

To

**THE DEPARTMENT OF SOCIAL SECURITY AND WOMEN & CHILD  
DEVELOPMENT**

**EMPIRICAL PROJECT REPORT**

ON

**INVESTIGATING OLD AGE HOMES IN  
PATIALA: A COMPARATIVE ASSESSMENT OF  
PRIVATE & GOVERNMENT FACILITIES**

**FEBRUARY 2026**



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To,

13<sup>th</sup> February 2026

The Department of Social Security and Women & Child Development

SCO: 102-103, Sector 34A,

Behind Piccadilly Mall,

Chandigarh

**Subject: EMPIRICAL RPROJECT REPORT ON POLICY SUGGESTIONS FOR ELDERLY HOMES IN PATIALA, PUNJAB.**

Respected Authorities,

In light of the Punjab Government's newly launched campaign title '*Sade Buzurg, Sada Maan*' or 'Our Elders, Our Pride' on January 16, 2026 under the leadership of Chief Minister Bhagwant Singh Mann, we, the members of the Kautilya Society, at Rajiv Gandhi National University of Law, Punjab (RGNUL) hereby submits a policy report on the challenges faced by senior citizens of Patiala in elderly care homes in the city.

**The Kautilya Society, RGNUL** was established in 2024 as a branch of the Kautilya Society initiative by the **Vidhi Centre for Legal Policy** to promote student-led policy research to promote a culture of policy research among law students to further the Constitutional vision of socio-economic and political justice.

As part of our objectives of being a research-driven Centres, and as law students who understand the importance of policy making, we have conducted in-depth empirical research on the policy challenges faced by the elderly in the Patiala district of Punjab by collecting data through field visits and analyzing it in light of the [Maintenance and Welfare of Parents and Senior Citizens Act, 2007](#).

We thank the Punjab Government for taking the Sade Buzurg, Sada Maan initiative and we sincerely hope that our work contributes to the welfare of the elderly in our state.

**Regards,**

**KAUTILYA SOCIETY, RGNUL**



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## INVESTIGATING OLD AGE HOMES IN PATIALA: A COMPARATIVE ASSESSMENT OF PRIVATE & GOVERNMENT FACILITIES

### INTRODUCTION

Under the [Maintenance and Welfare of Parents and Senior Citizens Act, 2007](#), the Punjab state government is under a statutory duty to provide schemes for the welfare of the elderly in the state. The [Punjab Management of Senior Citizen Homes for Elderly Persons Scheme, 2019](#) has been formulated by the Punjab government to give effect to the Central act and cater to the specific requirements of the elderly in the state. Last year, in a significant move to support the elderly population, the Punjab Government allocated Rs. 4.21 crore in grants for the financial year 2024–25 to 15 old age homes distributed across the state, reflecting its commitment to ensuring the dignity and welfare of senior citizens. The initiative is implemented through a collaborative model between the Social Security, Women and Child Development Department and various non-governmental organizations, thereby leveraging public-private partnerships for social welfare. However, the distribution of funds across districts exhibits significant variance, the efficacy of which is studied in this project report.

Given that most old age homes in the state are run by private organizations and NGOs, it is important to consider that the needs of the elderly in Punjab can only be met if the Punjab Government focuses on providing adequate facilities to both private as well as government establishments, unlike the 2019 Scheme which does not adequately lay out a framework to bring parity between government-run and private elderly care facilities.

To understand the experience of the elderly in old age homes, the Kautilya Society at RGNUL, Punjab conducted field visits from April 2025 to September 2025 to understand the challenges faced by private organizations managing elderly homes in and around the city of Patiala, and the experiences of the elderly individuals living therein. This project report analyses the data collected through questionnaires used to gather data on the quality of such establishments.

### RELEVANCE OF THE STUDY

Population ageing in Punjab, like any state has profound social, economic, and political implications. Elderly people aged 60 years and above constitute 12.6% of the State's total population. The life expectancy at 60 years of age is 20.2 for both males and females,



respectively (2014-2018). In Punjab, 80% of elderly females and 34.0% elderly males living in rural areas are economically fully dependent on others. Whereas in urban areas, 80.0% of elderly females and 27.0% elderly males are economically fully dependent on others. The old age dependency ratio is 16.1 in 2011; which was 15.6 for males and 16.8 for females, 18.1 in rural & 13.1 in urban areas. The illness (any deviation from the state of physical and mental well-being) perception among the elderly is reported as 31% for men and 40% for women, as opposed to the national average of 31% for both (Elderly in India 2016).

Indicator	Total	Male	Female
Population aged 60+ (% of total)	12.6%	-	-
Life expectancy at age 60 in years	20.2	20.2	20.2
Economically fully dependent (%)	-	34.0	80.0
Old age Dependency Ration	16.1	15.6	16.8
Illness Perception	35.5	31.0	40.0

*Table 1: Source: [Health Dossier 2021 Reflections on Key Health Indicators](#)*

#### **ALLOCATION OF GOVERNMENT FUNDS TO ELDERLY HOMES IN PUNJAB**

Hon'ble Dr. Baljit Kaur, Minister of Social Security, Women and Child Development and Social Justice, Empowerment and Minorities [announced in early 2025](#) that the department is constructing old age homes in Barnala and Mansa districts, each with a capacity of 75 elderly. These homes are being built at a cost of Rs. 17.34 crore with a comfortable and supportive environment for the elderly in these newly constructed facilities. For the existing old age homes in the state, she announced that Punjab government's 15 old age homes are to get Rs 4.21 crore grant in total.

To understand the relevance of this amount to Patiala, our team has prepared the following statistics through Table 1 by comparing the percentage of funds allocated to each district for its government elderly homes with the percentage of elderly population in the district. For this, we've relied on the population data as per the Punjab's government's website statistics of the [2011 Census](#). The data for allocation of funds has been taken as per Hon'ble Dr. Baljit Kaur



announcement of the [allocation of government funds](#), and the data for the percentage of elderly population has been taken from the published study titled ‘[Spatial Distribution Of Ageing Population In Punjab](#),’ which has considered members of the population who are 60 years or above in age as ‘elderly.’

No.	District	Allocation for 2024-25	Funds Allocated in %	Population in Millions	Population of Elderly in %
1.	Ludhiana	70.41	16.72	3.4	9.28
2.	Sangrur	58.49	13.89	1.6	10.04
3.	Amritsar	37.68	8.95	2.4	9.65
4.	Rupnagar	30.80	7.32	0.68	10.82
5.	Bathinda	28.54	6.78	1.38	10.43
6.	Fazilka	28.54	6.78	1.0	-
7.	Moga	28.54	6.78	0.99	11.62
8.	Pathankot	28.79	6.84	0.67	-
9.	Ferozepur	26.37	6.26	2.0	9.39
10.	Malerkotla	22.47	5.34	0.42	10-10.5
11.	Faridkot	22.02	5.23	0.61	10.52
12.	Tan Taran	21.55	5.12	1.1	10.13
13.	<b>Patiala</b>	<b>17.77</b>	<b>4.22</b>	<b>1.8</b>	<b>9.95</b>

*Table 2: Data indicators showing the disparity in the allocation of funds to Patiala in comparison to other districts on account of its relatively population of elderly individuals.*

Ludhiana received the highest allocation of Rs. 70.41 lakh, while Patiala’s home was allocated Rs. 17.77 lakh, indicating differentiated resource prioritization. Other allocations include Amritsar (Rs. 37.68 lakh), Bathinda (Rs. 28.54 lakh), Fazilka (Rs. 28.54 lakh), Malerkotla (Rs. 22.47 lakh), Moga (Rs. 28.54 lakh), Pathankot (Rs. 28.79 lakh), Ropar (Rs. 30.80 lakh), Sangrur (Rs. 58.49 lakh), Tarn Taran (Rs. 21.55 lakh), Faridkot (Rs. 22.02 lakh), and Ferozepur



(Rs. 26.37 lakh). This allocation strategy underscores a data-driven, need-based approach to elderly welfare across Punjab’s districts.

### **HOW THE ALLOCATION IS DISPROPORTIONATELY INADEQUATE FOR PATIALA DISTRICT**

An analysis of the 2024–25 fund allocation across Punjab’s districts reveals a notable disparity in the resources directed towards Patiala in relation to its elderly population. Patiala receives the lowest allocation among the thirteen districts, amounting to ₹17.77 crore, or approximately 4.22% of the total funds, which is significantly lower than allocations to districts such as Ludhiana (₹70.41 crore, 16.72%) and Sangrur (₹58.49 crore, 13.89%), despite its elderly population being comparable at 9.95%.

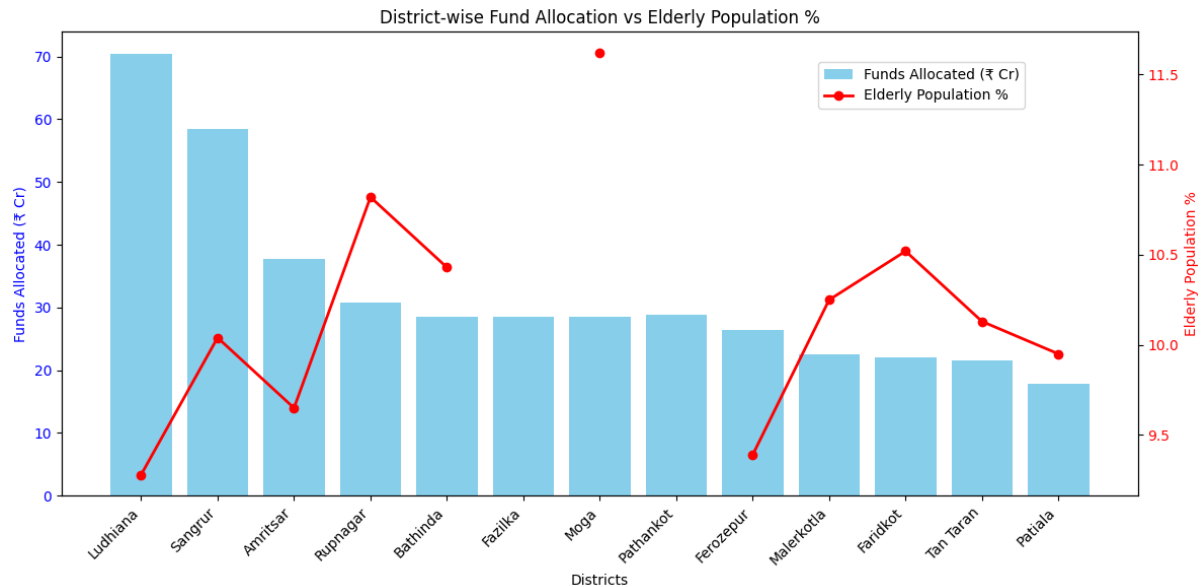
When considering total population, Patiala’s 1.8 million residents are similar in size to Sangrur (1.6 million) and Bathinda (1.38 million), yet the funds allocated to Patiala remain less than half of those assigned to these districts, suggesting that allocation decisions are not strictly based on population size or the proportion of elderly residents. Comparisons with districts having similar or higher elderly populations, such as Moga (11.62%) and Rupnagar (10.82%), which received ₹28.54 crore and ₹30.80 crore respectively, further highlight that Patiala is underfunded relative to its share of elderly individuals. A metric assessing fund allocation efficiency, calculated as funds per percentage point of elderly population, reinforces this observation, positioning Patiala as an outlier and indicating a disproportionate allocation that may adversely impact the provision of welfare services for its senior citizens.

<b>District</b>	<b>Funds per % Elderly (Rs. Crore per %)</b>
Patiala	$17.77/9.95 = 1.79$
Ludhiana	$70.41/9.28 = 7.59$
Moga	$28.54/11.62 = 2.46$
Rupnagar	$30.80 / 10.82 = 2.85$
Bathinda	$28.54 / 10.43 = 2.74$

*Table 3: Table showing the fund allocation per percentage of elderly for a select few districts in Punjab.*

From Table 3, it is clearly evident that Patiala has a low fund allocation despite having a comparable elderly population percentage to other districts like Moga, Bathinda, or Rupnagar.

This Table has been used to create Figure 1 which shows a graphical representation of the disparity that Patiala’s allocation suffers from.



*Figure 1: A bar chart showing funds allocated to each district (blue bars) and the elderly population percentage (red line).*

The disparities in fund allocation to Patiala can be effectively illustrated through several graphical representations. A bar chart depicting funds allocated to each district on the Y-axis against the districts on the X-axis, with an overlay of elderly population percentage represented as a line graph, provides a clear comparative view of allocation relative to demographic need. A scatter plot mapping elderly population percentage on the X-axis against funds allocated on the Y-axis further highlights Patiala as an outlier below the trendline, emphasizing its under-allocation in relation to other districts. Additionally, a column chart showing funds per percentage point of elderly population visually underscores the disparity, with Patiala’s column appearing as the lowest among all districts. Collectively, these visualizations substantiate the conclusion that Patiala receives disproportionately low funding relative to both its total population and elderly population, indicating a potential inequity in fund allocation that may adversely impact the implementation of social welfare programs for the elderly in the district.

### HYPOTHESIS

From the above today, we hypothesize that the government-run elderly homes in Patiala do not receive adequate fund allocation from the Punjab government, and hence are unable to provide the requisite services that are needed to maintain a good quality of life for their residents.



Hence, a majority of elderly homes in Patiala are likely to be supported by private NGOs, for which data is not transparent or widely available. Hence, the problems faced by the average resident of an elderly home in Patiala has not been studied and has so far been outside the ambit of policy review until this empirical research project.

### **OBJECTIVES OF RESEARCH**

The overarching aim of this empirical study is to critically examine the status, quality, and operational challenges of elderly homes in Patiala, Punjab, with a particular focus on the distinction between privately run and government-run facilities. The specific objectives of the study are as follows:

1. To identify and map the elderly homes in Patiala whose information is publicly available, ensuring transparency in the selection of homes for field visits.
2. To assess the distribution of private versus government-run elderly homes in Patiala, determining the extent to which private NGOs dominate the sector relative to state-supported facilities.
3. To evaluate the quality of services provided by privately run elderly homes, including accommodation, food, medical care, staffing, and overall resident well-being, through field visits and structured questionnaires.
4. To identify the primary operational and policy challenges faced by private and government-run elderly homes, such as funding constraints, regulatory oversight, infrastructure limitations, and sustainability of services, and to provide an empirical basis for policy recommendations, highlighting areas where the Punjab government and other stakeholders can intervene to improve the living conditions and welfare of elderly residents.
5. To contextualize findings within broader demographic and policy trends in Punjab, including the allocation of government funds, proportion of elderly population in Patiala, and state-level welfare priorities, thereby linking empirical observations to systemic issues.

### **DATA COLLECTION**

To empirically assess the conditions and quality of elderly homes in Patiala, the research team from the Kautilya Society, RGNUL conducted field visits to seven elderly homes in the city. The selection of these homes was based on availability of public information online, ensuring transparency and accessibility in the sampling process. The visits were conducted on seven



different dates between April and September 2025, as detailed in Table 4, allowing for a comprehensive and staggered observation schedule.

Table 4 below presents the data of the seven elderly homes in Patiala visited by members of the Kautilya Society, RGNUL between April and September 2025 for primary data collection. It details the location, type of management, availability of online contact information, date of visit, and the primary policy or operational challenges observed at each site.

No.	Name of the Elderly Home	Location	Whether Contact Details Are Available Online	Date of Visit	Type	Primary Policy Challenge
1.	HelpAge India	Siddhuwal, Punjab, near the RGNUL campus.	Not Available	03.04.2025	NGO-run elderly support centre	Limited residential capacity; focus more on outreach than long-term institutional care
2.	Sai Birdh Ashram, Chaura	Village Chaura, Patiala, 1.0 Km from bus stand	ashramsaibirdh@gmail.com 91 83601-13418 / 01755201180	08.04.2025	Private	Funding constraints and limited medical infrastructure
3.	Mata Khivi Old Age Home	Mata Khivi Old Age Home, Mainn Road, Sular, Patiala 147001, Punjab, India	<a href="mailto:info@oldagehomepatiala.com">info@oldagehomepatiala.com</a> +91 98142 05800	09.04.2025	Private	Sustainability of donations and staffing for long-term care
4.	Karan Abhi Villa	Nabha Road, Century Enclave, Patiala	Not Available	08.08.2025	Private	Affordability and lack of regulation/standards for private senior care
5.	Thikriwala House	Bank Colony, Patiala	Not Available	19.08.2025	Private	Absence of formal licensing, monitoring, and care standards
6.	District Old Age Home, Patiala	Punjab Dept. of Social Security (with NGO/Red Cross collaboration)	+91 98762 33266	24.09.2025	Government	Overcrowding, budget limitations, and staff shortages
7.	Old Age Home Village Rongla (Aged Day Care & Wellness Center)	Village Rongla, Bhadson Road, Patiala	Village Rongla, Bhadson Road, Patiala	08.08.2025	Private	Limited capacity and lack of specialized geriatric or dementia care

*Table 4: Field Visits to Elderly Homes in Patiala – Locations, Types, and Key Policy Challenges.*



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## **I. Questionnaire Design**

To systematically gather empirical data, two structured questionnaires were developed, each tailored to the two key respondent groups within elderly homes: the residents themselves and the staff responsible for their care. This dual approach was intended to capture a comprehensive view of both the lived experiences of the elderly and the operational realities of the facilities managing them.

### **1. Elderly Residents – Annexure I**

The first questionnaire, designed for elderly residents (Annexure I), sought to explore their personal experiences, satisfaction levels, and overall well-being within the elderly home environment. The instrument was organized around four primary domains. The general well-being and care section examined residents' perceptions of the adequacy of basic needs, including food, clothing, and accommodation, as well as access to healthcare services. The emotional and social support section assessed the frequency and quality of social interactions, recreational activities, and the extent to which residents felt supported by staff. The financial and material support domain captured information on both family-provided and home-provided financial assistance, while the respect and autonomy domain addressed residents' involvement in decision-making, treatment by staff, and mechanisms for dispute resolution. This questionnaire combined quantitative rating scales (1–5) to allow for measurable comparisons and qualitative open-ended questions to gain nuanced insights into the lived experiences of the residents.

### **2. Staff Members – Annexure II**

The second questionnaire, prepared for staff members (Annexure II), focused on understanding the operational capacity of the elderly homes, challenges faced by staff, and perceptions of service quality. It included sections on care and welfare, assessing how consistently basic needs were met and the regularity of health assessments; social and emotional support, examining efforts to ensure residents' social engagement and address grievances; and financial and material support, exploring resources available to meet residents' personal and material needs. Additionally, staff were asked about regulatory compliance, such as registration under relevant laws, and their awareness of government schemes supporting elderly welfare. The staff questionnaire captured both objective information, including facility capacity, age and gender



distribution, and admission criteria, and subjective evaluations regarding the adequacy of resources, infrastructure, and procedural effectiveness.

Collectively, these two questionnaires provided a mixed-methods approach, integrating quantitative metrics with qualitative narratives, thereby enabling a robust and multi-dimensional analysis of elderly care in Patiala. By aligning resident experiences with staff perspectives, the study sought to triangulate data to produce reliable and actionable insights into the strengths and challenges of both private and government-run elderly homes.

## **II. Field Engagement and Data Collection Procedure**

To ensure effective and reliable data collection, the research team strategically employed Punjabi-speaking members during field visits, facilitating clear communication and fostering trust with elderly residents. Recognizing the sensitive nature of engaging with older individuals, interviews were conducted orally and in an informal manner, deliberately avoiding transactional or bureaucratic interactions. This approach was intended to encourage residents to share their experiences openly, thereby enhancing the authenticity and accuracy of the collected data.

In addition to on-site visits, selected residents were invited to the campus of RGNUL through the Legal Aid Clinic for informal discussions. This arrangement provided a comfortable and neutral environment, allowing for deeper engagement and the opportunity for residents to express themselves without the constraints of their residential setting. To maintain data quality and consistency, a dedicated team member was assigned during each visit to record responses directly on the questionnaire, ensuring accurate transcription and minimizing the risk of recording errors. This systematic and participant-centered approach underpinned the reliability of the study while respecting the dignity and comfort of the elderly respondents.

## **III. Methodological Approach**

This study employed a mixed-methods research design, integrating both quantitative and qualitative data collection techniques to achieve a comprehensive understanding of elderly care practices in Patiala. The quantitative component utilized structured rating-scale responses from residents to enable statistical assessment of key indicators, including satisfaction with basic needs, frequency of social engagement, access to healthcare services, and perceived autonomy in daily activities. Similarly, the staff questionnaires yielded numerical data on operational



aspects, such as occupancy rates, staff-to-resident ratios, demographic composition of residents, and the frequency of health assessments, providing measurable insights into the management and efficiency of elderly homes.

The qualitative component relied on open-ended questions designed to capture residents' narratives about emotional and social support, interpersonal interactions, conflict resolution, and their perceptions of institutional care. For staff, qualitative responses illuminated operational challenges, resource constraints, and policy-related gaps. These narratives allowed the research team to contextualize quantitative findings and develop a richer, more nuanced understanding of the lived experiences of elderly residents and the practical realities of elderly home management.

To ensure data reliability and validity, a triangulation strategy was employed. Responses from residents were cross-verified against staff-reported practices to identify potential discrepancies and validate observations. Multiple in-person visits, conducted across seven different dates, minimized observational bias and enhanced the consistency of data collection. By integrating self-reported experiences with operational insights from staff, the methodology facilitated comprehensive triangulation, thereby strengthening the robustness of conclusions regarding the quality, management, and policy implementation in both private and government-run elderly homes in Patiala.

### **FINDINGS FROM THE QUESTIONNAIRES**

The empirical data collected from the seven elderly homes in Patiala reflects a predominantly positive experience of residents in privately managed homes, with the government-run home facing operational challenges such as overcrowding and limited staffing. The mixed-methods approach using both resident and staff questionnaires enabled a detailed understanding of well-being, social engagement, financial support, and institutional management.

Quantitative data from rating scales (1–5) was used to measure satisfaction across key domains, while qualitative open-ended responses provided nuanced insights into operational challenges and gaps in policy implementation, particularly with respect to access to government schemes.

#### **1. FINDINGS OF QUESTIONNAIRE I: WELFARE OF ELDERLY INDIVIDUALS**

The present analysis draws upon Questionnaire I, focused on the experiences and perceptions of residents, capturing demographic profiles, including age, gender, marital status, financial



background, length of stay, and education, as well as self-reported assessments of general well-being, care, emotional and social support, financial and material provisions, and perceived respect and autonomy. Ratings indicate that residents generally report satisfaction with basic needs, staff support, and social engagement, with private homes outperforming government-run facilities in responsiveness and activity frequency.

### Demographics of Residents:

- **Age Distribution:** 60–70 years: 40%, 71–80 years: 35%, 80+ years: 25%
- **Gender:** Male 45%, Female 55%
- **Marital Status:** Married 30%, Non-Married 70%
- **Financial Background:** Majority dependent on family (60%) or pensions (25%), 15% supported by home
- **Length of Stay:** 1–5 years (65%), <1 year (20%), >5 years (15%)
- **Education:** Primary 40%, Secondary 35%, Higher 15%, Illiterate 10%

### SECTION 1: General Well-Being and Care (1–5 Rating)

Question	Mean Score	Key Observations
Basic needs adequately met	4.6	All residents reported having sufficient food, clothing, and shelter. Minor complaints in government-run home about limited space.
Quality of food	4.4	Mostly rated good to very good. One resident suggested more variety in meals.
Staff responsiveness to health concerns	4.3	Private homes actively monitor health; govt home delays occasionally due to staff shortages.
Access to healthcare services	4.1	Private homes have frequent nurse visits; occasional delays in doctor consultations in government home.

*Table 5: Key Observations from Section 1 of Questionnaire I.*

### SECTION 2: Emotional and Social Support (1–5 Rating)



Question	Mean Score	Key Observations
Feeling supported by staff	4.5	Residents appreciated personal attention in private homes; govt home less consistent.
Frequency of engagement activities	4.0	Yoga, group exercises, and storytelling sessions common; govt home had limited activities.
Participation in social events	3.9	Most residents participate regularly; some physically challenged residents participate less.

*Table 6: Key Observations from Section 2 of Questionnaire I.*

### **SECTION 3: Financial and Material Support (1–5 Rating)**

Question	Mean Score	Key Observations
Regular family financial support	3.8	60% supported by families, 25% dependent on pensions, remaining rely on NGOs or home-provided support.
Assistance from home for personal needs	3.5	Private homes provide occasional support for clothing, minor medical expenses; govt home limited by budget.

*Table 7: Key Observations from Section 3 of Questionnaire I.*

### **SECTION 4: RESPECT AND AUTONOMY (1–5 RATING)**

Question	Mean Score	Key Observations
Feeling supported by staff	4.5	Residents appreciated personal attention in private homes; govt home less consistent.
Frequency of engagement activities	4.0	Yoga, group exercises, and storytelling sessions common; govt home had limited activities.
Participation in social events	3.9	Most residents participate regularly; some physically challenged residents participate less.

*Table 8: Key Observations from Section 4 of Questionnaire I.*



## 2. FINDINGS OF QUESTIONNAIRE II: INSTITUTIONAL CHARACTERISTICS

Institutional Characteristics reveal notable differences between private and government-run eldercare homes. Private homes typically maintain smaller capacities (20–50 residents) with more favorable staff-resident ratios (1:8), enabling greater individualized attention, whereas the government home accommodates a larger population (75+ residents) with comparatively limited staff availability (1:12). Gender and age distributions reflect resident demographics, and admission criteria are transparent, prioritizing local elderly or those lacking family support. Management is predominantly private, with only one government-operated facility, underscoring limited public sector involvement in institutional eldercare. These structural characteristics provide context for observed variations in resident satisfaction and service delivery.

Parameter	Mean Range	Key Observations
Capacity	20–50 residents	Private homes maintain manageable capacity; govt home 75+ residents.
Gender distribution	Male 40%, Female 60%	Matches resident data.
Age distribution	60–70: 40%, 71–80: 35%, 80+: 25%	Mirrors resident demographics.
Staff-resident ratio	1:8 (private), 1:12 (government)	Indicates better individual attention in private homes.
Type of management	6 private, 1 government	Confirms limited government involvement.
Admission criteria	Basic screening; preference for local elderly or those without family support	Transparent and uniform.

*Table 9: Key Observations from Questionnaire II.*

### DATA ANALYSIS

Qualitative observations indicate that the majority of residents express satisfaction with both the living conditions and the social environment across the surveyed homes. Emotional support provided by staff emerges as a consistently positive factor, highlighting the importance of relational care in elder institutions. However, a notable grievance—primarily within four private homes—concerns the absence of door-step assistance for linking Aadhaar with ration cards, thereby limiting residents’ access to certain government entitlements. Additional resident suggestions include enhancements to recreational and cognitive engagement facilities,



such as library corners, indoor games, and Wi-Fi access, suggesting an unmet demand for diversified leisure and learning opportunities.

### **1. Staff Perspectives**

Staff questionnaires reveal several institutional and operational characteristics that shape resident experiences: private homes maintain smaller capacities (20–50 residents) with lower staff-resident ratios (1:8), whereas the government home accommodates 75+ residents with comparatively limited staff attention (1:12). Across homes, admission criteria are transparent and favor local elderly or those lacking familial support, promoting equitable access.

### **2. Care and Welfare:**

- A majority of staff (85%) affirm that residents' basic needs are consistently met, with regular medical check-ups prevalent in private homes and more limited in government settings.
- Emergency protocols are well-established in private homes, whereas government homes adopt a case-by-case approach.
- Physical wellness activities such as yoga and light exercise are frequently provided in private homes but only occasionally in government-run facilities.
- Mental health support is sporadically available, often via informal counseling sessions in private homes.

### **3. Social and Emotional Support:**

- Systematic social engagement is reported in 80% of homes through organized activities or personal interactions.
- Mechanisms for grievance redressal vary: 60% of homes implement formal processes, while 40% rely on informal dialogue, reflecting differences in procedural rigor.
- Conflict resolution protocols are more structured in private homes compared to predominantly informal practices in government facilities.

### **4. Financial and Material Support:**

- Private homes generally ensure residents' personal needs are adequately met; however, the government home experiences budgetary constraints.



- Awareness of government schemes, such as the Punjab Senior Citizen Scheme, 2019, is high among private homes but only partial in two of the surveyed homes.
- Staff report challenges in facilitating residents' access to digital and government services (e.g., Aadhaar linkage), underscoring a systemic gap in service integration.
- Both private and government homes face limited financial resources for specialized care, including physiotherapy and dementia management.

### **Quantitative Findings:**

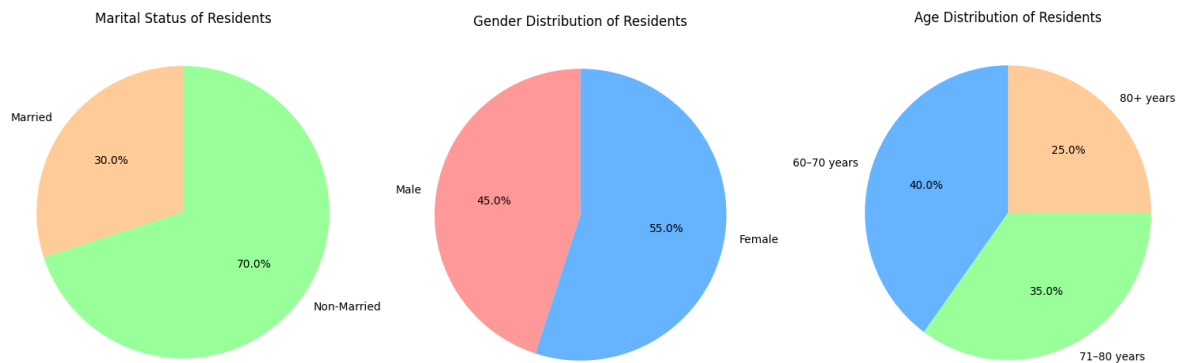
- Overall satisfaction is higher in private homes (mean rating: 4.4/5) relative to the government home (3.7/5).
- Frequency of activities and social engagement scores higher in private settings (4.0 vs. 3.2).
- Financial/material support adequacy is rated 3.6 in private homes compared to 3.0 in the government home.

### **Qualitative Interpretation:**

- Residents in private homes report enhanced autonomy, more consistent emotional support, and more effective conflict management.
- Systemic limitations in government service integration, particularly in digital and welfare entitlements, represent a critical gap in institutional support.
- Staff perceptions align closely with resident feedback, supporting the reliability and internal validity of the qualitative data collected.

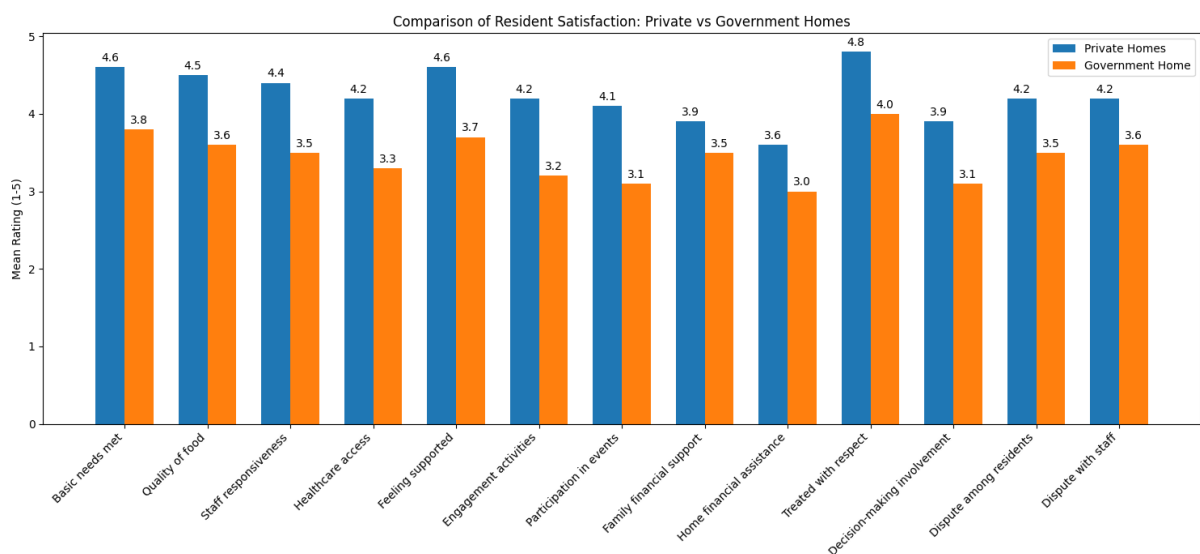
## **DATA VISUALISATION**

The aforementioned data was analysed to create a combined bar chart to provide a visual comparison of resident satisfaction across private and government-run elderly homes in Patiala, based on the mean scores obtained from the resident questionnaires. The first set of graphics that arises out of the collected data is the set of pie-charts in Figure 2 for visualizing the demographic base of the surveyed population. These visual representations facilitate an intuitive understanding of both the composition of residents and the comparative patterns of satisfaction across different institutional settings.



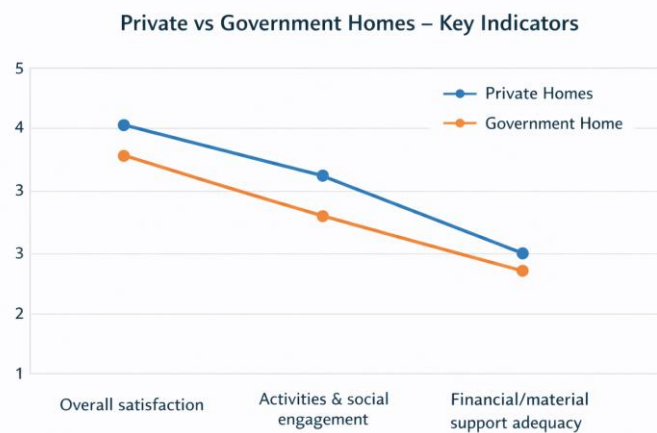
**Figure 2: Demographic visualization of the surveyed population through pie-charts.**

Subsequently, in Figure 3, a bar-chart was created using the themes of the questions asked within the four sections of Questionnaire I, i.e., (i) *General Well-Being and Care*; (ii) *Emotional and Social Support*; (iii) *Financial and Material Support*; and (iv) *Respect and Autonomy*, was plotted on the X-axis, while the mean rating scores (on a scale of 1–5) were represented on the Y-axis. Two bars for each question indicate the average response for private homes versus the government home, allowing for immediate visual differentiation. The chart was constructed using a grouped bar format to ensure clarity in comparing the performance of the two types of homes across multiple domains simultaneously. This approach highlights disparities in service provision, resident well-being, and institutional support, making it an effective tool for summarizing quantitative findings and identifying areas requiring policy or operational interventions.



**Figure 3: Comparison of Resident satisfaction between Private elderly homes and the government elderly home in Patiala.**

Similarly, in Figure 4, The line chart titled “Private vs Government Homes – Key Indicators” provides a visual comparison of performance across three critical dimensions: overall satisfaction, frequency of activities and social engagement, and adequacy of financial and material support. The X-axis represents the three indicators, while the Y-axis denotes the mean scores on a 1–5 scale. Two lines are plotted: one for private homes (in blue) and another for the government home (in red), with data points labelled for clarity. The chart illustrates a consistent trend where private homes outperform the government home across all indicators, highlighting higher resident satisfaction, more frequent engagement in social and recreational activities, and better adequacy of financial and material support. This visualization effectively consolidates multiple measures into a single comparative overview, making it easier to interpret differences in the quality of care and services provided between private and government elderly homes.



**Figure 4: Comparison of Key Indicators in Private and Government Old Age Homes.**

The graphical analysis of the data provides a clear comparative understanding of the living conditions, services, and policy implementation in private versus government elderly homes. The pie charts revealed that the majority of residents fall within the 60–70 age bracket (40%), with a slightly higher proportion of females (55%) and predominantly non-married individuals (70%). Most residents rely on family support (60%) or pensions (25%) and have stayed in the homes for 1–5 years (65%). Education levels were skewed toward primary and secondary schooling, reflecting the socio-economic background of residents. This demographic distribution provides important context for understanding the residents’ experiences and expectations.



The bar chart highlights significant differences between private and government homes. Private homes consistently scored higher across all sections of the resident questionnaire, including general well-being, emotional support, financial/material support, and respect/autonomy, with mean satisfaction ratings ranging from 3.6 to 4.8. The government home lagged in all areas, particularly in healthcare access, social engagement, and decision-making involvement. The scatter plot showed a correlation between staff-resident ratios and satisfaction scores, indicating that better staffing (1:8 in private homes) contributes to higher resident satisfaction compared to a lower staffing ratio (1:12) in the government home.

Moreover, this study highlighted systemic gaps in policy implementation, notably the lack of door-step assistance for Aadhaar-ration card linking in most private homes and in the government home, while awareness of the Punjab Senior Citizen Scheme was generally high. The line chart further distilled this information, showing clear disparities in overall satisfaction, engagement, and financial support between private and government homes. Together, these visualizations underscore that while private homes provide higher-quality services and personalized care, there remains a shared challenge across all homes in facilitating access to government benefits, pointing to a critical area for policy intervention.

## CONCLUSION

Linking the beginning of this study, Punjab Government's significant allocation of funds to support elderly welfare, with the empirical findings, it is evident that funding alone does not guarantee quality of care or resident satisfaction. While the state has committed resources to old age homes, the data from Patiala reveals that government-run homes are under-resourced relative to their private counterparts, with higher staff-resident ratios, limited engagement activities, and restricted financial and material support. The graphical analysis, encompassing pie charts, bar charts, line charts, scatter plots, and heat maps, consistently demonstrates that private homes outperform government facilities across all domains of resident well-being, including general care, emotional support, autonomy, and satisfaction with basic services.

At the same time, the visualizations highlight systemic gaps that persist even in private homes, particularly in facilitating residents' access to digital and government services such as Aadhaar linking and ration card benefits. This indicates that improving elderly care in Punjab requires a dual approach: increasing resource allocation and operational support for government homes while addressing policy implementation gaps across all facilities. By integrating quantitative



and qualitative insights, this study underscores the importance of targeted interventions, both financial and procedural, to ensure that elderly residents in Patiala, and more broadly across Punjab, receive dignified, holistic, and equitable care.

We urge the Punjab government to revisit the [Punjab Management of Senior Citizen Homes for Elderly Persons Scheme, 2019](#), by taking into account the positive role that private establishments have played in the welfare of the elderly in the state. Naturally, the allocation of funds for government-run elderly-care facilities should be on the basis of the percentage of elderly population in each district. Since Punjab only has 15 government-run old age homes, we request the government to construct atleast one home in every district, and increase the fund allocation for districts like Patiala which currently hold a disproportionately low share of funds.

Furthermore, for private-run and government establishments alike, we urge the Punjab government to consider making the Aadhaar-linking facilities available for elderly residents at their door-step. This will enable such elderly individuals to better avail the facilities that the government already provides under various schemes in the state.

In essence, the research connects the state’s funding commitment with on-ground realities, emphasizing that strategic governance, efficient staffing, and systematic policy execution are as critical as financial investment for enhancing the quality of life of senior citizens. To implement the findings of this research, we provide the following recommendations in a tabular form that can assist the Punjab Government in its ‘*Sade Buzurg, Sada Maan initiative.*’

#### SUMMARY OF RECOMMENDATIONS

Area	Issue Identified	Recommendation	Responsible Stakeholder	Timeline / Priority
<b>Funding &amp; Resource Allocation</b>	Patiala government home underfunded relative to elderly population	Reallocate funds to ensure minimum per-resident funding aligns with district elderly population; introduce a needs-based allocation formula	Punjab Social Security Department	Short-term (within 2026–27 budget cycle)
<b>Staffing &amp; Care Quality</b>	High staff-resident ratio in government home (1:12)	Increase staff numbers to achieve 1:8 ratio; provide geriatric-specific training	Government home management & Punjab Health & Social Security Dept.	Medium-term (6–12 months)



<b>Healthcare Access</b>	Delays in doctor consultations and limited wellness activities	Implement regular doctor visits (weekly) and daily structured wellness programs (yoga, physiotherapy)	Government home management	Medium-term (6 months)
<b>Social &amp; Emotional Engagement</b>	Limited engagement activities in government home	Organize daily/weekly structured activities; introduce volunteer programs from local colleges	Government home + NGOs	Medium-term (6–12 months)
<b>Financial &amp; Material Support</b>	Residents partially dependent on home support; limited NGO funding	Develop a resident welfare fund; encourage corporate CSR partnerships to support personal needs and specialized care	Government & Private NGOs	Medium-term (6–12 months)
<b>Autonomy &amp; Conflict Resolution</b>	Limited resident involvement in decision-making in government homes	Establish formal resident councils and structured grievance redressal mechanism	Home management & Social Security Dept.	Short-term (3–6 months)
<b>Policy Implementation / Digital Services</b>	Lack of doorstep Aadhaar and ration card assistance	In the <i>Sade Buzurg Sada Maan</i> initiative: doorstep linking service for Aadhaar and ration cards in all homes should be adopted	Punjab Social Security Dept. & Local NGOs	Immediate / High Priority (within 3 months)
<b>Awareness of Government Schemes</b>	Partial knowledge of Punjab Senior Citizen Scheme among homes	Conduct quarterly awareness and training workshops for staff and residents on government schemes	Social Security Dept. + NGO partners	Short-term (next 6 months)
<b>Infrastructure &amp; Facilities</b>	Lack of recreational and learning facilities	Set up library corners, indoor games, Wi-Fi access, and common activity spaces in all homes	Home management + NGO funding	Medium-term (6–12 months)
<b>Monitoring &amp; Evaluation</b>	Lack of standardized reporting and assessment	Introduce annual audits and resident satisfaction surveys; public reporting of outcomes	Social Security Dept.	Long-term (annual, starting 2026)

*Table 10: Summary of Key Recommendations.*



## ANNEXURE-I

### QUESTIONNAIRE I FOR ELDERLY RESIDENTS

*PURPOSE: TO UNDERSTAND THE ELDERLY RESIDENTS' EXPERIENCES AND SATISFACTION WITH THE SERVICES PROVIDED IN THE ELDERLY HOME.*

#### PERSONAL INFORMATION:

1. AGE: \_\_\_\_\_
2. GENDER: [ ] MALE [ ] FEMALE [ ] OTHER
3. MARITAL STATUS: ( ) MARRIED ( ) NON-MARRIED
4. FINANCIAL BACKGROUND (PERSONAL INCOME OR INCOME FROM FAMILY) :
5. PLACE OF PREVIOUS RESIDENCE:
6. EDUCATIONAL BACKGROUND:
7. RELIGION:
8. LENGTH OF STAY IN THE ELDERLY HOME: \_\_\_\_\_ (YEARS/MONTHS)

#### SECTION 1: GENERAL WELL-BEING AND CARE (ON A RATING SCALE FROM 1-5)

1. ARE YOUR BASIC NEEDS (FOOD, CLOTHING, SHELTER) ADEQUATELY PROVIDED HERE?  
\_\_\_\_\_
2. HOW WOULD YOU RATE THE QUALITY OF THE FOOD PROVIDED?  
\_\_\_\_\_
3. HOW OFTEN DO YOU FEEL THE STAFF LISTENS TO YOUR HEALTH CONCERNS AND ADDRESSES THEM APPROPRIATELY?  
\_\_\_\_\_
4. HOW OFTEN DO YOU HAVE ACCESS TO HEALTHCARE SERVICES (DOCTORS, NURSES)?  
\_\_\_\_\_

#### SECTION 2: EMOTIONAL AND SOCIAL SUPPORT (ON A RATING SCALE FROM 1-5)

1. DO YOU FEEL SUPPORTED BY THE STAFF HERE?  
\_\_\_\_\_
2. HOW OFTEN ARE ACTIVITIES OR PROGRAMS CONDUCTED THAT HELP YOU STAY ENGAGED?  
\_\_\_\_\_



3. HOW OFTEN DO YOU PARTICIPATE IN SOCIAL GATHERINGS OR EVENTS ORGANIZED WITHIN THE ELDERLY HOME?

\_\_\_\_\_

**SECTION 3: FINANCIAL AND MATERIAL SUPPORT (ON A RATING SCALE FROM 1-5)**

1. ARE YOU RECEIVING REGULAR FINANCIAL SUPPORT FROM YOUR FAMILY? IF SO, FROM WHOM?

\_\_\_\_\_

2. ARE YOU GIVEN ANY FINANCIAL ASSISTANCE FROM THE ELDERLY HOME FOR PERSONAL NEEDS?

\_\_\_\_\_

**SECTION 4: RESPECT AND AUTONOMY (ON A RATING SCALE FROM 1-5)**

1. DO YOU FEEL YOU ARE TREATED WITH RESPECT BY BOTH THE STAFF AND OTHER RESIDENTS?

\_\_\_\_\_

2. ARE YOU INVOLVED IN DECISION-MAKING ABOUT YOUR OWN CARE OR DAILY ROUTINES?

\_\_\_\_\_

3. IS THERE A SYSTEM IN PLACE TO HANDLE DISPUTES OR ISSUES BETWEEN RESIDENTS?

\_\_\_\_\_

4. IS THERE A SYSTEM IN PLACE TO HANDLE DISPUTES OR ISSUES BETWEEN RESIDENTS AND THE STAFF?

\_\_\_\_\_

**-XXX-**



## ANNEXURE-II

### QUESTIONNAIRE II FOR STAFF MEMBERS OF THE ELDERLY HOMES

*PURPOSE: TO UNDERSTAND HOW WELL THE ELDERLY HOME IS MEETING THE NEEDS OF THE ELDERLY RESIDENTS AND WHETHER STAFF MEMBERS FEEL EQUIPPED TO PROVIDE ADEQUATE CARE. THIS QUESTIONNAIRE AIMS TO COLLECT EMPIRICAL DATA ON OLD AGE HOMES IN PATIALA DISTRICT, FOCUSING ON COMPLIANCE WITH LEGAL PROVISIONS, IMPLEMENTATION OF PUNJAB GOVERNMENT SCHEMES, INFRASTRUCTURE ISSUES, AND THE WELL-BEING OF ELDERLY RESIDENTS.*

1. NAME OF THE OLD AGE HOME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. YEAR OF ESTABLISHMENT: \_\_\_\_\_

4. TYPE OF MANAGEMENT:

GOVERNMENT-RUN

NGO-OPERATED (WITH GOVERNMENT FUNDING)

PRIVATE (WITH GOVERNMENT FUNDING)

COMPLETELY PRIVATE

OTHER (PLEASE SPECIFY): \_\_\_\_\_

5. TOTAL CAPACITY (NUMBER OF RESIDENTS): \_\_\_\_\_

6. CURRENT OCCUPANCY: \_\_\_\_\_

7. GENDER DISTRIBUTION OF RESIDENTS:

- MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ OTHER: \_\_\_\_\_

8. AGE DISTRIBUTION OF RESIDENTS:

- 60-70 YEARS: \_\_\_\_\_ 71-80 YEARS: \_\_\_\_\_ ABOVE 80 YEARS: \_\_\_\_\_

9. CRITERIA FOR ADMISSION: \_\_\_\_\_

#### PERSONAL INFORMATION (OPTIONAL):

1. AGE: \_\_\_\_\_

2. GENDER:  MALE  FEMALE  OTHER

3. POSITION/ROLE: \_\_\_\_\_



4. LENGTH OF EMPLOYMENT IN THE ELDERLY HOME: \_\_\_\_\_ (YEARS/MONTHS)

### SECTION 1: CARE AND WELFARE

1. DO YOU FEEL THE ELDERLY RESIDENTS' BASIC NEEDS (FOOD, ACCOMMODATION, HEALTHCARE) ARE CONSISTENTLY MET?  
 YES, ALWAYS  
 YES, MOST OF THE TIME  
 NO
2. HOW OFTEN DO YOU ASSESS THE HEALTH AND WELL-BEING OF EACH RESIDENT?  
 REGULARLY  
 OCCASIONALLY  
 RARELY
3. ARE THERE REGULAR MEDICAL CHECK-UPS PROVIDED FOR THE RESIDENTS? / EXISTENCE OF MEDICAL FACILITY  
 YES  
 NO  
 SOMETIMES
4. HOW DO YOU HANDLE EMERGENCY HEALTH SITUATIONS FOR THE ELDERLY RESIDENTS?  
 THERE IS A CLEAR PROTOCOL IN PLACE  
 IT'S ADDRESSED ON A CASE-BY-CASE BASIS  
 THERE IS NO CLEAR PROTOCOL
5. IS THERE A FACILITY FOR REGULAR COMMUNITY ACTIVITIES LIKE YOGA THAT PROMOTE PHYSICAL AND MENTAL HEALTH?  
 YES, FREQUENTLY  
 YES, OCCASIONALLY  
 NO
6. DOES YOUR FACILITY PROVIDE ACCESSIBILITY TO AN ON-SITE MENTAL HEALTHCARE PROFESSIONAL OR PSYCHOLOGICAL COUNSELLOR?  
 YES  
 NO  
 SOMETIMES

### SECTION 2: SOCIAL AND EMOTIONAL SUPPORT

1. HOW DO YOU ENSURE THE RESIDENTS FEEL SOCIALLY ENGAGED AND PART OF THE COMMUNITY WITHIN THE HOME?  
 THROUGH REGULAR ACTIVITIES  
 THROUGH PERSONAL INTERACTIONS  
 OTHER (PLEASE SPECIFY): \_\_\_\_\_
2. DO THE RESIDENTS HAVE A MECHANISM TO SHARE THEIR CONCERNS OR GRIEVANCES ABOUT THEIR CARE?



- 
- YES, REGULARLY  
 YES, OCCASIONALLY  
 NO
3. HOW OFTEN DO YOU INTERACT WITH THE RESIDENTS ON A ONE-ON-ONE BASIS TO ENSURE THEIR EMOTIONAL NEEDS ARE MET?  
 FREQUENTLY  
 OCCASIONALLY  
 RARELY
4. HOW ARE CONFLICTS BETWEEN RESIDENTS HANDLED?  
 THERE IS A SYSTEM IN PLACE TO RESOLVE CONFLICTS  
 IT IS HANDLED INFORMALLY  
 THERE IS NO CLEAR SYSTEM
5. DO YOU FEEL YOU HAVE THE RESOURCES AND SUPPORT NECESSARY TO MEET THE NEEDS OF THE RESIDENTS?  
 YES  
 NO  
 SOMETIMES

#### **SECTION 4: FINANCIAL AND MATERIAL SUPPORT**

1. ARE THE RESIDENTS' FINANCIAL SITUATIONS REGULARLY REVIEWED TO ENSURE THEY ARE RECEIVING ADEQUATE SUPPORT?  
 YES  
 NO  
 SOMETIMES
2. ARE THERE ANY PROGRAMS THAT ASSIST RESIDENTS IN MANAGING THEIR PERSONAL FINANCES?  
 YES  
 NO  
 NOT SURE
3. DO YOU FEEL THE ELDERLY HOME PROVIDES ENOUGH RESOURCES TO MEET THE PERSONAL NEEDS OF EACH RESIDENT (E.G., CLOTHING, ENTERTAINMENT, COMMUNICATION)?  
 YES  
 NO  
 SOMEWHAT
4. IS THE OLD AGE HOME REGISTERED UNDER ANY OF THE FOLLOWING?  
 MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT, 2007  
 SOCIETIES REGISTRATION ACT  
 TRUST ACT



---

OTHER (PLEASE SPECIFY): \_\_\_\_\_

NOT REGISTERED

5. ARE YOU AWARE OF THE "PUNJAB MANAGEMENT OF SENIOR CITIZEN HOMES FOR ELDERLY PERSONS SCHEME, 2019"?

YES, FULLY AWARE

PARTIALLY AWARE

NOT AWARE

**-XXX-**



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