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Emergence of the Concept of ‘Senior Living Communities’ in India: Facts and Facets

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Abstract

India, the world’s second most populous country, has experienced a dramatic demographic transition since independence, entailing almost a tripling of the population over the age of 60 years (i.e., the elderly). The Nation, today, is confronted with the enormous challenge of preparing to meet the demands of an aging population.

The burgeoning elderly population is driving the need for elderly care globally. In India, the situation is paradoxical – on the one hand we are reaping the benefits of a large working age population and on the other we are staring at a significant portion of it being above 60 years by the year 2050, translating into ~300 million elderly people. This calls for a serious focus on elderly care, and we need to start now.

We are standing at a stage, where the present scenario demands development of innovative senior living models to support the elderly care.

The present paper makes an attempt to highlight and discuss the various aspects of the modern concept of senior living or senior active living which is gradually emerging in the Indian milieu by replacing the traditional model of old age home.

Introduction

With increasing mortality and declining fertility the number of elderly people worldwide is increasing at a rapid rate. While the number of elderly persons (aged 60 years or over), currently comprises ~11.5% of the world’s population, it is expected that the elderly population will more than double to reach over 2 billion in 2050 from 841

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million people in 2013 (World Population Aging, 2013). In terms of proportion of total population, the elderly comprise 22.7% of the population in developed regions vis-à-vis 9.2% of population in less developed regions. However, in absolute terms, the population of the elderly is increasingly gaining relevance for developing regions. These regions currently house 66% of the total global elderly population, and are expected to witness a faster growth in the number of older persons as compared to more developed regions. The Census data of 2011 states that 15 million elderly Indians were living alone and almost three-fourths of these were women. As per 2015 report, *The State of Elderly in India*, published by non-profit organisation Help Age India, there are more than 100 million senior citizens currently in India. By 2021, this number is expected to reach 143 million.

Old age is often typically associated with retirement and a sedentary lifestyle – a time to slow down, do a few pilgrimages, play with the grandkids, and maybe indulge in a few sedentary hobbies like gardening or reading. But the scenario is fast changing. Today, a significant section of seniors are financially stable, well-travelled and socially connected, and as a result have a clear vision for the silver years of their life. They want to live their retirement years enjoying life on their own terms, enjoying an active social life and not hushed away in the corner of the house.

In the traditional model of care for senior citizens, it was the joint family structure along with the support of helpers that elderly used to be cared for. However, with the breakdown of joint family structure and corporate jobs for most couples, the elderly in a nuclear family has only the support of the helpers or medically trained attendants. With nuclear family much more in vogue in metros and tier one cities young people in such families moving to big metros as well as foreign countries in search of better opportunities, most families now see the elderly parents left behind. Most of these elderly people live in a gated community but with very little social interaction. Their daily and medical needs are taken care of by themselves or helpers. But that needs constant follow-up with parties providing the services. Often this leads to an unpleasant situation for the elderly people.

The context of elderly care in India

The need for elderly care in India is analogous to the global scenario, with India likely to witness a similar increase in the proportion of elderly population over the next few decades. Additionally, there are several factors at play, some pertinent especially to India, that underscore the importance of addressing the emergent need for elderly care in the country. A combination of demand side and supply side factors are driving the need for elderly care in the country. From a demand side perspective, there is an increase in the need for elderly care due to factors such as a growth in the sheer numbers of older persons, shifting disease profile to those that require longer term care, and changing lifestyles that reduce family support that has traditionally existed for the elderly in In-

dia. On the supply side, a lack of emphasis on the elderly, perhaps stemming from their limited influence, has translated into lack of a supporting infrastructure.

Genesis of the emergence of concept of Senior Living Communities in India

Case:

Mrs. and Mr. Sen are the quintessential friendly elderly neighbors who exude compassion and warmth. From wishing the morning walkers, feeding stray dogs and participating enthusiastically in all community events, they symbolize the indulgence that grandparents are famous or infamous for. Having worked hard to secure an enviable future for their children who now live in New York and Singapore respectively, they were content to spend their silver years in their ancestral home. While loneliness and the occasional inconvenience hassled them sometimes, help and companionship were always forthcoming from the community. A few months ago, a medical episode shattered their peace, but timely intervention saved Mr Sen from the eventuality, however, he was confined to his bed for a few weeks.

Besides, the current pandemic has completely left the elderly couple at wit's end despite their financial resources and has forced them to rethink the choices they have made. Struggling for basics, managing without house help and fretting about handling any medical emergencies have exacerbated their need for safety, wellbeing, and companionship.

The Sens, however, are not alone in this struggle. They represent about 20 Mn elders who stay alone, and that number will rise exponentially in the next two decades with a majority of them not having access to any form of sustainable income. The good old joint family ecosystem has all but disintegrated exposing the vulnerability of our elderly population.

In India, the construction of old-age homes has boomed in the last few years, with several developers taking centre stage in this arena. These projects offer rentals, leasing, or units for sale, which may range from basic to luxury in nature. As the population of independent, well-earning senior citizens' increases, so too will the opportunity for increased spending on a luxury homes and communities, post-retirement. With each new generation, the definition of "old" becomes new. Senior citizens today are much more tech-savvy, mobile and self-sufficient than they used to be. These homes are becoming viable options for people from ages as early as 55. They are becoming a place where people can live comfortably and return to previously abandoned passions-or move from a joint family set up and live life on one's own terms once again. In a culturally sensitive market like India, retirement homes are ushering in a new wave – a chance, for many today, to live a life of renewed independence.

India is home to a new generation of Indians age 60 and over. They're independent, financially stable, have travelled the world, and now they're looking for somewhere to retire comfortably.

The idea of senior living in India has been gaining traction in recent years owing to the migration of Indians and the breakdown of the joint family model. Senior living communities became popular in the West in the early 80s. In India, this concept is steadily gaining maturity, with the developer community starting to recognize the existence of a potential market of senior living communities.

As a country that takes pride in its culture, and in its sense of community, children caring for their elders has is an essential aspect of “family duty”. It has grown to be an unspoken expectation of one’s children – that retirement reverses the equation between parent and child, and the child naturally takes on the role of caretaker. However, over time, caretaking for elders has changed in nature, and in the process, senior living has become popular.

Senior care services in India are still at a nascent stage, but the demand for such service increasing rapidly. A recent report by Confederation of Indian Industry (CII) called Indian Senior Care Industry 2018, states that “In about 30 years from now, the elderly population in India is expected to triple from 104 million in 2011 to 300 million in 2050, accounting for 18% of the total population in 2050.”

Senior living in India is often wrongly referred to as an ‘old age home.’ Indian laws and various acts also carry the same terminology of ‘old age homes.’ The picture and perception of old age homes and therefore senior living is that of a grey and decrepit place run by charitable institutions for the homeless, destitute and elderly. The images that come to mind are not pleasant. Coupled with this perception and lack of awareness is the associated cultural and social taboo of ‘not taking care of your parents or elderly’ if they were to reside in a senior living community away from home. These are the major causes that have stymied the growth of much needed senior living communities in India.

Let us look at ‘adoption’ from a different perspective and try to untie the knot that has kept Indian seniors from availing and enjoying world class senior living communities.

Provision of care for a loved elderly in familiar and comfortable surroundings of home with privacy and familial atmosphere is ideal. As they age, ensuring our parents or elderly loved ones independence for as long as possible at home is always the first choice.

However, there comes a time of objective evaluation where the level of care and assistance required for your loved elderly cannot be effectively provided at home.

The key to healthy ageing is to extend the independence of the elderly for as long as possible. Extending independence is not just a mere function of provision of medical care or of assistance, but is of ‘overall wellness’ which includes social, physical, intellectual, spiritual and emotional stimulation and care.

In the simplest sense, ‘senior living’ consists of independent living, assisted living and memory care housing and care services.

Apart from these, senior living and care spectrum include:

- Residential care homes
- Continuing care retirement communities
- Nursing homes
- In-home care
- Home health services
- Adult day care
- Respite care
- Hospice

The senior living spectrum graphically relates acuity levels with senior service classification and corresponding costs.

Senior living communities are designed and purposely built to accommodate the varying needs of its residents spanning from being independent to requiring high levels of care (high acuity levels) in a resort type atmosphere geared to overall wellness and healthy ageing in place. The communities incorporate a host of equipment, appliances and technology to ensure the safety of its residents whilst ensuring delivery of care and services.

Residents enjoy a host of social, physical, intellectual, cultural activities with personalised service of care and prepared meals as per their dietary requirements. Care and services are provided 24 hours, 365 days a year. With a host of amenities available, these communities ensure that the residents are engaged and live their retirement life with choice, dignity, freedom and independence.

Independent living

Independent living as a form of senior living is suitable for elderly who are generally independent and carry the ability to do activities of daily life by themselves. When one refers to activities of daily life, it generally includes dressing, grooming, bathing, personal hygiene, mobility, medication management and other personal activities.

In an independent living atmosphere, seniors are attracted by the prospect of enjoying the companionship of same age group residents along with a host of services that allow them to live in a carefree environment.

Independent living comes in various flavours depending on the physical build, configuration and the services provided. These are retirement communities, 55 + living, active senior communities, active senior living, senior apartments, retirement homes and comfort homes.

In developed countries like the US, independent living is typically on a rental (lease) model with monthly charges based on the community and kind of unit.

Independent living in India

India has witnessed a gradual emergence of independent living, mostly in the form of comfort homes, retirement communities and senior apartments. Even today, a majority of the new developments are retirement home communities and senior apartments with a few being truly independent living communities.

Typically, most of the projects offer general security, general maintenance and housekeeping services with a club house for resident activities. Dining services are available for residents on a chargeable basis. Practically all projects have tie ups with medical facilities; most have on call doctor, community doctor visits and nurse stations manned by registered nurses.

However, as perception towards senior living undergo a change, so do the trends.

Growth of independent living in India

The growth of independent living in India is directly related to its adoption by not only the Indian seniors but also by their families and loved ones. The pressing need for adoption is being driven by rapid economic development, changing socio-economic and cultural factors. This, combined with 110 million 60 + population growing to 170 million by 2025 and to 240 million by 2050 is compelling. Awareness, a well-educated and globally connected senior population desirous of availing post retirement services and the breakdown of social taboo are factors that will drive demand.

The builder and development community has realised the impending explosion of this asset class. This was very evident at the National Conference of CREDAI in August 2016 held at Shanghai where senior housing was one of the two emerging opportunities focused on.

The supply side is witnessing new projects being introduced adhering to international standards and world class senior living services.

India is on the cusp of witnessing a dramatic shift in the very near future where early stage retirement homes concept is being replaced by full-fledged independent living communities.

Assisted living

Assisted living is for seniors who require various levels of assistance with their daily activities of life. When one refers to activities of daily life, it generally includes dressing, grooming, bathing, personal hygiene, mobility, medication management and other personal activities.

Assisted living communities are an ideal solution to assist seniors to maintain their independence for as long as possible while offering them activities of daily life services. It is a great bridge to fill the gap between independent living and nursing homes. It is by no means an alternative to nursing homes.

Seniors who are not in requirement of constant medical care, intensive care or skilled care but require intermediate or lower long term care are typically residents of assisted living communities. These communities work to ensure that senior residents continue enjoying a rich social and independent lifestyle filled with friendship, activities and events whilst providing benefits of having the extra care and support that they need round the clock.

The physical layout of assisted living communities are numerous ranging from tall buildings to flat single story structures depending on a host of factors, chiefly being the cost. Almost all the assisted living communities have apartments of various sizes with attached senior friendly bathrooms in one or two bedroom configurations.

Redefining senior care

Assisted living is the fastest growing long-term care option. Seniors who are still independent but anticipate needing care in the not-too-distant future typically select assisted living over their current home.

Assisted living communities recurring charges comprise two basic components namely; room and board and level of care charges. The room and board component covers the rent and meals whereas the level of care charges covers the resident care component for personal and other services provided. The level of charges varies based on the amount of care required.

The scenario in India

The current availability of fully operating assisted living in India is negligible with a few communities spread thinly. There are less than 70 independent communities in operation and under development. However, there are encouraging signs of new assisted living communities being designed, developed, built and will be operated based on international standards which bodes well for Indian seniors. Just as it is the fastest growing segment in the developed world, assisted living could witness the same trajectory in india.

India's demographic, social and cultural changes due to industrialisation and urbanisation are giving rise to the 'need' driven assisted living services. The growth in assisted living services is evident from the spurt of in home services organisations across major metro's and tier II cities that have recognised the need and void and are offering at home assisted living services. The services offered are in the form of providing care givers and nurses for assisting the elderly in their activities of daily life at their place of residence.

It is but a matter of time, that India will witness a growth in assisted living communities that offer a comprehensive and whole 'wellness' package thereby addressing the need of senior's requiring assistance while maintaining their independence.

In-home care and home health care services

Care provided at home for a loved elderly is referred to as in-home care. In-home care has the advantage of being private and personal in the comfortable surroundings of one's own home. The type of care provided varies from person to person as also the frequency of care. Care is provided by caregivers (ward boys) and nurses and is typically non-medical in nature. In-home services are provided more preventively and are focused on helping the individual maintain independence and keep them at their optimal level of functioning by providing basic services and supervision.

Home health services are similar to in-home care where skilled nursing services are provided to the patient. Here the provision of services is by licensed personnel and generally cover pain management, infusion therapy, heart disease, psychiatric services, COPD, diabetes, chronic kidney disease, and oncology.

Both in-home care and home health care service provision is on the rise as an industry in India. Even in the space of senior living especially for assisted living and memory care, there has been a marked and significant increase in service offerings which are a direct result of the demand metrics that are being witnessed.

Memory care

Memory care communities are designed and operated to take structured and programmed care of seniors affected with memory loss due to Alzheimer's or dementia.

Dementia is impairment in cognitive function that affects memory, personality and reasoning. Alzheimer's disease is by far the most common form of dementia affecting the elderly accounting for more than three quarters of all dementia cases. The symptom progression is typically very slow occurring over an extended period of time.

With the progression of Alzheimer's or dementia, the level of care and assistance a senior requires also increases.

At communities offering memory care, specially trained staff is available 24 hours a day to monitor residents and assist them with daily activities such as taking medications, bathing, grooming, eating, and dressing. Care programmes and activities are geared specially to those with dementia, and may include art and music therapy. Skilled nursing care is also generally available to those who need it.

The physical design of memory care communities contains resident units in a secure area with the intention of preventing wandering off and getting lost which is a common and dangerous symptom of this disease.

Memory care offers 24-hour supervised care with meals, activities and health management. Charges are usually all inclusive consisting of room, boarding and care or separate with two major components being room and board and care level charges.

The India story

In the past, majority of Indian families failed to recognise dementia as a disease. The social and cultural taboo associated with the same prevented families from seeking appropriate guidance and importantly learning about care provision. Today, dementia is recognised as a disease and there is an increased amount of awareness on the subject. There are six million known cases of Alzheimer's or dementia in India as of 2016. Today, most of the care for seniors afflicted with dementia is provided care at home. Apart from home care, there are some medical related institutions, spread thinly across the country, taking care of dementia patients on a long term basis.

Due to the lack of communities offering memory care services, care for elderly afflicted with various degrees of dementia is sought from providers of in-home care and home health care services. The need is evident from the growth of in-home and home health providers memory care offerings especially in metros and tier II cities.

However, there are encouraging signs of new assisted living communities with memory care wings being designed, developed, built and will be operated based on international standards which augurs well for Indian seniors in need of these services. Senior Living Communities play a vital role not only addressing the needs and wants of its residents but also providing comfort to their families. Promoting overall wellness, they foster healthy aging in place with dignity, choice, freedom and independence. With increasing life expectancy and proportion of aging population in the next few decades, the growth and importance of senior living is inevitable.

About fifteen years ago, old age homes provided shelter to the elderly who were from the financially disadvantaged class and those who were destitute. Old age homes continue to take care of the elderly from that segment of society and are mostly run by charitable institutions/NGOs. These homes are the only hope for many elderly persons who have nowhere to go.

We also have "shelters" that provide very basic requirements in life – a cot, common toilets, food and a roof over the head. If someone falls sick, they are moved to Government hospitals. There are also old age homes, which depend on charity for every meal, clothing etc. Dedicated NGOs and charitable institutions who run these facilities are messiahs to the elderly, physically and intellectually disabled persons, those who could not bear physical abuse from their kith and kin and many who have been thrown out by their children. Old age homes have better accommodation than shelters, some of which have only temporary overhead protection. What is inadequate in terms of comforts and infrastructure is compensated by love and community life and more importantly, a secure life.

Seventy-five years ago, old age homes and shelters did not exist. The need was not there. We had joint families and it was taken for granted that elders in the family would be taken care of by the younger generation. The breakup of a joint family system, evolution and acceptance of nuclear families, the attitudinal change to values

and disregard to customs and traditions as well as children going away for livelihood away from homes led to a situation that made life in old age a cause for concern – both for the elderly and for the children.

This is India where 130 million elderly population live. The numbers are going up year after year. Thanks to longevity and access to health care, the life expectancy is increasing by the year and by 2050 the elder population would constitute about 20 % of the population of India. 70 % of elders live in rural areas. We are expected to have a very young population of 35 years constituting 65% of our population

Old age homes did not suit the requirements and lifestyle of Middle and Upper Middle-Income Group senior citizens. These old age homes lack the ambience and comforts as well as the class that we see today in privately run retirement communities. These old age homes have a stigma attached and neither the Middle nor Upper Middle-Class citizens want to live in these homes nor are their children wanting their parents living in them since it affects their social standing in their circle of friends.

Around the Year 2000, old age homes were re-modelled to suit the requirements of Middle and Upper Middle-Class citizens. This process of change was due to various factors as given above. Children getting a better education and moving far away from parents in search of greener pastures especially in the wake of Y2K, made this class of people sit up and look as to who will take care of the seniors as they age.

The parents could not move with the children as they missed their lifestyle in the place that they had lived their lives. They missed their friends, relatives and more importantly, their routine. They missed their independence and freedom. Living, as one aged, was a problem both for the parents and also for the children. Both the parents and the children did not know how to fill this void between dependency and inter-dependency. In many cases, it was considered improper for parents to expect money or support from children, especially when the children were girls, who got married and moved to their husbands' homes or set up their own homes, far away from their parents.

Senior living communities are based on “*relationship for life and beyond*”. Unlike in Western countries, retirement communities in India are not impersonal and segmented. Our retirement communities come with emotions and much higher expectations. It is in our heritage and culture to look after our elders. Family ties and bonds between the family members in a society, which is now nuclear, are still strong. Go to any marriage or death and, you will see this bond.

From being in a stand-alone mode, *senior living communities are now part of large townships*. We see a mix of young and the old. This trend is mainly because of longevity since an elder citizen may live over 30 years in his or her post-retired life. With awareness and being conscious of wellness, physical fitness and good nutrition, senior citizens are more active and do not want to be counted in the category of “retired.” Age is only a number is the belief and that number can stagnate if one takes care of his or her health.

Even in retirement communities, we notice two distinct groups – those below 75 years and those above 75 years of age. Subject to not being seriously disabled, the “younger seniors” or the “millennial seniors,” have high awareness levels and knowledge of technology. They desire to be part of the group of people who are young, play games, go to regular gymnasiums, run a marathon, drive cars, love pasta and burgers (!) and in effect continue to do what they did before the age of 60. And they do so until their physical or mental conditions permit them. They have money and have planned their retirement better than the “older seniors.”

The older seniors are those above 75 years of age, wanting a more sedentary retired life with fixed timings for everything. They are conservative and traditional and, are unwilling to experiment. This group may have serious disabilities or age-related issues, which prevents them to continue with such physical or routine activities, which they could do before. Their longevity and life in the times of reduced bank interest rates and higher tax regime have eroded their net worth. They worry about expenses for care, which they may need to cater for the future with advancing age. Thus, we witness retirement communities having young and old seniors and this is bound to continue so long the cycle of life and death remains.

While moving into a retirement community seem to be a viable option for seniors to live, the trend now is to postpone such a move, so long as one is physically and mentally active. The age of entry into retirement communities is now increasing from 55 to 65.

The Future of Elderly Living and Care

From Old Age Homes/Shelters to Comfort and Retirement Homes to Retirement or Senior Living Communities to Senior Care Centres has been the journey of senior living and care in India over the past fifteen years or so. It is still nascent. Nothing much has happened for the elders in the rural sector and the requirement is large. The steady increase in urbanization of the rural areas, access to better health care and education, the societal change that the urban areas witnessed are already making inroads into the rural areas. While the problems of the elders of the rural areas over the next 30–40 years will be similar to the ones faced by the urban elders, the numbers would be very large. Unfortunately, nothing much is happening to the rural elders.

Merely 1–2% of elders may be living in retirement communities in the next 30 years. But longevity makes care centres very relevant. The shift of the elders may happen directly to the requisite care centres. However, many would like to move into a retirement community at some point of time for getting services such as housekeeping, security, food as well as social life in the company of like-minded people. Retirement communities take away daily hassles of seniors including routine and emergency medical care, take away boredom and create group cohesion and a sense of belonging.

We may see home care segment being strengthened with trained staff through various skill-development programmes of the Government. The statistics are staring at us and the elderly segment will need more attention especially in rural areas.

We need to find solutions to the issues that we are likely to encounter. Through discussions, the involvement of all stakeholders including the government both at the Centre and the States, we should find solutions to the subject of elder living and care. Already some States are seized of the problem and are applying their mind to the emerging problem of elder living and care. Surely others can follow.

With proper care and use of technology, *It is possible for a man who is 85 years of age, suffering from Diabetes and affected by Parkinson's disease and Stroke, dependent on 24X7 caregiver and on a wheelchair to be able to walk without a walking stick by proper rehabilitation through physiotherapy, wellness and change in lifestyle including diet.*

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