

ASSOCIATION OF SENIOR LIVING INDIA

Silver Surge 2.0

From places to care:
building India's senior
care continuum

N

SIGNALS

E

CHOICES

S

STEPS

W

OUTCOMES

COMPANION TO THE SENIOR CARE COMPASS 2026

ABOUT THIS REPORT

Silver Surge is published by the Association of Senior Living India (ASLI) each year. The first edition, in 2025, made the case for capital. This second edition asks what kind of care that capital should build.

The report draws on public data (LASI Wave 1, LASI-DAD, Union Budget 2026–27, GST Council notifications and replies in Parliament), on JLL–ASLI market estimates, and on the PwC–ASLI Senior Care Industry Survey of providers across senior living, home care, assisted living and allied services.

It is organised around the four points of the **Senior Care Compass**, the pocket navigator that accompanies this report: what is changing (Signals), where to play (Choices), what to do next (Steps) and how to judge progress (Outcomes).

■ Reading the evidence

Every figure in this report carries its source. Two markers, shared with the Compass, flag figures that need a second look.

S Figure from the PwC–ASLI Senior Care Industry Survey 2025: provider views, not market measurements.

P Projection or proposal: a forecast or a recommended measure, not an observed result.

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IMPORTANT NOTICE

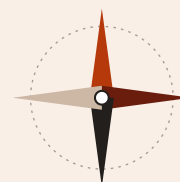
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HOW TO READ IT



Each chapter sits on a point of the Senior Care Compass. The marker in the page footer shows where you are.

N Signals
What is changing
CHAPTERS 01–03

E Choices
Where to play
CHAPTER 05

S Steps
What to do next
CHAPTERS 04, 06

W Outcomes
How to judge it
CHAPTER 07



Rajagopal

Chairman
Association of Senior Living India



IN THIS EDITION

16

exhibits across seven chapters

14

recommendations for 2026–27

5

S.C.A.L.E. pillars

FOREWORD

A home is a place. Care is a promise.

When ASLI published the first Silver Surge a year ago, our argument was simple: India's ageing is not a distant demographic curve but a present-day responsibility, and capital needed to take it seriously. A year on, capital has begun to arrive.

New communities are opening, states are writing senior-housing policy, and caregiving has entered the Union Budget as a workforce priority. That progress brings a harder obligation. A senior living community is only as good as the care that lives inside it.

The families who come to our members are rarely asking for an apartment. They are asking what happens when a mother can no longer manage her medicines, when a father comes home after a stroke, or when memory begins to fail. Too often today, the honest answer is a hospital bed or an overstretched family.

Silver Surge 2.0 is our attempt to answer that question better. It moves the conversation from places to care: from how many homes are being built to whether assisted living, memory care, transition care, home care and palliative support will be there when they are needed, delivered by trained people, paid for fairly and measured openly.

For ASLI, this report is also a commitment. The starter set of care quality indicators in Chapter 7 is an invitation to our members to measure, publish and improve, and to build the evidence on which accreditation can rest. The S.C.A.L.E. framework sets out where government, operators, insurers and investors can each act in 2026–27.

Rajagopal

Chairman, Association of Senior Living India



ACKNOWLEDGEMENT

Acknowledgement



I extend my sincere gratitude to the senior care providers who shared their perspectives regarding the sector. Their candid responses, operational experience and understanding of the evolving needs of older adults have helped ensure that this report reflects both the opportunities before the sector and the practical challenges involved in delivering high-quality care at scale.

I am equally grateful to ASLI's members, partners and broader stakeholder community for generously contributing their knowledge and perspectives. Their continued engagement has enriched the report's understanding of the care continuum and reinforced the importance of building an ecosystem that is accessible, affordable, professionally staffed and guided by consistent standards of quality.

My sincere appreciation also goes to the PwC India team for its valuable contribution to the development of this report. The team brought research discipline, analytical rigour and a careful synthesis of public evidence, market perspectives and policy developments. Its support helped translate a wide range of insights into a clear and forward-looking narrative on the priorities for strengthening India's senior care ecosystem.

Above all, this report is dedicated to India's seniors and to the families and caregivers who support them through changing needs and life stages. Their experiences are a reminder that senior care is not defined by infrastructure or services alone, but by trust, choice, continuity and dignity. They deserve a system that enables every older Indian to live longer with greater independence, connection and security, while receiving appropriate care and support when and where it is needed.

Rajagopal

Chairman, Association of Senior Living India

EXECUTIVE SUMMARY

From places to care

A year ago, Silver Surge made the case that 347 million reasons demanded a rethink of capital allocation. This year, the question has changed.

Capital is arriving, states are writing senior-housing policy, and the Union Budget has named geriatric caregiving a workforce priority. India's ageing ecosystem has left the emergence phase. The task now is expansion: converting demand into investable, regulated, well-staffed care at scale.

Silver Surge 2.0 turns to the harder question: what kind of care will India's seniors receive, who will deliver it, and who will pay for it?

Homes and communities are being built at pace. The care that must sit inside and around them, from assisted living and memory care to rehabilitation, home care and palliative support, is still the thinnest part of the ecosystem.

This report follows that care from the need to the answer. It sizes the need (Chapters 1–2), hears from providers (Chapter 3), scores the progress made since last year (Chapter 4), maps the continuum of care (Chapter 5) and sets out how to pay for it (Chapter 6) and how to judge it (Chapter 7).

Homes are being built at pace. The care inside them is still the thinnest part of the ecosystem.

1.5%

penetration of organised senior care supply, despite 14.2% annual supply growth since 2024

<10%

of organised senior living stock is assisted living, against 24–29% in mature markets

HOW THIS REPORT IS ORGANISED

FROM THE NEED TO THE ANSWER

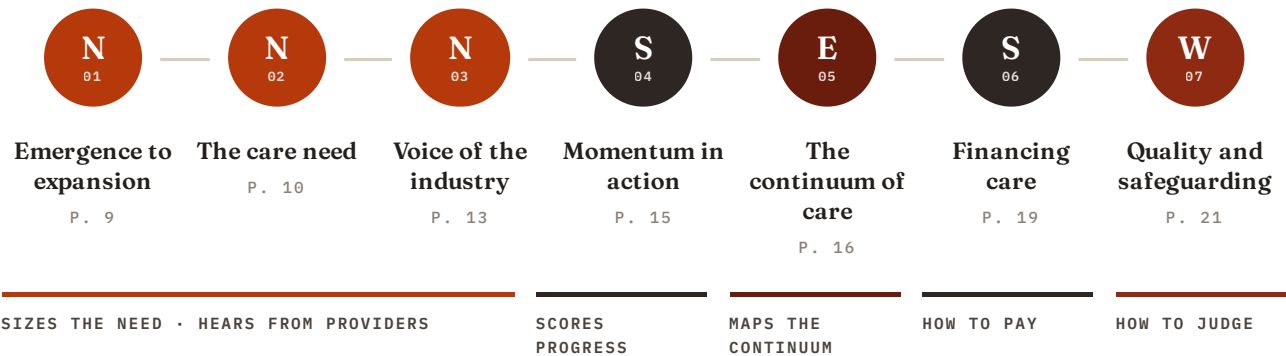


EXHIBIT 1

India's senior care ecosystem at a glance

The need is large and growing fastest where care is most intensive. Supply and financing are moving, but from a low base.

THE NEED • 01

166.9 Mn

Indians aged 60+ in 2026, rising to 191.5 Mn by 2030 ^[P]

THE NEED • 02

111

Hospitalisations per 1,000 people aged 70+, against 26 for ages 30–44

THE NEED • 03

8.8 Mn

Seniors living with dementia (7.4% prevalence)

THE NEED • 04

12.2%

Seniors with supportive or palliative care needs

THE SUPPLY • 05

~10,000

Organised assisted-living beds by 2030

THE INDUSTRY • 06

75%

Providers who flag workforce training as a priority ^[S]

THE RESPONSE • 07

1.14 Cr

Ayushman Vay Vandana cards issued to people aged 70+ (about 11.4 million, Feb 2026)

THE RESPONSE • 08

1.5 lakh

Caregivers to be trained in one year (150,000; Union Budget 2026–27) ^[P]

THE RESPONSE • 09

0% GST

On individual health insurance since 22 September 2025

Sources: JLL-ASLI (2026); LASI Wave 1 (IIPS) and LASI-DAD; BMC Palliative Care (2024); MoHFW reply in Parliament, as reported; Union Budget 2026–27; GST Council; PwC-ASLI Senior Care Industry Survey (2025).

EXECUTIVE SUMMARY

Four key messages

1 India's senior care market has entered expansion, but supply is still far behind need.

Organised supply has grown at 14.2% a year since 2024, yet penetration remains only about 1.5%. Meanwhile, the fast-growing 75+ cohort is driving a sharper rise in care intensity.

2 The critical gap is not housing alone. It is the care continuum.

Assisted living, memory care, transition care, home care and palliative support remain under-built, leaving major gaps between independent living and hospital-based care.

3 Access will depend on solving financing, affordability and workforce capacity together.

Long-term, home-based and out-of-hospital care is still largely paid for out of pocket, and skilled caregivers remain the sector's binding constraint. Insurance-linked, rental and workforce-development models (architecture including competency, supervision, retention and career pathways) must now scale together.

4 Policy momentum is real. The next step is a measurable system for scale.

Recent insurance, state housing and caregiver-training reforms create a strong base. Scale now requires common standards, quality indicators, enabling capital and coordinated action through the S.C.A.L.E. framework.

THE WAY FORWARD

14 ACTIONS FOR 2026-27 • PAGE 23

Five pillars to take India's senior care ecosystem to scale

SStandards &
Policy**C**Capital &
Financing**A**Assisted &
Continuum Care**L**Labour &
Workforce**E**Enabling
Technology

N

SIGNALS

CHAPTER 01

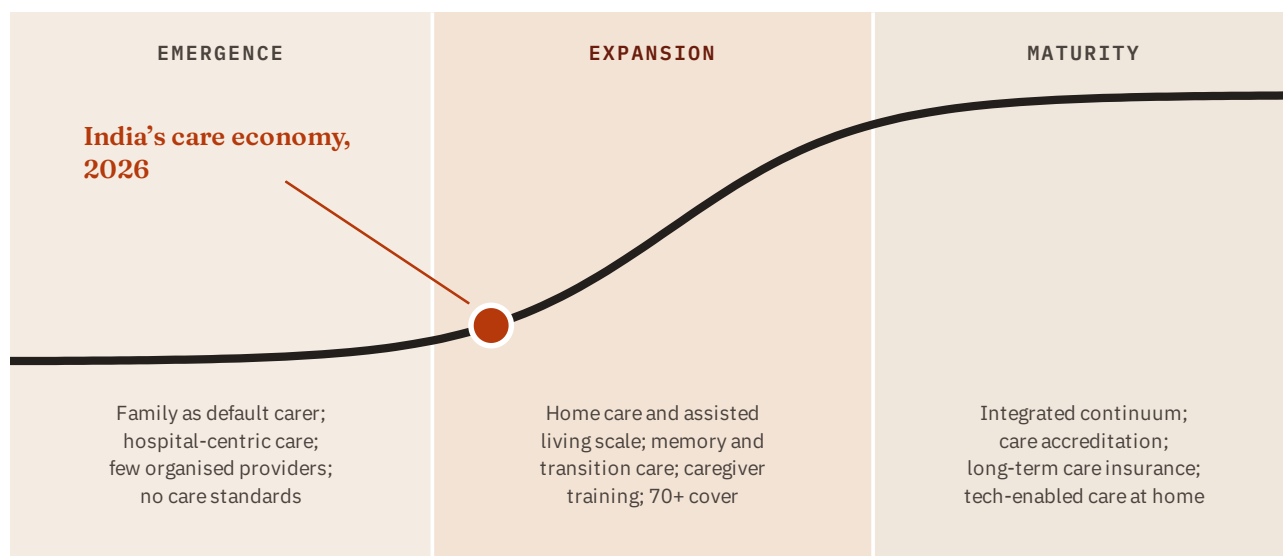
From emergence to expansion

The first phase of India's senior living story was about places. The next will be defined by care.

The first phase built communities, apartments and villas for independent seniors, and with them the foundation and consumer trust the sector needed. The expansion phase will be defined by care: the services that let a senior remain safe and well as their needs change, whether at home, in a community or in a care facility.

EXHIBIT 2

India's care economy has crossed into expansion, the steepest part of the curve



Source: Authors' Analysis. Stylised maturity curve; position indicative.

In care terms, India sits at the start of expansion. Home care platforms are scaling across cities, assisted-living and memory-care operators are raising capital, hospitals are building geriatric and home-care arms, and the Centre has funded both universal hospital cover for the 70+ and a national caregiver training drive.

What is missing are the features of a mature care system: an integrated continuum, recognised care standards, and a way to pay for long-term care.

N

SIGNALS

CHAPTER 02

The care need: why demand is shifting to care

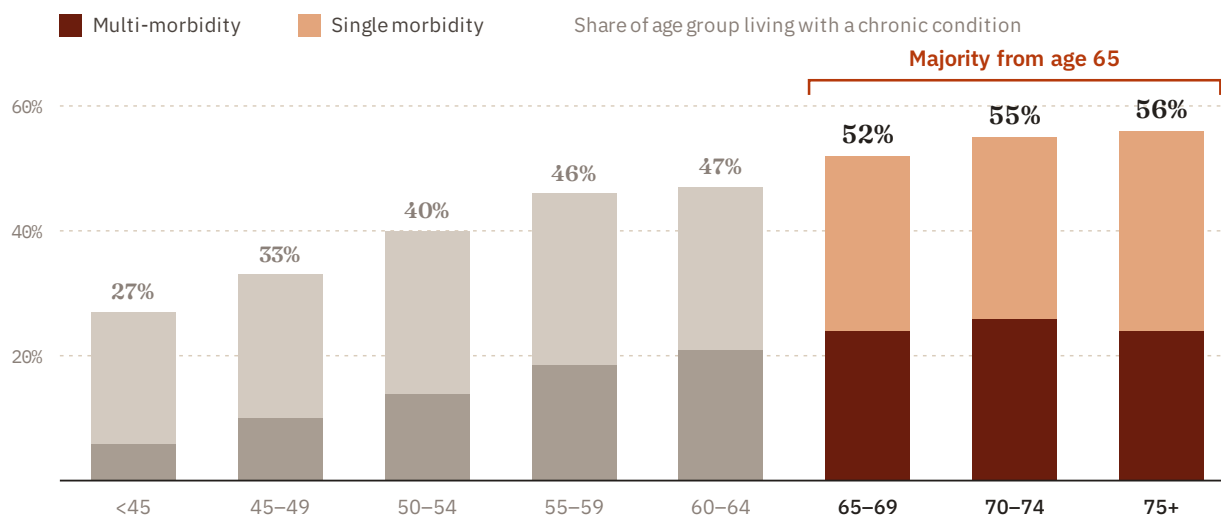
Headcount alone understates the challenge. Care demand is driven by age, chronic illness, cognitive decline and shrinking family support, acting together.

India's senior population is estimated at 166.9 million in 2026 and is projected to reach roughly 347 million by 2050 [P]. But the number that matters for care is not how many seniors there are. It is how many need help, and how much.

■ Chronic illness is the norm, not the exception

EXHIBIT 3

Past 65 years, living with a chronic condition becomes the majority experience, and one in four lives with several



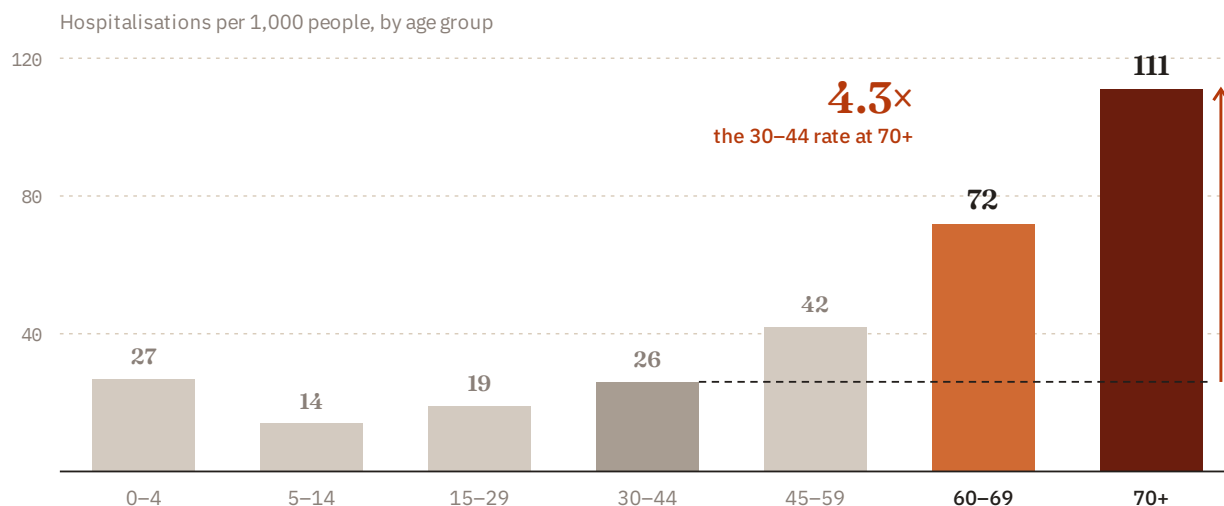
Source: LASI Wave 1; Authors' Analysis.

Multi-morbidity climbs from about 6% among adults under 45 to around a quarter of those over 70. Managing several conditions at once means medication management, monitoring and coordinated care: precisely the work families find hardest to sustain.

Hospitals become the default when care is missing

EXHIBIT 4

Seniors aged 70+ are hospitalised at more than four times the rate of adults aged 30–44



Source: LASI Wave 1 (IIPS); Authors' Analysis. $4.3\times = 111 \div 26$.

Many of these admissions, and the readmissions that follow, are avoidable with better chronic care, fall prevention and post-discharge support.

This is the economic case for the continuum: care delivered earlier, closer to home and at lower intensity, rather than in the most expensive setting the system has.

Every avoidable admission signals a care layer that is missing or disconnected.

Four urgent senior care needs

7.4%

Dementia

An estimated 7.4% of Indians aged 60+, about 8.8 million people, live with dementia. Prevalence ranges from 4.5% in Delhi to 11% in Jammu and Kashmir.

1 in 8

Palliative and supportive care

One in eight older adults (12.2%) has supportive or palliative care needs, rising to about 17% in West Bengal.

7.8%

Functional support to the oldest old

The 75+ population, already a quarter of all seniors, is projected to grow 7.8% a year to 2030 ^[P], faster than the 60–75 group.



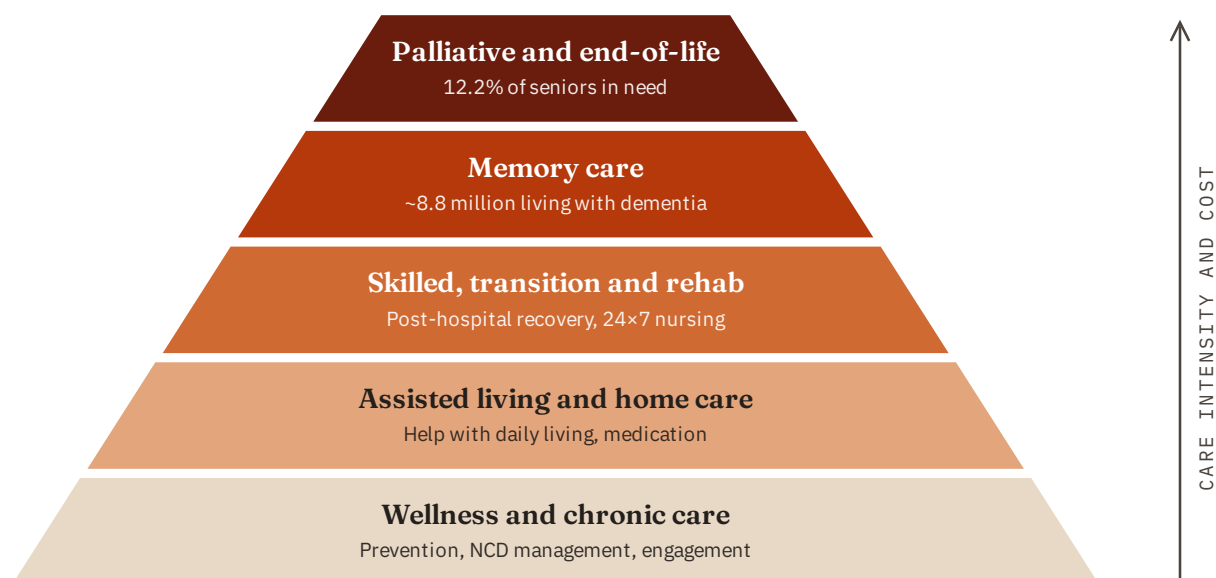
Prevention and wellness

Regular health screening, physical activity, balanced nutrition, social engagement and timely management of chronic conditions can help seniors maintain independence, reduce avoidable hospitalisation and delay the need for intensive care.

EXHIBIT 5

Needs rise in intensity and cost from wellness to end-of-life care, and each layer calls for a different model

The care needs pyramid



Source: LASI-DAD; BMC Palliative Care (2024); Authors' Analysis.

■ What the pyramid tells operators

The base of the pyramid is broad, low-intensity and preventive, and is where most seniors are. The top is narrow, intensive and expensive, and is where the need is growing fastest as the 75+ cohort expands.

■ What it tells the system

Most of India's organised supply today sits at the bottom of the pyramid or in hospitals above it. The middle layers, where seniors should move as their needs change, are where the continuum breaks. Chapter 5 maps those layers one by one.

THE SO-WHAT

Need is moving up the pyramid faster than supply is being built. Every layer above wellness is under-supplied, under-insured and unmeasured: the three gaps Chapters 5, 6 and 7 take in turn.

N

SIGNALS

CHAPTER 03

Voice of the industry

Providers see demand pulling the sector forward. Policy, so far, has followed rather than led.

The Senior Care Industry Survey ^[S] captured how providers across senior living, home care, assisted living and allied services see the sector. Its findings remain the most direct read on provider sentiment, and several have become sharper over the past year.

84%

of providers are highly optimistic about growth over the next 15 years

75%

emphasise the need for workforce training

50%

call for new regulatory frameworks to standardise care

EXHIBIT 6

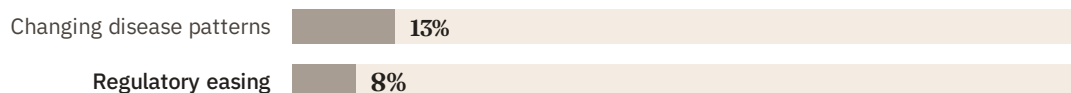
Providers credit demand, not policy, for growth: only 8% cite regulatory easing

What providers say is driving growth ^[S]

PRIMARY GROWTH DRIVERS: DEMAND SIDE



SUPPORTING FACTORS



Source: PwC-ASLI Senior Care Industry Survey (2025). Share of providers citing each factor; multiple responses allowed.



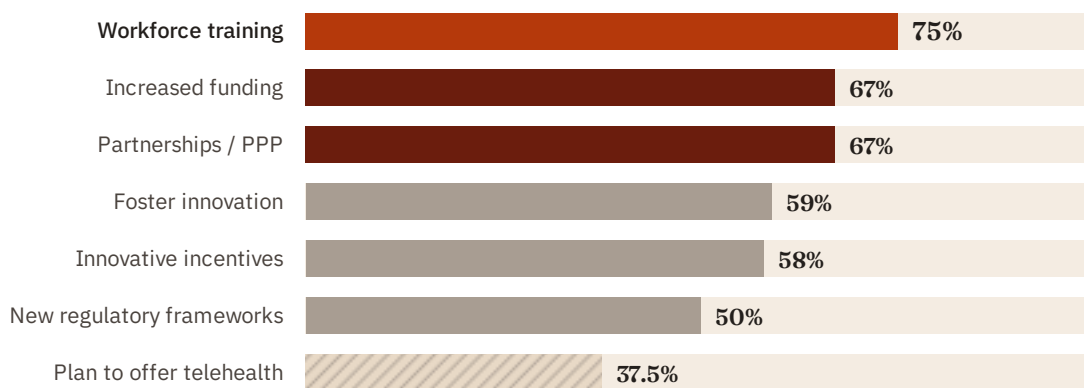
Providers see demand-side change, rising acceptance of organised care and greater family awareness, as the main growth engine. They identified acceptability of services (84%) as the strongest driver, a sign of growing willingness among older adults and families to adopt formal care. Awareness among families (63%) and affordability of services (58%) follow.

Changing disease patterns (13%) and regulatory easing (8%) were seen as secondary. Senior care is moving from a niche offering to a broader, more active ecosystem, supported by rising demand, growing provider participation and stronger policy attention. The task is to scale capacity, affordability and quality together, so that momentum becomes dependable access.

EXHIBIT 7

What providers need most is people: workforce training tops every other ask

What providers asked for S



Source: PwC-ASLI Senior Care Industry Survey (2025). Share of providers naming each enabler; multiple responses allowed. Telehealth (hatched) reports plans to offer services, not an ask.

Providers identified workforce training (75%) as the most critical requirement for sustainable growth, pointing to the need for a larger and more skilled caregiving workforce. Increased funding (67%) and partnerships, including public–private partnerships (67%), were also named as key priorities, reflecting the importance of financial support and collaborative models in expanding capacity.

Providers also emphasised fostering innovation (59%) and introducing innovative incentives (58%) to encourage investment. New regulatory frameworks (50%) were seen as important for standardised operating conditions, while 37.5% plan to offer telehealth. Taken together, workforce, funding and collaboration are the primary enablers of long-term growth.

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CHAPTER 04 • ONE YEAR ON

Momentum in action

Silver Surge 2025 set out recommendations across regulation, financing, partnerships, capacity building, tax and active ageing. This scorecard tracks the care-relevant ones.

STEPS

EXHIBIT 8

Financing and workforce have moved; regulation and long-term care cover have not

Status of Silver Surge 2025 care recommendations, September 2026



RECOMMENDATION	WHAT HAPPENED	STATUS
Unified Senior Care Regulatory and Accreditation Authority (SCRAA)	No national authority; voluntary standards led by QAI, NABH and ASLI	PENDING
Expand insurance coverage	Individual health insurance GST-exempt from 22 September 2025; 1.14 crore+ Vay Vandana cards issued to people aged 70+	MOVED
Insurance for out of hospital, home-based and chronic care	Cover remains hospitalisation-led; no long-term care product at scale	PENDING
Scale accredited caregiver training	Union Budget 2026–27 targets 1.5 lakh NSQF-aligned caregivers in one year	MOVED
Geriatric modules in medical and nursing curricula	No national mandate announced	PENDING
Rationalise GST on senior care services	Insurance relief delivered; treatment of bundled accommodation and care services still unclear	PARTIAL
Community wellness and active ageing	MoSJE runs ~800 care homes; day-care homes under consideration; Kerala creates an elderly welfare department	PARTIAL

Sources: GST Council; MoHFW; Union Budget 2026–27; MoSJE; Government of Kerala; Authors' Analysis.

The pattern is clear. Where the lever sat with a single ministry and an existing scheme, it moved. Where it needed a new institution or a new product, it has not yet. The pending items are the ones this report returns to: long-term care financing in Chapter 6 and a national care regulator in Chapter 7.



E

CHOICES

CHAPTER 05

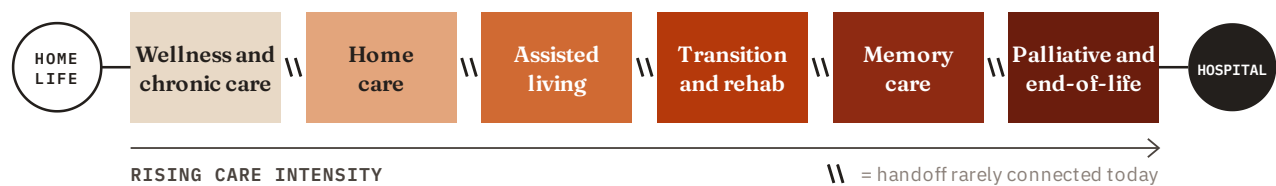
The continuum of care

A mature care system lets a senior move between levels of support as needs change, without starting from scratch each time. India has pieces of this continuum, but they are rarely connected.

EXHIBIT 9

India has built the ends of the continuum. The middle, and the handoffs between layers, are missing

Six layers of care between independent life at home and the hospital



CARE LAYER	WHAT IT PROVIDES	INDIA TODAY
Wellness and chronic care	Prevention, NCD management, engagement, nutrition	NPHCE at public facilities; private programmes in metros
Home care	Nursing, physiotherapy, attendants, remote monitoring	Fastest-scaling layer; quality uneven; largely out of pocket
Assisted living	Help with activities of daily living, meals, medication, supervision	~2,100 organised beds; under 10% of organised stock
Transition and rehab	Post-hospital recovery, skilled nursing	Emerging via different care models
Memory care	Dementia-specific environments and routines	Very limited relative to 8.8 million living with dementia
Palliative and end-of-life	Symptom control, family support, hospice	Strong in Kerala; sparse in most states

Sources: JLL-ASLI (2026); LASI-DAD; MoHFW; Authors' Analysis.



■ Home care: the front door

Most Indian seniors want to age at home, and home care is where the sector reaches the most people. Market estimates vary widely by definition, from about US\$12 billion to US\$17 billion for 2025, but all point to sustained growth. The challenge is consistency: caregiver turnover, variable clinical protocols and limited insurance cover. Providers such as Healthcare at Home, Portea, Apollo HomeCare, Emoha, Samarth, KITES, Epoch, Care Continuum, Nema, Athulya, Antara and other home care providers show how structured home care, emergency response and rehabilitation can be combined.

EXHIBIT 10

However it is defined, home care is already a multi-billion-dollar market



Source: Authors' analysis using published market estimates. Range reflects differing definitions of home care.

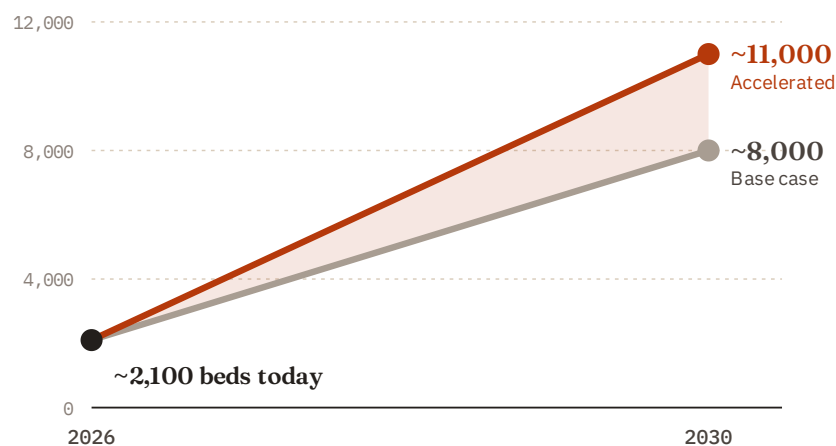
■ Assisted living and memory care: the missing middle

EXHIBIT 11

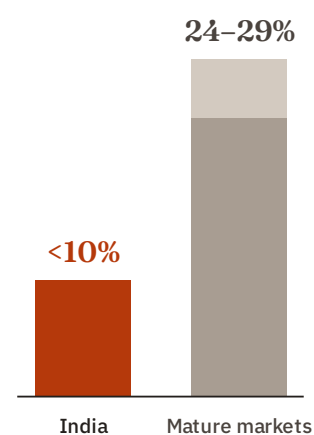
Assisted living is the thinnest layer of the care stack, even on an accelerated path

Organised assisted-living beds, 2026–2030 P

Organised assisted-living beds in India



Assisted living as share of organised senior living stock



Source: JLL-ASLI (2026). 2030 values are scenario projections.

Assisted living is under 10% of organised senior living stock in India, compared with 24–29% in mature markets. Operators expect memory care to be the leading area of specialisation, alongside continuum-of-care communities. Because care costs rise over time, rental and service-led models suit this layer far better than outright sale.

■ Transition care: closing the discharge gap

Hospital discharge creates demand for rehabilitation, nursing and transition care, and some of these patients go on to need longer-term assisted living. Hospital-linked models are emerging: Athulya has added a 60-bed geriatric hospital to its assisted-living platform, Geri Care is also expanding this bridge: in June 2026, it opened a 100-bed, geriatrician-led skilled nursing and long-term care hospital in Coimbatore, bringing post-hospital recovery, rehabilitation, assisted living, dementia care and palliative care under one roof. Multiple care providers are stepping in to bridge discharge and recovery.

■ Palliative care: the widest gap

EXHIBIT 12

Home palliative care follows state capacity, not need

Home-based palliative care visits reported, 2025



Source: MoHFW reply in Parliament (December 2025). *Kerala figure covers eight months to October 2025; other states as reported. Figures are not strictly like-for-like.

Access to home-based palliative care depends on state capacity rather than need. Kerala's community model reported around 650,000 home visits in eight months; Uttar Pradesh, with far greater need, reported about 42,500.

Integrating palliative care into geriatric services is one of the cost-efficient steps available.

Kerala's community model shows what is possible at the top of the pyramid.

FROM THE SENIOR CARE COMPASS • E • CHOICES

Where to play: six calls for operators and investors

A. Which stage first?



Needs change with age. Plan now for how a resident or client moves to the next stage.

B. Buildings or services?



HOUSING ——— SERVICES
Senior living is about \$8B of a \$45–50B market. The larger opportunity is care delivered wherever people live.

C. Metros or smaller towns?



METRO ——— TIER 2, RURAL
Providers rank geographic reach second among their barriers.

D. Build or partner?



IN-HOUSE ——— PARTNER
68% of providers make partnerships a priority.

E. Condition or person?



CLINICAL ——— WHOLE PERSON
Mobility, memory, loneliness and money worries shape outcomes too.

F. Technology or people?



DEVICES ——— CAREGIVERS
Remote monitoring works best with a trained person on the ground.

The dot marks the recommended position. Source: Senior Care Compass 2026. **S** Provider survey figure.



S

CHAPTER 06

Financing care: paying for more than hospitals

STEPS

India has made real progress on paying for hospital episodes. The next step is paying for care: the months and years of support that follow a diagnosis of dementia, a stroke or frailty.

■ What changed

₹5 lakh

Universal hospital cover for the 70+

Every citizen aged 70+ is entitled to ₹5 lakh a year of hospitalisation cover under Ayushman Vay Vandana, regardless of income. Over 1.14 crore cards (about 11.4 million) were issued by February 2026.

0% GST

GST-free individual health insurance

Since 22 September 2025, individual health policies, including senior-citizen plans, carry no GST. Group policies still attract 18%.

EXHIBIT 13

Cover stops at the hospital door: the further care moves from the ward, the less of it is insured

What is still missing

CARE NEED	TYPICALLY COVERED TODAY?	GAP
Inpatient hospitalisation	●●●●● Yes: PM-JAY, Vay Vandana, private insurance	Access and quality variation
Post-discharge rehab and transition care	●○○○○ Rarely	Readmissions; family burden
Home nursing and attendants	●○○○○ Rarely; some riders	Largely out of pocket
Assisted living and memory care	○○○○○ No	No long-term care product
Palliative and hospice care	●●○○○ Limited	Depends on state programmes
OPD, diagnostics, chronic medication	●●●○○ Partially	High recurring cost

Source: Analysis of PM-JAY, Ayushman Vay Vandana and private health insurance products. Dots show relative extent of cover, from none (0) to typical (4).



EXHIBIT 14

Mature systems pay for care separately from hospitals, and give insurers and operators a stake in long-term quality

Lessons from mature care systems

MARKET	MODEL	LESSON FOR INDIA
Japan	Mandatory long-term care insurance since 2000, funded by contributions from age 40 and covering most care costs for eligible users	Care is financed separately from hospital care
China: Ping An	Insurance bundled with home, community and institutional care through certified operators	Insurer as care navigator; asset-light
China: Taikang	Premium pools fund continuing care communities for policyholders	Pre-retirement planning for care
UK and Australia	Deferred management fee in retirement villages	Aligns the operator with long-term care quality

Sources: public programme and company information; Authors' Analysis.

RECOMMENDATIONS FOR FINANCING CARE P

- 01** Pilot a long-term care insurance product covering home care, assisted living and memory care, with IRDAI sandbox support.
- 02** Add rehabilitation, transition care and home nursing packages to PM-JAY and Ayushman Vay Vandana.
- 03** Allow NPS and annuity products to carry care riders, building on PFRDA's work on health-linked pension products.
- 04** Broaden the reverse-mortgage lump sum, currently restricted to medical expenses, to cover caregiving, home modification and assisted living.

Each of these builds on an existing scheme, regulator or product rather than a new institution: the same pattern that let insurance and caregiver training move this year.



W

CHAPTER 07

Quality, standards and safeguarding

OUTCOMES

Families choose care on trust. India needs a unified national authority that licenses care providers, and mandatory standards for assisted living and home care, with public quality ratings.

As care scales, the absence of these is both a consumer-protection risk and a barrier to insurance and institutional capital. Insurers cannot price what is not measured, and investors cannot underwrite quality they cannot see.

■ Global benchmarks

United Kingdom

The Care Quality Commission inspects providers and publishes ratings with improvement plans.

Australia

The Aged Care Quality and Safety Commission monitors providers against national Quality Standards.

Denmark

Person-centred care is embedded in law; every municipality must have a Senior Citizens Council.

■ A starter set of care quality indicators

India does not need to wait for a regulator to start measuring. ASLI members could adopt and voluntarily publish a common set of indicators, creating the evidence base for future accreditation.

FROM THE SENIOR CARE COMPASS • W •
OUTCOMES

Measure results, not bed counts.

Two lenses work together. The Compass tracks six system outcomes across the care journey; the indicators overleaf hold individual providers to account.

Care domains: NITI Aayog (2026). Measures proposed. **P**

PREVENTION

Screening follow-up

CHRONIC CARE

Avoidable admissions

INDEPENDENCE

Daily-living ability

MIND

Wellbeing score

FAMILY CAREGIVER

Strain score

END OF LIFE

Comfort, wishes met



EXHIBIT 15

Eight indicators ASLI recommends as a starter set of care quality indicators* P

A starter set of care quality indicators, by domain

DOMAIN	INDICATOR	WHY IT MATTERS
01 SAFETY	Falls with injury per 1,000 resident-days	Most common preventable harm
02 CLINICAL	Pressure injuries; unplanned hospital transfers	Signals quality of nursing care
03 CONTINUITY	30-day readmissions after discharge to care	Tests transition-care quality
04 WORKFORCE	Care staff per resident; annual staff turnover	Predicts consistency of care
05 DEMENTIA	Use of physical or chemical restraint	Core dignity and safety measure
06 EXPERIENCE	Resident and family satisfaction; grievance resolution time	Builds consumer trust
07 SAFEGUARDING	Elder-abuse reporting and response protocol in place	Protects the most vulnerable
08 QUALITY	Individualised care plans reviewed and updated on schedule	Confirms care remains person-centred and responsive to changing needs

*Preliminary set of recommended indicators.

RECOMMENDATION P

Establish a national Senior Care Regulatory and Accreditation Authority (SCRAA). In the interim, build on the work of the Quality & Accreditation Institute, NABH and ASLI's minimum standards to launch a mandatory care accreditation with published indicators.



THE AGENDA AT A GLANCE

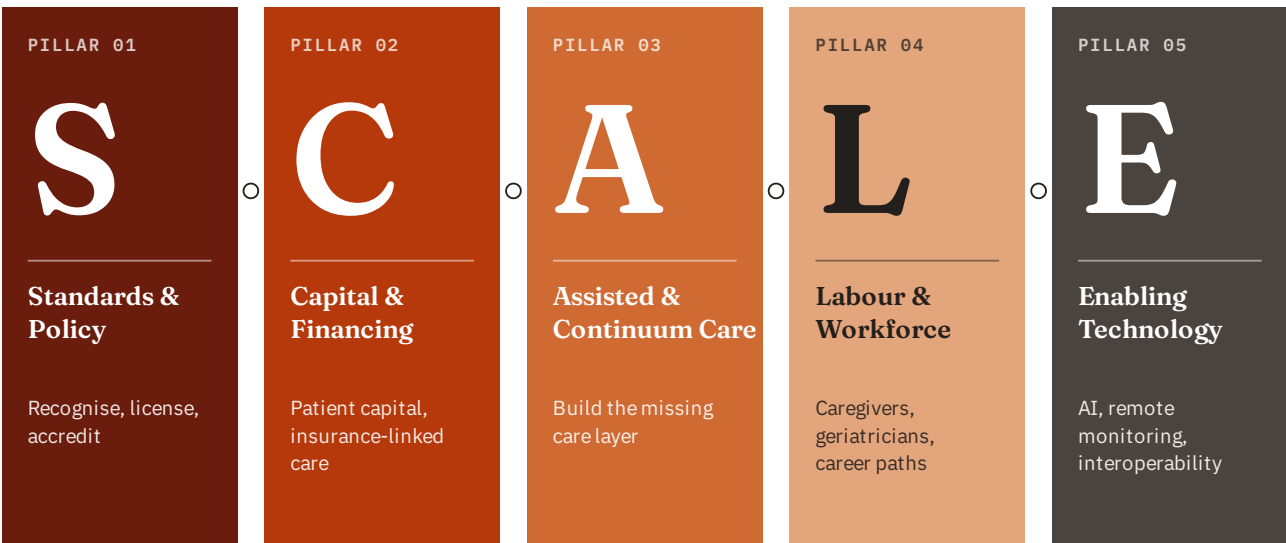
From signals to steps: what the system should do next

Expansion needs coordination. The S.C.A.L.E. framework groups the actions required into five pillars.

EXHIBIT 16

Five pillars to take India's senior care ecosystem to scale

The S.C.A.L.E. framework for India's ageing ecosystem



■ Recommendations for 2026–27

The recommendations made in this report, in one place, set against last year's status. Together they move India from building places to building a system of care that can be financed, staffed and measured.

ACTION P		PT	2025 STATUS
S Standards & Policy Recognise, license, accredit 4 ACTIONS			
Launch voluntary care accreditation with the eight published indicators		W	● NEW
Establish a national Senior Care Regulatory and Accreditation Authority (SCRAA)		W	○ PENDING
Mandate standardised care-transition protocols between hospitals, home care and assisted living providers		W	● NEW
Introduce tiered licensing for senior care providers, with minimum staffing, safety and service standards		S	● NEW

THE AGENDA AT A GLANCE • RECOMMENDATIONS FOR 2026-27 (CONTINUED)

ACTION P

PT 2025 STATUS

C

Capital & Financing

Patient capital, insurance-linked care

7 ACTIONS

Pilot a long-term care insurance product (home care, assisted living, memory care) with IRDAI support

S  PENDING

Add rehabilitation, transition care and home nursing packages to PM-JAY and Vay Vandana

S  PARTIAL

Allow NPS and annuity products to carry care riders

S  NEW

Broaden reverse-mortgage lump sums to caregiving, home modification and assisted living

S  NEW

Clarify GST treatment of bundled accommodation and care services

S  PARTIAL

Introduce care vouchers for low-income seniors to access home care, rehabilitation and respite services

S  NEW

Establish district-level integrated Senior Care Centres combining health, rehabilitation and community care services

S  PARTIAL

A

Assisted & Continuum Care

Build the missing care layer

2 ACTIONS

Introduce routine frailty, falls-risk and cognitive screening for adults aged 60+ through community health programmes

W  PARTIAL

Develop age-friendly community hubs offering wellness, social engagement and caregiver support services

W  PARTIAL

L

Labour & Workforce

Caregivers, geriatricians, career paths

1 ACTION

Deliver the 1.5 lakh caregiver target; add geriatric modules to medical and nursing curricula

S  PARTIAL PENDING PARTIAL NEW

Pt: Compass point. S = Steps, W = Outcomes.

SOURCES

Evidence behind the report

- 01 Association of Senior Living India and JLL, senior living market estimates (2026).
- 02 International Institute for Population Sciences (IIPS), Longitudinal Ageing Study in India (LASI), Wave 1.
- 03 LASI Harmonized Diagnostic Assessment of Dementia (LASI-DAD), dementia prevalence estimates.
- 04 BMC Palliative Care (2024), prevalence of supportive and palliative care needs among older adults in India.
- 05 Ministry of Health and Family Welfare, replies in Parliament.
- 06 Government of India, Union Budget 2026–27.
- 07 GST Council, notifications effective 22 September 2025.
- 08 NITI Aayog, Reimagining Care (2026).
- 09 PwC–ASLI, Senior Care Industry Survey (2025); Silver Surge (2025).
- 10 UNFPA and IIPS, India Ageing Report 2023.
- 11 Ministry of Social Justice and Empowerment (MoSJE), remarks.
- 12 Geri Care, “Geri Care launches Coimbatore’s first geriatrician-led Skilled Nursing Facility & Long-term Care Hospital for Senior Citizens” (14 June 2026).

S Figure from the PwC–ASLI Senior Care Industry Survey 2025: provider views, not market measurements; multiple responses allowed. **P** Projection or proposal: a forecast or a recommended measure, not an observed result. Indian units: 1 lakh = 100,000; 1 crore = 10 million.

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A home is a place. Care is a promise.

TAKE THE COMPASS WITH YOU

The Senior Care Compass distils this report into one folded sheet: five signals, six choices, three steps for explorers and expanders, and six outcomes to track.

N

SIGNALS

E

CHOICES

S

STEPS

W

OUTCOMES

FULL REPORT, SOURCE PACK AND
PREVIOUS EDITIONS: [ASLI.ORG.IN](https://asli.org.in)