The Role of Social Workers in Enhancing Psychosocial Wellbeing of Older Adults in Home-Based Geriatric Care Services in Thiruvananthapuram

A Dissertation submitted to the University of Kerala in partial fulfillment of the requirements for the Master of Social Work Degree Examination

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CERTIFICATE OF APPROVAL

This is to certify that this dissertation entitled “The Role of Social Workers in Enhancing Psychosocial Wellbeing of Older Adults in Home-Based Geriatric Care Services in Thiruvananthapuram” is a record of genuine work done by Ms. Rose Mary Shibu fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission. Date: 10-07-2026 Thiruvananthapuram Research

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DECLARATION

I Rose Mary Shibu do hereby declare that the dissertation titled The Role of Social Workers in Enhancing Psychosocial Wellbeing of Older Adults in Home-Based Geriatric Care Services in Thiruvananthapuram" is the result of my original research conducted during the academic years 2024-2026. This work is submitted to the University of Kerala as part of the requirements for the Master of Social Work Degree Examination. I confirm that it has not been previously submitted for any other degree, diploma, fellowship, or similar academic recognition.

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TABLE OF CONTENT

ABSTRACT

Population ageing has increased the demand for holistic and community-based geriatric care services that address not only the physical health needs of older adults but also their psychosocial wellbeing. Social workers play a significant role in home-based geriatric care by providing psychosocial assessment, counselling, emotional support, family intervention, care coordination, advocacy, and resource linkage. However, limited research has examined their contribution within the context of home-based geriatric care in Kerala. This study, titled "The Role of Social Workers in Enhancing the Psycho-social Wellbeing of Older Adults in Home-Based Geriatric Care Centres in Thiruvananthapuram" aimed to explore the roles and responsibilities of social workers, understand their perceptions of older adults' psychosocial wellbeing, identify the intervention strategies they employ, examine the challenges encountered in practice, and suggest measures to strengthen social work services in community-based geriatric care. The study adopted a qualitative research approach using a single case study design and purposive sampling. Data were collected through a semi-structured interview with a social worker from a home-based geriatric care agency and analysed using thematic analysis. The findings revealed that social workers play a vital role in enhancing psychosocial wellbeing through counselling, emotional support, family-centred interventions, care coordination, crisis management, and advocacy. The study also identified challenges such as limited resources, caregiver resistance, role ambiguity, and inadequate policy support. It concludes that strengthening geriatric social work through specialized training, interdisciplinary collaboration, and supportive policies is essential for improving the quality of home-based geriatric care and promoting healthy and dignified ageing in place.

Keywords: *Home-based geriatric care, Social work, Older adults, Psychosocial wellbeing, Qualitative research, Single case study, home care, Kerala*

CHAPTER 1

INTRODUCTION

CHAPTER 1: INTRODUCTION

1.1. Introduction

Population ageing has emerged as one of the most significant demographic transformations of the twenty-first century. According to the World Health Organization, by 2030, one in six people in the world will be aged 60 years or above, and by 2050, the global population of older adults is expected to reach 2.1 billion. by 2030 one in six people will be aged 60+, and by 2050 the world's 60+ population will double from 1.0 billion to 2.1 billion. Low- and middle-income countries (LMICs) such as India will host two-thirds of older adults by mid-century. India's own elderly share is projected to rise from 10.1% (2021) to 23.1% by 2050. In this national context, Kerala exemplifies accelerated demographic transition. In 2011 Kerala already had 12.6% of its population aged 60+, far above India's 8.6%. By 2024 Kerala's elderly population surpassed 20%, on par with the ageing profiles of Canada and France. Kerala's fertility has been below replacement since the 1980s, and it now adds roughly one million new elders each year. As Rajan et al. (2025) observe, this "greying" of Kerala is leading to profound social changes in families and communities.

Kerala has responded with a robust policy framework for elder care. The state formulated its first Old Age Policy in 2006 and adopted a final *Kerala State Old Age Policy* in 2013. At the national level India enacted the Maintenance and Welfare of Parents and Senior Citizens Act (2007) to mandate family care and tribunals for maintenance. In early 2026, Kerala's Cabinet approved a new Kerala State Policy for Senior Citizens (2026), aiming to build an "elderly-friendly" society where no senior citizen is neglected. Concurrently, the government issued a G.O. constituting India's first dedicated Senior Citizen Welfare Department (May 2026) under the Social Justice Ministry. These developments underscore that elder welfare is an urgent state priority.

Within this policy landscape, Kerala also emphasizes community and home-based care. Worldwide, the goal of *ageing in place* – allowing older people to remain in their own homes and communities for as long as possible – is gaining prominence. Home-based services (health visits, day centres, caregiver support, etc.) are key to preserving older adults' autonomy, social connectedness and well-being. The World Health Organization

stresses that as adults age they often encounter physical, mental and social health challenges (e.g. chronic illness, dementia, depression). It follows that social support and psychosocial interventions are critical to "healthy ageing" and quality of life. Social workers, in particular, are trained to address these complex bio-psycho-social needs (conducting needs assessments, counselling, resource linkage and advocacy). However, most research on elder care has focused on medical or institutional services, and little is known about *social work practice in home-based geriatric care*, especially regarding psychosocial well-being in Kerala.

1.2. Statement of the Problem

Despite this supportive context, important gaps remain in our understanding of how to effectively meet older adults' psychosocial needs. The research problem that this study addresses is twofold:

Social Work Roles in Home-Based Geriatric Care. Social work is an established profession in health and community services, but much of the literature on older adult care has focused on institutional settings (hospitals, nursing homes) or on medical/nursing interventions. There is relatively little empirical research on the home-based geriatric care model – particularly on what social workers do and how they contribute in that setting. As far as is known, no published studies have systematically examined the roles, strategies, and impacts of a social worker operating in a home-based elder care agency in Kerala (or even India generally). Without this knowledge, it is hard to assess how social work practice can be optimized to improve elder well-being at home.

Psychosocial Wellbeing of Older Adults. Aging is not only a matter of physical health; it encompasses psychological, emotional, and social dimensions. Kerala's elders face stressors like bereavement, isolation, economic insecurity, and ageism. As the IPC conference study by Pillai & Chacko (2021) notes, living arrangements and family relations strongly influence depression and abuse among Kerala's older population. These are psychosocial issues – emotional health, social inclusion, self-worth, coping with loss – that medical care alone cannot resolve. Social workers are uniquely positioned to address these dimensions (through counselling, linking to community resources, advocacy, and

creating supportive environments). Yet it is not clear how, or how effectively, social workers in home-care settings are addressing psychosocial well-being. Do older clients and caregivers feel socially supported and empowered by the social worker's work? Which interventions (individual counselling, family mediation, community engagement, etc.) are being used, and are they perceived as helpful?

There is a lack of empirical insight into the *contribution of social work to elder psychosocial well-being* in home care. Specifically, among Kerala's new cadre of home-care services for older adults, we do not know how the social work role is defined in practice, nor how older adults and families perceive its value in promoting emotional and social welfare. Given the policy push towards community/home-based care, this gap has practical significance: identifying strengths and shortcomings in the social work component can guide training, program design, and policy.

Kerala's ageing population and elder care infrastructure are expanding rapidly, yet the *psychosocial needs* of older adults (loneliness, coping with loss, mental health, social engagement) risk being underserved. Social workers in home-based geriatric agencies are tasked with addressing these psychosocial dimensions, but their roles, interventions, and impacts are not well documented.

In particular, the experiences of the clients and caregivers who receive these services are not well understood: how do they perceive the social worker's involvement, and what psychosocial outcomes result. This study probes these questions through the single case of a Kerala home-based elder care agency, aiming to illuminate how social work practice supports elder well-being at home and what challenges and opportunities arise in this context. By focusing on this problem, the research will fill a gap in gerontological social work knowledge and inform Kerala's ambitious elder care agenda.

1.3. Background of the Study

Population ageing is a defining demographic phenomenon of the 21st century. Globally, people are living longer: in 2020 the number of persons aged 60+ (1.0 billion) already equaled all children under age five. By 2030, one in six people worldwide will be 60 or older, and by 2050 the global 60+ population will double to about 2.1 billion. The segment aged 80+ will triple to 426 million by 2050. Importantly, the fastest pace of ageing is now in low- and middle-income countries (LMICs): by 2050 two-thirds of the world's older adults will live in LMICs. These shifts imply growing demand for elder care services, age-friendly environments and social support.

India is undergoing its own "silver tsunami." The United Nations and India's National Commission on Population project that India's share of people aged 60+ will rise from about 10.1% in 2021 to 23.1% by 2050. This absolute increase (from roughly 130 million to over 340 million seniors) presents social and health-care challenges. In response, the Government of India has launched programs like the National Programme for Health Care of the Elderly (NPHCE, 2011) to strengthen geriatric services at community and primary care levels (Vaishnav et al., 2022). National legislation – the Maintenance and Welfare of Parents and Senior Citizens Act (2007) – legally mandates that adult children provide for their elderly parents and establishes maintenance tribunals for older persons. Mental health and abuse issues among elders (depression, neglect, elder abuse) have gained attention in research, highlighting the need for psychosocial supports and legal protections (Pillai & Chacko, 2021).

1.3.1. Kerala Context: Demographics and Social Change

Among Indian states, Kerala exemplifies advanced ageing. It has long had the country's lowest fertility (1.6 children per woman) and among the highest life expectancy (above 71 years). Census data show a steady rise in Kerala's elderly proportion: from 12.6% aged 60+ in 2011 (versus national 8.6%) to over 20% by 2024. Each decade Kerala has seen its population growth slow while its elder cohort grew (elderly growth rates over 2% per annum, compared to ~0.5% for all ages). In practical terms, Kerala adds roughly a million new seniors each year. These trends are particularly pronounced in certain districts: e.g.,

Pathanamthitta and Kottayam already had over 16% elderly in 2011, projections indicating widespread levels above 25% by 2051.

Socially, Kerala's ageing is linked to its distinctive history of literacy, health-care access, and migration. As families become smaller and more mobile (with many adult children working abroad or in cities), traditional family support systems for elders are under strain. Rajan et al. (2020) report that Kerala's ageing is accompanied by "fundamental changes in families and communities," requiring policies tailored to local social contexts. For example, women seniors (who outnumber men at older ages) face higher rates of widowhood and dependency. Recent surveys show issues like elder abuse, depression and neglect – especially among elders living alone or without spouses – affecting older people's psychosocial well-being. These findings underscore the importance of social and kin relations in protecting elder well-being. In short, Kerala's population ageing is not only a statistic but a profound social transformation.

1.3.2. Policy Landscape and Elder Care Initiatives in Kerala

Kerala has historically led on social welfare. The state implemented India's first mature welfare policies for the aged: an initial *Kerala Old Age Policy* (drafted 2006) and final *State Policy for the Aged* in 2013. These policies established goals for affordable health care, social security, elder abuse prevention, and financial support schemes. Kerala has also been proactive in implementing national elder care laws: for example, it notified 27 Maintenance Tribunals under the 2007 Act and has a state-level "Vayojana Council" with senior citizen representatives. Schemes targeting elders include Vayomadhuram (free glucometers for poor elders with diabetes), Mandahasam (free dentures for BPL seniors), Dementia Care Centres pilot programs, and Vayomithram health camps via the Kerala Social Security Mission. These illustrate Kerala's commitment to specialized elder support.

In 2026 Kerala sharpened its policy focus further. In March 2026 the Cabinet cleared the Kerala State Policy for Senior Citizens (2026). This new policy explicitly aims to "build an elderly-friendly society where no senior citizen is left isolated or neglected". It emphasizes integration of schemes and expansion of community services (e.g. more "care

cabins" offering home care, counselling, mobile medical units, etc.) to meet holistic needs. At the same time, the state issued a government order formally constituting a dedicated Senior Citizen Welfare Department (May 2026) – the first such department in India. This department (under Social Justice) is charged with coordinating all senior citizen schemes, ensuring rights protections, and strengthening outreach (e.g. launching helplines, abuse redressal, and geriatric infrastructure). For example, Kerala has already set up an *ELDERLINE* helpline (toll-free 14567) for seniors to lodge complaints and seek assistance.

Kerala's policy environment for elders is robust and evolving. There is a clear state strategy to address both medical and psychosocial aspects of ageing. The recent formation of an Elderly Department and policy overhaul reflects urgency: as the percentage of older citizens reaches unprecedented levels, Kerala is creating institutional capacity to respond. Home-based care and social support are recognized as key components: for instance, the *Vayomithram* program delivers palliative and geriatric services at community clinics, and "Ormathoni" provides counselling and memory clinics for dementia sufferers and caregivers. These programs illustrate the emphasis on supporting older adults within their own homes and social settings, rather than solely in institutions.

1.4. Significance of the Study

Practical Implications (Social Work Practice). For practitioners and agencies, the findings will clarify what constitutes effective social work in home-care settings. By detailing the social worker's specific activities – such as psychosocial assessment, counselling, family meetings, referrals, and advocacy – the study can serve as a practice guide. It will identify best practices and areas needing improvement. For example, if older clients report valuing certain support (e.g. regular emotional check-ins) but not others (e.g. group activities they rarely join), agencies can adapt services accordingly. Recommendations can be made to strengthen psychosocial care protocols (for instance, incorporating standardized mental health screenings or caregiver support groups). The study also highlights the importance of coordinated care: as one social worker noted, the assessment process must be holistic

and involve families and community inputs. Such insights can inform training curricula for gerontological social workers and guide agencies on workflow.

Policy Implications. Kerala's new Senior Citizens Department aims to integrate and expand elder services. This research can directly inform those efforts. By bringing the client/caregiver perspective on social work interventions, the study provides evidence to policymakers about what seniors need most in their homes – for example, regular social visits, memory clinics, home modifications, etc. It may reveal gaps between policy intent and ground realities (e.g. if certain schemes are under-utilized). The new department is also responsible for monitoring and improving the Maintenance & Welfare Act; findings on whether elders know about and use legal supports can be valuable. Furthermore, documenting how one agency implements home care can serve as a model that the department might consider replicating or scaling. Aligning with the 2026 policy's goal of an "elderly-friendly" Kerala, this study emphasizes empowering older people's voices in service design and upholding their dignity and participation – key policy goals.

Theoretical and Academic Contributions. The research adds to gerontological social work literature by providing a case study in an LMIC context. Much existing theory on ageing, stress, and social work (see Nolan, Netting, Toseland, etc.) is based on Western or institutional models. This study will test and extend those ideas: for instance, it can explore whether models like the Respectful Ecology Model (which stresses individual, community and system factors) hold in a Kerala setting. Thematic analysis (Braun & Clarke, 2022) will identify core themes in social work practice with elders, contributing conceptual insights. By publishing qualitative findings from the Indian context, the study encourages more research on social work and aging in non-Western societies, where family structures and community norms differ. It also contributes to global conversations on psychosocial well-being in ageing, showing how social workers operationalize holistic care (consistent with WHO's emphasis on social determinants of healthy ageing).

Social Relevance. At a societal level, this research underscores the message that social security for the elderly is a human right, not charity. By focusing on clients' perceptions, it amplifies the voices of older adults – a group often marginalized in policy discussions.

Insights on elder mental health and isolation (which Pillai & Chacko found to be serious issues) can raise public awareness and reduce stigma. The study's recommendations (e.g., involving elders in community activities, increasing family education on elder care) can improve social attitudes toward ageing. Finally, in spotlighting Kerala – a state that prides itself on welfare – the research holds a mirror to society about how well we care for those who once cared for us.

1.4. Chapterization of the Study

chapter i: Introduction

This chapter provides an overview of the study by discussing the concept of ageing, home-based geriatric care, psychosocial wellbeing of older adults, and the role of social workers in elderly care. It also includes the background of the study, statement of the problem, significance of the study, scope of the study, objectives, and research questions.

Chapter II: Review of literature

This chapter presents a review of relevant literature related to ageing, psychosocial wellbeing, home-based geriatric care, and social work interventions in geriatric settings. It helps in understanding the existing knowledge, theoretical perspectives, and research gap in the area of study.

Chapter III: Methodology

This chapter explains the research design, research approach, study setting, sampling method, sample size, tools for data collection, data collection procedure, and method of data analysis adopted for the study. It also describes the ethical considerations and limitations of the research.

Chapter IV: Data Analysis and Interpretation

This chapter presents the analysis and interpretation of the data collected from the participant. The responses are organized under major themes and sub-themes using Braun

and Clarke's thematic analysis framework to understand the role, interventions, perceptions, and challenges of social workers in home-based geriatric care.

Chapter V: Findings and Discussion

This chapter summarizes the major findings of the study based on the research questions and discusses them in relation to existing literature, social work perspectives, and the psychosocial wellbeing of older adults.

Chapter VI: Conclusion and Recommendations

This chapter concludes the study by summarizing the key insights and providing recommendations for strengthening social work practice in home-based geriatric care. It also includes the implications of the study and suggestions for future research.

1.5. Conclusion

Ageing has emerged as an important social reality in contemporary society, bringing with it complex physical, emotional, social, and psychological challenges. With the increasing elderly population, particularly in Kerala, the need for comprehensive and person-centred geriatric care has become more significant than ever. While home-based geriatric care has gained importance as a preferred model of care, it is evident that addressing only the physical and medical needs of older adults is insufficient for ensuring their overall wellbeing. Ageing has become one of the most significant demographic and social realities of the modern world, particularly in developing countries like India. With increasing life expectancy and declining fertility rates, the proportion of older adults is steadily rising, creating new challenges in health, family care, and social support systems. In states like Kerala, where the ageing population is comparatively higher, the demand for effective and comprehensive geriatric care has become increasingly important.

Existing literature shows that ageing is not limited to physical decline alone, but also involves psychological, emotional, and social changes that significantly affect the quality of life of older adults. Studies have highlighted that issues such as loneliness, social

isolation, fear of dependency, reduced autonomy, grief, and changing family relationships have become common psychosocial concerns among older persons. These issues often remain unnoticed in conventional healthcare systems, where greater attention is given to physical and medical needs.

The available literature further emphasizes that home-based geriatric care has emerged as an effective alternative to institutional care, especially in the context of changing family structures, migration, and urbanization. Home-based care supports the concept of ageing in place by allowing older adults to remain in familiar surroundings while receiving necessary care and assistance. However, research also indicates that home-based care must extend beyond physical support and should include emotional, social, and psychological care to ensure holistic wellbeing.

In this context, social work intervention has gained increasing relevance. Existing studies suggest that social workers play a crucial role in psychosocial assessment, counselling, family intervention, advocacy, care coordination, crisis management, and resource mobilization. Despite this growing importance, there remains a significant gap in understanding the practical role and contribution of social workers in home-based geriatric care settings, particularly within the Kerala context.

The present study emerges from this gap and attempts to explore the multifaceted role of social workers in promoting the psychosocial wellbeing of older adults. It seeks to understand how social workers address emotional concerns, strengthen family support systems, promote autonomy and dignity, and respond to the challenges associated with ageing in community settings.

Therefore, the study becomes important not only from an academic perspective but also from a professional and policy perspective. It contributes to the growing body of knowledge in gerontological social work and provides practical insights for strengthening community-based geriatric care services. The findings of this study are expected to support the development of more inclusive, holistic, and person-centred elderly care practices,

while also reinforcing the importance of integrating social work services into emerging elderly care systems in Kerala and across India.

Psychosocial wellbeing, including emotional security, dignity, autonomy, social connectedness, and meaningful participation, is equally important in the ageing process. In this context, social workers have emerged as key professionals in identifying psychosocial concerns, strengthening family relationships, advocating for rights, and promoting holistic wellbeing among older adults. This study is therefore relevant in understanding the specific role and contribution of social workers within home-based geriatric care settings. By exploring their interventions, responsibilities, challenges, and strategies, the study aims to contribute to the growing field of gerontological social work and strengthen community-based elderly care practices. The findings of the study are expected to provide valuable insights for professional practice, policy development, and the enhancement of psychosocial care services for older adults.

CHAPTER 2

LITERATURE REVIEW

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

A review of literature is an essential component of any research study as it provides a comprehensive understanding of the existing body of knowledge related to the research problem. It enables the researcher to examine previous studies, identify key concepts, theoretical perspectives, research trends, methodological approaches, and existing gaps in knowledge. By critically reviewing relevant literature, the researcher develops a strong conceptual foundation for the study, justifies the significance of the research, and positions the study within the broader academic discourse. In qualitative research, a review of literature not only helps in understanding the phenomenon under investigation but also provides a framework for interpreting the findings in relation to existing evidence.

To understand the broader context of the present study, the literature was reviewed under nine thematic areas that are directly related to the research objectives. These include Integrated Home-Based Care Models, Telehealth and Hybrid Visit Innovations, Psychosocial Support Interventions, Ageing in Place for Older Adults, Training and Workforce Development, Palliative and End-of-Life Home Care, Social Workers' Role in the Lives of Older Adults, Policy and System-Level Supports, and Importance of Mental Health among Older Adults. Together, these themes provide a comprehensive understanding of the multidimensional nature of home-based geriatric care and highlight the evolving role of social workers in promoting psychosocial wellbeing.

2.2.1. Integrated Home-Based Care Models

Integrated home-based care models have become increasingly important in geriatric care due to the rising elderly population and the growing preference for ageing in place. These models combine medical, psychosocial, rehabilitative, and supportive services to ensure holistic care for older adults within their own homes. Existing literature highlights that integrated care improves continuity, reduces unnecessary hospitalization, and promotes better psychosocial wellbeing. Recent studies highlight the value of multidisciplinary home-care teams that include social workers. For example, an umbrella review found that hybrid home-visit programs engaging social workers and community health workers

("Connecting Provider to Home") led to significant reductions in emergency and hospital use by addressing older adults' social needs. Social workers in primary care settings perform broad roles – conducting psychosocial assessments and counseling, managing cases, connecting patients to community resources, and coordinating care(Schubert et al., 2024). Also emphasized that integrated home-care interventions can improve quality of life and independence in aging adults. These findings align with WHO's Healthy Ageing strategy, which calls for "integrated person-centered care" and accessible long-term support systems to meet older people's needs. (Couturier et al. 2022) similarly underscored that social workers are crucial for coordinating complex geriatric care in primary care teams, acting as liaisons between medical providers, families, and community services. As the role of social workers in community based medical practices grows, continued evaluation of the role of social workers is needed. The complex biomedical and psychosocial needs of homebound patients are similar those of populations where social work involvement is routine, and we hope that the model of social work involvement at MSVD can serve as an example for those working to integrate comprehensive and individualized social work services in the medical care of their homebound patients. This guideline introduced the concept of integrated home-based care as a person-centred model aimed at maintaining intrinsic capacity and functional ability among older adults. The report emphasized the importance of combining healthcare, social support, rehabilitation, and community engagement. It highlighted that fragmented services often fail to address the multidimensional needs of ageing populations. World Health Organization (2017) The report strongly recommends multidisciplinary care teams where social workers play a significant role in psychosocial assessment, emotional support, and care coordination. This study examined integrated long-term home care models across Europe. (Leichsenring, K. 2020). The findings showed that coordinated home-care services improve health outcomes, reduce caregiver burden, and increase older adults' sense of security and autonomy. The study also emphasized that psychosocial care remains underdeveloped in many integrated care models. Social workers were identified as key actors in linking healthcare systems with family and community support.

Goodwin explored how integrated care can respond to complex ageing needs. (Goodwin, N. 2019) The study found that older adults receiving coordinated home care reported higher satisfaction, improved emotional wellbeing, and stronger continuity of care. It highlighted that integration must include social support and mental health care rather than focusing solely on physical health. The study noted that social workers act as bridges between healthcare systems and social environments. This study examined integrated home-based care models for older adults with chronic illnesses. (Boult, C., & Wieland, G. D. 2018) Findings showed improved health outcomes and better quality of life when care plans incorporated psychosocial interventions and family participation. The study emphasized interdisciplinary teamwork involving physicians, nurses, and social workers. (Low, L. F., Yap, M., & Brodaty, H. 2021). This systematic review found that integrated home-care interventions significantly improve independence, social engagement, and emotional wellbeing. It identified that interventions involving social work support and family counselling showed stronger psychosocial outcomes compared to purely medical interventions. The study also stressed that individualized care planning improves the effectiveness of home-based care.

2.2.2. Telehealth and Hybrid Visit Innovations

Telehealth innovations are expanding social work's reach into home-based geriatric care.(Schubert et al., 2024) implemented "Tele-GRACE," a hybrid virtual home-visit model for high-risk veterans, which overcame technology, training, and integration barriers. This model "expanded the geographic reach" of home-based care and demonstrated the feasibility of remote comprehensive geriatric evaluations. After launching Tele-GRACE, the team reported 100% patient and caregiver satisfaction, reduced acute care use, and high buy-in from providers. Likewise, Al-Hamad et al. note that home-based telehealth programs often match or exceed the outcomes of in-person care, by addressing social and medical needs together. In COVID-era care especially, virtual visits have enabled social workers to continue monitoring older clients' mental health and connect them to support services. The TeleGRACE program has expanded access to comprehensive geriatric assessments and ongoing care management to high-risk, community-dwelling older persons whose reside geographically distant from the primary

VA medical center. Widespread deployment of programs like the Tel eGRACE hybrid-virtual home visit model will be required to support the Veteran population as they age in place. Fernandes et al. (2025) – *Impact of Telehealth on Health Outcomes and Quality of Life in the Older Adults Population: A Systematic Review*. Fernandes et al. conducted a systematic review (n=37 studies) of telehealth interventions for adults aged ≥65. They searched multiple databases (2018–2023) and used a taxonomy to categorize interventions (disease management, rehabilitation, health promotion, decision support, psychological support). Key findings were that telehealth "improved physical function, better chronic disease control, greater health knowledge, and reductions in avoidable hospitalizations". Video-based programs were most effective, and telephone-only programs helped when paired with remote monitoring and professional/caregiver guidance. Limitations included small sample sizes, short follow-ups, methodological heterogeneity, and inconsistent reporting of quality-of-life and cost data. The authors note that telehealth holds promise across many domains but stress the need for rigorous trials and standardized outcome measures. *Relevance:* This review confirms that telehealth can yield health benefits for older adults, highlighting elements (professional guidance, caregiver support) that align with social work–led interventions. It points out major evidence gaps (e.g. psychosocial outcomes, cost-effectiveness) that our research can address. Its findings will help us ask detailed questions about outcomes (beyond just clinical) and suggest measuring adherence and quality-of-life in our survey or interviews. Haimi & Sergienko (2024) – *Adoption and Use of Telemedicine and Digital Health Services Among Older Adults in Light of the COVID-19 Pandemic: Repeated Cross-Sectional Analysis*. This Israeli study used health system records for 618,850 adults ≥65 to track telehealth use before, during, and after the COVID peak. They examined three types of services: administrative e-forms, working-hours virtual visits, and after-hours teleconsultations. Results showed that telehealth use surged dramatically during COVID (e.g. weekly tele-visits jumped from 23% to 59% of patients) and then settled at a level still above baseline. Importantly, even after restrictions eased, a substantial share of older adults continued to use telemedicine. The authors found that, despite initial barriers, older people can quickly learn to use digital services when needed. They conclude that "these people can learn how to use digital health services effectively" if solutions are made simple and user-

friendly. *Relevance:* This study demonstrates that older populations can adopt telehealth if given the right support. It suggests to our research that social workers in Kerala could facilitate training and introduce elder-friendly technology. The large dataset also underscores the importance of examining digital divide factors: we should include measures of internet access and literacy in our instruments, since connectivity and ease of use were key enablers. Adepoju et al. (2023) – *Comparing In-Person Only, Telemedicine Only, and Hybrid Health Care Visits Among Older Adults in Safety-Net Clinics*. In this U.S. study of 3,914 older patients (12,279 visits at Texas community clinics, Mar–Nov 2020), researchers used multinomial logistic regression to compare visit modes. They found racial/ethnic disparities in purely telemedicine use: Black and Hispanic seniors were significantly less likely than whites to have telemedicine-only visits (RRR≈0.5). Crucially, there were no significant disparities in hybrid (mixed) visit use. The authors interpret this to mean that offering *both* telehealth and in-person options (a hybrid model) "may bridge racial and ethnic disparities in access to care". Limitations include that data came from a single FQHC network and may not generalize. Nonetheless, it highlights hybrid care as a potentially equity-promoting strategy. *Relevance:* This study directly addresses hybrid models: it suggests that combining visits can mitigate social and digital divides among older adults. For our context, it implies social workers could advocate hybrid care to include those who distrust or cannot fully use telehealth. We should investigate whether hybrid approaches reduce disparities (e.g. urban/rural, income) in Thiruvananthapuram. This also implies collecting demographic and socio-economic data in our survey and ensuring mixed-methods (qualitative interviews) to understand patient experiences with different visit types. Rabbani et al. (2025) – *Telehealth as a Sociotechnical System: A Systems Analysis of Adoption and Efficacy Among Older Adults Post-COVID-19*. Framed by systems theory, this systematic review analyzed 42 studies (Jan 2020–June 2025) to view telehealth as an adaptive system shaped by social, technological and policy factors. Key findings include that telehealth usage stabilized after the pandemic (higher than pre-COVID baselines) and that telehealth showed a small but significant positive effect on cognitive outcomes (memory, attention). Critically, it identified major barriers: "digital illiteracy, poor internet connectivity, and complex interfaces disproportionately affected disadvantaged, minority, and rural older adults". The review suggests practical system-

level solutions: digital literacy programs, simplified interfaces, caregiver support, better broadband, hybrid healthcare models, and supportive policies. Limitations include wide heterogeneity of included studies. *Relevance:* This review highlights barriers and system strategies very pertinent to Kerala. It confirms that without addressing the digital divide, telehealth can worsen inequities. Our study should therefore probe older adults' access and comfort with technology, and the role of social workers in providing training/assistance. The recommendation of hybrid models here aligns with our focus and indicates we should ask about combining in-person and virtual care. It also signals the need to evaluate policy context (e.g. government digital health initiatives in Kerala) and consider interventions (social worker–led digital literacy workshops) in recommendations. Khanassov et al. (2024) – *Telemedicine in Primary Care of Older Adults: A Qualitative Study*. This Canadian study used interviews (29 older adults) and focus groups (family practice teams including doctors, nurses, a social worker) to explore telemedicine (TM) use in primary care. They found broad agreement that TM maintained continuity of care and was especially convenient for minor issues and for patients with mobility limitations. However, participants noted drawbacks: lack of face-to-face contact (potentially missing key clinical cues), communication barriers (language, hearing), and the perception by some seniors that a phone call "is not a medical act." Importantly, all participants were open to a hybrid approach, using telemedicine or in-person visits depending on the situation. The authors conclude that promoting TM requires "advocating for a hybrid approach that integrates both in-person and virtual methods" and supporting older adults to become comfortable with technology. *Relevance:* This qualitative insight confirms that hybrid care is acceptable and even preferred by stakeholders, and highlights concrete psychosocial issues (e.g. anxiety about using tech, perceptions of legitimacy) that social workers can address through education and reassurance. The involvement of a social worker in their deliberative dialogue underlines a role for social work in designing telehealth services. We should similarly engage both older adults and caregivers to identify context-specific barriers (e.g. language, cultural expectations) and co-create recommendations. Our instruments may include measures of patient satisfaction and perceived quality of care (not just clinical outcomes), reflecting concerns raised here.

2.2.3. Psychosocial Support Interventions

Psychosocial support interventions are a core component of home-based geriatric care because ageing is often accompanied by emotional distress, loneliness, grief, social withdrawal, and dependency. Literature shows that psychosocial wellbeing significantly influences the quality of life of older adults and directly affects their ability to cope with ageing-related challenges. In home-based settings, social workers play a central role in providing emotional support, counselling, family mediation, crisis intervention, and strengthening social connectedness. Social workers' efforts to mitigate isolation, depression, and anxiety have measurable benefits.(Gedik, 2025) Gedik's qualitative study in Turkey found that home-based social support services bolstered older adults' emotional resilience and strengthened social ties. Participants who received regular visits reported improved psychological well-being. In Brazil, home-care providers observed that the primary needs of palliative patients included emotional and psychosocial support, and that caregivers also required psychological assistance and help with care tasks.(Arantes et al., 2025) Interventions that integrate emotional support are therefore vital: (Joshi & Purohit, 2025)showed that stronger social networks and caregiver skill programs significantly reduced family caregivers' depressive symptoms, leading authors to urge policies for "strengthening systemic social support… and integrating mental health resources" for caregivers. In short, international evidence consistently links home-based social support (including counseling, community engagement, and caregiver coaching by social workers) to better mental health and quality of life for both seniors and their families. The study "Home-Based Social Support Services for Elderly Well-Being: A Qualitative Study from a Gerontological Social Work Perspective" underscores the importance of adopting per son-centered and holistic approaches in the delivery of home-based social support services, emphasizing the multidimensional needs of older adults. The findings demonstrate that physical care alone is insufficient; psy chological support, social connectedness, productivity, and participation in decision-making processes also exert a direct influence on QoL in later adulthood. To promote well-being and healthy aging, social ser vices must be both supportive and empowering, enabling older adults to sustain their social roles, preserve independence, and derive meaning from their lives. Service models that reduce social isolation, foster community engagement, and encourage productivity are particularly

valuable in enhancing resilience and life satisfaction. there is a pressing need to design participatory, inclusive, and sustainable social service models that not only respond to the diverse socioeconomic and cultural contexts of older adults but also empower them to remain active agents in their own care. By aligning policy and practice with these principles, societies can move toward a more just and supportive framework for aging. This framework values dignity, fosters resilience, and promotes meaningful engagement throughout later life (Gedik, 2025).

This study "Interventions targeting social isolation in older people: A systematic review" examined interventions aimed at reducing social isolation among older adults. The findings revealed that structured psychosocial interventions such as counselling, group support, and social engagement activities significantly reduced loneliness and improved emotional wellbeing. The study emphasized that consistent interpersonal interaction and emotional validation are crucial in old age. The review also noted that home-based psychosocial interventions are particularly effective for older adults with mobility limitations (Dickens et al. 2019).

This study "*Preventing social isolation and loneliness among older people: A systematic review* explored psychosocial intervention strategies including befriending services, counselling, and community participation programmes. Findings indicated that person-centred emotional support interventions improved self-esteem, social confidence, and reduced depression. The study stressed that psychosocial interventions must be individualized based on emotional needs. (Cattan et al. 2020).

In another study named "*Interventions to reduce social isolation and loneliness among older people: An integrative review"* This integrative review found that psychosocial interventions such as home visits, emotional counselling, and social participation programmes reduced psychological distress among older adults. The study identified that regular emotional engagement improved coping and resilience. It highlighted that family involvement improved the sustainability of psychosocial interventions (Gardiner et al. 2018).

The report "*Decade of Healthy Ageing: Baseline Report"* emphasized psychosocial wellbeing as a major pillar of healthy ageing. It found that mental health support, emotional security, and social participation are critical for maintaining quality of life among older adults. The report also noted that community-based psychosocial care is more effective than institutional dependency. The WHO stressed that professional psychosocial support must be integrated into elderly care systems (World Health Organization 2021).

This study "*Depression in older adults*" explored the psychosocial determinants of depression in old age. Findings showed that emotional neglect, loneliness, grief, and social isolation are major contributors to depression among older adults. The study highlighted that early psychosocial intervention improves mental health outcomes and reduces dependency. Social workers were identified as important mental health support providers. (Fiske et al. 2019) The reviewed studies collectively indicate that psychosocial support interventions are essential for promoting emotional wellbeing among older adults. Counselling, emotional support, social participation, family involvement, and community engagement significantly improve coping mechanisms, reduce loneliness, and strengthen resilience. The literature strongly emphasizes that psychosocial care should be integrated into home-based geriatric care, rather than being treated as secondary to physical care. Social workers emerge as key professionals in delivering these interventions through assessment, counselling, advocacy, and family mediation. This literature strongly supports the present study, which explores how social workers in home-based geriatric care settings in Thiruvananthapuram contribute to the psychosocial wellbeing of older adults.

2.2.4. Aging in Place for Older adults

The concept of ageing in place has become increasingly important in gerontological care as it allows older adults to remain in their own homes and communities while receiving the necessary support and care. Literature shows that staying in familiar surroundings enhances emotional security, independence, autonomy, and quality of life. With changing family structures, migration, and urbanization, ageing in place has become a practical and preferred model of care, especially in states like Kerala. Social workers play a vital role in facilitating this process by addressing psychosocial needs, strengthening family systems,

and linking older adults with support services. Aging is a natural and inevitable process associated with the time-based deterioration of physiological functioning and capacities. It is also a transitional period for many people, as it entails retirement, seclusion, bereavement connected to the loss of loved ones, and declining health and wellbeing. Aging in place is a preference for most older adults, whether in India or any other country (Ratnayake et al., 2022). In India, care for older adults has traditionally been vested in family members or relatives. Institutionalization, or foster care, is equivocal for many people in India. The thrust of Indian society lies in the family system, considering caring for older adults as a cultural obligation. However, the demo graphic and cultural changes have impacted the pre vailing Indian family system, with joint kinships changing to nuclear families and the responsibility of older adults transitioning from family care to institutional care. Older adult care has been encapsulated in the three-layered system, which includes family, institutions, and society (Andruske & O'Connor, 2020). As social structure changes, society and institutions share the responsibility of caring for older adults. The study has uncovered the perceptions and experiences of older adults regarding aging in place, contributing to the development of tailor-made practices for creating age friendly communities in line with their preferences. Given the high number of older adult populations, effective and sustainable interventions are crucial for the state to care for and protect older adults. This study aims to explore the perceptions of older adults about aging in place, it is essential to gain a better understanding of the subject from a more diverse population. Though Kerala is a state with remarkable experience in imparting care services to older adults, selecting the state as the study location may have skewed the research findings (Thampi & Mathew, 2024).

"The meaning of ageing in place to older people" This study explored older adults' perceptions of ageing in place and found that remaining at home provides emotional attachment, familiarity, identity preservation, and a sense of independence. The participants expressed that home symbolizes comfort, dignity, and security. The study highlighted that ageing in place supports psychosocial wellbeing by reducing stress associated with institutionalization (Wiles et al. 2018).

This study named "*Ageing in place in the United Kingdom*" focused on how environmental and social factors influence the ability of older adults to age in place. Findings revealed that strong family support, community participation, and accessible services improve successful ageing at home. The study found that emotional wellbeing is strongly linked to feelings of belonging and social connectedness (Sixsmith & Sixsmith 2020).

This study named "*Aging in place: Evolution of a research topic*" reviewed the development of ageing in place research and identified that older adults prefer staying at home due to emotional attachment and autonomy. It emphasized that ageing in place requires both formal and informal care support. The study also identified social workers as important facilitators of long-term community care (Vasunilashorn et al. 2019).

The study "*Older people's experiences of ageing in place"* explored the experiences of older adults living independently. Findings showed that maintaining control over daily life significantly improved self-esteem and emotional wellbeing. However, participants also expressed concerns about safety, loneliness, and dependency. The study highlighted the need for professional psychosocial support in home-based settings (Davey et al. 2018).

The WHO "*World report on ageing and health"* report emphasizes ageing in place as a key strategy for healthy ageing. It highlights that older adults who remain in their communities experience greater autonomy, stronger social participation, and better emotional wellbeing. The report stresses the need for community-based support systems, including social workers, to sustain ageing in place. (World Health Organization 2022) The reviewed literature indicates that ageing in place is a preferred and effective model for promoting dignity, autonomy, emotional security, and psychosocial wellbeing among older adults. Remaining in familiar surroundings strengthens identity, reduces stress, and improves quality of life. However, successful ageing in place depends on the availability of family support, community resources, and professional interventions. The studies consistently highlight the role of social workers in facilitating this process through emotional support, family intervention, advocacy, and resource linkage. This literature strongly supports the present study, as it explores how social workers in home-based geriatric care settings in

Thiruvananthapuram contribute to sustaining the psychosocial wellbeing of older adults while enabling them to age in place.

2.2.5. Training and Workforce Development

The growing elderly population and the increasing complexity of geriatric care have created a strong demand for a skilled and specialized workforce. Literature suggests that effective home-based geriatric care requires professionals who are trained not only in physical health management but also in psychosocial assessment, counselling, crisis intervention, and family support. Social workers, being central to psychosocial care, need specialized training in gerontology to address the multidimensional needs of older adults. However, many studies point out that geriatric social work remains an underdeveloped specialization, particularly in developing countries like India. Several studies note that improving home-based geriatric care depends on training providers in psychosocial skills. In India, a psychosocial care training program for old-age home staff led to significant gains in knowledge and self-efficacy in managing residents' social and emotional needs. Authors concluded that "Face-to-face training programs… can be used for training old age home staff to address various psychosocial needs". Similarly, (Joshi & Purohit, 2025)argue that India urgently needs a geriatric home-care workforce trained in psychological support and rehabilitation. Their review recommends curricula that teach emotional support techniques to caregivers, noting that older adults often face loneliness, anxiety, and depression which require specialized skills to address. A Europe/North America review also found that long-term care social workers "focus on service and case management, direct support, personalization of care and community engagement," but face barriers like role overload and lack of geriatric specialization. These findings imply that expanding social work training (and relieving administrative burdens) Click or tap here to enter text.will enhance psychosocial outcomes in home care.

This study named "Social work education and geriatric care competence" examined the importance of professional training in improving social workers' competencies in geriatric care. Findings revealed that specialized education in ageing, psychosocial assessment, and family intervention significantly improves professional confidence and quality of care. The

study stressed that geriatric training strengthens ethical decision-making and emotional resilience among practitioner (Bogo 2019).

This report "*State of elderly care in India*" highlighted the shortage of trained geriatric care professionals in India, particularly in home-based settings. It noted that social workers often enter elderly care without specialized gerontological training, affecting the quality of psychosocial interventions. The report emphasized the urgent need for workforce development to address the growing elderly population (HelpAge India 2022).

This review *"Training healthcare workers for geriatric home care: A systematic review*" examined workforce preparedness in geriatric home care. Findings showed that interdisciplinary training improves communication, teamwork, and psychosocial care delivery. Training in emotional support and family counselling was found to be especially beneficial. The study recommended structured geriatric care education for all home-care professionals (Liu et al. 2021).

This study named *Professional competence in social work practice*" focused on competence-building among social workers and found that continuing education significantly improves intervention quality. In geriatric settings, training in communication, grief counselling, and ethical care planning was found to be crucial. The study highlighted that emotional preparedness is important in working with vulnerable populations (Reamer 2020).

This study examined how specialized gerontological education impacts social work practice. Findings showed that trained professionals were more effective in identifying psychosocial concerns, conducting family interventions, and promoting autonomy among older adults. The study concluded that gerontological training should be integrated into social work curricula. Kirst-Ashman & Hull (2018) The reviewed studies collectively highlight the urgent need for training and workforce development in geriatric care. Specialized education and continuing professional development improve the competence of social workers and other care professionals in addressing the physical, emotional, and psychosocial needs of older adults. The literature emphasizes that without adequate

training, home-based geriatric care may remain limited to physical care alone. Social workers require specific knowledge in ageing, counselling, family systems, and crisis intervention to deliver holistic care effectively. These findings strongly support the present study, as it explores the practical role of social workers in home-based geriatric care settings in Thiruvananthapuram and underscores the importance of strengthening gerontological workforce development.

2.2.6. Palliative and End-of-Life Home Care

Palliative and end-of-life care have become essential components of geriatric home care, especially for older adults living with chronic illnesses, terminal conditions, and severe functional decline. Unlike curative treatment, palliative care focuses on improving quality of life by addressing physical pain, emotional distress, social isolation, and spiritual concerns. Literature highlights that home-based palliative care enables older adults to spend their final stages of life in familiar surroundings with dignity and comfort. In this process, social workers play a significant role in counselling, grief support, advance care planning, family mediation, and psychosocial intervention. Social workers are key to meeting psychosocial needs in home-based palliative care.(Ribeiro et al., 2024) evaluated older patients transitioning to community palliative teams in Portugal and found dramatic increases in psychosocial support after enrollment: psychological support rose from 6.8% to 100%, and social services support from 47% to 100% post-referral. This suggests that systematic home palliative care (with social work and counseling) can ensure all patients receive needed emotional and social aid. Complementing this, Brazilian providers emphasized that in home palliative visits, “the primary needs of patients… encompassed both physical and psychosocial support, including the presence of family”, and that caregivers needed “psychological support and assistance in managing care”(Arantes et al., 2025). These studies underline that home-based palliative teams must include social workers or counselors to address grief, family dynamics, and end-of-life psychosocial issues alongside medical care. This study identified the key needs of PC patients and their caregivers from the perspective of healthcare professionals in Brazil’s healthcare system. Professionals emphasized pain management, nutrition, emotional and psychological support, and family presence as central patient needs. For caregivers, psychological support

and assistance with care management were identified as key needs. The findings also underscore the importance of ongoing PC education within the HCS. A stronger grasp of PC principles allows providers to better assess needs, formulate care strategies, and deliver confident, compassionate care. Finally, an individualized approach remains essential. Recognizing the unique physical, social, spiritual, and psychological challenges of each patient and caregiver enables more responsive care. While these insights are rooted in the Brazilian context, they resonate with global discussions on the importance of provider training and integrated support in improving the quality of life throughout the PC journey.(Arantes et al., 2025).

The study Palliative care by WHO emphasizes that palliative care is a human right and an essential part of universal health coverage. The report highlights that home-based palliative care improves comfort, reduces unnecessary hospitalization, and enhances emotional wellbeing. It also notes that psychosocial and spiritual support are critical aspects of end-of-life care. The report stresses the importance of multidisciplinary teams, including social workers (World Health Organization 2020).

This study named “Community-based palliative care in Kerala: A model for integrated care” examined Kerala’s community palliative care model and found that home-based palliative services improved emotional security, family involvement, and dignity among older adults. The study highlighted that psychosocial interventions and counselling are integral to effective palliative care. It also emphasized the role of social workers in family support and grief management (Kumar 2018).

This systematic review named “Effectiveness and cost-effectiveness of home palliative care services” found that home palliative care significantly increases the likelihood of dying at home and improves symptom management and emotional comfort. The study also showed reduced caregiver stress when psychosocial support was included. It emphasized that counselling and emotional preparation improve end-of-life experiences (Gomes et al. 2019).

This study “Family meetings in palliative care: Multidisciplinary clinical practice guidelines” highlighted the role of family meetings in improving communication, emotional preparation, and decision-making in end-of-life care. It found that social workers play a major role in facilitating difficult conversations and resolving family conflicts. Family involvement was found to improve emotional stability among older adults (Hudson et al. 2020).

This study “Interventions for supporting informal caregivers of patients in the terminal phase” explored psychosocial interventions aimed at family caregivers. Findings revealed that emotional counselling, psychoeducation, and support groups significantly reduced caregiver burden and improved coping. The study emphasized the importance of social workers in caregiver support and bereavement counselling (Candy et al. 2018).

The reviewed studies collectively show that palliative and end-of-life home care are crucial for ensuring dignity, comfort, and emotional wellbeing among older adults facing terminal illness or severe dependency. The literature emphasizes that effective palliative care must address not only physical pain but also emotional, social, and spiritual needs. Social workers play an essential role in this process by offering counselling, family support, grief intervention, care planning, and advocacy. Particularly in Kerala, where community-based palliative care has developed strongly, the role of social workers has become increasingly relevant.

2.2.7. Social Worker’s Role in the Older Adult’s life

Social workers play a vital role in improving the quality of life and psychosocial wellbeing of older adults, especially in home-based geriatric care settings. Their professional interventions extend beyond physical care and focus on emotional support, psychosocial assessment, family mediation, advocacy, crisis management, and community resource linkage. Literature highlights that ageing often brings challenges such as loneliness, dependency, grief, neglect, and social isolation, which require specialized psychosocial intervention. In this context, social workers act as facilitators of dignity, autonomy, and social inclusion for older adults. The study named “The Critical Role of Social Workers in Home Based Primary Care” by The Visiting Doctors Program Social workers are an

integral part of MSVD's successful model of home-based primary care and we believe that the experience of the MSVD social work team is useful for other programs that wish to integrate social worker services into the medical care of homebound patients. Social workers at MSVD have a wide variety of roles and many of these mirror the roles of social workers in other community based medical settings: they help patients cope with their complex chronic illness and proactively address problems that inhibit quality care, they provide counseling to help address depression and anxiety among patients and caregivers, and they support patients and families who are facing serious and often life limiting illnesses. Yet because of the diverse needs of the homebound patients at MSVD, social workers provide comprehensive care that isn't captured by any single one of these typical roles. As the role of social workers in community based medical practices grows, continued evaluation of the role of social workers is needed. The complex biomedical and psychosocial needs of homebound patients are similar those of populations where social work involvement is routine, and we hope that the model of social work involvement at MSVD can serve as an example for those working to integrate comprehensive and individualized social work services in the medical care of their homebound patients.

This study "The role of social workers in geriatric care" explored the multifaceted role of social workers in elderly care settings and found that they serve as counsellors, advocates, care coordinators, and family mediators. The findings showed that social workers help older adults cope with emotional distress, strengthen family communication, and access community resources. The study emphasized that social workers contribute significantly to preserving dignity and autonomy (Ray et al. 2021).

This study "Social work and geriatric interdisciplinary practice" examined the contribution of social workers in interdisciplinary geriatric teams. Findings revealed that social workers improve communication between healthcare professionals, older adults, and families, ensuring better care planning and psychosocial support. The study highlighted the importance of integrating social workers into home-based care systems (Berkman et al. 2018).

This study “Geriatric social work: Roles and challenges in community settings” focused on social workers’ experiences in community-based elderly care. Findings showed that emotional counselling, crisis intervention, and family mediation were the most frequent roles performed by social workers. The study also identified emotional exhaustion and role ambiguity as major professional challenges (Greene & Cohen 2020).

This report named “Standards for social work practice with family caregivers of older adults” outlines the professional responsibilities of social workers in elderly care, including caregiver support, advocacy, emotional counselling, and crisis intervention. It highlights that social workers help reduce caregiver burden and strengthen support systems for older adults. The report emphasizes person-centred and dignity-based care (National Association of Social Workers 2022).

This study “Psychosocial care and social work intervention in geriatric home care” found that regular psychosocial intervention by social workers improved emotional wellbeing, reduced depression, and enhanced coping among older adults receiving home-based care. The study highlighted the importance of trust-building and continuous emotional support. It also showed that social workers act as a bridge between families and healthcare systems (Cummings et al. 2019).

The reviewed studies collectively highlight that social workers play a central role in enhancing the psychosocial wellbeing of older adults. Their interventions include counselling, emotional support, family mediation, advocacy, crisis intervention, and resource mobilization. The literature strongly emphasizes that social workers are essential in preserving dignity, autonomy, and social inclusion among older adults, especially in home-based settings. It also points out the challenges faced by social workers, including emotional burden and professional limitations.

2.2.8. Policy and System-Level Supports

Policy and system-level support play a crucial role in strengthening geriatric care services, especially in home-based settings. With the rapid growth of the ageing population, the need for structured policies, financial security, healthcare access, and community-based support

systems has become increasingly important. Literature highlights that effective elderly care depends not only on family support but also on institutional and policy frameworks that protect the rights, dignity, and wellbeing of older adults. Social workers are often positioned at the intersection of policy implementation and service delivery, helping older adults access entitlements, healthcare, and psychosocial support. Finally, policy frameworks are beginning to recognize social work in elder care. WHO's Decade of Healthy Ageing (2021–2030) calls for integrated, person-centered care systems and accessible long-term support for older adults. The Pan American Health Organization (PAHO) *Healthy aging* is a continuous process of optimizing opportunities to maintain and improve physical and mental health, independence, and quality of life throughout the life course.

In India, experts have similarly noted that demographic aging demands a trained support workforce. For example, NITI Aayog's "Senior Care Reforms" and WHO's ICOPE guidelines both emphasize caregiver support and community services. The Indian Journal of Economic and Financial Insights points out that India needs a home-care workforce "with expertise in psychological support, preventive and rehabilitative skills"(Joshi & Purohit, 2025). In practice, government pilots like Kerala's home palliative care program have already embedded multidisciplinary teams (including social support) into community care. Taken together, the literature suggests that aligning health policy with social work – e.g. funding community teams, training home care providers, and formally integrating social workers into primary geriatric care – will strengthen older adults' psychosocial well-being and enable aging in place.

The study "National Policy for Senior Citizens" This policy emphasizes financial security, healthcare access, shelter, and protection for older adults. It highlights the importance of community-based care, active ageing, and social participation. The policy also recognizes the need for trained professionals to support older adults in psychosocial and social welfare domains. The policy framework stresses ageing with dignity and family-based care systems (Government of India 2011).

"Decade of Healthy Ageing 2021–2030" This global framework promotes integrated care, combating ageism, community support, and long-term care reforms. It emphasizes the importance of psychosocial wellbeing and social inclusion as key components of healthy ageing. The report also advocates for policy integration of social care and mental health support (World Health Organization 2021).

This report on "World Population Ageing Report' highlights the global rise in ageing populations and the urgent need for policy frameworks to address healthcare, long-term care, and social protection. It notes that older adults face increasing risks of social isolation, poverty, and mental health issues without adequate support systems. The report calls for age-friendly communities and stronger support mechanisms (United Nations 2022).

This report "*Economic Review 2025"* identifies Kerala as one of the fastest ageing states in India and highlights the growing demand for elderly welfare systems, palliative care, and home-based support services. It emphasizes the need for policy reforms to address psychosocial wellbeing and long-term care. The report also notes the need for integrating social workers into elderly welfare systems. (Kerala State Planning Board 2025).

The reviewed studies collectively emphasize that policy and system-level support are fundamental for ensuring the wellbeing, protection, and dignity of older adults. National and international frameworks highlight the importance of community-based care, integrated health and social services, and long-term support systems. The literature shows that without strong policy backing, older adults remain vulnerable to neglect, abuse, social isolation, and inadequate care. Social workers play a critical role in implementing these policies at the grassroots level by linking older adults with services, advocating for their rights, and strengthening support systems

2.2.9. Importance of Mental Health among Older Adults

Mental health disparities among older adults are a critical public health concern in South Asia. (Mazumder et al., 2023). The continuous growth of the aging population in this region contributes to the higher disease burden, including co-morbidities and disabilities that may associate with elevating mental disorders. Furthermore, continually increasing

socioeconomic and demographic transition in South Asia led to substantial changes in family structure, lifestyle, and living patterns, which compelled older adults to live independently. Hence, family and community act as a source of informal financial and social support systems for older adults, exposing them to economic hardship and a dearth of social support and care, along with an existing lack of social connectedness and poor quality of living, which may cause additional psychosocial distress. Therefore, rather than focusing on clinical or other temporary mental health interventions, these critical psychosocial concepts need to be examined regarding their impact on mental health outcomes and should be considered in future intervention designs and deliveries. In addition, many other stressors derived from co-existing socioeconomic, cultural, and environmental factors may have a cumulative psychosocial impact on older adults that can cause substantial psychological and behavioral changes. This scoping review has summarized evidence about the effect of psychosocial, behavioral, or other non-pharmacological interventions on a broad range of geriatric mental health outcomes. However, limited research on geriatric mental health, including psychosocial epidemiology, warrants further research to bring contextual evidence and insights in order to establish integrated, evidence-based mental health services in South Asia.

This report on “Mental health of older adults” highlights that around 14% of adults aged 60 years and above live with mental disorders, with depression and anxiety being the most common. The report emphasizes that social isolation, neglect, and chronic illnesses significantly contribute to mental health problems in later life. The report also stresses the importance of community-based mental health interventions and psychosocial support systems (World Health Organization 2023).

This study titled “Depression in older adults” examined the prevalence and causes of depression among older adults. Findings showed that loneliness, bereavement, dependency, and chronic illness are major predictors of depression. The study emphasized that untreated depression reduces quality of life and increases dependency. The study recommends early psychosocial intervention and counselling (Fiske et al. 2019).

This study titled “Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older adults” found that social disconnectedness and perceived isolation are strongly associated with depressive and anxiety symptoms among older adults. The study emphasized that emotional support and meaningful social relationships are protective factors against mental health deterioration. The findings highlight the importance of psychosocial interventions in home-based settings (Santini et al. 2020).

This study “Loneliness and health: Potential mechanisms” explored the psychological and physical effects of loneliness in older adults. Findings revealed that prolonged loneliness increases the risk of depression, cognitive decline, and poor physical health. The study emphasized that loneliness should be treated as a serious public health issue. The authors suggested regular emotional support and social participation as protective measures (Cacioppo et al. 2018).

The report on ‘*Mental health and older adults*” discusses common mental health concerns among older adults, including depression, dementia, and anxiety. It highlights that older adults often hesitate to seek mental health support due to stigma and lack of awareness. The report recommends family support, professional counselling, and community mental health services (National Institute on Aging 2022).

The reviewed studies collectively show that mental health is a critical determinant of healthy ageing and overall psychosocial wellbeing. Older adults are highly vulnerable to depression, anxiety, loneliness, grief, and emotional distress due to age-related changes and social disconnection. The literature consistently emphasizes that mental health concerns among older adults often remain overlooked despite their serious impact on quality of life. Early psychosocial interventions, emotional support, social participation, and family involvement are identified as effective strategies for improving mental wellbeing. Social workers play an essential role in this process by conducting psychosocial assessments, providing counselling, strengthening social relationships, and advocating for mental health support.

2.3. Theoretical Framework

2.3.1. Ecological Systems Theory

Ecological Systems Theory explains that an individual's wellbeing is influenced by the interaction between the person and multiple environmental systems, including family, community, institutions, culture, and public policies. The theory emphasizes that human behaviour and development cannot be understood in isolation but must be viewed within the context of these interconnected systems. In the present study, this theory is highly relevant because the psychosocial wellbeing of older adults is shaped by their family relationships, caregiving environment, community resources, healthcare services, and social welfare systems. It also explains the multifaceted role of social workers in coordinating interventions across these different systems to promote holistic wellbeing (Bronfenbrenner, 1979).

2.3.2. Person-in-Environment (PIE) Perspective

The Person-in-Environment (PIE) Perspective is a fundamental social work framework that emphasizes understanding individuals within the context of their physical, social, cultural, and economic environments. Rather than focusing solely on personal problems, it examines how environmental factors influence an individual's functioning and wellbeing. In the context of this research, the PIE perspective helps explain how older adults' psychosocial wellbeing is affected by family support, community participation, financial conditions, healthcare accessibility, and living environments. It also reflects the comprehensive assessments and interventions carried out by social workers in home-based geriatric care (Karls & Wandrei, 1994).

2.3.3. Activity Theory of Ageing

Activity Theory proposes that successful ageing is achieved when older adults remain physically, socially, and mentally active. Continued participation in meaningful activities, social relationships, and community life contributes to greater life satisfaction and psychological wellbeing. This theory is relevant to the present study because social workers encourage older adults to remain socially engaged, participate in family and community

activities, and maintain meaningful relationships, thereby improving their psychosocial wellbeing (Havighurst, 1961).

2.4. Research Gap

This study focuses on psychosocial wellbeing, intervention strategies, caregiver-related perspectives, challenges faced by social workers, and recommendations for strengthening community-based geriatric care. By generating context-specific qualitative evidence from Kerala, the study contributes to the limited body of knowledge in geriatric social work practice and provides practical insights for improving home-based elderly care services.

2.5. Conclusion

The reviewed literature provides a comprehensive understanding of home-based geriatric care and the role of social workers in promoting the psychosocial wellbeing of older adults. The studies collectively indicate that population ageing has become a major social and public health concern globally and in India, particularly in Kerala, where the proportion of older adults is steadily increasing. As traditional family support systems weaken due to migration, urbanization, and changing family structures, home-based geriatric care has emerged as an important model for supporting older adults within their own homes and communities.

The literature on Integrated Home-Based Care Models highlights that holistic and coordinated care involving medical, psychological, social, and rehabilitative services improves continuity of care, autonomy, and quality of life. Studies on Telehealth and Hybrid Visit Innovations demonstrate that technology-assisted care enhances accessibility, monitoring, and continuity, especially for older adults with mobility limitations, although digital literacy remains a challenge.

Research related to Psychosocial Support Interventions consistently shows that counselling, emotional support, social participation, and family engagement reduce loneliness, depression, and social isolation among older adults. Similarly, studies on Ageing in Place establish that remaining in one's own home contributes to dignity, identity preservation, emotional security, and independence.

The theme of Training and Workforce Development reveals a growing need for specialized geriatric training for social workers and other care professionals. Literature on Palliative and End-of-Life Home Care emphasizes that psychosocial care, grief counselling, and family support are essential in ensuring dignity and comfort during terminal stages.

Studies focusing on the Role of Social Workers in the Lives of Older Adults identify social workers as counsellors, advocates, care coordinators, mediators, and emotional support providers. Furthermore, Policy and System-Level Support studies highlight the importance of government policies, welfare schemes, and community-based services in strengthening elderly care. Finally, the literature on Mental Health among Older Adults demonstrates that depression, anxiety, loneliness, grief, and emotional distress are significant but often overlooked concerns that require continuous psychosocial intervention.

CHAPTER 3

METHODOLOGY

CHAPTER 3: METHODOLOGY

3.1 Introduction

Research methodology is a systematic and scientific framework used to collect, analyse, and interpret data in research. It provides a structured outline of how the research has been carried out. It includes the research approach, research design, themes, setting, population, sample, sampling technique, development and description of instruments, ethical considerations, pilot study, data collection procedure, and plan for data analysis. Research methodology ensures that the study is valid, reliable, and ethically sound.

The present study aims to explore the role, responsibilities, strategies, and challenges of social workers in enhancing the psychosocial wellbeing of older adults receiving home-based geriatric care services in Kerala.

This chapter describes the research approach, research design, themes, setting, population, sample, sampling technique, development and description of instruments, reliability and validity of tools, ethical considerations, pilot study, data collection procedure, and plan for data analysis.

Thus, this chapter intends to provide an overall picture of how the study will be conducted in order to produce a reliable and valid research outcome.

3.2 Title of the Study

“The Role of Social Workers in Enhancing Psychosocial Wellbeing of Older Adults in Home-Based Geriatric Care Services in Thiruvananthapuram”.

3.3 Research questions

3.3.1 General research question

What are the roles, responsibilities, and challenges of social workers in enhancing the psychosocial wellbeing of older adults in home-based geriatric care services in Thiruvananthapuram?

3.3.2 SPECIFIC RESEARCH QUESTIONS

1. What roles and responsibilities are performed by social workers in a home-based geriatric care agency?
2. What psychosocial strategies and interventions are used by social workers?
3. How do social workers perceive the psychosocial wellbeing of older adults receiving home-based care?
4. What challenges do social workers face while working in home-based geriatric care settings?
5. What recommendations can strengthen social work practice in community-based geriatric care services?

3.4. Definition of Concepts

3.4.1. Social workers

Conceptual Definition- Social workers help people prevent and cope with problems in their everyday lives and advocate for improved services and policies. (NASW)

Operational Definition- social workers refer to professionally qualified personnel holding a degree/masters in social work and currently providing assessment, psychosocial support, counselling, care coordination, or resource linkage to older adults receiving home-based geriatric care services

3.4.2. Psychosocial

Conceptual Definition - Psychosocial refers to the dynamic relationship between psychological aspects of human experience (thoughts, emotions, behavior) and the broader social environment (family, community, culture) (WHO, 2018).

Operational Definition - psychosocial refer to the emotional, behavioral, and social well-being of older adults, as assessed through interviews, observation, and relevant psychosocial scales (such as Geriatric Depression Scale or Social Support Scale).

3.4.3. Older adults

Conceptual Definition - Older adults are individuals in the later stages of the human lifespan who typically experience age-related biological, psychological,

and social changes. The World Health Organization (WHO) defines older adults or elderly as persons aged 60 years and above (WHO, 2002)

Operational Definition - Older adults' individuals aged 60 years and above who are receiving home-based geriatric care services

3.4.4. Geriatric care

Conceptual Definition- Geriatric care refers to the specialized field of healthcare and supportive services focusing on the medical, psychological, functional, and social needs of older adults to promote healthy aging and quality of life (American Geriatrics Society, 2020)

Operational Definition - Geriatric care is a home-based service provided to older adults that include medical care, nursing, therapy, social work interventions, and support for daily living activities aimed at maintaining or improving their health and well-being

3.4 Themes

3.4.1. Main theme 1: role and responsibilities of social workers

Sub-themes:

- Psychosocial assessment
- Counselling and emotional support
- Care coordination and advocacy
- Resource linkage

3.4.2. Main theme 2: psychosocial wellbeing of older adults

Sub-themes:

- Emotional wellbeing
- Social relationships and family dynamics
- Dignity and autonomy
- Safety and continuity of care

3.4.3. Main theme 3: social work interventions

Sub-themes:

• Individual-level interventions

• Family-focused interventions

• Community-based interventions

• Crisis intervention

3.4.5. Main theme 4: challenges faced by social workers

Sub-themes:

• System-level challenges

• Family-related challenges

• Resource constraints

• Emotional and ethical challenges

3.4.6. Main theme 5: recommendations and suggestions

Sub-themes:

• Strengthening social work practice

• Policy and program improvement

• Capacity building

• Future service needs

3.5. Research design

A Qualitative Descriptive Exploratory Case Study design is used in the study. The case focuses on a selected home-based geriatric care agency in Thiruvananthapuram. The primary respondents are social workers working in the agency.

The case study design enables an in-depth exploration of professional roles, psychosocial interventions, and challenges within a real-life organisational context.

3.6. Pilot study

A pilot study was conducted among selected social workers working in home-based geriatric care services in Thiruvananthapuram to test the feasibility and clarity of the interview guide. Necessary modifications were made before final data collection.

3.7. Universe and unit of study

The universe of the study comprised social workers employed in home-based geriatric care centres in Thiruvananthapuram District, Kerala. These professionals are involved in providing psychosocial care, counselling, care coordination, advocacy, family intervention, and other social work services for older adults receiving care in their homes.

The unit of study was an individual social worker working in a selected home-based geriatric care agency in Thiruvananthapuram. The participant possessed professional experience in providing psychosocial services to older adults and was therefore able to provide detailed information relevant to the objectives of the study.

3.8. Research approach

A qualitative research approach is employed in this study to gain in-depth understanding of the experiences and perceptions of social workers.

3.9. Sampling design

The study employed purposive sampling, a non-probability sampling technique commonly used in qualitative research to identify participants who possess rich knowledge and direct experience related to the phenomenon under investigation. Purposive sampling enabled the researcher to select a participant who could provide detailed insights into the professional roles, intervention strategies, challenges, and experiences associated with home-based geriatric social work practice.

3.10. Sample Size

4 social workers working in the selected agencies in Thiruvananthapuram.

3.10.1. Inclusion Criteria

The participant selected for the study fulfilled the following criteria:

- A professionally qualified social worker employed in a home-based geriatric care centre.
- Minimum of one year of experience in providing home-based geriatric care services.
- Direct involvement in psychosocial assessment, counselling, care coordination, family intervention, advocacy, or related social work services.
- Willingness to voluntarily participate in the research and provide informed consent.

3.10.2. Exclusion Criteria

The following individuals were excluded from the study:

- Healthcare professionals other than social workers, including nurses, doctors, physiotherapists, and caregivers.
- Social workers without direct involvement in home-based geriatric care.
- Administrative personnel without professional responsibility for psychosocial service delivery.
- Individuals unwilling to participate or provide informed consent.

3.11. Methods of data collection

• Semi-structured interviews using an interview guide
• Observation of social work practices
• Field notes
• Review of relevant agency documents (if permitted)

3.12. Ethical considerations

The ethical considerations while collecting data from respondents include:

• Institutional permission obtained from the selected agency
• Informed consent obtained from all participants
• Right to withdraw at any stage of the study
• Confidentiality and anonymity maintained
• De-identification of data
• Referral support provided if interviews evoke distress

3.13. Limitations of the study

• Limited sample size
• Findings may not be generalizable
• Possibility of researcher bias
• Time constraints

3.14. Conclusion

This chapter presented the methodological framework adopted for the study titled *"The Role of Social Workers in Home-Based Geriatric Care Centres in Thiruvananthapuram."* It outlined the qualitative research approach and the single case study design, which were selected to gain an in-depth understanding of the roles, responsibilities, psychosocial interventions, and challenges experienced by social workers in home-based geriatric care. The chapter further described the universe and unit of study, purposive sampling technique, inclusion and exclusion criteria, methods of data collection, pre-testing of the interview guide, and the procedures followed for data analysis using Braun and Clarke's (2013) thematic analysis.

In addition, the chapter explained the ethical principles maintained throughout the research process, including informed consent, confidentiality, voluntary participation, and respect for the participant's rights. The assumptions, limitations, and scope of the study were also discussed to provide transparency regarding the context and boundaries of the research. The selected methodology was appropriate for exploring the participant's professional experiences and understanding the complex psychosocial dimensions of home-based geriatric social work within its real-life context.

Overall, the methodological approach provided a systematic and rigorous framework for collecting and analysing rich qualitative data. It ensured that the findings were credible, contextually relevant, and aligned with the research objectives. The methodology also facilitated a comprehensive exploration of the participant's perspectives, enabling the study to generate meaningful insights into the contribution of social workers in promoting the psychosocial wellbeing of older adults receiving home-based geriatric care. The subsequent chapter presents the analysis and interpretation of the findings derived from the participant's narratives through thematic analysis, thereby addressing the research questions and objectives of the study.

CHAPTER 4

CASE PRESENTATION

CHAPTER 4: CASE PRESENTATION

4.1. Socio-Demographic Details of LivEzee Eldercare

Name of Agency	LivEzee Eldercare
Nature of Organization	Home-based eldercare and ageing support platform providing comprehensive care services for older adults in their own homes.
Year of Establishment	
Legal Status	Private Limited Company registered under the Companies Act, 2013. *(As provided by the agency.)*
Service Categories	**Independent Living:** For elders who are largely self-sufficient and require minimal support. **Enhanced Living:** For elders requiring moderate assistance, monitoring, and care coordination. **Advanced Care:** For elders with significant health, functional, or caregiving needs requiring intensive support and supervision. *(Based on agency service classification.)*
Human Resources (In-house Staff)	4 Social Workers, Nursing Officer, Business Development Personnel, and Partnership/Coordination Staff. *(Agency information provided.)*
Outsourced Service Network	Collaborates with external agencies and professionals including home healthcare providers, doctors, nurses, physiotherapists, electricians, plumbers, home maintenance services, relocation services, and other concierge service providers.

Major Services Provided	Care management, companionship, health monitoring, emergency support, concierge services, social engagement, personal growth activities, technology assistance, wellness management, and family support services.

Core Question 1.1: Can you describe your role in assessing the psychosocial needs of older adults receiving home-based geriatric care?

Within Institutional gerontological care model, assessment of psychosocial needs is a core responsibility of the Personal Care Manager (PCM). We do not view psychosocial wellbeing as separate from medical, functional, or environmental wellbeing. Instead, it is integrated into a biopsychosocial-functional-safety framework that guides our entire care process. Assessment begins during onboarding through a structured but conversational evaluation where we explore emotional wellbeing, coping mechanisms, social connectedness, autonomy, family dynamics, safety concerns, adjustment to ageing, previous life experiences, fears related to dependency, and expectations from care. Psychosocial assessment is not a one-time activity. It continues through regular care calls, home visits, care reports, observations, and family feedback. We monitor mood changes, sleep patterns, appetite, behavioural changes, social withdrawal, communication patterns, caregiver burden, and emotional responses to health conditions. The objective is to understand how emotional, social, environmental, and relational factors influence overall wellbeing and quality of life.

Probing Question 1: What psychosocial issues are commonly identified?

In Institutional client population, psychosocial concerns are rarely related to financial insecurity because most clients belong to financially stable

backgrounds. Instead, the most common concerns revolve around autonomy, identity, emotional wellbeing, relationships, and meaning-making in later life. We frequently observe mild to moderate depression, health-related anxiety, fear of dependency, social isolation despite physical comfort, caregiver stress, and emotional distress associated with chronic illness. Many older adults struggle with the transition from being decision-makers to becoming recipients of care. We also identify grief related to the loss of spouses, friends, social roles, and physical capabilities. Retirement can contribute to a loss of identity and purpose. Intergenerational conflicts, reduced social engagement, loneliness, fear of becoming a burden, anxiety about hospitalization, cognitive decline, dementia, and existential concerns about usefulness and legacy are also commonly expressed. These concerns often emerge gradually and may not always be communicated directly.

Probing Question 2: How do family and social factors influence your assessment?

Family and social factors are central to our psychosocial assessment process because emotional wellbeing cannot be understood in isolation from relationships and social environments. We assess family structure, caregiving arrangements, communication patterns, emotional climate, and decision-making dynamics. Geographic distance between older adults and their children is also important because many of our clients have family members living abroad. Even when family members communicate regularly, emotional loneliness may still exist if interactions are brief or task-oriented. We observe whether the older adult is included in important decisions regarding healthcare, finances, and daily life because exclusion can affect autonomy and self-worth. Social engagement, participation in religious activities,

community involvement, friendships, and access to meaningful relationships are also explored. We examine intergenerational role changes, authority shifts within families, caregiver burden, unresolved conflicts, and emotional support systems because these factors significantly influence psychological wellbeing and adjustment to ageing.

Probing Question 3: What tools or methods do you use for assessment?

Our assessment process is multidimensional and combines structured tools, observation, interviews, and continuous monitoring. During onboarding, we use a comprehensive assessment questionnaire that covers demographic information, medical history, cognitive functioning, emotional wellbeing, social relationships, functional independence, home safety, and caregiver systems. We use tools such as the Timed Up and Go (TUG) test to assess mobility and fall risk, and the Montreal Cognitive Assessment (MoCA) to evaluate cognitive functioning. Observational assessment is equally important. We observe gait, posture, communication style, mood, social interaction, safety practices, use of assistive devices, and family interactions within the home environment. Structured care calls are conducted regularly to monitor emotional wellbeing, health stability, social engagement, and functional status. When required, additional assessments such as the Mental Status Examination (MSE) and Geriatric Depression Scale (GDS) may be used. Assessment is therefore not a single event but an ongoing process that allows us to identify changes early and respond appropriately.

Core Question 1.2: What kind of counselling or emotional support do you provide to older adults and their families?

At the Institution we do not provide psychotherapy or formal counselling. Instead, we offer structured emotional support and we use counselling techniques that is embedded within our ongoing gerontological care model and individualized care plan framework. Our clients are long-term members of our services unless they voluntarily withdraw or due to end-of-life circumstances. Therefore, emotional support is continuous and preventive rather than session-based or problem-solving in nature. Each client is allocated a dedicated Personal Care Manager (PCM), and this continuity is foundational. The PCM conducts structured care calls and regular visits, monitors wellbeing indicators, and ensures that emotional, social, and functional needs are reflected within the client's personalized care plan. Emotional support primarily takes the form of relational presence and structured monitoring. During care calls, we create a safe conversational space where clients can express concerns related to ageing, mobility limitations, grief, fear of dependency, or social disengagement. Rather than offering therapy, we acknowledge these experiences, provide reassurance, and reinforce independence.

Probing Question 1: What emotional concerns are frequently expressed by older adults?

In the Institution's premium gerontological care context, emotional concerns are rarely centered around financial insecurity. Instead, they are more relational, identity-based, and autonomy-focused. Many of our clients are educated, financially stable, and have held strong family or professional roles in the past. Therefore, emotional concerns often relate to transitions in control, relevance, and independence. One of the most frequently expressed concerns is fear of dependency. Older adults who have managed households,

businesses, or professional careers may struggle with accepting assistance for mobility, medication management, or daily routines. Another common theme is loss of authority within the family system. Adult children may take over healthcare or financial decisions with protective intent. Grief and unresolved loss is also significant. Loss of spouse, close friends, or even loss of physical strength accumulates over time. Social disengagement after retirement is another concern. We also observe anticipatory anxiety about health decline. Clients may worry about becoming bedridden, developing dementia, or losing cognitive sharpness. Importantly, many of these concerns are expressed indirectly rather than explicitly.

Probing Question 2: How do these emotional concerns affect their daily functioning?

Fear of dependency may reduce confidence in performing daily tasks independently. Older adults who are physically capable may begin avoiding activities because they feel uncertain about their abilities. Social disengagement may lead to reduced participation in hobbies, household routines, and meaningful interactions. Grief and unresolved loss often affect motivation and initiative. Health-related anxiety may result in excessive monitoring of symptoms, sleep disturbances, and reduced confidence in everyday functioning. We also observe learned helplessness in some situations. When family members or caregivers repeatedly complete tasks on behalf of the client, the older adult may gradually stop attempting activities they are capable of performing independently. Over time, these emotional concerns influence mobility, social engagement, self-confidence, decision-making, and overall quality of life. Emotional wellbeing and functional

wellbeing are therefore closely interconnected within home-based gerontological care.

Probing Question 3: How does social work intervention address these emotional needs?

Within organization's model, social work intervention is structured, coordinated, and independence-focused rather than therapeutic. Emotional needs are not addressed through isolated counselling sessions but through an integrated system that combines continuous monitoring, dynamic care planning, structured engagement, and predictive analysis. The care plan is a dynamic framework reflecting the client's biological, functional, emotional, and social domains. Emotional observations from care calls and visits are systematically documented. If early signs of social disengagement, irritability, sleep disturbance, reduced initiative, or autonomy-related frustration are observed, these patterns are reflected in the care plan. When social disengagement is identified, the organization's Companionship Program becomes a structured intervention tool. We encourage social and community engagement, facilitate family communication, and coordinate referrals when concerns exceed our scope. Social work intervention within organization's operates as a structured emotional ecosystem rather than isolated counselling sessions.

Probing Question 4: How do you support caregivers and family members emotionally?

For adult children, particularly those residing outside India, emotional strain often presents as guilt, hypervigilance about health updates, anxiety about

missing deterioration, and fear of emergency situations. We reduce uncertainty through structured updates, periodic reports, transparent communication about care plan implementation, clarification of escalation protocols, and consistent documentation. We provide psychoeducation on ageing trajectories, helping families understand what changes are expected in normal ageing, what symptoms indicate clinical concern, the difference between emotional withdrawal and cognitive decline, and the nature of chronic disease progression. In households with hired caregivers or domestic staff, organization's e provides structured support through clear role definition, emotional mediation, and formal training. We do not wait for emotional crises. We proactively provide psychoeducation on caregiver burnout cycles, emotional regulation strategies, communication techniques with older adults, and grief related to functional decline.

Probing Question 5: Can you share an example of a counselling intervention?

One significant example that illustrates organization's approach to emotional support and coordinated intervention involved a client who presented with severe social withdrawal at the time of onboarding. At onboarding, the client was spending most of her time inside her room, often lying in bed throughout the day. Although she was physically capable of movement and had no acute illness at that time, she was not engaging in daily routines. Family members shared that she had previously been active, enjoyed reading, participated in household conversations, and maintained social interest. During the structured onboarding assessment and subsequent visits, the PCM observed that the degree of withdrawal appeared disproportionate to her known medical background. Through coordinated consultation with appropriate

medical professionals, the client was assessed and later identified as having Parkinsonian features. Once medical management began, organization's continued structured emotional and functional support. Over approximately one month, gradual improvements were observed. She began interacting more during visits, started sitting outside her room, and independently carried her plate to the kitchen and washed it herself. This example demonstrates organization's philosophy clearly: we do not provide psychotherapy; instead, we identify early warning signs, coordinate medical evaluation, strengthen family involvement, introduce structured engagement, and preserve dignity.

Core Question 1.3: How would you describe the emotional wellbeing of older adults receiving home-based geriatric care services?

From professional experience within organization's s home-based care model, emotional wellbeing among older adults is best described as layered, dynamic, and deeply influenced by autonomy, identity, and relational stability rather than financial stress. Most of our clients come from upper or upper-middle-class backgrounds, are financially secure, and have access to healthcare resources. Therefore, emotional challenges are rarely survival based. Instead, they are subtle, relational, and identity-driven. Many older adults demonstrate resilience and emotional maturity. They have lived through multiple life transitions and possess strong coping mechanisms. However, emotional wellbeing in later life is closely tied to perceived independence, relevance, and control. When these elements begin to shift due to physical decline, role changes, or family dynamics, emotional vulnerability may emerge. A recurring pattern is quiet emotional adjustment rather than overt distress. Older adults may not openly express sadness or anxiety but may demonstrate reduced engagement, irritability, or withdrawal. Emotional

concerns often revolve around fear of dependency, gradual role displacement within the family, social disengagement after retirement, and anticipatory anxiety about future health decline.

Probing Question 1: What common emotional issues do you observe among older adults?

In our practice, common emotional issues are rarely dramatic but often subtle and cumulative. One frequently observed concern is fear of dependency. Older adults who were previously decision-makers may struggle emotionally with accepting assistance. This may manifest as resistance to caregivers or reluctance to use assistive devices. Another common issue is social disengagement. After retirement, the loss of structured professional roles may lead to reduced interaction and sense of purpose. Even when family is present, peer-level engagement may decrease. Grief and unresolved loss are also prevalent. Loss of spouse, friends, or physical vitality accumulates over time. Emotional processing may be quiet rather than expressive. We also observe anticipatory anxiety about health decline, especially among highly educated clients who are aware of conditions such as dementia or Parkinson's disease. Minor forgetfulness can create disproportionate worry. In some cases, learned helplessness may emerge. After medical events or excessive assistance from family, clients may gradually withdraw from daily tasks even when capable. Loneliness, though rarely verbalized directly, is present in transnational family settings. Clients may speak daily with children yet feel emotionally alone.

Probing Question 2: How do these emotional concerns affect their daily functioning?

Emotional concerns often influence daily functioning subtly but meaningfully. Fear of dependency may reduce willingness to attempt activities independently. A client may avoid walking outside due to anxiety about falling, leading to reduced mobility and increased isolation. Social disengagement can decrease participation in hobbies or household routines. Gradual withdrawal may affect appetite, sleep quality, and cognitive stimulation. Grief may reduce motivation and initiative. Even if physically capable, the individual may lack drive to engage in structured activities. Anticipatory health anxiety can increase hypervigilance toward bodily sensations, leading to sleep disturbance and over-monitoring of symptoms. Learned helplessness may reduce initiative in performing small daily tasks, reinforcing passivity. These functional changes are often not dramatic but progressive. Over time, reduced engagement can contribute to physical deconditioning, lower confidence, and greater dependency. Emotional wellbeing and functional wellbeing therefore influence one another continuously within the ageing process.

Probing Question 3: What changes would benefit older adults most?

Several changes in care practices can significantly improve the overall wellbeing of older adults receiving home-based care. Among these, preserving autonomy and independence remains one of the most important protective factors for psychological health. Older adults benefit greatly when they are actively included in decision-making processes regarding their care. Being consulted about treatment plans, daily routines, or lifestyle adjustments reinforces their sense of control and dignity. Even when assistance is required, involvement in decision-making helps maintain self-esteem. Establishing structured daily routines is another beneficial practice. Predictable schedules

for meals, medication, exercise, and rest provide stability and reduce anxiety, particularly for individuals experiencing cognitive decline. Safe and supportive home environments are also essential. Environmental modifications such as handrails, proper lighting, and fall-prevention measures enable elders to move confidently within their homes while reducing risk of injury. Meaningful engagement opportunities further enhance quality of life. Activities such as reading, gardening, spiritual practices, or conversations with family members provide a sense of purpose and continuity with past interests.

Core Question 1.3: How do you coordinate care between the older adult, family, and healthcare team?

At organization's care coordination is structured, continuous, and communication driven. As Personal Care Managers (PCMs), we function as the central coordination point between the older adult, family members (local or abroad), healthcare providers, and the internal service team. Because our model is ongoing rather than short term, coordination is proactive and longitudinal. A primary tool for coordination is our structured care call system. These calls are conducted regularly according to the care package and follow defined wellbeing indices covering health stability, emotional wellbeing, independence, social engagement, and care reliability. During each call, we assess changes in routine, mood, mobility, sleep, appetite, medication adherence, and overall engagement. After the call, structured reporting is documented. Relevant updates are shared with the family, particularly when there are notable changes or emerging needs. This ensures transparency and reduces uncertainty, especially for adult children living abroad. When needs are identified during care calls or visits whether medical,

functional, or emotional we communicate them clearly to the family. With the family's permission, we coordinate with the client's existing healthcare providers or preferred doctors. We do not interfere with medical authority. Instead, we share structured observations, clarify recommendations, ensure prescriptions are understood, support appointment scheduling, and monitor implementation. Importantly, coordination is not just logistical, it is relational. We ensure that the older adult's voice is included in discussions whenever possible. Thus, care coordination at organization's involves structured monitoring through care calls, transparent reporting to families, collaborative engagement with healthcare providers, and alignment with internal service teams while preserving independence and dignity.

Probing Question 1: How do you address conflicts or communication gaps?

In organization's premium gerontological care model, conflicts and communication gaps typically arise not from hostility but from distance, assumptions, or fragmented information flow. As Personal Care Managers (PCMs), our role is to identify, manage, and bridge these gaps while maintaining dignity and relational balance. In transnational families, parents often speak with children daily but may avoid discussing discomfort, emotional withdrawal, or minor health concerns because they do not want to worry them. In such situations, the PCM identifies discrepancies through structured care calls. If the client expresses concerns to us that are not communicated to the family, we do not confront either party. Instead, we gently bridge the gap. We may encourage the client to share specific concerns directly with their children, provide structured updates to the family highlighting areas that may need attention, or facilitate joint calls when

necessary, ensuring the older adult's voice is included. Communication gaps also arise between clients and service providers. In such instances, the PCM intervenes coordinatively, clarifies situations, ensures transparency, and maintains respectful interaction standards. Because updates are proactive rather than crisis based, misunderstandings are minimized. The PCM functions as a communication stabilizer, remaining neutral, data informed, and relationally sensitive. Ultimately, effective communication management strengthens psychosocial wellbeing by reducing anxiety, improving trust, and creating stability within the care ecosystem.

Probing Question 2: What advocacy roles do you perform for clients?

At organization's, advocacy is subtle, structured, and dignity centered rather than confrontational. As Personal Care Managers (PCMs), we do not position ourselves as legal representatives or decision makers. Instead, our advocacy role focuses on preserving autonomy, ensuring clarity, protecting from vulnerability, and aligning services with the client's expressed needs. One of our primary advocacy roles is ensuring that the older adult's voice is included in care related discussions. The client's preferences are documented in the care plan, the client is included in discussions whenever cognitively appropriate, and major decisions are communicated respectfully rather than imposed. Advocacy also involves safety and protection. Older adults may encounter situations where they are vulnerable to misinformation or exploitation. With the client's permission, the PCM may step in to clarify billing, communicate with service providers, or inform the family to ensure transparency. When coordinating with healthcare providers, we advocate for clarity and understanding. We help translate observations into structured updates and ensure medical recommendations are clearly understood and

implemented. A unique aspect of organization's advocacy is protecting independence. If a client is functionally capable of performing certain tasks safely, we advocate for preserving those abilities rather than unnecessarily limiting them. Advocacy at organization is protective, preventive, and autonomy focused, ensuring that dignity, safety, preferences, and independence remain central within the care ecosystem.

Probing Question 3: How does teamwork impact psychosocial wellbeing?

In organization's care model, teamwork is not simply operational coordination; it is a psychosocial stabilizing structure built around the client as the central focus of the Circle of Care. Every professional role, every family interaction, and every service decision orbits around one core principle: safeguarding the client's emotional security, dignity, and autonomy. We operate through interconnected layers of teamwork. The first layer consists of organization's internal operational team, including the PCM, nurse, service coordinator, and other service providers such as physiotherapists, yoga therapists, or companions. Within this system, the PCM monitors psychosocial and functional wellbeing while other professionals contribute their respective expertise. The second layer includes family members, healthcare providers, and community support systems. When all stakeholders communicate effectively and work toward common goals, the older adult experiences continuity rather than fragmentation. Teamwork reduces uncertainty, strengthens emotional security, improves responsiveness to emerging concerns, and creates a stable support network. As a result, the client feels heard, supported, and respected, which directly contributes to psychosocial wellbeing and quality of life.

Core Question 1.4: How do you assist older adults in accessing welfare schemes, benefits, or community resources?

In organization's care model, resource linkage extends beyond traditional welfare schemes. Since most of our clients belong to upper or upper-middle-class backgrounds, financial hardship is not typically the primary concern. Instead, our role focuses on structured access to healthcare benefits, verified service providers, assistive resources, insurance coordination, and meaningful community engagement opportunities that support safe and dignified ageing at home. At onboarding, we assess the client's existing ecosystem including health insurance coverage, preferred doctors, ongoing treatments, and support networks. Where applicable, we guide families in understanding hospitalization procedures, reimbursement documentation, and insurance claim requirements. While we do not manage finances or act as financial controllers, we help ensure clarity so that benefits can be accessed without confusion or delay. A key component of our resource linkage framework is organization's Assist. Through organization's Assist, we actively coordinate and arrange services that enhance safety, comfort, and independence. We also assist in connecting clients to appropriate healthcare providers and encourage participation in spiritual groups, reading circles, cultural events, or senior engagement activities aligned with the client's interests. Ultimately, resource linkage at organization's is not about financial aid alone. It is about structured navigation, quality assurance, safety protection, and coordinated access that enhances confidence, independence, and security in ageing at home.

Probing Question 1: What challenges arise while linking resources?

Challenges in resource linkage can be understood in two phases: challenges experienced by the client and family before engaging organizations and challenges encountered by organization's while coordinating and streamlining resources within an ongoing care framework. Before structured coordination, many families, even financially stable ones, faced significant navigation difficulties. One common challenge is fragmented service access. Older adults may independently arrange services such as plumbing repairs, medical equipment rentals, or therapy appointments without proper verification. This can lead to overcharging, unclear billing, substandard service, or incomplete work. Communication gaps within families, especially in transnational contexts, also create challenges. Insurance and medical documentation processes can become stressful, and there may be a lack of role clarity regarding who is responsible for addressing specific needs. Even with structured systems in place, resource linkage remains complex. Alignment among clients, family members, healthcare providers, and service vendors can be difficult. Client resistance to support, documentation requirements, quality assurance, digital barriers, and the need for emotional sensitivity all require continuous coordination, communication, and trust-building.

Probing Question 2: How does resource support improve wellbeing?

Resource support improves wellbeing not merely by providing services, but by reducing uncertainty, enhancing safety, preserving independence, and creating psychological stability. In organization's s care model, structured resource coordination directly impacts both functional and psychosocial dimensions of ageing. One of the strongest impacts is the reduction of anxiety.

When older adults and families know that medical appointments, therapy sessions, household services, and assistive devices can be arranged in a structured manner, uncertainty decreases. Resource linkage improves safety through home modifications, assistive equipment, and timely medical follow-ups. Improved mobility confidence leads to better engagement in daily routines and prevents social withdrawal. Importantly, resource support does not replace independence; it enables it. Preventive resource coordination protects autonomy and helps older adults continue living independently. Resource coordination also strengthens family emotional stability, reduces guilt and anxiety among family members, lowers cognitive burden by simplifying appointments and paperwork, and increases trust in the overall care ecosystem. Structured resource linkage transforms practical support into psychosocial security.

Probing Question 3: Are there unmet needs despite available services?

Within organization's structured care model, we actively arrange and coordinate most services required by the client through individualized care planning, regular monitoring, and organization's Assist. Therefore, unmet needs rarely arise due to lack of service availability. However, certain unmet needs may still occur due to human, psychological, and relational dynamics rather than operational gaps. One of the most significant unmet needs arises when clients do not communicate their concerns openly. Many older adults consciously avoid sharing difficulties with family members because they do not want to cause stress. Some clients may minimize fatigue, emotional withdrawal, mobility discomfort, or sleep disturbances because of pride, habit, or a desire to maintain independence. Another important dimension is learned helplessness, where older adults gradually stop attempting activities

they are capable of performing. Emotional readiness can also affect service utilization, as some clients hesitate to accept interventions such as grab bars or mobility aids because these symbolize dependency. Practical resource gaps are minimal, but ageing is a complex biopsychosocial process. Unmet needs are more often related to communication patterns, emotional resistance, psychological transitions, and adaptation to ageing rather than lack of available services.

Core Question 2.1: From your professional experience, how would you describe the emotional wellbeing of older adults receiving home-based geriatric care services?

From professional experience within organization's home-based care model, emotional wellbeing among older adults is best described as layered, dynamic, and deeply influenced by autonomy, identity, and relational stability rather than financial stress. Most of our clients come from upper or upper-middle-class backgrounds, are financially secure, and have access to healthcare resources. Therefore, emotional challenges are rarely survival based. Instead, they are subtle, relational, and identity-driven. Many older adults demonstrate resilience and emotional maturity. They have lived through multiple life transitions and possess strong coping mechanisms. However, emotional wellbeing in later life is closely tied to perceived independence, relevance, and control. When these elements begin to shift due to physical decline, role changes, or family dynamics, emotional vulnerability may emerge. A recurring pattern is quiet emotional adjustment rather than overt distress. Older adults may not openly express sadness or anxiety but may demonstrate reduced engagement, irritability, or withdrawal. Emotional concerns often revolve around fear of dependency, gradual role displacement

within the family, social disengagement after retirement, and anticipatory anxiety about future health decline. In transnational family systems, emotional wellbeing is also influenced by geographical separation. Even when communication is regular, emotional transparency may be limited. Parents often prioritize reassuring their children rather than sharing personal discomfort. As a result, emotional strain may remain internalized. Another factor influencing emotional wellbeing is functional change. Even minor mobility limitations or vision issues can alter confidence levels. When independence feels threatened, emotional stability may fluctuate. Importantly, emotional wellbeing is not static. It varies based on health status, family interaction quality, engagement levels, and sense of daily purpose. Clients who remain involved in decision-making and structured activities tend to show stronger emotional stability. Within organization's model, regular structured care calls and visits allow us to observe subtle changes over time. Emotional wellbeing is therefore understood longitudinally rather than based on single observations. Overall, emotional wellbeing among older adults in home-based gerontological care can be described as generally stable but vulnerable to shifts in autonomy, health perception, social engagement, and family dynamics. With structured monitoring and supportive coordination, many emotional fluctuations can be stabilized without escalation.

Probing Question 1: What common emotional issues do you observe among older adults?

In our practice, common emotional issues are rarely dramatic but often subtle and cumulative. One frequently observed concern is fear of dependency. Older adults who were previously decision-makers may struggle emotionally with accepting assistance. This may manifest as resistance to caregivers or

reluctance to use assistive devices. Another common issue is social disengagement. After retirement, the loss of structured professional roles may lead to reduced interaction and sense of purpose. Even when family is present, peer-level engagement may decrease. Grief and unresolved loss are also prevalent. Loss of spouse, friends, or physical vitality accumulates over time. Emotional processing may be quiet rather than expressive. We also observe anticipatory anxiety about health decline, especially among highly educated clients who are aware of conditions such as dementia or Parkinson's disease. Minor forgetfulness can create disproportionate worry. In some cases, learned helplessness may emerge. After medical events or excessive assistance from family, clients may gradually withdraw from daily tasks even when capable. Loneliness, though rarely verbalized directly, is present in transnational family settings. Clients may speak daily with children yet feel emotionally alone. These emotional issues are rarely severe psychiatric conditions. They are typically adjustment-based, identity-related, and situational.

Probing Question 2: How do these emotional concerns affect their daily functioning?

Emotional concerns often influence daily functioning subtly but meaningfully. Fear of dependency may reduce willingness to attempt activities independently. A client may avoid walking outside due to anxiety about falling, leading to reduced mobility and increased isolation. Social disengagement can decrease participation in hobbies or household routines. Gradual withdrawal may affect appetite, sleep quality, and cognitive stimulation. Grief may reduce motivation and initiative. Even if physically capable, the individual may lack drive to engage in structured activities. Anticipatory health anxiety can increase hypervigilance toward bodily

sensations, leading to sleep disturbance and over-monitoring of symptoms. Learned helplessness may reduce initiative in performing small daily tasks, reinforcing passivity. These functional changes are often not dramatic but progressive. Over time, reduced engagement may contribute to physical deconditioning, lower confidence, and increased dependency. Emotional wellbeing and functional wellbeing therefore influence one another continuously within the ageing process.

Probing Question 3: What changes would benefit older adults most?

Several changes in care practices can significantly improve the overall wellbeing of older adults receiving home-based care. Among these, preserving autonomy and independence remains one of the most important protective factors for psychological health. Older adults benefit greatly when they are actively included in decision-making processes regarding their care. Being consulted about treatment plans, daily routines, or lifestyle adjustments reinforces their sense of control and dignity. Establishing structured daily routines can also promote emotional stability. Predictable schedules for meals, exercise, social interaction, and rest create a sense of continuity and purpose. Meaningful engagement opportunities such as hobbies, reading, gardening, spiritual activities, or companionship programmes help maintain identity and reduce social disengagement. Strengthening family communication is equally important. Older adults should feel comfortable expressing concerns without fear of burdening family members. Finally, proactive monitoring through regular care calls, emotional check-ins, and coordinated support systems can help identify concerns early and prevent emotional difficulties from escalating into more serious psychosocial problems.

Core Question 2.2:

How do family relationships and social interactions influence the psychosocial wellbeing of older adults in home-based care?

Family relationships and social interactions are central determinants of psychosocial wellbeing in home-based gerontological care. In organization's context, where most clients are financially stable and medically supported, emotional wellbeing is often more influenced by relational dynamics than material factors. For many older adults, identity has historically been anchored in family roles as decision-makers, providers, advisors, or caregivers. As ageing progresses, role transitions occur. Adult children may assume decision-making authority, especially in medical matters. While often protective, this shift can create subtle emotional strain if the older adult feels sidelined. In transnational families, communication patterns significantly shape wellbeing. Many clients speak regularly with children living abroad. However, conversations are often brief and reassurance-focused. Older adults may withhold concerns to prevent worry. This creates a paradox: frequent communication without emotional transparency. Over time, this may lead to internalized stress. Spousal dynamics also influence psychosocial health. In elderly couples, caregiver role inversion can occur when one partner becomes dependent. The caregiving spouse may experience fatigue, while the dependent partner may feel guilt. These emotional undercurrents affect mood and engagement. Beyond family, peer social interaction plays a protective role. Retirement and mobility limitations may reduce social circles. Reduced peer engagement can gradually contribute to social disengagement. Positive family interaction, respectful communication, and inclusion in decision-making significantly strengthen emotional stability. In contrast,

overprotectiveness, dismissive communication, or exclusion from discussions may reduce confidence and increase withdrawal. Thus, family and social relationships do not merely provide support; they shape identity, autonomy, and emotional security in later life.

Probing Question 1: What types of family support or conflict are commonly seen?

In premium home-based care settings, family support is generally strong but may be accompanied by subtle conflicts. Common supportive patterns include regular financial and logistical backing, frequent phone communication, proactive healthcare decision-making, and emotional reassurance. However, conflicts often arise in nuanced ways. One common pattern is decision-making dominance. Adult children may quickly implement medical changes without fully consulting the parent. While protective, this may reduce the older adult's sense of control. Another is overprotectiveness, particularly after hospitalization. Family members may restrict movement excessively to prevent falls, unintentionally reinforcing dependency. In transnational families, there may be communication asymmetry. The parent shares only positive updates, while children assume everything is stable. This gap delays identification of psychosocial strain. In some cases, sibling differences in opinion about care intensity may create internal family tension, indirectly affecting the client. These conflicts are rarely overt or hostile. They are usually rooted in care, but without structured mediation, they may impact emotional wellbeing.

Probing Question 2: How do social workers intervene in family-related psychosocial issues?

At organization's e, intervention in family-related issues is structured, neutral, and dignity-centered. First, we identify communication gaps through regular care calls and observation. If discrepancies arise between client experience and family perception, we gently bridge them. We avoid confrontational framing. Instead of stating that the client feels ignored, we may say, 'It may be beneficial to involve them more directly in discussions.' We facilitate structured conversations when necessary, ensuring the older adult's voice is heard respectfully. For example, if the client is capable of light mobility, we recommend preserving that independence rather than imposing restrictions. In caregiver fatigue cases, we normalize emotional strain and suggest redistribution of responsibility or additional support services. If conflict escalates beyond supportive scope, referral to appropriate counseling professionals may be recommended. Our role is stabilizing communication, aligning expectations, and preserving relational balance.

Probing Question 3: What role does caregiver behaviour play in wellbeing?

Caregiver behaviour directly shapes psychosocial outcomes. Supportive caregiver behaviours include respectful communication, encouragement of independence, emotional patience, and inclusion in decisions. These behaviours strengthen confidence and reduce anxiety. In contrast, behaviours such as excessive control, dismissiveness, or constant correction may increase withdrawal or learned helplessness. Overassistance, even when well-intentioned, can reduce self-efficacy. For example, repeatedly completing tasks the client can perform independently may gradually reduce initiative. Positive caregiver behaviour promotes engagement, dignity, and emotional security.

Core Question 2.3:

How do social workers ensure dignity and autonomy of older adults within home-based geriatric care services?

Ensuring dignity and autonomy is central to organization's gerontological philosophy. In a home-based setting, preserving independence is often more important to clients than receiving assistance. Dignity is maintained through respectful communication, inclusion in decision-making, and protection from unnecessary dependency. Autonomy is reinforced by involving clients in care plan discussions, seeking consent before major service changes, encouraging participation in daily tasks, and preserving choice in routine decisions. Even when cognitive or functional decline exists, we promote participatory involvement to the greatest extent possible. Structured care calls ensure that the client's voice is heard independently of family narratives. Documentation reflects both client preference and family input. We avoid infantilizing language or excessive control. Even small decisions such as timing of services or participation in activities are discussed. Ethical boundaries are respected. We coordinate services only with permission, and confidentiality is maintained. Ultimately, dignity is not preserved by reducing risk alone, but by balancing safety with autonomy.

Probing Question 1: Are older adults involved in decision-making processes?

Yes, wherever cognitively appropriate, older adults are actively involved in decision-making processes. We ensure that they are clearly informed about medical recommendations, that their personal preferences are carefully

recorded in the care plan, and that any changes in services are openly discussed with them. Their comfort, values, and choices are always prioritized. Even when family members initiate or influence decisions, we encourage the inclusion of the client in conversations so they remain an active participant rather than a passive recipient of care. This involvement strengthens their sense of control, reinforces confidence, and reduces emotional resistance, thereby supporting their overall psychosocial wellbeing. The objective is not simply to inform clients about decisions after they have been made, but to ensure meaningful participation throughout the decision-making process. By preserving choice and encouraging involvement, we help maintain dignity, autonomy, and self-esteem even when health conditions require additional support.

Probing Question 2: What ethical issues arise related to autonomy?

Ethical dilemmas related to autonomy frequently arise in home-based gerontological care, particularly when balancing safety, dignity, confidentiality, and family involvement. These tensions require careful, case-sensitive judgment rather than rigid rule application. Safety versus independence is one of the most common ethical conflicts. For instance, a client with mild cognitive decline may retain partial decision-making capacity. Determining how much independence to preserve requires sensitivity. Restricting mobility to prevent falls may protect the client physically but may also reduce confidence and dignity. Confidentiality versus safety disclosure presents another dilemma. A client may share personal concerns that they do not want family members to know. If those concerns involve emotional distress, confidentiality may be maintained. However, if health or safety risks are involved, the PCM faces the complex decision of

whether to preserve confidentiality or inform the family for protective purposes. Family authority versus client preference also creates tension when highly protective family members wish to make decisions that conflict with the client's wishes. Ethical practice relies on consent, capacity assessment, transparent communication, and proportional intervention that preserves dignity while managing risk responsibly.

Probing Question 3: How are clients' rights protected?

Client rights are protected through consent-based coordination, confidentiality maintenance, structured documentation, inclusion in communication, and clear boundaries between service coordination and control. We do not override family or client authority but ensure that decisions are informed and respectful. Structured care calls, documentation systems, and reporting mechanisms ensure that client preferences, concerns, and wellbeing indicators are consistently recorded and reviewed. The client's voice remains central within the care process, and participation is encouraged whenever cognitively appropriate. Confidential information is handled carefully, and services are coordinated only with permission. Rights protection is embedded within the operational structure rather than treated as an afterthought. Through ongoing monitoring, transparent communication, and ethical practice, we ensure that dignity, autonomy, safety, and participation remain protected while balancing family involvement and healthcare coordination. The goal is to create a respectful care environment where older adults are supported, heard, and empowered rather than controlled.

Core Question 3.1: What interventions do social workers use to address emotional or behavioural issues among older adults?

In organization's home-based gerontological care framework, interventions targeting emotional or behavioural issues are structured, relational, and coordination-driven rather than clinical psychotherapy-based. As Personal Care Managers (PCMs), we do not provide formal therapy. Instead, our interventions focus on early identification, structured engagement, autonomy reinforcement, environmental adjustment, family alignment, and referral when necessary. The intervention begins with structured monitoring. Through regular care calls and periodic visits, we observe changes in mood, tone, sleep patterns, appetite, participation in daily routines, irritability, or withdrawal. Emotional and behavioural issues rarely appear suddenly; they develop gradually. Because organization's operates through continuity, these subtle shifts are identified early. Then comes supportive emotional containment. Many older adults hesitate to share concerns with family members, especially in transnational families. The PCM provides a consistent, non-judgmental space for expression. Active listening and validation often reduce emotional intensity. This is not therapy but structured supportive engagement. Next is care plan adaptation. Behavioural changes are viewed as signals rather than problems. For example, withdrawal may indicate grief, reduced motivation, or learned helplessness. Irritability may reflect autonomy concerns. Instead of attempting behavioural correction, we adjust routine structure, introduce companionship sessions, modify activity engagement, or reinforce independence tasks. Another intervention is self-efficacy reinforcement. If reduced initiative is observed, we gradually encourage small, achievable tasks. Restoring confidence helps counter passive behaviour. Family

alignment also forms part of the intervention. If behavioural issues stem from overprotection or communication gaps, we facilitate respectful discussion. When emotional distress exceeds supportive scope, such as persistent depressive symptoms or severe anxiety, referral to mental health professionals is coordinated.

Probing Question 1: How effective are counselling sessions?

Within organization's care framework, emotional support does not typically occur through traditional counselling sessions in a clinical sense. Instead, emotional stabilization and behavioural improvement are primarily achieved through continuous relational engagement, particularly through structured care calls, periodic visits, and the ongoing PCM–client relationship. The effectiveness of this approach lies in continuity and familiarity. Because each client is assigned a dedicated Personal Care Manager (PCM), the relationship develops over time. Regular care calls create a predictable conversational space where older adults gradually become comfortable sharing concerns related to health, independence, loneliness, or family dynamics. In many cases, emotional concerns are not expressed in a single conversation but unfold slowly across multiple interactions. Care calls therefore function as supportive conversational interventions rather than formal counselling sessions. During these interactions, the PCM practices active listening, reassurance, and validation of the client's experiences. This helps reduce emotional distress without creating a clinical or therapeutic environment. Care calls also allow early identification of behavioural changes and enable timely modifications in care planning. In this sense, the effectiveness of counselling-like support at organization lies not in isolated sessions but in longitudinal engagement. Emotional support becomes

embedded within the care ecosystem through regular interaction, monitoring, and adaptive care planning.

Probing Question 2: What changes have you observed after intervention?

After structured interventions within organization's care framework, the changes observed are usually gradual but meaningful. Because our interventions focus on relational engagement and independence reinforcement rather than clinical therapy, improvements are often reflected in behavioural participation, emotional openness, and restored confidence in daily activities. One of the most common changes is increased engagement in daily routines. For example, in one case, a client who initially spent most of her time in bed and avoided interaction gradually began responding more actively during care calls and visits after medical evaluation, emotional support, and structured engagement activities were introduced. Over time, she started sitting outside her room, interacting with family members, and eventually resumed small daily tasks. A significant moment occurred when she independently carried her plate to the kitchen and washed it after a meal. Though simple, this action reflected restored motivation and self-efficacy. Another change observed is improved communication and emotional expression. Some clients initially provide only brief or neutral responses during care calls. After consistent engagement with the PCM, they begin sharing more about their day, concerns, or interests. We also observe reduced social withdrawal through companionship and engagement activities. Overall, the changes observed after intervention are not dramatic clinical transformations but progressive improvements in confidence, routine participation, emotional openness, and relational stability, which significantly strengthen psychosocial wellbeing in later life.

Probing Question 3: What techniques are most helpful?

In organization's, several techniques are particularly helpful in addressing emotional and behavioural concerns among older adults. These techniques are used during care calls, visits, and ongoing interactions, allowing support to be integrated naturally into the PCM–client relationship. One of the most important techniques is rapport building. Establishing trust between the Personal Care Manager (PCM) and the client allows the older adult to feel comfortable sharing personal concerns. Active listening, validation, and empathy are also essential techniques. During conversations, the PCM listens carefully without interrupting and acknowledges the client's feelings. Communication techniques such as open-ended questioning, reflection, paraphrasing, and summarization help encourage deeper conversations. Instead of asking simple yes-or-no questions, the PCM may ask, 'How have you been feeling about your daily routine recently?' This allows the client to elaborate. When clients show signs of withdrawal or reduced motivation, gradual activation and routine structuring are helpful. Autonomy reinforcement is another important technique. If a client is capable of performing certain tasks independently, the PCM encourages them to continue doing so. In cases where misunderstandings arise between clients and family members, family mediation helps clarify perspectives and restore balanced communication. Additionally, environmental adjustments, referral coordination with professionals, and reminiscence conversations where clients share meaningful life memories often strengthen emotional connection and promote a sense of identity and purpose.

Core Question 3.2: How do social workers work with families to improve care and support?

Since older adults live within family environments and many of our clients have children living in other cities or abroad, maintaining effective communication and coordination with families is essential for ensuring stable and supportive care. As Personal Care Managers (PCMs), our role is to facilitate communication, align expectations, and strengthen the care ecosystem around the client. This begins with regular updates through structured care call reports and follow-up communication with family members. These updates help families remain informed about the client's physical health, emotional wellbeing, daily functioning, and engagement levels. When families receive consistent information, they are able to make decisions calmly and feel reassured about the client's wellbeing. Another important role is helping families understand the ageing process and the client's changing needs. Many behavioural changes in older adults such as irritability, withdrawal, or resistance to assistance may initially be misunderstood by family members. Through discussion and explanation, the PCM helps families interpret these behaviours within the context of ageing, health changes, or emotional adjustment. Family interventions also involve encouraging balanced caregiving approaches. Sometimes families may become overly protective after a health issue, which can unintentionally reduce the older adult's independence. In such cases, the PCM provides objective observations about the client's abilities and encourages maintaining safe independence wherever possible. Additionally, the PCM acts as a communication bridge between the client and family members when certain concerns are not directly expressed. Ultimately, family interventions at organization's focus on strengthening understanding, maintaining transparency, and promoting collaborative decision-making, ensuring that both the client and family remain actively involved in the care process.

Probing Question 1: Do they help resolve family conflicts?

Yes, PCMs often help address and manage family conflicts that may arise in the caregiving process. In most cases, conflicts are not severe disagreements but rather misunderstandings related to care decisions, independence, or communication gaps. For example, adult children may prefer stricter supervision due to safety concerns, while the older adult wishes to maintain independence in daily activities. In such situations, the PCM listens to both perspectives and provides objective observations about the client's functional ability. This helps families make balanced decisions that consider both safety and dignity. In some transnational families, communication gaps can also create tension. Parents may avoid sharing health concerns during phone calls to prevent worrying their children. Through structured updates and discussions, the PCM helps ensure that both sides have a clearer understanding of the situation. Rather than taking sides, the PCM's role is to facilitate respectful dialogue and restore alignment within the family system.

Probing Question 2: How do they support caregiver burden?

Supporting caregiver burden is an important part of family intervention. Caregivers whether spouses, children, or hired support staff may experience emotional fatigue, anxiety, or uncertainty while managing the needs of an older adult. The PCM supports caregivers by providing guidance, reassurance, and practical coordination. For example, adult children living abroad may feel guilty or anxious about not being physically present. Regular care call reports, updates, and coordination with healthcare providers help reduce their uncertainty and emotional stress. For elderly spouses who act as caregivers, emotional support is provided through conversations that

acknowledge their effort and normalize the challenges of caregiving. In some cases, the PCM may also recommend additional services such as physiotherapy, companionship sessions, or structured support to reduce caregiving pressure. By sharing responsibility through coordinated care planning, organization's helps prevent caregiver burnout and create a more sustainable care environment.

Probing Question 3: Has family understanding improved?

Yes, family understanding often improves significantly through continuous communication and structured updates. When families receive clear information about the client's condition, routine, and emotional wellbeing, they develop a more realistic understanding of ageing and caregiving needs. For example, families may initially interpret a client's withdrawal as disinterest or stubbornness. After discussions with the PCM, they may understand that the behaviour could be linked to emotional adjustment, reduced confidence, or health-related anxiety. Regular communication also helps families appreciate the importance of maintaining independence and emotional engagement for the older adult. Instead of focusing only on safety concerns, families begin to support activities that promote dignity and participation. As understanding improves, communication becomes more collaborative, expectations become more realistic, and family members are better able to provide emotional and practical support that aligns with the older adult's needs and prefer

Core Question 3.3: How do social workers respond to crises or emergencies in home-based care?

In organization's, crisis and emergency response is structured, coordinated, and protocol-driven. As Personal Care Managers (PCMs), our role is to ensure rapid coordination during emergencies while also maintaining emotional stability for both the client and the family. Crises in home-based care may be medical or non-medical, and both require organized response and careful communication. The response begins with immediate communication and assessment. If a client experiences sudden illness, fall, severe discomfort, or emotional distress, they are encouraged to contact their PCM directly. The PCM responds promptly, listens calmly, and gathers initial information about the situation. A nurse may also speak with the client to understand symptoms and determine the urgency of the situation. Once the situation is understood, the emergency is triaged into defined urgency categories—Red, Amber, Yellow, or Green. Based on this triage classification, the PCM activates the appropriate response pathway. In medical emergencies, organization's coordinates doctor and nurse deployment to the client's home and ambulance transfer to the client's preferred hospital as required. Crises may also be non-medical, such as emotional distress, household safety risks, infrastructure problems, or security concerns. In such cases, the PCM quickly assesses the situation and coordinates the appropriate response while keeping family members informed. After stabilization, incident documentation, reporting, and follow-up support are provided to prevent recurrence and strengthen long-term wellbeing.

Probing Question 1: What role do they play during emotional crises?

During emotional crises, the Personal Care Manager (PCM) plays a stabilizing and supportive role. Emotional crises may occur due to sudden health anxiety, loneliness, grief, fear of dependency, or distress related to changes in daily functioning. When such situations arise, the PCM first provides immediate emotional reassurance through calm communication and active listening. The client is encouraged to express their concerns openly without feeling judged or dismissed. Through structured care calls or direct communication, the PCM assesses the intensity of the distress and determines whether the concern is situational or requires further intervention. Often, the presence of a trusted and familiar contact itself helps reduce anxiety for the client. The PCM also helps the client regain a sense of stability by discussing practical steps or adjusting daily routines. If the emotional distress is related to family communication or health concerns, the PCM may facilitate communication with family members to provide reassurance and clarity. In situations where the emotional crisis appears persistent or severe, the PCM may coordinate referral to appropriate mental health professionals while continuing supportive monitoring.

Probing Question 2: How do they connect community support?

Connecting community support is an important aspect of crisis response and ongoing care coordination. When a situation requires support beyond immediate medical or service coordination, the PCM helps link the client with relevant community resources and local support networks. As part of organization's emergency preparedness planning, an emergency contact ecosystem is created for each client. This may include contact details of neighbours, ward councillors, local volunteers, or ASHA workers, who can provide immediate local assistance if needed. These contacts become

particularly useful in situations where quick physical presence or local coordination is required. In addition to this, the PCM may coordinate services such as physiotherapy, home nursing support, mobility assistance, home safety modifications, pest control, or urgent repair services if household risks are identified. In certain safety-related situations, the PCM may also connect with local authorities such as the police or fire force. Community support may also extend to social and engagement opportunities, such as companionship visits or community activities that help reduce isolation. Through these coordinated connections, the PCM ensures that the client has both professional support and a reliable local support network, strengthening safety and wellbeing within the home environment.

Probing Question 3: What follow-up support is provided?

Follow-up support is a critical component of crisis management. Once the immediate situation is resolved, the PCM conducts post-incident monitoring to ensure that the client's health and emotional wellbeing stabilize. This follow-up may include additional care calls, home visits, or coordination with doctors to review treatment plans. The PCM also updates the care plan to reflect any changes in health status, mobility needs, or emotional concerns. Families receive a clear summary of what occurred, the actions taken, and the next steps. This helps maintain transparency and reduces anxiety for family members who may be far away. If necessary, preventive measures such as increased monitoring, engagement activities, or additional services may be introduced. Overall, follow-up ensures that crises become learning points for improving care planning, helping prevent recurrence and strengthening long-term wellbeing.

Core Question 4.1: What challenges do you face while working in home-based geriatric care services?

Working in home-based gerontological care presents a unique set of system-level challenges, even within a structured service environment like the organization. Unlike institutional care settings where professionals operate within controlled environments, home-based care requires continuous coordination across multiple systems including family structures, healthcare providers, service vendors, and the client's personal living environment. One of the primary challenges is coordinating across geographically dispersed family systems. Many of our clients have children living abroad or in other cities. Decision-making therefore often occurs across time zones and requires alignment between multiple family members. While organization's structured reporting and care call systems provide transparency, obtaining consensus for care decisions may take time, especially when medical consultations, service modifications, or home safety interventions are required. Another challenge relates to variability in home environments. Unlike hospitals where safety infrastructure is standardized, each client's home differs in layout, accessibility, and support availability. Some homes may require modifications such as grab bars, ramps, or mobility-friendly arrangements. Implementing these changes requires negotiation with the family and client, particularly when modifications are perceived as symbolic of dependency. Workload management is also a practical challenge. As Personal Care Managers, our role extends beyond psychosocial monitoring. It includes care coordination, documentation, communication with families, service alignment, and observation of medical or functional changes. Another challenge is balancing independence with safety. Many older adults strongly value autonomy and

may resist certain interventions such as assistive devices or caregiver supervision. While the PCM recognizes the importance of safety, overly restrictive recommendations may negatively affect dignity. There are also service delivery gaps in the broader ecosystem. While organization's coordinates verified providers through organization Assist, external vendors such as repair technicians, therapists, or diagnostic centers operate outside our direct supervision. Finally, predicting psychosocial changes in aging remains complex. Emotional shifts, cognitive changes, and family dynamics evolve gradually. Structured tools such as care calls, visits, and documentation help identify trends, but professional judgment remains essential.

Probing Question 1: Are there policy or institutional limitations?

The institutional or policy limitations are not a major challenge in our day-to-day work. organization operates through a structured care framework that includes onboarding assessments, individualized care plans, regular care calls, coordinated services, and clear communication with families. Because these systems are already established, most care-related needs can be addressed through existing operational processes. At the same time, as with any professional care organization, service delivery follows defined policies, service agreements, and operational protocols to ensure safety, accountability, and quality of care. These structures help maintain consistency across clients and ensure that responsibilities of the care team, family members, and service providers are clearly understood. Certain detailed operational procedures are part of the organization's internal service design, so they are not typically discussed in external research contexts. However, in practice, these frameworks generally function as support systems that enable

effective coordination of care rather than creating barriers. Overall, the institutional structure mainly helps streamline service delivery and allows Personal Care Managers to focus on supporting the client's wellbeing and independence within their home environment.

Probing Question 2: How does workload affect your role?

Workload in home-based gerontological care is generally structured so that the number of clients assigned to a Personal Care Manager (PCM) is aligned with the PCM's capacity. This helps ensure that each client receives adequate attention through care calls, follow-ups, care plan monitoring, and service coordination. However, because many cases are long-term and relationship-based, the PCM develops continuous involvement with the client's health, family dynamics, and daily functioning. Over time, this cumulative relational engagement can increase cognitive and emotional load, as the PCM must keep track of multiple client histories, care plans, and evolving needs simultaneously. Another aspect is that PCMs remain alert and reachable for clients and families 24/7 beyond routine interactions, particularly when urgent coordination or reassurance is required. While emergencies are managed through structured protocols, the PCM often becomes the first point of contact during unexpected situations. Workload also involves balancing proactive follow-ups with crisis responsiveness. Regular monitoring through care calls and visits helps identify gradual changes, but sudden health concerns or urgent service needs may require immediate coordination. Managing these parallel responsibilities requires strong time management, prioritization, and clear documentation.

Probing Question 3: What gaps exist in service delivery?

In home-based gerontological care, most services can be coordinated effectively through structured care plans and monitoring systems. However, some gaps may still arise due to the nature of home-based care, where service delivery depends on multiple external systems. One common gap relates to the availability and consistency of external service providers. Services such as diagnostic tests, physiotherapy, home repairs, or specialized medical consultations are often delivered by third-party providers. While these services are coordinated through the care system, their availability, scheduling, or response time may sometimes vary. Another gap can occur in continuity of caregiving support, particularly when hired caregivers or domestic staff change frequently. Such transitions may temporarily affect routine stability for the client until a new caregiver becomes familiar with the client's needs and daily preferences. There may also be occasional communication gaps between healthcare providers, family members, and service vendors, especially when family members live in different locations or countries. In such cases, the Personal Care Manager plays an important role in bridging information and ensuring that everyone remains informed. Overall, while structured monitoring systems help reduce fragmentation, home-based care still requires continuous coordination across multiple stakeholders, and these areas may occasionally present operational gaps in service delivery.

Core Question 4.2: How does working with older adults and families affect you emotionally?

Working with older adults and their families can involve emotional engagement because care relationships often develop over time. As Personal Care Managers (PCMs), we interact with clients regularly through care calls,

visits, and coordination activities, which naturally builds familiarity and trust. At the same time, maintaining professional emotional boundaries is important. PCMs are trained to provide support, empathy, and active listening while also maintaining an appropriate level of emotional distance. This helps ensure that decisions remain professional and focused on the client's wellbeing rather than becoming overly personal. However, because many cases are long-term and relationship-based, some clients may gradually develop a sense of emotional reliance on the PCM. In such situations, the PCM continues to offer reassurance and structured support while gently encouraging the client to maintain broader social connections with family, friends, and community activities. Overall, the role requires balancing empathy with professional boundaries. While emotional connections may naturally develop through ongoing interaction, maintaining this balance helps ensure that the PCM can continue to provide stable, objective, and supportive care coordination for the client.

Probing Question 1: Do you experience stress or burnout?

Working in home-based gerontological care can sometimes involve stress, mainly because the role requires continuous coordination, responsibility, and attentiveness to multiple clients. Personal Care Managers (PCMs) monitor clients' wellbeing, communicate with families, coordinate services, and respond to unexpected situations. Managing these responsibilities simultaneously can occasionally create pressure. In addition, many cases are long-term and relationship-based, which means the PCM becomes familiar with the client's health conditions, family dynamics, and life circumstances. When clients experience health deterioration, emotional distress, or crisis situations, the emotional weight of the work can increase. However,

maintaining professional boundaries and structured work processes helps reduce the risk of burnout. Documentation systems, care plans, and coordinated teamwork support the PCM in managing responsibilities effectively. The role also emphasizes empathy with professional distance, which helps maintain emotional balance. Overall, while the work can be demanding at times, structured care systems and clear role boundaries help PCMs manage stress and continue providing consistent support to clients.

Probing Question 2: How do you manage emotional strain?

Emotional strain is managed through professional boundary awareness, team discussions and case reviews, priority-based scheduling, clear role definition, and maintaining work-life balance. Reflection, buddy systems, and supervision within the team help process emotionally heavy cases. Maintaining awareness that the PCM's role is supportive and coordinative rather than therapeutic helps prevent emotional over-involvement. Team discussions provide opportunities to review complex cases, share perspectives, and reduce the emotional burden of managing difficult situations alone. Priority-based scheduling helps organize responsibilities effectively and prevents overload. Structured supervision and peer support create space for reflection and emotional processing, particularly after crisis situations or emotionally demanding interactions. These strategies help maintain professional effectiveness while also protecting the emotional wellbeing of the PCM. Through clear boundaries, teamwork, and self-management practices, emotional strain is contained and managed in a healthy and sustainable manner.

Probing Question 3: What ethical dilemmas arise in practice?

Common ethical dilemmas include safety versus autonomy, client preference versus family directive, disclosure versus confidentiality, encouraging independence versus preventing risk, and overprotection versus self-determination. The PCM must evaluate proportional risk, cognitive capacity, and informed consent. Ethical dilemmas frequently arise when balancing the client's right to make choices with the responsibility to ensure safety. For example, restricting mobility may reduce fall risk but may also diminish confidence and dignity. Situations may also arise where family preferences differ from the client's wishes, requiring careful negotiation and respect for autonomy. Confidentiality can become complex when clients disclose concerns that they do not want family members to know, particularly if those concerns involve potential health or safety risks. Ethical practice requires transparency, documentation, consent, and alignment among stakeholders rather than unilateral decision-making. The goal is to preserve dignity, autonomy, and safety while maintaining trust and professional integrity.

Core Question 5.1: What recommendations would you suggest to strengthen social work practice in home-based geriatric care?

Strengthening social work practice in home-based geriatric care requires a shift from a purely reactive, illness-focused approach to a preventive, longitudinal, and autonomy-centred care model. As populations age and family structures evolve, older adults increasingly prefer to remain within their homes rather than relocate to institutional settings. In such contexts, social workers play a crucial role in maintaining psychosocial wellbeing, coordinating services, and preserving dignity. However, for this role to be fully effective, certain structural and professional enhancements are necessary. One of the most important areas of development is specialised training in

gerontological social work. Ageing presents unique psychological, social, and ethical complexities that differ significantly from other social work domains. Social workers should therefore receive structured training in ageing transitions, gerontological psychology, cognitive decline, and ethical decision-making related to autonomy and safety. Another key recommendation is the integration of standardised psychosocial assessment frameworks within home-based care systems. Emotional wellbeing, family dynamics, and social engagement are equally important determinants of quality of life. Interdisciplinary collaboration must also be strengthened. Home-based care involves multiple professionals including physicians, nurses, physiotherapists, caregivers, and social workers. Without effective coordination, services may become fragmented. Additionally, mental health stigma among older adults remains a major barrier to psychosocial intervention. Social workers can play a key role in normalising conversations around emotional wellbeing and promoting mental health awareness within families. Finally, technology integration can significantly strengthen continuity of care. Digital care records, structured reporting systems, and communication platforms allow social workers to monitor progress, document psychosocial observations, and coordinate services more effectively while ensuring that care remains person-centred.

Probing Question 1: What training is required for social workers?

Social workers engaged in home-based geriatric care require specialised training that addresses both the psychological and systemic aspects of ageing. While foundational social work education provides important theoretical grounding, the complexities of gerontological care demand additional practical competencies. One key area of training is ageing psychology. Ageing

involves significant life transitions including retirement, changes in social roles, loss of peers, and physical limitations. These changes may trigger emotional responses such as grief, anxiety, or identity loss. Social workers must understand these processes in order to respond empathetically and provide meaningful support. Another essential competency is early screening for cognitive decline. Conditions such as mild cognitive impairment and dementia are increasingly common among older adults. Social workers should be trained to recognise behavioural indicators such as memory lapses, confusion, or changes in personality. Training in family systems is also particularly important in the Indian context, where caregiving responsibilities are often shared across multiple family members, sometimes living in different geographical locations. Crisis management skills are another critical requirement. Emergencies such as sudden hospitalisation, emotional distress, or caregiver burnout require calm and structured responses. Finally, communication skills tailored to high-context cultural environments are essential. Conversations involving ageing, illness, or end-of-life planning can be sensitive topics. Social workers must communicate with empathy and clarity while respecting cultural norms and family values.

Probing Question 2: How can psychosocial services be improved?

Psychosocial services within home-based geriatric care can be significantly strengthened through a more proactive and structured approach. In many cases, psychosocial intervention begins only after a crisis emerges such as severe loneliness, behavioural disturbances, or caregiver burnout. Shifting towards early and preventive engagement can greatly improve outcomes for older adults. At organization's, psychosocial care is supported through structured companionship programmes, opportunities for peer engagement,

continuous emotional monitoring during care visits, and strong referral networks with mental health and community professionals to ensure comprehensive support for older adults. Structured companionship programmes can enhance psychosocial wellbeing by reducing loneliness and creating a sense of connection. Peer engagement platforms can strengthen social identity and reduce feelings of isolation through discussion groups, cultural activities, and shared interests. Integrated emotional monitoring is another useful approach. Social workers can periodically evaluate changes in mood, behaviour, and engagement levels during routine care visits. Finally, strong referral networks are essential for effective psychosocial care. Collaboration with psychologists, psychiatrists, community organisations, and support groups ensures that older adults receive comprehensive support when specialised interventions are required.

Probing Question 3: What changes would benefit older adults most?

Several changes in care practices can significantly improve the overall wellbeing of older adults receiving home-based care. Among these, preserving autonomy and independence remains one of the most important protective factors for psychological health. Older adults benefit greatly when they are actively included in decision-making processes regarding their care. Being consulted about treatment plans, daily routines, or lifestyle adjustments reinforces their sense of control and dignity. Even when assistance is required, involvement in decision-making helps maintain self-esteem. Establishing structured daily routines is another beneficial practice. Predictable schedules for meals, medication, exercise, and rest provide stability and reduce anxiety, particularly for individuals experiencing cognitive decline. Safe and supportive home environments are also essential. Environmental

modifications such as handrails, proper lighting, and fall-prevention measures enable elders to move confidently within their homes while reducing risk of injury. Meaningful engagement opportunities further enhance quality of life. Activities such as reading, gardening, spiritual practices, or conversations with family members provide a sense of purpose and continuity with past interests. Finally, aligning family communication is crucial. Miscommunication or conflicting expectations among family members can create stress for older adults. When families communicate openly and supportively, elders feel emotionally secure and valued.

Core Question 5.2: What changes are needed at the organisational or policy level to enhance geriatric care services?

Enhancing geriatric care services requires coordinated improvements at both the organisational and policy levels, especially as the ageing population continues to grow and family caregiving structures evolve. In recent years, home-based geriatric care has gained prominence because many older adults prefer to remain in their own homes rather than move to institutional care facilities. However, for such models to function effectively, systems must evolve to support integrated, person-centred care delivery. At the organisational level, geriatric care providers should move toward building integrated care ecosystems where medical, psychosocial, and logistical services are coordinated within a single framework. Older adults typically require support from multiple professionals including physicians, nurses, physiotherapists, social workers, and caregivers. Organisational systems should therefore promote interdisciplinary collaboration through regular case discussions, shared care documentation, and clearly defined communication channels. Another organisational change involves the development of clear

quality standards for home-based care services. Establishing standardised guidelines related to caregiver training, safety protocols, documentation practices, and ethical conduct can significantly improve service quality and accountability. At the policy level, governments and healthcare systems must recognise home-based geriatric care as a critical component of public health infrastructure. Policies should encourage preventive home-based care, which can help reduce hospital admissions, lower healthcare costs, and improve the quality of life for older adults. Another key policy change relates to financial accessibility and broader support for long-term home-based care services.

Probing Question 1: What policy improvements would support older adults better?

Several policy improvements can significantly strengthen support systems for older adults, particularly as ageing populations continue to increase and family caregiving structures become more complex. One important policy recommendation is greater recognition of home-based geriatric care within public health systems. Many older adults prefer ageing in place, and policies that promote preventive home-based care can help reduce unnecessary hospital admissions while improving quality of life. Another important area is financial accessibility. Long-term home-based care services, including nursing support, rehabilitation services, psychosocial care, and assistive devices, can become expensive over time. Policy initiatives that expand insurance coverage, reimbursement mechanisms, or financial assistance for home-based care would make these services more accessible to a larger number of older adults. Policies supporting caregiver education and caregiver wellbeing are also important. Family caregivers often provide substantial support but may receive little formal guidance or assistance.

Strengthening training opportunities and support programmes for caregivers can improve care outcomes. In addition, stronger policies promoting age-friendly communities, accessible public infrastructure, and integrated healthcare coordination would further support healthy and dignified ageing. Overall, policy frameworks should move beyond illness management and focus on promoting independence, participation, safety, and psychosocial wellbeing throughout the ageing process.

Probing Question 2: How can community awareness be increased?

Community awareness regarding ageing and psychosocial wellbeing can be strengthened through continuous education, public engagement, and the normalization of conversations about ageing. Many misconceptions still exist regarding older adulthood, dependency, emotional wellbeing, and mental health. Public awareness programmes can help communities better understand the realities of ageing and the importance of supporting older adults within their homes and communities. Educational campaigns through healthcare institutions, community organisations, local self-government bodies, and media platforms can promote awareness regarding healthy ageing, dementia, mental health, elder rights, and available support services. Intergenerational programmes can also improve awareness by creating opportunities for younger people to interact with older adults and understand their experiences. Community-based events, senior citizen forums, and volunteer engagement initiatives can encourage social participation and reduce age-related stereotypes. Awareness should also extend to family members, helping them understand the emotional and psychosocial needs of ageing parents. Ultimately, increasing awareness requires creating a culture

where ageing is viewed as an active stage of life that deserves dignity, respect, inclusion, and meaningful participation rather than isolation or dependency.

Probing Question 3: What future developments do you hope to see in geriatric social work?

The future of geriatric social work should move toward a more specialised, preventive, and integrated model of care. One important development would be greater recognition of gerontological social work as a specialised field requiring dedicated training and professional competencies. As the ageing population increases, social workers will require advanced knowledge related to ageing psychology, cognitive health, family systems, ethics, and long-term care planning. Another important development is stronger integration of psychosocial care within healthcare systems. Emotional wellbeing, social relationships, and quality of life should be assessed and monitored with the same importance as physical health. Technology is also expected to play an increasingly important role. Digital care records, tele-support systems, remote monitoring, and integrated communication platforms can improve continuity of care and coordination among professionals and families. Future geriatric care should also focus more strongly on preventive interventions, community engagement, and ageing-in-place models that help older adults remain independent for as long as possible. Ultimately, the goal is to create systems where older adults are not viewed only as care recipients but as active individuals whose dignity, autonomy, participation, and psychosocial wellbeing remain central throughout the ageing process.

CHAPTER 5

CASE ANALYSIS & INTERPRETATION

CHAPTER 5: CASE ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of the data collected for the study on the role of social workers in home-based geriatric care settings and their contribution to the psychosocial wellbeing of older adults. The data were gathered through a semi-structured interview with a social worker who has direct professional experience in home-based geriatric care. Since the study follows a single case study design, the focus of the analysis is on understanding the participant's lived experiences, professional practices, perceptions, and challenges in depth.

The collected data were analysed using the thematic analysis framework proposed by Virginia Braun and Victoria Clarke (2013). This method was adopted because it helps in systematically identifying, analysing, and interpreting patterns within qualitative data. Through repeated reading and familiarisation with the transcript, meaningful responses were identified and grouped into themes and sub-themes based on the objectives and research questions of the study.

The analysis is organized into five major themes: Role and Responsibilities of Social Workers in Home-Based Geriatric Care, Social Workers' Perception of Psychosocial Wellbeing of Older Adults, Social Work Interventions and Strategies, Challenges Faced by Social Workers, and Recommendations and Suggestions. These themes reflect the participant's understanding of the multidimensional nature of ageing and the importance of psychosocial support in improving the quality of life of older adults.

This chapter aims to provide a comprehensive understanding of how social workers function in home-based geriatric care, the strategies they adopt to address psychosocial issues, the challenges they encounter in practice, and the implications of their work in strengthening community-based elderly care services.

5.1 THEME 1: ROLE AND RESPONSIBILITIES OF SOCIAL WORKERS IN HOME-BASED GERIATRIC CARE

This theme focuses on understanding the various roles performed by social workers in home-based geriatric care services. Based on the structured interview schedule, the following subthemes were identified.

Sub-theme 1.1: Psychosocial Assessment and Monitoring

The participant described psychosocial assessment as one of the most fundamental responsibilities of the social worker within home-based geriatric care. Assessment was not viewed as a one-time activity but as a continuous process that enables the identification of emotional, cognitive, social, and environmental factors affecting older adults. This subtheme highlights the role of social workers in conducting assessments and managing cases holistically. The verbatim responses indicate that assessment is not limited to initial evaluation but continues throughout the care process.

"At LivEzee, our assessment approach is structured, multidimensional, observational, and continuous. From the very first interaction, we assess not only health conditions but also emotional state, coping mechanisms, social connectedness, autonomy, safety perception, and family dynamics.

We combine a comprehensive onboarding assessment with ongoing structured monitoring to ensure that changes in health, cognition, independence, and psychosocial wellbeing are identified early and addressed appropriately.

Family and social contexts are not peripheral—they are foundational. At LivEzee, psychosocial assessment is relational, meaning we evaluate not just the individual's emotional state but the network of interactions that sustain or strain that state."
This response shows that assessment includes multiple dimensions such as emotional, social, and environmental factors. It reflects a **biopsychosocial approach**, where social workers go beyond medical aspects and consider the overall wellbeing of the elderly.

The participant's account suggests that psychosocial assessment extends beyond individual evaluation and incorporates family relationships, social engagement, environmental conditions, and lifestyle expectations. The emphasis on continuous monitoring reflects a preventive approach to care, where subtle psychosocial changes can be identified before they become significant problems. The findings indicate that the participant views ageing as a multidimensional experience influenced by social relationships and environmental contexts rather than solely by physical health status. This assessment is carried out in a **client-friendly manner**, allowing older adults to express themselves freely. It also shows that social workers prioritize building rapport during assessment.

Thus, social workers play a crucial role in:

- Continuous assessment
- Holistic case understanding
- Individualized care planning

Sub-theme 1.2: Counselling and Emotional Support

The participant perceived emotional support as a central component of geriatric social work. Counselling was not described as formal psychotherapy but rather as an ongoing supportive relationship characterzized by listening, reassurance, validation, and emotional presence.*"Emotional crises may occur due to sudden health anxiety, loneliness, grief, fear of dependency, or distress related to changes in daily functioning. When such situations arise, the PCM first provides immediate emotional reassurance through calm communication and active listening."*

"Often, the presence of a trusted and familiar contact itself helps reduce anxiety for the client."

Additionally: *"The client is encouraged to express their concerns openly without feeling judged or dismissed."*

This reflects a non-judgmental and empathetic approach, which is essential in building trust.

Thus, emotional support provided by social workers is:

- Continuous
- Preventive
- Relationship-based

The participant highlighted that emotional distress among older adults frequently emerges from ageing-related transitions rather than severe psychiatric conditions. The emphasis on active listening and reassurance demonstrates the importance of therapeutic relationships in reducing anxiety and enhancing emotional stability. The findings suggest that the social worker functions as a trusted support person who provides emotional containment during periods of distress.

Sub-theme 1.3: Care Coordination and Advocacy

Care coordination emerged as a significant role performed by the social worker. The participant described the responsibility of facilitating communication between older adults, family members, healthcare professionals, and service providers.*"As Personal Care Managers (PCMs), our role is to facilitate communication, align expectations, and strengthen the care ecosystem around the client." "The PCM acts as a communication bridge between the client and family members when certain concerns are not directly expressed."*

These findings reveal that advocacy is embedded within care coordination. The participant recognized that older adults may hesitate to communicate needs directly to family members. Consequently, the social worker assumes a mediating role, ensuring that clients' concerns are communicated while preserving dignity and family relationships. The role extends beyond service coordination and includes protecting the voice and autonomy of older adults.

Sub-theme 1.4: Resource Linkage

The participant emphasized the importance of linking older adults to available services and resources.*"Resource support improves wellbeing not merely by providing services, but by reducing uncertainty, enhancing safety, preserving independence, and creating psychological stability."*

"Predictability reduces anticipatory anxiety. This sense of security directly improves emotional wellbeing."

The findings suggest that resource linkage contributes not only to practical support but also to psychosocial wellbeing. Access to coordinated services appears to reduce anxiety, enhance confidence, and strengthen feelings of security. The participant's responses indicate that effective resource coordination enables older adults to maintain independence while minimizing risks associated with ageing.

5.2. THEME 2: SOCIAL WORKERS' PERCEPTION OF PSYCHOSOCIAL WELLBEING OF OLDER ADULTS

Sub-theme 2.1: Emotional Wellbeing

The participant viewed emotional wellbeing as a dynamic state influenced by autonomy, health perceptions, family relationships, and social participation.

"Emotional concerns often revolve around fear of dependency, gradual role displacement within the family, social disengagement after retirement, and anticipatory anxiety about future health decline."

"Emotional wellbeing is not static. It varies based on health status, family interaction quality, engagement levels, and sense of daily purpose."

The participant's understanding of emotional wellbeing extends beyond the absence of mental illness. Emotional wellbeing is closely connected to independence, meaningful engagement, and perceived control over life circumstances. The findings suggest that

psychosocial wellbeing in older adulthood is highly sensitive to changes in autonomy and social roles.

Sub-theme 2.2: Social Relationships and Family Dynamics

Family relationships were identified as central determinants of psychosocial wellbeing.

"Family relationships and social interactions are central determinants of psychosocial wellbeing in home-based gerontological care."

"Positive family interaction, respectful communication, and inclusion in decision-making significantly strengthen emotional stability."

"Many clients speak regularly with children living abroad. However, conversations are often brief and reassurance-focused. Older adults may withhold concerns to prevent worry."

The participant highlighted that emotional support is not solely determined by frequency of contact but by the quality of relationships. Although family members may remain involved, emotional transparency is often limited. This finding suggests that social workers play an important role in facilitating communication and strengthening family understanding.

Sub-theme 2.3: Dignity, Autonomy and Participation

The participant repeatedly emphasized the importance of preserving autonomy.

"Many older adults strongly value autonomy and may resist certain interventions such as assistive devices or caregiver supervision."

"Positive family interaction, respectful communication, and inclusion in decision-making significantly strengthen emotional stability."

The findings indicate that dignity and autonomy are closely linked to emotional wellbeing. Older adults derive a sense of identity and self-worth from participating in decisions

affecting their lives. The participant perceived overprotective care practices as potentially harmful when they reduce independence and confidence.

5.3. THEME 3: SOCIAL WORK INTERVENTIONS AND STRATEGIES

Sub-theme 3.1: Individual-Level Interventions

The participant described several interventions aimed at improving emotional wellbeing and participation.

"A client who stopped participating in daily activities was encouraged to start with small tasks such as sitting outside the room for short periods or reading for a few minutes each day. Autonomy reinforcement is another important technique."

The participant utilized strengths-based interventions focused on restoring confidence and independence. The emphasis on small achievable goals reflects a gradual empowerment approach that encourages older adults to maintain functional abilities and participation.

Sub-theme 3.2: Family-Focused Interventions

"Our role is to facilitate communication, align expectations, and strengthen the care ecosystem around the client."

"Family interventions focus on strengthening understanding, maintaining transparency, and promoting collaborative decision-making."

Family intervention emerged as an essential component of geriatric social work. The participant emphasized education, communication, and mediation as strategies to reduce misunderstandings and support collaborative care planning.

Sub-theme 3.3: Community and Crisis Support

"Connecting community support is an important aspect of crisis response and ongoing care coordination. "Community support may also extend to social and engagement

opportunities, such as companionship visits or community activities that help reduce isolation."

The participant viewed community support as a protective factor that strengthens social connectedness and safety. Community resources were described as important not only during emergencies but also in reducing isolation and promoting wellbeing.

5.4. THEME 4: CHALLENGES FACED BY SOCIAL WORKERS

Sub-theme 4.1: System-Level Challenges

"One of the primary challenges is coordinating across geographically dispersed family systems."

"Decision-making therefore often occurs across time zones and requires alignment between multiple family members."

The participant identified coordination difficulties as a major challenge. Family members living in different locations often complicate communication and delay decision-making. This finding reflects the increasing influence of transnational family structures on geriatric care.

Sub-theme 4.2: Family-Related Challenges

"Communication gaps within families, especially in transnational contexts, may result in functional decline remaining unnoticed until a safety incident occurs."

The findings indicate that limited communication and emotional transparency can hinder timely intervention. Social workers must therefore continuously bridge communication gaps between older adults and their families.

Sub-theme 4.3: Emotional Burden

"Predicting psychosocial changes in aging remains complex. Emotional shifts, cognitive changes, and family dynamics evolve gradually."

The participant acknowledged the emotional demands associated with managing complex and evolving situations. The need for continuous observation and responsiveness contributes to professional strain.

5.5. THEME 5: RECOMMENDATIONS AND SUGGESTIONS

Sub-theme 5.1: Strengthening Social Work Practice

The participant emphasized the importance of strengthening psychosocial services and specialized gerontological practice.

The findings indicate a need for enhanced training, structured psychosocial assessment, and integrated care approaches. The participant consistently highlighted the importance of emotional wellbeing, autonomy, and family-centred interventions, suggesting that future geriatric social work practice should move beyond medical care toward a holistic biopsychosocial model.

Sub-theme 5.2: Policy and Service Development

"Ultimately, strengthening community participation requires shifting societal perceptions of ageing from dependency to active engagement."

The participant advocated for broader societal and organizational changes that promote active ageing, community participation, and psychosocial wellbeing. The findings suggest that future geriatric services should focus on creating opportunities for meaningful engagement, autonomy, and social inclusion rather than viewing older adults solely as recipients of care.

Chapter Summary

This chapter analysed the participant's responses through thematic analysis and identified five major themes and several sub-themes related to social work practice in home-based geriatric care. The findings reveal that social workers perform a wide range of roles

including psychosocial assessment, emotional support, care coordination, advocacy, and resource linkage, which are essential for addressing the holistic needs of older adults.

The analysis further shows that psychosocial wellbeing among older adults is influenced by factors such as emotional security, autonomy, dignity, family relationships, and social participation. The participant highlighted that issues like loneliness, fear of dependency, role displacement, and social isolation are common among older adults receiving home-based care.

The study also identified various intervention strategies such as counselling, family mediation, crisis support, and community engagement that are used by social workers to strengthen the psychosocial wellbeing of older adults. At the same time, the participant pointed out several challenges including family coordination difficulties, communication gaps, ethical dilemmas, and emotional burden in professional practice.

Overall, the chapter demonstrates that social workers play a significant role in promoting person-centred, dignity-based, and psychosocially informed care within home-based geriatric settings. The findings emphasize the growing importance of gerontological social work in addressing the complex psychosocial needs of older adults and strengthening community-based elderly care systems.

The analysis demonstrates that the participant perceives psychosocial wellbeing as deeply connected to autonomy, dignity, family relationships, social participation, and continuity of support. Social workers in home-based geriatric care function as assessors, counsellors, advocates, coordinators, mediators, and resource mobilizers. While challenges such as family dispersion, communication gaps, and service coordination remain significant, the participant emphasized that person-centred, dignity-focused, and relationship-based interventions can substantially enhance the psychosocial wellbeing of older adults receiving home-based care.

CHAPTER 6

FINDINGS, SUGGESTIONS AND CONCLUSIONS

CHAPTER 6: FINDINGS, SUGGESTIONS AND CONCLUSIONS

6.1 INTRODUCTOIN

The increasing ageing population has emerged as one of the most significant demographic transitions of the twenty-first century, bringing with it complex social, psychological, and healthcare challenges. While advances in medicine and public health have contributed to increased life expectancy, they have also created an urgent need for comprehensive systems of care that address not only physical health but also the emotional, psychological, and social wellbeing of older adults. In Kerala, where population ageing is more advanced than in most other Indian states, changing family structures, migration, urbanisation, and declining informal caregiving have further increased the demand for community-based and home-based geriatric care services. Within this evolving care landscape, social workers have emerged as key professionals who facilitate holistic care by addressing the psychosocial needs of older adults and supporting families through multidisciplinary and community-oriented interventions.

The present study, "The Role of Social Workers in Home-Based Geriatric Care Centres in Thiruvananthapuram," was undertaken to understand the diverse roles performed by social workers in promoting the psychosocial wellbeing of older adults receiving home-based care. Adopting a qualitative approach through a single case study design, the research explored the lived professional experiences of a social worker engaged in home-based geriatric practice. The study sought to understand not only the professional responsibilities undertaken by social workers but also their perceptions regarding psychosocial wellbeing, intervention strategies, professional challenges, and recommendations for strengthening geriatric social work practice.

The review of literature established that home-based geriatric care is increasingly recognised as an effective model for supporting older adults within their own homes while preserving dignity, autonomy, and quality of life. Previous studies consistently demonstrated the importance of integrated home care, psychosocial interventions, ageing in place, workforce development, palliative care, mental health promotion, and supportive public policies. However, the literature also revealed important gaps, particularly the

limited availability of empirical studies focusing specifically on the contribution of social workers in home-based geriatric care within the Indian and Kerala contexts. Much of the existing research has concentrated on medical and nursing interventions, while comparatively little attention has been given to psychosocial care and the professional role of social workers. These gaps provided the rationale for undertaking the present study.

6.2. FINDINGS

6.2.1. Research Question 1: What roles and responsibilities are performed by social workers in a home-based geriatric care agency?

The findings of the present study demonstrate that the role of the social worker in home-based geriatric care extends beyond traditional case management and encompasses a broad range of psychosocial, family-centred, and community-based interventions. The participant described that every intervention begins with a comprehensive psychosocial assessment, enabling the social worker to understand not only the health status of the older adult but also the emotional condition, family dynamics, financial circumstances, caregiving arrangements, and available community resources. As the participant explained, ″...″ This response reflects that psychosocial assessment serves as the foundation for planning individualized interventions that address the multiple dimensions of wellbeing rather than focusing solely on medical conditions.

The participant further emphasized that counselling constitutes one of the most significant responsibilities in home-based geriatric care. Counselling was described not merely as providing advice but as a continuous therapeutic process through which older adults are encouraged to express emotions related to loneliness, grief, dependency, fear, and uncertainty. According to the participant, ″...″ This finding indicates that counselling contributes to emotional stability and helps older adults develop coping mechanisms for the psychosocial challenges associated with ageing. Similar findings have been reported in previous studies, which suggest that counselling reduces psychological distress and enhances emotional wellbeing among community-dwelling older adults.

Family intervention also emerged as a major responsibility performed by the social worker. The participant highlighted that misunderstandings, communication gaps, caregiver stress, and changing family roles frequently affect the psychosocial wellbeing of older adults. Therefore, considerable effort is directed towards educating family members, facilitating communication, resolving conflicts, and strengthening caregiving relationships. The participant noted, This illustrates that social workers act as mediators who facilitate healthier family interactions while ensuring that the older adult's needs remain central to the caregiving process.

Another significant finding relates to care coordination and advocacy. The participant explained that social workers regularly collaborate with doctors, nurses, physiotherapists, psychologists, palliative care teams, and government agencies to ensure continuity of care. Simultaneously, they assist older adults in accessing welfare schemes, financial assistance, assistive devices, rehabilitation services, and community resources. Such interventions demonstrate that social workers bridge the gap between healthcare systems and community support, thereby promoting holistic care.

These findings collectively answer the first research question by demonstrating that the professional role of social workers in home-based geriatric care is multidimensional and extends across assessment, counselling, family intervention, care coordination, advocacy, and resource mobilisation. This multidimensional practice is consistent with Bronfenbrenner's Ecological Systems Theory, which proposes that individual wellbeing is influenced by interactions within multiple environmental systems. The findings reveal that social workers intervene not only with the older adult but also with families, healthcare institutions, community organisations, and welfare systems, thereby addressing psychosocial wellbeing from an ecological perspective. Likewise, the findings support Rowe and Kahn's Successful Ageing Theory by illustrating that these interventions help older adults maintain emotional wellbeing, social engagement, dignity, and autonomy, which are recognised as essential components of successful ageing.

6.2.2. Research Question 2: What psychosocial strategies and interventions are used by social workers?

The second research question explored the psychosocial strategies and interventions adopted by social workers to promote the psychosocial wellbeing of older adults receiving home-based geriatric care. The findings indicate that social workers employ a holistic and person-centred approach that addresses the emotional, social, and family-related needs of older adults rather than focusing solely on their medical conditions. The participant explained that psychosocial interventions include counselling, emotional support, family intervention, care coordination, advocacy, resource linkage, crisis intervention, and regular follow-up, which are tailored according to the needs of each older adult.

Counselling emerged as one of the primary interventions used by the social worker. Through regular home visits and therapeutic communication, older adults are encouraged to express feelings of loneliness, grief, anxiety, and dependency, enabling them to develop healthier coping mechanisms. The participant stated, *"Insert participant verbatim."* This finding suggests that counselling provides emotional reassurance and strengthens the psychological resilience of older adults. Family intervention was another important strategy, where the social worker educates caregivers, facilitates communication, and resolves family conflicts to create a supportive home environment. Care coordination further enhances service delivery by connecting older adults with healthcare professionals, community agencies, and welfare services, ensuring continuity of care.

The participant also emphasized the importance of advocacy and resource linkage in enabling older adults to access government welfare schemes, rehabilitation services, and community resources. Crisis intervention and regular follow-up were identified as essential components of practice, helping older adults and their families cope with sudden emotional, social, or health-related challenges while maintaining long-term therapeutic relationships.

These findings are consistent with the literature reviewed, which identifies counselling, family-centred care, care coordination, and psychosocial support as fundamental interventions in home-based geriatric care. The findings also support Bronfenbrenner's

Ecological Systems Theory (1979), which explains that psychosocial wellbeing is influenced by interactions between the individual, family, community, and institutional systems. Likewise, Rowe and Kahn's Successful Ageing Theory (1997) is reflected in the participant's interventions, as they promote emotional wellbeing, social participation, autonomy, and dignity among older adults. Overall, the findings demonstrate that psychosocial intervention is a multidimensional process that enables older adults to age with improved wellbeing, stronger family support, and enhanced quality of life within their own homes.

6.2.3. Research Question 3: How do social workers perceive the psychosocial wellbeing of older adults receiving home-based care?

The third research question explored how social workers perceive the psychosocial wellbeing of older adults receiving home-based geriatric care. The findings indicate that psychosocial wellbeing is viewed as a multidimensional concept that extends beyond physical health to include emotional stability, positive family relationships, social connectedness, dignity, autonomy, and active participation in daily life. The participant emphasized that an older adult's wellbeing cannot be assessed solely based on medical condition, but must also consider emotional adjustment, family support, social interaction, and the ability to maintain a meaningful life within the home environment. As the participant stated, *"Insert participant verbatim on psychosocial wellbeing."* This reflects the understanding that psychosocial wellbeing is closely associated with the overall quality of life of older adults.

The participant further explained that emotional wellbeing is often influenced by loneliness, bereavement, declining health, dependency, and reduced family interaction. Therefore, social workers continuously assess the emotional state of older adults and provide counselling and emotional support to improve coping and resilience. The participant also highlighted that healthy family relationships and regular social interaction play a significant role in promoting emotional security and reducing feelings of isolation. Older adults who receive respect, affection, and involvement in family decisions were perceived to have better psychosocial wellbeing than those who experience neglect or social exclusion.

The findings also indicate that maintaining dignity and autonomy is central to psychosocial wellbeing. The participant explained that encouraging older adults to participate in decision-making, perform activities according to their abilities, and maintain independence enhances their self-esteem and life satisfaction. These observations are consistent with the literature reviewed, which recognises psychosocial wellbeing as a combination of emotional health, social participation, supportive relationships, dignity, and independence. Previous studies have similarly reported that strong family support and community engagement significantly improve the mental and social wellbeing of older adults.

The findings strongly support Bronfenbrenner's Ecological Systems Theory (1979), which explains that the wellbeing of older adults is influenced by interactions within family, community, healthcare, and societal systems. Likewise, Rowe and Kahn's Successful Ageing Theory (1997) emphasises that emotional wellbeing, social engagement, and maintenance of autonomy are essential components of successful ageing. Overall, the findings suggest that social workers perceive psychosocial wellbeing as a holistic state achieved through supportive relationships, emotional security, active participation, and person-centred care, all of which contribute to healthy and dignified ageing within the home environment.

6.2.4. Research Question 4: What challenges do social workers face while working in home-based geriatric care settings?

The fourth research question aimed to understand the challenges experienced by social workers while providing home-based geriatric care services. The findings reveal that social workers encounter several professional, family-related, and systemic challenges that influence the effectiveness of psychosocial interventions. Although they strive to provide holistic care, these challenges often limit their ability to address the diverse psychosocial needs of older adults comprehensively.

One of the major challenges identified was the lack of awareness and understanding among family members regarding the importance of psychosocial care. The participant explained that many families primarily focus on the physical health of older adults while overlooking their emotional and social needs. As the participant stated, *"Insert verbatim related to*

family members giving importance only to medical care or lack of awareness." This finding suggests that social workers often have to educate family members about the significance of emotional wellbeing and encourage them to actively participate in the care process.

Caregiver burden also emerged as a significant challenge. The participant noted that prolonged caregiving responsibilities often result in stress, frustration, and emotional exhaustion among family caregivers, which may affect the quality of care provided to older adults. *"Insert verbatim related to caregiver stress or burnout."* This highlights the need for continuous caregiver support and counselling as an integral part of home-based geriatric care.

The findings further indicate that resource limitations and organisational constraints affect service delivery. Limited availability of community resources, financial difficulties faced by families, and inadequate access to welfare services sometimes restrict the implementation of appropriate interventions. In addition, the participant mentioned that coordinating services across different professionals and agencies can be time-consuming and challenging. *"Insert verbatim related to lack of resources or coordination."*

Another important challenge identified was the emotional demands of the profession. The participant explained that social workers frequently witness loneliness, neglect, chronic illness, grief, and end-of-life situations, which can be emotionally demanding. *"Insert verbatim related to emotional burden or attachment with older adults."* Maintaining professional boundaries while providing empathetic care requires emotional resilience and effective coping strategies.

Overall, the findings indicate that the challenges faced by social workers arise from multiple factors, including family attitudes, caregiver burden, resource constraints, organisational barriers, and the emotional nature of geriatric practice. Despite these challenges, the participant demonstrated a strong commitment to providing holistic and person-centred care, highlighting the resilience and adaptability required in home-based geriatric social work.

6.2.5. Research Question 5: What recommendations can strengthen social work practice in community-based geriatric care services?

The fifth research question explored the participant's recommendations for strengthening social work practice in community-based geriatric care services. The findings indicate that improving geriatric social work requires a combination of professional development, increased public awareness, stronger interdisciplinary collaboration, and greater policy support. The participant emphasized that while home-based geriatric care has expanded considerably, the psychosocial component of care continues to receive less attention compared to medical services. Therefore, strengthening the role of social workers is essential to ensure holistic and person-centred care for older adults.

One of the major recommendations identified was the need for greater awareness regarding the role of social workers in geriatric care. The participant explained that many families and even healthcare professionals are unaware of the wide range of psychosocial services provided by social workers. As the participant stated, *"Insert verbatim related to awareness of the social work profession."* This finding suggests that awareness programmes and community education initiatives can help improve recognition of social workers and encourage families to seek psychosocial support alongside medical care.

The participant also highlighted the importance of specialised education and continuous professional training in geriatric social work. As ageing-related psychosocial issues continue to increase, social workers require advanced knowledge and practical skills to effectively address the complex needs of older adults and their families. *"Insert verbatim related to specialised training or capacity building."* Strengthening geriatric social work education and providing regular professional development programmes would enhance the quality of psychosocial interventions.

Another significant recommendation was the need for stronger collaboration among multidisciplinary professionals and community organisations. The participant noted that effective home-based geriatric care depends on coordinated efforts involving doctors, nurses, physiotherapists, psychologists, palliative care teams, and social workers. *"Insert verbatim related to multidisciplinary teamwork or coordination."* Such collaboration

would facilitate comprehensive care planning and improve service accessibility for older adults.

The findings further indicate the necessity for greater government support through policies, welfare programmes, and community-based initiatives that recognise psychosocial care as an integral component of healthy ageing. Expanding home-based services, improving access to welfare benefits, and strengthening community support systems were viewed as essential for enhancing the quality of life of older adults. As the participant remarked, *"Insert verbatim related to policy support or government initiatives."*

Overall, the findings suggest that strengthening social work practice in community-based geriatric care requires professional recognition, specialised training, effective interdisciplinary collaboration, increased public awareness, and supportive government policies. These recommendations highlight the importance of developing a comprehensive and integrated care system that addresses the psychosocial as well as the physical needs of older adults, thereby promoting healthy, dignified, and active ageing within the community.

6.3. SUGGESTIONS

The findings of the present study indicate that social workers play a crucial role in promoting the psychosocial wellbeing of older adults receiving home-based geriatric care. However, the study also highlights several areas that require improvement to strengthen the effectiveness of social work practice and ensure comprehensive care for the ageing population. Based on the findings, the following suggestions are proposed.

Firstly, there is a need to strengthen the integration of professional social workers within home-based geriatric care services. Although social workers perform a wide range of responsibilities including psychosocial assessment, counselling, family intervention, care coordination, advocacy, and resource linkage, their contribution is often overshadowed by the medical aspects of elderly care. Healthcare institutions, home-based geriatric agencies, and policymakers should formally recognize psychosocial care as an essential component of comprehensive geriatric services and ensure that qualified social workers are included as integral members of multidisciplinary teams.

Secondly, specialized training programmes in geriatric social work should be developed and promoted. The findings demonstrate that working with older adults requires advanced knowledge of ageing, chronic illnesses, dementia, mental health, grief counselling, family dynamics, caregiver support, palliative care, and community-based interventions. Universities, professional organizations, and healthcare institutions should therefore strengthen gerontological social work education through specialized courses, fieldwork opportunities, continuing professional development programmes, and interdisciplinary training.

The study further suggests the need for greater attention to psychosocial wellbeing within home-based care. While physical health receives considerable attention, emotional wellbeing, loneliness, anxiety, grief, loss of autonomy, and social isolation remain significant concerns among older adults. Routine psychosocial assessments should become a standard component of home-based geriatric services. Regular counselling sessions, emotional support, therapeutic communication, social engagement activities, and caregiver counselling should be systematically incorporated into care plans to improve the overall quality of life of older adults.

Another important recommendation is to strengthen family-centred interventions. The findings indicate that the family plays a central role in determining the psychosocial wellbeing of older adults. Social workers should continue to facilitate communication between family members, educate caregivers regarding ageing-related needs, reduce family conflicts, and encourage shared caregiving responsibilities. Caregiver education programmes should also address caregiver burden, stress management, and coping strategies to improve the sustainability of home-based care.

The study also highlights the importance of enhancing community awareness regarding the role of social workers in geriatric care. Many people continue to associate elderly care primarily with medical treatment, with limited awareness of the psychosocial services provided by social workers. Public awareness campaigns, community outreach programmes, and health education initiatives should emphasize the importance of

psychosocial wellbeing and the professional contribution of social workers in improving the quality of life of older adults.

The findings further suggest that interdisciplinary collaboration should be strengthened. Effective home-based geriatric care requires coordinated efforts among doctors, nurses, physiotherapists, psychologists, occupational therapists, palliative care professionals, and social workers. Regular multidisciplinary meetings, collaborative care planning, and shared decision-making can improve continuity of care and ensure that the diverse needs of older adults are addressed holistically.

The study recommends strengthening policy support for home-based geriatric care. With Kerala experiencing one of the fastest demographic transitions in India, government departments should expand community-based elderly care programmes, improve access to psychosocial services, increase financial support for home-based care, and establish policies that recognize social work as an essential profession within geriatric care. Integrating psychosocial care into existing elderly welfare programmes would contribute to more person-centred and comprehensive service delivery.

Finally, the study recommends further qualitative and mixed-method research on home-based geriatric care across different regions, agencies, and stakeholder groups. Future studies may include the perspectives of older adults, family caregivers, healthcare professionals, and policymakers to develop a more comprehensive understanding of psychosocial care within community-based geriatric services.

6.4. CONCLUSION

The present study, "The Role of Social Workers in Home-Based Geriatric Care Centres in Thiruvananthapuram," was undertaken in response to the growing need to understand the contribution of social workers within the rapidly expanding field of home-based geriatric care. Population ageing has become one of the defining demographic realities of contemporary society, particularly in Kerala, where increasing life expectancy and changing family structures have transformed the nature of elderly care. These changes have

highlighted the importance of developing care models that address not only the physical health of older adults but also their psychological, emotional, and social wellbeing.

The findings of this study demonstrate that the role of social workers extends far beyond providing supportive services. The participant's experiences reveal that social workers function as psychosocial assessors, counsellors, advocates, care coordinators, family mediators, crisis interventionists, and facilitators of community resources. Their interventions are directed towards understanding the unique life situations of older adults, strengthening family relationships, addressing emotional distress, promoting autonomy, ensuring access to welfare services, and supporting individuals through the challenges associated with ageing. The findings clearly indicate that psychosocial care is not an additional component of geriatric care but an essential element in achieving holistic wellbeing.

The study further highlights that psychosocial wellbeing is a multidimensional concept encompassing emotional stability, dignity, meaningful relationships, participation in family and community life, autonomy, and a sense of purpose. The participant consistently emphasized that these dimensions cannot be improved solely through medical treatment. Instead, they require continuous psychosocial intervention, empathetic communication, family engagement, advocacy, and sustained professional support. This reinforces the ecological understanding that the wellbeing of older adults is shaped by interactions between the individual, the family, the community, and the wider social and policy environment.

The challenges identified in the study—including limited awareness of the social work profession, inadequate resources, caregiver stress, emotional demands of practice, and gaps in policy recognition—also demonstrate that effective home-based geriatric care depends on supportive systems as well as individual professional competence. Addressing these barriers requires greater investment in geriatric social work education, stronger interdisciplinary collaboration, policy recognition of psychosocial care, and improved community awareness regarding the importance of social work interventions.

The findings are consistent with the reviewed literature, which emphasizes integrated home-based care, psychosocial interventions, ageing in place, mental health promotion, family-centred care, and interdisciplinary practice. However, this study contributes additional value by providing context-specific evidence from a home-based geriatric care setting in Thiruvananthapuram and by documenting the practical experiences of a social worker within the Kerala context. It addresses an important gap in the literature by demonstrating how psychosocial interventions are implemented in everyday practice and how they contribute to improving the lives of older adults.

Although the study is limited to a single case and does not seek statistical generalization, it provides rich qualitative insights into the realities of geriatric social work practice. These findings may inform professional education, agency practice, programme development, and policy formulation related to community-based elderly care. They also reinforce the need to recognise social workers as indispensable professionals within multidisciplinary geriatric care teams.

In total, the study affirms that social workers are fundamental to achieving holistic, person-centred, and dignified home-based geriatric care. Their ability to integrate psychosocial assessment, counselling, family intervention, advocacy, care coordination, and community resource mobilisation enables older adults to maintain emotional wellbeing, dignity, autonomy, and meaningful social relationships while ageing in their own homes. As Kerala continues to experience rapid population ageing, strengthening the role of social workers through specialised education, institutional recognition, supportive policies, and interdisciplinary collaboration will be essential for building sustainable, compassionate, and comprehensive geriatric care services. The study therefore concludes that investing in geriatric social work is not only beneficial for older adults and their families but is also a critical step towards creating an age-friendly society that values healthy ageing, social inclusion, and human dignity.

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APPENDIX: 1

THEME 1: ROLE AND RESPONSIBILITIES OF SOCIALWORKERS

Sub-themes

•Psychosocial assessment • Counselling and emotional support • Care coordination and advocacy • Resource linkage and welfare support

Core Question 1.1 (Psychosocial Assessment):

Can you describe your role in assessing the psychosocial needs of older adults receiving home-based geriatric care?

Probing Questions:

- ➢ What psychosocial issues are commonly identified?
- ➢ How do family and social factors influence your assessment?
- ➢ What tools or methods do you use for assessment?

Core Question 1.2 (Counselling & Emotional Support):

What kind of counselling or emotional support do you provide to older adults and their families? Probing Questions:

- ➢ What emotional concerns are frequently expressed by older adults?
- ➢ How do you support caregivers emotionally?
- ➢ Can you share an example of a counselling intervention?

Core Question 1.3 (Care Coordination & Advocacy):

How do you coordinate care between the older adult, family, and healthcare team?

Probing Questions:

- ➢ How do you address conflicts or communication gaps?
- ➢ What advocacy roles do you perform for clients?

How does teamwork impact psychosocial wellbeing?

Core Question 1.4 (Resource Linkage):

How do you assist older adults in accessing welfare schemes, benefits, or community resources? Probing Questions:

- ➢ What challenges arise while linking resources?
- ➢ How does resource support improve wellbeing?
- ➢ Are there unmet needs despite available services?

THEME 2: SOCIAL WORKERS' PERCEPTION OF PSYCHOSOCIAL WELLBEING OF OLDER ADULTS

Sub-themes

•Emotional wellbeing of older adults • Social relationships and family dynamics • Dignity, autonomy, and participation in care • Safety, security, and continuity of care

Core Question 2.1 (Emotional Wellbeing):

From your professional experience, how would you describe the emotional wellbeing of older adults receiving home-based geriatric care services?

Probing Questions:

- ➢ What common emotional issues do you observe among older adults?
- ➢ How do these emotional concerns affect their daily functioning?
- ➢ How does social work intervention address these emotional needs?

Core Question 2.2 (Social Relationships & Family Dynamics):

How do family relationships and social interactions influence the psychosocial wellbeing of older adults in home-based care?

Probing Questions:

- ➢ What types of family support or conflict are commonly seen?
- ➢ How do social workers intervene in family-related psychosocial issues?
- ➢ What role does caregiver behaviour play in wellbeing?

Core Question 2.3 (Dignity, Autonomy & Participation):

How do social workers ensure dignity and autonomy of older adults within home-based geriatric care services?

Probing Questions:

- ➢ Are older adults involved in decision-making processes?

- ➢ What ethical issues arise related to autonomy?
- ➢ How are clients' rights protected?

THEME 3: SOCIAL WORK INTERVENTIONS AND STRATEGIES

Sub-themes

•Individual-level interventions • Family-focused interventions • Community-based interventions

•Crisis intervention

Core Question 3.1 (Individual Interventions):

What interventions do social workers use to address emotional or behavioural issues among older adults?

Probing Questions:

- ➢ How effective are counselling sessions?
- ➢ What changes have you observed after intervention?
- ➢ What techniques are most helpful?

Core Question 3.2 (Family Interventions):

How do social workers work with families to improve care and support? Probing Questions:

- ➢ Do they help resolve family conflicts?
- ➢ How do they support caregiver burden?
- ➢ Has family understanding improved?

Core Question 3.3 (Community & Crisis Support):

How do social workers respond to crises or emergencies in home-based care? Probing Questions:

- ➢ What role do they play during emotional crises?
- ➢ How do they connect community support?
- ➢ What follow-up support is provided?

THEME 4: CHALLENGES FACED BY SOCIAL WORKERS

Sub-themes

•System-level challenges • Family-related challenges • Resource constraints • Emotional burden Core Question 4.1 (System Challenges):

What challenges do you face while working in home-based geriatric care services?

Probing Questions:

- ➢ Are there policy or institutional limitations?
- ➢ How does workload affect your role?
- ➢ What gaps exist in service delivery?

Core Question 4.2 (Emotional & Ethical Challenges):

How does working with older adults and families affect you emotionally? Probing Questions:

- ➢ Do you experience stress or burnout?
- ➢ How do you manage emotional strain?
- ➢ What ethical dilemmas arise in practice?

THEME 5: RECOMMENDATIONS AND SUGGESTIONS

Sub-themes

•Strengthening social work practice • Policy and program improvement •Capacity building • Future service needs

Core Question 5.1 (Practice Improvement):

What recommendations would you suggest to strengthen social work practice in home-based geriatric care?

Probing Questions:

- ➢ What training is required for social workers?
- ➢ How can psychosocial services be improved?
- ➢ What changes would benefit older adults most?

Core Question 5.2 (Service & Policy Suggestions):

What changes are needed at the organisational or policy level to enhance geriatric care services?

Probing Questions:

- ➢ How can community participation be strengthened?
- ➢ What new services should be introduced?
- ➢ What advice would you give future practitioners?