FUNCTIONING AND OPERATIONAL CHALLENGES OF ELDERLINE IN KERALA

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CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled "**Functioning and Operational Challenges of Elderline in Kerala**" is a record of genuine work done by **Clare Jose**, fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission.

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DECLARATION

I, Clare Jose, do hereby declare that the Dissertation titled "Functioning and Operational Challenges of Elderline in Kerala" is based on the original work carried out by me and submitted to the University of Kerala during the year 2024-2026 towards partial fulfillment of the requirements for the Master of Social Work Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before.

Clare Jose

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ABSTRACT

Population ageing has increased the need for accessible support services that address the social, emotional, legal, and welfare-related concerns of older persons. In Kerala, Elderline functions as a dedicated helpline that provides information, guidance and emotional support. The present study examines the functioning of Elderline in Kerala with specific reference to the services provided, the experiences of service providers and elderly callers, and the operational challenges affecting service delivery.

The study adopted a qualitative research approach using an embedded case study design. The Elderline connect centre at Thiruvananthapuram was selected as the study site. Primary data were collected through in-depth interviews with ten Call Officers and four programme personnel at the connect centre, and telephonic interviews with six elderly callers. The data were analysed using thematic analysis to identify the major themes related to the functioning of the service.

The findings show that Elderline provides a wide range of services, including information and guidance, emotional support, CRM-based documentation, After Office Hour call management, feedback calls, and some field-level interventions. The service plays an important role in reducing loneliness by providing elderly callers with an opportunity to express their concerns and receive emotional reassurance. Participants generally viewed Elderline as a valuable support system, although the absence of field-level intervention reduced its effectiveness in cases requiring direct assistance. The study also identified several operational challenges, including technical issues in the CRM system, workload and emotional strain among Call Officers, inadequate field-level support, limited authority in ensuring departmental action, and lack of public awareness regarding the scope of the service.

The study concludes that Elderline is an important psychosocial support and welfare service for older persons in Kerala. Strengthening technical infrastructure, improving staffing and field-level intervention, enhancing public awareness, and ensuring continuous staff support may contribute to improving the overall effectiveness of the service.

Keywords: Elderline, Elderly, Kerala, Helpline, Service Delivery, Operational Challenge

CHAPTER 1: INTRODUCTION

1.1 Introduction

Ageing is a natural and unavoidable part of human life. The process of ageing begins from birth and continues throughout life. Due to improvements in health care, nutrition, technology, and living conditions, people across the world are living longer than before. Reduction in maternal and infant mortality, along with the development of antibiotics and vaccines, has also contributed to increased life expectancy and reduced premature deaths (Rey Actis, 2021). As a result, the elderly population has been steadily increasing around the world.

According to the United Nations, the global population aged 65 years and above is expected to reach 2.2 billion by the late 2070s, exceeding the number of children under the age of 18. By the mid-2030s, people aged 80 years and above are expected to outnumber infants globally (United Nations, n.d.). These demographic changes have created a growing need for stronger health care systems, long-term care services, social protection measures, and support systems for older adults.

India is also experiencing a steady increase in its elderly population. The share of people aged 60 years and above is projected to rise from 10.5 per cent in 2022 to 20.8 per cent by 2050 and is expected to exceed 36 per cent by the end of the century (United Nations Population Fund [UNFPA], 2023). India is also experiencing a steady increase in its elderly population. The share of people aged 60 years and above is projected to rise from 10.5 per cent in 2022 to 20.8 per cent by 2050 and is expected to exceed 36 per cent by the end of the century (United Nations Population Fund [UNFPA], 2023). Kerala has one of the highest proportions of elderly population in the country. According to the Government of Kerala, the elderly population in the state is projected to reach 6.768 million (19 per cent) in 2026 and 8.418 million (23 per cent) in 2036 (Government of Kerala, n.d.).

Along with demographic changes, ageing also brings several physical, psychological, and social changes. Older adults may experience reduced muscle strength, declining mobility, balance problems, and increased vulnerability to chronic illnesses such as diabetes, arthritis, and dementia. Ageing may also lead to changes in social roles due to retirement, widowhood, reduced income, and dependence on family members for care and support.

Many older adults also face emotional and social difficulties such as loneliness, anxiety, neglect, lack of social interaction, and reduced participation in decision-making. Migration of children, declining health, and reduced mobility can further affect their social relationships and emotional well-being. In this stage of life, the need for emotional support, guidance, care, and accessible support services becomes important.

In response to the increasing needs of the elderly population, different welfare programmes and support services have been introduced in India. One such initiative is Elderline, a national helpline for senior citizens that provides information, guidance, emotional support, and assistance to older adults facing different concerns and difficulties.

1.2 Background of the Study

Elderline is a National Helpline for Senior Citizens (14567) established by the Ministry of Social Justice and Empowerment in collaboration with the National Institute of Social Defence (NISD) and State Governments. The service was dedicated to the nation on 1 October 2021 on the occasion of the International Day for Older Persons (Ministry of Social Justice and Empowerment, 2021). Elderline operates as a toll-free helpline available on all seven days of the week from 8 am to 8 pm.

The vision of Elderline is to connect with senior citizens and serve them in a compassionate manner. Its mission is to improve the quality of life of older adults by providing support through a single platform with the help of government agencies, non-governmental organisations, volunteers, and other stakeholders (Ministry of Social Justice and Empowerment, 2026)

The helpline provides different types of services to senior citizens. These include information services related to health care, old age homes, day care centres, caregivers, and elder-friendly products. Guidance services are provided regarding legal issues, pension matters, maintenance concerns, government schemes, and dispute resolution. Elderline also provides emotional support for issues such as loneliness, anxiety, family conflicts, and relationship-related concerns. Earlier, the service also included field intervention for cases involving abuse, neglect, rescue, and reunion of homeless elderly persons (Ministry of Social Justice and Empowerment, 2026)

Elderline functions through a national framework with state-level implementation mechanisms. In Kerala, the service is coordinated through a centralised connect centre located in Thiruvananthapuram, which receives calls from across the state. Although the service initially included field intervention support, this component has since been discontinued, resulting in changes in the nature of service delivery.

Newspaper reports from Kerala indicate that the functioning of Elderline has faced operational limitations in recent years. These include reduced staff strength and the absence of field-level response in many situations, which has affected the extent of direct intervention for older persons. As a result, the service has been largely limited to call-based support through the connect centre, which may impact the accessibility and effectiveness of services for elderly users in need of immediate or on-ground assistance (Roshni, 2023).

Recent developments also indicate changes in the operational structure of the service, including plans to shift the management of Elderline from NISD to Telecommunications Consultants India Limited (TCIL) and a shift from a state level implementation to a zonal level implementation (Roshni, 2026).

1.3 Statement of the Problem

The increasing elderly population has created new challenges related to health care, social support, financial security, and emotional well-being. Preparing for the growing number of

older persons and ensuring their well-being has become an important concern for governments and other stakeholders (UNFPA, 2023).

Old age is often accompanied by physical limitations, emotional distress, loneliness, dependence on others, and difficulty in accessing support services. Many older adults may not have adequate awareness regarding welfare schemes, legal rights, health services, or available support systems. Some elderly persons also experience neglect, abuse, social isolation, and lack of emotional support. In many situations, they may not know where to seek help or may face difficulties in reaching institutions directly due to poor health, mobility issues, or lack of family support.

In this context, services such as Elderline have been introduced to provide information, guidance, emotional support, and assistance to senior citizens. Elderline aims to function as an accessible support system for older adults facing different social, emotional, legal, and welfare-related concerns. As a telephone-based service, it is expected to help older persons connect with support systems more easily and receive timely assistance.

However, there is limited understanding regarding the actual functioning of Elderline, especially in relation to service delivery, accessibility, user experience, and operational challenges. Reports from Kerala have also pointed to issues such as staff shortages, reduction in field-level services, and limitations in direct intervention, which may affect the effectiveness of the service (Roshni, 2023). There is limited information regarding how elderly persons experience the service, the nature of support commonly sought through the helpline, and the practical challenges faced in implementation.

Therefore, it is important to study the functioning of Elderline and understand the challenges that may affect its effectiveness in supporting older adults. The study also seeks to understand the role of Elderline as an institutional support service for the elderly in the present context.

1.4 Relevance and Significance of the Study

The study is relevant in the context of the increasing elderly population and the growing need for accessible support services for older adults. Elderline was introduced as a support system to provide information, guidance, emotional support, and assistance to senior citizens facing different difficulties. Studying its functioning is important to understand how the service operates in practice and how far it is able to address the needs of older adults.

The study is also significant in identifying operational and service-related challenges that may affect the effectiveness of Elderline. The findings may help in understanding gaps in service delivery and areas that require improvement in the functioning of elderly support services. The study may also contribute to understanding the support needs and concerns commonly faced by older adults who approach helpline services.

The study can be useful for government departments, service providers, and organisations working in the field of elderly care in understanding the practical difficulties involved in implementing helpline-based support services for senior citizens. It may also help in strengthening service accessibility, response mechanisms, referral systems, and coordination between different support agencies working for the welfare of older adults.

The study is relevant to the field of social work as it provides insights into institutional support systems for the elderly, service accessibility, and the role of organised support services in promoting the well-being of older adults. It may also help social work professionals and researchers in understanding the importance of psychosocial support services, crisis intervention, and community-based support mechanisms for the elderly population.

1.5 Chapterization

The study is divided into six chapters.

Chapter I: Introduction

This chapter includes the introduction to the study, statement of the problem, background of the study, relevance and significance of the study, and chapterization.

Chapter II: Review of Literature

This chapter presents the review of literature related to ageing, elderly support systems, helpline services for senior citizens, and studies related to Elderline and elderly care services. The chapter also helps in identifying the research gap.

Chapter III: Research Methodology

This chapter explains the methodology used for the study. It includes the title of the study, objectives, research design, universe and sampling, tools and methods of data collection, pilot study, data analysis, and limitations of the study.

Chapter IV: Case Description/Narratives

This chapter presents the narratives and descriptions of the participants included in the study. The chapter provides a detailed understanding of the experiences and perspectives of the participants.

Chapter V: Thematic Analysis and Discussion

This chapter includes the thematic analysis and discussion of the data collected for the study. The data is analysed based on the objectives of the study and interpreted with the support of relevant literature.

Chapter VI: Findings, Suggestions and Conclusion

This chapter presents the major findings of the study under the identified themes and discusses them in relation to existing literature. It also provides suggestions based on the findings and concludes the study. The dissertation ends with the references and annexures, including the tools used for data collection.

CHAPTER 2: REVIEW OF LITERATURES

2.1 Introduction

Review of literature forms an important part of the research process. It helps the researcher understand existing knowledge, identify major themes and concepts related to the topic, and examine gaps that require further study. “The literature review accomplishes several purposes. It shares with the reader the results of other studies that are closely related to the one being undertaken. It relates a study to the larger, ongoing dialogue in the literature, filling in gaps and extending prior studies” (Cooper, 1984; Marshall & Rossman, 2006 as cited in Creswell, 2009).

The present chapter reviews studies related to elderly care, helpline services, Elderline, elder abuse, psychosocial support, elderly wellbeing, and operational aspects of telephonic support systems. The studies were identified mainly through Google Scholar searches and general Google searches using keywords related to elderly helplines, Elderline, elder abuse, ageing, elderly welfare services, and telephonic support systems for senior citizens.

A total of fifteen studies were reviewed for the present research. The reviewed literature includes studies on elder helplines, mental health concerns among elderly persons, elder abuse, loneliness, welfare measures, legal protections, service delivery systems, and operational challenges in telephonic support services.

For better understanding and presentation, the studies have been arranged chronologically under three categories namely non-Indian studies, Indian studies, and Kerala-based studies. This classification helped in understanding the broader international and national context of elderly support services along with the specific realities related to elderly care and service delivery in Kerala. The review helped in identifying major issues, service gaps, and operational concerns relevant to the present study on the functioning and operational challenges of Elderline in Kerala.

2.2 Review of Literature

The reviewed studies are arranged chronologically under non-Indian studies, Indian studies, and Kerala-based studies.

2.2.1 Non-Indian Studies

Moore et al. (2015) conducted an evaluation study titled "The Silver Line: Tackling Loneliness in Older People." The study examined The Silver Line service established in Britain under the leadership of Esther Rantzen. The Silver Line functioned as an umbrella service connecting older adults through a single telephone number to multiple support services.

The services included a free 24-hour helpline, Silver Line Friends volunteer service, Wellbeing Service, Silver Letters, Call Care, and Silver Circles. The study explained that loneliness and social isolation were major concerns among older adults in the United Kingdom, where many elderly persons lived alone. The article distinguished social isolation as lack of social contact and loneliness as the emotional experience arising from unsatisfactory relationships.

The study aimed to understand the characteristics and needs of callers using The Silver Line and to examine whether continued use of the services reduced loneliness. The findings showed that most callers were women and that the largest age group among users was 80–89 years. Many callers experienced loneliness, disability, poor physical and mental health, bereavement, and reduced social connectedness.

The article explained that elderly persons contacted the service because they were housebound, isolated, had lost companions through death, or felt disconnected from their communities. Some callers required support for mental health problems. Evaluation findings showed reduction in loneliness levels among several callers over time, although experiences varied among individuals.

The study also discussed the role of trained staff and volunteers. Many staff members had backgrounds in nursing or clinical professions and focused on emotional support and companionship for elderly callers. The article recommended categorising callers according to needs, improving volunteer recruitment, increasing participation of male callers, and conducting further evaluations of the programme (Moore et al., 2015).

Spike (2015) conducted a study titled "The EAPU Helpline: Results of an Investigation of Five Years of Call Data." The study analysed elder abuse cases reported to the Elder Abuse Prevention Unit in Queensland, Australia between 2010 and 2015. The Elder Abuse Prevention Unit functioned under UnitingCare Community and provided information, referral, and support services for elderly abuse victims, family members, health workers, police personnel, and emergency services.

The findings showed that the majority of victims were women aged 80–84 years, while perpetrators were often adult children aged 50–54 years. Sons were identified as the largest group of perpetrators followed by daughters, spouses, and other relatives.

The study discussed six forms of elder abuse recognised by the EAPU, namely physical abuse, sexual abuse, psychological abuse, financial abuse, social abuse, and neglect. Financial abuse and psychological abuse were found to be the most commonly reported forms of abuse. The article observed that psychological abuse was often used as a method for obtaining money, resources, or favours from elderly victims.

The study further found that abuse patterns differed depending on the cognitive condition of victims and the relationship between victims and perpetrators. Psychological abuse was reported less frequently among elderly persons with confirmed or suspected dementia. The report highlighted the importance of awareness campaigns and support services for addressing elder abuse in Australia (Spike, 2015).

Dahlgren et al. (2017) conducted a population-based study titled *"The Use of a Swedish Telephone Medical Advice Service by the Elderly – A Population-Based Study."* The study examined the use of Sweden's national telephone medical advice service, Healthcare Guide 1177 by Phone (HGP), among people aged over 80 years. It also explored gender differences in the use of the service and the relationship between different referral levels provided through the helpline and subsequent visits to emergency departments and primary healthcare centres.

The study was conducted using de-identified data from recorded calls made to Healthcare Guide 1177 by Phone. Information regarding emergency department visits and primary healthcare visits was obtained from the patient administration system. The analysis focused on callers aged over 80 years.

The article explained that the elderly population is increasing in Sweden as well as globally, mainly because of improvements in medical care and increasing life expectancy. It also noted that telephone advice and triage services have expanded in many countries over the years. In Sweden, Healthcare Guide 1177 was introduced as the national telephone number for health advice in 2013 to provide accessible health information and guidance to the public. However, a survey conducted in the same year showed that people aged 80 years and above had the lowest level of awareness of the service among all age groups. The authors also observed that there were very few studies examining the use of telephone advice services by older adults.

The findings showed that utilisation of the telephone advice service among people aged over 80 years was high, with an incidence rate of 533 calls per 1,000 person-years. Women used the service more frequently than men, with a 1.17 times higher incidence rate. Drug-related enquiries accounted for 17% of all calls and were the most common reason for contacting the service. These enquiries were reported more frequently by women than men, highlighting the complexity of medication use among older adults.

The study also found a significant association between calls where advice was provided and subsequent acute visits to primary healthcare centres. This suggested that, in some situations, self-care advice alone may not have fully addressed the concerns of older callers,

leading them to seek further medical attention. Calls referred to medical specialists were more commonly associated with visits to emergency departments. Overall, the study concluded that telephone medical advice services play an important role in directing older adults to appropriate healthcare services and highlighted the need for greater attention to medication-related concerns among the elderly (Dahlgren et al., 2017).

Czabański and Baum (2020) conducted a study titled "Communicating with Elderly People in Suicidal Crisis in the Light of Helpline Worker Experience." The study examined the experiences of helpline workers in Poland while communicating with elderly persons experiencing suicidal crisis. The article explained that elderly suicide was associated with physical pain, progressive illness, family conflict, financial difficulties, addiction, loneliness, and dissatisfaction with life circumstances. Depression and alcohol abuse were identified as major risk factors associated with suicide among elderly persons.

The study included 106 helpline workers from different centres across Poland and used both quantitative and qualitative methods. The aim of the study was to understand communication barriers, coping methods used by helpline workers, and the need for specialised suicidology training.

The findings showed that 81% of respondents had experience communicating with elderly persons in suicidal crisis. Communication barriers included hearing impairment, unclear speech following stroke, effects of medications, alcohol abuse, anxiety, distrust, repetition of conversation, and memory difficulties.

Helpline workers reported that respectful listening, avoiding interruption, non-judgmental attitudes, identifying suitable support services, and encouraging contact with supportive individuals were important strategies while communicating with elderly callers. The majority of respondents expressed the need for specialised training in suicidology and crisis intervention techniques (Czabański & Baum, 2020).

Dominguez et al. (2022) conducted a study titled "Characterizing Elder Abuse in the UK: A Description of Cases Reported to a National Helpline." The study examined the characteristics of elder abuse cases reported to a national helpline in the United Kingdom. The study was conducted because of the lack of recent national-level information regarding elder abuse cases in the country.

After applying inclusion criteria, 1,623 cases were analysed. The findings showed that 96% of enquiries were received through telephone calls. Many callers contacted the service regarding abuse faced by another elderly person, while some cases involved multiple victims.

The study found that the majority of victims were elderly women with an average age of 80.9 years, while perpetrators were commonly male with an average age of 51.9 years. Perpetrators were often relatives, especially adult children, and many victims depended on perpetrators for caregiving support.

Financial abuse and psychological abuse were identified as the most common forms of abuse. The article also observed co-occurrence of multiple forms of abuse in many cases. Most abuse occurred in community settings rather than institutional settings. Institutional abuse cases were more likely to involve multiple perpetrators and victims lacking mental capacity.

The article highlighted the need for professionals to assess for multiple forms of abuse even when only one type is initially reported. It also emphasised the importance of improving understanding regarding poly-victimisation and abuse involving multiple perpetrators (Dominguez et al., 2022).

Pask et al. (2024) conducted a qualitative analysis titled "Telephone Advice Lines for Adults with Advanced Illness and Their Family Carers." The study examined telephone advice lines supporting people with advanced illnesses and their family carers across England, Wales, Scotland, and Northern Ireland.

Data were collected between December 2021 and June 2022 through interviews conducted using Microsoft Teams and telephone. Participants included professionals associated with care services.

The findings showed considerable variation in the structure and functioning of telephone advice lines. Multiple advice lines often created confusion regarding which service should be contacted. In many areas, there were no dedicated lines and only general advice services were available. The study also identified differences in operating hours, accessibility, and availability of out-of-hours services.

The article observed that many patients and carers were unaware of dedicated advice lines because of poor publicity and lack of awareness. It further explained that many callers required reassurance and emotional support in addition to practical advice.

The study highlighted processes such as signposting, triaging, medication management, prescribing, home visit arrangements, and follow-up services. Advice lines with direct access to clinically trained professionals were found to provide more timely and effective services.

The article emphasised the importance of multidisciplinary collaboration, secure information systems, staff training, service review mechanisms, standardised data collection forms, and stronger public awareness. The study proposed a practical framework for developing efficient telephone advice line services with round-the-clock accessibility and clear systems for escalation and coordination (Pask et al., 2024).

Jalali et al. (2024) conducted a systematic review and meta-analysis titled "Global Prevalence of Depression, Anxiety, and Stress in the Elderly Population." The study analysed fifty-eight articles examining depression, anxiety, and stress among elderly persons across different countries.

The findings showed that Africa recorded the highest prevalence of depression and anxiety among elderly persons. Factors such as limited access to mental healthcare services, social

stigma, and barriers related to treatment and medication were identified as contributing factors.

The study found that depression was highly prevalent among elderly persons living in nursing homes, suggesting a relationship between living conditions and mental health problems. Stress levels were found to be higher among elderly persons affected during the COVID-19 pandemic because of fear, misinformation, illness, and reduced social interaction.

The article identified several factors contributing to depression, anxiety, and stress among elderly persons including chronic diseases, fear of falling, loneliness, cognitive disorders such as dementia and Alzheimer's disease, irregular sleeping patterns, and substance use. The study highlighted the growing global mental health burden among elderly persons and stressed the importance of identifying high-risk groups and improving mental healthcare services (Jalali et al., 2024).

Mourgues et al. (2025) conducted a study titled "Geriatric Helpline Services to Improve Health and Care Pathways in Older Adults: A Cost-Effectiveness Analysis." The study examined whether geriatric helplines implemented in hospitals in France were cost-effective in reducing unnecessary hospital admissions among elderly persons.

The article explained that elderly persons admitted through emergency departments often experienced risks such as adverse drug reactions, incontinence, functional decline, and worsening cognitive conditions. Since emergency departments were not suitable for addressing the complex needs of elderly persons, geriatric helplines were introduced as an intervention to improve healthcare decision-making.

Out of 4,611 calls received, 4,137 calls were analysed. In several cases where healthcare workers initially sought only advice, geriatric specialists later recommended hospitalisation. In other cases where hospitalisation was initially considered necessary, specialist advice helped avoid unnecessary admissions.

The study found that the helpline prevented more unnecessary admissions than the number of additional admissions it generated. Preventing avoidable hospitalisation reduced healthcare costs and protected elderly persons from complications associated with hospital stays. The article concluded that geriatric helpline services were cost-effective and improved healthcare pathways and decision-making for elderly patients (Mourgues et al., 2025).

2.2.2 Indian Studies

Murthy et al. (2021) conducted a study titled "Unexplored Needs of the Older Adults: Experiences from Elders Helpline in Bengaluru." The study discussed the elders helpline functioning in Bangalore under the collaboration of the Bangalore city police and the Nightingales Medical Trust since 2002. The article explained that because of cognitive decline associated with old age, weakening of the joint family system, and increasing elder abuse, elderly persons had become more dependent than before. In response to these concerns, the Nightingales Medical Trust approached the city police to establish a helpline service for elderly persons.

Initially, the helpline faced difficulties related to funding and extending its services outside Bangalore city. Later, support was sought from the Department for the Empowerment of Differently Abled and Senior Citizens, and eventually the Karnataka government started funding the project. The article also mentioned that the proposal for establishing a national-level helpline was accepted in 2020.

The helpline provided services such as information, referral services, counselling support, rescue and rehabilitation, legal aid facilitation, research, and development activities. Apart from telephonic support, the organisation also introduced outreach programmes such as the pension helpdesk, the Elder Police Hotline and Concerned Neighborhood Scheme, elderly identity cards, and awareness programmes related to elder abuse. The organisation also contributed towards the passing of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

The study reported that among 144,058 calls received between April 2009 and March 2020, almost one-third were related to information regarding government and welfare schemes. Around 1,400 calls were associated with elder abuse, and in 653 cases the perpetrators were family members. The article observed that elderly persons facing one form of abuse were often exposed to multiple forms of abuse simultaneously. Financial cheating and exploitation were also identified as significant concerns among elderly persons. The study further found that male elderly persons reported abuse more frequently than females. The article recommended expansion of helpline services across districts, rapid response crisis intervention systems, counselling support, and greater awareness generation among the public regarding issues faced by elderly persons (Murthy et al., 2021).

Issac et al. (2021) conducted a critical appraisal titled "Maintenance and Welfare of Parents and Senior Citizens Act 2007: A Critical Appraisal." The article discussed the rapid increase in the elderly population in India and the growing dependency of elderly persons on others for daily maintenance. The study explained that social changes such as urbanisation, industrialisation, migration, and weakening of the traditional family system contributed to neglect and insecurity among elderly persons.

The article examined the provisions of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, which contains seven chapters and thirty-two sections. The Act addresses maintenance for elderly persons, establishment of old age homes, healthcare services, and protection of life and property of senior citizens. The study explained that the Act simplified legal procedures by allowing elderly persons to seek maintenance through tribunals without the necessity of lawyers. Complaints could also be filed by representatives or agencies on behalf of elderly persons. The Act ensured disposal of maintenance applications within ninety days and also enabled settlement through conciliation officers.

The study discussed several implementation challenges associated with the Act. These included the financial ceiling of ₹10,000 for maintenance, limited public awareness regarding the Act, social stigma preventing elderly persons from filing complaints against

children, lack of dedicated tribunals, and delays in implementation. Difficulties were also identified in cases where children lived abroad. The article highlighted that many states had failed to establish old age homes as mandated under the Act, and there was no standard mechanism for ensuring quality care and protecting the rights of elderly residents in institutions.

The article also discussed healthcare provisions under the Act, including reservation of beds, separate queues, and specialised geriatric healthcare facilities. The National Programme for Healthcare of the Elderly and the establishment of National Centres for Ageing and Regional Geriatric Centres were also mentioned.

Another important area discussed was elder abuse. The article stated that psychological and financial abuse were among the most common forms of elder abuse, while family members were frequently identified as perpetrators. The study highlighted the need for stronger social care systems, awareness generation, intergenerational bonding, and improved implementation mechanisms for protecting elderly persons and addressing their future care needs (Issac et al., 2021).

Manikappa et al. (2024) studied psychosocial and mental health concerns among elderly persons during the COVID-19 pandemic using findings from a national helpline in India. The article explained that elderly persons were among the most vulnerable groups during the pandemic because of ageing, physical health conditions, lower immunity levels, multiple comorbidities, lockdowns, social distancing measures, and dependence on caregivers.

The Ministry of Health and Family Welfare, with the support of institutions such as NIMHANS Bangalore, the Central Institute of Psychiatry Ranchi, and the Lokopriya Gopinath Bordoloi Regional Institute of Mental Health Tezpur, established a national psychosocial helpline to support vulnerable groups during the pandemic. Later, with support from District Mental Health Programme teams and other agencies, the helpline expanded to more than 500 lines functioning in nine languages.

The findings showed that around 77% of elderly callers belonged to the age group of 60–70 years. About 74% of callers reported COVID-related worries, 45% reported low mood, 30% reported anxiety, and 19% reported irritability. Around 35% of callers experienced more than three psychosocial concerns simultaneously. The helpline provided supportive psychotherapy, emotional reassurance, information related to COVID-19, and referrals to organisations and agencies. The study also found that 82% of callers were male and that 68% of those seeking psychosocial support came from urban areas. Around 13.6% reported pre-existing mental illness. The article highlighted the importance of telephonic psychosocial support services during emergencies and crisis situations affecting elderly populations (Manikappa et al., 2024)

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Mishra P. (2023) conducted a reflective study titled "Challenges of Elderlies in Growing India: 1.6 Years Reflective Study from Elderline 14567." The article discussed the increasing elderly population in India and the major challenges faced by senior citizens. The study mentioned that the elderly population in India is expected to reach 194 million by 2031. Kerala was identified as the state with the highest proportion of elderly persons according to 2021 data.

The article explained that Elderline 14567 was launched in partnership with Tata Trusts under the Ministry of Social Justice and Empowerment and the National Institute of Social Defence. Elderline presently functions across multiple states and union territories and provides information, emotional support, guidance, and field intervention services for elderly persons.

The study identified major issues faced by elderly persons including financial insecurity, loneliness, social isolation, elder abuse, abandonment, poor health conditions, technological difficulties, cyber fraud, and lack of awareness regarding government schemes. The article observed that many elderly persons faced financial exclusion after retirement and struggled to access pension schemes due to administrative and structural issues.

Isolation and loneliness were identified as major concerns leading to depression and emotional difficulties among elderly persons. The article further discussed elder abuse and abandonment, noting that Elderline had received around 20,000 calls related to abuse and abandonment between October 2020 and May 2023. Property disputes, financial difficulties, poor health conditions, and weak family relationships were identified as common causes behind abuse.

The study also explained that elderly persons contacted the helpline regarding healthcare support, hospital visits, connecting with doctors, health cards, and emotional concerns such as depression. The article highlighted the need for comprehensive policies, better implementation of welfare measures, improved awareness regarding rights and schemes, and stronger support systems for elderly persons in India (Mishra, 2023).

Mishra P. J. (2023) conducted a study titled "Wisdom Bridge for Elderly People: Helpline." The article discussed ageing as a universal process influenced not only by biological age but also by social and cultural conditions. The study explained that elders in some societies continue active and productive lives even at older ages, while in other societies ageing is associated with withdrawal and isolation.

The article discussed how industrialisation and changing workplace structures reduced the social value previously attached to elderly persons and their knowledge. The weakening of the joint family system and the rise of nuclear families contributed to reduced care, protection, and support for elderly persons. Migration for education and employment also increased the distance between younger generations and elderly family members.

The study highlighted that elderly persons experience several physical, social, and emotional problems including reduced mobility, health conditions, and limitations in social interaction. It explained the growing need for specialised services and social gerontological support for elderly persons.

The article further stated that the elderly population is rapidly increasing and is expected to reach 20% by 2030. In response to these growing needs, HelpAge India established

helpline services across twenty-one state capitals in India. The article also discussed the establishment of a national-level helpline after studies conducted on existing elder helplines in the country. The pilot implementation of the helpline was carried out in Telangana through collaboration between Tata Trusts and the Government of Telangana between March 2019 and September 2020 (Mishra, 2023).

2.2.3 Kerala Based Studies

Sundaram et al. (2024) conducted a study titled "Role of Local Governments and the Challenges Involved in Implementing the Elderly Care Initiatives in Kerala." The article explained that Kerala has a higher proportion of elderly persons compared to many other Indian states, partly because of high levels of migration. The study also noted that non-communicable diseases formed a major part of morbidity among elderly persons in Kerala and that elderly women constituted a larger proportion of the elderly population compared to men.

The study examined the role of local governments in implementing programmes and projects related to elderly care and welfare in Kerala. The findings showed that decentralisation helped prioritise elderly care at the local level through allocation of funds, palliative care services, elderly-friendly institutional initiatives, and programmes such as the Ardram Mission.

The article explained the responsibilities of different departments and institutions in elderly care. The Kerala Social Security Mission and Social Justice Department focused on services for bedridden patients and strengthening old age homes, while local governments concentrated more on social security schemes such as pensions. The Health Department handled healthcare services for elderly persons, while Kudumbashree Ayalkoottams contributed to awareness and communication at the grassroots level.

The study identified several challenges affecting implementation of elderly care initiatives. These included poor monitoring mechanisms, inadequate training for officials, transfer of skilled personnel, lack of compassion and empathy among implementing officers,

symbolic implementation of programmes, and mismatch between allocated funds and actual expenditure. The study also observed limitations in the implementation of the State Policy for Senior Citizens 2013 despite its rights-based approach. Lack of holistic planning and domain expertise were identified as important barriers affecting elderly care programmes in Kerala (Sundaram et al., 2024).

2.3 Theoretical Framework

The present study is guided by General Systems Theory, developed by Ludwig von Bertalanffy. General Systems Theory was introduced as an interdisciplinary theory to explain how different systems function through the interaction of their interconnected parts. According to von Bertalanffy (1968), a system consists of interrelated components that work together to achieve a common purpose. The functioning of the system depends not only on the individual components but also on the relationships and interactions among them. Systems are considered open because they continuously interact with their external environment and are influenced by changes within and outside the system.

General Systems Theory has been widely applied in social work to understand individuals, families, organisations, communities, and service delivery systems. It helps explain how different parts of a system influence one another and how the functioning of the whole system depends on effective coordination among its components.

In the context of the present study, Elderline in Kerala can be understood as an open service delivery system. The functioning of the programme involves the interaction of different components, including call officers, programme personnel, elderly callers, and external agencies such as the Social Justice Department, police, hospitals, local self-government institutions, and other service providers. The quality of service delivery depends on the coordination and communication among these components. Operational challenges affecting one part of the system may influence the overall functioning of Elderline and the services received by elderly callers.

General Systems Theory provides an appropriate framework for examining the functioning of Elderline, understanding the experiences of different stakeholders, and identifying operational challenges that influence the delivery of services.

2.4 Research Gap Analysis

The review of literature shows that several studies have examined issues related to ageing, elderly wellbeing, helpline services, elder abuse, mental health, legal protection, and welfare measures for senior citizens. Studies by Moore et al. (2015), Spike (2015), Dahlgren et al. (2017), Czabański and Baum (2020), Dominguez et al. (2022), Pask et al. (2024), Jalali et al. (2024), and Mourgues et al. (2025) focused on different aspects of telephone support services, healthcare advice, loneliness, elder abuse, suicide prevention, psychosocial support, and healthcare decision-making among older adults. These studies demonstrate the importance of helplines in improving access to services, providing emotional support, facilitating referrals, and assisting older adults during crisis situations.

Indian studies also addressed a wide range of issues affecting senior citizens. Murthy et al. (2021) examined the functioning of the Bengaluru Elders Helpline and highlighted the need for counselling services, rapid crisis response, and greater public awareness. Mishra (2023) discussed the development of Elderline 14567 and the major challenges faced by elderly persons across India, while Manikappa et al. (2024) examined the role of telephonic psychosocial support during the COVID-19 pandemic. Studies by Issac et al. (2021) and Srishyla and Ramesha (2025) focused on the legal rights of senior citizens and the implementation of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007.

The Kerala-based literature mainly examined broader issues related to elderly welfare and policy implementation. Sundaram et al. (2024) studied the role of local governments in implementing elderly care initiatives in Kerala and identified challenges in planning, implementation, monitoring, and interdepartmental coordination. The study highlighted the need for better coordination among agencies involved in elderly care. However, it did

not examine the functioning of Elderline or the operational processes involved in delivering its services.

Although the reviewed literature provides considerable information on ageing, elder abuse, mental health, welfare programmes, and telephone-based support services, only a limited number of studies specifically examined Elderline. Among the studies reviewed, Murthy et al. (2021) focused on the Bengaluru Elders Helpline, while Mishra (2023) examined Elderline 14567 from a national perspective by discussing the issues reported by elderly callers and the broad role of the service. These studies primarily focused on the needs and problems of elderly persons rather than on the functioning of the service itself.

During the course of the present review, the researcher could not identify any study that specifically examined the functioning and operational challenges of Elderline in Kerala. While the available literature discusses the role of helplines, the needs of elderly persons, and the services provided through Elderline at the national level, limited information is available regarding the functioning of Elderline in Kerala. In particular, aspects such as the functioning of the connect centre, service delivery processes, the experiences of staff and elderly callers, and the operational challenges encountered during implementation have received little attention in the literature reviewed.

Kerala has one of the highest proportions of elderly persons in the country and faces issues such as migration of younger family members, increasing dependency, and a growing number of older adults living alone. These conditions create a greater need for accessible support services such as Elderline. The limited availability of Kerala-specific literature on the functioning of Elderline indicates the need for further research in this area.

The present study attempts to address this gap by examining the functioning and operational challenges of Elderline in Kerala. It focuses on the services and support mechanisms provided through the helpline, the experiences and perceptions of staff, coordinators, and elderly callers, the challenges encountered in the delivery of Elderline services, and measures that may strengthen the effectiveness of Elderline services in the state.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter explains the methodology adopted for the study. It presents the title of the research, the research questions, theoretical proposition, definitions of key concepts, pilot study, research design, study site and participants, sampling strategy, data collection methods, data analysis process, ethical considerations, and the assumptions, limitations, and scope of the study. These sections together explain how the study was planned and carried out to understand the functioning and operational challenges of Elderline in Kerala.

3.2 Title of the Study

"Functioning and Operational Challenges of Elderline in Kerala"

3.3 Research Questions

General Research Question

How does Elderline function in Kerala with specific reference to its services, user experience, and operational challenges?

Specific Research Questions

1. What services and support mechanisms are provided through Elderline in Kerala?
2. How do staff, coordinators, and elderly callers perceive and experience the functioning of Elderline in Kerala?
3. What challenges are encountered in the delivery of Elderline services in Kerala?
4. What measures can be suggested to strengthen the effectiveness of Elderline services in Kerala?

3.4 Theoretical Proposition

The study is guided by the theoretical proposition derived from General Systems Theory. The theory views an organisation as an open system consisting of interconnected components whose functioning depends on their interaction and coordination.

Based on this perspective, the study proposes that the functioning of Elderline in Kerala is influenced by the interaction among its organisational components, including call officers, programme personnel, elderly callers, and external support agencies. The effectiveness of service delivery is expected to depend on the coordination and communication among these components, while operational challenges affecting one part of the system may influence the overall functioning of Elderline.

This proposition guided the selection of participants, the development of the interview guides, and the analysis of the data by focusing on the relationships among different components of the Elderline service delivery system.

3.5 Definition of Concepts

Table 1. Definition of Concepts

Concept	**Conceptual Definition**	**Operational Definition**

Elderline	Elderline is the National Helpline for Senior Citizens established by the Ministry of Social Justice and Empowerment to provide free information, guidance, emotional support, outreach and emotional support services for senior citizens. (Ministry of Social Justice and Empowerment [MoSJE], 2021).	In this study, Elderline refers to the Kerala state Elderline service functioning through the Thiruvananthapuram connect centre.
Functioning	Functioning refers to the performance of activities through the interaction between an individual's intrinsic health capacity and their environment (Bickenbach et al., 2023).	In this study, functioning refers to the manner in which Elderline carries out call response, coordination, documentation, and follow-up processes.
Challenges	A challenge is a situation, task, or problem that is difficult, new, or complex and requires the use of skills or resources to overcome (Horikoshi, 2023).	In this study, challenges refer to issues related to staffing, coordination, workload, response process, technological limitations, outreach, and follow-up within Elderline services.
User Experience	User experience refers to a user's experience while interacting with a product, system, or service through an interface, which can be observed	In this study, user experience refers to how elderly callers perceive the accessibility, responsiveness, usefulness,

	and measured (Albert & Tullis, 2023).	
Perception	"The process or result of becoming aware of objects, relationships, and events by means of the senses" (American Psychological Association [APA], 2018).	In this study, perception refers to how call officers, programme personnel, and elderly callers understand and evaluate the functioning of Elderline.
Elderly	According to the World Health Organization (2021), older persons are generally defined as persons aged 60 years and above.	In this study, elderly refers to persons aged 60 years and above who have accessed Elderline services.
Service Delivery	Service delivery refers to the process through which public institutions provide goods and services to meet the needs of the community through public administration (Mfene, 2009).	In this study, service delivery refers to the overall process through which Elderline provides assistance to elderly callers.
Effectiveness	Effectiveness refers to doing the appropriate things to achieve the intended outcomes (Patel, 2021).	In this study, effectiveness refers to the extent to which Elderline responds to the needs of elderly users.

3.6 Research Design

Research design refers to the plan or proposal for conducting research, involving the intersection of philosophical assumptions, strategies of inquiry, and methods of data collection and analysis (Creswell & Creswell, 2018).

This study follows a qualitative research approach to understand the functioning and operational challenges of Elderline in Kerala. Qualitative research is used to explore and understand the experiences, perceptions, and processes related to the functioning of the service.

The study adopts a case study design. A case study is a strategy of inquiry in which the researcher explores in depth a programme, activity, process, or individuals. Cases are bounded by time and activity, and detailed information is collected using multiple sources over a sustained period (Creswell & Creswell, 2018).

The study is designed as an embedded case study. Elderline in Kerala is treated as the main case, while call officers, programme personnel, and elderly callers are treated as embedded units of analysis within the system. The study focuses on the Elderline connect centre at Thiruvananthapuram, which functions as the central point of service delivery and coordination in Kerala.

3.7 Research Site and Participants

The study was conducted at the Elderline connect centre located at Poojapura, Thiruvananthapuram, which functions as the central operational hub of Elderline in Kerala.

The participants included all ten call officers working at the connect centre. Key programme personnel, namely the Programme Manager, Team Leader, Field Response Leader, and IT and Quality Leader, were also included, as they are directly involved in the coordination and management of Elderline services.

The study also included six elderly callers who had accessed Elderline services multiple times. Their contact details were obtained through the Elderline connect centre, and interviews were conducted through telephone.

3.8 Sampling Strategy and Selection of Respondents

The study uses non-probability sampling techniques for the selection of respondents.

For service providers, total population sampling was used for the selection of call officers, as all ten call officers working at the Elderline connect centre were included in the study. In addition, key programme personnel, namely the Programme Manager, Team Leader, Field Response Leader, and IT and Quality Leader, were included based on their direct involvement in the coordination and management of Elderline services.

For elderly callers, purposive sampling was used. Six elderly callers were selected for the study. The contact list was provided through the Elderline connect centre, and respondents were selected from among elderly persons who had accessed Elderline services multiple times. This helped in obtaining detailed responses based on repeated interaction with the service.

3.9 Data Collection

Primary data was collected through in-depth interviews conducted at the Elderline connect centre, Thiruvananthapuram. Interviews were carried out with call officers and programme personnel. In addition, telephonic interviews were used to collect data from elderly callers.

Secondary data was collected from Elderline reports, official government websites, and relevant policy documents.

3.10 Data Analysis

The data collected for the study was analysed using thematic analysis. The responses from participants were organised and examined to identify recurring patterns and themes. These themes were then interpreted in relation to the objectives of the study to understand the functioning of Elderline and the operational challenges involved in service delivery.

3.11 Ethical Considerations

Prior permission to conduct the study was obtained from the Programme Manager, as data collection involved staff at the Elderline connect centre. Informed consent was obtained from all participants after explaining the purpose of the study. Participation was voluntary, and respondents were informed that they could withdraw at any stage. Confidentiality and anonymity were maintained throughout the study, and all information collected was used strictly for academic purposes. Care was taken to respect participants' time and responses during data collection.

3.12 Assumptions, Limitations and Scope

Assumptions: The study assumes that participants provided honest and accurate responses based on their experiences and understanding of Elderline services.

Limitations: The study is based largely on interviews with service providers, which may influence the findings towards a more system-focused perspective of service delivery. Although data was collected from elderly callers, the interviews were conducted through telephone. This limited the ability to build rapport and reduced opportunities for in-depth probing, which is important in qualitative research. The responses from elderly callers were often brief and direct, which limited the depth of information that could be gathered. In some cases, participants showed difficulty in recalling details or providing extended explanations, which affected the richness of the data.

Scope: The study provides an understanding of the functioning, services, and operational challenges of Elderline in Kerala, based on perspectives from both service providers and elderly callers. The findings may contribute to improving service delivery and responsiveness.

CHAPTER 4: NARRATIVES

4.1 Introduction to the Chapter

This chapter presents the narratives collected as part of the study "Functioning and Operational Challenges of Elderline in Kerala". The study adopts an embedded case study design to understand the functioning of Elderline with specific reference to its services, user experiences, and operational challenges.

Elderline is a National Helpline for Senior Citizens (NHSC) established by the Ministry of Social Justice and Empowerment in collaboration with the National Institute of Social Defence (NISD) and State Governments. The helpline was introduced after studies were conducted to understand the needs of elderly persons and the functioning of existing helpline services in India and abroad. Based on these findings, it was decided to establish a state-level helpline system with a single call management platform and the toll-free number 14567 at the national level.

The Elderline helpline functions from 8.00 a.m. to 8.00 p.m. on all days of the week and remains closed only on Republic Day, Independence Day, and Gandhi Jayanthi. The service aims to provide information, guidance, emotional support, and outreach services for elderly persons.

The implementation of Elderline differs across states. In Kerala, the implementation is carried out through the Department of Social Justice under the Government of Kerala, while in some other states the service is managed through organisations such as HelpAge India.

The present study examines the functioning of Elderline in Kerala through different units within the case. The participants included 10 Call Officers, the Team Leader, the Field Response Leader, the IT and Quality Leader, the Project Manager, and 6 Elderly Callers. Telephonic interviews and in-depth interviews were used for collecting qualitative data.

To maintain confidentiality, codes were assigned to all participants. The elderly callers were coded as E1 to E6, Call Officers as CO1 to CO10, and administrative staff using separate codes based on their designation.

The chapter is divided into participant profiles and detailed narratives. The narratives present the experiences, perceptions, and observations shared by the participants regarding the functioning of Elderline in Kerala.

4.2 Demographic Details of Participants

4.2.1 Demographic Details of Staff Participants

Table 2. Demographic Details of Staff Participants

Code	Gender	Position	Qualification	Time at Elderline
CO1	Female	Call Officer	MSW Medical and Psychiatry	5 Months
CO2	Male	Call Officer	MSW	5 Months
CO3	Female	Call Officer	MA Sociology	11 Months
CO4	Female	Call Officer	MA History, B.Ed	9 Months
CO5	Female	Call Officer	M. Sc Psychology	11 Months
CO6	Male	Call Officer	MA English, MSW, MSc. Counselling Psychology	1 Year

CO7	Male	Call Officer	MSW Counselling	6 Months
CO8	Female	Call Officer	MA Economics, MA Sociology	6 Months
CO9	Female	Call Officer	MSW Medical & Psychiatry	7 Months
CO10	Female	Call Officer	MSW Counselling	1 Year
FRL	Male	Field Response Leader	MSW	Started as CO in 2021. As FRL in Aug 2025
IT & QL	Female	IT and Quality Leader	M.Tech	8 Months
TL	Female	Team Leader	M.Sc	7 Months
PM	Male	Project Manager	MA Sociology	4.5 Years

4.2.2 Demographic Details of Elderly Participants

Table 3. Demographic Details of Elderly Participants

Code	Gender	Age	Location
E1	Female	61	Thiruvananthapuram
E2	Male	74	Thiruvananthapuram

E3	Female	70	Palakkad
E4	Male	66	Thrissur
E5	Female	84	Alappuzha
E6	Female	77	Kollam

4.3 Narratives of Call Officers

4.3.1 CO1

CO1 had been working as a Call Officer at Elderline for about five months at the time of the interview. The participant described the initial training process provided for call officers and explained that it included sessions conducted at the national level on active listening, empathy, counselling skills, and call handling.

"First, it was about active listening."

"How should we listen to a call… they will tell us using examples from work experiences."

According to CO1, call officers are trained in handling difficult situations including abusive and prank calls. The participant explained that staff are expected to remain patient while also maintaining professional boundaries.

"This is a recorded call. Please speak properly."

"Only then do we have permission to cut the call."

CO1 explained that the work mainly involves handling incoming calls, calling back missed calls received after office hours, documenting cases, and conducting feedback calls. The participant stated that follow-up and documentation are important parts of the system.

"For actionable calls, we raise a ticket."

"Within two or three days, we will call from here for feedback."

The participant explained that the Elderline system includes digital documentation through ticket generation, call outcomes, customer profiles, and notes maintained for future reference. In addition to official documentation, call officers also maintain personal spreadsheets and note records to help track callers and previous interactions.

"Notes are for our own reference."

"If we just click there (referring to a section of the CRM software), *we can get their number and the profile details we already created."*

The participant described the major concerns raised by elderly callers as pension-related issues, emotional support needs, maintenance issues involving children, and requests for information regarding government schemes.

"It's mostly regarding pensions."

"Then emotional support."

"Mostly, children are not looking after them."

CO1 explained that in cases related to neglect by children, the call officers provide guidance regarding the Maintenance and Welfare of Parents and Senior Citizens Act (2007) and direct elderly persons to approach the RDO office.

"We will tell them according to the Maintenance Act."

"We give the RD Office number."

The participant also described the functioning of the "Sallapam" project as a support mechanism for elderly persons who mainly require someone to talk to.

"If they just want to talk to someone for a while, we give Sallapam itself."

CO1 stated that the work also requires knowledge regarding various welfare schemes and services under the Social Justice Department, including Vayomadhuram, Vayoraksha, Mandahasam, and K4Care.

“You should know these schemes.”

The participant explained that calls are categorised as actionable and non-actionable depending on the type of support required. According to CO1, information-based calls may be resolved directly, while cases requiring follow-up, intervention, or referral are made actionable through ticket generation.

“If we are only sharing a number, it's non-actionable.”

“If it's actionable, we must raise the ticket.”

CO1 described the emotional nature of the work and stated that some elderly callers regularly contact the helpline simply to speak with someone who listens patiently.

“They just need someone to listen.”

“We must never cut the call.”

The participant also explained that call officers maintain notes regarding regular callers in order to better understand their situations during future calls.

“If we feel they are not stable or not okay, we quickly write it in the notes.”

CO1 shared that some callers become emotionally attached to particular call officers and often ask for them again during future calls. Because of this, pseudonyms are sometimes used while interacting with callers.

“Some ask for our names.”

“The reason for changing names is for the safety of our identity.”

While reflecting on the work experience, CO1 described both emotional satisfaction and physical strain associated with the role. The participant explained that continuous call handling often leads to physical discomfort and fatigue.

“Definitely, back pain.”

"When calls come continuously, those difficulties arise."

CO1 also mentioned communication-related difficulties while attending calls from elderly persons with hearing problems, speech difficulties, or health conditions such as stroke.

The participant identified certain operational challenges within the functioning of Elderline, particularly system lag, limited staffing, and difficulty conducting regular follow-ups due to workload.

"The system lags."

"We can't give them proper information quickly."

CO1 also felt that additional training in counselling and mental health handling would improve the quality of service provided to elderly callers.

"Many are not specialized in psychiatry."

"A counselling course would be good."

The participant further suggested that strengthening field work, outreach activities, follow-up mechanisms, and staffing could improve the functioning of Elderline.

"With so many calls coming here, we can't follow up."

"Anything like field work and outreach programmes would help."

Overall, CO1 viewed Elderline as a service that combines information support, emotional support, referral services, documentation, and follow-up mechanisms for elderly persons facing different forms of difficulty.

4.3.2 CO2

CO2 joined Elderline after seeing the recruitment notification through a social media group and had been working as a Call Officer for a few months at the time of the interview. The

participant explained that the initial orientation involved observing experienced Call Officers, listening to recorded calls, and learning the practical procedures of call handling before independently attending calls.

"When I first joined, I had to learn how to take calls."

"I went and sat with each CO to observe them directly."

The participant stated that official login credentials and monitoring systems are managed centrally as Elderline functions as a National Helpline. According to CO2, national-level online training sessions were later conducted for Call Officers and included topics such as listening skills, rapport building, questioning techniques, counselling skills, soft skills, and call handling procedures.

"It was very beneficial."

"Interacting with the public is not like talking to friends or teachers."

CO2 explained that the work involves handling both incoming and outgoing calls, including feedback calls, follow-up calls, and missed calls received after office hours. The participant described the standard procedure followed while attending calls, beginning with greeting the caller, collecting basic details, identifying the concern, providing guidance or referral, and documenting the interaction in the CRM system.

"We ask for their name, district, age, and their requirement."

"After providing the information, we end by thanking them."

According to CO2, the most common concerns raised by elderly callers relate to pensions, health-related information, financial assistance, loneliness, and emotional distress.

"We get many calls for health-related information and financial assistance."

"We also get a lot of inquiries about pensions."

The participant explained that Elderline mainly provides information services, referrals, emotional support, and guidance regarding available schemes and departments. For counselling-related needs, callers are referred to services such as Tele-MANAS, while requirements related to bystander support are connected to Kudumbashree's K4Care programme.

"Some people mistake our Sallapam project for something where we physically go to them or provide money."

"If they need a paid bystander, we refer them to K4Care."

CO2 described emotional support as an important component of the service and stated that many elderly callers mainly require someone who will patiently listen to them.

"We call it emotional ventilation."

"Some just need someone to talk to for a while."

The participant shared that many callers contact the helpline repeatedly and often ask for specific Call Officers with whom they feel comfortable speaking.

"Some ask for us by name because they are comfortable talking to us."

CO2 recalled a particularly meaningful experience involving an elderly man who called from a railway station expressing suicidal thoughts due to financial distress and family-related difficulties. The participant explained that after receiving emotional support and guidance, the caller later contacted the helpline again after safely returning home.

"He was convinced and called us back after going home."

The participant explained that all calls and actions are documented within the CRM system and monitored by supervisors and programme managers. Calls are categorised as actionable, non-actionable, or FTR (First Time Resolution), and actionable cases require ticket generation for further follow-up and referral.

"If we don't raise an Actionable Ticket after a call, it remains pending in the system."

CO2 stated that at times the work environment involves heavy call flow, long sitting hours, and emotional strain. Sudden increases in publicity through social media or news coverage often result in large surges in calls, increasing workload pressure on the Call Officers.

"It's a very rush situation."

"It means we have no rest."

The participant also highlighted difficulties arising when callers expect direct financial assistance, employment support, or services that Elderline cannot provide directly.

"We can only refer them (elders)."

CO2 further explained that some cases are emotionally difficult, particularly situations involving loneliness, neglect, or mental health concerns among elderly persons.

"Hearing about neglect is hard."

At the same time, the participant noted that certain complaints may involve misunderstandings or mental health-related concerns, making intervention more complex.

The participant identified several operational challenges including inadequate staffing, field-level limitations, heat and infrastructure issues in the workplace, and the difficulty of managing large numbers of calls simultaneously. According to CO2, more district-level field teams, counselling-oriented training, and stronger state-level support would improve the functioning of Elderline.

"More training on counseling would also help."

"We need local teams in every district."

CO2 viewed Elderline as an important support mechanism for elderly persons experiencing loneliness, distress, abuse, neglect, pension-related concerns, and other social difficulties.

4.3.3 CO3

CO3 has been working as a Call Officer in Elderline since March 2025. She joined on a one-year contract and had previous work experience as a Resource Person with the Haritha Karma Mission. She explained that new staff initially received one week of training, during which they observed functioning Elderline offices, learned the basics of call handling, and became familiar with the CRM system and referral procedures. PPT materials and reference documents containing contact details of services such as KELSA, RDO offices, old age homes, and emergency services were also provided. Later, formal online training was conducted by NISD, which focused on empathy, flexibility, communication skills, handling callers with depression, and appropriate referral practices. According to her,

"Training was provided late. Ideally, it should have been given before we started handling calls."

She explained that, in the beginning, new Call Officers handled only non-actionable calls, while actionable cases were transferred to senior staff. Over time, they learned through direct practice and support from colleagues and supervisors. She stated that most calls received are related to pensions, maintenance issues, lack of care from children, and emotional support needs. Many elderly persons contact Elderline believing that it provides direct financial assistance, while others call simply because they need someone to talk to. She observed that loneliness is one of the most common concerns among elderly callers. Even when basic physical needs are met, many feel emotionally neglected within their own homes. According to her,

"Even when they live in a house with their children, they say that no one talks to them or cares for them."

CO3 described the functioning of the CRM system used for call management and documentation. When a call is received, the caller's details and previous records become visible if they have contacted Elderline earlier. New callers are registered by collecting details such as name, age, address, district, and the nature of the issue. Depending on the nature of the case, calls are categorized as actionable, non-actionable, FTR (First Time

Resolution), or service requests. She explained that wrap-up procedures must be completed before attending the next call. Feedback and missed calls are also managed through the CRM system by changing the service mode from inbound to outbound. She stated that some Call Officers maintain additional records in notebooks or Excel sheets for personal reference, particularly for projects such as Sallapam and for tracking frequent callers.

The participant explained that most cases are handled through information sharing and referrals. Pension-related concerns are usually resolved by checking the Sevana Pension portal. In maintenance-related issues, callers are guided to approach the RDO office. For emotional support and mental health concerns, referrals are made to services such as DISHA and Tele-MANAS. She also described the role of Prasanthi, a police-supported senior citizen service that coordinates directly with police stations in cases requiring field-level intervention. Since Field Response Officers are no longer available within Elderline, many cases requiring direct support are now referred externally.

CO3 recalled several emotionally significant experiences during her work. One memorable case involved an elderly woman from Kollam who had lost contact with her son for 13 years and required knee replacement surgery. Since the relatives were unwilling to proceed without the son's consent, the caller requested Elderline's support in contacting him. CO3 spoke to the son, explained the situation, and facilitated communication between them. She believed that this intervention helped re-establish contact between the mother and son.

She also described distressing cases involving domestic abuse, alcoholism, and emotional neglect. One elderly woman secretly contacted Elderline late at night because her husband and son, who were alcohol dependent, created disturbances at home and frightened her. According to CO3, such situations are emotionally difficult because immediate intervention is often limited. She explained that many elders are unwilling to file formal complaints against their children despite experiencing neglect or abuse because they fear causing problems for them.

Regarding work-related challenges, CO3 identified limitations in field-level intervention, emotional strain, continuous sitting, and technical issues within the CRM system. Although the system occasionally hangs or becomes slow, support is provided by the IT and Quality

teams. She also pointed out that power failures temporarily interrupt services, causing calls to appear as missed calls. According to her, many callers become frustrated when Elderline can only provide information and contact numbers instead of direct intervention. She felt that stronger interdepartmental coordination and better integration with field services would improve the functioning of Elderline. She stated that directly forwarding cases to relevant departments rather than only sharing contact numbers would make support more effective for elderly callers.

Despite the challenges, CO3 described the workplace atmosphere as supportive and family-like. She shared that she continued working during pregnancy because she felt comfortable in the work environment and received support from colleagues. She reflected positively on the role, noting that although many calls involve distress and loneliness, providing emotional support and guidance gives a sense of satisfaction and purpose.

4.3.4 CO4

CO4 has been working as a Call Officer at Elderline for the past nine months. She completed her MA and B.Ed. in History and had previous work experience in the Post Office before joining Elderline. She explained that the initial training process involved learning directly from other Call Officers and supervisors within the office. Later, she attended formal online training conducted by NISD for five days. According to her, the training focused on call handling procedures, emotional support, empathy, follow-up processes, and the basics of counselling. She stated that the combined support from colleagues and formal training improved her confidence and ability to manage calls effectively.

"We had very good, proper training here. And after hearing that class, we were able to handle things much better."

CO4 explained that most calls received at Elderline are related to pensions, the Maintenance and Welfare of Parents and Senior Citizens Act, old age homes, and emotional support needs. She noted that many elderly persons contact the helpline because

of loneliness and emotional neglect within the family. Some callers regularly contact the helpline simply to speak with someone. She described how Call Officers often spend time listening to songs, daily experiences, and emotional concerns shared by the elderly callers.

"They call just to reduce loneliness. We listen to them - like they want us to hear their songs - and give small guidance and support."

"There are two or three daily callers like that."

According to CO4, calls related to the Maintenance Act are common, especially from elders whose children are not caring for them properly. In such situations, the Call Officers explain the legal process, including approaching the Revenue Divisional Officer (RDO), filing complaints, hearings, and maintenance orders. However, she observed that many elders hesitate to proceed legally against their children because of emotional attachment and fear of causing trouble to them.

"Some say, 'No, daughter, I don't want to trouble my son.' They are afraid."

She explained the general procedure followed while attending calls. Call Officers begin with a greeting, collect basic details such as name and district, understand the issue, search for relevant information if required, and provide guidance before ending the call politely. Pension-related information and guidance regarding welfare schemes form a major part of their work. Abuse-related cases and service requests are forwarded to the Field Response Officer (FRO) for further action.

CO4 stated that most elders provide positive feedback after receiving support from Elderline. According to her, only a very small number of callers express dissatisfaction. She explained that some callers misunderstand the limitations of the service and expect direct intervention beyond what the helpline can provide.

"Out of 100 calls, maybe only one is negative."

She recalled one memorable case involving an elderly man who had lost two sons within a short period and was facing severe emotional and financial distress. During the interaction, she informed him about a scheme through which he could receive a glucometer for diabetes

management. She guided him through the application process and followed up when he faced difficulties.

"He said, 'You spoke to me like my daughter.'"

While discussing challenges, CO4 explained that call volume increases heavily whenever advertisements or social media promotions about Elderline are released. During such periods, calls come continuously without breaks, and many missed calls accumulate as After Office Hours (AOH) calls that later require follow-up. She mentioned that prolonged sitting during shifts sometimes causes back pain, neck pain, headaches, and eye strain. She also acknowledged that listening to the painful experiences of elderly callers can occasionally become emotionally difficult.

"When one call ends, the next one comes. When that ends, the next one."

CO4 further explained that the functioning of Elderline has certain practical limitations. Call Officers can provide guidance, information, and referrals, but they cannot compel other departments or individuals to take action. She noted that some callers understand these limitations while others become frustrated when their expectations are not fully met.

"There are some limitations here. We can't call someone and tell them, 'You must do this.'"

Regarding documentation, she explained that all calls are recorded and managed through the CRM system. The system stores caller details, case categories, service requests, and feedback records. Call Officers also submit monthly case reports, usually based on FTR (First Time Resolution) cases. She added that technical issues occasionally occur within the CRM system, such as system freezes or maintenance problems, but these are usually resolved by logging out and logging back in or through support from the technical team.

Overall, CO4 described Elderline as a service that mainly provides information, guidance, emotional support, and referrals to elderly persons. Despite workload pressures and emotional challenges, she viewed the service as meaningful because many elderly callers depend on the helpline for companionship, reassurance, and support.

4.3.5 CO5

CO5 had been working as a Call Officer at Elderline for the past eleven months. She completed her MSc in Psychology and had previous experience working as a psychologist before joining Elderline. She explained that she became interested in the posting and joined the service. According to her, both informal office-based training and formal NISD training helped her understand call handling procedures and communication methods. The office training mainly involved guidance from senior Call Officers and supervisors, while the NISD training focused more on professional communication and counselling skills.

"We mostly learn by actually taking individual cases and talking to people; that is when we get an understanding of how to deal with things daily."

CO5 explained that the training mainly covered communication skills, rapport building, counselling skills, active listening, verbal and non-verbal communication, questioning techniques, and phone etiquette. She felt that the NISD training was more professional, while the office training helped them understand local needs, available services, and practical situations faced by elderly callers in Kerala.

According to CO5, the majority of calls received at Elderline are related to financial assistance, family disputes, pension-related concerns, loneliness, and personal problems. Many callers expect direct help and intervention from the service. She stated that information and guidance form the major part of their work, especially connecting callers with local services, ward members, ASHA workers, police stations, or district offices depending on the nature of the issue.

"Most common is financial assistance. Like children not looking after them, or they are not being given anything, or they don't have money to buy medicine."

She described the process followed while attending calls. The call begins with a greeting, followed by the collection of basic information such as name, district, and details of the issue. Depending on the condition of the caller, more detailed profiles are created. If direct

help cannot be provided, the Call Officers guide them to appropriate services and provide contact numbers from available databases and government websites.

CO5 explained that Elderline receives many Service Requests that require field-level intervention. However, since there are no direct field staff available, callers are guided to district offices, police stations, or other relevant services based on their needs.

She shared that the satisfaction of the callers often depends on how clearly the Call Officers explain the limitations of the service and guide them towards alternative forms of support. According to her, if the callers understand the situation and feel heard, they are generally satisfied.

"When we can't make everyone understand, there is a feeling from their side that they didn't get what they wanted."

CO5 recalled several emotionally difficult situations involving elderly callers who lived alone and repeatedly contacted Elderline for very small needs because they had no one else to depend on. She also described situations where elderly persons reported being cheated or deprived of money or belongings. In such cases, she personally contacted the other party involved to understand the issue and encourage resolution.

"After talking like that, many have got their money or belongings back."

She explained that although Elderline does not have direct intervention powers, even a phone call from the Social Justice Department often helped in resolving certain disputes.

CO5 identified continuous calls and prolonged screen exposure as major day-to-day challenges. She stated that sitting for long hours and constantly attending calls created physical strain, including eye strain and other health issues. At the same time, she acknowledged that continuous calls without breaks were mentally exhausting for all the Call Officers.

"Continuous calls are very difficult. Everyone feels that."

Although she admitted that emotionally distressing calls do affect the staff, she explained that they try not to internalize every case deeply. According to her, managing emotional distance becomes important in handling the work.

She also highlighted communication difficulties with some elderly callers, especially those with unclear speech or hearing difficulties. She recalled one particular caller whose speech was difficult to understand and who felt neglected because people often disconnected her calls without listening patiently.

"She told me that it was the first time someone had spoken to her like this."

CO5 explained that all calls and case details are documented through the CRM system. Some Call Officers also maintain separate notes or follow-up records for personal reference, though it is not mandatory. While she considered the system generally effective, she mentioned that technical issues such as system hanging and delays occur occasionally.

According to CO5, Elderline services could improve further if direct services and direct request systems were available. She also suggested that directly connecting callers to departments or services during calls would help elderly persons who struggle to write down phone numbers or remember information.

"It would be better if we could connect them directly right there."

Towards the end of the interview, CO5 reflected on the current structure of Elderline and stated that, despite challenges, the service functions effectively because the Call Officers are able to communicate closely with the elderly callers in Malayalam and understand their local concerns and situations.

4.3.6 CO6

CO6 had been working in Elderline for one year and had previous experience in the health sector through Disha. He explained that most of the learning in the beginning happened informally through senior Call Officers, while the formal online training came several

months later. According to him, the training mainly reinforced things that had already been learned through practice. He stated that pension-related calls formed the majority of the calls received, along with emotional support calls from elders who were lonely, neglected, or seeking someone to talk to. He observed that awareness about Elderline itself was still limited among the public, and many people called simply to understand what the service was.

He described the call handling process as beginning with a welcome greeting, followed by collecting basic details, listening patiently to the elder's concerns, and then providing available guidance or information. He emphasized that many elders repeatedly called because they were isolated and emotionally attached to the Call Officers. One elderly caller she spoke about had been bedridden for years and called daily mainly for companionship. He explained that in such situations, listening itself became the primary form of support. He also noted that many elderly callers viewed the Call Officers like their own children and sought emotional reassurance more than practical assistance.

CO6 pointed out that health problems, lack of financial support, loneliness, and neglect by children were among the most common concerns shared by elders. He stated that many callers expected direct assistance for all kinds of needs, even requests beyond the scope of Elderline services. Although feedback from elders was generally positive, he felt the major limitation of the system was that Call Officers could mostly provide phone numbers and guidance rather than directly connecting elders to services. He repeatedly stressed the importance of strengthening field-level intervention and direct service linkage.

He also discussed the practical difficulties of the work, including long hours of sitting, headaches, back pain, and the challenge of managing continuous calls. Emotionally, he explained that Call Officers had to consciously separate themselves from the calls once they ended in order to continue handling new calls effectively. He further highlighted issues within the AOH callback system, where delayed callbacks sometimes reduced the usefulness of the service because elders no longer remembered the original call. At the policy level, he expressed concern that elderly callers might struggle with automated multilingual call systems in the future, especially if Malayalam-speaking Call Officers

became less directly accessible. Overall, he believed Elderline would become more effective if stronger field services, hospital support, counseling linkage, transportation support, and direct coordination with departments were introduced.

"Many people don't know about this. If you ask in our own town, many know there is such a helpline. They know 1098 exists. But no one really knows where such a thing is."

"They call to ask what should be done next in that manner. Children aren't looking after them. They call to ask about the next step."

"He made his daughter buy a songbook so he could sing songs to me. He sings a song from that every day."

"People who talk looking at us as children... many such people call."

"They've even called us to cut their nails for them."

"For me, when the call is cut, it's okay. It stops there. Because if we hold on to those feelings, we can't take the next call."

"If it's just for a number... Why call? We can just search on Google, the elders say"

"Field is essential."

"People who can't talk on the phone want us to come directly."

"When the call says things like press one, press two, those things will be difficult for them."

4.3.7 CO7

CO7 had been working in Elderline for six months and had completed an MSW with a specialization in Counselling. Before joining Elderline, the participant worked at Ammathottil under the Child Welfare Centre. The participant explained that initial training included one week of mock training within the office, listening to calls, studying the handbook, and attending mock call sessions conducted by team leaders. Formal NISD

training was later provided online after two months. According to the participant, emotional support and family-related concerns formed the majority of calls received. Most callers were elderly men who reported neglect, loneliness, pension difficulties, alcoholism within the family, and strained relationships with children.

The participant described that most calls involved listening patiently to elders and providing information, guidance, or contact numbers for relevant offices. Maintenance Act-related inquiries were common, especially cases where elders were not cared for by their children. The participant noted that unlike child protection services, Elderline had limitations in providing immediate intervention or rescue. Many elders expected direct action, but the system mainly depended on legal procedures and referrals. The participant also explained that emotional support calls often lasted for long periods because many elders simply needed someone to listen to them. According to the participant, elderly callers were often distrustful due to repeated negative life experiences and were hesitant to believe that support systems would genuinely help them.

One significant case shared by the participant involved an elderly mother whose children neglected her despite living in the same house. Since the property had not yet been transferred to the children, the participant guided her to approach the RDO under the Maintenance Act. The final decision allowed the mother to sell her land and live independently from the income generated. The participant also highlighted broader structural issues affecting elderly persons, including pension exclusions due to household conditions, lack of wheelchair-friendly elder care homes, weak rescue systems, and inadequate social security support. The participant strongly emphasized the need for district-level teams, stronger legal mechanisms, better palliative care access, and faster rescue and support services for elderly persons.

“Most callers are men. The issues are that no one is looking after them at home or they don't have children.”

“We don't have a system for immediate emergency rescue or support.”

“Sallapam is a good project, but it needs to be more active.”

“If we don't track the calls, they have to repeat the same story to different people. That is a major minus.”

“Elderly people are often skeptical because they have had many bad experiences; most things are negative for them.”

“For those who are 60+, not getting a pension for 20 months is a huge burden.”

“Now, in most cases, their children are abroad.”

“Just because there is an AC in the children's room, the elders do not get their pensions.”

“The law needs to be stronger. The time it should have been updated is way past.”

“We need homes that are wheelchair-friendly and quick rescue services.”

“For those who are bedridden the only world they have is what they see outside their windows.”

3.3.8 CO8

CO8 completed MSW with a specialization in Counselling and had previously worked at Ammathottil under the Child Welfare Center. He had been working in Elderline for six months at the time of the interview. After joining, he received a one-week mock training in the office where call handling procedures, handbook usage, and mock calls were practiced. He also attended the online NISD training two months after joining. He stated that senior officers and team leaders regularly guided the staff and clarified doubts. According to her, the most common calls were related to emotional support, family issues, pension concerns, and Maintenance Act inquiries. Many callers were elderly men who reported neglect from children, loneliness, abandonment, alcoholism within the family, and emotional isolation. He explained that most calls involved listening patiently, giving information, and referring callers to the appropriate office or authority when necessary.

“Emotional support. Family issues are the most common.”

“Most callers are men. The issues are that no one is looking after them at home or they don't have children.”

“We listen to them. If there is a solution, we tell them. Otherwise, we give them the contact number of the relevant office to approach.”

He observed that many elderly persons called mainly because they had nobody to talk to. According to him, loneliness and broken family relationships were major concerns among the elderly. He particularly mentioned cases involving elderly parents who wanted reconciliation with children despite troubled family histories. He also discussed how elders often lose hope due to repeated negative experiences and become suspicious even of genuine services. He explained that many callers hesitate to trust the helpline because they fear scams or misuse of their personal information. CO8 felt that the Sallapam project was beneficial but required stronger follow-up and continuity so that elders would not have to repeat their stories to different people repeatedly.

“When it is for emotional support, they talk for a long time because they have no one to talk to at home.”

“Elderly people are often skeptical because they have had many bad experiences.”

“They wonder if things are fake, if they would lose personal information.”

“Sallapam is a good project, but it needs to be more active.”

CO8 shared a significant case involving an elderly mother whose children were not supporting her. Since she had not yet transferred her property to them, CO8 advised her to approach the RDO under the Maintenance Act. The RDO later ordered that the woman could sell her land, deposit the money in the bank, and live independently if co-living with the son was not possible. He explained that the son had expanded the house in such a way that the mother herself could not comfortably use basic facilities within it. The caller later thanked CO8 for the guidance provided.

“The son wanted to extend the house. But once it was done she couldn't even use the washroom.”

“The son has a washing machine, but she doesn't.”

“She thanked me.”

During the interview, CO8 repeatedly highlighted the structural limitations faced by Elderline. He compared Elderline with the Child Helpline system where district-level teams, Child Welfare Committees, rescue mechanisms, and immediate interventions are available. In contrast, Elderline depended mainly on referrals and legal procedures under the Maintenance Act, which he felt were slow and insufficient during emergencies. He emphasized that the law itself needed strengthening and that district-based rescue systems, social security measures, and institutional care facilities for elders were urgently needed. According to him, many elderly persons were denied pension benefits because of household conditions linked to their children, such as owning an AC, even when the parents themselves remained financially dependent.

“We don't have a system for immediate emergency rescue or support.”

“The law doesn't allow for full support or rescue easily, and a decision takes upto a month.”

“The law needs to be stronger. The time it should have been updated is way past.”

“Just because there is an AC in the children's room, the elders do not get their pensions.”

He also discussed the lack of elder-friendly infrastructure and services. According to him, old age homes and care institutions were often not wheelchair-friendly or equipped for bedridden elderly persons. He stressed the importance of stronger palliative care services, better social security pensions, district rescue teams, and foster-type support systems for abandoned elders. He pointed out that bedridden elderly persons often spend their entire day confined to a room with very little social interaction or stimulation.

“For those who are bedridden the only world they have is what they see outside their windows.”

“The homes for the elders are not wheelchair friendly.”

“Palliatives also need to be strengthened, not everyone can access private services.”

CO8 also described the challenges faced by Call Officers. Earlier, calls used to come continuously, sometimes in large numbers at once, making it difficult to finish one call before another arrived. He acknowledged that listening to the emotional pain of elderly callers created emotional strain. He observed that many elderly men calling the helpline were abandoned after years of difficult family relationships or after returning from Gulf countries with nobody to care for them. According to him, many elderly parents depended entirely on the ₹2000 pension for medicines and survival. He also mentioned that regular review sessions and feedback discussions conducted by team leaders helped improve communication skills and call handling abilities over time.

“Sometimes 10-20 calls come at once. We can't even finish one before the next comes.”

“Yes, it has felt like an emotional strain.”

“The elders rely on the 2000 rupee pension for everything.”

“I've had a lot of improvement over these six months. How to speak etc.”

4.3.9 CO9

CO9 had been working as a Call Officer for seven months at the time of the interview. She had completed MSW with a specialization in Medical and Psychiatry from Sree Sankaracharya Centre, Alappuzha. According to her, formal training was not given immediately after joining, and the NISD training was conducted only after about three months. She explained that the training focused on communication, role clarity, and handling emergency situations through telephone intervention. She particularly noted that the training helped her remain calm during suicide-related or abuse-related calls, since Elderline mainly functions through telephonic support rather than direct field intervention.

"After the training, it became easier to know how to stay calm and help them in emergency situations."

"We only do telephone intervention, not field intervention."

"It taught us where the officer should be, how to speak, and the roles we need to maintain."

According to CO9, the most common calls were related to financial support, pension status, family problems, and old age home inquiries. Many elderly persons called simply to talk because they felt lonely or had no one else to share their concerns with. She explained that callers often contacted Elderline after seeing newspaper articles or hearing about schemes and projects. She described the basic procedure of handling calls through the X-Lite system, where calls had to be answered within three seconds. After greeting the caller, the officers collected basic details, listened carefully to the concern, provided available solutions or information, and ensured proper closure before ending the call.

"Some call just to talk; this is what is happening at my house. I have no one else to tell."

"Many of my calls recently have been about moving to old age homes because they are alone."

"You have to listen for more than 10 minutes to get the real story."

CO9 shared a memorable experience involving a retired teacher who became emotionally isolated after her husband's death. Although the caller initially contacted Elderline for the Sallapam project, she gradually began calling regularly to speak directly with CO9. The elderly woman wrote poems and stories and mainly wanted someone to listen to her songs and writings while her children were away at work. CO9 described this as a meaningful and positive experience that reflected the emotional needs of many elderly persons who seek companionship more than material support.

"She started calling regularly—not for the Sallapam volunteer, but just to talk to me."

"She writes many poems and stories."

“Her children go to work, and she just wants someone to read her work or listen to her songs.”

She also discussed several operational challenges faced by the Call Officers. Continuous calls during periods of media publicity created heavy workloads, and prolonged listening caused ear pain and fatigue. Night transportation difficulties, unsafe roads, and stray dogs also affected staff working late shifts. She explained that documenting calls required additional personal effort beyond the CRM system, especially for Maintenance Act cases where she typed detailed case notes separately to maintain continuity when callers contacted the office again. She also pointed out limitations within the CRM system itself, particularly with feedback calls and wrap-up time between calls.

“When news comes out in the paper, we get a flood of calls.”

“Hearing them continuously for a long time makes my ears hurt.”

“If it's a Maintenance Act case, I type out the whole case study so that when they call back, I know exactly where we left off.”

“The ‘Wrap’ time to finish a call is also very short.”

CO9 strongly emphasized the need for policy-level improvements and better coordination with other departments. She pointed out that Maintenance Act cases are legally expected to be resolved within 90 days, yet many callers reported waiting more than six months without hearings. She explained that Elderline staff had limited authority and could only check the status of such cases without being able to pressure departments like the RDO office. She also raised concerns regarding delayed salaries, staffing reductions, and the proposed zonal model of operation. According to her, reducing staff strength would negatively affect the quality of emotional support provided to elderly callers, many of whom required long conversations to explain their problems fully. She further felt that automated “Press 1, Press 2” systems would create confusion for elderly persons who appreciated direct human interaction.

"For Maintenance Act cases, the law says it should be settled in 90 days, but I've had callers who haven't had a hearing even after 6 months."

"We don't have the right to pressure the RDO; we can only check the status."

"If you reduce staff, you can't give elders the time they need."

"One person needs to listen for an hour to understand them."

"Here, they connect to a person immediately, which they appreciate."

She also suggested that Elderline should move beyond information-based services and strengthen direct welfare support for the elderly. According to her, additional projects for financial assistance and emergency medical insurance for elderly persons above 70 years would improve the effectiveness of the service considerably.

"We also need more projects for direct financial assistance and emergency medical insurance for those over 70."

4.3.10 CO10

CO10 completed one year of service as a Call Officer at Elderline and had an MSW specialization in Counselling. Before the formal NISD training, the Project Manager and senior Call Officers guided the new staff by teaching them how to handle calls, use the systems, and respond to different situations. The NISD training was conducted around five to seven months after joining and focused on communication, empathy, emotional balance, and professional conduct while handling callers. CO10 felt the training was highly useful because the work involved handling large numbers of emotionally demanding calls continuously. The respondent explained that one emotional call would immediately be followed by another, making it mentally exhausting, but the training helped in learning how to remain emotionally balanced and attentive for each caller.

“Sometimes we get a lot of calls—maybe 100 or 200 direct calls… You might provide emotional support for one person’s problem, and the next person has a different problem. It can make your head spin.”

“After those classes, we understood how to maintain our balance… we learned how to stay fresh for the next one.”

The respondent stated that the majority of calls were related to information and guidance services, especially regarding pensions, welfare board benefits, Maintenance Act procedures, and government services. Call handling began with greeting the caller, collecting basic details, listening carefully to their concerns, and then identifying what type of support was needed. CO10 explained that many elderly callers did not always require financial help, but instead needed emotional connection and someone who would patiently listen to them. Some callers only wanted emotional reassurance and affection because they felt ignored within their families.

“If we call them ‘Amma’ or ‘Acha,’ that is enough for some. They call just to hear that.”

“Their main issue is having no one to talk to.”

CO10 described that many elderly persons contacted Elderline because of loneliness, lack of emotional care from children, and neglect within families. Several callers repeatedly contacted the service simply to speak with someone. The respondent shared the case of an elderly woman named Geetha who lived alone in a flat while her children remained busy with work and technology. The caller expressed deep sadness about being emotionally isolated despite living with family members. CO10 explained that such calls emotionally affected the staff as well and changed how they viewed relationships within their own families.

“No one has time to talk to me. Not my son, not my daughter-in-law.”

“In a flat, you can’t even talk to neighbors like you can in a village.”

“Don’t spend all your savings on your husband, keep something for yourself, otherwise you will end up like this.”

“When I go home now, I put my phone away and talk to my children and my parents. It brings changes in us.”

The respondent also recalled a case involving an elderly woman from Rajasthan who was staying in Ernakulam and struggling to receive her pension. Since Elderline Kerala could not directly handle procedures from another state, CO10 connected her with Rajasthan Elderline and later followed up with her. The caller later informed that her pension issue had been resolved after receiving guidance from the Rajasthan office. According to CO10, such cases brought satisfaction because even a simple referral and follow-up could positively affect the life of an elderly person.

“Daughter, I’m not getting my pension… what should I do?”

“I didn't know what to do, but they told me what to do. I went to the Treasury and they fixed it for me.”

CO10 highlighted several challenges in day-to-day functioning. Continuous sitting, long shift hours, and the need to attend calls within three seconds caused physical strain such as body pain and difficulty moving away from the workstation. Technical problems like system hanging, audio issues, and heavy call volumes also affected work. The respondent additionally explained that callers often became angry or frustrated when pensions were delayed, even though the Call Officers themselves had no direct control over government payments.

“Holding the mouse like this causes physical challenges.”

“Some pensions only give 600 rupees. They can’t survive a month on 600 rupees.”

“They get irritated with us as if we are the ones giving the pension.”

Regarding improvements, CO10 strongly emphasized the need for better coordination and direct connectivity with departments such as the police and Prasanthi. Instead of merely providing numbers, the respondent felt that Call Officers should have the authority to directly connect callers to emergency or support services. The respondent also stressed the need to strengthen the Maintenance Act by reducing delays in hearings and interventions.

Faster action, priority treatment for elderly persons in hospitals, and shorter shift timings for Call Officers were suggested as important improvements.

"It would be better if we had the right to connect them directly."

"They say 90 days, but it should be 30."

"Elders should get priority… Many people call and say this."

4.4 Project Manager

The Project Manager had been working with Elderline for four and a half years and was responsible for the overall management and coordination of the project. The role involved managing staff matters, coordinating with the Central Government and the Kerala Social Justice Department, preparing reports, handling publicity, and maintaining coordination with stakeholder departments such as Police, Health, and Kudumbashree. The Project Manager also handled crises related to technology, electricity, and service disruptions to ensure continuity of services. According to the respondent, maintaining strong communication with departments and regularly updating contacts of nodal officers was essential for the functioning of the Elderline.

"Since it is a Central government project, I connect the Central government and the Social Justice Department."

"We maintain constant touch, identifying nodal officers in each department."

"We must resolve these problems so that there are no public complaints."

The respondent explained that Elderline functioned as a "Connect Center" rather than an ordinary call center. Unlike regular customer care systems that only answer queries, the focus of Elderline was to maintain continued emotional connection with senior citizens so they would feel comfortable contacting the service again whenever needed. Emotional support was therefore seen as an ongoing process involving repeated conversations rather

than a one-time interaction. The Project Manager highlighted that the callback system and follow-up mechanism were among the major strengths of Elderline.

"In a Connect Center, our primary responsibility is to ensure senior citizens can connect with us again."

"Emotional counseling is a long process, not a one-time thing."

"If a call isn't connected due to busy lines or network issues, it is saved in our system."

The respondent described the major services provided through Elderline, including information on pensions and welfare schemes, guidance regarding the Maintenance and Welfare of Parents and Senior Citizens Act, emotional support, old age home admissions, and referrals to other services. Emotional support was usually provided initially by staff members with Social Work backgrounds, while severe cases were referred to specialized systems such as Disha. Although direct field intervention under the Central Government model had reduced, the Kerala Government had recently introduced district-level field officers to improve support.

"We provide information, guidance, and support."

"Many of our staff have Social Work backgrounds and provide initial emotional support."

"Regarding direct field support, we currently don't have it from the Central government."

The respondent explained the organizational structure of Elderline and stated that the major working pillars were the Call Officers and Field Response Officers who directly interacted with the public. Supporting them were Team Leaders, a Quality/IT Lead, administrative staff, and the Project Manager. According to the respondent, Kerala currently had ten Call Officers, allowing ten calls to be handled simultaneously.

"The two pillars are Call Officers and Field Response Officers."

"Currently, there are 10 Call Officers allotted for Kerala, so 10 calls can be handled simultaneously."

The Project Manager felt that Elderline had become highly relevant in Kerala because of the increasing elderly population and changing family structures. However, many problems faced by senior citizens were beyond the direct authority of the helpline. Despite these limitations, the service was considered effective because staff members guided elders toward the correct systems and departments. The respondent believed that future expansion should focus on 24-hour service availability and stronger field-level operations.

"About 75-80% of calls involve matters outside our direct authority."

"Overall, it is functioning well."

"In the future, we may need to make it 24 hours and expand field operations to the block or panchayat level."

The respondent observed significant changes in call trends over the years. Initially, many callers misunderstood the scope of Elderline and expected direct physical assistance for all needs. Later, public awareness increased through local self-government institutions, ward-level WhatsApp groups, and local senior citizen projects, which caused call numbers to rise rapidly. According to the Project Manager, the service had reached around 700 calls per day during peak periods.

"In January, we reached a point of 700 calls a day."

"Ward members created WhatsApp groups that spread our help line numbers."

Regarding monitoring and quality control, the respondent explained that every call was recorded and stored within the CRM system. These recordings were later used for evaluation, feedback, and staff improvement. Follow-up calls were also made to understand whether elders required continued support, especially in emotional support cases involving loneliness.

"Every call is registered and recorded."

"Sometimes people call just to talk due to loneliness."

The Project Manager identified several challenges affecting daily functioning. Technical problems related to the Central server, power failures, and BSNL network disruptions occasionally interrupted services. Another major concern discussed was the proposed shift from the Kerala state-level model to a zonal system based in Hyderabad. The respondent strongly felt that this change would reduce local coordination and create language barriers for elderly callers.

"If it happens, state-level activities will die."

"A Zonal office wouldn't have that local reach."

"A single help line for five states would have language barriers that are difficult for seniors."

The respondent also discussed important policy-level recommendations. One major concern was the delay in implementing orders under the Maintenance Act. To improve this, Elderline had developed a tracking software system that would allow online applications, monitoring of document status, and follow-up on whether maintenance payments were actually received. The respondent felt that such systems could reduce the burden on elderly persons who currently had to repeatedly visit government offices.

"Verdicts come, but they aren't followed."

"This will allow for online applications, making the process faster and trackable."

"Once a verdict is out, seniors can report if they received the payment."

The respondent further emphasized the need for stronger social support systems for senior citizens. Suggestions included barrier-free public institutions, separate queues and help desks for elders, improved social security, block-level field officers, and stronger public awareness regarding elderly rights and needs. The Project Manager also highlighted the importance of viewing older persons as active contributors to society rather than as dependents.

"Society must accept seniors even when they are no longer 'productive.'"

"Retirement at 56 or 60 is early; they have 20 years of life left."

"We should provide them with employment."

The respondent finally spoke about loneliness among senior citizens and the need for more socially engaging programmes beyond telephone support. The Project Manager stated that many elderly persons required companionship and emotional connection rather than only financial support. Suggestions such as voluntary engagement, employment opportunities, and even remarriage support for widowed elders were discussed as possible ways to improve quality of life among senior citizens.

"Having a partner to talk to, even to argue with, is better than loneliness."

"We need to go beyond just telephone support and have more interactive programs."

"We should support their small wishes, like wanting an ice cream or seeing the sea."

4.5 Team Leader

The Team Leader explained that her role mainly involves supervising the daily functioning of the Connect Center and supporting the Call Officers. Her responsibilities include managing attendance, monitoring daily routines, evaluating the quality of calls, and providing guidance whenever officers face difficulties during calls. She also gives emotional support to staff members, especially when they experience stress due to heavy call volumes. Daily reports are reviewed to track inbound, outbound, feedback, and After Office Hour (AOH) calls. Pending calls are followed up to ensure proper closure. In addition to supervision, she is responsible for preparing monthly, quarterly, and annual reports for the National Institute for Social Defence (NISD). She also participates in field activities such as awareness classes for senior citizens regarding pensions and Elderline services.

"We evaluate the quality of their calls and provide necessary instructions or clarifications."

"We also provide mental support and conduct team briefings, especially when they handle a high volume of calls and experience stress."

"If there are pending After Office Hour (AOH) or feedback calls, I ensure they are followed up and resolved."

The Team Leader stated that the reports prepared by the office include details such as the number of calls received, types of services provided, feedback data, and selected case studies. Call data is categorized according to district, gender, and age group. Guidance and emotional support cases are particularly selected for reporting purposes. Awareness programmes are organized in coordination with departments such as the Police and Pension Department, and the 14567 helpline number is promoted through these activities.

"We add photos of field work and categorize call data by district, gender, and age."

"Many calls are just for information, but we specifically look for cases involving guidance or emotional support."

The functioning of the Elderline was explained as a system where senior citizens above 60 years call 14567 to access information, guidance, and emotional support services. Call Officers, mainly from Social Work and Psychology backgrounds, handle the calls. If calls are missed due to busy lines, they are logged and followed up later. The office remains operational from 8 AM to 8 PM, including during strikes, hartals, and elections. The Team Leader also explained that earlier there were dedicated Field Response Officers (FROs), but currently field-level matters are coordinated through district Social Justice Department officers.

"If lines are busy, the calls are logged as missed calls (AOH), and we call them back."

"We work from 8 AM to 8 PM and stay operational even during strikes, hartals, or elections."

"A year ago, we had our own Field Response Officers (FRO), but now we coordinate with the district Social Justice Department officers."

The Team Leader described the internal hierarchy of the organization as a collaborative system where most issues are resolved at the Team Leader level, while more serious matters are escalated to the Project Manager. She noted that expert guidance is also provided by a retired Social Justice Department officer. Coordination meetings are conducted regularly to address operational issues, distribute workload, and organize programmes and reports equally among staff members.

"We try to solve issues at the Team Leader level. If we can't, we inform the PM."

"We conduct meetings when complications arise to find solutions."

From her perspective, Elderline has been effective in supporting senior citizens through coordination and follow-up services. She explained that some senior citizens visit the office directly for support, and staff members attempt to assist them without discouraging them. Coordination is maintained with departments such as the Police, Chief Minister's Office, and Kudumbashree for resolving issues. According to her, pension-related inquiries and emotional support calls remain the most common service requests. Some emotional support calls continue for more than an hour. She also observed that most callers are men in the age group of 65–74 years.

"We don't demotivate them; we've had callers come from as far as Ernakulam, and we've personally handled their issues and given them solutions."

"Emotional support is also a major area, sometimes involving calls that last over an hour."

"Most callers are male, and the most common age group is 65 to 74 years."

The Team Leader stated that public feedback regarding Elderline services has generally been positive. According to her, many senior citizens have informed other departments that they received help through Elderline. However, she identified high call volume and financial difficulties as major operational challenges. Continuous call handling causes physical strain for Call Officers, while delayed and partial salaries have affected staff morale.

"No one has given negative feedback about the service."

“High call volume can cause physical strain for the officers.”

“We have only been receiving half-salaries since January. This affects the morale of the staff.”

Regarding future developments, she explained that the office continues functioning under the current structure despite discussions about shifting to a zonal system. She also mentioned that a new portal is being developed to track Maintenance Act complaints, which may further increase the number of calls received by Elderline. The appointment of district-level field officers was viewed as a positive development for improving field-level support services.

“We are maintaining the current structure and attending all calls until we receive a formal notice to discontinue.”

“A portal is being developed to track Maintenance Act complaints.”

“The appointment of district-level field officers (FROs) is a positive step that helps us provide better field-level support.”

4.6 IT & Quality Leader

The IT and Quality Leader explained that her role mainly involves managing the CRM system and monitoring the quality of calls handled by Call Officers. She evaluates whether officers record case details properly, maintain polite communication, and handle elders calmly during conversations. Every month, she listens to and evaluates a large number of calls to prepare quality and performance reports. These evaluations form part of the office’s monthly reporting system.

“I evaluate whether they are speaking calmly and politely.”

“Every month, I evaluate 25 calls per officer.”

“Sometimes I listen to as many as 400 calls a month to calculate performance data.”

The IT and Quality Leader emphasized that Elderline functions as a "Connect Center" rather than a "Call Center." According to her, the focus is not only on answering calls but also on maintaining continued contact with senior citizens through follow-up and feedback calls. Actionable cases, particularly those related to the Maintenance Act or family neglect, are monitored through regular follow-up communication.

"We call this a 'Connect Center,' never a 'Call Center.'"

"We maintain a continuous connection."

"If a senior calls regarding the Maintenance Act or because their children are not looking after them, we make follow-up 'feedback calls.'"

She stated that pension-related concerns form the majority of calls received by the office. Many elders contact Elderline seeking financial assistance or updates regarding pension status. Calls related to neglect by children and requests for old age home admissions are also common. However, she noted that officers usually encourage elders to remain with their families whenever possible and try to resolve conflicts through supportive communication.

"Most calls are related to pensions—checking status or asking for financial help."

"About 25% of calls are from parents whose children are not looking after them."

"We advise them to stay at home if they have children or family to care for them."

The office also provides information and referrals related to legal aid, de-addiction services, and government support schemes. Both inbound and outbound calls are managed through the system. The IT and Quality Leader pointed out that the office once handled more than 1,500 calls in a single day. She also explained that the office maintains updated information regarding RDO offices, government-aided old age homes, and referral systems for other states when language barriers arise.

"We provide numbers for legal aid (KELSA), the Chief Minister's Distress Relief Fund, and de-addiction services."

“In January, we hit a record of over 1,500 calls in a single day.”

“If we get calls in other languages like Tamil or Telugu, we have a system to transfer those calls to the respective state centers.”

Regarding emotional support, she explained that officers first attempt to understand the caller’s background and emotional situation. Many elders contact the service because of loneliness caused by migration, family neglect, or lack of social interaction. According to her, some seniors call simply to hear someone speak to them affectionately. She described strong emotional bonds that develop between callers and officers through repeated conversations.

“Our motto is ‘We are here to listen to you.’”

“Some seniors call just to hear someone call them ‘Amma’ or ‘Acha.’”

“There is a deep bond between officers and callers.”

The IT-related responsibilities include handling technical issues within the CRM system, coordinating with the national-level NISD technical team, and managing local problems such as internet failures or power disruptions. She also supervises officer schedules and controls permissions for breaks and system logouts.

“I handle CRM issues, such as when the system freezes or logs officers out automatically.”

“Since the CRM is managed at the national level by NISD, I have to coordinate technical fixes via email.”

To maintain team quality and morale, regular quality meetings and self-evaluation sessions are conducted. Officers are encouraged to listen to their own calls and assess their communication style. Small office functions are organized to maintain team spirit and reduce stress among staff members.

“We hold quality meetings twice a month to discuss positives and negatives.”

“We are like a family because we spend more time with each other than with our own families.”

“We also do ‘Call Calibration,’ where officers listen to their own calls to self-evaluate.”

The IT and Quality Leader acknowledged that the work can be emotionally stressful because officers frequently handle abusive or emotionally intense calls. Such calls are categorized separately within the system. She also described the demanding nature of the work schedule, noting that the office operates throughout the year, including Sundays.

“The calls can be very stressful because some people speak very poorly or are verbally abusive.”

“I categorize non-actionable calls as prank, nuisance, or abuse.”

“I didn't initially realize this was a 365-day job including Sundays.”

She stated that specialized training provided by NISD and Nirvithi helped staff improve their communication and crisis-handling skills. The training focused on empathy, body language, and appropriate responses during difficult conversations with senior citizens.

“We learned about empathy, body language, and how to handle crucial situations with seniors.”

From her perspective, Elderline functions as an important support system for senior citizens in Kerala. She highlighted that the service helps elders avoid unnecessary travel and provides easy access to information regarding pensions and government services through phone support.

“It is an asset for Kerala.”

“The elders feel they have someone to support them.”

“They can check pension details by calling us instead of traveling to an Akshaya center.”

The IT and Quality Leader identified the proposed shift to a zonal system as a major concern. According to her, shifting services outside the state could weaken the local connection and create language-related difficulties for elders. She also pointed to funding problems, heavy workload, and technical issues as ongoing operational challenges.

"If it moves to a Southern Zone in Hyderabad, we expect call volumes to drop."

"It would be very difficult for seniors to navigate an 'IVR' system."

"Other challenges include the heavy workload, server distractions, and the current funding issues where staff are only receiving half-salaries."

As suggestions for improvement, she mentioned the need for better office facilities and shorter working hours. Despite the difficulties, she stated that the staff remain committed to the work and find satisfaction in supporting senior citizens.

"It would also be good if the shifts ended at 6 PM instead of 8 PM."

"Overall, despite the challenges, everyone here is happy with the work."

4.7 Field Response Leader

The Field Response Leader explained that Elderline has become an important support system for elderly persons in Kerala, especially in matters related to abuse, emotional support, pensions, and guidance regarding government services. According to him, many elderly persons previously did not know whom to approach for help regarding pensions, Aadhaar-related issues, or old age homes. He stated that Elderline has been able to fill this gap by providing guidance and follow-up support. He also mentioned projects such as Vayoraksha, which provides emergency medical assistance and medicine-related support for vulnerable elderly persons.

"Mainly abuse, because in Kerala the most reported cases are abuse."

"They didn't have an idea who to ask before. We are going very successfully in that."

“We do the maximum we can with limited power.”

The respondent pointed out that one of the major unmet needs expressed by callers is emergency support during night hours, especially after 8 PM. While Elderline currently provides services related to rescue, emotional support, pensions, and information, he stated that the organisation does not possess the legal authority of a commission to directly enforce action. According to him, many elderly persons initially misunderstood Elderline as an authority that could issue direct orders to government departments. Despite these limitations, he explained that the team still tries to coordinate with departments and guide elderly persons until their issues are resolved.

“The main thing they say in feedback is help to be taken to the hospital or emergency help at night.”

“After 8:00 PM, what to do if problems occur?”

“When it started, people called thinking it was a ‘Vayojana Commission’ with the authority to order revenue officers.”

The respondent shared that many intervention cases involve helping elderly persons understand government procedures that they are unable to navigate on their own. He described a case where an elderly man repeatedly visited the Grama Panchayat office regarding his pension issue without understanding the requirements. The respondent directly contacted the Panchayat Secretary, clarified the required documents, and explained the process step by step to the elderly person, which eventually helped him receive the pension benefit.

“I called the Panchayat Secretary, found out exactly what was needed, and told the man.”

“I explained how to take the document and where to submit it.”

“He got it.”

The respondent observed that loneliness among elderly persons has increased over time. According to him, many elderly persons now call simply to speak with someone because

they feel isolated within their homes and communities. He explained that this shift became more visible after Elderline services expanded and gained publicity. Some callers contact the service regularly for conversation, singing songs, or emotional sharing rather than for formal complaints or services.

"People are starting to call more for loneliness."

"People are being isolated."

"One mother from Kottayam calls every day and speaks. Another mother sings songs."

The respondent explained that feedback from the public and stakeholder departments has generally been positive. According to him, Panchayat members, ICDS supervisors, and Police personnel regularly coordinate with Elderline regarding elderly-related issues. He stated that the organisation follows strict quality parameters even while attending calls, and many callers are surprised by the respectful communication style used by the staff. He also mentioned that the centre continuously monitors quality through evaluations and internal process tests.

"Most everyone is satisfied."

"Panchayat members and ICDS supervisors call for cases."

"In some offices, before hanging up, they are heard asking, 'Is this a government office itself?' because of the way we speak."

The respondent described the Process Knowledge Test (PKT) conducted every month to maintain staff quality and process accuracy. These tests include questions related to government schemes, CRM procedures, and case management processes. After evaluation, mistakes and misunderstandings are discussed among the staff to improve service quality and clarify procedures.

"It's a test related to processes like schemes or CRM matters."

"We discuss where mistakes are happening and why."

“We also have classes about new projects.”

The respondent explained that field intervention decisions are based on the seriousness of the case, particularly in abuse, abandonment, and rescue situations. Priority is given to cases where immediate intervention is necessary. He described one field case involving an elderly man with hearing difficulties who complained that his daughter-in-law was not providing food and that he was living separately. However, after field investigation and verification through CCTV footage and local enquiry, it was found that the situation was more complex and involved behavioural and possible mental health concerns. The respondent stressed the importance of verification before concluding whether a complaint is genuine.

“For some questions, the answers mismatch too much, so we feel there is an issue or it's a lie.”

“We understood from CCTV—audio CCTV—that he was a nuisance, drinking at that age.”

“We need a doctor or a Ward Member to say it's a mental issue, not just what we feel.”

The respondent explained that rescue and emergency cases often require immediate medical intervention. In such situations, Elderline uses schemes like Vayoraksha to provide emergency medical aid and temporary financial support. He stated that funding support is available through district-level mechanisms headed by the District Collector, though field staff may initially spend from their own pocket during emergencies before reimbursement procedures are completed.

“Abuse and rescue cases are priority.”

“A person in a rescue case must be given immediate medical aid.”

“If I go for a rescue case and go to the hospital, the expenses might have to be paid from my hand.”

The respondent described several practical challenges faced during field intervention work. Since many cases arise suddenly, Ward Members or Police personnel may not always be

immediately available for support. Travelling alone for field visits can also create safety concerns. He further explained that logistical issues, including arranging ambulances or obtaining approvals for equipment and office needs, often involve delays because of administrative procedures and dependence on government approval systems.

"Sometimes the Ward Member or police aren't available at that time."

"If something happens when going alone, we have to depend on the Police or Ward Member."

"Changing a chair takes some time."

The respondent also discussed challenges related to staff wellbeing and working conditions. Continuous sitting during long shifts causes physical strain, and staff members can only take breaks after formally updating the system. Connectivity and software issues occasionally delay work, though most technical problems are eventually resolved through reporting mechanisms.

"Sitting continuously leads to health problems."

"They can only go for a break after putting a break in the system."

"The issue of connectivity comes in between, which causes delays."

At the policy level, the respondent strongly emphasized the need to strengthen the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. According to him, delays in hearings and implementation remain one of the major reasons elderly persons contact Elderline. He pointed out that the legally specified timeline of 90 days is often not followed in practice, and the current maximum maintenance amount of ₹10,000 is insufficient in present conditions. He also stressed the need for stronger commissions, more staff, and improved attention to the mental health of Elderline employees.

"The delay in those cases is why many elderly people call us."

"The maximum maintenance is ₹10,000, which today isn't enough."

"My main suggestion is the Act."

"Improving the mental health of staff will provide good output."

4.8 Narratives of Elderly Callers

4.8.1 E1

E1 is a 61-year-old participant from Thiruvananthapuram. She came to know about Elderline through a newspaper. The participant had registered for the Sallapam project through the Elderline helpline mainly for her father, as he liked talking and interacting with others. She explained that the registration was not for herself, but for her father who needed companionship and regular conversation.

"Father was the one in need."

"Father likes to talk here… to keep talking like this."

The participant stated that she did not clearly remember contacting the helpline herself and was also unsure about the number of times interactions had taken place. However, she recalled that calls had been received through the service after registration.

"They called only once… once or twice."

While speaking about the behaviour of the staff during the registration process, E1 shared a positive opinion. According to her, the staff interacted respectfully and communicated well. She also felt that the persons who later spoke with her father through the Sallapam project interacted in a caring manner.

"At that time, they spoke very well."

E1 pointed out that the major limitation of the Sallapam service was the lack of continuity in follow-up calls. She felt that irregular calls reduced the usefulness of the service for elderly persons who required emotional support and companionship.

“They are making some random calls. So, because of that, there isn’t much use.”

The participant suggested that elderly persons would benefit more if there was regular one-to-one interaction with the same person. She emphasized the importance of continuity and consistent communication in such services.

“If they are providing company, there should be a regular person, a one-to-one contact.”

“They should call at least once a week. Only then will they get a sense of continuity.”

4.8.2 E2

E2 is a 74-year-old participant from Thiruvananthapuram. He came to know about Elderline through newspaper reports and media discussions related to welfare measures for senior citizens. He was also aware of the Elderline office at Poojappura and later visited the office directly to understand the services available for elderly persons.

“I came to know through newspaper news.”

“When going through the Poojappura side, I have seen its office.”

The participant stated that he first approached the Elderline office directly and later registered through the helpline number as instructed by the staff. He contacted the helpline two or three times, while most of his interactions happened through direct visits to the office.

“When I went, they told me to register with this number.”

“I've called two times, three times. Only two or three times.”

E2 explained that he approached the service mainly due to financial difficulties and lack of support in old age. He had previously worked in business-related activities connected with banks, but lost his work after the merger of SBT with SBI in 2017. He stated that he

currently has no regular income other than welfare pension and occasional support from his sisters.

"I don't have any other income."

"The 2000 rupees welfare pension is being received now. This is my income."

The participant described his family situation in detail. He stated that he had spent his savings for the education and welfare of his children and later found himself living alone without adequate financial support from them. He explained that he had approached Elderline and related government mechanisms as a last resort.

"I spent all my savings for the family."

"It was for a livelihood like this that I had to approach the government like this with the children."

E2 shared that after approaching the Elderline office, he was guided to submit an application before the RDO office under the maintenance provisions for parents and senior citizens. He explained that discussions were held with his son and daughter through an Adalat process, after which maintenance support was arranged for some time.

"They called me and they called my son. Then they called the daughter too."

"They themselves said, 'We will give 5000 rupees each month.'"

According to the participant, the support continued only for about one year and later stopped due to various reasons explained by the children, including financial commitments and unemployment. He stated that he again approached the authorities regarding the issue.

"Now they are not giving anything."

"Last week, again I gave a complaint."

The participant also spoke about the emotional pain connected with seeking legal support against his own children. Even though he was facing financial hardship, he stated that he did not wish to force them through court or police intervention.

"If they give with their heart, let them give."

"I have no intention of making the children come to the police station or making them go to court."

E2 explained the difficulties of managing daily expenses, healthcare costs, medicines, and travel with limited income. He mentioned that most of his expenses were related to medical needs.

"For a month, somehow a 7000-8000 rupees expense will come for me."

"Most of it is to the hospital."

While speaking about the functioning of Elderline, the participant expressed satisfaction with the behaviour of the staff and the support received from the office. He stated that the staff members communicated properly and followed up regarding his case during the initial period.

"When they called from the office, they spoke well."

"What happened after going like this? What happened? Have you started? — they asked."

At the same time, E2 mentioned that no follow-up calls had been received for the past one year.

"For a year, no one has called."

The participant also shared that he had once received calls in Hindi and English from outside Kerala, which made communication difficult for him due to language barriers.

"One person called in Hindi."

"They didn't ask me for more details because of not being able to talk, not knowing Malayalam."

Despite the difficulties faced, E2 viewed Elderline as an important support mechanism for elderly persons facing neglect and financial insecurity. He considered the existence of such a department itself as a major benefit for senior citizens.

"That such a department exists… this is a big benefit for people like me."

4.8.3 E3

E3 is a 70-year-old participant from Palakkad who came to know about Elderline through a newspaper. The participant mainly used the service for pension-related enquiries, medicine-related matters, and clarifications regarding mustering procedures.

"I got it from the paper."

"I call sometimes, always for the matter of pension, for buying medicine and all, I call for that."

The participant stated that the initial purpose of contacting Elderline was mainly to enquire about pension-related matters and not for any other form of support or counselling.

"To ask them... when the pension will be credited... I called to ask things like that. Nothing else."

E3 expressed satisfaction regarding the behaviour of the staff and repeatedly described the interactions as respectful and gentle. According to the participant, the staff communicated patiently and did not behave harshly during calls.

"Very nice."

"They give us a lot of gentleness and respect."

"They don't behave rashly with us."

The participant explained that the staff would verify pension-related information after checking details such as the Aadhaar number and would inform whether the pension had been credited or not.

"After giving the Aadhaar number, they will say the pension has been credited."

"If it hasn't been credited, then they'll say it hasn't been credited, and to call after two days."

E3 stated that there were no major difficulties while contacting the service and that calls were attended properly whenever assistance was needed.

"No, there never were."

At the same time, the participant mentioned that the staff members did not reveal their names during interactions, stating that it was part of their rules.

"Once I just asked a girl her name."

"The girl said, 'Mother, I'm not supposed to say my name.'"

While speaking about improvements needed in the service, E3 pointed out delays in obtaining accurate pension-related information. According to the participant, the delay mainly happened because the staff themselves had to wait for updated information from the system.

"They aren't able to know things quickly."

"Sometimes there will be trouble with their site, that's all."

Even while mentioning these limitations, the participant continued to express a positive opinion regarding the conduct and communication of the staff members.

"Whoever takes it, they correctly pick up the phone, speak to us, do everything."

"They don't speak in a rash way at all."

The participant also shared that contacting Elderline was easier than travelling directly to the Panchayat office for enquiries.

"Going to the Panchayat is a bit far for us."

"So, asking them is better than that."

4.8.4 E4

E4 is a 66-year-old participant from Thrissur who came to know about Elderline through a YouTube programme related to pension matters and senior citizen services. After hearing about the helpline and the information support available through it, the participant noted down the number and later contacted the service.

"I saw about the Elderline and the man said they would inform me about matters."

"That is why I wrote it down."

The participant stated that the main reason for contacting Elderline was to enquire about pension-related matters. The participant had been using the service for the past two to three years mainly to obtain updates regarding pension disbursement.

"So, when I wrote down the number, I called and asked about things."

"It's been two or three years."

E4 explained that the responses received from the service were mainly related to expected dates of pension disbursement. According to the participant, the staff could only provide limited information based on the available updates.

"They only say the date hasn't been decided."

"They said it will be received after the 25th."

The participant stated that pension payments had not been completely interrupted, but there were occasional delays in receiving them.

"I got the May one, waiting for the June one."

While discussing interactions with the service, E4 expressed satisfaction with the behaviour of the staff and stated that the calls were handled politely.

"They spoke very well."

"No problem."

The participant did not report any major difficulties while contacting the helpline, apart from occasional phone connectivity issues.

"Phone complaints come in between. Nothing else."

E4 viewed Elderline as a useful service for elderly persons seeking information and clarification regarding pensions and other related matters. However, the participant also understood the limitations of the service and acknowledged that the staff could only provide updates based on available information.

"Sometimes it's received on the 25th, sometimes on the 26th."

"They can't do more than that."

4.8.5 E5

E5 is an 84-year-old female participant from Alappuzha who has been bedridden and dependent on assistance for several years following multiple falls and severe health difficulties. The participant explained that mobility is limited to the use of a walker, wheelchair, bed, and chair, and that travelling outside the home is extremely difficult.

"Only with this much have I survived for 26 years."

“Can't see the outside world, can't see the field.”

The participant came to know about Elderline through the newspaper and had been contacting the service for the past four to five years. Initially, the participant contacted the helpline after seeing information in the newspaper regarding support for elderly persons and persons with illness.

“It was there in the Manorama paper, everything along with the number.”

“I've been calling them for four or five years.”

E5 explained that over time the helpline became more of a source of emotional support and companionship than a service for material assistance. The participant stated that conversations with the call officers helped reduce loneliness and brought emotional comfort.

“When interacting with these people for that much time, there is that much peace, right?”

“Rather than sitting alone.”

The participant described the call officers affectionately and stated that conversations usually involved casual and caring discussions about food, health, and daily life.

“Good children.”

“‘Mother, did you eat?’... ‘What Mother? Where Mother?’”

“Sometimes I will sing songs, and will make them hear songs.”

E5 shared that there were serious financial and health-related difficulties within the household. The participant lives with an unmarried son who has no stable employment, while the daughter lives separately in Tamil Nadu and is also facing financial struggles. The participant stated that pension money is mainly used for medicines and daily survival.

“Need 860 rupees for medicine.”

“We are counting days, waiting for the pension.”

The participant also described poor housing conditions and insecurity regarding the future. According to E5, the house is old and damaged, and there is constant fear during heavy wind and rain.

"It's a house about to fall down."

"Lying in fear."

E5 explained that even though some assistance and guidance had been suggested earlier through different offices and helpline contacts, there was very little practical support received due to financial limitations, missing records after the flood, and difficulties in travelling.

"There is no financial help for us."

"What can they do for me, right?"

At the same time, the participant repeatedly expressed appreciation for the behaviour of the Elderline staff and stated that calls were always attended properly without difficulty.

"Nothing has happened. They will take it immediately."

While speaking about the functioning of Elderline, E5 felt that the service mainly provided emotional comfort rather than direct material assistance. The participant also recognised the limitations faced by the workers themselves.

"Those who have come for work, they get it. They also have to live."

"What can they do for me, right?"

4.8.6 E6

E6 is a pensioned teacher from Kollam who came to know about Elderline through Manorama Weekly and newspapers. The participant contacted the service after learning

about the Sallapam project and understood it as a space where elderly persons could speak and share their concerns during free time.

"Saw it in Weekly first."

"When I heard 'Sallapam', I thought there would be people to talk about our matters when we have free time."

The participant stated that interactions through the Sallapam project were mainly with MSW students and described the conversations as positive and respectful.

"Both times they were MSW students."

"They spoke in a good manner."

E6 explained that the office staff mainly handled the registration process and connected elderly persons with the students involved in the project.

"They just introduce others."

While discussing improvements needed in the service, the participant raised concerns related to healthcare access and the limitations faced by elderly persons in using medical insurance schemes such as Medisep. According to the participant, emergency medical care was available only at a nearby private hospital that did not accept Medisep coverage.

"If we have an emergency, a hospital we can go to quickly is the Holy Cross Hospital."

"But they don't take Medisep there."

The participant explained that due to this limitation, a large amount of money had to be paid directly for treatment.

"I paid 1.25 lakh rupees there as cash."

E6 also stated that although such problems affect elderly persons significantly, there was a feeling that these matters could not really be addressed through Elderline because they were outside the department's direct scope.

"I felt there's no point in saying them there."

At the same time, the participant felt that it would be helpful if services like Elderline could provide some form of support or remedy regarding such practical difficulties faced by elderly persons.

"If Holy Cross Hospital had taken Medisep, it would have been a benefit for us."

CHAPTER 5: DATA ANALYSIS AND DISCUSSION

5.1 Introduction

This chapter presents the thematic analysis and discussion of the findings of the study titled, *"Functioning and Operational Challenges of Elderline in Kerala."* The analysis was carried out using the data collected from Call Officers, Team Leader, Field Response Leader, IT and Quality Leader, Project Manager, and elderly callers. The data were coded and organised into themes and subthemes based on the research questions of the study. The chapter discusses the functioning of Elderline, experiences and perceptions regarding the service, challenges faced, and measures suggested for improving the effectiveness of Elderline services in Kerala. Relevant verbatims from the participants are included to support the findings.

5.2.1 Theme 1: Services and Support Mechanisms Provided Through Elderline

Subtheme 1: Information and Guidance

One of the major services provided through Elderline is information and guidance. The study found that a large number of calls received by Elderline are related to welfare pensions, old age homes, maintenance rights, government schemes, and legal procedures. Elderly callers approach the helpline seeking clarification regarding pension delays, eligibility criteria, maintenance issues, and available support systems. Call Officers explained that many elderly persons are unaware of government procedures and therefore depend on Elderline for guidance.

Participants explained that the helpline acts as a connecting point between elderly persons and different departments by providing information, explaining procedures, and directing them to the concerned offices.

"Mostly pension inquiries come. They ask about welfare pensions, delays, eligibility, and how to apply. Sometimes they don't know where to go or whom to approach, so we guide them." – CO6

"Many elders are not aware that such issues fall under the Maintenance Act. We provide the information, explain the procedures and give the required contact numbers." – CO3

"Mostly we get requests for information and guidance. Sometimes information regarding old age homes, pension, or Aadhaar also comes." – CO1

"We only provide information and contact numbers. If they ask about old age homes, pensions, or complaints, we explain the process and direct them to the concerned office." – CO3

Subtheme 2: Emotional Support Through Listening and Conversation

The study found that emotional support forms an important part of Elderline services. Many elderly callers contact the helpline because of loneliness, neglect, emotional distress, or lack of companionship. Participants explained that several elderly persons call simply because they want someone to listen to them patiently.

Call Officers stated that many elderly callers repeatedly contact the helpline to share their worries, frustrations, and daily experiences. Listening patiently and giving emotional reassurance became an important part of their work.

"For emotional support, we refer them to 'Sallapam'. Some elders call only because they want someone to talk to. They may not even have a specific complaint." – CO1

"Elders are usually happy when someone listens to them patiently. We call it emotional ventilation. Many of them repeatedly call because they feel lonely at home." – CO2

"They call just to reduce loneliness. Some of them don't have anybody to speak with at home, so they continue talking for a long time." – CO4

"Children aren't looking after them. Many elders call because they feel emotionally neglected." – CO6

"We even get calls from people who are considering suicide. In such situations we try to calm them and listen carefully." – CO2

Subtheme 3: CRM Documentation

The findings show that Elderline functions through a structured CRM-based documentation system. Call details, case history, ticket generation, notes, and feedback records are maintained digitally. Participants explained that documentation is important for continuity of services, especially because many callers contact the helpline repeatedly.

Actionable calls are entered into the CRM system and tickets are generated for further processing. Call Officers also maintain personal notes or Excel sheets for easier reference and follow-up.

"For actionable calls, we release a ticket. The ticket will go through the CRM system and we also write notes because the history of the caller is important." – CO1

"Calls are handled in the Web Console system. If there is an issue, we document it in the CRM and update the details there itself." – CO1

"Some write in books; some keep Excel sheets separately for reference because there are many repeat callers." – CO6

"We only attended calls and marked them as non-actionable. If it becomes actionable, everything is entered into the system." – CO3. Referring to their first few weeks at the job.

"When we do feedback, sometimes the system doesn't show the call properly." – CO9

Subtheme 4: After Office Hour (AOH) Calls

The study found that Elderline also manages After Office Hour (AOH) calls. Calls received outside regular working hours are recorded and later attended by the Call Officers.

Participants explained that handling AOH calls forms a major part of the workload and requires systematic call-back procedures. This becomes particularly true when some advertisements about the Elderline services have been recently published.

The findings show that large numbers of missed and unattended calls are managed through the CRM system.

"After Office Hours, we check how many such calls came and then call them back." – CO1

"We've called and finished about 30,000 AOH in one month. The workload became very heavy because of that." – CO6

"If calls come after office time, they become AOH calls and we attend them later." – CO4

"There are many missed calls and AOH calls every day, so a lot of time goes into attending them." – CO2

Subtheme 5: Feedback Calls

Another service identified in the study was the practice of feedback calls. Participants explained that Elderline contacts callers again to understand whether the issue has been resolved and whether any further support is required. Feedback calls also help in monitoring the status of actionable cases.

However, participants also mentioned that technical problems and workload sometimes affect the feedback process.

"After the ticket process, we do feedback and check whether the issue was resolved or not." – CO1

"Many people call repeatedly, sometimes 10 to 20 times in a month. So, we have to keep checking the previous records and continue the feedback process." – CO2

"When we do feedback, sometimes the system doesn't show the call properly. That affects the work." – CO9

"Feedback calls are important because we need to know whether the elderly person received help." – TL

Subtheme 6: Field-Level Interventions

The study found that field-level interventions within Elderline are currently limited. Participants explained that earlier there were Field Response Officers who handled direct interventions and field visits. However, after the removal of Field Response Officers due to funding issues, direct outreach activities reduced significantly.

At present, the Field Response Leader mainly handles cases within Thiruvananthapuram and coordinates with stakeholders whenever possible. Participants repeatedly stated that the lack of field staff affects direct intervention, verification, emergency response, and outreach activities.

"Field officers were removed. Earlier there was field support, but later because of funding issues it stopped." – CO8

"We cannot verify them in person. We only hear what they say through the phone." – CO3

"We cannot physically go with them even if the issue is serious." – CO2

"Field is essential. Otherwise, many issues remain only as phone calls." – CO6

"Now it is mainly coordination with stakeholders whenever possible. Direct field outreach is very limited." – FRL

5.2.2 Theme 2: Perceptions and Experiences Regarding the Functioning of Elderline

Subtheme 1: Call Officers' Perception of Elderline as a Support System for Elderly Persons

The study found that Call Officers generally perceived Elderline as an important support system for elderly persons, especially for those experiencing loneliness, neglect, emotional distress, and difficulty accessing services. Many Call Officers felt that the helpline provided relief to elderly callers simply by listening to them patiently and speaking respectfully. Participants explained that many elderly persons repeatedly contacted the helpline because they trusted the service and felt emotionally supported through the conversations.

Several Call Officers stated that the work helped them understand the realities faced by elderly persons in society, including emotional neglect within families, financial difficulties, and isolation.

"It was very beneficial. Interacting with the public is not like talking to friends. Through this work we understood many problems faced by elderly people." – CO2

"For emotional support, we give 'Sallapam' itself. Some elders call only because they want someone to talk to. They may not even have a specific complaint." – CO1

"Some elders become very happy simply because someone listened to them properly. That itself gives them relief." – CO4

"Children aren't looking after them. Many elders call because they feel emotionally neglected." – CO6

"Many of them repeatedly call because they feel lonely at home." – CO2

Subtheme 2: Call Officers' Experiences of Emotional and Work-Related Strain

The findings revealed that the experiences of Call Officers were also marked by emotional strain, continuous workload, and pressure related to handling distress calls. Participants

explained that calls often continue for long durations, especially when elderly callers share emotional problems or family issues. Continuous incoming calls, limited breaks, and emotionally difficult conversations affected both mental and physical wellbeing.

Some Call Officers described the work as emotionally exhausting because they had to remain calm and patient even during distressing or emotionally intense conversations.

"It's very challenging because we finish one call and immediately the next one comes. Sometimes the caller will continue talking for a very long time." – CO5

"Calls come continuously and affect our ears. One person may need us to listen for almost one hour." – CO9

"We wrap up one call and the next one comes immediately. Some calls are emotionally difficult." – CO10

"We even get calls from people who are considering suicide. In such situations we try to calm them and listen carefully." – CO2

"There are many missed calls and AOH calls every day, so a lot of time goes into attending them." – CO2

Subtheme 3: Experiences of Learning and Skill Development Among Call Officers

The study found that many Call Officers viewed Elderline as a space where they developed communication skills, listening ability, patience, and experience in dealing with different types of people. Participants explained that training and practical exposure helped them improve their interaction skills and understanding of elderly issues.

Learning happened both through formal training and through observation of senior staff members.

"First, it was about active listening. How should we listen to a call without any intention and how should we respond properly." – CO1

"How to establish rapport, active listening, and communication skills were taught during training." – CO5

"The senior officers here taught us things first. Later we also had NISD training." – CO8

"We have sessions with the IT Leader every two weeks about how to speak and improve communication." – CO7

"Through this work we understood many problems faced by elderly people." – CO2

Subtheme 4: Perception of the Service Among Coordinators

The study found that the Team Leader, Project Manager, IT and Quality Leader, and Field Response Leader viewed Elderline as a necessary and socially important service for elderly persons. Participants explained that the service plays an important role in listening to elderly persons, providing guidance, and responding to distress situations through coordination and telephonic support.

At the same time, supervisory staff also recognised the limitations within the present system, especially after the reduction of field-level services. Coordination with departments and stakeholders was viewed as an important part of the functioning of Elderline.

"Feedback calls are important because we need to know whether the elderly person received any help." – TL

"Now it is mainly coordination with stakeholders whenever possible. Direct field outreach is very limited." – FRL

"We have sessions with the staff regularly about communication and interaction." – IT & QL

"The service is important because many elderly persons do not have anyone else to approach." – PM

Subtheme 5: Elderly Callers' Experience of Being Heard and Supported

The findings show that many elderly callers experienced Elderline as a space where they could express their feelings and problems openly. Elderly participants explained that respectful communication and patient listening gave them emotional relief. Some elderly callers stated that they contacted the helpline repeatedly because they felt comforted when someone listened to them carefully.

The study also found that elderly callers valued the respectful tone used by the Call Officers during conversations.

"At that time, they spoke very well." – E1

"It is good. They give us a lot of gentleness and respect." – E3

"They behaved decently" E4

"Good… good children. Good children. Ah, it's enough to hear the call "Mother". – E5

Subtheme 6: Mixed Experiences Regarding the Effectiveness of Elderline

The study found that participants had mixed experiences regarding the effectiveness of Elderline services. While many appreciated the emotional support and guidance provided through the helpline, some participants felt that the absence of direct intervention reduced the effectiveness of the service in serious situations.

Call Officers and coordinators explained that there are limitations in what can be done through telephone support alone.

"We cannot physically go with them even if the issue is serious." – CO2

"Field is essential. Otherwise, many issues remain only as phone calls." – CO6

"We only hear what they say through the phone." – CO3

"Earlier there was field support, but later because of funding issues it stopped." – CO8

"Direct field outreach is very limited now." – FRL

5.3.3 Theme 3: Challenges Encountered in the Delivery of Elderline Services

Subtheme 1: System-Related Challenges

The study found that technical problems were one of the major operational challenges affecting the functioning of Elderline. Participants explained that the service is highly dependent on the CRM system. System lag, call display errors, reserved status issues, and software-related problems affected the smooth handling of calls and feedback processes.

Call Officers stated that technical issues interrupted workflow, delayed documentation, and created additional stress during busy working hours. Participants also explained that feedback calls and case records were sometimes difficult to retrieve because of system-related errors.

"The system hangs sometimes. Calls are handled in the Web Console, so if the system slows down it affects the work. Sometimes while attending calls itself the system becomes slow." – CO1

"When it becomes 'Reserved,' we can't open it unless we logout and login again. Until then we cannot attend the calls properly." – CO4

"When we do feedback, sometimes the system doesn't show the call properly. Then we have to search manually and it affects the work." – CO9

"Everything depends on the system. If there is a technical issue, the work also gets delayed." – IT & QL

Subtheme 2: Challenges Faced by Staff During Service Delivery

The findings revealed that Call Officers experienced heavy workload, emotional strain, and physical exhaustion while handling continuous calls. This is particularly true when there is a sudden spike in calls due to advertisements or misinforming videos. Participants explained that emotionally intense conversations, long call durations, repeated callers, and large numbers of AOH calls created pressure on the staff.

Several participants stated that there was very little time between calls and that maintaining patience throughout emotionally difficult conversations was challenging. Staff members also explained that listening continuously for long hours affected their mental and physical wellbeing.

"It's very challenging because we finish one call and immediately the next one comes. Sometimes the caller will continue talking for a very long time." – CO5

"Calls come continuously and affect our ears. One person may need us to listen for almost one hour." – CO9

"We wrap up one call and the next one comes immediately. Some calls are emotionally difficult." – CO10

"We've called and finished about 30,000 AOH in one month. The workload becomes very heavy because of that." – CO6

"We even get calls from people who are considering suicide. In such situations we try to calm them and listen carefully." – CO2

Subtheme 3: Lack of Field-Level Intervention and Outreach

One of the major challenges identified in the study was the absence of adequate field-level intervention and outreach activities. Participants repeatedly explained that earlier there

were Field Response Officers who conducted direct interventions, home visits, and emergency support activities. However, after the removal of Field Response Officers, the service became mostly telephonic in nature.

The findings show that at present the Field Response Leader mainly handles coordination-related activities within Thiruvananthapuram, while direct field outreach in other districts remains very limited. Participants strongly felt that the absence of field staff reduced the effectiveness of the service in serious situations.

"Field officers were removed. Earlier there was field support, but later because of funding issues it stopped." – CO8

"We cannot physically go with them even if the issue is serious." – CO2

"We cannot verify them in person. We only hear what they say through the phone." – CO3

"Field is essential. Otherwise, many issues remain only as phone calls." – CO6

"Now it is mainly coordination with stakeholders whenever possible. Direct field outreach is very limited." – FRL

Subtheme 4: Lack of Authority in Ensuring Action

The study found that Elderline has limited authority in ensuring action from departments and institutions. Participants explained that the service mainly functions through coordination, guidance, and communication, but does not have the authority to enforce action or speed up procedures.

This limitation affected the resolution of issues related to pensions, maintenance hearings, family disputes, and departmental responses. Staff members explained that even after registering complaints and coordinating with departments, final action depended on external authorities.

"We don't have the right to pressure the RDO or other departments. We can only follow up and remind them." – CO9

"We only provide information and contact numbers. Final action depends on the concerned office." – CO3

"We coordinate with police services and District Social Justice Offices, but direct action is not always in our hands." – CO2

"If the department delays the process, we cannot do much beyond informing and following up." – TL

Subtheme 5: Lack of Public Awareness and Misinformation About Elderline

The findings revealed that lack of public awareness and misunderstanding about the role of Elderline affected the functioning of the service. Participants explained that many elderly persons are still unaware of Elderline and the services it provides. Some callers also misunderstood the role of the helpline and expected direct financial support or immediate physical intervention.

Participants stated that because people did not fully understand the purpose and limitations of Elderline, dissatisfaction sometimes developed when direct intervention was not possible.

"Many elderly people still don't know about Elderline and its services." – CO2

"Why call? They can just search on Google — some people think like that because they don't understand the actual purpose of the service." – CO6

"Some people think we can directly solve every issue immediately, but that is not how the system works." – PM

"People often expect direct intervention from us, but mostly we function through telephonic support and coordination." – FRL

Subtheme 6: Limitation of Services to Telephonic Guidance and Contact Sharing

Another major challenge identified in the study was that Elderline services often remained limited to telephonic guidance, emotional support, and sharing of contact numbers. Participants repeatedly explained that because of the lack of field staff and limited authority, many interventions could not go beyond providing information and coordinating with departments.

Several participants felt that this limitation reduced the effectiveness of the service, especially in emergency or abuse-related situations where elderly persons required direct support.

"We only provide information and contact numbers. If they ask about old age homes, pensions, or complaints, we explain the process and direct them to the concerned office." – CO3

"We cannot physically go with them. We can only coordinate and inform the concerned offices." – CO2

"Field is essential. Otherwise, we can only listen and give information through the phone." – CO6

"Direct field outreach is very limited now. Most of the work happens through phone coordination." – FRL

"Sometimes elderly people expect immediate help, but practically we can mainly provide guidance and contacts." – PM

CHAPTER 6: FINDINGS, SUGGESTIONS AND CONCLUSIONS

6.1 Introduction

This chapter presents the major findings, suggestions, and conclusion of the study titled *"A Study on the Functioning of Elderline in Kerala."* The findings are based on the thematic analysis of data collected from Call Officers, coordinators, and elderly callers associated with Elderline.

The chapter discusses the major themes identified from the study regarding the services provided through Elderline, the experiences and perceptions of participants, and the operational and outreach challenges faced during service delivery. The findings are discussed in relation to the objectives of the study and the experiences shared by the participants.

The chapter also includes suggestions for improving the functioning of Elderline, especially in areas related to field-level intervention, staff support, awareness creation, and service delivery. The final section presents the conclusion of the study based on the overall findings.

6.2 Findings

The findings of the study are presented under the three major themes that emerged during the thematic analysis.

Theme 1: Services and Support Mechanisms Provided Through Elderline

The study found that Elderline provides a range of services including information and guidance, emotional support, CRM-based documentation, After Office Hour (AOH) call management, feedback services, and limited field-level intervention.

Information and guidance formed a major part of the service. Elderly callers frequently contacted the helpline regarding welfare pensions, maintenance rights, old age homes, government schemes, Aadhaar-related issues, and legal procedures. Many elderly persons depended on Elderline because they were unaware of government procedures and available support services.

The findings also showed that emotional support is one of the most important services provided by Elderline. Many elderly callers contacted the helpline because of loneliness, emotional neglect, isolation, and the need for someone to listen to them. Several elderly persons repeatedly contacted the helpline for conversation and emotional reassurance.

The study further found that Elderline functions through a structured CRM-based documentation system where call records, case histories, tickets, and feedback details are maintained digitally. This helped maintain continuity of services, especially for repeat callers, although technical issues occasionally affected documentation and follow-up.

Another finding was that the management of After Office Hour (AOH) calls and feedback calls forms a significant part of the work of Call Officers. Large numbers of missed calls are attended through call-back procedures, particularly following publicity campaigns and increased public awareness. Feedback calls were also found to be an important mechanism for monitoring the progress of actionable cases.

The findings further showed that field-level intervention is currently very limited. Earlier, Field Response Officers conducted home visits, emergency interventions, and direct follow-up. However, after the removal of field staff, Elderline became largely dependent on telephonic support and coordination.

Theme 2: Perceptions and Experiences Regarding the Functioning of Elderline

The study found that Call Officers, coordinators, and elderly callers generally perceived Elderline as an important support system for elderly persons.

Call Officers felt that the service provided emotional relief, guidance, and reassurance to elderly callers. Many participants believed that simply listening patiently helped reduce the emotional distress experienced by elderly persons. The work also helped Call Officers develop communication skills, active listening, patience, and a better understanding of the problems faced by elderly persons.

The study also found that coordinators viewed Elderline as a socially important service that provides information, emotional support, and coordination with different departments. At the same time, they recognised the limitations created by the reduction in field-level services.

Elderly callers reported positive experiences with the service. They appreciated the respectful behaviour of Call Officers, the opportunity to express their problems freely, and the emotional relief they experienced through conversations.

However, the findings also showed mixed views regarding the effectiveness of Elderline. While participants appreciated the information, guidance, and emotional support provided through the helpline, many felt that the absence of direct field intervention reduced the effectiveness of the service in serious situations.

The study further found that Call Officers experienced emotional strain, heavy workload, and physical exhaustion while handling continuous calls, emotionally difficult conversations, repeated callers, suicide-related calls, and large numbers of AOH calls.

Theme 3: Challenges Encountered in the Delivery of Elderline Services

The study identified several operational and service-related challenges affecting the functioning of Elderline.

Technical issues in the CRM system were found to affect documentation, ticket management, and feedback processes. System lag, call display errors, reserved status issues, and software-related problems interrupted the smooth delivery of services.

Heavy workload and emotional strain among Call Officers emerged as another major challenge. Long-duration calls, continuous incoming calls, emotionally distressing conversations, and sudden increases in call volume following advertisements or misinformation created significant pressure on staff members.

The findings also showed that the absence of adequate field-level intervention reduced the effectiveness of Elderline in cases requiring home visits, verification, emergency response, or direct support. Participants repeatedly stated that many interventions remained limited to telephonic guidance because of the lack of field staff.

Another important finding was that Elderline has limited authority in ensuring action from government departments and other institutions. Although the service coordinates with different departments, final action depends on the concerned authorities, resulting in delays in resolving certain cases.

The study further found that lack of public awareness and misunderstanding regarding the role of Elderline affected the functioning of the service. Some elderly persons were unaware of the helpline, while others expected direct financial assistance or immediate physical intervention, leading to unrealistic expectations.

Overall, the findings show that Elderline performs an important role in providing emotional support, information, guidance, and coordination services to elderly persons in Kerala. At the same time, the study identified challenges related to technical systems, staffing, workload, field-level intervention, administrative authority, and public awareness that influence the overall functioning and effectiveness of the service.

6.3 Discussion

The findings of the study show that Elderline has gradually become more than a helpline service. For many elderly persons, it functions as a space for emotional expression, reassurance, and social connection. The repeated calls made by several elderly persons indicate that emotional isolation among the elderly is becoming an important social

concern in Kerala. In this context, Elderline functions not only as a welfare support service but also as a psychosocial support mechanism. Similar findings were reported by Moore et al. (2015), who found that loneliness, bereavement, disability, and social isolation were among the major reasons older adults contacted The Silver Line in the United Kingdom. Likewise, Mishra (2023) identified loneliness and social isolation as major concerns among elderly persons contacting Elderline in India.

Similar approaches can be seen in the *The Silver Line* in the United Kingdom, where elderly persons are connected to regular volunteers through long-term companionship programmes such as the "Silver Line Friends" scheme. Such models reduce loneliness by creating regular social interaction and emotional support systems for elderly persons.

In the Kerala context, the Department of Social Justice has already introduced the "Sallapam" project to improve the mental wellbeing of elderly persons and reduce loneliness through telephonic interaction. However, the study indicates certain practical limitations within the present system. If an elderly person registers through the Elderline office, the assigned volunteer or student generally contacts the elderly person only once. If the elderly person wishes to continue the interaction, they must register again, and the next call may be handled by a different volunteer. This affects continuity in the service and reduces the possibility of rapport building. Elderly persons may also have to repeatedly explain their personal situations, emotional concerns, and background details to different callers.

The findings suggest that companionship-based services may become more effective if continuity and follow-up are strengthened. Maintaining updated records, assigning elderly persons to the same volunteer whenever possible, and ensuring proper documentation of conversations may help reduce repetition and improve trust within the service. At the same time, volunteers and students involved in such programmes would require proper orientation and training regarding communication skills, confidentiality, emotional support, and elderly care practices. However, implementing such systems on a larger scale would require additional monitoring mechanisms, technical support, supervision, and sustainable funding. Moore et al. (2015) also highlighted the importance of trained

volunteers and regular evaluation in strengthening companionship-based telephone services for older adults.

The study also shows that telephonic support alone may not always be sufficient in serious situations involving abuse, neglect, abandonment, mental distress, or emergency care needs. The removal of Field Response Officers significantly reduced the outreach capacity of the service. While telephonic guidance is useful for information sharing and emotional support, elderly care often requires direct intervention, verification, and field-level coordination. Similar observations were made by Murthy et al. (2021), who reported that the Bengaluru Elders Helpline combined telephonic services with rescue, rehabilitation, legal aid, outreach activities, and crisis intervention to respond more effectively to elderly needs.

At the same time, strengthening field-level intervention systems may create financial and administrative challenges. Reintroducing field staff across districts would require additional funding for recruitment, training, transportation, supervision, and coordination. Sustainable funding therefore becomes an important issue while discussing the future expansion of Elderline services. Similar funding challenges during the expansion of elder helpline services were also discussed by Murthy et al. (2021).

The findings also indicate that Call Officers are exposed to continuous emotional strain through repeated distress calls, long-duration emotional support calls, and even suicide-related conversations. This highlights the importance of staff wellbeing within elderly care services. Czabański and Baum (2020) similarly reported that helpline workers communicating with elderly persons in suicidal crisis experienced communication challenges and emphasised the need for specialised training in crisis intervention and suicide prevention. Likewise, Pask et al. (2024) highlighted the importance of staff training and multidisciplinary support in maintaining the quality of telephone advice services.

The technical challenges identified in the study further show the increasing dependence of welfare services on digital systems. CRM systems, documentation processes, and feedback mechanisms are essential for continuity of care. Therefore, technical infrastructure, software maintenance, and digital support systems require continuous strengthening.

Similar observations were made by Pask et al. (2024), who emphasised the importance of secure information systems, standardised documentation, service review mechanisms, and effective coordination in improving telephone advice services.

The study also raises important questions regarding the future administrative structure of Elderline. Discussions during the trainee visit suggested the possibility of shifting from state-level functioning to zonal-level offices. Under such a structure, Kerala may come under a South Zone based in Hyderabad along with Tamil Nadu, Karnataka, Andhra Pradesh, Puducherry, and Sri Lanka-related coordination, while other zones may function from Delhi, Jamshedpur, and Baroda.

Such restructuring may improve administrative standardisation, technical management, and central coordination. However, it may also create challenges related to local accessibility and cultural understanding. Kerala has distinct social realities related to ageing, welfare systems, language, and family structures. Elderly persons often communicate using local dialects and region-specific references. Centralised zonal systems may therefore face difficulties in fully understanding local issues unless strong state-level coordination mechanisms continue to exist. This observation is also consistent with Sundaram et al. (2024), who emphasised that elderly care initiatives in Kerala require strong local coordination and effective implementation mechanisms suited to the state's social and administrative context.

The findings therefore suggest that future restructuring should balance administrative efficiency with local responsiveness. Elderly care services require not only technical systems and coordination structures, but also familiarity with local welfare networks, language, and community realities.

Overall, the study shows that Elderline performs an important role in supporting elderly persons in Kerala. However, strengthening the service in the future will require balanced planning that considers emotional care, field intervention, staffing support, technical infrastructure, financial sustainability, and administrative structure together. The findings of the present study are consistent with earlier research, which highlights that effective elderly helpline services require a combination of emotional support, coordinated service

delivery, trained personnel, strong referral mechanisms, and continuous system improvement to respond to the changing needs of older adults.

6.4 Suggestions

The suggestions are presented based on the major themes that emerged from the findings of the study.

Suggestions Based on Theme 1: Services and Support Mechanisms Provided Through Elderline

1. Field-level intervention services may be gradually strengthened by reintroducing district-level field support staff, particularly for cases involving abuse, neglect, abandonment, or other situations requiring direct intervention.
2. Elderline may strengthen collaboration with Local Self Government Institutions, the Social Justice Department, Police, hospitals, palliative care services, and community organisations to improve referral services and case coordination.
3. Elderline may consider developing a structured long-term companionship programme similar to the "Silver Line Friends" model, where elderly persons experiencing loneliness are connected with the same trained volunteer or staff member over an extended period. In the Kerala context, this could be implemented by strengthening the existing *Sallapam* initiative through a dedicated team of trained long-term volunteers or by assigning the service to Call Officers with longer-term employment. Maintaining continuity of contact, proper documentation of interactions, and regular follow-up would help build rapport, reduce the need for elderly persons to repeatedly explain their situations, and improve the overall quality of emotional support.
4. The CRM system and technical infrastructure may be strengthened by addressing system lag, feedback retrieval issues, and software-related problems to improve documentation, follow-up, and continuity of services.

Suggestions Based on Theme 2: Perceptions and Experiences Regarding the Functioning of Elderline

1. Staff training may be organised in a more structured manner so that Call Officers receive both practical orientation and formal training during the early stages of their service. Regular refresher programmes on communication skills, active listening, suicide intervention, elderly mental health, and crisis management may also be conducted.
2. Staff strength may be reviewed periodically to ensure adequate manpower during periods of increased call volume, particularly following publicity campaigns or sudden increases in public enquiries.
3. Public awareness programmes regarding Elderline should be conducted regularly through television, radio, newspapers, social media, panchayats, health workers, and community programmes. These programmes should clearly explain the services provided by Elderline, its limitations, and the correct procedures for accessing support. This may also help reduce misinformation and false claims regarding financial assistance or services spread through unofficial sources.
4. Periodic evaluation and research may be undertaken to understand the changing needs of elderly persons and to improve the quality of Elderline services.

Suggestions Based on Theme 3: Challenges Encountered in the Delivery of Elderline Services

1. Mechanisms may be developed to improve communication between Elderline and government departments so that Call Officers can obtain updates on pending cases more efficiently. Where administratively feasible, direct communication or dedicated liaison systems with concerned departments may improve follow-up and reduce delays.

2. Future restructuring of Elderline, including any shift towards zonal administration, should ensure that strong state-level coordination mechanisms continue to exist. This is important to preserve local language communication, district-level coordination, and an understanding of Kerala-specific welfare systems and elderly issues.
3. While expanding Elderline services, equal attention should be given to financial sustainability, staffing, technical infrastructure, and administrative support so that improvements can be maintained effectively over the long term.

6.5 Conclusion

The study examined the functioning of Elderline in Kerala by understanding the experiences and perceptions of Call Officers, coordinators, and elderly callers. The findings show that Elderline plays an important role in supporting elderly persons through emotional support, information services, guidance, and coordination with different departments.

The study found that many elderly persons depend on Elderline not only for information regarding welfare services, but also for emotional support and companionship. Feelings of loneliness, neglect, and isolation were commonly reflected in the experiences shared by participants. In this context, Elderline functions as both a support service and a psychosocial care mechanism for elderly persons.

At the same time, the study identified several challenges affecting the functioning of the service. These included emotional strain among staff members, technical difficulties in the CRM system, lack of field-level intervention, limited authority in ensuring action, and lack of public awareness regarding the service. The findings also showed that many interventions remain limited to telephonic guidance because of the absence of direct intervention methods.

The study further highlights the importance of continuity, coordination, and sustainability in elderly care services. Strengthening Elderline in the future may require improvements

in staffing, technical infrastructure, awareness programmes, training systems, and field-level support mechanisms. Any future restructuring of the service should also ensure that local accessibility and Kerala-specific realities are not neglected.

Overall, the study concludes that Elderline is an important initiative for elderly support in Kerala. Despite certain limitations, the service continues to provide emotional reassurance, guidance, and support to many elderly persons who may otherwise have very limited support systems.

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ANNEXURES

Tool 1: Semi-Structured Interview Schedule for Elderly Callers

Purpose: To explore the nature of services accessed, user experiences, perceived challenges, and suggestions for strengthening Elderline services.
Method: Semi-Structured Interview

Section A: Background Information

1. Age:
2. Gender:
3. How did you come to know about Elderline (14567)?
4. How many times have you contacted Elderline?

Section B: Nature Of Support Sought (Specific Objective 1)

5. For what reason did you contact Elderline?
(Probe: health issues, abuse/neglect, legal matters, emotional support/loneliness, information or referral, other)
6. What kind of help were you expecting when you made the call?

Section C: Experience Of Service Delivery (Specific Objective 2)

7. Can you describe what happened after you contacted Elderline?
(Probe: response received, information given, referral, follow-up, field visit, time taken)
8. How did the staff speak to you during the call?
(probe: respect, patience, clarity, empathy)

9. Did you feel that your problem was properly understood and taken seriously? Why or why not?
10. Was your issue resolved? If yes, how? If not, what happened afterward?

Section D: Difficulties And Service Gaps (Specific Objective 3)

11. Did You Face Any Difficulties While Contacting Or Using Elderline Services?
(Probe: unanswered calls, delays, language issues, lack of follow-up, repeated contacts, coordination problems)

Section E: Suggestions For Improvement (Specific Objective 4)

12. Based On Your Experience, what changes would make Elderline more helpful for Elderly people?
(Probe: Awareness, accessibility, staff support, response time, follow-up, coordination with departments)

Tool 2: Semi-Structured Interview Schedule for Call Handlers

Purpose: To examine call handling processes, staff perspectives, operational challenges, documentation practices, and system-level gaps in Elderline service delivery.
Method: Semi-structured interview

Section A: Respondent Profile

1. Designation:
2. Number of years working with Elderline:
3. What kind of training or orientation have you received for handling Elderline calls?

4. In your view, how adequate has this training been in preparing you to handle the types of calls you receive?

Section B: Nature Of Calls and Service Processes (Specific Objective 1)

5. What types of calls are commonly received at the district level?
6. Can you describe the usual process from the moment a call is received until it is closed or referred?
7. What kinds of responses are most frequently provided?

Section C: Staff Perspectives and User Interactions (Specific Objective 2)

8. What concerns or difficulties are most frequently expressed by elderly callers?
9. How do callers generally respond to the support provided?
10. Could you describe a particular case that has stayed with you or that you found especially challenging?

Section D: Operational And System-Level Challenges (Specific Objective 3)

11. What difficulties do you face in your day-to-day work as a call handler?
(Probe: workload, staffing, time pressure, emotional strain),
12. What challenges arise in ensuring proper follow-up or closure of cases after referral?
13. What system or method is used to document and track calls and cases?

- How effective is this system in monitoring follow-up and case outcomes?
- What limitations or gaps do you observe in the current documentation or tracking process?

Section E: Suggestions For Strengthening Elderline Services (Specific Objective 4)

14. What changes would improve call handling and service delivery under Elderline?

15. What additional support, training, or resources do you feel call handlers require to function more effectively?
16. Are there any system-level or policy-level changes you would recommend to strengthen Elderline services?

Tool 3: Semi-Structured Interview Schedule for Leadership Staff

Purpose: To examine the organisational functioning of Elderline at the state connect centre level, including coordination mechanisms, service delivery processes, supervisory perspectives, operational challenges, and recommendations for strengthening services.
Method: Semi-structured interview
Respondents: Leadership personnel associated with Elderline operations, including,

- Connect Centre Team Leader
- IT & Internal Quality Leader
- Field Response Leader
- Overall/State Coordinator (if applicable)

SECTION A: RESPONDENT PROFILE

1. Designation:
2. Duration of association with Elderline:
3. Please describe your key roles and responsibilities within Elderline services.

SECTION B: FUNCTIONING AND SERVICE

4. How does Elderline function operationally through the state connect centre?
5. What types of services and support are currently provided through Elderline?
6. How are supervision and decision-making carried out within the connect centre?
7. How do leadership roles coordinate with each other during service delivery?

SECTION C: PERSPECTIVES ON SERVICE DELIVERY AND FUNCTIONING

8. From your perspective, how effectively does Elderline respond to the needs of elderly callers across the state?
9. What patterns or trends have you observed in the nature of calls received?
10. What kinds of feedback are received regarding Elderline services?
11. How is service quality monitored or reviewed within the system?

SECTION D: OPERATIONAL AND SYSTEM-LEVEL CHALLENGES

15. What operational constraints currently affect the functioning of Elderline?
16. In what ways have recent organisational or administrative changes affected the functioning and workflow of Elderline?

SECTION E: RECOMMENDATIONS AND FUTURE DIRECTIONS

18. Based on your experience, what changes or improvements would you suggest to strengthen the effectiveness and sustainability of Elderline services?