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Comparative Case Study of Geriatric Care Practices in Sonapur Government Old Age Home, ARDSI Guwahati, and Amar Ghar

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***Abstract*— This paper presents a comparative case study of three major geriatric care institutions in and around Guwahati: Sonapur Government Old Age Home, ARDSI Guwahati, and Amar Ghar. Each institution represents a distinct model of elderly care shaped by organisational mandate, professional capacity, and community support systems. Drawing from field observations, interviews, and institutional documents, the study examines how each organisation promotes psychosocial well-being, social engagement, and functional support for older adults. The findings provide insights into service delivery gaps, strengths, and opportunities for strengthening institutional geriatric care in Assam.**

***Keywords*—Geriatric Care; Psychosocial Well-being; Institutional Care; Ageing; Assam**

I. Introduction

Population ageing has emerged as a significant social concern globally, necessitating structured geriatric care systems to support older persons' physical, emotional, and social needs. According to WHO (2015), institutional care plays a crucial role when family-based support weakens due to urbanisation, migration, and changing family structures. In the Indian context, scholars note that the erosion of joint family systems and increasing longevity have expanded the need for formal care institutions (Bhat & Dhruvarajan, 2001; Raju, 2011).

Psychosocial well-being—comprising social support, mental health, autonomy, and emotional security—is central to healthy ageing (Ryff, 1995). Studies show that institutional environments can either enhance or deteriorate psychosocial outcomes depending on the quality of care, social relationships, staff behaviour, and organisational culture (Chou et al., 2003; Gupta & Varma, 2018). For instance, Chatterjee and Desai (2019) highlight that structured therapeutic activities, person-centred care, and meaningful engagement improve life satisfaction among institutionalised elders.

Assam, like other northeastern states, faces challenges such as limited government-run geriatric services, rising elderly dependency ratios, and minimal dementia care facilities (Saikia & Rout, 2020).

Institutions such as Sonapur Government Old Age Home, ARDSI Guwahati (specialised dementia care), and Amar Ghar (community-supported model) represent diverse approaches to addressing these gaps. Comparative research on these models remains limited, making this study significant for understanding local geriatric care ecosystems.

II. Research Methodology

The study adopts a qualitative case study design involving three geriatric care institutions in and around Guwahati. Data were collected through: In-depth interviews with administrators, staff, and elderly residents, interviewing 20 respondents. Participant observation of daily activities, care routines, social interactions, and institutional environment and document review of organisational reports, care protocols, and official records.

Purposive sampling was used to select the institutions based on their distinct operational models, like government-run, dementia-specialised, and community-supported. Data were thematically analysed using open coding to identify patterns related to psychosocial well-being, institutional practices, and care outcomes. Ethical clearance, informed consent, and anonymity of respondents were ensured.

Case Study 1: Role of Professional Social Work Practice at Sonapur Government Old Age Home, Guwahati

The Sonapur Government Old Age Home, located on the outskirts of Guwahati, serves as one of the key state-supported residential institutions for elderly persons who have limited family support, socio-economic vulnerability, or require long-term care. The Home operates under the Social Welfare Department, Government of Assam, and provides a protective environment where older adults receive not only shelter and food, but also emotional, social, and psychological support. The presence of trained social workers, health workers, and care staff gives the Home a structured system of professional intervention aimed at enhancing the overall well-being of its residents.

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Organisational Structure of Sonapur Government Old Age Home

Although the detailed internal hierarchy of the Sonapur Government Old Age Home is not publicly documented, its functioning can be understood based on common administrative practices followed in government-supported elderly residential facilities in Assam. The Home operates under the broad supervision of the Department of Social Welfare / Social Justice & Empowerment, Government of Assam. This department provides funding, policy directions, monitoring, and periodic oversight through district-level officials who ensure that standards of care and administrative norms are followed.

At the institutional level, the Home is typically managed by a Superintendent or Officer-in-Charge, who may be a government-appointed official or a representative of an NGO engaged by the department. This person is responsible for overall administration, implementation of welfare programmes, staff supervision, resident admissions, record keeping, and coordination with district authorities, hospitals, and welfare offices.

Supporting the managerial role is a team of frontline care staff, including caregivers or ayahs, housekeeping workers, and kitchen personnel who handle daily routines such as personal care, hygiene assistance, meal preparation, cleaning, and maintaining the physical environment of the Home. In addition, a healthcare support unit is usually present, consisting of a visiting doctor, a nurse or health worker, and occasionally a physiotherapist. Their role includes monitoring residents' health, conducting check-ups, administering medicines, and facilitating referrals for specialised treatment.

Administrative functions — such as documentation, resident registers, pension paperwork, inventory management, and liaison with external agencies — are handled by an administrative assistant or clerk, working under the supervision of the Superintendent.

Beyond the formal staff, the Home benefits from the involvement of volunteers, students, NGOs, and community organisations who assist with recreational activities, cultural programmes, donation drives, health camps, counselling sessions, and festival celebrations. Their contribution brings additional emotional and social support to residents and helps strengthen community linkages.

This organisational structure reflects a collaborative model where government oversight, professional care, and community participation come together to support the holistic needs of elderly residents.

It also provides a practical platform for professional social workers to carry out counselling, advocacy, case management, and community engagement activities that enhance the psychosocial well-being of older persons.

Context and Purpose of the Home

The Home accommodates elderly individuals who have been abandoned, widowed, or whose families are unable to provide sustained care. Many residents arrive with significant emotional trauma—loss of spouse, family conflict, destitution, or chronic health conditions. In this context, the Home functions as more than just a shelter; it becomes a space for rebuilding stability, identity, and dignity for older persons who often feel disconnected from their social world.

Professional Social Work Practice in Operation

Social workers play a central role in supporting the psychosocial needs of residents. The first step in their intervention is the intake and assessment process, where they gather information about the resident's background, health condition, past experiences, family ties, and current needs. This assessment helps in preparing individual care plans and maintaining case records for monitoring progress.

Once residents are admitted, social workers engage in regular counselling sessions to address issues of abandonment, loneliness, anxiety, and unresolved family relationships. Many older persons express feelings of loss or betrayal; therefore, counselling focuses on emotional expression, coping strategies, and acceptance. For residents who maintain some family contact, family counselling is also attempted to reduce conflict and explore possibilities of reintegration, even if only partially.

Group-based psychosocial activities such as life review circles, storytelling sessions, peer support groups, morning meetings, and festival celebrations help create a sense of community within the Home. These small group interactions encourage socialisation, sharing of experiences, and mutual emotional support — all of which are essential in reducing loneliness and enhancing self-worth.

Advocacy and Linkages

A key aspect of social work practice at the Home involves advocacy—liaising with government departments to ensure that residents receive pensions, health benefits, legal support, Aadhaar corrections, and other entitlements.

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Social workers also coordinate with local NGOs, volunteers, religious groups, and youth organisations to organise health camps, donation drives, cultural programmes, and awareness activities. These efforts help bring the larger community into the life of the Home, reducing the isolation of residents.

Healthcare and Daily Management

Healthcare is ensured through regular check-ups with doctors, monitoring of chronic conditions, medication management, and emergency referrals to nearby hospitals. Support staff, including caregivers, kitchen workers, and housekeeping personnel, assist in daily routines such as bathing, dressing, meals, recreation, and maintaining hygiene standards. The Home is usually supervised by a Superintendent or In-Charge, who manages administration, staff coordination, and reporting to the district authorities.

Psychosocial Environment and Well-Being

The combination of structured care and professional social work inputs has significantly shaped the psychosocial environment of the Home. Residents participate actively in communal events, religious functions, and festival celebrations, which help them retain cultural identity and emotional connection. Many residents report finding companionship and a renewed sense of belonging through supportive relationships within the Home. Social workers contribute by continuously assessing emotional needs, mediating conflicts, and encouraging participation in meaningful activities.

Overall Significance

The Sonapur Government Old Age Home demonstrates how professional social work practice can strengthen institutional care for the elderly. Through counselling, advocacy, community engagement, and service coordination, social workers play a crucial role in enhancing the dignity, emotional well-being, and social connectedness of older adults in residential care. The Home also highlights the growing need for geriatric-sensitive institutional services and skilled social workers in Assam's ageing landscape. As a case study, Sonapur illustrates how a combination of government support and professional intervention can create a protective and nurturing environment for elderly individuals facing multiple vulnerabilities.

Case Study 2: ARDSI Guwahati – Dementia Care, Family Support, and the Expanding Scope of Professional Social Work Practice

The Alzheimer's & Related Disorders Society of India (ARDSI) – Guwahati Chapter represents one of the most active dementia-support institutions in Northeast India. Operating from Hatigaon, the centre manages both a Dementia Day Care Centre and the Reeta Barua Memorial Memory Clinic, offering an essential bridge between clinical services, family caregiving needs, and community awareness. Its work responds to a growing but often unrecognised challenge in Assam: the rising number of older adults experiencing memory loss, behavioural changes, and functional decline without adequate family or institutional support. Field interactions and secondary reports show that ARDSI Guwahati has gradually become the first point of contact for many caregivers who struggle with confusion, stigma, and emotional exhaustion while caring for relatives with dementia.

Key Functions in Dementia Care

The Day Care Centre provides structured daily supervision for persons living with dementia, many of whom cannot be left alone at home. Activities include:

a) Cognitive stimulation exercises (puzzles, memory games, recall activities)
b) Gentle physical exercises and mobility support
c) Group singing, drawing, storytelling, and social interaction
d) Monitoring of behavioural symptoms, nutrition, and basic nursing needs

The Memory Clinic functions as a specialised assessment and early detection unit, where trained clinicians conduct cognitive screening, neurological assessment, and guidance on long-term care planning. Many families reportedly reach the clinic after months or years of uncertainty, indicating strong gaps in public awareness about dementia.

In addition, the organisation conducts awareness programmes during World Alzheimer's Month, community talks in schools and colleges, and caregiver training workshops. Media reports from the region highlight ARDSI's visible role in reducing stigma by using culturally relevant communication strategies and by involving local leaders, doctors, and volunteers.

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Professional Social Work Practice

Social workers form the core of ARDSI Guwahati's service delivery, functioning as intermediaries between families, medical professionals, and community support systems. Their work includes:

a) Comprehensive intake and psychosocial assessment, covering behavioural symptoms, caregiver burden, financial constraints, and safety risks
b) Case management, involving linkages to geriatric physicians, neurologists, welfare schemes, disability certificates, or assistive devices
c) Caregiver education sessions that teach communication techniques, behaviour handling, and home-based dementia care methods
d) Coordination with NGOs, hospitals, palliative care groups, and welfare offices to create an informal dementia-care network in Guwahati

Observations indicate that many caregivers rely more on the continuity of support from social workers than on occasional medical consultations, highlighting the unique value of social work in chronic, long-term conditions such as dementia.

Counselling Support

Counselling is a major pillar of the centre's work. Social workers provide:

i. Individual counselling for persons with early-stage dementia to help them cope with diagnosis, fear, and loss of independence
ii. Family counselling on acceptance, shared caregiving responsibilities, domestic adjustments, and safety management
iii. Caregiver stress counselling, often delivered during support group meetings or telephonic sessions, addresses burnout, guilt, and emotional fatigue

The counselling is grounded in empathy and practical guidance—families report feeling "less alone" after engaging with the centre, which aligns with research showing that structured caregiver support improves quality of life for both patient and family.

Organisational Structure

As a chapter of the national ARDSI network, ARDSI Guwahati follows a structured governance model:

i. A Chapter Committee provides overall direction, fundraising support, and partnership development.
ii. The Day Care Centre and Memory Clinic are managed by a multidisciplinary team, typically comprising medical doctors, psychologists, therapists, trained caregivers, and administrative staff.
iii. Volunteers, interns, and family caregivers regularly support daily activities, festival celebrations, therapy sessions, and awareness events.
iv. This collaborative structure allows the organisation to blend clinical knowledge with community-based practices, making dementia care more accessible in the local context.

Case Study 3: Functionality of Amar Ghar, Guwahati

Amar Ghar, located in South Guwahati, is a community-based residential home for older persons managed by the Ambikagiri Memorial Trust Society. Established with the vision of offering dignity, safety and companionship to neglected or vulnerable elders, the Home has evolved into a small but emotionally vibrant care setting. It represents a model where voluntary initiative, cultural rootedness and community participation come together to address the growing challenges of elder care in urban Assam. The following account draws from organisational documents, interactions with staff and residents (informal conversations during field visits), and supporting secondary literature on voluntary elder care institutions in Assam.

Background and Setting

Amar Ghar functions on a simple principle—the elderly should live the last phase of their life with peace, warmth and social belonging. Most residents come from varied backgrounds: some are widowed, some abandoned, and a few whose children live abroad or in distant cities and cannot provide daily care. According to an internal record shared during the visit, the home accommodates around 18–25 residents, depending on vacancies and health conditions. This reflects the typical scale of community homes in Assam, which tend to remain small to maintain a familial environment (Kalita, 2020).

The premises include a main residential block, a common dining hall, a prayer space (naamghar), a small library and a multipurpose room used for health camps and cultural gatherings. The environment is intentionally quiet, shaded by old trees, with open verandahs where residents spend afternoons reading or simply watching daily life pass by.

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Functional Domains of Amar Ghar

Residential Care and Daily Support

The home provides daily meals, personal care assistance, medication supervision and health monitoring. Caregivers mentioned that mornings begin early with bathing support for frail residents, distribution of medicines and tea, followed by light physical activity for those who can participate. In several interviews, residents expressed satisfaction with the structured routine, noting that predictability reduces anxiety, especially for those dealing with chronic illnesses like arthritis, hypertension or early-stage memory decline.

One resident, an 82-year-old widow, shared: "I feel less afraid here… there is always someone who will check on me." Such narratives reflect findings from previous studies on old-age homes in Assam, where security and companionship rank higher than material concerns (Borbora & Devi, 2018).

Cultural and Emotional Life

A prominent functional feature of Amar Ghar is its emphasis on cultural continuity. The naamghar forms the emotional centre of the home. Evening prayers, Bihu celebrations, Saraswati Puja, and informal singing sessions create a sense of familiarity and cultural comfort for residents.

During one visit, a college student group conducted a short cultural programme. Residents were seen clapping, singing along to Borgeet, and smiling as students interacted with them. The staff noted that such events help reduce isolation, echoing research that shows that cultural engagement improves mental well-being among older adults (Sarma, 2021).

The common library, though modest, contains Assamese literature, magazines and newspapers. Residents often gather in the reading room after lunch, discussing current affairs—something that fosters both cognitive stimulation and social interaction.

Health and Psychosocial Support

- Amar Ghar periodically conducts health camps in collaboration with local hospitals and NGOs. A visiting doctor attends to urgent medical issues, while volunteers from nursing colleges assist in basic assessments.
- Psychosocial support is provided through a mix of formal and informal mechanisms:
- Individual counselling, usually offered during health camps or by visiting mental health professionals
- Informal conversations with social workers and volunteers
- Group sharing spaces such as prayer gatherings, storytelling sessions and festival preparations

In one instance, a social work volunteer narrated the story of a resident who initially refused to eat and isolate herself. Through weekly conversations, involvement in festival decorations, and encouragement from peers, the resident gradually re-engaged in daily activities. This example illustrates how psychosocial interventions embedded in cultural activities can have meaningful impact.

Professional Social Work Practice

Even though Amar Ghar is not run by professional social workers alone, the influence of social work values and methods is clearly visible.

Case Assessment and Documentation

Admission requires:

- A brief background note
- Medical report
- Verification of family situation

During observation, staff displayed files containing case histories, medication charts and notes—simple but systematic documentation reflecting evolving professionalisation typical of voluntary elder care settings in North East India (Hussain, 2022).

Networking and Collaboration

The home maintains ongoing collaborations with:

- Hospitals for emergency referrals
- Colleges for student visits and internships
- NGOs for mental health camps, cultural programmes and resource mobilisation

This network-based approach strengthens resource availability while reducing operational costs—a strategy widely adopted by charitable institutions in Assam.

Participatory Engagement

Residents participate in:

- Group activities
- Festival preparations
- Light gardening
- Library reading sessions

This maintains their sense of usefulness and identity, a widely recognised psychosocial need among institutionalised elders.

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III. Organisational Structure And Governance

Governing Body

Amar Ghar operates under the Ambikagiri Memorial Trust Society, headed by a Board of Trustees comprising individuals from social work, education, public service and cultural sectors. The Trustees set the vision, approve major policies, mobilise resources and maintain financial transparency.

Executive Committee

A smaller Executive Committee manages daily administration. Roles typically include:

- President / Working President
- Vice President
- General Secretary
- Committee Members
- The Committee handles:
- Staff supervision
- Admission decisions
- Activity scheduling
- Coordination with donors and visitors

This dual structure mirrors common governance models of voluntary old-age homes in Assam, where community leadership and operational management function together.

Staff and Volunteers

The daily functioning depends on:

- Caregivers/ayahs
- Cook and kitchen helpers
- Housekeeping staff
- Visiting doctors and nurses
- College volunteers
- Community supporters

The staff-to-resident interaction is informal and familial; on multiple occasions, caregivers were seen addressing residents as koka, aai, or mou, reflecting cultural idioms of care.

Governance and Operational Processes

Operational decisions flow from the Trustees to the Executive Committee and then to on-ground staff. Key operational features include:

- Weekly informal review of resident needs
- Inventory checks (groceries, medicines, daily supplies)
- Documentation of donations and expenditures
- Maintenance of health and activity registers

The home follows a low-cost, community-supported model, relying heavily on goodwill, voluntary support and cultural rootedness. Despite resource limitations, Amar Ghar sustains a high degree of emotional warmth and relational care—qualities often missing in larger institutional homes.

IV. Summary Of Case Study

Amar Ghar exemplifies how small-scale, community-anchored elder care can provide emotional, cultural and physical support to elderly persons in urban Assam. Its functioning demonstrates:

- A balance between structured care and familial warmth
- The integration of Assamese cultural practices into everyday life
- Reliance on community networks and volunteerism
- Emerging professionalisation in documentation and case management

The Home's strengths lie in its cultural embeddedness, psychosocial sensitivity, and community-oriented governance, making it a valuable model for voluntary elder care in the region.

The case of ARDSI Guwahati illustrates how professional social work practice—through counselling, advocacy, and family support—plays a transformative role in the psychosocial well-being of older adults with dementia. More importantly, it demonstrates the value of sustained engagement: dementia requires long-term care, and social workers help families adapt, cope, and prevent burnout. As Guwahati's ageing population grows, institutions like ARDSI offer critical lessons in integrated geriatric care, community sensitisation, and the importance of specialised psychosocial interventions.

Comparative Analysis from the Case Studies

The three institutions—Sonapur Government Old Age Home, ARDSI Guwahati, and Amar Ghar—represent three distinct models of elderly care in Assam, each shaped by its mandate, resources and organisational culture. Together, they highlight how the psychosocial well-being of older persons is promoted through different combinations of professional practice, community participation and institutional structure.

Sonapur Government Old Age Home operates within a government welfare framework, prioritising basic accommodation, safety, and access to healthcare for economically and socially vulnerable elders.

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Its strengths lie in structured services, linkage with government departments and formal case documentation. However, resource constraints and bureaucratic procedures can limit individualised psychosocial interventions.

In contrast, ARDSI Guwahati represents a specialised, dementia-focused model, integrating medical assessment, therapeutic day care and intensive caregiver support. It applies advanced social work functions—case management, counselling, support groups and networking—driven by a professional, multidisciplinary team. Its services are targeted rather than residential, allowing early intervention and caregiver empowerment, but accessibility may depend on families' ability to engage regularly.

Amar Ghar embodies a community-based, culturally rooted care system, emphasising family-like living, emotional security and participatory activities. Though less formalised than the other two institutions, it compensates with strong relational care, cultural engagement and volunteer-driven support. Professional practices are present but adapted to a small, homely environment.

Comparatively, the cases show that government-run homes ensure basic protection, specialised NGOs provide therapeutic expertise, and community homes foster emotional belonging and cultural continuity. Across all three settings, professional social work plays a crucial role—whether in counselling, casework, advocacy, caregiver support, or community linkages—demonstrating that diverse institutional models can collectively contribute to the psychosocial well-being of the elderly in Assam.

A review of the above sections shows that social work practice with older adults in India—particularly in NGO-led settings—has expanded significantly, yet continues to face structural and contextual constraints. The case studies of Amar Ghar, Sonapur Old Age Home, and the Guwahati-based interventions demonstrate that while institutions provide safety, routine, and psychosocial support, their effectiveness is deeply shaped by governance models, resource availability, staff capacity, and community linkages.

At the national level, organisations like HelpAge India and Janseva Foundation demonstrate how structured programmes—Elder Self-Help Groups, elder helplines, and abuse-response systems—strengthen psychosocial well-being through empowerment, advocacy, and accessible psychosocial care. Research by Rajan & Kumar (2020) similarly emphasises that participatory models (e.g., self-help groups, peer clubs) improve self-esteem and reduce isolation among elders.

The present case studies reflect similar outcomes, especially where group activities, intergenerational interactions, and volunteer-driven engagement were strong.

However, the analysis also reveals persistent gaps. Consistent with Kethineni & Beichner's (2022) findings, geriatric social work in India remains limited by inadequate staffing, insufficient funding, and an overreliance on informal networks and volunteers. Many institutions lack trained social workers, resulting in inconsistent counselling services or unstructured psychosocial interventions. This is reflected in the field-based examples where emotional support was often informal or irregular, depending largely on visiting professionals rather than in-house expertise.

Global gerontological models (such as those documented by WHO, 2019) emphasise multi-disciplinary care combining medical, social, and psychological support. In contrast, Indian NGOs often struggle to coordinate across sectors, and community-based outreach remains fragmented. The lack of systematic evaluation—also noted by scholars such as Giri (2017)—makes it difficult to measure long-term psychosocial outcomes and to adapt interventions to diverse cultural contexts. The Northeast region, including Assam, is particularly under-researched, leading to inadequate region-specific strategies despite its distinct socio-cultural dynamics.

Overall, while the existing interventions demonstrate commitment and innovation, the broader analysis indicates that geriatric social work in India must transition from welfare-based service delivery to rights-based, evidence-informed, and professionally structured models. Strengthening collaboration between NGOs, universities, panchayats/urban bodies, and the health sector is essential to bridge current gaps.

V. Conclusion

Social work practice plays an indispensable role in enhancing the psychosocial well-being of older adults through counselling, community engagement, advocacy, and institutional care. The case studies show that NGO-led interventions can create meaningful support systems, reduce loneliness, and foster dignity in ageing. However, systemic limitations—such as inadequate funding, shortage of trained geriatric social workers, fragmented coordination, and limited research—continue to constrain their impact. Strengthening geriatric social work requires a multi-sectoral approach, sustained policy support, and rigorous training and evaluation mechanisms. For ageing in India to be dignified and inclusive, social work must move toward a more integrated, rights-based, and professionally supported model.

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