minute aspect and requirements of elderly. There are several issues which needed to be taken care of which are discussed in detail further.

### Findings:

#### a) Management and Facilities in the old age homes of Mumbai:

1) There are different categories of old age homes present in Mumbai each providing facilities depending upon the charges they take. 2) Free old age homes meant for destitute elderly those who were living on places like roads, railway tracks, temples, pavements, gardens etc. as nobody is there to support them. 3) Partially paid or low paid old age homes are providing decent facilities but a lot of improvement is required which are still not decent enough to live but elderly are living there since they don't have much other options available in that range. 4) Highly paid

old age homes are providing excellent services but they are charging huge amount for these facilities. These old age homes can be afforded by only those elderly who are financially strong themselves, have financial support of children living in India or abroad, having good job or business in the past or getting very good pension. But they are only few in numbers also the intake capacity is very low. 5) The first and foremost is the designing of the building, it is designed taking into consideration the differential needs of the residents. It should cater to the physical needs of the residents like sleep, rest, food, pure air, pure water and clean environment. Next comes safety needs: safety inside OAH, avoidance of pollution, accident, health, abuse and so on. 6) The land chosen for housing an OAH is kept in mind that it should not be in a crowded or congested locality or should not be in a secluded or isolated area either. It must be well connected by roads which was found in all most all the old age homes. 7) This enables the residents, workers, visitors and all others to have easy access to and from the home. Public transport should be easily available. Good accessibility to the local facilities, health services, markets, shops, educational institutions and religious centres etc. 8) Basic amenities such as water, sewage and electricity must be good in the area. In a single room, the older person has complete privacy, sufficient storage space, a sense of safety and in double occupancy there is most of the advantages of an individual room and at the same time it is economical. A dormitory is a big room in which 6 to 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. 9) Electrical switches and sockets are safe and conveniently located for easy use of residents. Each bed has an emergency call bell switch. The main board of these switches are in the warden's room. 10) The toilets and bath rooms are made suitable for arthritic legs, obese body, failing vision, etc. The wash basins have a height where wheelchair can be easily settled. 11) The supply of clothes is made available by the homes in majority of cases. Also, the homes accept public contribution in this respect. All the homes try to provide adequate clothing to the inmates. 12) For washing clothes, two techniques are commonly used in homes, such as hand washing and machine washing. 13) In majority of the homes the housemaids clean and dry the clothes either in machine or with hands, the inmates also help each other in washing and drying the clothes in some old age home. 14) A guest room for visiting relatives is provided. It is located adjacent to a bathroom that is provided for general use by the residents and visitors. 15) Hand staircase is made easy to climb without long flight of steps. Rails are fitted on both sides of stair flights. The stairway normally should have natural light and ventilation which is not present in all the old age homes. 16) The kitchen and work area are provided with proper ventilation for fresh air. The dining hall is a place frequently used by the residents and as such is carefully arranged. 17) A dining room is very near to the kitchen where all inmates can take food together. 18) The caring staff find few volunteers among elderly who would like to help in kitchen work if their health permits. 19) There is a hall for conducting entertainments, meetings, classes, training programmes, yoga classes etc. There is a reception room in front of the building to receive guests and relatives of the inmates. 20) There is a separate sick room and room for doctor's examination for elderly. The sick room is meant for extending nursing care to those residents who fall sick due to fever or minor ailments. A dispensary which may be attached to the sick room, a physiotherapy centres are also present along with the sick room. 21) Store rooms are required, for vegetables, for provisions/grocery items, with racks and cupboards. A third room for keeping furniture, vessels, mattresses, bed sheets. 22) There is a room for warden and superintendent. 23) There is retiring room for staffs, wardens, cooks, other staffs who are required 24 hours of the day.

Rooms for counsellor, social worker, the counsellor's room is at one end with privacy and without disturbance or sound from outside. 24) Old age homes have a multi-purpose vehicle not only for general use but for transporting ill residents to hospital, in emergency or to anywhere they want to go. If there is no vehicle, arrangement with local transport agencies is made to make available a vehicle on call. 25) Elderly participate in the day-to-day activities of the home, which may involve anything from cooking to maintaining the cleanliness of the home. Residents can also periodically organize celebrations of various festivals and social events. 26) The main recreational facilities available in old age homes include newspaper reading, listening to radio, watching television or participating in sports activities. 27) Reading of spiritual magazines, books and newspaper become an important part of indoor recreational activities of the inmates. There are facilities for outings as well. Important individuals are sometimes invited to give talks to the residents. 28) Physical activities including Yoga, mental activities, and spiritual activities are organized. Birthdays and anniversaries of residents is celebrated. 29) The residents are tried to be given tasty and nutritious food. In this, their age, health condition and personal preferences have to be taken into consideration. 30) In an old age home, three types of health care are done. Maintaining one's health, treating diseases when ill and taking care of bodily and mental health status are three objectives to be taken care of. Here disease prevention, disease treatment and care giving assume significance. All health care programmes are aimed to achieve these requirements. 31) Those suffering from dementia and those who require palliative care. They require special attention and this is specially provided. 32) Staff and health care workers trained in specialized nursing, physiotherapy, psychology and geriatric care is appointed. 33) If a resident will have to be moved into a hospital for treatment, his relatives are informed in writing. The immediate relatives of the ill resident could be given permission to take care of the patient. 34) If it is decided to hand over the patient to the relative, a consent letter from the relative have to be obtained. When the resident has to be hospitalized, the relatives are told to bear the expenses. 35) If the relative refuses and if the resident has some savings, the expenses could be met from these savings. If there



are none savings, the expenses could be met from these savings. If none of the two options is available, the institution itself meet the cost. 36) Hygiene is closely connected with health. Hygiene also keeps the institution neat and tidy. Hence, it is necessary that better hygiene is maintained. Therefore, three levels of hygiene are visualized individual hygiene, institutional hygiene and environmental hygiene. All of them are equally important. There are First Aid Boxes in an OAH. 37) The staff in an OAH is broadly divided into two categories, the core staff and supplementary staff. Core staff are mostly the Superintendent, Warden, Care Givers (male attender and female attender), Cook, Nurse, Social Worker, Counsellor, Peon, Watchman, Supplementary Staff include Medical Officer, Dietitian, Clinical Psychologist, Psychiatrist, Yoga, Meditation Instructor, Occupational therapist, Physiotherapist, Multi Task Providers like cleaning staff and so on. 38) Arrangements are made to ensure that palliative care services are provided to them in consultation and collaboration with palliative care service units. For library, selection of books is done by the management and rules are fixed for reading. 39) The superintendent ensures that the activities of the institution are moving as per the time table. It is necessary to have a uniform code of conduct that binds all to a common pattern of life. 40) The time for visit in an institution is notified and visit is permitted only during that time. 41) The time of the meeting should be strictly adhered to the visitor do not enter any premises other than the room where the visit is fixed. If the resident does not want to see the visitor, he/she is not be compelled to do so. 42) Once in a month the resident is permitted to go home and spend time with the relatives. If more time is necessary, it can be granted. Residents are permitted to visit their houses in connection with marriage, death and other ceremonies at home. 43) Mentally ill patients who are controllable/manageable are not allowed to go outside without escort by an employee. 44) If a resident dies in the home the head immediately report the matter to the medical officer in charge of the institution. Only after the Medical Officer certifies that the death is natural the superintendent takes the next steps. If the Medical Officer certifies and confirms natural death, the dead body is removed and kept respectfully. 45) If the relatives agree to receive the dead body, this could be done under proper receipt. If the relatives

do not come forward to receive the dead body, the authorities take steps for the disposal of his body or as per his religious customs. The Death Certificate issued by the concerned medical officer should be kept in the file. The matter of death is intimated to the registrar of births and deaths. 46) Periodical review of performance is an important aspect of an institution's healthy life. Review helps to find out whether the objectives and programmes of the institution have been successfully implemented and if not, what are the lacunae in it.

**Conclusion:** In today's world where modernization is the trend and people give less importance to the old age people in the society. There is no one to take care of them and often are left alone. It has become important for the old age homes to come forward and help the elderly of our society. There should be somebody who should come ahead and help to keep them happy and providing an environment full of comfort, peace dignity and less fear. The importance of old age homes for a healthy aging society has rapidly increased in the past years. More awareness of the old age homes in society and contribution for this noble cause can bring funds for the proper management of old age institutions. Training needs to be imparted to the different levels of gerontological workers and caregivers so that they can take care of the elderly. Government assistance in the form of funds to these organizations, proper monitoring of the work of old age homes and NGOs involved in gerontological work need to be supported more.

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