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SNDT Women's University, Mumbai



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**Non-Institutional Social Work Services and
Elderly Satisfaction in Mumbai**

Dr. Saheli De Sarkar & Prof. Dr. Vandana Chakrabarti

2026

Non-Institutional Social Work Services and Elderly Satisfaction in Mumbai

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About SNT Women's University

SNT Women's University is the first women's university in India and South-East Asia, founded in 1916 by Maharshi Dr. Dhondo Keshav Karve with the vision of empowering women through education. The University is headquartered at Churchgate, Mumbai, with additional campuses at Juhu (Mumbai) and Karve Road (Pune). It has a vast academic structure comprising 37 university departments, 13 constituent institutions, and 174 affiliated colleges across Maharashtra, Gujarat, Goa, Madhya Pradesh, and Uttar Pradesh, collectively serving over 70,000 students.

The University has consistently maintained strong academic standards and was awarded NAAC A+ Accreditation in 2025. In alignment with the National Education Policy (NEP) 2020, it established the Centre for Holistic Education, Training and Novel Advancements (CHETNA) in 2022 to promote multidisciplinary and innovative learning. It has also strengthened its academic and research ecosystem through approximately ₹100 crore funding under the PM-USHA Scheme (2024) and is developing the Maharshi Karve Women Empowerment Knowledge Campus at Ballarpur, Chandrapur, with a major government investment to expand skill-based and employment-oriented education for women.

Beyond academics, SNTWU actively promotes innovation, culture, and student development through initiatives such as Abhivyakti Manch, Yuva Mahotsav, and Innovative Mahakumbh, which supports entrepreneurship and has nurtured incubated, funded, and pre-incubation startups involving students and faculty. The University also preserves Indian Knowledge Systems through BHAGYASY (Bhartiya Gyan, Sanskrit evam Yog Kendra) and the Jagarani Project, which highlights the contributions of Indian women scholars under the theme "Nari Se Narayani." It further strengthens global academic engagement through collaborations such as the International Conference on Climate Change (ICCC-2025) with CUNY, USA. Student welfare remains central through initiatives like Earn and Learn, anti-ragging measures, grievance redressal systems, health camps, and leadership programmes. The 75th Annual Convocation (2025) reflected the University's legacy and its forward-looking vision of innovation, sustainability, and ethical leadership for national development.

Message by Hon'ble Vice-Chancellor

It gives me immense pleasure to present this monograph authored by **Dr. Saheli De Sarkar**, developed from her doctoral research in the field of Social Work at SNDT Women's University.

The monograph titled “**Non-Institutional Social Work Services and Elderly Satisfaction in Mumbai**” is based on the scholar's Ph.D. thesis completed under the able guidance of **Prof. Vandana Chakrabarti**. This work represents a significant contribution to the field of Social Work, examining the experiences and perceptions of elderly individuals regarding non-institutional social work services in Mumbai. The study offers valuable insights into the effectiveness of community-based support systems and highlights important considerations for enhancing the quality of services for the ageing population.

The publication of this monograph reflects the University's commitment to making high-quality doctoral research accessible to a wider academic and professional community. Research of this nature contributes to the growing body of knowledge on ageing, social welfare, and community care, while also providing evidence-based perspectives that can inform policy formulation, service delivery, and future research initiatives.

I congratulate Dr. Saheli De Sarkar on this noteworthy achievement. Her dedication, perseverance, and scholarly commitment have culminated in a publication that will serve as a valuable resource for researchers, academicians, students, social work professionals, policymakers, and practitioners engaged in the field of gerontology and community welfare. I also extend my appreciation to Prof. Vandana Chakrabarti for her guidance and mentorship throughout the research journey.

I am confident that this monograph will stimulate further scholarly discussion and contribute meaningfully to understanding the needs, expectations, and well-being of elderly populations in contemporary society. May it inspire future researchers to undertake innovative and socially relevant studies that address emerging challenges associated with population ageing and social development.

On this auspicious occasion of the University Foundation Day (5 July 2026), I extend my best wishes to Dr. Saheli De Sarkar and look forward to many more such scholarly contributions that showcase the richness and diversity of research emerging from SNDT Women's University.

Warm regards,

Prof. Dr. Ujwala Chakradeo

Vice-Chancellor, SNDT Women's University

PREFACE AND ACKNOWLEDGEMENT

This monograph is a revised and adapted version of my doctoral research on elderly engagement with social work services in the city of Mumbai. The doctoral study originally sought to examine patterns of satisfaction among older persons who accessed non-institutional social work services in both slum and non-slum neighbourhoods. In transforming the thesis into this monograph, the intention has been to retain the core empirical insights while presenting the discussion in a form that speaks to a broader audience interested in ageing, social policy, and community-based social work practice.

The motivation for this research emerged from a long-standing engagement with questions surrounding ageing, vulnerability, and access to social support in rapidly changing urban environments. In policy and programme evaluation, the concept of “satisfaction” is often treated as a measurable outcome—something that can be quantified and compared across services. However, experiences encountered during fieldwork gradually revealed that satisfaction among older persons cannot be understood solely through numerical indicators. It is deeply shaped by everyday circumstances, by expectations formed over a lifetime, by changing family relationships, and by the nature of interactions with service providers. These observations encouraged a closer exploration of how elderly individuals themselves interpret and evaluate the services meant for their support.

The empirical foundation of the study lies in mixed-method research conducted in different neighbourhood contexts of Mumbai. By combining quantitative analysis with qualitative narratives, the research attempted to capture both patterns of service utilization and the lived experiences underlying those patterns. While the statistical findings helped identify trends in access and satisfaction, the narratives of older participants offered a more textured understanding of how services are perceived and negotiated in everyday life. The research revealed that expressions of satisfaction may sometimes coexist with considerable deprivation, and that gratitude toward service providers can reflect modest expectations rather than consistently high service quality. Equally, it highlighted how respectful human interaction and emotional support often carry as much importance for older adults as the formal delivery of services.

In revising the doctoral thesis into a monograph, several modifications have been made. Extensive methodological and procedural details that were necessary for the academic thesis have been streamlined, and the literature discussion has been reorganized to foreground the central arguments of the study. Greater emphasis has also been placed on interpreting the findings within the broader social and policy context of urban ageing. These revisions aim to make the work more accessible while preserving the analytical depth of the original research.

The significance of the topic lies in the rapidly changing demographic and social landscape of contemporary India. Urban centres such as Mumbai are witnessing a gradual increase in the elderly population, even as traditional family structures and neighbourhood support systems undergo transformation. At the same time, public welfare systems remain uneven in reach and capacity. Non-institutional social work services—often delivered through community-based initiatives, non-governmental organisations, and local welfare programmes—have therefore become an important component of the support environment available to older persons. Yet their functioning, accessibility, and perceived effectiveness remain uneven across different socio-economic contexts.

This monograph situates elderly experiences within this evolving landscape of urban welfare provision. By examining how older adults engage with and evaluate community-based services, the study contributes to

broader discussions in gerontology, social work practice, and social policy. More importantly, it attempts to foreground the perspectives of older individuals themselves, whose voices are often absent in formal evaluations of service systems.

Ultimately, the work seeks to encourage a more reflective understanding of what “satisfaction” means in the context of ageing and welfare services. Rather than viewing satisfaction simply as an indicator of successful service delivery, the findings suggest that it often represents a negotiated judgement shaped by expectations, constraints, and social relationships. Recognising this complexity may help scholars, practitioners, and policymakers develop ageing support systems that are not only administratively efficient but also responsive to the dignity, agency, and lived realities of older persons.

This monograph would not have been possible without the participation and trust of the elderly individuals who shared their time, experiences, and reflections. Their willingness to speak about health challenges, family dynamics, service encounters, and everyday struggles forms the foundation of this work. I remain deeply grateful for their openness and resilience.

I extend sincere appreciation to the social workers and field practitioners who generously shared their professional insights. Their accounts of outreach work, counselling interventions, and community mobilization enriched the interpretive depth of this study and offered a grounded understanding of practice realities within constrained systems.

I am indebted to my research guide who provided critical feedback at various stages of this research. Their guidance strengthened the conceptual framing and analytical clarity of the monograph. The intellectual environment of social work scholarship has continuously challenged me to think beyond metrics and toward lived realities, and this work reflects that collective engagement.

I also acknowledge my university and community organizations that facilitated field access and supported data collection. Their cooperation enabled a comparative understanding of service experiences across diverse urban contexts.

On a personal note, I extend heartfelt gratitude to my family for their unwavering encouragement and patience throughout this academic journey. Their support provided both stability and motivation during the long process of research, analysis, and writing.

Finally, this monograph is dedicated to the elderly citizens whose everyday negotiations with urban systems remind us that ageing is not merely a demographic category, but a lived and relational experience deserving of dignity, care, and thoughtful policy attention. If this monograph contributes in some measure to deepening conversations around ageing, community-based care, and the role of social work in urban contexts, then the effort of transforming the doctoral research into this volume will have been worthwhile.

Dr. Saheli De Sarkar

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CHAPTER 1

INTRODUCTION

1.1 Context of the Study

Population ageing has become one of the most significant demographic transformations of the twenty-first century. Improvements in healthcare, declining fertility, and rising life expectancy have collectively expanded the proportion of older persons across societies. While longevity represents an achievement of social development, it also introduces new challenges related to health care, income security, social inclusion, and access to support services. In rapidly urbanizing contexts such as India, these challenges become particularly visible as older adults navigate changing family structures, uneven service systems, and increasingly complex urban environments.

Cities simultaneously offer opportunities and constraints for ageing populations. Urban centres provide proximity to hospitals, welfare schemes, and community organizations, yet access to these resources is rarely evenly distributed. Differences in housing conditions, neighbourhood infrastructure, transport availability, and socioeconomic status shape how older residents encounter support systems. Consequently, urban ageing cannot be understood merely through demographic indicators; it must also be examined through the spatial and social contexts in which older adults live their everyday lives.

Mumbai provides an especially revealing setting for examining these dynamics. As one of India's largest metropolitan regions, the city contains striking contrasts between affluent neighbourhoods and densely populated informal settlements. These contrasts are reflected in patterns of service access and everyday life for older adults. While some elderly residents benefit from organized community activities, healthcare facilities, and relatively stable support networks, others rely on fragmented services delivered through outreach initiatives or voluntary organizations operating within resource-constrained environments. Such differences highlight the need to understand ageing not only as a biological process but also as a socially structured experience shaped by urban inequality.

Within this context, non-institutional social work services play an increasingly important role. Unlike institutional care settings such as residential homes or long-term hospitals, non-institutional services operate within community environments and support older adults while they remain within their homes and neighbourhoods. These services may include mobile medical camps, community outreach programs, counseling support, recreational activities, and referral assistance. Their emphasis on outreach, flexibility, and community presence allows them to address everyday needs that may otherwise remain unrecognized within formal institutional systems.

For older adults, such services often represent accessible entry points into broader support networks. They can facilitate access to healthcare, provide opportunities for social interaction, and help older individuals navigate welfare schemes or community resources. Importantly, these services are embedded within the daily environments of users, making them sensitive to local social dynamics and neighbourhood realities. However, the mere presence of services does not automatically guarantee meaningful support. The effectiveness of non-institutional services depends on how they are experienced, interpreted, and integrated into the everyday lives of elderly users.

This raises an important analytical question: how do older adults evaluate the services they receive? In social welfare discussions, service evaluation is frequently conducted through administrative indicators such as coverage, delivery numbers, or program outputs. While these measures provide useful information about service reach, they offer limited insight into how services are actually experienced by beneficiaries. For older adults, satisfaction with services often reflects complex interactions between expectations, prior experiences, and the everyday realities of ageing.

Understanding elderly satisfaction therefore requires attention not only to service availability but also to how services are encountered and interpreted within specific social contexts. Older individuals may value services for reasons that extend beyond immediate material benefit. Respectful interaction, emotional reassurance, and opportunities for social participation can be as meaningful as tangible assistance. Conversely, services that are technically adequate may still be experienced as unsatisfactory if they fail to align with users' needs, routines, or expectations.

This study examines elderly satisfaction within the context of non-institutional social work services in Mumbai. By focusing on community-based services operating across different urban settings, the research seeks to understand how older adults engage with support systems and how their experiences vary across social environments. Particular attention is given to differences between slum and non-slum areas, recognizing that urban inequality shapes both the availability of services and the ways in which they are perceived and utilized.

Rather than approaching satisfaction as a simple measure of approval or disapproval, the study treats it as a relational experience shaped by multiple dimensions of service interaction. These include accessibility, perceived benefits, engagement with service providers, and broader social conditions that influence help-seeking behaviour. By exploring these dimensions together, the research aims to develop a more nuanced understanding of how non-institutional services contribute to the well-being of older adults in diverse urban contexts.

To support this analysis, the introduction also outlines several conceptual considerations that help frame the study.

1.2 Conceptualizing access, benefit, and engagement in elderly services

Access to social services is often interpreted narrowly in terms of physical proximity—how close a service centre is to potential beneficiaries. While location remains important, such an understanding risks overlooking the everyday realities through which services are actually encountered and used. For older adults in particular, access involves far more than distance. Mobility limitations, financial constraints, bureaucratic procedures, communication barriers, and emotional comfort all influence whether services are perceived as practically reachable (Penchansky & Thomas, 1981; Levesque et al., 2013).

Proximity therefore represents only one layer of accessibility. Even when services are located nearby, older individuals may face difficulties navigating unsafe streets, crowded transport systems, or unfamiliar institutional spaces. In addition, affordability plays a significant role in shaping engagement with services. Direct expenses such as travel costs or service fees, as well as indirect opportunity costs, may discourage participation among elderly individuals living on fixed or limited incomes (Lister, 2004; Dixon-Woods et al., 2006; Souza, 2015). Perceptions of affordability can also influence behaviour; services that appear financially burdensome may be avoided even when actual costs are relatively low.

Timing alignment constitutes another important dimension of access. Service schedules are frequently organized around institutional convenience rather than the daily rhythms of older adults. Health routines, caregiving responsibilities, religious practices, and periods of rest structure the everyday lives of many elderly individuals. When service hours fail to accommodate these routines, accessibility becomes practically constrained regardless of geographic proximity (Penchansky & Thomas, 1981; Fitzpatrick et al., 2004).

Administrative complexity can further shape service reach. Documentation requirements, eligibility procedures, and bureaucratic language may create unintended barriers for older adults who have limited literacy or familiarity with formal systems. Such processes can transform assistance programs into complicated administrative tasks rather than supportive resources (Fine & Glendinning, 2005; Moynihan et al., 2015; Herd & Moynihan, 2019). Communication clarity therefore becomes essential. Information about services must be understandable, consistent, and sensitive to the communication needs of elderly populations, particularly in contexts characterized by linguistic diversity and varying levels of digital literacy (Choudrie et al., 2013; Xie, 2011).

Alongside access, the concept of benefit also requires careful consideration. In policy discussions, benefits are often defined in measurable terms such as financial assistance or service outputs. Yet the meaning of benefit in later life is rarely uniform. It may include material support, emotional reassurance, health stabilization, social inclusion, and preservation of dignity. Financial relief can reduce immediate economic pressure and provide a sense of predictability in daily life (Lister, 2004; Willmore, 2007). Health-related support may help older adults manage chronic conditions and maintain functional independence rather than achieve complete recovery (Baltes & Baltes, 1990; Rowe & Kahn, 1997; Phillipson, 2013).

Equally significant are relational and symbolic dimensions of benefit. Emotional support offered through attentive listening or empathetic interaction can mitigate loneliness and anxiety among older adults (Golden et al., 2009; Pinquart & Sörensen, 2000). Opportunities for participation in community activities can foster social inclusion and reinforce a sense of belonging (Levasseur et al., 2010; Scharlach & Lehning, 2013). At a symbolic level, respectful service delivery can preserve dignity and affirm older adults as individuals with agency and life histories (Nordenfelt, 2004; Woolhead et al., 2004; Sen, 1999).

Benefit therefore cannot be understood solely through standardized outcomes. Its meaning varies across individuals depending on health status, social relationships, and prior experiences with institutions (Bowling, 2005; Katz & Calasanti, 2015). Recognizing this variability encourages a more reflexive approach to evaluating social work interventions with older populations. User engagement represents a third important dimension shaping how services are experienced. Engagement is not limited to formal participation mechanisms but is embedded in everyday interactions between service providers and users. Feedback opportunities, regular meetings, and routine check-ins create channels through which older adults can express their experiences and expectations (Coulter, 2012; Simmons & Birchall, 2005). Complaint systems, when clearly communicated, also provide formal avenues for addressing concerns and reinforcing transparency within service delivery (Reader et al., 2014; Bismark et al., 2013).

Informal communication plays an equally significant role. Casual conversations, brief discussions during visits, and ongoing relational contact often shape the tone of service engagement more strongly than formal procedures. These interactions allow social workers to build trust and respond flexibly to individual needs, particularly when working with elderly populations whose concerns may emerge gradually over time (Forrester et al., 2008; Gardner, 2011). Underlying these processes is the principle of responsiveness. Responsiveness

reflects the willingness of service providers to acknowledge user communication and adapt when appropriate. Even when immediate solutions are not possible, recognition and timely response reinforce users' sense of participation and respect (Banks, 2012; Beresford & Croft, 2004). Clear communication further supports engagement by ensuring that users understand service procedures and expectations (McCormack & McCance, 2006; Street et al., 2009).

Taken together, these perspectives highlight that access, benefit, and engagement are deeply interconnected. Services become meaningful not simply because they exist but because they align with the everyday realities, expectations, and experiences of those who use them. For older adults navigating complex urban environments, the usability of services may matter as much as their formal availability. Against this conceptual background, the present monograph investigates how older adults in Mumbai experience non-institutional social work services and how these experiences shape their levels of satisfaction. By examining accessibility, perceived benefits, and patterns of engagement across different urban contexts, the study seeks to contribute to a more nuanced understanding of ageing and social service delivery in contemporary cities.

CHAPTER 2

CONCEPTUAL AND THEORETICAL FRAMEWORK

2.1 Conceptual Framework: Linking Ageing, Services, and Satisfaction

Understanding satisfaction among elderly users of welfare services requires moving beyond isolated indicators such as service availability or benefit receipt. Contemporary gerontological and social work scholarship emphasizes that satisfaction is shaped through an ongoing interaction between personal circumstances, institutional practices, and relational experiences rather than being a direct outcome of service inputs alone (Phillips & Ray, 2020). Research on ageing and care experiences further demonstrates that older adults evaluate services through multiple interrelated dimensions—including social relationships, autonomy, environmental conditions, and the perceived responsiveness of care providers—rather than through purely technical or structural indicators of service delivery (Bhattacharyya et al., 2021). This section presents the conceptual framework guiding the present study, integrating established theories with empirical literature on ageing, welfare services, and user experience. The framework positions elderly satisfaction as a dynamic and context-sensitive outcome shaped by both individual vulnerability and the responsiveness of service systems operating within urban environments.

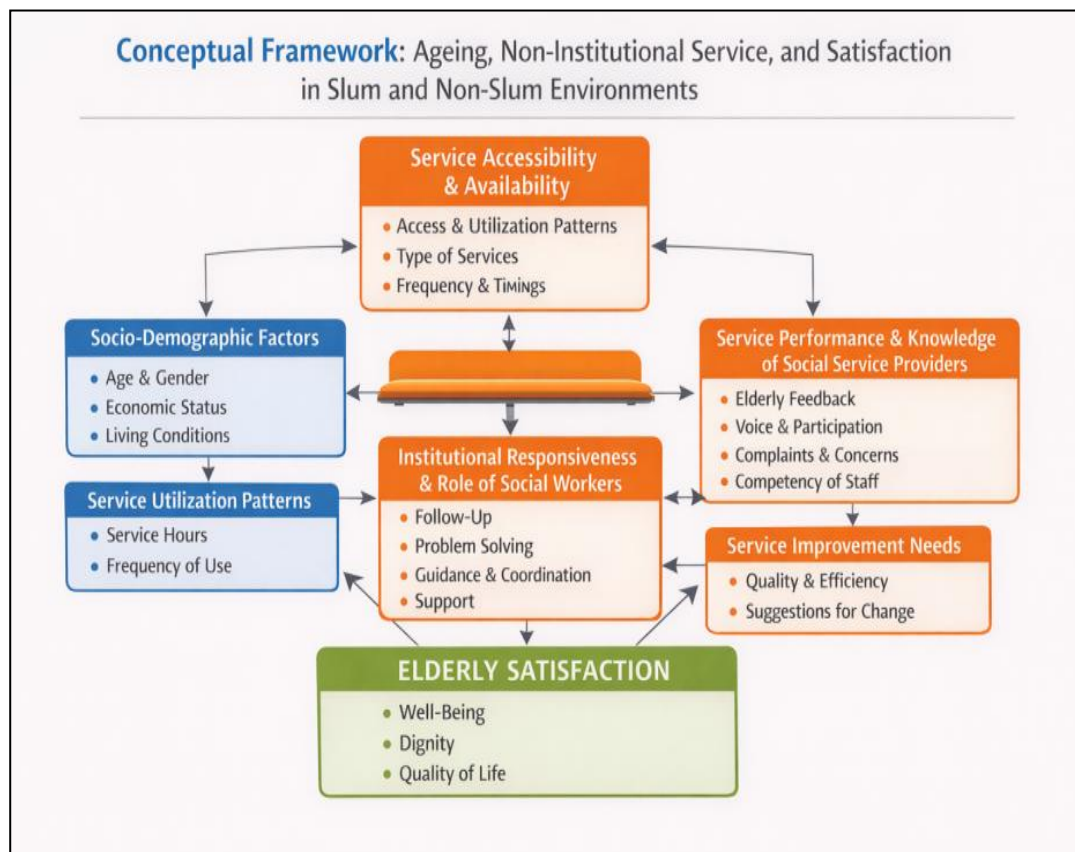


Figure 2.1: Linking Ageing, Non-Institutional Services, and Satisfaction in Slum and Non-Slum Areas

2.2 Theoretical Anchors: An Integrated Perspective

The conceptual foundation of this study draws on an integrated theoretical approach rather than treating each framework as an independent explanatory tool. Central to this integration is the Person-in-Environment perspective, which emphasizes that individual experiences must be understood in relation to broader social, institutional, and environmental contexts (Hutchison, 2019). In the context of urban ageing, this perspective highlights how health status, income insecurity, gender, and family arrangements intersect with neighbourhood infrastructure, service accessibility, and institutional cultures to shape elderly service experiences. Urban environments significantly influence the ability of older adults to maintain independence, participation, and well-being, as the interaction between individuals and their physical and social surroundings shapes everyday life in later years (Oswald et al., 2005). From this perspective, ageing is not merely an individual biological process but a socially and spatially embedded experience, where neighbourhood resources, accessibility, and institutional support structures mediate the quality of support available to older adults (Rogge & Cox, 2002). Situating elderly experiences within this relational context therefore enables a deeper understanding of how variations in urban environments shape the accessibility and perceived usefulness of non-institutional social services.

This understanding is reinforced by Systems Theory, which conceptualizes welfare services as interconnected systems involving policy frameworks, organizations, professionals, families, and communities. From this standpoint, difficulties in access, utilization, or satisfaction are not merely individual-level problems but reflect misalignments within broader service systems (Payne, 2020). Fragmented coordination, inconsistent service delivery, and unclear institutional responsibilities are therefore understood as systemic constraints that directly affect elderly users' experiences. Social service coordination similarly highlights that fragmented systems and weak inter-organizational collaboration often reduce service effectiveness and create barriers for users navigating complex welfare structures (Bunger, 2010). Likewise, social care systems demonstrate that fragmentation across agencies can produce inconsistent provision and unreliable support for service users, reinforcing systemic inequalities in access to care (Carey, 2015).

Empowerment Theory further deepens the analytical framework by foregrounding the power relations embedded within welfare interactions. Empowerment is conceptualized as a multi-level process encompassing psychological, organizational, and community dimensions through which individuals gain greater control over decisions affecting their lives (Zimmerman, 2000). This perspective emphasizes that empowerment is not merely an individual attribute but is shaped by institutional opportunities, participatory structures, and access to resources (Perkins & Zimmerman, 1995). In the context of elderly welfare services, however, empowerment may be constrained by age-related dependency, limited access to information, and hierarchical service delivery systems. Older adults often occupy structurally weaker positions in welfare interactions, which can reduce their capacity to question services or articulate dissatisfaction. As a result, apparent satisfaction may sometimes reflect limited voice rather than genuine fulfilment of needs. Participatory health and social programs further note that when institutional mechanisms for participation are weak, service users tend to internalize power imbalances and refrain from expressing critical feedback (Wallerstein, 2006). Consequently, silence among elderly beneficiaries may conceal unmet needs rather than indicating effective service delivery.

The framework also draws upon the concept of Active Ageing, which emphasizes autonomy, participation, and continued engagement in social life as key components of well-being in later life (World Health Organization, 2002). From this perspective, satisfaction depends not only on whether services meet basic needs but also on whether they support independence, dignity, and social inclusion. Services that reduce dependency and

enhance participation are therefore more likely to generate meaningful satisfaction among elderly users. This understanding aligns with scholarship that views active ageing as a multidimensional process in which supportive social environments, opportunities for participation, and autonomy in everyday life significantly influence quality of life in later years (Walker, 2002; Foster & Walker, 2015).

Insights from Service Quality Theory are integrated to explain how institutional performance shapes user experience. Perceived service quality—particularly responsiveness, reliability, and empathy—plays a critical role in shaping satisfaction, often outweighing technical efficiency or material adequacy (Parasuraman et al., 1988; Liu, 2024; Shie et al., 2022). For elderly users, respectful communication, clarity of procedures, and consistent service routines contribute significantly to trust and continued engagement (Liu, 2024; Shie et al., 2022).

Finally, Social Support Theory highlights the relational dimension of welfare services. For many elderly individuals, service centres function not only as points of resource delivery but also as spaces of emotional reassurance and social connection. Perceived social support from meaningful relationships significantly enhances older adults' psychological well-being and satisfaction by satisfying basic psychological needs such as relatedness and autonomy (Shin & Park, 2022). Older adults who engage in social interactions through community and service settings report significantly higher life satisfaction, underscoring the relational dimension of welfare services beyond mere resource provision (Park & Kang, 2023). The presence of supportive relational contexts enhances psychological well-being and influences how services are perceived and evaluated — a perspective further elaborated in the convoy model of social relations (Antonucci et al., 2014).

2.3 Core Analytical Dimensions Supporting the Framework

Building on these theoretical anchors, the conceptual framework organizes elderly satisfaction around several interrelated analytical dimensions that are strongly supported by existing literature.

Socio-demographic context constitutes the foundational layer influencing service needs and expectations. Age, gender, marital status, education, income, and living arrangements shape elderly users' capacity to access services and their perceptions of entitlement. Rajan and Kumar (2019) in urban India shows that elderly women, those living alone, and individuals with limited education face greater barriers in navigating welfare systems, which in turn affects both utilization and satisfaction (Rajan & Kumar, 2019).

Service access represents a critical enabling or constraining factor. Physical proximity, transport availability, service timings, and administrative requirements determine whether services are realistically usable. Older adults may live near facilities, but limited transportation availability or long travel times can hinder actual access, leading to missed appointments and irregular care utilization (Patila et al., 2023). Furthermore, systemic barriers such as complex procedures, long waiting times, and poorly coordinated service hours disproportionately exclude older users even when services are geographically available (Górniak et al., 2025). In the Indian context, HelpAge India (2020) highlights that inconvenient timings and administrative hurdles further reduce effective access for many older persons, compounding exclusion. Limited access often leads to irregular utilization, weakening continuity of care and diminishing satisfaction among elderly users (HelpAge India, 2020).

Service benefits include both tangible and intangible outcomes derived from welfare services. While financial assistance and healthcare support remain important, elderly satisfaction is shaped less by benefit size and more by reliability, timeliness, and perceived adequacy relative to needs ((Feng, & Li, 2025; Shao & Li, 2023). Uncertainty or delays in benefit delivery can undermine trust, even when benefits are eventually received (Feng,

& Li, 2025) Service performance captures the quality of interactions between service providers and elderly users. Staff behaviour, responsiveness, clarity of communication, and willingness to accommodate limitations significantly influence user experience. Respectful and patient engagement enhances satisfaction, particularly for elderly users with low literacy or health-related vulnerabilities (Ray & Phillips, 2012; Seo et al., 2011).

Feedback mechanisms are central to participatory service delivery but remain underdeveloped in many welfare contexts. Participation highlights that elderly users often lack confidence or opportunity to provide formal feedback due to power imbalances and gratitude norms (Cornwall & Gaventa, 2001). Moreover, evaluations of citizen engagement show that formal feedback and monitoring tools are frequently implemented without adequate facilitation or follow-through, which limits their effectiveness and exclusion of less empowered groups (Waddington et al., 2019). Similarly, social participation in health governance reveal that research and practice often focus on the mere presence of participatory mechanisms, rather than on the substantive quality, responsiveness, and impact of those mechanisms on service users' ability to articulate dissatisfaction and influence decision-making (Gupta et al., 2023).

Utilization patterns reflect the cumulative interaction of these dimensions. Regular and confident service use is associated with higher satisfaction, while sporadic or crisis-driven utilization often indicates structural barriers rather than lack of need. Utilization is thus both an outcome of service alignment and a diagnostic indicator of systemic effectiveness (Donabedian, 1966; Rosenstock et al., 1988; Ferreira et al., 2023).

2.4 Description of the Conceptual Model

Conceptualizing elderly satisfaction as a multi-stage and dynamic outcome requires considering not just static assessments of satisfaction but the *process through which older adults engage with services over time*. For example, studies show that older persons' *patterns of facility usage and the quality of these interactions* significantly influence their satisfaction and well-being (Wang et al., 2022). Similarly older adults' engagement with social welfare programs indicates that socio-demographic contexts and utilization patterns are associated with both the *degree of service use and levels of satisfaction* with those services (Dhungana et al., 2020). These findings support a model in which satisfaction evolves as a result of ongoing experiences with services, mediated by access, personal vulnerability, and institutional responsiveness.

A range of individual socio-demographic factors — including age, ethnicity, health status, household income and living arrangements — significantly shape how older adults perceive barriers to and engagement with care services, influencing their access and utilization patterns (Mah et al., 2021). At the same time, features of service environments such as communication quality, service organisation, leadership, policy frameworks and staff practices are critical determinants of whether services are experienced as supportive or restrictive by older service users (Xu et al., 2025).

Crucially, the non-institutional social work service model highlights institutional responsiveness—particularly the role of social workers and frontline staff—as a mediating factor. Responsive professionals can compensate for structural limitations by offering guidance, flexibility, and emotional support, thereby enhancing satisfaction even in resource-constrained settings. Conversely, rigid or impersonal service delivery can negate the potential benefits of well-designed programs. Service accessibility and availability, which includes mobile medical units, doorstep ration delivery, senior recreation centres, and digital safety training programmes, significantly influence the extent to which elderly persons are able to utilize available services (Di & Wang, 2025). Moreover, service quality and professional practice — reflected in staff competence, empathy, continuity of care, and

responsiveness to beneficiaries' needs — directly affect trust, reliability, and perceived usefulness of services, with deficits in these areas reducing the overall benefits of well-designed programs (Feng, 2025).

Participation and feedback operate as moderating influences within the framework. When elderly users perceive that their voices are heard and that feedback leads to visible changes, trust is strengthened and satisfaction deepens. In the absence of such mechanisms, satisfaction may remain superficial, shaped by dependency rather than genuine approval. Within effective service systems, feedback from elderly beneficiaries functions as a dynamic mechanism that not only captures experiences and concerns but also drives tangible improvements in programme delivery, professional practice, and accessibility. This cyclical “feedback loop” — where feedback is acknowledged, acted upon, and then translated into service modifications — aligns with frameworks that explicitly position service user experiences at the core of quality improvement and adaptive design in health and social care settings (Ward et al., 2016). Moreover, empirical evidence from systematic mappings suggests that patient-generated feedback can yield changes in both service delivery and satisfaction outcomes, underscoring the reinforcing role of iterative feedback processes in enhancing service quality and utilization patterns (Lloyd et al., 2023).

When older adults experience sustained satisfaction and responsive service delivery from social and community care services, it is reflected in enhanced quality of life, greater independence, improved physical and mental wellbeing, and stronger social inclusion — key markers of active ageing (Ghența et al., 2022; Liu & Yang, 2025).

The conceptual framework thus recognizes elderly satisfaction as a multidimensional construct produced through everyday interactions between ageing individuals and welfare institutions embedded in urban social realities (Ren & Klausen, 2025). By integrating theory with empirical dimensions, the model provides a coherent analytical lens for examining not only whether services meet needs, but how and why elderly users experience them in particular ways.

CHAPTER 3

REVIEW OF LITERATURE

3.1 Ageing in Urban India: Social and Structural Transformations

Population ageing has emerged as one of the most significant social transformations in contemporary India, reshaping family structures, care arrangements, and patterns of social support. Improvements in healthcare, declining fertility rates, and increased life expectancy have together contributed to a steady rise in the proportion of older persons, particularly within urban areas. While longevity is often celebrated as a development achievement, scholars caution that ageing in urban India is unfolding within contexts marked by inequality, rapid migration, and weakening informal support systems. As a result, older persons increasingly navigate later life under conditions of uncertainty, dependence, and limited social protection (Alam, Mazumdar, & Yadav, 2012; Bloom, Canning, & Fink, 2010).

Urban centres have become focal points of demographic ageing not only because of better health infrastructure but also due to long-term migration patterns. Younger populations continue to migrate to cities in search of education and employment, while many older adults either remain in urban areas after retirement or relocate to cities to live closer to children or access medical services. However, this spatial concentration of ageing has not necessarily translated into enhanced security. Instead, urban life has reconfigured the social environment in which ageing takes place, often eroding traditional mechanisms of care that were once embedded within extended family and community structures (Phillipson, 2007; Buffel, Phillipson, & Scharf, 2012).

One of the most frequently noted transformations associated with urbanization is the gradual nuclearization of families. Scholars consistently observe that joint family systems, which historically provided emotional, economic, and caregiving support to older members, are increasingly replaced by smaller household units. Employment mobility, housing constraints, and changing aspirations have reduced the feasibility of multi-generational co-residence (Srivastava et al., 2025; Bailey et al., 2023). Desai and Dubey (2012) highlight that while family ties have not disappeared, their functional capacity to provide sustained care has weakened, particularly in urban contexts where both men and women participate in the labour market. Consequently, older persons often find themselves living alone or with minimal daily interaction, even when family members reside in the same city (Bloom et al., 2010; Sethi, 2012).

The decline of traditional care arrangements has profound implications for elderly well-being. Care within joint families was not merely instrumental but also symbolic, reinforcing older persons' sense of belonging and authority. In contrast, nuclear households tend to prioritize efficiency and independence, values that can inadvertently marginalize older members whose needs conflict with fast-paced urban routines. Studies indicate that older adults may hesitate to express dependency-related needs for fear of being perceived as burdensome, leading to silent suffering and unmet care requirements (Rajan & Mishra, 2020). This emotional restraint often masks deeper vulnerabilities related to health, mobility, and psychological well-being (Cahill et al., 2009; Jahn et al., 2013).

Urban ageing is further complicated by socio-economic disparities that shape differential experiences of later life. Not all older persons enter old age with similar resources, and urban environments tend to amplify existing inequalities. Those with stable employment histories, pensions, and property ownership are better positioned to manage ageing-related challenges. In contrast, older persons from informal-sector backgrounds, especially

those residing in slums or precarious housing, face compounded disadvantages. Limited savings, insecure tenure, and restricted access to quality healthcare heighten their dependence on external support systems (Srivastava & Muhammad, 2022; Kumar et al., 2023). Rajan and Mishra (2020) describe this condition as “urban vulnerability,” where ageing intersects with poverty, poor infrastructure, and inadequate public services.

Loneliness and social isolation have emerged as recurring themes in urban gerontological literature. Despite living in densely populated settings, many older persons report reduced social interaction and a sense of invisibility within their neighbourhoods (Zhang et al., 2024). The erosion of community bonds, combined with safety concerns and declining physical mobility, often confines elderly individuals to their homes. This isolation is not merely social but also institutional, as older persons may lack information about available services or feel intimidated by bureaucratic processes. Such conditions reinforce dependency and limit agency, particularly for those with low education or digital illiteracy (Zhong & Wang, 2025)

In response to these transformations, there has been a noticeable rise in dependence on formal and semi-formal services. As family-based care becomes less reliable, older persons increasingly turn to non-institutional support systems, including non-governmental organizations, community-based initiatives, and municipal welfare schemes. These services often address immediate needs such as healthcare access, ration delivery, and social engagement, filling gaps left by declining familial support. However, scholars caution that service dependence should not be interpreted simply as increased welfare coverage. Instead, it reflects structural shifts in responsibility, where care is gradually transferred from private households to external agencies without adequate integration or regulation (Anbäcken et al., 2021; Martínez-Lacoba et al., 2021).

Importantly, the transition toward service dependence does not occur uniformly across urban populations. Older persons’ engagement with services is shaped by awareness, accessibility, and prior experiences with institutions. Those accustomed to informal familial care may perceive service use as a last resort, while others may actively seek institutional support as a strategy for maintaining independence. The literature suggests that this ambivalence toward services is deeply rooted in cultural norms that valorize family care while simultaneously acknowledging its declining capacity. As a result, service use is often accompanied by feelings of gratitude, hesitation, or lowered expectations, rather than assertive claims to entitlement (Knight, 2024; Shrestha et al., 2024).

Overall, the literature on ageing in urban India underscores that demographic ageing cannot be understood in isolation from broader social and structural transformations. Urbanization, migration, and family change have collectively reshaped the conditions under which older persons live, creating new forms of vulnerability alongside emerging support mechanisms. The shift from family-centered care to service-based support represents not merely a logistical adjustment but a profound reorganization of social relations and moral responsibilities. Understanding these transformations is essential for situating elderly experiences within contemporary urban contexts and for interpreting patterns of service use, dependency, and satisfaction observed in empirical studies (Gangopadhyay, 2022; Asztalos Morell et al., 2023).

3.2 Emergence of Non-Institutional Elderly Services in Urban India

The emergence of non-institutional elderly services in urban India must be located within the wider transformation of ageing, family life, and welfare delivery in contemporary cities. Over the past two decades, demographic ageing has accelerated, yet the expansion of formal institutional infrastructure—such as old-age homes, geriatric wards, and long-term residential facilities—has not kept pace with the scale or diversity of elderly needs. Institutional care remains limited in number, unevenly distributed, financially burdensome for many families, and socially stigmatized in several cultural contexts. Within this landscape, non-institutional forms of support have gradually expanded as a pragmatic and socially embedded response to these constraints (Brijnath, 2012; Thampi, 2024).

In operational terms for the present study, non-institutional social services refer to non-residential, community-based, and outreach-oriented forms of support delivered to elderly persons within their own neighbourhood environments rather than through residential confinement. These services do not require relocation to a facility. Instead, they are organized within community spaces or delivered directly to the homes of older persons (van Bilsen et al., 2008). They include, but are not limited to, doorstep medical consultations, distribution of dry ration supplies, health monitoring camps, psychosocial support activities, and recreational gatherings organized in accessible public or semi-public spaces such as community halls and recreation centres. The defining feature of such services is their embeddedness within everyday community settings and their emphasis on enabling ageing in place (Noh et al., 2021)

The conceptual shift toward non-institutional elderly services reflects a broader recognition that care cannot be understood solely as institutional provision. Urban scholars argue that service delivery increasingly operates through decentralized and networked arrangements involving state agencies, civil society organizations, and local community actors. In the Indian context, non-governmental organizations (NGOs) have played a particularly significant role in shaping this landscape. Historically engaged in supplementary welfare activities, NGOs have expanded their involvement in elderly care in response to visible service gaps and growing vulnerability among urban older adults. Their comparative flexibility allows them to design interventions that respond directly to localized needs, especially in areas where government systems are overstretched (HelpAge India, 2019; Sawhney, 2003; Kishore & Gupta, 2025).

Within densely populated cities such as Mumbai, non-institutional services often take the form of outreach initiatives designed to reduce physical and procedural barriers to access. For elderly persons residing in slum settlements, mobility limitations, transport costs, long queues at public hospitals, and documentation requirements can create formidable obstacles. In such contexts, doorstep medical services represent more than convenience; they constitute a crucial mechanism for ensuring continuity of care. Mobile health units and visiting medical teams bring basic diagnostic services, medication distribution, and follow-up consultations directly into neighbourhood lanes, thereby minimizing travel burdens and reducing out-of-pocket expenditure. Studies emphasize that outreach-based medical services are particularly effective in low-income urban communities where institutional access remains constrained (Rajan & Mishra, 2020; Rabiou et al., 2024) and mobile clinics in urban underserved areas can function as vital first points of contact for primary and preventive care (Jamir, 2013).

Doorstep delivery of essential commodities, especially dry ration supplies, similarly reflects the community-based logic of non-institutional services. While the Public Distribution System (PDS) forms the backbone of food security for economically vulnerable households, elderly individuals—particularly those living alone—often

encounter difficulties in physically accessing ration shops or completing procedural formalities (George & McKay, 2019). Food security among older adults indicates that limitations in mobility, physical functioning, and social support exacerbate risk of under-nutrition and can hinder access to subsidized food entitlements, underscoring the importance of services that bring food closer to the household (Tohit, 2025). Community organizations and NGOs have responded by organizing home delivery systems for eligible elderly beneficiaries, thereby ensuring that nutritional entitlements translate into actual consumption. Beyond addressing food insecurity, such services reduce dependence on neighbours or informal intermediaries and help preserve dignity and autonomy in later life (UNFPA India, 2017).

Non-institutional services are not confined to material assistance; they also include psychosocial and recreational components delivered in shared community spaces. Community halls, recreation centres, and open neighbourhood venues function as informal social infrastructures where elderly persons gather for interaction, relaxation, and structured activities. These spaces may host health awareness sessions, light exercise programs, cultural events, or simply opportunities for companionship. In urban environments characterized by high-density housing and fragmented social ties, such spaces provide older persons with meaningful engagement beyond the confines of their homes. Scholars increasingly highlight that social isolation constitutes a major dimension of urban ageing, and community-based interventions can mitigate loneliness while strengthening neighbourhood belonging (Jones et al., 2023; Tcymbal et al., 2022).

The emphasis on non-residential service delivery also aligns with policy frameworks promoting ageing in place. National-level policies on older persons underscore the importance of enabling elderly individuals to remain within their familiar social environments for as long as possible. Rather than encouraging institutionalization as a primary solution, policy discourse stresses community participation, family support, and decentralized care models. In practice, however, implementation often depends on local-level actors who facilitate awareness, documentation, and access to entitlements. NGOs frequently function as intermediaries between older persons and state systems, assisting with pension applications, health insurance enrollment, and grievance redressal. This bridging role is particularly significant in complex urban bureaucracies where procedural barriers can discourage elderly participation (Buffel & Phillipson, 2025; Pani-Harreman et al., 2021).

Municipal bodies in metropolitan areas have increasingly recognized the necessity of decentralized elderly services. Senior citizen facilitation centres, ward-level health camps, and targeted outreach programs illustrate attempts to integrate elderly welfare into local governance structures. Yet the literature consistently notes variability in coverage and quality across different neighbourhoods. Service density often correlates with socio-economic status and administrative prioritization, resulting in spatial inequalities. Middle-class localities may host well-equipped recreation centres, while slum settlements depend heavily on NGO-led initiatives. This uneven distribution reinforces the importance of understanding non-institutional services as part of a fragmented but evolving urban welfare ecology (Riley et al., 2007; Kaviarasu et al., 2022).

Corporate Social Responsibility (CSR) initiatives have further diversified the landscape of non-institutional elderly care. Following the formalization of CSR mandates in India, corporate entities have funded community health camps, assistive devices, and localized support programs for senior citizens. While CSR funding introduces additional resources and managerial approaches, scholars caution that sustainability depends on long-term collaboration with grassroots organizations. In many cases, NGOs remain the primary implementing agencies, embedding externally funded programs within community networks (Kurian, 2018; Sharma & Kaur, 2020).

A critical feature distinguishing non-institutional services from institutional models is their relational character. Because services are delivered within neighbourhood settings, interactions between service providers and elderly beneficiaries tend to be more personalized and continuous. Social workers, community volunteers, and outreach staff often develop sustained contact with older persons, gaining familiarity with their household conditions and specific vulnerabilities. Such relational proximity can enhance trust and facilitate early identification of health or social risks, reflecting the relationship-based orientation of community social work practice (Briggs et al., 2024; Kazemi & Kajonius, 2021). At the same time, the literature warns against idealizing community-based models. Resource constraints limited professional training, and inconsistent funding may affect service quality. The effectiveness of non-institutional services thus depends on coordination, accountability, and adequate support systems (Briggs et al., 2024).

In the specific context of Mumbai, the expansion of non-institutional elderly services reflects both necessity and innovation. The city's socio-spatial inequalities create sharply differentiated ageing experiences. Elderly residents in slum areas frequently encounter precarious housing, limited sanitation, and restricted access to formal healthcare facilities. For them, doorstep medical visits and ration delivery services are not supplementary but central to daily survival. Conversely, elderly persons in non-slum areas may access community recreation centres and organized senior citizen groups offering structured engagement activities. These differences highlight the importance of examining how non-institutional services operate across varied urban contexts (Murugan et al., 2024; Nagoor et al., 2014).

Thus, within this monograph, non-institutional social services are conceptualized as community-based, non-residential, and outreach-oriented forms of elderly support that operate within everyday social spaces. They include doorstep health care, dry ration distribution, and recreational or social interaction activities conducted in accessible neighbourhood venues. They are distinguished from institutional care by their emphasis on enabling elderly persons to remain within their own homes and communities (Low, Yap, & Brodaty, 2011). They represent adaptive responses to demographic ageing, infrastructural limitations, and urban inequality (van Bilsen et al., 2008).

Understanding the emergence and operational characteristics of non-institutional services is crucial for analyzing elderly satisfaction. Satisfaction cannot be interpreted solely in relation to service outcomes; it must be situated within the context in which services are delivered. When care is embedded within familiar environments, reduces mobility burdens, and preserves social connection, it may generate forms of satisfaction that differ significantly from experiences associated with institutional settings. At the same time, the variability and fragmentation of these services necessitate careful examination of quality, accessibility, and continuity (Chen et al., 2019; Low et al., 2011).

In sum, the rise of non-institutional elderly services in urban India reflects a structural transformation in welfare provision shaped by demographic shifts, policy orientation, and community-level innovation. As the ageing population grows and traditional family support systems weaken, care provision is increasingly shifting toward community-based and hybrid service models that allow older adults to remain embedded within their social environments while accessing professional support (Baskaran et al., 2024). These services embody a move toward decentralized, relational, and context-sensitive models of care. However, their uneven distribution and dependence on mixed actors—including the state, voluntary organizations, and informal networks—underscore the need for sustained institutional support and improved policy coordination. Situating elderly experiences within this evolving service ecology provides the necessary foundation for assessing patterns of access, utilization, and satisfaction in both slum and non-slum urban settings (Singh et al., 2022).

3.3 Access, Availability, and Utilization of Urban Elderly Services

While the expansion of elderly-oriented services in urban India signals increasing recognition of ageing-related needs, the mere presence of services does not guarantee their effective use. A substantial body of literature emphasizes that access and utilization are shaped by multiple interacting factors, including physical proximity, timing, transport availability, information flows, and digital competence. Scholars consistently argue that these dimensions of access are not neutral or evenly distributed; instead, they are embedded within urban inequalities that determine who can realistically benefit from welfare and support systems. As a result, older persons' engagement with services often reflects structural constraints rather than individual choice. (Gong et al., 2022; García-Gómez et al., 2025). Studies on community care and health service access demonstrate that older adults frequently encounter barriers such as fragmented service locations, limited mobility, lack of information, and digital exclusion, which collectively reduce effective service utilization even when facilities exist within urban settings (Gong et al., 2022). Similarly, systematic reviews of access to social and health services highlight that socioeconomic status, geographical location, and the digital divide interact to shape older adults' ability to benefit from available support systems, reinforcing inequalities in later life (García-Gómez et al., 2025).

Physical access remains one of the most widely discussed barriers in studies on urban elderly services. Urban environments, despite dense service networks, often present significant mobility challenges for older adults. Poor walkability, uneven pavements, overcrowded public spaces, and the absence of age-friendly infrastructure limit the ability of elderly individuals to travel independently. Guida and Carpentieri (2022) show that the design and quality of pedestrian networks strongly influence whether older adults can reach essential services, as walking often remains their primary mode of mobility within neighbourhoods. Even relatively short distances may become prohibitive for older persons experiencing chronic illness, visual impairment, or reduced stamina. Distance to service centres, even when relatively short, can become prohibitive for those with chronic illness, visual impairment, or reduced stamina (Rajan & Mishra, 2020). Consequently, services that require repeated visits or long queues are underutilized, particularly by the most vulnerable elderly populations. Gong et al. (2022) on community-dwelling older adults further demonstrate that mobility limitations and chronic health conditions significantly restrict their capacity to physically access available care services, despite the presence of facilities within urban communities.

Timing of services has emerged as a critical yet frequently overlooked dimension of access. Many urban elderly services operate during standard working hours, reflecting administrative convenience rather than user needs. Studies highlight that older persons often struggle to align service timings with their daily rhythms, health conditions, or caregiving responsibilities. For example, early-morning registration processes may disadvantage those with mobility limitations, while afternoon schedules may clash with medication routines or fatigue. Service accessibility among older adults suggests that institutional arrangements—including service hours and scheduling practices—often fail to accommodate the everyday circumstances and functional limitations of older people, thereby discouraging service utilization (Levesque et al., 2013; Mohammadi et al., 2025). Services delivered primarily during fixed administrative hours may therefore limit older adults' ability to attend, particularly when they depend on family members for transportation or experience fluctuating health conditions. The literature thus indicates that inappropriate service hours can function as a form of structural exclusion even when services are geographically accessible (HelpAge India, 2019).

Transport access further complicates the relationship between availability and utilization. Although urban areas are typically served by extensive public transport networks, older persons frequently face difficulties navigating buses, trains, or shared mobility options. Overcrowding, lack of seating, safety concerns, and complex routes

discourage elderly travel, especially for women and those living alone. Research on urban mobility among older adults indicates that boarding difficulties, crowded vehicles, and inadequate support from transport personnel often discourage the use of public transport and reduce independent travel among elderly commuters (Sharma & Srinivas, 2024). In addition, everyday travel for older adults often involves considerable “mobility work,” such as planning routes, walking to distant bus stops, boarding vehicles, and finding seating, tasks that can become physically demanding with age (Curl et al., 2021).

Several studies note that transport costs, though seemingly modest, can accumulate and deter regular service use among pension-dependent elderly individuals. Even small travel expenses may become significant for older adults living on fixed or limited incomes, shaping their decisions about whether to seek services or postpone visits. Older adults’ access to healthcare in Indian cities shows that unaffordable or unreliable transportation often leads to delayed visits, reliance on nearby but less specialized facilities, or reduced service utilization altogether (Patil et al., 2023). Similarly, health-service utilization among older people highlights that access to higher-level services is frequently associated with additional transportation costs, which can act as a barrier for economically vulnerable elderly populations (Yuan et al., 2022). In this context, services that rely on centralized delivery models inadvertently privilege those with greater physical and financial mobility.

Information gaps represent another significant barrier identified in the literature. Awareness of services, eligibility criteria, and procedural requirements is unevenly distributed among urban elderly populations. Researchers observe that information about welfare schemes and NGO services often circulates through informal networks, such as neighbours, community leaders, or social workers, rather than through systematic public outreach. As a result, socially isolated elderly individuals are less likely to access available services, reinforcing patterns of exclusion (UNFPA India, 2017). Ageing and service utilization demonstrate that knowledge of formal support systems among older adults is frequently mediated by their social networks, which can both facilitate and limit awareness depending on the strength and reach of those networks (Ward et al., 1984; Ho et al., 2023). Consequently, reliance on informal information channels also contributes to selective utilization, where certain groups repeatedly benefit while others remain invisible, as access to services often depends on the strength of social networks, awareness, and interpersonal support systems available to older adults (Ho et al., 2023; Gong et al., 2022).

The digital divide has added a new layer of complexity to service access in recent years. As welfare systems increasingly adopt digital platforms for registration, authentication, and communication, older persons with limited digital literacy face heightened exclusion (*van Deursen & Helsper, 2025*). Studies consistently show that low education levels, unfamiliarity with smartphones, and fear of making errors prevent many elderly individuals from engaging with online systems (*Kuźelewska et al., 2025; van Deursen & Helsper, 2025*). Even when assisted by family members or volunteers, dependence on digital intermediaries can undermine autonomy and discourage sustained service use. Scholars caution that digitalization, without parallel support mechanisms, risks deepening existing inequalities among older urban residents (*Kuźelewska et al., 2025*).

Utilization patterns, as discussed in the literature, often reveal adaptive strategies employed by older persons in response to these access barriers. Rather than engaging with a full range of available services, elderly individuals tend to prioritize those perceived as most essential or least demanding. Health-related services are typically utilized more consistently than recreational or capacity-building programs, reflecting survival-oriented decision-making (Xie et al., 2024). Irregular or crisis-driven utilization is common, particularly among low-income elderly populations who conserve limited resources and energy for emergencies (Rajan & Mishra,

2020). Such patterns suggest that non-use should not be interpreted as lack of need but as an indicator of constrained access (Xie *et al.*, 2024; Moghadasi *et al.*, 2022).

Urban scholars also highlight spatial disparities in access and utilization within cities. Neighbourhood-level differences in infrastructure, service density, and institutional presence shape elderly experiences in profound ways. (Ahmed *et al.*, 2025). In cities such as Mumbai, slum settlements and peripheral areas often have fewer service points, longer travel distances, and weaker institutional outreach which compounds challenges in service utilisation for older adults (Nagesh *et al.*, 2024). In contrast, non-slum and centrally located areas benefit from higher NGO concentration and better connectivity. This uneven geography of services contributes to differential utilization patterns and reinforces socio-economic divides among elderly populations (Gong *et al.*, 2022; Park *et al.*, 2022).

Importantly, the literature underscores that access is not solely a logistical issue but also a relational one. Interactions with service providers, clarity of procedures, and perceived respect influence elderly willingness to return to service centres. Confusing processes, long waiting times, and dismissive attitudes discourage repeat utilization, even when services are technically available (Van der Pas & Frielink, 2016). Conversely, flexible timings, clear communication, and personalized assistance enhance sustained engagement (Mah *et al.*, 2021). These findings suggest that utilization is shaped by how services are delivered, not merely by where or when they operate.

Zheng *et al.* (2025) argue that institutional assumptions about elderly availability often misalign with lived realities. Service planners frequently presume that older persons have unlimited time and flexibility, overlooking health fluctuations, caregiving roles, and domestic responsibilities. This mismatch becomes evident in evaluations of service hours, where elderly users report difficulty adjusting to rigid schedules. The question of whether service hours meet elderly needs thus emerges as a critical analytical lens for understanding utilization gaps. Literature indicates that when timings are adapted to user capacities—through staggered hours, home-based delivery, or appointment systems—utilization improves significantly (Wang *et al.*, 2022).

Overall, the literature on access, availability, and utilization of urban elderly services reveals a complex interplay between structural constraints and adaptive behaviour. While services have expanded in scope and number, their benefits remain unevenly realized due to barriers related to mobility, timing, transport, information, and digital access. Utilization patterns reflect not only individual preferences but also the cumulative effects of these barriers. Recognizing this complexity is essential for interpreting empirical findings on elderly service use and for assessing whether existing service designs genuinely respond to the needs and capacities of older urban residents (Guida *et al.*, 2022; Delaere *et al.*, 2024).

3.4 Elderly Satisfaction, Service Quality, and User Experience

Elderly satisfaction has increasingly become a central concern in studies of ageing and social service delivery, particularly in urban contexts where formal and informal care systems intersect. However, scholars caution that satisfaction should not be interpreted narrowly as approval of service outcomes or material benefits. Instead, it is widely understood as a multidimensional construct shaped by expectations, interpersonal interactions, procedural experiences, and broader socio-cultural contexts. In the case of older persons, satisfaction is especially sensitive to how services are delivered rather than simply what is delivered, with relational continuity, respect, and personalized attention being key determinants of positive evaluations (Karlssohn *et al.*, 2013; Yang *et al.*, 2025).

Within service research, satisfaction is commonly conceptualized as the outcome of a comparison between expectations and actual experiences. Yet gerontological studies suggest that this framework requires careful adaptation when applied to elderly populations. Older adults often enter service encounters with modest expectations, shaped by lifelong experiences of scarcity, hierarchical authority, and gratitude-based welfare cultures. As a result, expressions of satisfaction may coexist with objective service limitations, making it necessary to examine satisfaction as a relational and contextual phenomenon rather than a direct indicator of quality (Owens & Batchelor, 1996; Kazemi & Kajonius, 2021).

Service Quality Theory offers a useful starting point for understanding elderly satisfaction, particularly through its emphasis on responsiveness, reliability, assurance, empathy, and tangibility. While originally developed in commercial service settings, these dimensions have been adapted by social service scholars to assess welfare and care provision (Liu, 2024). (Feng and Li, 2025) consistently indicates that for elderly users, intangible dimensions—such as respectful communication, patience, and emotional reassurance—carry greater weight than physical infrastructure or technical sophistication. This shift in emphasis reflects the vulnerability associated with ageing and the heightened importance of feeling valued and understood.

Responsiveness is repeatedly identified in the literature as a core determinant of satisfaction among older service users. Responsiveness refers not only to timely service delivery but also to the willingness of staff to listen, clarify doubts, and adapt procedures to individual limitations. Different settings have shown that higher responsiveness is significantly associated with perceived service quality and satisfaction in older populations (Yusefi et al., 2022; Sharkiya, 2023). In urban India, elderly users often judge services based on how promptly and sincerely their concerns are addressed, rather than on the scope of benefits provided. Delays, rigid rules, and lack of explanation are frequently cited as sources of dissatisfaction, even when services are otherwise free or subsidized (Ganorkar et al., 2020; Vaz et al., 2024).

Staff behaviour occupies a particularly prominent place in gerontological analyses of service experience. Older persons often interact with services during periods of physical decline, emotional vulnerability, or social isolation, making them acutely sensitive to interpersonal cues. Literature from both Indian and international contexts emphasizes that courteous behaviour, respectful language, and non-judgmental attitudes significantly enhance elderly satisfaction. Conversely, dismissive or hurried conduct can undermine trust and discourage future service use. Importantly, even well-designed programs fail to achieve their objectives when frontline staff lack training in age-sensitive communication (Engström et al., 2021; Feng et al., 2023).

Continuity of care is another dimension closely linked to elderly satisfaction. Continuity refers to the consistency of service provision over time, including stable staffing, predictable schedules, and follow-up mechanisms. Gerontological research suggests that repeated interactions with familiar service providers foster a sense of security and relational trust among older users. Studies have shown that continuity in care relationships enhances satisfaction and strengthens perceived quality of services among elderly populations (Lautamatti et al., 2020; Tonkikh et al., 2020). In urban environments characterized by fragmented service delivery, frequent staff turnover and irregular service schedules disrupt this continuity. Indian studies indicate that elderly individuals often feel anxious when services change abruptly or when new staff are unfamiliar with their histories and needs (Rajan & Mishra, 2020). Similarly, research on eldercare systems highlights that instability in caregiving personnel and organisational arrangements can undermine trust, continuity of care, and the perceived quality of services among older adults (Jurij et al., 2023).

Trust emerges as both an outcome and a precondition of satisfaction in elderly service use. Trust is built through repeated positive interactions, transparency in procedures, and perceived fairness. For older persons who may already feel marginalized within urban systems, trust determines whether services are seen as supportive or threatening. Studies on ageing and service delivery highlight that trust in providers and institutions strongly shapes older adults' satisfaction and willingness to continue using services (Tsai et al., 2014). Scholars note that trust is particularly fragile among low-income elderly populations, who may fear exclusion, loss of benefits, or bureaucratic harassment. In such contexts, satisfaction often reflects relief at being treated with dignity rather than confidence in institutional effectiveness, illustrating the complex relationship between expectations, trust, and perceived care among older adults (Hupcey et al., 2004).

Indian gerontological literature highlights that elderly satisfaction is deeply shaped by cultural norms surrounding authority, gratitude, and dependency. Older adults are socialized to respect service providers and may hesitate to voice dissatisfaction, especially when services are free or delivered by charitable organizations. As a result, expressions of satisfaction sometimes mask underlying discontent or unmet needs. Studies on ageing in India show that self-reported life satisfaction frequently reflects broader social expectations, relational norms, and perceptions of support rather than purely objective service quality (Pramanik & Biswal, 2020; Kandapan et al., 2023). Consequently, this form of "silent satisfaction" complicates the evaluation of welfare services and highlights the need to examine elderly experiences through qualitative engagement and contextual interpretation rather than relying solely on survey responses (UNFPA India, 2017).

The concept of service benefits, as discussed in the literature, extends beyond tangible outcomes such as medicines received or financial savings. For many elderly users, benefits are relational and symbolic, including feelings of being cared for, socially connected, or reassured. Elderly individuals often value services that reduce anxiety, offer companionship, or provide reliable points of contact within otherwise impersonal urban environments. These relational dimensions of care—such as trust, kindness, and meaningful interaction with service providers—play a significant role in shaping older adults' perceptions of care and well-being. While these benefits are difficult to quantify in conventional service metrics, they substantially influence life satisfaction, emotional security, and continued engagement with community-based services (Chen et al., 2019; Asante & Karikari, 2022).

Service performance, in the context of elderly care, is similarly interpreted through experiential rather than technical lenses. Performance is assessed not only by efficiency or coverage but also by consistency, clarity of procedures, and adaptability to user limitations. Older persons frequently experience institutional procedures as confusing or intimidating, particularly when documentation, queues, or digital interfaces are involved. Services that simplify processes, provide assistance, and accommodate slower paces of interaction are consistently rated more favourably. Age-friendly service environments and digital health systems show that accessibility of procedures, supportive communication, and reduced technological complexity significantly improve older adults' satisfaction with services (Liu et al., 2025; Wang et al., 2024).

Knowledge of services constitutes another important factor influencing elderly satisfaction. Awareness of entitlements, eligibility criteria, and service processes empowers older persons to engage more confidently with institutions and make effective use of available support. However, existing research indicates that many older adults possess limited knowledge of welfare schemes and community-based services, which restricts their ability to access benefits even when such services are available. Studies have shown that awareness levels among elderly populations are often uneven and influenced by educational background, social networks, and exposure to institutional outreach programmes (Mohapatra & Mahapatra, 2019). In urban contexts, information

barriers are further intensified by low literacy, limited digital skills, and fragmented communication channels. When services actively disseminate information and provide guidance on procedures, older persons are better able to navigate institutional systems and report higher levels of satisfaction. Conversely, insufficient information about available resources may leave older adults uncertain about where to seek assistance, reinforcing dependency on intermediaries and increasing the perceived complexity of accessing services (Gong et al., 2022).

Feedback mechanisms are increasingly discussed in the literature as indicators of service quality and user-centredness. However, studies suggest that formal feedback systems are rarely accessible or effective for elderly users. Older persons may lack the confidence, literacy, or perceived authority to lodge complaints or suggestions, and emotional barriers such as fear of conflict, shame, or reluctance to appear demanding often discourage them from using formal complaint channels. Consequently, dissatisfaction is frequently communicated indirectly through trusted intermediaries such as social workers, caregivers, or community volunteers rather than through institutional feedback systems. Scholars therefore argue that the absence of accessible and responsive feedback mechanisms limits opportunities for organizational learning and service improvement, allowing gaps in service quality to persist even when users experience dissatisfaction (Brooker, 1997; Singh & Widing, 2025).

Urban-specific studies further emphasize that satisfaction among elderly users cannot be divorced from spatial and socio-economic contexts. In cities such as Mumbai, stark contrasts between slum and non-slum areas shape service experiences in distinct ways. Slum-dwelling elderly often prioritize reliability and proximity, expressing satisfaction with basic services that reduce survival-related stress. In contrast, elderly individuals in non-slum areas may hold higher expectations regarding organization, responsiveness, and choice, leading to more critical evaluations. This variation reinforces the argument that satisfaction is relative and context-dependent, as studies on ageing in urban slum environments show that socio-economic deprivation, health literacy, and limited access to services significantly shape older adults' experiences of well-being and service use (Yogesh et al., 2024; Sulkers & Loos, 2022).

A recurring insight is that satisfaction among elderly users is less a reflection of material benefits and more a response to the relational and procedural dimensions of service delivery. Greene et al. (1994) on ageing services show that interpersonal aspects of care—such as respect, kindness, continuity of interaction, and empathetic communication—often exert a stronger influence on perceived satisfaction than the scale or technical sophistication of services. Research on older patients' experiences indicates that supportive communication, opportunities to express concerns, and a warm interpersonal style significantly shape how elderly individuals evaluate service encounters. At the same time, Owens and Batchelor (1996) caution against interpreting high satisfaction levels as a straightforward indicator of service quality. Patient satisfaction among older populations highlights how limited expectations, dependency on service providers, and cultural norms of gratitude may lead elderly users to report satisfaction even when services are modest or inadequate (Owens & Batchelor, 1996). Consequently, satisfaction must be interpreted carefully as a socially conditioned response rather than a purely objective measure of service effectiveness, since older adults' reported satisfaction is influenced by social comparison, socioeconomic context, and relational factors rather than service provision alone (Usui et al., 1985; Ding et al., 2023).

In sum, the literature on elderly satisfaction, service quality, and user experience underscores the need for nuanced interpretation. Satisfaction emerges at the intersection of service design, staff behaviour, institutional culture, and user vulnerability. Ageing services highlight that perceived service quality—particularly dimensions

such as empathy, reliability, and responsiveness of caregivers—plays a decisive role in shaping older adults' evaluation of care (Hossain et al., 2025). For elderly populations, particularly in urban contexts, satisfaction is therefore shaped not only by the availability of services but also by the manner in which they are delivered and experienced by users. Healthcare utilization among urban elderly in India similarly shows that perceptions of accessibility, responsiveness of providers, and supportive service environments strongly influence how older adults assess the usefulness and adequacy of services (Singh et al., 2022). Taken together, this body of scholarship provides a critical foundation for analysing empirical findings on elderly satisfaction and for interpreting variations across service types, locations, and user groups.

3.5 Participation, Voice, and Power in Welfare Services

Participation is widely recognized in social work and development literature as a cornerstone of effective and equitable welfare provision. In principle, the involvement of service users in planning, monitoring, and evaluating services is expected to enhance responsiveness, accountability, and relevance. However, welfare services for older persons consistently examine a gap between participatory ideals and lived realities. For many elderly service users, particularly in urban settings, participation remains limited, symbolic, or entirely absent, with significant implications for voice, feedback, and satisfaction (Casado et al., 2020; Wits et al., 2015). Ageing and service delivery research suggests that older adults frequently encounter services designed in standardized or paternalistic ways, limiting their ability to influence decision-making processes or adapt services according to their individual needs and preferences (Casado et al., 2020; Sanerma et al., 2020). Many health and social care services for older persons remain structured around pre-determined service packages and professional control, which can reduce opportunities for meaningful participation and personalized care (Casado et al., 2020).

Older persons are rarely positioned as active stakeholders within welfare systems. Instead, they are commonly treated as passive recipients of care, expected to accept services with gratitude rather than engage critically with service processes. This positioning reflects deeper power asymmetries embedded within welfare institutions, where age-related dependency and social vulnerability often reduce older adults' ability to influence decision-making structures. Material disadvantage, health limitations, and social marginalization collectively shape the capacity of older persons to assert agency within welfare arrangements, reinforcing patterns of dependency rather than participation. Consequently, participation becomes constrained not only by institutional design but also by internalized norms about ageing that discourage older adults from questioning or negotiating the services they receive (Kang et al., 2025; Zheng et al., 2025).

Empowerment Theory provides a useful lens for understanding these dynamics. Empowerment emphasizes individuals' capacity to exercise control over decisions affecting their lives, supported by access to resources, information, and supportive relationships. Applied to elderly welfare services, empowerment implies creating spaces where older persons can express preferences, question procedures, and influence service delivery. However, the literature indicates that such conditions are rarely fulfilled. Older adults frequently lack information about their rights, feel uncomfortable challenging authority, or fear negative consequences if they speak out (Rajan & Mishra, 2020). These constraints undermine the transformative potential of empowerment-oriented approaches.

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influence service delivery. However, such conditions are often difficult to achieve in practice. Ageing and community care suggest that although policies increasingly emphasize participation and autonomy, older adults frequently remain limited to consultative or passive roles within service systems rather than active decision-makers (Kam, 2023). Furthermore, community care services demonstrates that while services have the potential to enhance social participation and engagement, many older adults experience restricted opportunities to shape the nature and delivery of these services (Siette et al., 2021). Consequently, older adults may lack sufficient information about available services and their rights, feel hesitant to challenge professional authority, or fear negative repercussions if they raise concerns. These constraints undermine the transformative potential of empowerment-oriented approaches and limit older adults' ability to meaningfully influence the services designed for their well-being.

Participatory development frameworks further highlight the importance of meaningful involvement rather than token consultation. Scholars argue that participation must move beyond mere attendance at meetings or informal conversations with service providers and instead involve genuine influence over decision-making processes. For elderly users, meaningful participation requires accessible forums, clear communication, and reassurance that expressing concerns will not jeopardize access to services. Yet institutional welfare systems often emphasize efficiency, managerial targets, and service coverage, leaving limited opportunities for sustained participatory engagement by older adults. In many service contexts, older people's voices are incorporated indirectly through intermediaries such as social workers, volunteers, or community representatives rather than through direct participation in planning and evaluation processes (Woelders & Abma, 2019; Levasseur et al., 2020). This pattern highlights the persistent gap between the normative ideals of participatory development and the practical realities of welfare delivery for ageing populations.

Power imbalance is a recurring theme in analyses of elderly welfare services. Welfare relationships are inherently asymmetrical, with providers controlling resources, information, and eligibility decisions. For older persons who depend on services for health care, food security, or social support, this imbalance is particularly pronounced. Literature documents how such dependency discourages open criticism, as elderly users may fear being labelled "difficult" or ungrateful. This fear is not always explicit but is reinforced through subtle cues, such as staff authority, bureaucratic language, and opaque decision-making processes (UNFPA India, 2017).

Participatory development frameworks further highlight the importance of meaningful involvement rather than token consultation. Scholars argue that participation must move beyond mere attendance at meetings or informal conversations with service providers and should involve genuine opportunities for users to influence decisions affecting their lives. For elderly users, meaningful participation requires accessible forums, clear communication, and institutional reassurance that expressing feedback will not jeopardize access to services. However, welfare programs frequently prioritize administrative efficiency and service coverage over participatory engagement, thereby limiting institutional space for service users' voices. In many contexts, participation occurs in mediated forms where professionals such as social workers facilitate or interpret elderly users' perspectives rather than enabling direct involvement in decision-making processes (Carr & Beresford, 2012; Merkel & Kucharski, 2025). These dynamics highlight the persistent gap between participatory ideals and the institutional realities of welfare service delivery.

The concept of gratitude culture has been widely discussed in welfare studies as a key factor shaping user behaviour. Gratitude culture refers to social norms that frame welfare support as benevolence rather than entitlement. Within this framework, recipients are expected to express thankfulness and compliance, while questioning or complaining is perceived as inappropriate. Soss (2000) and Moffitt (1983) on welfare encounters

shows that beneficiaries often feel compelled to display gratitude in interactions with service providers because assistance is perceived as discretionary rather than a right. Older persons, socialized within hierarchical and authority-respecting cultural contexts, may internalize these expectations more strongly. Consequently, expressions of satisfaction may coexist with unmet needs or dissatisfaction, complicating the interpretation of feedback data and reported service satisfaction (Soss, 2000; Moffitt, 1983; Lin et al., 2024).

Fear of exclusion emerges in the literature as a powerful deterrent to participation and voice. For elderly individuals who rely on regular services, the possibility—real or imagined—of losing access carries significant emotional weight. Even minor acts of assertiveness, such as requesting clarification or asking for changes, can be perceived as risky by service users. Older adults often hesitate to raise concerns because of emotional and psychological barriers, including fear of negative repercussions and the belief that complaining may jeopardize future support or care (Meiners, 2024). This fear is intensified in contexts where services are scarce or irregular, making continued access uncertain. In such situations, dependence on service providers can discourage open expression, as beneficiaries worry that voicing dissatisfaction might label them as difficult or ungrateful service users. Consequently, silence may function less as an indicator of satisfaction and more as a coping strategy adopted to protect continued access to essential services, reflecting a pattern widely observed among vulnerable older service users (Frost et al., 2020).

Dependency, both material and emotional, further shapes elderly engagement with welfare systems. Dependency is often discussed negatively, but scholars emphasize that it is frequently produced by structural conditions rather than individual weakness. Limited income, declining health, and fragmented family support increase reliance on external services and formal care arrangements, thereby reducing the bargaining power of older adults within service relationships. Functional limitations and health dependency significantly shape how older adults experience and negotiate public care services, often influencing their expectations and levels of satisfaction (Bergland & Kirkevold, 2006). In such contexts, elderly users may prioritize continuity and stability of support rather than improvement in service quality. As a result, they may hesitate to raise complaints or voice dissatisfaction for fear of jeopardizing existing assistance. Home-based social support services similarly indicate that older adults frequently adjust their expectations and maintain cooperative relationships with service providers as a strategy to secure continued assistance (Sundström et al., 2018). This dynamic can inadvertently reinforce passive roles among service users and limit opportunities for feedback, service learning, and service improvement.

Rights-based approaches to welfare offer an alternative framework for understanding participation and voice. From a rights-based perspective, older persons are entitled to services that respect dignity, autonomy, and accountability, regardless of their dependency status. Rights-based approaches seek to shift welfare relationships from charity to entitlement, thereby legitimizing feedback and participation (Pawar, 2012; Asenjo Palma & Verity, 2026). Such approaches reframe service users as rights-bearing citizens rather than passive beneficiaries, emphasizing transparency, participation, and accountability within welfare institutions (Pawar, 2012). However, translating rights-based principles into practice remains challenging, particularly in contexts where institutional cultures continue to emphasize benevolence and control over partnership and transparency (Asenjo Palma & Verity, 2026).

Urban studies highlight that participation dynamics are further shaped by spatial and institutional contexts. In cities such as Mumbai, welfare services operate within complex ecosystems involving government agencies, NGOs, and community organizations. While this plurality can create opportunities for engagement, it can also fragment accountability, leaving elderly users uncertain about whom to approach with concerns. Informal

communication channels mediated by trusted social workers or community intermediaries often become the primary route through which older adults express feedback or seek assistance. As a result, participation tends to be personalized and relational rather than formally institutionalized within welfare governance structures (Sawhney, 2003; Goswami et al., 2019).

Qualitative research methods have been particularly valuable in uncovering the silence that surrounds elderly feedback. Interviews and focus group discussions often reveal that older person's articulate concerns indirectly, through narratives of gratitude, acceptance, or resignation rather than explicit criticism. Such expressions may reflect social norms of deference, dependence on service providers, or a desire to maintain harmonious relationships. Scholars caution that these responses should not be interpreted simply as passive agreement but rather as manifestations of constrained agency and adaptive coping in later life. For instance, qualitative interviews with older adults have shown that satisfaction is frequently expressed alongside feelings of acceptance or tempered expectations, indicating complex emotional negotiations rather than straightforward approval of services. These insights highlight the importance of interpretive sensitivity in qualitative gerontological research, particularly when exploring themes of feedback, participation, and service satisfaction among older populations (Reichstadt et al., 2010; Van der Kluit & Dijkstra).

Across the literature, a consistent argument emerges: welfare recipients, including older persons, often internalize passive roles when participation is structurally discouraged and culturally constrained. Silence, in this sense, is not an absence of opinion but a rational response to power imbalance, dependency, and fear of exclusion. Elderly care relationships demonstrate that unequal power relations between service providers and older recipients frequently lead older adults to adopt subordinate or compliant roles, even when they experience dissatisfaction with services (Martínez-Angulo et al., 2024; Asztalos Morell et al., 2020). Similarly, elderly individuals may strategically remain silent when their economic and social dependence limits their ability to challenge authority or demand change (Martínez-Angulo et al., 2024; Asztalos Morell et al., 2020). Recognizing this dynamic is crucial for evaluating elderly satisfaction and for designing services that genuinely incorporate user voice.

Literature on participation, voice, and power in welfare services reveals that elderly engagement is shaped by a complex interplay of institutional design, cultural norms, and structural vulnerability. While empowerment, participatory development, and rights-based frameworks provide important normative guidelines for inclusive welfare governance, their realization often remains limited in everyday practice. User participation in social services shows that institutional structures frequently retain decision-making authority, thereby constraining the extent to which service users can meaningfully influence welfare processes (Bromark et al., 2022). In such contexts, participation may remain symbolic rather than substantive, reflecting enduring power asymmetries between providers and recipients of services.

For elderly users, particularly in urban settings characterized by social inequality and dependency on service systems, participation is often mediated, muted, or strategically restrained. Ageing and agency in India similarly show that older adults may remain silent not because of satisfaction but due to cultural expectations, dependence on support networks, and limited perceived capacity to challenge authority structures (Asztalos Morell et al., 2020). This body of scholarship therefore provides an important analytical foundation for interpreting qualitative findings on feedback and participation, suggesting that the absence of complaints or criticism should not automatically be interpreted as evidence of satisfaction but may instead reflect structural constraints on voice within welfare relationships.

CHAPTER 4

METHODOLOGY

4.1 Research Methodology

Methodological clarity is particularly important in ageing research because older adults' experiences are shaped by intersecting social, economic, and spatial realities that cannot be captured through a single lens. In rapidly ageing Indian cities, methodological choices determine whether research merely counts service users or meaningfully interprets how older people live, cope, and assess the support available to them. This study therefore treats methodology not as a technical formality, but as an ethical and analytical foundation for understanding elderly satisfaction within unequal urban settings.

Satisfaction with non-institutional social work services cannot be approached as a purely numerical outcome. While satisfaction can be measured through structured scales, it is also narratively constructed through daily encounters, expectations, past deprivation, and relationships with service providers. Mixed methodological approaches are therefore essential, allowing quantitative patterns to be read alongside qualitative meanings. Such an approach aligns with contemporary ageing research that emphasizes lived experience, context, and voice rather than isolated indicators (World Health Organization, 2015).

Urban inequality further necessitated a comparative design. Slum and non-slum areas in Mumbai represent distinct social worlds, marked by differences in housing security, infrastructure, access to services, and institutional presence. Treating these populations as analytically equivalent would risk obscuring how space itself mediates ageing. A comparative framework enables the study to examine how satisfaction emerges differently under conditions of scarcity and relative stability, reflecting broader debates on urban ageing and social inequality (United Nations Department of Economic and Social Affairs, 2020). Through this methodological orientation, the study positions satisfaction as a context-sensitive and socially embedded phenomenon rather than a uniform outcome.

4.2 Research Design

Mixed-Methods Rationale

This study adopted a mixed-methods research design in order to capture both the measurable patterns and the lived meanings of elderly satisfaction with non-institutional social work services. Satisfaction, particularly among older adults, is not a singular or static phenomenon. It is shaped simultaneously by tangible service characteristics—such as frequency, access, and type of service—and by subjective interpretations rooted in past experiences, expectations, and social relationships. Relying exclusively on either quantitative or qualitative methods would therefore provide only a partial understanding of elderly satisfaction in an unequal urban context.

A convergent parallel design was employed, wherein quantitative and qualitative data were collected during the same phase of the research process and analyzed independently before being interpreted together. This design allowed statistical trends to be examined alongside narrative accounts without privileging one form of data over the other. Quantitative data made it possible to assess levels of satisfaction, patterns of service utilization, and differences across slum and non-slum areas. At the same time, qualitative insights helped explain *why* similar

satisfaction scores could carry very different meanings depending on socio-economic position and service context.

The rationale for combining these approaches is well established in mixed-methods scholarship, particularly in studies addressing complex social phenomena. As emphasized by designing and conducting Mixed Methods research, mixed-methods designs are especially valuable when research questions require both numerical comparison and interpretive depth (Creswell & Plano Clark, 2018). In this study, satisfaction needed to be treated as both measurable—through structured instruments—and narratable—through the voices and reflections of elderly participants.

Triangulation was a central strength of this design. Quantitative findings on satisfaction levels, service frequency, and provider types were cross-checked against qualitative interpretations of accessibility, dignity, gratitude, and dependency. Where numerical satisfaction appeared high, qualitative data often revealed underlying constraints, limited choices, or normalized deprivation. This convergence—and at times divergence—between datasets enhanced the credibility of the findings and reduced the risk of oversimplified conclusions.

By condensing the research design around this mixed-methods logic, the study avoids redundant methodological justification and instead foregrounds analytical coherence. The design reflects an understanding that elderly satisfaction in Mumbai is not merely a statistical outcome, but a socially embedded experience shaped by inequality, service systems, and everyday survival strategies.

4.3 Institutional Collaboration

This study was conducted in collaboration with HelpAge India, a national non-governmental organization with long-standing experience in designing and implementing community-based services for older persons. The decision to work within a single organizational context was methodological rather than promotional. It was guided by the need for consistency, comparability, and analytical clarity across diverse urban settings.

Using one NGO framework ensured that variations in elderly satisfaction could be interpreted in relation to social context rather than differences in organizational philosophy or service design. HelpAge India operates through a relatively standardized service model that includes mobile medical services, ration support, recreational activities, and awareness programmes. This standardization made it possible to compare slum and non-slum contexts while holding the basic service structure constant. In other words, the organization functioned as a common institutional backdrop against which contextual differences in access, utilization, and satisfaction could be meaningfully examined.

At the same time, the study remained attentive to local adaptations within this standardized framework. Service delivery inevitably varied in response to neighbourhood characteristics, infrastructure, and beneficiary needs. Examining these variations allowed the research to explore how the same organizational model was experienced differently across unequal urban spaces. By anchoring the study within a single NGO while remaining analytically critical, the research avoids attributing observed differences to organizational inconsistency and instead foregrounds the role of urban inequality, ageing conditions, and lived experience in shaping elderly satisfaction (Creswell & Plano Clark, 2018; World Health Organization, 2015).

4.4 Population and Sampling

The study population consisted of elderly beneficiaries registered under selected non-institutional social work services operating in slum and non-slum areas of Mumbai. The total accessible population was drawn from organizational records maintained at the service centers. From this pool, a final sample of 300 elderly participants was selected, comprising 150 respondents from slum areas and 150 from non-slum areas. This balanced distribution was essential for meaningful comparative analysis across socio-spatial contexts.

For the quantitative component, a simple random sampling technique was used to ensure that each registered elderly beneficiary within the selected service categories had an equal chance of participation. This approach reduced selection bias and strengthened the representativeness of statistical findings. Sample size estimation was guided by established sampling principles in social research, including the framework proposed by Taro Yamane (1967), which offers a simplified formula for determining sample sizes in finite populations. However, detailed mathematical derivations are not reproduced here, as the focus of the monograph lies in analytical interpretation rather than procedural calculation. General guidance from methodological literature, including recommendations on adequate sample ranges in social science research (Roscoe, 1975), further supported the decision regarding sample adequacy.

For the qualitative component, purposive sampling was employed to select participants capable of providing rich, experience-based insights. This ensured representation of diverse service users, including regular users, irregular users, and individuals with differing levels of satisfaction. The qualitative subset was not intended to be statistically representative but to illuminate patterns emerging from the quantitative findings.

By combining probability-based sampling for statistical comparison with purposive selection for interpretive depth, the study maintains methodological rigor while remaining attentive to the complexity of elderly experiences within unequal urban environments

4.5 Tools and Measures

Careful selection and design of research tools were central to ensuring the credibility and analytical depth of this study. Given the linguistic diversity and varied educational backgrounds of elderly respondents in Mumbai, the instruments were developed with particular attention to clarity, accessibility, and contextual relevance.

4.5.1 Interview Schedule

Data were collected using a bilingual interview schedule, administered in English and Hindi, depending on the comfort of the respondent. The schedule combined structured and semi-structured components. The structured section captured standardized information on service utilization, frequency of access, and levels of satisfaction, enabling statistical comparison across slum and non-slum areas. The semi-structured section allowed respondents to elaborate on their experiences, expectations, and perceptions of services in their own words. This dual structure helped bridge measurable outcomes with lived realities, a necessity in ageing research where experiences often extend beyond fixed response categories (Creswell & Plano Clark, 2018).

The interview format was particularly suited to elderly participants, many of whom faced visual limitations, low literacy, or discomfort with self-administered questionnaires. Conducting face-to-face interviews also enabled rapport-building and reduced non-response, especially in slum settings.

4.5.2 Construction of the Satisfaction Index

A key methodological contribution of this study lies in the construction of context-sensitive satisfaction indices. Satisfaction was measured using a five-point Likert-type scale, ranging from low to high levels of satisfaction. Rather than relying on a single global score, domain-specific indices were developed to capture satisfaction across different dimensions, such as service type, accessibility, provider interaction, and perceived benefits. Separate but parallel scales were constructed for slum and non-slum services to ensure contextual comparability without forcing uniform assumptions.

Internal consistency of the scales was assessed through reliability testing guided by principles introduced by Lee Cronbach, whose work on scale reliability remains foundational in social science research (Cronbach, 1951). While detailed coefficients are not reported here, the testing process ensured that the indices reflected coherent and meaningful constructs.

Overall, the tools were designed not merely to measure satisfaction as an abstract variable, but to situate it within the everyday service environments and social conditions of elderly life in Mumbai.

4.6 Data Analysis Strategy

The data analysis strategy was designed to align closely with the mixed-methods orientation of the study, ensuring that numerical patterns and lived experiences were interpreted together rather than in isolation. Given the comparative focus on slum and non-slum contexts, the analysis emphasized both differentiation and integration across data types.

4.6.1 Quantitative Analysis

Quantitative data were analyzed using descriptive and inferential statistical techniques to summarize patterns of service utilization and levels of satisfaction among elderly respondents. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to map the nature of services accessed and the distribution of satisfaction across different groups. To examine group-level differences, analysis of variance (ANOVA) was applied where comparisons involved more than two categories, such as age groups or types of service providers. Independent sample t-tests were used to assess differences between two groups, particularly in slum–non-slum comparisons and gender-based analysis. These techniques enabled the study to identify statistically meaningful variations without reducing satisfaction to a single undifferentiated score.

4.6.2 Qualitative Analysis

Qualitative data from the semi-structured components of the interview schedule were analyzed using thematic analysis, following the flexible and reflexive approach articulated by Virginia Braun and Victoria Clarke (2006). This involved familiarization with the data, generation of initial codes, identification of recurring patterns, and development of analytically meaningful themes. Rather than treating qualitative findings as illustrative add-ons, themes were used to interpret statistical trends, particularly in understanding paradoxes such as high reported satisfaction amid clear service limitations.

By integrating statistical analysis with thematic interpretation, the study ensured analytical depth and contextual sensitivity—both essential for understanding elderly satisfaction within unequal urban environments.

4.7 Ethical Considerations

Ethical integrity was central to the conduct of this study, particularly because it engaged with an ageing population that may experience physical limitations, social dependency, or economic vulnerability. Participation was strictly voluntary, and each respondent was provided with a clear explanation of the study's purpose, procedures, and intended use of findings before obtaining informed consent. Care was taken to ensure that consent was not merely procedural but genuinely understood, especially among participants with limited formal education.

Confidentiality and anonymity were rigorously maintained. Identifying details were excluded from transcripts and datasets, and findings are presented in aggregate or with anonymized excerpts to protect participants' privacy. Given the power imbalances that can arise when elderly beneficiaries interact with service-linked research, particular attention was paid to reassuring participants that their responses would not affect their access to services.

Respect for the dignity of older adults guided all field interactions. Interviews were conducted at times convenient to participants, with sensitivity to fatigue, health conditions, and household responsibilities. Efforts were made to minimize disruption to daily routines and avoid creating expectations of immediate service improvements. Ethical practice in this study was aligned with broader principles of research involving human subjects, including respect, beneficence, and justice (World Medical Association, 2013), ensuring that methodological rigor did not overshadow participant well-being.

4.8 Reflexive Note on Field Realities

Including a reflexive account is particularly important in ageing research conducted within complex urban environments, as field realities often shape both data quality and interpretation. Rather than viewing field challenges as obstacles, this study treats them as methodological signals that deepen understanding of elderly experiences in Mumbai's contrasting social spaces (Finlay, 2002).

Fieldwork in dense urban slum settlements revealed logistical constraints that went beyond physical access. Narrow lanes, irregular schedules, and interruptions from daily survival activities required flexibility in interview timing and pacing. These conditions highlighted how service utilization among slum-dwelling elderly is embedded in precarious routines, where health or ration services compete with basic household demands. Methodologically, this reinforced the need for short, respectful interactions and sensitivity to respondent fatigue.

In contrast, elderly participants in non-slum settings expressed greater concern for privacy and formality. Interviews often required prior appointments, and respondents were more cautious in sharing dissatisfaction, particularly when services were linked to respected organizations. This revealed how social status and expectations shape not only service experiences but also narratives of satisfaction.

A notable reflexive insight emerged around silence and hesitation in qualitative responses. Many elderly participants initially reported high satisfaction, yet elaboration often revealed unmet needs or quiet compromises. This gap underscored that satisfaction is not always verbally articulated but socially negotiated—shaped by gratitude, dependency, and fear of losing support. Recognizing this silence as data rather than absence strengthened the analytical approach, aligning with reflexive qualitative traditions that emphasize the researcher's role in meaning-making (Linda Finlay, 2002).

These field realities informed not only data collection strategies but also interpretive caution, ensuring that findings remained grounded in lived contexts rather than surface responses.

CHAPTER 5

DATA ANALYSIS AND INTERPRETATION

5.1 Introduction

This chapter presents the findings of the study by systematically examining the socio-demographic profile of elderly respondents and their level of satisfaction with non-institutional social services in slum and non-slum areas of Mumbai. The analysis has been organised to help the reader clearly understand not only *who* the elderly respondents are, but also *how* their background characteristics relate to their experiences and satisfaction with the services they receive. Rather than treating statistics as isolated numbers, the findings are interpreted as reflections of everyday realities shaping older adults' interactions with social service systems.

The chapter begins with a frequency-based profile of the elderly respondents in both slum and non-slum areas. This section provides a descriptive overview of key characteristics such as age, gender, education, economic status, marital status, and living arrangements. Presenting these distributions is essential; as it establishes the social and economic contexts within which elderly individuals access and evaluate non-institutional services. Differences observed between slum and non-slum areas at this stage already point toward unequal life chances, resource availability, and patterns of ageing across urban spaces.

Following the profile, the chapter moves beyond description to examine the *relationship* between selected socio-demographic variables and levels of satisfaction with services. Statistical tools such as t-tests and one-way analysis of variance (ANOVA) have been used to assess whether differences in satisfaction are associated with factors like age group, gender, education, economic status, and living arrangement. This analytical distinction is important: while frequency tables explain distribution, inferential statistics clarify *association*. Together, they offer a more complete picture of elderly satisfaction.

A key strength of this chapter lies in its comparative approach. Findings from slum and non-slum areas are analysed side by side to highlight both contrasts and commonalities. In slum areas, satisfaction levels are examined in relation to structural vulnerability, economic hardship, and dependence on basic service provision. In contrast, non-slum findings reflect relatively greater access to diverse services, higher educational attainment, and different expectations regarding quality and engagement. The comparative analysis allows the reader to see how similar demographic variables may function differently across contexts.

Throughout the chapter, statistical significance is interpreted cautiously and meaningfully. Where differences are statistically significant, attention is given to their social implications rather than merely reporting values. Where no significant association is found, these results are also discussed as important findings that challenge assumptions about ageing and satisfaction. This balanced approach ensures that the analysis remains grounded in social work perspectives and lived experience.

Overall, this chapter sets the foundation for deeper discussion in subsequent sections by presenting a clear, comparative, and analytically grounded account of elderly profiles and satisfaction levels. It guides the reader from descriptive understanding to relational interpretation, preparing the way for discussion, implications, and recommendations grounded firmly in evidence.

5.2 Profile of the Elderly Respondents (Slum and Non-Slum Areas)

This study covered a total of 300 elderly respondents, with 150 participants each from slum and non-slum areas of Mumbai. A comparative understanding of their socio-demographic background is essential, as these characteristics shape access to services, expectations from providers, and patterns of satisfaction.

Age Distribution

In non-slum areas, the largest proportion of respondents (46%) fell within the 70–79 age group, followed by 38% in the 60–69 category and 16% aged 80 years and above. This suggests a relatively older elderly cohort in non-slum settings, with a notable presence of the “old-old” population.

In contrast, slum areas had a comparatively younger elderly profile. Nearly half (49.3%) were in the 60–69 age bracket, 42% were between 70–79 years, and only 8.7% were aged 80 and above. The smaller proportion of the 80+ population in slum areas may reflect differences in life expectancy, living conditions, and healthcare access.

Gender Composition

Gender distribution shows interesting contrasts. In non-slum areas, females constituted a slight majority (53.3%), while males accounted for 46.7%. In slum areas, however, the gender gap was wider: 62% were female and 38% male. The higher proportion of elderly women in slum communities may reflect male mortality patterns, migration histories, or women’s longer life expectancy combined with socio-economic vulnerability.

Educational Attainment

Education emerged as a major differentiating factor between the two groups. In non-slum areas, more than half of the respondents (52.7%) had completed college education, and an additional 12.7% held a master’s degree or higher. Only 4% had not completed school, and 24.7% had completed schooling up to secondary level. This indicates a predominantly educated elderly population in non-slum areas, which likely influences awareness of services and capacity to navigate institutional systems.

By contrast, educational levels in slum areas were considerably lower. A substantial 41.3% were illiterate, and 44.7% had not completed school. Only 10% had completed school, while just 2% had completed high school and another 2% college education. These disparities highlight structural inequalities that may shape service access, comprehension of entitlements, and interaction with providers.

Employment Status

Most respondents in both areas were retired. In non-slum areas, 86% reported being retired, with 11.3% identifying as jobless and only small fractions engaged in work or family business (1.3% each). In slum areas, 82% were retired, 12.7% were still working, and 4% reported being jobless. The slightly higher proportion of working elderly in slum communities suggests economic necessity rather than choice, pointing toward limited financial security.

Living Arrangements

Family remains the dominant living arrangement in both contexts. In non-slum areas, 79.3% lived with family, 19.3% lived alone, and 1.3% reported other arrangements. Similarly, in slum areas, 78% lived with family, 20% lived alone, and 2% had other arrangements.

Although the majority in both groups co-resided with family members, nearly one-fifth living alone in each area indicates potential risks of isolation, particularly for elderly women.

Economic Status

Economic status reveals one of the starkest contrasts. All respondents in non-slum areas were categorized as Above Poverty Line (APL). In slum areas, however, 80.7% were Below Poverty Line (BPL), while only 19.3% were APL. This sharp divergence reflects structural economic inequalities and helps contextualize differences in service dependence and expectations.

Marital Status

In non-slum areas, 69.3% were married and 27.3% widowed, with very small proportions divorced (0.7%) or single (2.7%). In slum areas, 59.3% were married and a higher 34% widowed. Additionally, 5.3% were single and 1.3% separated. The greater proportion of widowed individuals in slum areas—combined with lower economic security—may intensify vulnerability.

Residential Distribution

Respondents from non-slum areas were most concentrated in Mumbai North (48%), followed by Mumbai South (20%), Mumbai Central (16.7%), Mumbai West (11.3%), Navi Mumbai (3.3%), and Mumbai East (0.7%). In slum areas, the largest share came from Mumbai Central (38.7%) and Mumbai East (28%), followed by Mumbai North (20.7%), Mumbai West (8.7%), and Mumbai South (4%). These patterns reflect differing spatial distributions of formal and informal settlements across the city.

Religious Composition

Hindus formed the overwhelming majority in both areas (non-slum: 145 respondents; slum: 75.3%). Slum areas demonstrated relatively greater religious diversity, including Muslims (11.3%), Buddhists (7.3%), and Jains (4.7%), alongside small Christian representation. Non-slum areas showed minimal representation of Christians, Muslims, Jains, and others.

Overall, the profile reveals two distinct socio-demographic realities. Non-slum elderly respondents tend to be more educated, economically secure, and slightly older. Slum elderly respondents, on the other hand, face compounded vulnerabilities—lower education, higher poverty levels, greater widowhood, and continued economic participation out of necessity.

These structural differences are not merely background characteristics; they form the foundation for understanding patterns of service utilization, expectations, and satisfaction examined in subsequent sections of the monograph.

5.3 Comparative Profile of Elderly Respondents in Slum and Non-Slum Areas

A comparative reading of the socio-demographic profiles of elderly respondents from slum and non-slum areas reveals two distinctly structured ageing experiences shaped by education, economic security, family arrangements, and social positioning. These differences are not merely statistical variations but reflect deeper inequalities that influence how older adults live, cope, and engage with social services.

Age distribution across the two settings shows subtle but meaningful contrasts. Non-slum areas have a relatively older elderly population, with a higher proportion of respondents in the 70–79 and 80+ age groups. This suggests comparatively better survival into advanced age, likely supported by more stable living conditions and access to resources. In slum areas, the elderly population is younger overall, with most respondents concentrated in the 60–69 age group and a much smaller share reaching 80 years and above. This pattern points to cumulative life-course disadvantages that may limit longevity in economically constrained environments.

Gender composition further highlights vulnerability patterns (Singh et al., 2026). While women slightly outnumber men in non-slum areas, the gender gap is far more pronounced in slum communities, where elderly women form a clear majority. This may reflect higher male mortality due to physically demanding work, health risks, or migration histories. For elderly women in slum areas, longer life expectancy often coincides with reduced economic independence and greater caregiving burdens, intensifying their vulnerability in old age.

Education emerges as one of the sharpest dividing lines between the two groups. Elderly respondents in non-slum areas display high educational attainment, with a substantial proportion having completed college or higher education. This educational advantage likely enhances their ability to access information, understand entitlements, and engage confidently with formal and semi-formal systems. In contrast, illiteracy and incomplete schooling dominate the educational profile of slum-area respondents. Limited education restricts not only employment opportunities across the life course but also awareness and navigation of services in later life (Anderson, Richardson et al., 2013).

Economic status strongly differentiates the two groups. All non-slum respondents fall above the poverty line, suggesting a basic level of financial security, often supported by pensions, savings, or family resources. Slum-area respondents, however, are predominantly below the poverty line, indicating persistent economic precarity. This disparity is reflected in employment patterns, where a higher proportion of elderly individuals in slum areas continue to work out of necessity, whereas retirement in non-slum areas more often represents a stable post-work phase.

Living arrangements show similarities in form but differences in meaning. In both settings, most elderly respondents live with family members. However, in non-slum areas, co-residence often reflects choice and emotional bonding, supported by adequate housing space and resources. In slum areas, shared living is frequently driven by economic compulsion and space constraints. The comparable proportion of elderly living alone in both settings masks different risks: social isolation in non-slum areas versus compounded insecurity in slum contexts.

Marital status patterns further deepen this contrast. Widowhood is more prevalent among slum-area respondents, particularly among women, increasing the likelihood of economic dependence and social marginalization. While widowed elderly are also present in non-slum areas, their access to resources and family support tends to buffer the adverse effects of spousal loss.

Residential distribution reflects broader urban inequalities. Slum respondents are concentrated in central and eastern parts of the city, areas often characterized by dense populations and limited infrastructure. Non-slum respondents are more widely distributed, with significant representation in northern and southern zones, which typically offer better access to services and amenities.

Overall, the comparative profile underscores that ageing in slum and non-slum areas unfolds under very different structural conditions. Elderly residents of non-slum areas generally experience ageing with greater educational, economic, and social capital, while those in slum areas navigate old age amid layered disadvantages. These differences provide essential context for understanding variations in service utilization, expectations, and satisfaction explored in subsequent sections of the study.

5.4 Nature and Utilization of Services

(Slum and Non-Slum Areas)

This section examines the nature and utilization of non-institutional social services accessed by elderly respondents in both slum and non-slum areas. The focus is on identifying the types of services available, the actors involved in service delivery, the frequency with which these services are used, and the practical benefits derived from them. Understanding these dimensions provides an essential foundation for the subsequent analysis of satisfaction, as utilization patterns reflect everyday realities of need, access, and dependency.

5.4.1 Service Landscape and Providers

In slum areas, non-institutional services are primarily delivered through locally embedded and flexible arrangements. The data indicate that social workers form the backbone of service provision, accounting for more than half of all responses (54.3%). Health experts also play a substantial role (45.2%), particularly in the delivery of mobile medical services. Volunteers, while present, contribute minimally. This provider composition highlights a service ecosystem that relies heavily on professional social work and health expertise operating outside formal institutional settings. The presence of mobile health units and doorstep services reflects an adaptive response to spatial constraints, mobility limitations, and economic vulnerability within slum communities.

In contrast, non-slum areas demonstrate a more diversified service delivery structure. Volunteers (38.9%) and program coordinators (36.2%) together account for a significant share of service provision, indicating organized programmatic interventions. Social workers contribute around one-fourth of responses (22.6%), while field workers and health experts play relatively minor roles. This distribution suggests that services in non-slum areas are often organized through structured programmes, recreational associations, and learning initiatives rather than crisis-driven outreach. The differences between slum and non-slum provider landscapes point to structural inequalities in how services are conceptualized and delivered across socio-economic contexts.

5.4.2 Types of Services Accessed

The types of non-institutional services accessed by elderly respondents vary sharply between slum and non-slum areas, reflecting divergent needs and priorities. In slum areas, medical services dominate overwhelmingly, accounting for 81% of reported non-institutional services received in the last 12 months. Doorstep ration services form a smaller but significant share (18.9%). This pattern underscores the centrality of health care and

food security in the daily lives of slum-dwelling elderly, where chronic illness, limited income, and physical mobility challenges intersect.

A closer look at medical services received through mobile health units reveals a multifaceted service composition. All respondents reported access to mobile health care, indicating near-universal dependence on this mode of service delivery. In addition, health promotion and education activities (17.8%), issuance of health cards (20.7%), and referrals or suggestions to specialist doctors (22.3%) form integral components of mobile medical outreach. These findings suggest that mobile units function not merely as treatment points but as comprehensive nodes of preventive, promotive, and referral-based care.

In non-slum areas, the service mix reflects a different orientation. Recreation services account for 59.3% of reported non-institutional services, while digital safety programmes constitute 40.7%. Recreational services include activities such as picnics, indoor games, yoga, music, and dance, with picnics (26.7%) and indoor games (24.9%) being particularly prominent. These services indicate an emphasis on active ageing, social engagement, and mental well-being. Digital safety services, on the other hand, address emerging risks associated with technology use. Common areas covered include safe practices on messaging platforms, password creation, online banking safety, and protection against online scams. This service profile reflects the relatively higher digital exposure and social participation of elderly residents in non-slum areas.

5.4.3 Frequency and Utilization Intensity

Frequency of service use provides insight into the intensity of dependence on non-institutional services. In slum areas, medical services are used with striking regularity. Nearly all respondents (98.7%) reported receiving medical services on a monthly basis over the past year, with negligible proportions reporting weekly or one-time use. This pattern indicates sustained and ongoing reliance on mobile medical services, suggesting that these services function as a substitute for inaccessible or unaffordable formal healthcare facilities.

Doorstep ration services in slum areas, however, show a different utilization pattern. Among those who accessed ration services, the majority reported receiving them only once during the year. A very small proportion reported weekly access. The high proportion of missing responses suggests that ration services may be episodic, targeted, or limited to specific periods of need rather than being a continuous support mechanism.

In non-slum areas, utilization patterns are more varied. Recreational services show relatively high frequency of engagement, with one-third of respondents accessing them daily and another one-third weekly. This regular participation indicates that recreational services are embedded in the routine lives of elderly respondents, contributing to structured daily or weekly schedules. Monthly and occasional participation account for smaller proportions, reflecting flexibility in engagement rather than dependence.

Digital safety learning services display a markedly different frequency pattern. Most respondents (64%) reported accessing such services only once in the last 12 months, while very few engaged on a weekly or monthly basis. This suggests that digital safety programmes function primarily as one-time awareness or training sessions rather than continuous learning platforms. The presence of missing responses further indicates that not all elderly individuals perceive an immediate or ongoing need for such services.

5.4.4 Perceived Benefits of Services

The perceived benefits of non-institutional services offer critical insight into why elderly individuals continue to use them. In slum areas, practical and economic benefits dominate. Saving time and money (21.2%) and avoiding long waiting times associated with institutional services (21.5%) emerge as key advantages. Free services and access to affordable medicines each account for 20.5% of responses, highlighting the financial relief provided by non-institutional interventions. The reported curing or management of illness (16.3%) further reinforces the functional importance of these services in maintaining basic health and survival.

In non-slum areas, benefits are more psychosocial and developmental in nature. Recreational services are primarily valued for promoting happiness (49.4%) and providing meaningful engagement or time utilization (21.4%), alongside the advantage of being free of cost (29.2%). Digital safety services are valued for enhancing technological knowledge (29%), updating information (29.8%), and offering free access to learning (41.1%). These benefits reflect a shift from survival-oriented outcomes toward quality-of-life enhancement and capability building.

Overall, the nature and utilization of non-institutional services reveal two distinct realities. In slum areas, services are need-driven, health-centric, and regularly utilized, with strong dependence on mobile and outreach-based delivery systems. In non-slum areas, services are more diversified, participation-oriented, and oriented toward recreation and digital empowerment, with varied utilization intensity. These patterns underscore how socio-economic context shapes not only access to services but also the form, frequency, and meaning of service use among the elderly.

5.5 Comparative Analysis of Nature and Utilization of Non-Institutional Services in Slum and Non-Slum Areas

A comparative examination of the nature and utilization of non-institutional social services among elderly respondents in slum and non-slum areas reveals two distinctly patterned service realities shaped by socio-economic position, living conditions, and everyday vulnerabilities. While both contexts rely on non-institutional arrangements outside formal residential care, the *purpose*, *composition*, and *intensity* of service use differ significantly.

5.5.1 Nature of Services: Need-Driven versus Enrichment-Oriented

In slum areas, the nature of services accessed by elderly respondents is overwhelmingly need-based and survival-oriented. Medical services form the core of non-institutional support, with the majority of respondents relying on mobile health units and outreach-based healthcare. Doorstep ration services, although accessed by a smaller proportion, further reflect concerns around food security and economic fragility. These services address immediate and tangible needs—treatment of illness, access to medicines, and basic sustenance—highlighting the precarious living conditions faced by elderly residents in slum settlements.

In contrast, non-slum areas exhibit a service profile that is largely preventive, developmental, and quality-of-life oriented. Recreational services such as picnics, indoor games, yoga, music, and dance dominate the service landscape, indicating an emphasis on social engagement, mental well-being, and active ageing. Alongside recreation, digital safety learning programmes address emerging risks associated with technology use, such as

online fraud and unsafe digital practices. Unlike slum areas, where services respond to deficits, non-slum services tend to focus on enrichment, participation, and capability enhancement.

In slum areas, the nature of services is fundamentally need-oriented and survival-focused. Medical care delivered through mobile health units dominates the service landscape, indicating that health concerns are immediate and often chronic. The elderly in these areas rely heavily on regular, predictable medical outreach, with monthly service utilization forming the norm rather than the exception. This consistent use suggests not only high health needs but also limited alternatives within the formal healthcare system. Doorstep ration services, though accessed by a smaller segment, address basic food security and are typically used episodically, often in response to acute economic strain rather than as a continuous entitlement.

By contrast, non-slum areas display a diversified and enhancement-oriented service profile. Recreational activities and digital safety programmes form the core of non-institutional services accessed by elderly respondents. These services are not primarily about survival but about maintaining an active, socially connected, and technologically informed life in older age. Recreational services are used frequently—daily or weekly—indicating that they are embedded in everyday routines and contribute to structured social engagement. Digital safety services, on the other hand, are accessed less frequently, usually as one-time learning interventions, reflecting their role as informational rather than ongoing support services.

5.5.2 Service Providers: Embedded Outreach versus Programmatic Delivery

The composition of service providers further differentiates the two contexts. In slum areas, service delivery is heavily dependent on social workers and health experts, reflecting a professionalized yet flexible outreach model. Mobile health units and doorstep services require close engagement with communities, adaptability, and trust-building—roles typically fulfilled by trained social workers and medical professionals operating within informal settings.

Non-slum areas, on the other hand, display a more diversified and program-driven provider structure. Volunteers and program coordinators play prominent roles, suggesting organized initiatives delivered through senior citizen groups, residential associations, or NGOs with structured programming. The comparatively lower involvement of health experts underscores the reduced emphasis on curative healthcare and the greater focus on social and educational activities. This contrast points to differing institutional capacities and expectations across socio-economic spaces.

The service delivery ecosystem further distinguishes the two settings. In slum areas, service provision is largely anchored in social workers and health experts who operate in close proximity to the community. Their role is deeply relational, often involving trust-building, repeated contact, and adaptation to constrained environments. The reliance on mobile units and doorstep delivery highlights the importance of bringing services to the elderly rather than expecting them to navigate institutional systems. In non-slum areas, service provision is more programmatic, involving volunteers and coordinators who facilitate organized activities and learning sessions. This reflects greater institutional stability and infrastructural support, as well as higher levels of awareness and mobility among elderly residents.

5.5.3 Utilization Intensity: Regular Dependence versus Flexible Participation

Differences in utilization intensity are particularly striking. In slum areas, medical services are accessed with remarkable regularity, with almost all elderly respondents reporting monthly use. This sustained pattern indicates continuous dependence on non-institutional healthcare as a substitute for inaccessible or unaffordable formal medical systems. Doorstep ration services, although less frequent, serve as critical episodic support during periods of heightened need.

In non-slum areas, utilization patterns are more varied and discretionary. Recreational services are often accessed daily or weekly, reflecting their integration into routine lifestyles and social calendars. Participation is voluntary and flexible rather than necessity driven. Digital safety services, by contrast, are mostly accessed once, functioning as awareness or training interventions rather than ongoing support. This contrast highlights that service use in non-slum areas is shaped more by choice and interest than by compulsion.

5.5.4 Perceived Benefits: Survival Gains versus Psychosocial Value

The benefits derived from services further illustrate contextual divergence. Elderly respondents in slum areas primarily value services for economic and practical gains—saving time and money, receiving free or affordable medicines, avoiding long queues, and managing illness. These benefits directly reduce daily hardship and enhance functional survival within constrained environments.

In non-slum areas, perceived benefits are largely psychosocial and informational. Recreational services are valued for promoting happiness, meaningful engagement, and productive use of time, while digital safety programmes enhance technological confidence and awareness. The emphasis on learning, enjoyment, and autonomy reflects a relatively secure baseline of material well-being, allowing services to contribute to self-development rather than crisis management.

5.5.5 Overall Comparison

Taken together, the comparison reveals that non-institutional services perform fundamentally different roles across slum and non-slum settings. In slum areas, they function as essential lifelines compensating for systemic gaps in healthcare and social protection. Utilization is frequent, necessity-driven, and closely tied to survival. In non-slum areas, the same non-institutional framework supports ageing with dignity through social participation, recreation, and digital empowerment, with utilization shaped by preference rather than compulsion.

This comparative understanding underscores the importance of context-sensitive service design. Treating non-institutional services as a uniform category risk obscuring the unequal realities of ageing across urban spaces. Instead, policy and practice must recognize that while the form of non-institutional care may appear similar, its *function* and *meaning* differ profoundly between slum and non-slum elderly populations.

Overall, the comparison highlights that non-institutional services do not operate uniformly across contexts. In slum areas, they act as lifelines, compensating for structural deprivation and limited institutional reach. In non-slum areas, they function as value-adding supports which refer to services or interventions that enhance the quality of life rather than just meet basic survival needs (Alanazi et al., 2023), enriching the ageing experience rather than sustaining it. This contrast underscores the need for context-sensitive planning, where service design and delivery are aligned with the lived realities of elderly populations in different socio-economic settings

5.6 Dimensions of Satisfaction: Comparative analysis

(Slum and Non-Slum Areas)

This section forms the analytical core of the monograph by examining how elderly service recipients evaluate non-institutional social services across multiple dimensions of satisfaction. Moving beyond service availability and utilization, the analysis focuses on accessibility, responsiveness, staff behaviour and competence, overall satisfaction, and the expression of user voice through suggested improvements. Examining these dimensions comparatively across slum and non-slum areas allows for a deeper understanding of how context shapes expectations, perceptions, and experiences of care.

5.6.1 Accessibility and Responsiveness

Accessibility emerges as a central determinant of satisfaction, particularly in slum areas where mobility constraints, health vulnerabilities, and economic insecurity shape service dependence. The findings indicate a strong alignment between mobile medical service hours and the needs of elderly service recipients. An overwhelming majority of respondents expressed agreement that service hours were suitable, suggesting that the timing and regularity of mobile medical units fit well within the daily routines and limitations of elderly residents. Very few respondents expressed disagreement or uncertainty, reflecting a generally positive perception of service accessibility.

This strong endorsement of service hours highlights the effectiveness of flexible, outreach-based models in slum contexts. Mobile medical services reduce the burden of travel, waiting time, and physical exertion, which are particularly challenging for elderly individuals. Accessibility, in this sense, is not merely about physical presence but about responsiveness to lived realities. Accessibility emerges as a shared concern, but its interpretation differs markedly. In slum areas, accessibility primarily means physical reach—services coming close to home, minimizing movement, and fitting within fragile health conditions. High agreement that mobile medical service hours meet needs reflects appreciation for outreach-based care that adapts to the constraints of ageing in dense and resource-poor environments (Rabiou et al., 2024).

Responsiveness is further reflected in perceptions regarding the prioritization of feedback from service recipients. A substantial proportion of elderly respondents agreed that mobile health service providers actively considered their feedback. This perception suggests a participatory orientation in service delivery, where elderly individuals feel heard rather than treated as passive recipients. However, the presence of a notable undecided segment indicates that while responsiveness is visible, it may not be consistently communicated or experienced across all interactions.

Responsiveness is interpreted differently across the two settings. In slum areas, agreement that service providers prioritize feedback often carries an undertone of gratitude. Being asked for opinions or feeling listened to represents recognition in a context where voices are frequently overlooked. Even limited responsiveness is perceived positively because it contrasts with experiences of neglect in formal systems. In non-slum areas, responsiveness is evaluated against higher expectations. Elderly respondents expect feedback mechanisms to be structured, visible, and acted upon. This explains the higher levels of indecision observed in some non-slum services—silence or ambiguity may reflect critical reflection rather than disengagement. Here, satisfaction depends not just on being heard but on seeing feedback translated into concrete service improvements (Khan et al., 2021).

In non-slum areas, accessibility takes a different form. Recreational service hours received strong agreement from respondents, indicating that timing and scheduling were largely appropriate. Recreational activities being offered daily or weekly align well with the lifestyles of elderly residents in non-slum settings, where structured routines and social calendars are more common. Digital safety learning services, however, present a more mixed picture. While nearly half of the respondents agreed that service hours met their needs, a sizeable proportion remained undecided or disagreed. This suggests that while the content of digital safety training is valued, its timing, frequency, or format may not be equally accessible to all elderly participants. In non-slum areas, accessibility is evaluated more in terms of temporal fit, which refers to how well the timing of a service aligns with the elderly person's daily routines, needs, and availability (Zhang et al., 2022). Recreational services are considered accessible when they align with leisure routines and social schedules (Rivera et al., 2024). Digital safety services, however, reveal mixed satisfaction, suggesting that one-time sessions or fixed schedules may not match the learning pace or availability of all elderly participants. Thus, accessibility in non-slum settings is less about distance and more about flexibility and personalization (Wang et al., 2024).

Responsiveness in non-slum areas also varies by provider type. NGO-based providers delivering digital safety training received particularly strong agreement regarding prioritization of user feedback, indicating a well-developed client-centered approach. In contrast, services run by senior citizens' associations showed higher levels of indecision, possibly reflecting informal feedback mechanisms or less structured engagement processes.

5.6.2 Staff Behaviour, Competence, and Professionalism

Staff behaviour and competence form the relational core of service satisfaction. In slum areas, elderly respondents expressed high levels of satisfaction with both the work performance and work-oriented knowledge of mobile health service providers. Most respondents reported being satisfied, with a small proportion expressing full satisfaction. Dissatisfaction levels were relatively low, suggesting that service providers are generally perceived as competent, respectful, and effective.

These findings are particularly significant given the dependence of slum-dwelling elderly on mobile medical services for regular health needs. Trust in provider competence and performance is essential in such contexts, where alternative options are limited. Satisfaction with work-oriented knowledge indicates confidence in providers' technical skills, while satisfaction with work performance reflects the quality of interaction, consistency, and perceived effort. In slum areas, satisfaction with staff behaviour and competence is deeply linked to trust. Mobile health providers who demonstrate patience, clarity, and respect earn strong approval because trust forms the basis of repeated service use. Competence is valued not only for technical skill but also for the ability to communicate in accessible language and provide reassurance (Conlan et al., 2023).

In non-slum areas, satisfaction with staff behaviour and competence is also notably high. Most respondents expressed satisfaction with the work performance and knowledge of non-institutional service providers delivering recreation and digital safety services. The proportion of respondents reporting full satisfaction is higher in non-slum areas compared to slum areas, suggesting that expectations regarding service quality may be higher but are also being met more consistently. In non-slum areas, staff behaviour is assessed through the lens of professional standards and service quality. Respondents are more likely to differentiate between being "satisfied" and "fully satisfied," reflecting a nuanced evaluation of performance. Professionalism, punctuality, and content quality matter greatly, and satisfaction rises when services are perceived as well-organized and thoughtfully delivered (Parasuraman et al., 1988).

The relatively low levels of dissatisfaction across both contexts point to the importance of trained and empathetic service providers in shaping positive service experiences. However, the slightly higher presence of “no response” categories in non-slum areas may reflect selective engagement, where some elderly participants interact less intensively with providers and therefore feel less equipped to evaluate their performance.

5.6.3 Overall Service Satisfaction

Overall satisfaction serves as a summary indicator that captures the combined effect of accessibility, responsiveness, and provider behaviour. In slum areas, satisfaction with medical services is remarkably high. The vast majority of respondents reported being satisfied, with a small fraction fully satisfied. This strong endorsement underscores the critical role of mobile medical services in addressing unmet health needs. Dissatisfaction, while present, remains limited, indicating that shortcomings, if any, do not outweigh the perceived benefits.

Satisfaction with doorstep ration services in slum areas presents a more complex picture. While dissatisfaction is minimal, a large proportion of respondents did not provide a response, reflecting limited exposure or episodic use of ration services. Among those who did engage, satisfaction levels were generally positive, though full satisfaction remained rare. This suggests that ration services are appreciated but may not be consistently available or widely accessed, limiting their overall evaluative salience.

In slum areas, satisfaction is closely tied to reliability and continuity (Zanuzdana et al., 2012). Elderly respondents tend to evaluate services based on whether they *arrive on time*, *reduce physical strain*, and *respond to immediate needs*. High satisfaction with mobile medical services does not necessarily imply luxury or abundance; rather, it reflects relief that essential healthcare is accessible without long travel, financial burden, or bureaucratic delay. Satisfaction here is grounded in the predictability of service presence and the assurance that help will come when needed. Overall satisfaction in slum areas often reflects sufficiency—services are deemed satisfactory because they meet essential needs under constrained circumstances. Even when services are basic, they are highly valued if they reduce hardship. Limited dissatisfaction suggests that expectations are modest, shaped by long-standing experiences of exclusion.

In non-slum areas, satisfaction with recreational services is strongly positive. A significant majority reported being satisfied, and nearly one-fifth expressed full satisfaction. Recreational services appear to meet not only functional expectations but also emotional and social needs, contributing to a sense of enjoyment and belonging. Satisfaction with digital safety learning services is also largely positive, though marked by a higher proportion of non-responses. This pattern may indicate that digital safety services are perceived as situationally relevant rather than universally necessary.

In non-slum areas, satisfaction operates on a different plane. Here, elderly respondents assess services in terms of quality of experience, personal interest, and value addition to daily life. Recreational activities and digital safety learning are judged by how engaging, enjoyable, or empowering they feel. Satisfaction is therefore less about survival and more about fulfilment, personal growth, and social connection. This contrast highlights how socio-economic context reshapes the very criteria through which satisfaction is defined. In non-slum areas, satisfaction is shaped by choice and comparison. Elderly respondents can compare services across providers or decide whether to participate at all. As a result, satisfaction is more selective and sometimes conditional and linked to optional dimensions of service quality rather than basic needs alone (Ma et al., 2023).

Across both contexts, overall satisfaction levels reveal that elderly respondents evaluate services not in absolute terms but relative to their expectations and available alternatives. What constitutes satisfactory service in slum areas—reliable access to basic health care—differs fundamentally from what is valued in non-slum areas, such as meaningful engagement and skill development (Kazemi & Kajonius, 2020)

5.6.4 Service Improvement and User Voice

An important dimension of satisfaction lies in the ability of service recipients to articulate needs, preferences, and suggestions for improvement. In slum areas, elderly respondents actively expressed ideas for strengthening mobile medical services. The most prominent suggestion involved recruiting knowledgeable elderly volunteers, indicating a desire for peer involvement and community-based support. Telemedicine services and consultations with doctors through live video were also frequently suggested, reflecting an openness to technology-mediated care despite resource constraints.

Suggestions for improving doorstep ration services focused on better communication and outreach, particularly through mobile phone campaigns and digital platforms. The emphasis on information dissemination highlights that satisfaction is closely linked not only to service quality but also to awareness and predictability of service delivery.

In non-slum areas, suggestions for improving recreational services emphasized enhanced outreach, innovative activities, and the involvement of knowledgeable elderly volunteers. Respondents expressed interest in more creative indoor games and better communication through digital means. Similarly, for digital safety learning services, respondents prioritized timely information dissemination and the inclusion of skilled elderly volunteers, reinforcing the importance of peer learning and relatable instruction.

Across both contexts, suggestions for improvement reveal a shared desire for agency and inclusion. However, the nature of these suggestions differs. Slum-area respondents emphasize improved communication, peer involvement, and technological bridges that extend reach without increasing burden. Non-slum respondents focus on innovation, engagement, and refined delivery. These differences underline that satisfaction is not static; it evolves when elderly people are treated as contributors rather than mere beneficiaries.

These suggestions demonstrate that elderly service recipients are not passive beneficiaries but active stakeholders with clear perspectives on service enhancement. The articulation of improvement needs reflects a deeper form of satisfaction—one that includes engagement, ownership, and dignity.

Across both slum and non-slum areas, satisfaction is shaped by the interplay between service design, provider behaviour, and contextual realities. In slum areas, satisfaction is anchored in accessibility, reliability, and functional outcomes that directly address survival needs. In non-slum areas, satisfaction extends beyond adequacy to encompass enrichment, participation, and empowerment.

The findings underscore that satisfaction is not a uniform construct but a contextual and relational experience. Recognizing these nuanced dimensions is essential for designing non-institutional services that are not only effective but also respectful, responsive, and aligned with the lived realities of diverse elderly populations.

5.7 Comparative Analysis of association between Elderly Profile and Satisfaction with Non-Institutional Social Services in Slum and Non-Slum Areas

Understanding satisfaction with non-institutional social services among elderly populations requires more than reporting statistical significance. It demands attention to how social location, life course experiences, and service environments interact to shape perceptions of care. This section presents a comparative analysis of elderly respondents from slum and non-slum areas, examining how age, gender, education, economic status, and living arrangements influence satisfaction levels. The interpretation is guided by both statistical outcomes (ANOVA and t-tests) and their social meanings.

5.7.1 Overall Satisfaction Levels: A Structural Contrast

At an aggregate level, elderly respondents in non-slum areas reported consistently higher mean satisfaction scores (Mean = 15.95) than their counterparts in slum areas (Mean = 14.61). While the numerical difference may appear modest, it reflects deeper structural contrasts in service predictability, continuity, and perceived responsiveness. Non-slum services—largely recreational, educational, and community-based—tend to operate within stable infrastructures. In contrast, slum-based services such as mobile medical units and doorstep ration delivery function within contexts marked by uncertainty, congestion, and resource constraints. Satisfaction, therefore, appears to be shaped not only by service presence but by the broader ecology in which services are delivered.

5.7.2 Age and Satisfaction: Divergent Patterns Across Contexts

Slum Areas

In slum areas, satisfaction levels across age groups (60–69, 70–79, and 80+) showed no statistically significant variation (ANOVA $F = 1.303$, $p = .275$). Although the youngest cohort (60–69 years) reported slightly higher mean satisfaction (14.84), the differences were not meaningful.

This statistical uniformity suggests that age does not differentiate service experience in slum contexts. Services are largely standardized, survival-oriented, and limited in scope. As a result, elderly individuals—regardless of age—encounter similar service constraints, such as irregular timing, limited personalization, and dependency on outreach models. The absence of age-based differentiation points to a flattening of experience shaped by structural scarcity rather than individual life stage needs.

Non-Slum Areas

In contrast, non-slum areas demonstrated a statistically significant association between age and satisfaction (ANOVA $F = 4.610$, $p = .011$). Elderly respondents aged 60–69 reported the highest satisfaction (Mean = 16.25), while those aged 80+ reported lower satisfaction (Mean = 15.08).

This pattern suggests that in non-slum settings, services are sufficiently differentiated to produce age-related variations in experience. Younger elderly individuals may be better positioned to engage with recreational programs, digital safety training, and group activities, while the oldest cohort may face mobility challenges or find services less aligned with their intensifying care needs. Here, elderly dissatisfaction in non-slum areas is

not because services are missing, but because the existing services are not designed to meet the specific needs of the very old (advanced-age group).

5.7.3 Gender and Satisfaction: Context Matters

Slum Areas

Gender emerged as a statistically significant factor influencing satisfaction in slum areas ($t = 2.307$, $p = .022$). Female respondents reported higher satisfaction (Mean = 14.86) than male respondents (Mean = 14.21).

This finding likely reflects the gendered nature of non-institutional services in slum settings. Doorstep ration delivery and mobile health services often prioritize women, who are more visible to outreach workers and more consistent in-service engagement. Additionally, older women in slums may evaluate services through a lens of relational interaction—valuing respectful communication and regular contact—rather than technical efficiency alone.

Non-Slum Areas

In non-slum areas, gender differences in satisfaction were negligible and statistically insignificant ($t = .073$, $p = .942$). Both men and women reported nearly identical satisfaction levels.

This convergence suggests that non-slum services operate within relatively gender-neutral institutional frameworks, where access, participation, and staff interaction are less mediated by gender roles. Satisfaction here appears to be driven more by service quality and relevance than by gendered expectations.

5.7.4 Education and Satisfaction: Contrasting Gradients

Slum Areas

Education did not show a statistically significant association with satisfaction in slum areas (ANOVA $F = 2.179$, $p = .074$), although minor variations were observed. Respondents with completed schooling reported slightly lower satisfaction than both illiterate and minimally educated groups.

This inverse pattern can be interpreted sociologically. Elderly individuals with some formal education may hold higher expectations of service quality, responsiveness, and accountability—expectations that slum-based services may struggle to meet. Conversely, illiterate respondents may assess services more generously, viewing them as supportive interventions rather than entitlements.

Non-Slum Areas

In non-slum areas, education was significantly associated with satisfaction (ANOVA $F = 2.631$, $p = .026$). Higher educational attainment generally corresponded with higher satisfaction levels, particularly among those who completed high school, college, or postgraduate education.

This positive gradient indicates that non-slum services are better equipped to meet the expectations of educated elderly individuals, offering structured programs, informational clarity, and opportunities for meaningful

engagement. Education here functions not as a source of dissatisfaction but as an enabling factor for service utilization and appreciation.

5.7.5 Economic Status and Satisfaction: Presence versus Absence

Slum Areas

Economic status did not significantly affect satisfaction in slum areas ($t = .755$, $p = .451$). Both below-poverty-line (BPL) and above-poverty-line (APL) respondents reported similar satisfaction levels.

This finding reflects the “homogenizing effect of poverty contexts,” which means that living in a poor environment reduces the practical differences between people of different economic levels (Robert, 1999), where even APL elderly individuals experience infrastructural deficits, overcrowding, and service scarcity similar to BPL residents. Economic differentiation loses salience when service delivery conditions are uniformly constrained. As a result, constraints in service delivery blur economic distinctions and make quality of life similar across economic groups (Sampson et al., 2002).

Non-Slum Areas

In non-slum areas, all respondents fell under the APL category, making statistical comparison impossible. However, this absence is itself analytically meaningful. It indicates that non-institutional services in non-slum settings—particularly those accessed through senior citizens’ associations—are embedded within relatively privileged social spaces. Satisfaction in non-slum areas is closely connected to economic security. Because elderly individuals in these areas have stable financial resources, they can participate more actively in community services and tend to have higher expectations about the quality of those services

5.7.6 Living Arrangement and Satisfaction: Stability over Structure

In both slum and non-slum areas, living arrangement did not significantly influence satisfaction (Slum: $F = .686$, $p = .505$; Non-slum: $F = .255$, $p = .775$). Elderly individuals living alone, with family, or in other arrangements reported comparable satisfaction levels.

This consistency suggests that Non-institutional services create supportive social environments that help elderly individuals meet social and emotional needs, whether or not they receive support from their household. As a result, satisfaction with these services remains stable across different living arrangements. For elderly individuals living alone, services may provide social contact and support, while for those living with family, services may supplement rather than replace familial care. Satisfaction thus appears linked more to service experience than to domestic context.

5.7.7 Comparative Synthesis

Taken together, the findings reveal two distinct satisfaction regimes:

- In slum areas, elderly people’s satisfaction with services tends to be similar across different groups because they live within the same constrained social and service environment, where satisfaction is relatively unaffected by age, education, economic status, or living arrangement, but shaped by gendered service

engagement. Services operate under constraints that limit differentiation, leading to broadly similar experiences across groups.

- In non-slum areas, satisfaction with services varies between different groups of elderly people because their resources, expectations, and engagement with services are more diverse, where age and education significantly influence perceptions of service quality. Here, Satisfaction depends on whether the services match the capabilities, expectations, and needs of the elderly individuals who use them.

This comparative analysis underscores that elderly satisfaction is shaped not only by the services themselves but also by individuals' social position, their expectations, and the opportunities available in their surrounding environment. For policy and practice, the findings suggest that improving elderly satisfaction requires not only expanding service coverage but tailoring service forms to the lived realities of different social environments.

5.8 Comparative Analysis of association between service-related variables and satisfaction in Slum and Non-Slum Areas

The comparative statistical analysis of non-institutional social services across slum and non-slum areas reveals not only differences in service utilization but also deeper variations in how elderly respondents experience, evaluate, and derive meaning from these services. By applying ANOVA and independent sample t-tests, this section examines how satisfaction levels vary according to type of service, service providers, perceived benefits, frequency of utilization, and suggested improvements. The findings highlight how socio-economic context shapes both expectations and evaluations of service delivery.

5.8.1 Type of Non-Institutional Services and Satisfaction: A Contextual Contrast

The t-test analysis indicates a statistically significant difference in satisfaction levels among elderly respondents in slum areas based on the type of service received. Elderly individuals who accessed ration services reported significantly higher satisfaction (Mean = 15.55) compared to those who accessed medical services (Mean = 14.35), with the difference being highly significant ($t = -3.722$, $p < 0.001$). This result suggests that, within slum contexts, services addressing immediate material security, such as food provision, are perceived as especially valuable.

In contrast, non-slum areas did not show a statistically significant difference in satisfaction between recreation services and digital safety programmes ($t = -1.697$, $p = 0.092$). Although mean satisfaction was slightly higher for digital safety services (Mean = 16.33) than for recreation (Mean = 15.82), the absence of statistical significance indicates that elderly respondents in non-slum areas value both service types almost equally. This reflects a context where basic needs are largely met, allowing satisfaction to be shaped more by personal interest and lifestyle relevance than by survival imperatives.

5.8.2 Role of Service Providers and Satisfaction Levels

In slum areas, ANOVA results demonstrate a significant association between type of service provider and level of satisfaction ($F = 3.618$, $p = 0.029$). Satisfaction was highest when services were delivered by health experts (Mean = 15.19), followed by social workers (Mean = 14.38). Although volunteers showed a high mean score, the extremely small sample size prevents meaningful interpretation.

This pattern underscores the importance of professional competence in slum contexts, where elderly respondents often face complex health conditions and limited alternatives. Professional credibility appears to strengthen trust and perceived service quality.

In non-slum areas, the relationship between provider type and satisfaction was even more pronounced ($F = 4.431$, $p = 0.002$). Field workers and volunteers recorded the highest satisfaction levels, followed closely by programme coordinators. Social workers, while still positively rated, showed comparatively lower mean satisfaction. This reversal from slum settings suggests that in non-slum contexts, satisfaction is shaped less by clinical expertise and more by engagement style, coordination, and participatory interaction. Elderly respondents appear to value facilitators who enable social participation rather than those focused solely on problem-solving.

5.8.3 Perceived Benefits and Satisfaction: Survival vs. Enrichment

The benefits associated with services significantly influenced satisfaction levels in slum areas ($F = 4.450$, $p = 0.002$). Elderly respondents who associated services with tangible outcomes such as free services, good-quality medicines, and cured illness reported higher satisfaction. Conversely, benefits related to saving time or reducing waiting were associated with lower satisfaction means, suggesting that outcome effectiveness outweighs convenience in shaping satisfaction.

In non-slum areas, perceived benefits of recreation services did not significantly differentiate satisfaction levels ($F = 0.239$, $p = 0.787$). Whether services were seen as happiness-inducing, time-pass activities, or free services, satisfaction remained consistently high. This homogeneity suggests that recreational engagement itself—rather than specific benefits—is the primary contributor to satisfaction.

However, digital safety services in non-slum areas showed a strongly significant relationship between perceived benefits and satisfaction ($F = 11.504$, $p < 0.001$). Respondents who gained technological knowledge or accessed free services reported notably higher satisfaction than those who merely updated information. This indicates that elderly participants value skill acquisition and empowerment over passive awareness, especially in digital domains.

5.8.4 Frequency of Service Utilization and Satisfaction

In slum areas, frequency of receiving medical services did not significantly affect satisfaction ($F = 0.783$, $p = 0.459$). Nearly universal monthly utilization resulted in relatively uniform satisfaction levels, suggesting that medical services are seen as necessary utilities rather than discretionary experiences.

In contrast, frequency of receiving doorstep ration services showed a significant association with satisfaction ($F = 5.713$, $p = 0.004$). Elderly respondents who received ration services—even if only once—reported higher satisfaction compared to those who did not receive such services at all. This finding reinforces the idea that in environments where services are limited, simply gaining access to a service significantly increases satisfaction, even if the service is not received frequently.

In non-slum areas, neither frequency of recreation services ($F = 0.668$, $p = 0.573$) nor frequency of digital safety learning services ($F = 0.599$, $p = 0.617$) significantly influenced satisfaction. Whether services were accessed daily, weekly, or occasionally, satisfaction remained consistently high. This stability suggests that in relatively

secure environments, satisfaction is less sensitive to dosage and more closely tied to perceived relevance and quality.

5.8.5 Improvement Suggestions and Satisfaction: Aspirations vs. Expectations

Improvement-related variables in slum areas did not significantly affect satisfaction levels for either mobile medical services ($F = 0.174$, $p = 0.972$) or doorstep ration services ($F = 0.310$, $p = 0.818$). This indicates that elderly respondents, despite offering suggestions such as telemedicine or cooked meal delivery, largely evaluate services based on their current utility rather than future possibilities. Expectations remain modest, shaped by lived experiences of limited choice.

In non-slum areas, suggested improvements for recreation services ($F = 2.068$, $p = 0.107$) and digital safety services ($F = 1.574$, $p = 0.212$) also did not significantly differentiate satisfaction levels. However, mean scores were highest for innovative and interactive suggestions, such as indoor games and volunteer-led initiatives. This suggests that while satisfaction remains high, elderly respondents in non-slum areas express aspirational engagement, seeking novelty and enrichment rather than basic expansion.

5.8.6 Integrated Comparative Interpretation

Taken together, the statistical findings reveal two distinct satisfaction logics operating across slum and non-slum contexts. In slum areas, satisfaction is outcome-driven, closely linked to material relief, health improvement, and professional credibility. Small differences in access—such as receiving ration services at all—can significantly shape satisfaction. Here, non-institutional services function as essential support systems, and satisfaction reflects relief from hardship.

In non-slum areas, satisfaction is experience driven. Differences in provider type, benefit perception, and service content shape satisfaction, but frequency and access thresholds matter less. Services are evaluated based on how well they enhance quality of life, promote engagement, and build competencies. Non-institutional services in these settings act as value-adding platforms rather than survival mechanisms.

Conclusion

The ANOVA and t-test analyses collectively demonstrate that satisfaction with non-institutional social services cannot be interpreted uniformly across socio-economic contexts. In slum areas, satisfaction is tightly coupled with necessity, access, and professional reliability. In non-slum areas, satisfaction reflects enrichment, empowerment, and participatory engagement. These findings underscore the importance of context-sensitive service design, where evaluation criteria must align with the lived realities and expectations of elderly populations.

5.9 List of Tables

5.9 Table 1-Socio Demographic Profile of Elderly Participants in Slum Areas

	Frequency	Percentage
Age		
60-69	74	49.30%
70-79	63	42.0%
80+	13	8.7%
N	150	100.0%
Gender		
Male	57	38.0%
Female	93	62.0%
N	150	100.0%
Education		
Illiterate	62	41.3%
Not Completed School	67	44.7%
Completed School	15	10.0%
Completed High School	3	2.0%
Completed College	3	2.0%
N	150	100.0%
Living Arrangement		
Alone	30	20%
With Family	117	78%
Any Other	3	2%
N	150	100.0%
Economic Status		
APL	29	19.3%
BPL	121	80.7%
N	150	100.0%
Current Employment Status		
Working	19	12.7%
Retired	123	82.0%
Family Business	2	1.3%

Jobless	6	4.0%
N	150	100.0%
Marital Status		59.3%
Married	89	34.0%
Widowed	51	1.3%
Separated	2	5.3%
Single	8	
N	150	100.0%
Residential Locality		
Mumbai East	42	28.0%
Mumbai West	13	8.7%
Mumbai South	6	4.0%
Mumbai North	31	20.7%
Mumbai Central	58	38.7%
N	150	100.0%
Religion		
Hindu	113	75.3%
Christian	2	1.3%
Muslim	17	11.3%
Buddhist	11	7.3%
Jain	7	4.7%
N	150	100.0%

5.10 Table 2- Socio Demographic Profile of Elderly Participants in Non-Slum Areas

	Frequency	Percentage
Age		
60-69	57	38.0%
70-79	69	46.0%
80+	24	16.0%
N	150	100.0%
Gender		
Male	70	46.7%
Female	80	53.3%
N	150	100.0%
Education		
Not completed school	6	4.00%
Completed school	37	24.7%
Completed high school	8	5.3%
Completed college	79	52.7%
Masters and above	19	12.7%
PhD	1	0.7%
N	150	100.0%
Current Employment Status		
Working	2	1.30 %
Retired	129	86%
Family Business	2	1.30%
Jobless	17	11.30%
N	150	100.0%
Living Arrangement		
Alone	29	19.30 %
With Family	119	79.30%
Any Other	2	1.30 %
N	150	100.0%
Economic Status		
APL	150	100.0%
BPL	0	0.00%
N	150	100.0%

Residential Locality		
Mumbai East	1	0.7%
Mumbai west	17	11.3%
Mumbai South	30	20.0%
Mumbai North	72	48.0%
Mumbai Central	25	16.7%
Navi Mumbai	5	3.3%
N	150	100.0%
Marital Status		
Married	104	69.30%
Divorced	1	0.70%
Widowed	41	27.30%
Single	4	2.70%
N	150	100.0%
Religion		
Hindu	145	96.70%
Christian	1	0.70%
Muslim	2	1.30%
Jain	1	0.70%
Others	1	0.70%
N	150	100.0%

5.11 Table 3 -Nature and Utilization of Services in Slum Areas

Types of social service providers offering non institutional social services	Multiple Responses	
	Frequency	Percent
Volunteer	1	0.5%
Social workers	107	54.3%
Health expert	89	45.2%
Total	197	100.0%
Types of non-institutional services received in last 12 months	Multiple Responses	
	Frequency	Percent
Medical	150	81.0%
Ration	35	18.9%
Total	185	100.0%
Types of mobile medical services received	Multiple Responses	
	Frequency	Percent
Mobile Health care	150	39.3%
Health Promotion and education	68	17.8%
Health card	79	20.7%
MHU suggest specialist doctors	85	22.3%
Total	382	100.0%
Benefits of non-institutional services in slum	Multiple Responses	
	Frequency	Percent
Free service	137	20.5%
Good and affordable medicine	137	20.5%
Cured up illness	109	16.3%
Time and Money saved	142	21.2%
Waiting time saved instead of standing in the queue to get service	144	21.5%
Total	669	100.0%
Frequency of accessing mobile medical services	Multiple Responses	
	Frequency	Percent
Weekly	1	0.7%
Monthly	148	98.7%
Just once	1	0.7%
Total	150	100.0%

Frequency of accessing doorstep ration services	Multiple Responses	
	Frequency	Percent
Weekly	1	2.7%
Just once	36	97.3%
Total	37	100.0%
Missing system	113	
Total	150	

5.1Table 4-Nature and Utilization of Services in Non-Slum Areas

Types of social service providers offering non institutional social services	Multiple Responses	
	Frequency	Percent
Recreation program	150	59.3%
Digital safety program	103	40.7%
Total	253	100.0%
Types of non-institutional services received in last 12 months	Multiple Responses	
	Frequency	Percent
Recreation services	150	59.3%
Digital safety program	103	40.7%
Total	253	100.0%
Types of recreation services received	Multiple Responses	
	Frequency	Percent
Picnic	123	26.7%
In-door games	115	24.9%
Yoga	81	17.6%
Music	87	18.9%
Dance	52	11.3%
Motivational Speech	3	0.7%
Total	461	100.0%
Types of digital safety services received	Multiple Responses	
	Frequency	Percent

Creating password	68	17.9%
Staying safe while online banking	62	16.3%
Safely paying utility bills online	59	15.5%
Protecting personal device	39	10.3%
Spotting online scam	30	7.9%
Staying safe in whatsapp	79	20.8%
Booking cab safely online	43	11.3%
Total	380	100.0%
Benefits of recreation services in non-slum areas	Multiple Responses	
	Frequency	Percent
It keeps you happy	134	49.4%
Time pass	58	21.4%
Free service	79	29.2%
Total	271	100.0%
Benefits of digital safety services in non-slum areas	Multiple Responses	
	Frequency	Percent
Updating the information	74	29.8%
Technological knowledge	72	29.0%
Free Service	102	41.1%
Total	248	100.0%
Frequency of accessing recreation services	Multiple Responses	
	Frequency	Percent
Daily	50	33.3%
Weekly	50	33.3%
Monthly	28	18.7%
Occasionally	22	14.7%
Total	150	100.0%
Frequency of accessing digital safety services	Multiple Responses	
	Frequency	Percent
Weekly	1	1.0%
Monthly	1	1.0%
Occasionally	5	4.9%
Just Once	96	93.2%
Total	103	100.0%
Missing system	47	
Total	150	

5.13 Table 5- Dimensions of Satisfaction in Slum Area

Mobile medical service hours needs for service users	Multiple Responses	
	Frequency	Percent
Disagree	9	6.0%
Undecided	5	3.3%
Agree	134	89.3%
Strongly agree	2	1.3%
Total	150	100.0%
Satisfaction level with work-oriented knowledge of social service providers	Multiple Responses	
	Frequency	Percent
Dissatisfied	13	8.7%
No response	4	2.7%
Satisfied	130	86.7%
Fully satisfied	3	2.0%
Total	150	100.0%
Satisfaction level with work performance of social service providers	Multiple Responses	
	Frequency	Percent
Dissatisfied	14	9.3%
No response	2	1.3%
Satisfied	131	87.3%
Fully satisfied	3	2.0%
Total	150	100.0%
Prioritizing service feedback from service users	Multiple Responses	
	Frequency	Percent
Strongly disagree	2	1.3%
Disagree	12	8.0%
Undecided	29	19.3%
Agree	104	69.3%
Strongly agree	3	2.0%
Total	150	100.0%
Improvements suggested by service users on mobile medical services	Multiple Responses	
	Frequency	Percent

Informing elderly through mobile phone campaign	54	15.7%
Recruiting knowledgeable elderly volunteers	140	40.7%
Service blogs for outreach connecting elderly	4	1.2%
Telemedicine on phone	113	32.8%
Consulting doctors through live video	32	9.3%
No Idea	1	0.3%
Total	344	100.0%
Improvements suggested by service users on doorstep ration services	Multiple Responses	
	Frequency	Percent
Cooked meal delivery at home	11	18.3%
Informing elderly through mobile phone campaign	18	30.0%
Recruiting more elderly volunteers	2	3.3%
Service blogs connecting elderly	29	48.3%
Total	60	100.0%
Satisfaction level with mobile medical service	Multiple Responses	
	Frequency	Percent
Dissatisfied	15	10.0%
No response	2	1.3%
Satisfied	131	87.3%
Fully satisfied	2	1.3%
Total	150	100.0%
Satisfaction level with doorstep ration service	Multiple Responses	
	Frequency	Percent
Dissatisfied	4	2.7%
No response	117	78.0%
Satisfied	28	18.7%
Fully satisfied	1	0.7%
Total	150	100.0%

5.14 Table 6-Dimensions of Satisfaction in Non-Slum Area

Recreation service hours needs for service users	Multiple Responses	
	Frequency	Percent
Strongly disagree	2	1.3%
Disagree	5	3.3%
Undecided	1	0.7%
Agree	129	86.0%
Strongly agree	13	8.7%
Total	150	100.0%
Digital safety program hours needs for service users	Multiple Responses	
	Frequency	Percent
Disagree	25	16.7%
Undecided	48	32.0%
Agree	69	46.0%
Strongly agree	8	5.3%
Total	150	100.0%
Satisfaction level with work-oriented knowledge of social service providers	Multiple Responses	
	Frequency	Percent
Very Dissatisfied	4	2.0%
Dissatisfied	7	32.0%
No response	118	57.3%
Satisfied	21	8.7%
Total	150	100.0%
Satisfaction level with work-oriented performance of social service providers	Multiple Responses	
	Frequency	Percent
Very Dissatisfied	1	0.7%
Dissatisfied	3	2.0%
No response	6	4.0%
Satisfied	119	79.3%
Fully satisfied	21	14.0%
Total	150	100.0%

Prioritizing recreation digital safety service feedback from service users	Multiple Responses	
	Frequency	Percent
Disagree	3	2.0%
Undecided	55	36.7%
Agree	80	53.3%
Strongly agree	12	8.0%
Total	150	100.0%
Prioritizing digital safety service feedback from service users	Multiple Responses	
	Frequency	Percent
Disagree	2	1.3%
Undecided	8	5.3%
Agree	120	80.0%
Strongly agree	20	13.3%
Total	150	100.0%
Improvements suggested by service users on recreation services	Multiple Responses	
	Frequency	Percent
Informing elderly through mobile phone campaign	114	30.8%
Recruiting knowledgeable elderly volunteers	98	26.5%
Innovative indoor games	41	11.1%
Improving elderly outreach through blogging	117	31.6%
Total	370	100.0%
Improvements suggested by service users on digital safety services	Multiple Responses	
	Frequency	Percent
Informing elderly through mobile phone campaign	83	44.6%
Recruiting knowledgeable elderly volunteers	72	38.7%
Improving elderly outreach through blogging	31	16.7%
Total	186	100.0%

5.15 Table 7- ANOVA test and T-test on Association Between Elderly Profile and Satisfaction in Slum Areas

Sources	F-ratio	T-value	P-value	Verbal Interpretation	Decision
Age	1.303		0.275	Not significant	Accept H0
Gender		2.307	0.022	Significant	Reject H0
Education	2.179		.074	Not significant	Accept H0
Economic Status		.755	0.451	Not significant	Accept H0
Living Arrangement	.686		0.505	Not significant	Accept H0

5. 16 Table 8-ANOVA test and T-test on Association Between Elderly Profile and Satisfaction in Non-Slum Areas

Sources	F-ratio	T-value	P-value	Verbal Interpretation	Decision
Age	4.610		.011	Significant	Reject H0
Gender		.073	.942	Not significant	Accept H0
Education	2.631		.026	Significant	Reject H0
Economic Status		Not applicable	Not applicable	Test not applicable (single category only)	Hypothesis not testable
Living Arrangement	.255		0.775	Not significant	Accept H0

5.17 Table 9- ANOVA test and T-test on Association Between Service related Factors and

Satisfaction in Slum Areas

Sources	F-ratio	T-Value	P-value	Verbal Interpretation	Decision
Types of non-institutional social services		3.722	0.000	Highly significant	Reject H0
Type of service provider	3.618		0.029	Significant	Reject H0
Benefits of non-institutional social services	4.450		0.002	Significant	Reject H0
Frequency of mobile medical services	.783		0.459	Not significant	Accept H0
Frequency of doorstep ration service	5.713		0.004	significant	Reject H0
Improvement of mobile medical service	.174		0.972	Not significant	Accept H0
Improvement of doorstep ration service	.310		0.818	Not significant	Accept H0

5.20 Table 10- ANOVA test and T-test on Association Between Service related Factors and

Satisfaction in Non-Slum Areas

Sources	F-ratio	T-Value	P-value	Verbal Interpretation	Decision
Types of non-institutional social services		-1.697	0.092	Not significant	Accept H0
Type of service provider	4.431		0.002	Significant	Reject H0
Benefits of recreation services	.239		0.787	Not significant	Accept H0
Benefits of digital safety training services	11.504		0.000	Highly significant	Reject H0
Frequency of recreation services	.668		0.573	Not significant	Accept H0
Frequency of digital safety	.599		0.617	Not significant	Accept H0
Improvement of recreation service	2.068		0.107	Not significant	Accept H0
Improvement of digital safety learning service	1.574		0.212	Not significant	Accept H0

CHAPTER 6- FINDINGS AND DISCUSSION

ELDERLY EXPERIENCES, SERVICE SYSTEMS, AND URBAN AGEING

6.1 Interpreting elderly lives beyond numbers

Urban ageing is no longer a marginal demographic trend but a defining social reality of contemporary cities such as Mumbai. Rapid urbanisation, changing family structures, rising life expectancy, and uneven access to welfare systems have collectively reshaped what it means to grow old in an urban setting. Padeiro et al. (2021) on ageing in urban environments increasingly show that the well-being of older adults is closely shaped by neighbourhood conditions, access to services, and opportunities for social participation within the urban social ecology. Within this context, the present study positions elderly satisfaction with non-institutional social services not merely as an outcome to be measured, but as a lived experience that must be interpreted carefully. This chapter therefore moves beyond numerical representation and statistical association to offer a thematic, argument-based discussion of elderly lives as they unfold within complex service environments. Such an interpretive approach aligns with scholarship emphasizing that ageing in cities must be understood through the interaction of social infrastructure, community resources, and everyday experiences of older adults in rapidly transforming urban spaces (Premaratna et al., 2023).

The purpose of this section is to explain why interpretation matters in understanding elderly satisfaction. While earlier chapters presented frequencies, averages, and statistically significant relationships, such findings alone cannot fully explain how older persons experience support systems in their everyday lives. Satisfaction is not a neutral or technical response; it is shaped by expectations, prior deprivation, social relationships, and the quality of institutional interaction. As noted in urban ageing literature, older adults evaluate services not only on what is delivered, but on how dignity, respect, and recognition are communicated in the process (World Health Organization, 2017). Research on elderly service satisfaction similarly shows that perceptions of care are strongly influenced by relational aspects such as responsiveness, communication, and the quality of interaction between service providers and older adults, rather than solely by the technical outcomes of care (Owens & Batchelor, 1996; Sharkiya, 2023). Such findings reinforce the need to interpret quantitative satisfaction scores in relation to the lived social context in which elderly persons encounter welfare services.

This chapter therefore shifts the analytical lens from *what services exist* to *how services are experienced*.

It foregrounds the voices and conditions of elderly respondents in both slum and non-slum areas, interpreting their reported satisfaction as an outcome of negotiation between personal vulnerability and institutional response. Personal vulnerability, in this study, refers to the layered difficulties that shape older adults' daily lives—declining health, reduced mobility, low or fixed income, widowhood, limited education, digital illiteracy, emotional dependence, and, in many cases, fragile or absent family support. These vulnerabilities do not exist in isolation; they accumulate and interact, shaping how elderly individuals approach and assess social services. Research has shown that older adults' perceptions of service quality and satisfaction are strongly mediated by levels of social support, income security, and health status, indicating that institutional experiences are deeply intertwined with broader social and material conditions of ageing (Ding et al., 2023). Similarly, Kang et al. (2026) on ageing vulnerability highlight how health, material, and social disadvantages converge in later life to influence well-being, loneliness, and engagement with support systems, reinforcing the idea that elderly experiences of care services are embedded within complex vulnerability structures.

At the same time, institutional response refers to the way organized support systems—such as NGOs, community organizations, social workers, volunteers, and health professionals—identify and deal with the problems or vulnerabilities faced by older adults. These actors form part of the non-institutional social service network, meaning services that are not strictly residential institutions (like old age homes) but are provided within the community. The findings indicate that satisfaction emerges where institutional responses align sensitively with lived needs. For example, in slum areas, relatively high satisfaction with basic medical and ration services reflects not abundance, but relief. Services are valued because they reduce immediate hardship, save money, and offer reassurance in otherwise precarious lives. In contrast, non-slum elderly respondents often assessed services through different expectations, valuing continuity, engagement, and enrichment rather than survival-oriented support. Similar studies on community-based elderly care suggest that satisfaction depends not only on service availability but also on how institutional arrangements respond to the social and psychological needs of older adults (Ma et al., 2023).

This contrast underscores a core argument of the chapter: elderly satisfaction is relational rather than absolute. In other words, satisfaction with services is shaped by the circumstances, expectations, and lived experiences of older adults rather than representing a fixed or universal level of evaluation. The same service may therefore be perceived differently depending on the context in which it is received. For elderly individuals living in more constrained environments, basic forms of support may be experienced as meaningful and enabling, while the same services may be judged as inadequate in settings where expectations and alternatives are greater (Herschbach, 2002). Even if statistics show no significant differences in satisfaction among groups of elderly people, this does not necessarily mean that inequalities do not exist. Instead, it may indicate that older adults—especially those living in disadvantaged conditions—have become accustomed to vulnerability and therefore report similar levels of satisfaction despite unequal circumstances (Borg et al., 2006; HelpAge India, 2021). Similarly, significant associations—such as those related to age or education in non-slum areas—highlight how autonomy, awareness, and expectations shape satisfaction differently when basic needs are already met. Studies show that older adults with greater autonomy and functional capacity tend to report higher life satisfaction, suggesting that perceived control over everyday life strongly influences evaluations of services (Hsu et al., 2020). At the same time, research indicates that individuals with higher educational backgrounds often hold stronger expectations regarding participation and service quality, which may lead them to assess care arrangements more critically than their less-educated counterparts (Flores et al., 2019).

By interpreting findings thematically, this chapter recognises elderly individuals as active social actors navigating constrained choices rather than passive recipients of welfare. Evidence from studies on community-embedded eldercare demonstrates that older adults' satisfaction and well-being are closely linked to their sense of autonomy, social engagement, and meaningful participation in care environments (Zhang et al., 2025). Similarly, research on dignity in elder care highlights that psychological, social, and relational factors significantly shape how older people experience institutional and community services (Dong et al., 2021). This perspective aligns with broader urban ageing scholarship that calls for context-sensitive, dignity-centred approaches to elder care (United Nations, 2020).

Ultimately, the discussion that follows argues that improving elderly satisfaction requires not only expanding services, but rethinking how institutions engage with vulnerability, listen to lived experience, and adapt to the diverse realities of ageing in the city.

6.2 Urban Ageing and Social Inequality: The Context of Service Use

Urban ageing does not unfold across an equal landscape. In cities such as Mumbai, the experience of later life is closely shaped by where one lives, the resources available in that locality, and the broader structures of urban inequality that influence access to services. The findings of this study demonstrate that elderly experiences of non-institutional social work services are deeply embedded within the spatial divide between slum and non-slum neighbourhoods. Satisfaction with services, therefore, cannot be interpreted solely as a reflection of service quality. Instead, it emerges within unequal urban contexts that structure vulnerability, expectations, and everyday strategies of survival among older adults. Research on older adults living in urban slums similarly shows that environmental deprivation, social isolation, and restricted service access significantly affect the well-being and quality of life of older persons in cities (Ghosh et al., 2014; Sivakumar et al., 2026). These insights reinforce the argument that urban ageing is mediated by neighbourhood inequalities and uneven access to social support systems.

6.2.1 Slum and Non-Slum Divide as a Structural Reality

The contrast between slum and non-slum areas reflects longstanding patterns of urban inequality that shape the everyday realities of ageing. Slum settlements are typically characterised by insecure housing, overcrowding, poor sanitation, and fragile access to infrastructure and utilities. These conditions intensify health risks and restrict mobility for older adults. In such environments, elderly individuals are more likely to prioritise services that address immediate survival needs, particularly basic medical care and ration support. The prominence of medical services among slum residents in this study reflects the everyday precarity within which ageing takes place. Studies on older adults in urban slums similarly demonstrate that deprived living environments, limited health literacy, and restricted healthcare access increase vulnerability to chronic illnesses and reinforce reliance on basic medical services (Murugan et al., 2024; Yogesh et al., 2024).

- Interview accounts from elderly participants illustrate how medical support becomes intertwined with emotional security in such contexts. One respondent explained:

“If I have medicines, I have confidence in mind that I have something with me... if I have no medicines at all, my mind becomes weak.”

For this participant, access to medicines represents not only treatment but also reassurance and psychological stability.

- Another participant emphasised the significance of receiving services close to home:

“Earlier we had to go by taking bus or rickshaw... now the service comes to our doorstep... we get health service sitting at home.”

Here, satisfaction arises not from service abundance but from relief from physical strain and effort. In environments where ageing bodies face both health vulnerabilities and environmental barriers; proximity becomes a central dimension of service value.

In contrast, non-slum neighbourhoods generally provide more stable housing conditions, safer surroundings, and relatively reliable access to urban infrastructure. These factors reduce the dominance of immediate survival

concerns and create space for elderly residents to engage with services oriented towards social participation and learning.

- Respondents in non-slum areas frequently highlighted the importance of community programmes and group activities:

“Here different programs are organized... today poetry, yesterday lecture... we get knowledge and we feel good.”

- Another participant reflected on the social benefits of participation:

“We get new friends here... at this age our desire fulfilled about whatever we wish to learn.”

These experiences illustrate how relatively stable living conditions enable forms of engagement associated with the concept of “active ageing,” which emphasises continued learning, participation, and social interaction in later life (World Health Organization, 2002; Zhang et al., 2022; Marsillas et al., 2017). The contrast between slum and non-slum areas therefore highlights how material stability influences the type of services older adults engage with and the meanings they attach to those services.

6.2.2 Mobility, Built Environment, and Participation

The ability of older adults to move within their neighbourhoods and participate in services is strongly shaped by housing conditions and the surrounding built environment. In slum areas, poor housing quality and dense settlement patterns often intensify health problems and physical discomfort, increasing reliance on nearby or home-based services (Murugan et al., 2024; Thomson et al., 2020). Narrow lanes, uneven pathways, and the absence of age-friendly infrastructure can make movement within the neighbourhood itself physically demanding for elderly residents.

- Interview narratives illustrate how these everyday environmental constraints affect participation. One elderly participant with mobility difficulty described the effort required simply to attend a service:

“Though I have leg problem and am unable to get upstairs... even then I came after crossing six floors.”

Such experiences reveal that accessing services may involve considerable physical effort, particularly in built environments not designed with ageing populations in mind.

- A social worker also explained why mobile health services become necessary in such settings:

“The benefit of this van is they deliver medicine at their doorstep.”

Doorstep services, therefore, are not merely convenient but represent practical adaptations to environments where mobility is constrained.

In non-slum neighbourhoods, however, relatively better housing design and neighbourhood infrastructure allow older adults to participate more easily in community-based activities. Proximity to community centres or programme venues often encourages participation. As one participant observed:

“I am staying just in the opposite building... I did not have to travel... that’s why I am participating.”

These accounts suggest that participation in services is not determined solely by personal motivation or interest but by the physical environments within which ageing occurs. Studies on urban ageing similarly highlight that neighbourhood walkability, access to nearby facilities, and supportive built environments significantly influence older adults’ participation in social and recreational activities (Barnett et al., 2017; Yang & Stone, 2024). Mobility, therefore, becomes a key factor shaping how and whether older adults engage with community services.

6.2.3 Uneven Health Facilities and NGO Concentration

Spatial inequality is also reflected in the uneven distribution of health facilities and non-governmental organisations (NGOs). Slum areas frequently attract NGO-led initiatives precisely because formal state services remain limited or overstretched. In such contexts, NGOs often perform a compensatory role by extending basic healthcare and welfare services to populations that would otherwise remain underserved (Riley et al., 2007; Naydenova et al., 2017).

- A social worker involved in community outreach described this role:

“At the community level in slum areas, my role involves gathering elderly individuals and encouraging them to visit the Mobile Health Unit.”

- Another worker explained how cost constraints influence service provision:

“Once the patent expired, we could buy medicines at reduced prices and deliver them to their homes.”

These narratives indicate that service provision in slum areas frequently operates within limited resources and focuses primarily on essential care. As a result, NGO interventions often prioritise basic medical services and ration support rather than diversified programming. Previous studies similarly note that civil society organisations in disadvantaged urban contexts frequently fill gaps left by formal welfare systems, particularly in healthcare and essential support services (HelpAge India, 2021; Jayaraman & Fernandez, 2023; Thara & Patel, 2010).

Non-slum areas, by contrast, tend to benefit from more diversified service ecosystems. Here, community organisations and NGOs are better positioned to develop programmes that extend beyond crisis response. Recreational activities, awareness sessions, and educational programmes are more common in these settings, reflecting higher organisational capacity and greater stability of resources. This uneven distribution of services reinforces spatial privilege, where some elderly populations receive layered forms of support while others receive only the minimum required for survival (Muhammad et al., 2022; Beard et al., 2016).

Overall, the findings highlight that elderly engagement with non-institutional services is inseparable from the broader spatial inequalities of the city. Housing conditions, neighbourhood environments, organisational presence, and mobility constraints collectively shape how older adults encounter and use services. In disadvantaged settlements, services often address immediate survival needs and compensate for environmental limitations. In more stable neighbourhoods, services facilitate participation, learning, and social engagement. Understanding elderly satisfaction within this broader urban context reveals that service

experiences are not only shaped by programme design but also by the environments in which ageing takes place.

6.3 Differentiated Meanings of Benefit among the Elderly

The preceding analysis revealed that elderly respondents living in different urban environments interpret the benefits of non-institutional services in distinct ways. While the empirical findings highlighted contrasts between survival-oriented benefits in slum areas and enrichment-oriented benefits in non-slum settings, these differences are best understood within the broader framework of urban ageing and social inequality discussed earlier in section 6.2. Ageing in cities does not unfold within a uniform social landscape. Rather, it is shaped by unequal access to resources, infrastructure, healthcare, and social opportunities. Consequently, the meaning that older adults attach to services reflects the wider structural conditions within which their lives are embedded (Bolster-Foucault et al., 2024).

Urban ageing theory emphasises that later life experiences are deeply influenced by the cumulative effects of socio-economic inequality over the life course (Phillipson & Grenier, 2021). Individuals who have spent decades navigating insecure employment, limited healthcare access, and fragile housing arrangements often enter old age with fewer safety nets. For such individuals, everyday wellbeing is closely linked to the ability to secure basic necessities such as healthcare, medicines, and nutritional support. In this context, non-institutional services do not simply supplement existing support systems; they frequently fill critical gaps left by the absence of comprehensive welfare structures. The benefits associated with these services therefore carry meanings that extend beyond convenience or assistance. They represent a form of social protection that stabilises everyday life and reduces vulnerability in old age (Dannefer, 2003).

This perspective helps explain why elderly residents in economically marginalised neighbourhoods tend to evaluate services through the lens of survival. When basic healthcare access is uncertain and treatment costs can impose financial strain, services that deliver medicines, consultations, or health monitoring acquire immediate significance. These interventions function as protective mechanisms that reduce exposure to risk and help older individuals maintain physical functioning. In such settings, the value of services lies less in their symbolic or social attributes and more in their capacity to secure tangible outcomes. The perception of benefit is therefore anchored in material realities rather than in abstract notions of wellbeing (Mbiso et al., 2025).

The emphasis on survival-oriented benefits also reflects the broader urban inequalities that shape access to healthcare and social support. Informal settlements often lack adequate public health infrastructure, and residents frequently rely on fragmented or expensive private services. For older adults living within these environments, mobility limitations and financial constraints further restrict access to treatment. Non-institutional services that operate directly within neighbourhood spaces therefore alter the geography of care by bringing support closer to where elderly individuals live. From the perspective of urban ageing theory, such interventions can be understood as community-level responses that mitigate spatial and economic barriers to wellbeing (Buffel et al., 2024).

However, interpreting survival-oriented benefits solely as expressions of deprivation would overlook another important dimension of these experiences. For many elderly individuals, the presence of reliable services also represents recognition and visibility within a broader social system that often marginalises older populations. Receiving care within one's own community affirms a sense of belonging and dignity. In this sense, the benefits of services are not only material but also symbolic, signalling that the needs of older persons are acknowledged and addressed within local welfare initiatives (Clancy et al., 2020).

The meanings attached to services shift in urban contexts where economic security and healthcare access are relatively more stable. In such settings, the baseline conditions of everyday life allow older adults to look beyond immediate survival concerns and engage with services that enhance social participation and personal development (Rowe & Kahn, 1997). Urban ageing research increasingly highlights the importance of “active ageing,” (Foster & Walker, 2021) a framework that emphasises continued engagement with social, cultural, and intellectual activities in later life. Within this perspective, wellbeing is understood not merely as the absence of illness but as the presence of opportunities for meaningful participation and autonomy (Finn et al., 2025; Ryan et al., 2006).

When non-institutional services operate in neighbourhoods where basic needs are largely met through family resources or private systems, they assume a different role within the ecology of ageing. Rather than functioning as lifelines, they become platforms through which older adults maintain social connections, pursue interests, and adapt to changing technological environments. Recreational programmes and learning opportunities allow elderly participants to construct new routines and identities after retirement, thereby countering the social isolation that can accompany later life in rapidly urbanising societies.

From the standpoint of urban sociology, these forms of engagement also contribute to the production of what may be described as “social vitality” in ageing communities, refers to the social interactions, cohesion, participation, and adaptive capacity of a community — qualities that help older adults stay connected and engaged in urban life (Pani-Harreman et al., 2021). Cities often transform rapidly, reshaping patterns of work, family interaction, and communication. Older adults who participate in collective activities and skill-building programmes are better able to remain integrated within these evolving social environments. The perceived benefits of such services therefore extend beyond enjoyment or leisure; they contribute to the maintenance of social competence and confidence in navigating contemporary urban life (Martynova, 2024).

The contrast between survival-oriented and enrichment-oriented interpretations of service benefits thus reflects deeper inequalities in the conditions of ageing across urban spaces. Rather than representing fundamentally different types of elderly populations, these variations illustrate how structural contexts shape the expectations individuals bring to service encounters. When daily life is organised around managing health risks and financial limitations, services are evaluated according to their capacity to reduce hardship. When those constraints are less immediate, the same services can be experienced as opportunities for growth, interaction, and learning (Zhang et al., 2019).

Recognising these differentiated meanings has important implications for the design and evaluation of non-institutional social work services. Urban ageing policies often adopt universal frameworks that assume elderly populations share similar priorities. However, the findings of this study suggest that a uniform approach may fail to capture the diversity of needs present within cities. Non-institutional services are often evaluated or structured with assumptions from institutional frameworks, which may not fit local realities. Programmes that are effective in one neighbourhood may not address the most pressing concerns in another, even when they operate under the same institutional model (Buffel et al., 2018).

A context-sensitive approach therefore becomes essential for ensuring that services remain relevant and responsive. In neighbourhoods characterised by economic precarity, strengthening health-related interventions and ensuring consistent access to essential resources can significantly enhance wellbeing. In more secure environments, programmes that encourage participation, learning, and digital engagement may better support

the aspirations of elderly residents. Both approaches fall within the broader framework of non-institutional care, yet their objectives and outcomes differ according to local realities.

Ultimately, the differentiated meanings of benefit observed in this study highlight the importance of viewing ageing not as a uniform biological stage but as a socially situated experience. Urban environments produce diverse pathways into later life, shaped by long-standing inequalities in employment, housing, and healthcare access. Non-institutional services become meaningful to older adults precisely because they intersect with these lived realities. Understanding how elderly individuals interpret the benefits of such services therefore provides valuable insight into the broader dynamics of ageing in unequal cities (Woolrych & Sixsmith, 2020).

By situating service experiences within the wider context of urban inequality, this discussion reinforces the argument advanced in section 6. 2: that ageing in contemporary cities cannot be separated from the structural conditions that shape everyday life. Non-institutional services occupy a crucial position within this landscape, bridging gaps in welfare provision while also creating spaces for dignity, participation, and resilience in later life.

6.4 Service Environment and Perceived Quality

The environment in which social services are delivered plays a significant role in shaping how elderly individuals interpret the quality and usefulness of those services. In urban settings, particularly in cities marked by stark socio-spatial inequalities, the meaning of service quality extends beyond physical infrastructure or technical standards. For many elderly service users, quality is experienced through everyday encounters—with the physical setting of the service, with the people who deliver it, and with the practical relief it offers in navigating the vulnerabilities associated with ageing. Yan et al. (2014) on urban ageing have similarly shown that the neighbourhood environment and the availability of supportive services strongly influence older adults' satisfaction and perceptions of well-being. In contexts where urban neighbourhoods differ significantly in socio-economic composition and service infrastructure, these environmental conditions shape how older residents evaluate the usefulness and responsiveness of community-based services. The findings from this study indicate that the perceived quality of non-institutional social work services in Mumbai was closely connected to the nature of the service environment, which differed considerably between slum and non-slum areas. Such variations echo broader evidence that perceptions of home- and community-based services are deeply influenced by accessibility, provider availability, and the spatial context in which services are embedded (Wang et al., 2026).

In the slum settlements included in this research, the service environment was often characterized by modest infrastructure and a reliance on outreach-based delivery models. Mobile medical vans and temporary service points functioned as the primary platforms through which elderly individuals accessed health-related support. These outreach initiatives typically operated within open community spaces—such as narrow lanes, roadside areas, or informal gathering points—rather than in permanent institutional facilities. Although such arrangements might appear limited from a conventional service-delivery perspective, many elderly participants evaluated them positively because they significantly reduced the effort and cost involved in accessing healthcare. Community-oriented primary healthcare have similarly emphasized that mobile and outreach clinics can overcome structural barriers such as distance, transportation costs, and institutional accessibility, particularly for marginalized urban populations (Seth et al., 2025; Pluetrattanabha & Direksunthorn, 2025). By bringing services directly into community spaces, these outreach initiatives reconfigure healthcare access in ways that align more closely with the everyday realities of low-income urban residents.

For elderly individuals living in economically vulnerable contexts, the ability to consult a doctor within their neighbourhood carried considerable practical importance. Travelling to distant hospitals or clinics often involved multiple challenges, including transport expenses, long waiting times, and the physical strain associated with mobility limitations. Within this context, the presence of a mobile medical service represented not merely convenience but a meaningful form of support that acknowledged the everyday constraints faced by older adults. Community-based and mobile outreach health services are widely recognised as important mechanisms for improving healthcare access among ageing populations, particularly for those who face mobility, economic, or geographic barriers to institutional healthcare facilities (Pluetrattanabha & Direksunthorn, 2025). As one participant remarked during an interview, "Doctor is good... I am satisfied... he answered whatever I asked." Such reflections reveal how interpersonal interactions with service providers strongly influence perceptions of quality, as respect, communication, and responsiveness are key determinants shaping older adults' satisfaction with community-based healthcare services (Yang et al., 2025).

Respectful communication and attentive listening emerged as particularly valued aspects of service delivery. Elderly individuals often emphasized the importance of being heard and treated with patience when discussing their health concerns. In situations where facilities were basic or temporary, the behaviour of the doctor or social worker could substantially shape the overall experience. When professionals took time to explain prescriptions, respond to questions, or provide reassurance, participants described the encounter as supportive and trustworthy. Effective communication—particularly active listening, patience, and emotional reassurance—plays a critical role in building trust and improving satisfaction among older patients (Sharkiya, 2023). Lu et al. (2024) have also shown that empathetic interaction, clear explanations, and supportive dialogue during medical encounters enable older adults to better understand their health conditions and feel more confident in the care process. These observations suggest that the relational dimension of service provision—how professionals engage with elderly users—can be as influential as material resources in shaping perceptions of quality.

Another feature that contributed to positive evaluations of services in slum areas was the availability of medicines through outreach programmes. Many elderly participants in these communities were managing chronic health conditions such as hypertension, diabetes, or joint pain. Purchasing medicines regularly from private pharmacies was often financially burdensome, particularly for those dependent on limited pensions or irregular family support. In this context, the distribution of free or subsidized medicines through mobile health services represented a tangible and immediate benefit. Receiving medicines within the neighbourhood reduced both financial strain and the logistical difficulties associated with travelling to distant medical facilities. Access to essential medicines has been widely recognized as a critical component of primary healthcare for older adults, particularly those managing multiple chronic conditions, as it directly influences treatment adherence and health outcomes (Pinto et al., 2020). Similarly, Lau et al. (2025) on elderly residents in underserved urban communities highlight that financial constraints, transportation barriers, and limited-service availability often restrict healthcare utilization, making community-based outreach and medication support especially valuable for economically disadvantaged older populations.

At the same time, participants did not view these services uncritically. Some interviewees pointed out occasional shortages of medicines or suggested that additional diagnostic facilities could further improve the outreach programmes. These observations demonstrate that elderly users were capable of evaluating services with nuance, recognizing both their value and their limitations. Such reflexive assessments are consistent with research showing that older adults often evaluate community-based health services by weighing accessibility, quality of treatment, and availability of medicines, while also identifying gaps that affect service effectiveness (Singh et al., 2022). Nevertheless, the presence of accessible medical support within the community was widely

regarded as an important contribution to everyday well-being. He et al. (2023) on community and home-based healthcare models similarly indicate that the proximity of medical services and regular interaction with health providers significantly enhance older adults' sense of security and satisfaction with care, even when certain service limitations remain.

The service environment in non-slum areas displayed a different organizational pattern. Rather than outreach-based health services, non-institutional programmes in these neighbourhoods were generally conducted within established community spaces such as halls, activity centres, or local meeting venues. These settings allowed for a more structured programme format, including scheduled sessions for recreation, awareness-building, and skill development. Activities ranged from group exercises and cultural programmes to discussions on digital safety and financial awareness. Such community-based centres often function as organized social hubs where older adults participate in structured group activities, health education, and peer interaction, thereby promoting both engagement and well-being (McMahon et al., 2019; Ko et al., 2024). Participation in community centres enables older adults to access recreational activities, health-related information, and social learning opportunities within familiar neighbourhood settings, strengthening social connections and encouraging active ageing (McMahon et al., 2019; Ko et al., 2024).

Participants from non-slum areas frequently described these programmes as valuable opportunities for maintaining social interaction and mental stimulation. Retirement and the gradual shrinking of social networks often leave older adults vulnerable to isolation. Community-based programmes helped counter this tendency by creating spaces where elderly individuals could meet peers, share experiences, and participate in collective activities. In these settings, the service environment fostered not only access to information but also a sense of belonging and routine. Hwang et al. (2019) and Ibrahim et al. (2022) have shown that structured community programmes and social participation initiatives enable older adults to maintain meaningful social engagement and reduce feelings of loneliness and social isolation. Participation in group-based activities and community programmes also strengthens social networks and contributes to psychological well-being by providing opportunities for companionship, shared experiences, and continued engagement in social life (Hwang et al., 2019; Ibrahim et al., 2022).

The emphasis on recreational and educational programmes in non-slum areas reflects a broader orientation toward active ageing. Social participation and cognitive engagement are an important dimension of well-being in later life (World Health Organization, 2015; Provencher & Carbonneau, 2019; Zhou et al., 2025). Participation in social, recreational, and learning-oriented activities contributes to improved psychological well-being, life satisfaction, and functional health among older adults. Social participation also enables older persons to sustain meaningful roles, maintain social identity, and remain connected with wider community life (Provencher & Carbonneau, 2019). In the contexts observed in this study, community programmes provided elderly individuals with opportunities to learn new skills, discuss contemporary issues such as online safety, and remain connected with wider social developments. Participants often spoke of these sessions as moments of engagement that helped structure their weekly routines and provided a sense of purpose. Such structured activities not only strengthen interpersonal interaction but also contribute to improved self-rated health and mental well-being among older adults, reinforcing the value of community-based participation within active ageing frameworks (Zhou et al., 2025).

Despite these differences, the experiences across both types of service environments share an underlying commonality: elderly individuals evaluated quality through a combination of practical usefulness and relational experience. Whether in a mobile health camp in a slum settlement or a community activity session in a non-

slum neighbourhood, participants valued services that acknowledged their needs, treated them with dignity, and reduced the sense of vulnerability that can accompany ageing. Community-based elder care similarly shows that older adults' satisfaction with services is strongly shaped by the interpersonal dimensions of care—such as respect, empathy, and supportive interaction—alongside the practical effectiveness of the services provided (Kazemi & Kajonius, 2021). Wan et al. (2025) also demonstrate that community elderly care services contribute to well-being by offering social support and reducing stress and insecurity in later life, highlighting the importance of relational environments in shaping older adults' service experiences.

The contrast between the two service environments also highlights the adaptive nature of non-institutional social work interventions. In areas where basic healthcare access remains uneven, outreach-based services prioritize immediate medical needs and financial accessibility. In neighbourhoods where healthcare infrastructure is more readily available, programmes tend to focus on social participation, awareness, and mental well-being. Rather than representing competing approaches, these variations illustrate how non-institutional services respond to distinct socio-economic realities within the same city. Ageing in urban communities similarly indicates that community-based elderly programmes often combine health outreach, lifestyle counselling, and local monitoring in order to address gaps in formal healthcare systems and adapt to changing social needs among older adults (Bhan et al., 2017). At the same time, Muhammad et al. (2023) on social capital and ageing have shown that opportunities for social participation and community engagement significantly improve well-being among older persons, underscoring the importance of programmes that move beyond medical care to include social interaction and collective activities.

Urban ageing, particularly in large metropolitan centres such as Mumbai, unfolds within highly differentiated environments. Service systems that remain sensitive to these differences are better positioned to respond effectively to the diverse needs of elderly populations. Home- and community-based services have shown that older adults' perceptions of service quality—such as accessibility, provider availability, and interaction with service personnel—significantly shape their well-being and residential preferences, highlighting the importance of user-centred evaluation of care systems (Yang et al., 2026). Similarly, (Chu et al. 2023) on community elderly-care services indicate that satisfaction among older adults is strongly influenced not only by the availability of services but also by communication, supportive relationships, and the extent to which services address everyday needs and social participation. The findings presented in this chapter therefore suggest that perceived service quality cannot be assessed solely through infrastructure or programmatic design. Instead, it must be understood through the lived experiences of service users—the ways in which services reduce everyday difficulties, foster respectful interactions, and create spaces for engagement.

In this sense, the service environment becomes more than a physical setting. It functions as a social space where institutional intentions meet everyday realities. Community-based elderly services are embedded within neighbourhood contexts where accessibility, interaction with service providers, and the availability of supportive resources shape how older adults experience care in everyday life. Evidence suggests that home- and community-based services play a significant role in enhancing the life satisfaction of older adults, particularly by enabling them to remain connected to their social surroundings and maintain a sense of independence within familiar community settings (Chen et al., 2019). At the same time, community service systems can influence older adults' well-being by providing forms of social support that reduce stress and strengthen coping capacities in later life. Research demonstrates that community elderly care programs can improve subjective well-being by fostering supportive environments that mitigate age-related stressors and strengthen social support networks (Wan et al., 2025). The success of non-institutional social work services ultimately depends on how well this space accommodates the practical needs, emotional expectations, and social aspirations of older adults

navigating the complexities of urban life. Studies on community-based elderly care have similarly emphasized that older adults' engagement with services is strongly shaped by how well service models align with their daily realities, preferences, and social contexts rather than merely by the availability of programmes (Gong et al., 2022; Yang et al., 2025).

6.5 Access, Service Use, and Everyday Adaptation among Older Adults

Access to non-institutional social work services emerged as a central factor shaping how older adults engaged with support systems across the study areas. However, accessibility was not experienced merely in terms of geographical distance. For many elderly participants—particularly those living in slum settlements—access was embedded in everyday bodily realities: how far one could walk, how long one could stand, and the effort required to reach a service point. Ageing bodies, chronic illnesses, and financial limitations shaped whether services were perceived as practically reachable. Consequently, accessibility was often interpreted less in kilometres and more in terms of physical strain, time, and endurance. Research on ageing and service access similarly emphasizes that mobility limitations, chronic health conditions, and socioeconomic vulnerability strongly influence older adults' ability to reach and use services even when they are geographically available (Adhikari et al., 2024; Cabañero-Garcia et al., 2025). Accessibility for older persons is therefore not purely spatial but embodied and socially conditioned.

Within slum settlements, mobile medical services played a particularly important role in reshaping the experience of healthcare access. Instead of travelling to distant public hospitals or navigating overcrowded outpatient departments, elderly residents could consult doctors and obtain medicines within their own neighbourhoods. Participants frequently described this arrangement as relieving several practical barriers that had previously discouraged treatment seeking. One respondent captured this sentiment succinctly: "Doctor is good... I am satisfied... he answered whatever I asked." Such remarks highlight that accessibility involves more than the physical presence of services; it also includes the ease with which older adults can approach providers and receive attention without navigating complex institutional systems. Studies on community-based and mobile healthcare similarly show that bringing services closer to underserved urban populations reduces travel costs, waiting time, and bureaucratic barriers that often discourage healthcare use among slum residents (Murugan et al., 2024; Vohra & Thakur, 2022).

The reduction of waiting time emerged as another important dimension of accessibility. Long queues in government hospitals can be physically exhausting for older individuals, particularly those experiencing joint pain, breathing difficulties, or other chronic conditions. Mobile services allowed consultations to occur without prolonged waiting, thereby accommodating the physical limitations associated with ageing. Research indicates that lengthy waiting periods and physically demanding healthcare environments often discourage older adults from seeking care, making community-based service models particularly valuable (Harrison et al., 2022). Similarly, studies of mobile healthcare delivery demonstrate that locating services within communities significantly improves utilization among vulnerable populations by reducing logistical burdens such as travel and waiting (Song et al., 2014).

These outreach initiatives therefore performed an equalizing function in economically constrained environments. Many elderly residents in slum areas relied on irregular incomes, informal support networks, or limited family assistance. Under such circumstances, travelling to distant health facilities involved both financial cost and physical effort. By situating services within neighbourhood spaces, outreach programmes reduced these barriers and facilitated more consistent engagement with healthcare providers. Studies on urban ageing

emphasize that proximity to services strongly influences whether older adults seek assistance and maintain regular contact with care providers (Phillipson, 2013; Levasseur et al., 2015). Similarly, research on community-based elderly care shows that perceived distance from services significantly shapes older adults' willingness to utilize available support systems (Zhou et al., 2025).

At the same time, these mobile services typically operated with modest resources, providing basic consultations, essential medicines, and routine health checks. Although they could not substitute for comprehensive institutional healthcare, they addressed immediate needs and reduced the everyday strain associated with treatment seeking. For elderly individuals managing chronic conditions such as hypertension or diabetes, the availability of medicines within the settlement represented a tangible improvement in daily life. Community-based healthcare initiatives have similarly been shown to facilitate early detection of health problems and improve healthcare utilization among older populations living within community settings (Ma & Shen, 2023; Yang et al., 2025). Satisfaction with such services therefore often reflected the convenience and immediacy they provided rather than the sophistication of medical facilities (Liew, 2018; Zhou et al., 2021).

In non-slum neighbourhoods, however, the meaning of accessibility took a different form. Non-institutional services in these areas were commonly organized through community halls or neighbourhood centres and focused on activities such as recreational programmes, awareness sessions, and group discussions. Rather than addressing urgent survival needs, these initiatives aimed to foster social engagement and active ageing. Participation in structured activities such as health education, cultural events, and community discussions has been widely recognized as a means of enhancing social participation and well-being among older adults (Lin et al., 2023; Jones et al., 2023). Such programmes created opportunities for elderly residents to maintain social networks, exchange experiences with peers, and remain engaged with evolving aspects of contemporary life.

The contrast between the two settings illustrates that accessibility is a context-dependent concept. In slum settlements, proximity meant that essential services physically arrived within the neighbourhood through outreach initiatives. In non-slum areas, accessibility referred more to the availability of organized programmes that enabled participation in community life. While older adults in relatively stable neighbourhoods could generally rely on existing transport and infrastructure to attend activities, elderly residents in disadvantaged settlements often required services to be brought directly into their local environment. Studies on community outreach and home-based care similarly indicate that such localized interventions significantly reduce access barriers for older adults facing mobility limitations or difficulties navigating formal service systems (Muflih et al., 2024; Di & Wang, 2025).

Patterns of service use further reflected these contextual differences. In slum areas, engagement with services was frequently episodic and oriented toward immediate health needs. Limited financial resources, chronic illness, and everyday survival pressures meant that elderly residents often sought services when specific problems arose rather than through routine participation. Similar patterns have been documented in studies of urban slums in India, where older adults rely on irregular treatment seeking due to financial constraints and competing daily priorities (Murugan et al., 2024; Singh et al., 2022). Mobile outreach programmes therefore functioned as intermediary points within a broader network of care, linking vulnerable populations to the formal healthcare system while addressing routine health concerns locally (Seth et al., 2025; Patwardhan et al., 2023; Shin et al., 2020; Pluetrattanabha & Direksunthorn, 2025).

In contrast, service engagement in non-slum neighbourhoods was often shaped by personal interest and social networks rather than urgent material needs. Recreational programmes, group meetings, and awareness

sessions provided opportunities for older adults to maintain social connections and mitigate the risks of isolation associated with retirement and shrinking family networks. Studies on ageing and leisure participation suggest that such activities contribute significantly to quality of life by facilitating meaningful social interaction in later life (Provencher & Carbonneau, 2019; Jung et al., 2023). Participation in community-based programmes has also been shown to strengthen emotional well-being and reduce loneliness among older adults (Hwang et al., 2019; Jones et al., 2023).

Family arrangements and neighbourhood resources further shaped patterns of service engagement. Older adults living with supportive family members often relied on relatives for assistance with healthcare visits or daily errands, while those living alone tended to depend more heavily on nearby community services (Choi & DiNitto, 2021; Lim-Soh et al., 2021). The availability of community centres, outreach programmes, and neighbourhood networks also influenced opportunities for participation, reinforcing the importance of localized service infrastructures in supporting ageing populations (Veeroja et al., 2024; Sixsmith et al., 2023).

Taken together, these findings suggest that elderly engagement with non-institutional services represents a process of everyday adaptation rather than a uniform pattern of service use. Older adults selectively incorporate available services into their routines according to need, convenience, and perceived usefulness. Urban ageing research similarly emphasizes that the experience of later life is shaped by the interaction between individual circumstances and neighbourhood environments, including service accessibility, social infrastructure, and community networks (Phillipson, 2013; Padeiro et al., 2021; He et al., 2020). Understanding service use in this broader context therefore reveals how older adults navigate complex urban environments by integrating available support systems into their everyday coping strategies (Chen et al., 2026; Ho et al., 2023).

For social work practice and policy, these patterns highlight the importance of flexible and context-sensitive service models. Outreach programmes remain crucial in disadvantaged settlements where mobility constraints and financial barriers limit access to institutional care, while community-based activities play a vital role in supporting social participation and well-being in relatively stable neighbourhoods. Recognizing these varied realities allows social work interventions to respond more effectively to the heterogeneous experiences of ageing within cities such as Mumbai.

6.6 Social Workers as Intermediaries in Non-Institutional Service Systems

Within the evolving landscape of non-institutional services for the elderly, social workers occupy a central position as intermediaries who connect individuals with forms of assistance that might otherwise remain distant or inaccessible. Their contribution extends well beyond the administrative coordination of programmes. In everyday practice, social workers often become facilitators of communication, interpreters of institutional procedures, and sources of emotional reassurance for older persons navigating complex service environments. In fact, gerontological social work literature emphasizes that social workers frequently function as a crucial link between older adults, their families, and community-based services, helping them understand and access available resources (Rowan et al., 2011).

In urban settings such as Mumbai—where ageing unfolds alongside marked socio-spatial inequality—the presence of such intermediaries becomes particularly significant. Non-institutional services are frequently dispersed across different organizations, outreach initiatives, and community spaces. In this context, social workers help translate institutional intentions into practical support that elderly individuals can actually use. In this context, social workers help translate institutional intentions into practical support that elderly individuals can actually use. Their work often involves coordinating community resources, mediating between service

providers, and integrating multiple forms of care to ensure that older persons can effectively utilize available support systems (Hu, 2024)

In slum settlements, where outreach-based service models are more common, the role of social workers often begins with the organization of service delivery itself. Many health-related programmes operate through mobile medical units or temporary outreach points rather than fixed facilities. Social workers are therefore responsible for coordinating these visits, identifying appropriate locations within the community, and ensuring that elderly residents are informed about the schedule of services. Their work involves maintaining regular communication with local residents, reminding elderly individuals of upcoming visits, and helping manage the flow of participants when doctors or medical teams arrive. In these situations, the social worker functions as a bridge between professional service providers and the everyday rhythms of the settlement, facilitating access to care and strengthening the link between underserved populations and formal health systems (Waghela et al., 2018; Vora et al., 2024).

Such intermediary work becomes especially important when elderly participants have limited familiarity with formal service systems. Many older residents rely on verbal information shared within neighbourhood networks rather than written announcements or digital communication. Social workers therefore play an important role in ensuring that information about services reaches those who might otherwise remain excluded. By interacting regularly with elderly residents and their families, they help build the trust necessary for people to approach visiting service providers with confidence. These everyday interactions demonstrate how social work practice in outreach contexts often involves a combination of logistical coordination and relationship-building (Levasseur et al., 2020; Rauwerdink-Nijland et al., 2024). These studies show that older adults often depend on local social networks, personal invitations, and outreach workers to learn about and access services, while community workers function as connectors who link residents with organizations and reduce barriers to participation. Similarly, studies on community connector initiatives demonstrate that outreach workers and local volunteers play a bridging role by guiding older residents toward appropriate community resources and facilitating their engagement in social and support services (Giebel et al., 2022).

Participants' experiences also indicate that respectful communication between staff members and elderly users can strongly influence how services are perceived. When doctors, nurses, or social workers respond patiently to questions or explain medical instructions clearly, elderly participants often interpret these interactions as signs of care and recognition. In situations where material resources may be limited, such interpersonal exchanges acquire added significance. Studies on ageing services have similarly emphasized that perceived dignity and attentive communication can shape older persons' evaluations of care as strongly as technical service quality (Phillipson, 2013; Fuseini et al., 2023; Expósito-Jiménez et al., 2024). The presence of social workers who facilitate dialogue between elderly participants and visiting professionals can therefore contribute to a more supportive service atmosphere.

In contrast to the outreach-oriented programmes found in many slum areas, non-institutional services in non-slum neighbourhoods often operate through community halls or organized activity centres. Here the role of the social worker shifts from coordinating mobile service delivery to facilitating participation in community-based activities. Recreational programmes, awareness sessions, and group interactions form an important component of these initiatives. Social workers organize meetings, encourage elderly participants to share experiences, and help maintain a welcoming environment where individuals feel comfortable engaging with one another. Such community-based leisure and wellness programmes have been shown to enhance social participation and

strengthen interpersonal connections among older adults, thereby contributing to active and satisfying ageing (Provencher & Carbonneau, 2019; Weselman et al., 2023).

These spaces serve functions that go beyond simple leisure activities. Regular gatherings allow elderly participants to maintain social contact, exchange information about everyday challenges, and develop supportive relationships with peers. For individuals who may experience periods of loneliness after retirement or family transitions, such opportunities for interaction can become an important source of emotional well-being. Social workers contribute to this process by guiding discussions, introducing new activities, and ensuring that quieter participants are also included in conversations. In this sense, they help create environments where ageing individuals remain socially visible and actively engaged in community life. (Kotwal et al., 2021) and Morgan et al. (2021) indicate that social participation and peer-based interactions among older adults significantly reduce feelings of loneliness while strengthening social connectedness and psychological well-being.

Across both slum and non-slum contexts, social workers also assist elderly individuals in navigating administrative procedures associated with different forms of support. Accessing services may involve filling out forms, presenting identification documents, or understanding eligibility criteria. For elderly individuals who are unfamiliar with bureaucratic processes or who face literacy challenges, these requirements can become barriers. Social workers frequently provide practical assistance in completing paperwork, clarifying procedures, or directing participants toward additional services available through other organizations. Their role thus extends into areas of advocacy and guidance, helping elderly users negotiate systems that might otherwise appear distant or confusing. Such forms of support reflect the broader role of social workers as service navigators, who assist clients in identifying resources, interpreting administrative requirements, and connecting with appropriate services across institutional systems (Lee & Lee, 2022). Research on community-based elder care similarly highlights that older adults often encounter difficulties in understanding where and how to seek assistance within complex service systems, making intermediary guidance by professionals crucial for accessing support (Zhou et al., 2022).

The bridging function performed by social workers becomes particularly evident when elderly participants require assistance beyond the immediate programme being offered. An individual who attends a health camp, for example, may also need information about pension schemes, nutritional support, or referral to a specialized medical facility. In such cases, social workers often draw upon their knowledge of local service networks to guide individuals toward appropriate resources. By connecting different points within the broader service landscape, they help transform fragmented initiatives into more coherent pathways of support. Such referral and coordination roles are widely recognized in community-based ageing services, where professionals act as intermediaries linking older adults to health, welfare, and social support systems (Hwalek, 1981; Giebel et al., 2022). (Giebel et al., 2022) on community connector models further demonstrate that practitioners who actively guide older adults toward relevant services and activities help strengthen access to community resources and reduce gaps between different forms of care provision.

However, the effectiveness of these intermediary roles is closely linked to the organizational environments in which social workers operate. Limited staffing levels, irregular funding, and the absence of formal coordination between service providers can constrain the continuity of programmes. When institutional structures remain fragmented, social workers frequently depend on informal communication channels and personal initiative to maintain service connections. They may coordinate with local volunteers, community leaders, or other organizations through personal relationships rather than through established referral systems. Studies on

service coordination indicate that collaboration among providers often occurs through interpersonal relationships and informal linkages, especially when formal institutional mechanisms are weak or poorly developed (Bunger, 2010). Similarly, research on community social work networks highlights that practitioners frequently rely on social and professional networks to mobilize resources and sustain services across multiple agencies (Rodríguez-Alvarez, 2019). While such strategies can sustain services in the short term, they also reveal the structural fragility of many non-institutional service arrangements, which often operate through fragmented community resources, uneven accessibility, and limited institutional coordination (Clarfield et al., 2001; Zhang et al., 2025).

Scholars of community-based ageing programmes have long noted that frontline workers often compensate for gaps in formal systems through relational labour and improvisation (WHO, 2015). The experiences observed in this study reflect similar dynamics. Social workers frequently become the human link that holds together dispersed initiatives, translating institutional objectives into accessible forms of support. Research on integrated elder-care systems similarly shows that social workers act as key bridging actors who mediate between organisations, professionals, and service users, often ensuring coordination where institutional linkages remain weak (Power et al., 2022; Thomson & Chatterjee, 2024). Yet reliance on individual commitment alone cannot substitute for stable organizational frameworks, as fragmented systems and limited inter-agency coordination frequently shift the burden of integration onto frontline practitioners themselves (Power et al., 2022; Thomson & Chatterjee, 2024).

Recognizing the centrality of social workers within non-institutional service systems therefore carries important implications for policy and practice. Training programmes that strengthen skills in community engagement, gerontological care, and service coordination can enhance the effectiveness of these roles. Equally important is the provision of institutional support that enables social workers to operate within collaborative networks rather than isolated organizational structures. Stronger partnerships between municipal agencies, health providers, and community organizations could reduce fragmentation and allow social workers to focus more fully on facilitation and support rather than on compensating for systemic gaps. Research on integrated care for older adults highlights that social workers play a critical bridging role in multidisciplinary service systems, linking community resources and facilitating coordinated service delivery across health and social care sectors (Briggs et al., 2024; Chen et al., 2021).

Viewed in this light, social workers represent more than programme facilitators within non-institutional service environments. They embody a form of connective practice that links elderly individuals, community spaces, and institutional systems. Through everyday acts of communication, coordination, and guidance, they help transform dispersed services into meaningful experiences of care (Monterio et al., 2016; Rowan et al., 2011). Investing in this connective role is therefore essential for building ageing systems that remain responsive not only to demographic change but also to the lived realities of older persons in diverse urban contexts.

6.7 Non-Institutional Social Work Services in Urban Ageing: Pathways for Service Improvement

Non-institutional social work services have emerged as an important component of urban ageing support in India. Unlike institutional care arrangements such as old-age homes, these services operate within community settings and attempt to sustain the everyday lives of older persons within their own neighbourhoods. In rapidly urbanising cities, such services are particularly significant because they address the diverse needs of older populations who remain embedded within family and community environments rather than relocating to residential institutions.

The findings of this study show that non-institutional services are experienced differently by elderly persons depending on their socio-economic context. In slum areas, services such as mobile medical vans and doorstep ration delivery address immediate survival needs, particularly access to medicine and essential supplies. In contrast, in non-slum neighbourhoods, services tend to focus more on recreation, social participation, and digital literacy. These variations highlight the contextual nature of ageing experiences and the necessity of designing service systems that are responsive to local realities rather than relying on uniform models of elderly care.

At the same time, an important dimension of service quality emerges through the voices of elderly users themselves. The study indicates that older persons are not passive recipients of welfare interventions; rather, they actively reflect on how services can be improved. Their suggestions reveal practical insights into service design, communication, and participation. Recognising these perspectives is essential for strengthening non-institutional social work services and making them more responsive to user needs.

6.8.1 User Voice and Service Improvement

One of the most striking findings of the study is the extent to which elderly respondents articulated ideas for improving existing services. Across both slum and non-slum contexts, respondents expressed a desire for greater participation, better communication, and innovative approaches to service delivery. These suggestions reflect an emerging sense of agency among elderly service users and highlight the importance of incorporating their voices into programme design.

In slum communities, suggestions for improving mobile medical services frequently focused on the role of peer involvement. Many respondents felt that knowledgeable elderly volunteers could help organise services, guide other users, and support communication between service providers and community members. This suggestion indicates that elderly persons often perceive themselves not merely as beneficiaries but as potential contributors to service systems.

The importance of accessibility also emerged strongly in interviews with slum-area respondents. Several participants emphasised the convenience of mobile medical services, particularly because they reduce the need to travel long distances or wait in crowded facilities. One respondent explained in an interview that the service was valued because “there is no need to stand in the queue... the doctor asked properly what the problem is and gave medicines”. Such experiences highlight how seemingly small aspects of service design—such as proximity and waiting time—can significantly influence satisfaction.

Suggestions for technological improvements were also notable. Despite living in resource-constrained environments, some respondents proposed telemedicine facilities and video consultations with doctors. These ideas demonstrate that elderly individuals are open to technology-mediated healthcare if it enhances access and continuity of care. Rather than perceiving older persons as resistant to technological change, these findings indicate that many elderly users are willing to engage with digital tools when they are designed in accessible ways.

Another important area of improvement identified in slum communities relates to information dissemination. Respondents suggested that services such as ration distribution could be strengthened through better communication strategies, including mobile phone notifications and community announcements. The emphasis on communication suggests that satisfaction is not determined solely by the quality of the service itself but also

by the predictability and transparency of service delivery. When elderly users are informed about schedules and procedures, they are better able to plan their participation and avoid uncertainty.

6.8.2 Service Innovation in Non-Slum Contexts

In non-slum neighbourhoods, the nature of improvement suggestions reflects a different set of priorities. While basic service access is less of a concern in these settings, elderly respondents expressed interest in expanding opportunities for engagement, creativity, and learning. Recreational programmes and digital safety workshops were widely appreciated, yet respondents felt that these initiatives could be strengthened through more innovative and interactive formats.

Many respondents recommended introducing new types of indoor games and group activities that stimulate both physical and cognitive engagement. Recreation centres were seen not merely as spaces for entertainment but as important venues for maintaining mental alertness and social connection. In an interview, one participant observed that activities such as games and mind-stimulating exercises help keep older adults mentally active and engaged. Such perspectives highlight the growing importance of active ageing initiatives within urban middle-class contexts.

The involvement of elderly volunteers was again emphasised as a potential strategy for improving programme effectiveness. Respondents suggested that experienced participants could help facilitate activities, guide newcomers, and contribute ideas for programme development. This emphasis on peer leadership suggests that community-based services benefit from participatory structures where elderly individuals play meaningful roles in shaping activities.

Improvement suggestions also highlighted the importance of communication and outreach in non-slum areas. Respondents proposed the use of digital platforms and messaging systems to inform participants about upcoming programmes and learning opportunities. In particular, digital safety workshops were seen as highly relevant in an era where financial fraud and online scams increasingly target older adults. Timely information and structured training programmes were therefore viewed as essential for strengthening digital literacy and confidence among elderly users.

6.8.3 Expectations, Aspirations, and Satisfaction

An interesting pattern emerges when these improvement suggestions are examined alongside the statistical analysis of satisfaction levels. In slum areas, improvement-related variables did not significantly influence satisfaction with either mobile medical services ($F = 0.174$, $p = 0.972$) or doorstep ration services ($F = 0.310$, $p = 0.818$). This suggests that although elderly respondents articulated several ideas for enhancing services, their overall evaluation of these services was primarily shaped by their immediate utility rather than by expectations of future improvement.

In other words, satisfaction in slum communities tends to be grounded in practical outcomes such as access to medicines, reduced travel, and financial relief. For many respondents, the availability of basic healthcare support itself represents a significant improvement in their everyday lives. As one participant explained in an interview, accessing medicines through the mobile medical van reduces the need to spend money on private treatment, which would otherwise be unaffordable. Such experiences illustrate how satisfaction in resource-constrained settings is closely tied to functional benefits that directly address survival needs.

In non-slum areas, improvement suggestions similarly did not produce statistically significant differences in satisfaction for recreation services ($F = 2.068$, $p = 0.107$) or digital safety services ($F = 1.574$, $p = 0.212$). However, the pattern of responses reveals a slightly different orientation. Mean satisfaction scores were highest among respondents who suggested innovative activities such as indoor games and volunteer-led initiatives. This suggests that while current services are generally well-received, elderly participants in non-slum settings view them as platforms for further enrichment and creativity.

6.8.4 Toward Responsive Non-Institutional Services

Taken together, these findings illustrate that satisfaction among elderly service users is shaped by the interaction between service design, provider behaviour, and the broader socio-economic context. In slum communities, satisfaction is closely linked to accessibility, reliability, and the ability of services to meet essential health and livelihood needs. In non-slum neighbourhoods, satisfaction expands beyond adequacy to include opportunities for participation, learning, and social engagement.

These insights have important implications for the future development of non-institutional social work services. First, incorporating user feedback mechanisms can significantly enhance service responsiveness. Structured opportunities for elderly users to share suggestions—through meetings, surveys, or volunteer roles—can help ensure that programmes evolve in line with changing needs.

Second, strengthening communication systems is essential across both contexts. Clear information about service schedules, eligibility, and programme content can improve participation and reduce uncertainty among elderly users.

Third, encouraging peer involvement through volunteer networks can strengthen the sustainability of community-based programmes. When elderly individuals participate as facilitators, mentors, or organisers, services become more participatory and locally embedded.

Ultimately, these findings highlight that non-institutional services function most effectively when elderly people are recognised not only as beneficiaries but also as active stakeholders in the service process. Designing programmes that acknowledge this agency can contribute to more inclusive, responsive, and dignified approaches to urban ageing.

CHAPTER 7- STUDY IMPLICATIONS

POLICY, ACADEMIC, AND SOCIETAL IMPLICATIONS

7.1 Introduction

The preceding chapters documented how older persons in Mumbai navigate non-institutional social work services and how they interpret their experiences of support, care, and recognition. This chapter shifts the focus from description to implication. It asks a larger question: What do these findings mean for a city that is ageing rapidly, unequally, and unevenly? In doing so, it situates elderly satisfaction not as a narrow service outcome, but as an indicator of how urban systems respond to vulnerability, dependence, and dignity in later life.

Mumbai represents a complex site for studying ageing. It is a city marked by stark spatial contrasts—between formal housing and informal settlements, between resource-rich neighbourhoods and marginalized communities. Ageing within such a city is shaped not only by biological transitions but also by housing precarity, shrinking family structures, migration, and uneven access to welfare (Kumar, 2003; Subaiya & Bansod, 2011). As India moves through a demographic transition, the proportion of older persons is steadily increasing, and urban centres are absorbing a growing share of this population (United Nations, 2022). In this context, the performance of non-institutional social work services—community-based programmes, outreach support, pension facilitation, counselling, and day-care initiatives—becomes critical. These services often function as the first and sometimes only formal interface between the elderly and the welfare state (Buffel & Phillipson, 2017).

The findings presented earlier revealed that elderly satisfaction is not a simple reflection of service efficiency. Instead, it is shaped by layered factors: socio-economic location, expectations, interpersonal treatment, accessibility, and the mediating role of social workers. Comparative evidence from slum and non-slum areas showed that while utilization patterns differ significantly, reported satisfaction does not always follow predictable lines. In several cases, older persons from resource-constrained settings expressed high satisfaction despite limited-service intensity. Conversely, respondents from relatively stable neighbourhoods sometimes articulated dissatisfaction even when services were more structured. This “satisfaction paradox” echoes gerontological debates suggesting that satisfaction is deeply contextual and influenced by adaptive expectations and social comparison processes (Bowling, 2005; George, 2010; Hansen et al., 2008).

Such findings demand careful interpretation. Satisfaction cannot be read uncritically as proof of adequacy. Older persons living in conditions of long-term deprivation may normalize minimal support, interpreting respectful interaction as sufficient benefit. Meanwhile, those with greater exposure to formal systems may evaluate services against higher benchmarks. Urban inequality therefore shapes not only access to services but also the standards against which services are judged (Phillipson & Grenier, 2021). This insight is especially relevant in Mumbai, where spatial segregation and informal housing conditions influence daily mobility, health risks, and information flows (Nagesh et al., 2024).

The chapter also draws implications from patterns of service utilization. Evidence showed that awareness, proximity, and trust strongly determine whether elderly persons approach non-institutional services. Social workers often act as mediators—interpreting eligibility norms, translating bureaucratic language, and negotiating with families. Their relational role significantly influences satisfaction levels, reinforcing the idea that service

environments are social spaces rather than mere delivery points (Beresford, 2013). Thus, institutional responsiveness cannot be separated from interpersonal ethics.

Equally important are the silences within the data. Some elderly respondents refrained from criticism, hesitated to articulate unmet needs, or framed dissatisfaction indirectly. Such silences may reflect dependency, fear of losing benefits, or internalized gratitude. Recognizing these muted voices is crucial, particularly in societies where older persons may prioritize harmony over confrontation (Lamb, 2009). The absence of complaint, therefore, should not be equated with the absence of need.

This chapter moves beyond empirical findings to examine what the study reveals for policy design, social work practice, academic knowledge, and urban society in the context of ageing cities. By integrating comparative slum–non-slum evidence, utilization trends, satisfaction paradoxes, and the expressed—and unexpressed—experiences of older adults, the discussion seeks to reposition elderly satisfaction as a lens through which the inclusiveness and responsiveness of urban welfare systems can be assessed. In rapidly ageing Indian cities, the question is not only whether services exist, but whether they affirm dignity, reduce inequality, and enable older persons to remain visible participants in urban life

7.2 Policy Implications

7.2.1 Reframing elderly welfare governance

Urban ageing presents one of the most complex governance challenges for contemporary Indian cities. As demographic ageing accelerates alongside widening socio-economic inequalities, existing welfare frameworks increasingly struggle to respond to the differentiated realities of older persons (Sonune & Ugargol, 2025). This study, grounded in empirical evidence from Mumbai, demonstrates that elderly welfare cannot be addressed through uniform policy design. Instead, it demands context-sensitive governance that recognizes variation in survival needs, service use, expectations, and lived vulnerability.

The policy implications outlined in this section do not merely suggest incremental reforms. They call for a conceptual shift—from welfare provision understood as a standardized entitlement to ageing governance understood as a layered, integrated, and dignity-centred system. Contemporary scholarship increasingly emphasizes that ageing policy must move beyond uniform welfare frameworks toward governance models that integrate community services, autonomy, and structural determinants shaping older adults' ability to age with dignity (Charette, 2025).

Drawing on comparative slum and non-slum evidence, utilization patterns, and satisfaction paradoxes, this section argues that elderly welfare policy must move beyond coverage statistics and adopt frameworks that respond to how older people actually experience urban services.

7.2.2 From uniform policy to context-sensitive ageing frameworks

Indian ageing policy has historically approached older persons as a largely homogenous category, defined primarily by age thresholds rather than lived conditions. National and state-level programmes often assume that elderly needs are broadly similar, differing only in scale rather than nature (Rajan & Mishra., 2014). While such an approach simplifies administration, it obscures critical differences in how ageing is experienced across urban spaces.

The findings of this study challenge this assumption directly. Elderly residents in slum areas engage with non-institutional services primarily as survival mechanisms. Access to food rations, mobile medical units, and doorstep services often determines daily subsistence rather than comfort or enrichment. In contrast, elderly persons in non-slum areas interact with services in ways that reflect continuity, prevention, and quality-of-life concerns—such as recreation, digital learning, and social engagement. These differences are not marginal; they shape how services are valued, used, and evaluated.

Uniform policy frameworks fail to capture this contextual ageing. When a single programme design is applied across heterogeneous urban populations, it risks being simultaneously inadequate for the most vulnerable and irrelevant for those with higher functional capacity. This mismatch partly explains why satisfaction levels appear paradoxically high in resource-poor settings and more critical in relatively stable neighbourhoods. Satisfaction, in such cases, reflects adaptation rather than adequacy (Yan et al., 2014).

Policy design must therefore move away from the notion of “one elderly policy” toward layered urban ageing strategies. Survival-based services—such as nutrition, primary health access, and doorstep delivery—require prioritization in informal settlements where mobility, income, and family support are constrained. At the same time, enrichment-based services—focused on mental well-being, social participation, and lifelong learning—are more relevant in non-slum contexts where basic needs are largely met (Muhammad et al., 2022).

This does not imply segregated welfare systems but differentiated policy emphasis within a unified framework. Context-sensitive ageing policy acknowledges that equity does not mean sameness. Instead, it means allocating resources and designing services in ways that respond to unequal starting points (Sen, 2009) and life-course analyses of inequality in ageing which is a way to study how inequalities accumulate over a person’s entire life and affect experiences in old age (Foster & Walker, 2021). Even if policies are labelled as “inclusive” or “for all older adults,” treating everyone the same way ignores the real differences in needs, resources, and disadvantages that exist among elderly people in different social, economic, and spatial contexts (Bolster-Foucault et al., 2024).

7.2.3 Accessibility as a policy right, not a welfare add-on

One of the clearest messages emerging from this study concerns accessibility. Services that exist on paper often remain functionally absent in practice due to physical, temporal, or logistical barriers. Elderly respondents repeatedly highlighted challenges related to waiting times, distance to service points, transport costs, and the physical strain of travel. These barriers were particularly pronounced among those with chronic illness, mobility limitations, or limited family support, reflecting broader evidence that transportation constraints and service accessibility significantly shape older adults’ ability to utilize health and social services (Syed et al., 2013).

Current policy discourse tends to frame accessibility as an operational concern—something to be addressed if resources permit. Doorstep ration delivery and mobile medical units, for example, are frequently treated as supplementary arrangements rather than core components of service design. Yet the findings suggest that for many elderly persons, especially in slum areas, accessibility determines whether a service can be used at all. Elderly slum dwellers in India show that distance, mobility limitations, and the need for transportation significantly constrain their ability to reach health facilities, meaning that services often remain inaccessible despite their formal availability (Saxena & Chauhan, 2016).

From a policy perspective, accessibility must be reframed as dignity infrastructure. If a service is technically available but physically unreachable, it cannot be considered a meaningful entitlement. This aligns with rights-

based approaches to social welfare, which emphasize that access conditions are integral to justice, not optional enhancements (Deacon, 2013).

Recognizing accessibility as a policy right has several implications. First, service design must account for age-related decline in mobility and endurance. Second, delivery models should prioritize proximity and outreach rather than expecting elderly persons to adapt to rigid institutional schedules. Third, transport support must be viewed as an enabling mechanism rather than a discretionary benefit, as improved accessibility significantly increases service utilization and enhances elderly well-being (Di & Wang, 2025).

Such a reframing also shifts accountability. When accessibility is treated as charity, gaps are normalized. When it is treated as a right, barriers become policy failures requiring redress. In rapidly ageing cities, this distinction is crucial for ensuring that non-institutional services do not inadvertently exclude those they are meant to support (Grenier & Phillipson, 2018).

7.2.4 Reframing satisfaction metrics in government evaluation

Government monitoring systems frequently rely on satisfaction indicators to evaluate service performance. While satisfaction data is valuable, this study demonstrates its limitations when used in isolation. High satisfaction scores, particularly among economically vulnerable elderly populations, often coexist with clear deficits in service adequacy, continuity, and choice (Willis et al., 2015).

The findings indicate that gratitude frequently masks deprivation. Elderly persons who have experienced prolonged scarcity may evaluate services against minimal expectations, interpreting respectful interaction or occasional support as sufficient. Fear of losing access, dependence on social workers, and cultural norms discouraging complaint further suppress critical feedback. As a result, satisfaction metrics may reflect adaptive coping rather than service quality (Meiners, 2025; Hansen & Slagsvold, 2012).

Policy evaluation frameworks must therefore move beyond satisfaction as a standalone indicator. Satisfaction data should be triangulated with qualitative and structural measures, including service adequacy, continuity of care, user choice, and opportunities for participation. Without such triangulation, monitoring systems risk rewarding minimal provision and overlooking systemic weaknesses (Beresford, 2012).

Incorporating qualitative indicators—such as narrative feedback, case tracking, and participatory reviews—allows policymakers to capture dimensions of experience that standardized surveys miss. These tools are particularly important in ageing governance, where vulnerability often limits direct articulation of dissatisfaction (Savage et al., 2021).

Reframing satisfaction metrics does not mean abandoning them. Rather, it means situating them within a broader evaluative framework that recognizes the power dynamics shaping how older persons express approval or critique. Such an approach aligns evaluation practices with the ethical foundations of social welfare (Kazemi & Kajonius, 2020)

7.2.5 Integration across departments and actors

A final and critical policy implication concerns institutional fragmentation. The study highlights persistent disconnects between government departments, NGOs, and service providers. Health services, food security initiatives, digital literacy programmes, and recreational services often operate in silos, with limited data sharing

or referral mechanisms. As a result, elderly persons move between systems without continuity of care (Chiu et al., 2019).

Fragmentation leads to missed opportunities. An elderly person accessing a mobile medical unit may not be informed about nutrition support or digital safety training. NGOs delivering services often compensate for gaps informally, but such efforts depend on individual initiative rather than institutional design. Over time, this places unsustainable burdens on frontline workers and undermines system coherence (Orrell et al., 2019).

Urban ageing requires inter-sectoral coordination rather than isolated schemes. Policy frameworks must enable information sharing, referral networks, and collaborative planning across departments and actors. Integrated ageing governance recognizes that elderly needs are interconnected, not compartmentalized (Zhang & Loukaitou-Sideris, 2026).

From a policy standpoint, integration is not merely administrative efficiency—it is a condition for meaningful impact. Without coordination, even well-designed programmes fail to translate into holistic support. In ageing cities, governance must therefore shift from fragmented delivery to networked care systems that place the elderly person—not the scheme—at the centre (Araujo de Carvalho et al., 2017).

7.3 Implications for social work practice

7.3.1 Rethinking professional roles in non-institutional settings

The findings of this study point to a crucial reality: in non-institutional settings, social workers often become the visible face of the welfare system. For many older persons, particularly those navigating poverty, limited literacy, or fragile family support, the social worker is not simply a programme representative but the primary interpreter of state support. This section reflects on what such a position demands from the profession. Rather than reiterating empirical findings, it translates them into implications for how social work roles must evolve in rapidly ageing urban contexts (Tanner et al., 2025).

Non-institutional settings—community centres, outreach programmes, home visits, mobile units—operate in fluid and unpredictable environments. Unlike institutional care, they lack tightly structured boundaries. This flexibility creates opportunities for relational engagement but also places greater ethical and professional responsibility on practitioners. In cities marked by inequality, social workers must negotiate between policy mandates and lived vulnerability. The implications below argue for a shift in how professional competence is understood and supported (Abu-Rayya et al., 2021).

7.3.2 Social workers as system navigators, not just service providers

The study reveals that elderly respondents frequently rely on social workers not only for service delivery but for guidance through complex welfare systems. Application procedures, eligibility norms, documentation requirements, and departmental divisions often appear opaque to older persons. In such contexts, the social worker becomes a navigator—someone who translates bureaucratic language into accessible information and connects fragmented services (Lee & Lee, 2022).

This expanded role aligns with contemporary understandings of social work as brokerage and advocacy within welfare states (Payne, 2014). However, the findings suggest that navigation is not merely a technical task. It is

relational and trust based. Elderly participants repeatedly emphasized that their confidence in accessing services depended on their relationship with individual workers. Trust frequently compensated for systemic weakness. When institutional clarity was lacking, personal rapport filled the gap (Soukiala & Pietilä, 2024).

While such relational reliance is valuable, it also exposes structural fragility. Systems that depend excessively on individual goodwill risk inconsistency and burnout. Therefore, practice frameworks must formally recognize navigation as a core professional function rather than an informal extension of service delivery (Franklin et al., 2022).

To fulfil this role effectively, social workers require strengthened advocacy skills. Advocacy here involves more than representing individual grievances; it includes negotiating with departments, challenging procedural delays, and articulating systemic barriers affecting elderly clients (Healy, 2014). Referral coordination capacity is equally critical. Given the fragmented nature of urban welfare, practitioners must maintain updated knowledge of available schemes and cultivate cross-sector networks (Bunger, 2010).

Finally, ethical decision-making autonomy becomes essential. Non-institutional settings often present ambiguous situations—balancing fairness with urgency, navigating resource scarcity, and mediating family conflicts. Rigid proceduralism may fail to address these complexities. Professional autonomy, grounded in ethical principles, allows social workers to respond contextually while upholding accountability (Banks, 2012; Sobočan et al., 2020).

Reframing social workers as system navigators recognizes that ageing governance is not only about services but about enabling elderly persons to move through institutional landscapes with confidence and clarity (Browne et al., 2015).

7.3.3 Ethical practice over technical efficiency

Another strong implication concerns the centrality of ethical conduct in shaping elderly experience. Participants consistently highlighted qualities such as respect, patience, attentive listening, and continuity of staff. These dimensions were often valued as highly as material assistance. Such responses underscore that service encounters are moral encounters (Bolmsjö et al., 2006).

In managerial policy environments, efficiency indicators—number of beneficiaries served, speed of processing, coverage targets—frequently dominate evaluation systems. While efficiency is necessary for sustainability, the findings indicate that technical delivery without ethical grounding can undermine the perceived value of services. An efficiently processed application delivered with dismissiveness erodes dignity. Conversely, modest assistance delivered with respect can affirm self-worth (Schmidt, 2022).

This observation resonates with ethical frameworks in social work that position dignity and worth of the person as foundational principles (Banks, 2012; Reamer, 2022). Older persons, particularly those facing declining autonomy, are acutely sensitive to tone, body language, and continuity of interaction. Frequent staff turnover or rushed communication disrupts relational trust and may contribute to silent dissatisfaction (Wanko Keutchafo et al., 2020).

Continuity of staff emerged as especially significant. When elderly individuals interact with familiar practitioners, they are more likely to disclose concerns, seek clarification, and express vulnerability. Stable relationships enable preventive engagement rather than crisis-driven intervention. Therefore, workforce policies that minimize

turnover and support manageable caseloads are not merely administrative concerns; they are ethical necessities (Dyer et al., 2022).

The implication for practice is clear: professional training and supervision must emphasize reflective ethics alongside procedural competence. Communication skills, empathy development, and cultural sensitivity should not be treated as soft skills secondary to documentation accuracy. They are integral to service impact (Stanley & Bhuvaneswari, 2020).

By foregrounding ethical practice, social work reclaims its humanistic core. In ageing contexts, where dependency may heighten feelings of invisibility, respectful engagement becomes a direct contributor to well-being. Moral practice, therefore, is not an abstract ideal; it shapes how elderly persons interpret their place within social systems (Ward & Barnes, 2016).

7.3.4 Addressing passive beneficiary culture

A further implication concerns the culture of passive beneficiary hood observed in several interactions. Some elderly respondents hesitated to articulate dissatisfaction or avoided complaint for fear of jeopardizing access to services. Others framed concerns indirectly or expressed gratitude even while describing unmet needs. Such patterns reflect power asymmetries inherent in welfare relationships (Oude Geerdink et al., 2023).

When beneficiaries perceive services as discretionary rather than rights-based, participation becomes muted. This dynamic has been widely documented in user involvement research, which cautions that gratitude can silence critique (Beresford, 2012). In ageing contexts, generational norms emphasizing deference to authority may intensify this tendency (Sánchez-García et al., 2022).

For social work practice, this presents both ethical and strategic challenges. Practitioners cannot assume that absence of complaint indicates contentment. Instead, they must actively create safe channels for feedback. This includes explicitly inviting critique, reassuring clients that services are entitlements rather than favours, and separating feedback mechanisms from individual gatekeepers (Lee et al., 2019).

Protecting elderly voices requires intentional design. Confidential feedback processes, participatory meetings, and advisory groups of service users can institutionalize participation in non-institutional settings. Such structures reduce dependence on informal expression, i.e. occasional feedback or complaint and shift power balances incrementally. Formal mechanisms like feedback forms, advisory groups, or participatory meetings systematically capture everyone's input, giving elderly a voice in shaping services, even if gradually (Kolade et al., 2024). Arnstein's (1969) ladder of participation, though developed in a different era, remains instructive in distinguishing token consultation from meaningful involvement.

Moreover, social workers must cultivate critical reflexivity regarding their own authority. Reflective practice helps identify subtle ways in which professional behaviour may discourage dissent. Supervision structures should therefore include discussion of power dynamics and strategies for empowerment (Watts & Hodgson, 2019).

Transforming passive beneficiary culture into participatory engagement strengthens both practice and policy. When elderly persons articulate needs confidently, services become more responsive and adaptive. Participation also affirms citizenship, reinforcing the idea that ageing does not diminish voice (Francés-García et al., 2025).

Taken together, these implications call for a reorientation of social work practice in non-institutional ageing services. The profession must expand its understanding of competence beyond service delivery metrics. Social workers are navigators within fragmented systems, ethical actors whose conduct shapes dignity, and facilitators of participation in contexts where silence often masks need (Richardson & Barusch, 2006).

In rapidly ageing urban environments, such as those examined in this study, professional roles must be supported by training, supervision, and policy recognition that reflect this complexity. Strengthening advocacy capacity, embedding ethical reflection, and institutionalizing participation are not optional enhancements—they are central to responsive ageing practice (Barusch, 2013).

7.4 Academic implications

7.4.1 Contributions to gerontology and social work knowledge

The empirical chapters of this monograph were designed to illuminate how older persons experience non-institutional social work services within an unequal urban environment. However, the significance of the study extends beyond its immediate findings. It contributes to ongoing scholarly debates in gerontology, social work, and urban social policy by rethinking how satisfaction is conceptualized, how ageing is methodologically studied in stratified cities, and how Indian urban ageing scholarship can move beyond institutional and demographic framings. This section outlines these academic contributions.

7.4.2 Conceptual contribution: Satisfaction as a multidimensional Construct

Much of the existing literature treats service satisfaction as a measurable outcome linked to performance indicators, efficiency, or quality assurance frameworks. Satisfaction is often conceptualized as a relatively linear construct: services are delivered, expectations are met or unmet, and users report corresponding levels of approval (Bowling, 2005). While such models are analytically convenient, they can obscure the social and relational dynamics that shape how satisfaction is formed and expressed.

This study demonstrates that satisfaction among older persons is multidimensional. First, it is deeply contextual. Older adults living in economically precarious environments often evaluate services in relation to survival concerns. In such contexts, minimal assistance may generate high reported satisfaction because it addresses urgent needs. Conversely, older persons in more stable neighbourhoods may assess services against higher expectations shaped by previous exposure to institutional systems. Satisfaction therefore cannot be separated from socio-economic location and urban inequality (Phillipson, 2013).

Second, satisfaction is relational. The findings highlight the central role of interpersonal interactions—respectful communication, continuity of staff, and perceived empathy—in shaping positive evaluations. This aligns with research in social gerontology suggesting that subjective well-being in later life is closely linked to perceived social support and recognition (George, 2010). Service encounters are not neutral transactions; they are social relationships in which dignity is affirmed or undermined.

Third, satisfaction is expectation-based. Older persons interpret services through adaptive frames shaped by life course experiences. Individuals who have lived through prolonged deprivation may calibrate expectations downward, expressing contentment with modest support (Travers et al., 2022). This phenomenon resonates with Sen's (2009) argument regarding adaptive preferences, where disadvantaged groups adjust aspirations to constrained circumstances. Satisfaction, in this sense, may conceal structural inadequacies.

Finally, satisfaction is historically shaped. Older cohorts carry memories of past welfare regimes, family structures, and state-citizen relations. These historical experiences influence how current services are evaluated. In India, where social protection systems have expanded unevenly over recent decades, generational memory informs whether contemporary services are viewed as progress, entitlement, or benevolence (Rajan & Kumar, 2003; Pellissery, 2020).

By integrating these dimensions, the study moves beyond linear satisfaction models which assume a simple cause-and-effect: for example, *if service quality improves → satisfaction increases proportionally*. It proposes a framework in which satisfaction is understood as an interaction between structural context (e.g. access to services, infrastructure, policies, neighbourhood conditions), relational dynamics (e.g. service providers, family, peers—how people are treated and supported), expectation formation (i.e. elderly's expectation from services based on previous experiences), and historical experience (i.e. life history, prior experiences with services or institutions, cultural background, and personal history that shape how satisfaction is perceived). This multidimensional conceptualization enriches both gerontological theory and service evaluation research, cautioning scholars against interpreting satisfaction scores as straightforward indicators of quality (Bhattacharyya et al., 2022).

7.4.4 Methodological contribution

In addition to its conceptual insights, this monograph offers methodological contributions relevant to urban studies and social policy research. A key strength lies in its comparative slum–non-slum design. Urban research often treats cities as unified entities, overlooking internal stratification. By systematically examining elderly experiences across contrasting neighbourhood types, the study foregrounds spatial inequality as an analytical category.

Comparative urban ageing research remains limited in the Indian context. Much scholarship focuses either on rural ageing or on aggregate urban data without intra-city differentiation (Subaiya & Bansod, 2011). By juxtaposing informal and formal settlements, this study demonstrates how place shapes access, expectations, and satisfaction. This approach can be extended to other metropolitan contexts where socio-spatial segmentation influences welfare experiences.

The study also advances methodological practice through its mixed interpretation of statistical findings. Quantitative data on utilization patterns and satisfaction levels were not treated as self-explanatory. Instead, they were interpreted alongside qualitative insights to explore contradictions and paradoxes. For instance, high satisfaction in low-resource areas was examined critically rather than celebrated uncritically. This layered interpretation strengthens validity by situating numerical trends within lived narratives.

Furthermore, the use of utilization patterns as social indicators represents an innovative methodological strategy. Patterns of attendance, frequency of service contact, and reliance on specific programmes were analyzed not merely as administrative data but as reflections of structural vulnerability. Utilization becomes a proxy for social need, mobility constraints, and trust in institutions. Such an approach broadens the analytical utility of routine service data in gerontology and social policy research (Hong, 2010).

For urban studies, this methodology underscores the importance of disaggregated analysis within cities. For gerontology, it demonstrates how ageing experiences are embedded in spatial and institutional arrangements (Nagesh et al., 2024). For social policy research, it models how mixed-method interpretation can reveal deeper meanings within standard evaluation metrics.

7.4.5 Expanding Indian urban ageing scholarship

Indian ageing scholarship has grown substantially in recent years, yet it often remains anchored in demographic projections, family change narratives, or institutional care debates (Rajan et al., 2016). Non-institutional community-based services—despite their increasing prominence—receive comparatively limited scholarly attention. This monograph addresses that gap by centering non-institutional social work services as a primary site of ageing experience.

By focusing on community-based programmes, outreach initiatives, and everyday service interactions, the study highlights the spaces where older persons most frequently encounter formal support systems. These settings differ significantly from residential institutions; they are embedded within neighbourhood life and shaped by local dynamics. Bringing such spaces into academic analysis broadens the scope of Indian gerontology beyond institutional care models.

The study also contributes by amplifying voices of under-researched urban elderly populations, particularly those residing in informal settlements. Urban ageing research in India often privileges middle-class experiences or relies on national datasets that mask intra-urban disparities. By foregrounding lived narratives from diverse socio-economic contexts, the monograph enriches understanding of how ageing unfolds within unequal cities.

Importantly, the research bridges policy, practice, and lived experience. Rather than treating these domains separately, it demonstrates their interdependence. Policy frameworks shape service design; social workers interpret and implement these policies; elderly individuals experience and evaluate them. This integrative perspective aligns with interdisciplinary calls within social work scholarship to connect macro structures with micro interactions (Payne, 2014).

In doing so, the monograph contributes to a more grounded and contextually sensitive urban gerontology in India. It encourages scholars to examine not only how many older persons live in cities, but how they navigate everyday systems of support, how they interpret state engagement, and how inequality reshapes ageing trajectories.

The academic contributions of this study lie in its reconceptualization of satisfaction, its comparative and mixed-method design, and its expansion of Indian urban ageing scholarship. By presenting satisfaction as contextual, relational, expectation-based, and historically shaped, the research challenges reductive evaluation models that simplify complex phenomena into a single or very limited set of measures, ignoring context, relationships, history, or expectations. In other words, they reduce a multifaceted experience—like satisfaction—down to something measurable in only one way, often using numbers or scores, without capturing the deeper, dynamic, or relational aspects (Tikkanen et al., 2000). By employing spatial comparison and interpretive analysis of utilization data, it advances methodological tools for studying ageing in stratified cities. And by centering non-institutional services and marginalized urban elderly voices, it broadens the terrain of gerontological inquiry in India (Vaz et al., 2024).

Together, these contributions invite scholars to approach urban ageing not merely as a demographic trend, but as a socially embedded process shaped by space, institutions, and relationships.

7.5 Societal Implications

7.5.1 Ageing, Dignity, and Urban Citizenship

Urban ageing is not only a policy or service delivery concern; it is a deeply societal issue that reflects how cities value, include, or marginalize older people. The findings of this monograph reveal that elderly satisfaction with non-institutional social work services in Mumbai is shaped as much by social norms, power relations, and collective attitudes as by formal systems of care. This section interprets those findings to reflect on broader societal implications, focusing on citizenship, expectations, and intergenerational responsibility in rapidly transforming urban spaces.

7.5.2 Elderly as Urban Citizens, Not Dependents

A striking insight from the study is the way older persons position themselves in relation to services. Across both slum and non-slum areas, expressions of gratitude frequently replaced claims of entitlement. Elderly respondents often framed services as favours or kindness rather than as rights. Silence, hesitation, and emotional restraint were commonly observed, even when services were inadequate or irregular. This pattern has profound societal implications, reflecting how older adults in contexts of economic and social insecurity may internalize dependency and hesitate to assert welfare rights, instead expressing appreciation for even limited assistance (Vera-Sanso, 2010).

From a citizenship perspective, older persons are not merely service recipients; they are long-term contributors to the social, economic, and cultural life of the city. Many have spent decades building urban neighbourhoods through labor, caregiving, and community participation. Yet, in later life, their relationship with the city appears to shift from one of membership to one of dependency. This transition is not natural or inevitable; it is socially produced through narratives that portray ageing as burden and care as charity (Phillipson, 2013).

The findings suggest that elderly individuals internalize these narratives. When gratitude replaces entitlement, it reflects not contentment but constrained agency. Older people learn that questioning services may be perceived as ingratitude, especially in contexts where resources are scarce. This reinforces a moral hierarchy in which providers are positioned as benefactors and elderly users as passive recipients. Such dynamics undermine the idea of older adults as full urban citizens with legitimate claims on public and community resources (Tanner et al., 2024).

Reframing ageing as a citizenship issue requires a societal shift in how rights are understood across the life course. Citizenship does not diminish with age; rather, it requires renewed protection as physical, economic, and social vulnerabilities increase (Lister, 2007). When cities fail to recognize elderly persons as rights-bearing citizens, exclusion becomes normalized. The societal implication, therefore, is the need to move beyond compassion-based approaches toward rights-based urban ageing cultures that affirm voice, participation, and dignity.

7.5.3 Normalization of low expectations

Another critical societal implication emerging from the study is the normalization of low expectations among older persons. The theme of “hope versus resignation” runs through elderly narratives across service types and locations (Frost et al., 2019). While respondents articulated suggestions for improvement—such as better

timings, more outreach, or additional staff—these demands remained modest and carefully framed. Many elderly participants explicitly stated that they did not want to “ask for too much.”

This restrained articulation of needs reflects a broader social conditioning. Over time, repeated exposure to limited services, bureaucratic hurdles, and uneven responsiveness leads older persons to adjust expectations downward. This phenomenon aligns with the concept of adaptive preferences, where individuals recalibrate aspirations to cope with structural constraints (Sen, 2009). While such adaptation may help individuals maintain emotional stability, it carries serious societal consequences.

Low expectations stabilize poor systems. When elderly users express satisfaction with minimal or inconsistent services, institutions face little pressure to improve. Society, in turn, learns to accept inadequate care for older people as normal or unavoidable. The moral urgency to invest in quality ageing systems weakens when deprivation is masked by gratitude and resilience (Roder-De Wan et al., 2019).

This normalization process is particularly evident in urban contexts marked by inequality. In slum areas, where survival needs dominate, minimal interventions are often perceived as sufficient. In non-slum areas, while expectations are higher, dissatisfaction is still tempered by social norms of patience and self-restraint in later life. Across contexts, ageing becomes associated with acceptance rather than entitlement (Attafuah et al., 2023).

The societal risk here is subtle but significant. When low expectations become culturally embedded, they shape public discourse, media narratives, and political priorities. Ageing is framed as a private adjustment rather than a collective responsibility. Challenging this normalization requires creating social spaces where elderly dissatisfaction is not viewed as complaint but as legitimate critique. Only then can societal standards of care be raised rather than quietly lowered (Fealy et al., 2012).

7.5.4 Intergenerational responsibility in cities

The study also points to shifting patterns of intergenerational responsibility within urban environments. Traditionally, family networks played a central role in supporting older adults in India. While family support remains important, the findings indicate increasing strain on informal care systems. Migration, smaller household sizes, women's workforce participation, and housing constraints have all contributed to the erosion of everyday caregiving capacity (Rajan et al., 2016; Ugargol & Bailey, 2018).

Elderly respondents often expressed reluctance to burden their children or relatives, even when support was needed. This self-restraint reflects strong moral values of independence and sacrifice, but it also signals a growing care gap. Community-based non-institutional services partially fill this gap, yet they cannot fully substitute for robust intergenerational and societal support structures (Barrett et al., 2025).

Urban communities themselves have undergone transformation. Dense neighbourhoods once characterized by strong informal ties are increasingly fragmented. While NGOs and volunteers play meaningful roles, their presence is uneven and often project based. As a result, older persons navigate a complex landscape where family, community, and institutional responsibilities are blurred (Parekh et al., 2018).

The societal implication is that ageing can no longer be addressed solely through family-based expectations. Cities must recognize ageing as a shared social responsibility that extends across generations. Younger populations benefit from the social stability, cultural continuity, and unpaid labor contributed by older

generations. A reciprocal ethic is therefore essential, one that values care for the elderly as an investment in social cohesion rather than as a residual obligation (Walker, 2018).

Strengthening intergenerational responsibility does not imply returning to idealized family models. Instead, it calls for cultivating urban cultures of mutual care—through age-friendly public spaces, community participation, and inclusive narratives that portray ageing as a collective journey rather than an individual decline (Zapata-Restrepo et al., 2025).

Taken together, the societal implications of this study reveal that elderly satisfaction is deeply embedded in questions of dignity, citizenship, and collective values. When gratitude replaces rights, when low expectations become normalized, and when responsibility for care is quietly shifted away from society, ageing risks becoming a marginal condition within the city (Nordenfelt, 2003).

Reimagining urban ageing requires more than better services; it demands a cultural shift in how societies view older people. Elderly individuals must be recognized as active urban citizens whose voices matter, whose expectations deserve respect, and whose well-being reflects the moral quality of the city itself. In ageing cities like Mumbai, the measure of progress will not lie only in infrastructure or service coverage, but in whether older persons can age with dignity, agency, and a sense of belonging (Menezes et al., 2021).

7.6 Towards dignified and inclusive urban ageing

This monograph set out to examine elderly satisfaction with non-institutional social work services in Mumbai not as a narrow measure of approval, but as a window into the lived realities of ageing in an unequal city. By bringing together comparative evidence from slum and non-slum areas, patterns of service utilization, dimensions of satisfaction, and elderly voices—both expressed and withheld—the study has demonstrated that satisfaction is never a simple outcome. Instead, it is shaped by social position, service design, institutional behaviour, and deeply embedded expectations formed over a lifetime.

One of the most important insights emerging from this work is that elderly satisfaction must be understood contextually. Older persons living in slum areas engage with non-institutional services primarily as survival mechanisms. Mobile medical units, doorstep ration delivery, and volunteer-led outreach become essential supports in contexts marked by poor infrastructure, limited mobility, and chronic economic insecurity. In contrast, elderly residents in non-slum areas are more likely to engage with services oriented toward enrichment, such as recreation and digital safety learning. These differences do not merely reflect preference; they reflect unequal urban conditions that shape what ageing looks like and what older people are able to expect from the city.

Across both contexts, however, satisfaction often appeared high even when services were limited, irregular, or fragmented. This apparent paradox highlights a critical contribution of the study: high satisfaction does not necessarily indicate high quality. Gratitude, adaptation, and fear of losing access frequently influenced responses. Many elderly participants evaluated services not against ideal standards, but against past deprivation or the absence of alternatives. As a result, satisfaction functioned as a coping response rather than a reliable indicator of adequacy. This finding reinforces broader critiques in gerontology and social policy that caution against uncritical reliance on satisfaction metrics without examining power relations and structural constraints (Walker, 2018).

The analysis also underscored the central role of social workers and frontline staff in shaping elderly experiences. In settings where institutional systems were weak or poorly coordinated, ethical conduct, patience, respectful communication, and continuity of personnel often compensated for structural gaps. At the same time, instances of poor behavior or overburdened staff quickly eroded trust. These findings reaffirm that social work practice in non-institutional settings cannot be reduced to technical efficiency alone. Moral practice and relational engagement remain foundational to elderly dignity and well-being (Banks, 2012).

Another key conclusion of this monograph concerns voice and participation. While elderly individuals frequently interacted with services, they rarely participated in decision-making. Feedback was informal, cautious, and mediated through personal relationships rather than institutional mechanisms. Fear of complaint, cultural respect for authority, and dependency on service providers limited open expression. This absence of institutionalized participation contributed to stagnation in service design and reinforced passive beneficiary roles. The study thus highlights participation not as an optional addition, but as a necessary condition for responsive and accountable ageing systems (Bynum et al., 2014).

At a broader level, the findings point to significant fragmentation within urban service landscapes. NGO initiatives, government schemes, and community efforts often operated in parallel, with limited coordination or referral pathways. Elderly persons were left to navigate these disconnected systems on their own, resulting in discontinuity of care and missed opportunities for holistic support. This fragmentation reflects a wider governance challenge in urban ageing, where sectoral silos undermine the potential impact of otherwise well-intentioned interventions (WHO, 2007).

Taken together, the implications of this study extend beyond Mumbai and speak to the challenges faced by many rapidly urbanizing cities in India and the Global South, where ageing is occurring alongside persistent inequality (Beard, 2016). The monograph contributes to academic knowledge by conceptualizing elderly satisfaction as multidimensional, relational, and historically shaped. It challenges linear models of service evaluation and demonstrates the value of combining quantitative patterns with interpretive analysis grounded in lived experience.

For policy and practice, the study calls for a shift from uniform approaches toward layered and context-sensitive ageing frameworks. Policies and programs for older people should not be designed as “one-size-fits-all”. Instead, they should recognize that ageing experiences differ depending on social, economic, and spatial conditions, and therefore require multiple levels of support tailored to specific contexts. Accessibility must be treated as a right linked to dignity rather than as a discretionary welfare feature, while satisfaction measures should be complemented by indicators of adequacy, continuity, choice, and participation. Social workers therefore need to be supported not only as service providers but also as advocates and coordinators operating within complex care systems (Cox & Pardasani, 2017).

Ultimately, this monograph argues that the way a city treats its elderly is a reflection of its social priorities. Ageing should not be associated with silent acceptance or shrinking expectations. Instead, it should be recognized as a stage of life deserving of respect, voice, and meaningful engagement. As Indian cities continue to age, the central question is no longer simply whether services exist. It is whether those services acknowledge inequality, protect dignity, and enable older citizens to live not merely longer lives, but lives marked by purpose, agency, and belonging.

CHAPTER 8

CONCLUSION AND FUTURE RESEARCH

8.1 Conclusion

This monograph began as an inquiry into elderly satisfaction with non-institutional social work services in Mumbai. However, its implications extend far beyond a localized service evaluation. At its core, the study engages with a larger and increasingly urgent question: how does ageing unfold within deeply unequal cities, and what does “satisfaction” truly mean in such contexts?

Urban ageing in the Global South cannot be understood outside the realities of spatial and socio-economic inequality. Cities like Mumbai are marked by stark contrasts—between slum settlements and formal housing, between precarious livelihoods and relative security, between infrastructural scarcity and institutional access. These inequalities shape not only material living conditions but also the experience of ageing itself. International scholarship has repeatedly emphasized that ageing is socially produced and structured by environments, rather than being merely a biological process (World Health Organization, 2015).

In unequal cities, older adults often rely less on institutional residential care and more on community-based or non-institutional services. These services—mobile health clinics, ration support, day-care activities, and social assistance—become the primary interface between the ageing individual and the welfare system. They are not peripheral supports; they are the lived expression of urban ageing governance. At the same time, global demographic shifts highlight that ageing populations are rising most rapidly in urban areas, intensifying pressures on city-level service systems (United Nations Department of Economic and Social Affairs, 2020).

Against this backdrop, measuring satisfaction without interrogating inequality risks misinterpretation. High satisfaction scores in a slum may reflect gratitude for minimal support, while moderate satisfaction in non-slum areas may signal higher expectations rather than poorer services. The metric alone cannot speak; it must be situated within context.

This study advances four interrelated propositions that reframe how elderly satisfaction should be understood:

First, satisfaction is contextual.

Older adults evaluate services in relation to their histories of deprivation, family support structures, neighbourhood infrastructure, and previous encounters with the state. A medical camp delivered monthly may be perceived as generous in a context where public health access is inconsistent. The same service may be viewed as inadequate where private care is easily accessible. Satisfaction therefore emerges not from uniform benchmarks but from socially embedded comparisons.

Second, satisfaction is relational.

Non-institutional social work services are not consumed anonymously. They are experienced through interactions—with social workers, volunteers, and fellow beneficiaries. The tone of communication, the demonstration of respect, and the recognition of dignity often shape satisfaction as strongly as material benefits. This relational dimension resonates with person-centred approaches to ageing policy that emphasize autonomy

and participation (World Health Organization, 2015). Satisfaction, in this sense, is not merely about what is delivered, but how it is delivered.

Third, satisfaction may conceal deprivation.

One of the most significant insights emerging from this research is the paradox of expressed contentment amid structural constraint. Some elderly respondents articulated high levels of satisfaction even while describing irregular service access or unmet needs. Qualitative narratives revealed gratitude, fear of losing support, and normalization of scarcity. This suggests that satisfaction can function as an adaptive response—a way of maintaining dignity in constrained circumstances. Interpreting such responses at face value risks masking deprivation rather than revealing well-being.

Fourth, urban inequality shapes ageing experience.

Differences observed between slum and non-slum contexts were not merely demographic variations; they reflected structural disparities in housing security, social capital, mobility, and institutional presence. These inequalities mediated how services were accessed, interpreted, and valued. Thus, elderly satisfaction cannot be detached from the broader political economy of the city.

Traditional service evaluation asks whether beneficiaries are satisfied and whether programmes meet stated objectives. While important, this perspective is limited. It treats services as isolated interventions rather than components of a broader governance landscape.

This monograph argues for a conceptual shift—from evaluating services to examining ageing governance. Ageing governance refers to the network of actors, institutions, norms, and practices that collectively shape how older adults are supported in urban settings. Non-institutional social work services form a critical node within this network. They mediate between policy frameworks, non-governmental organizations, families, and elderly individuals.

By situating satisfaction within governance, the study contributes to urban ageing scholarship in three ways:

1. **It reconceptualizes satisfaction as a socially embedded indicator.**
Satisfaction is not rejected as a metric but reinterpreted as context-sensitive and relational. These reframing challenges purely technocratic readings of survey data.
2. **It foregrounds inequality as constitutive, not incidental.**
Rather than treating slum and non-slum comparisons as demographic categories, the analysis positions them as structurally differentiated ageing environments.
3. **It integrates quantitative and qualitative insights into governance debates.**
Statistical comparisons reveal patterns, while thematic narratives expose meanings. Together, they illuminate how governance is experienced at the micro level of daily life.

In doing so, the monograph speaks beyond Mumbai. Rapid urbanization and demographic ageing are converging across many cities in Asia, Africa, and Latin America. As emphasized in global ageing reports (United Nations Department of Economic and Social Affairs, 2020), the challenge is not only to expand services but to ensure that they promote dignity, equity, and meaningful participation. Understanding satisfaction as contextual and relational provides a more nuanced tool for assessing whether this goal is being achieved.

Ultimately, this study does not claim that non-institutional social work services are sufficient to resolve the structural vulnerabilities of urban ageing. Rather, it demonstrates that these services constitute a crucial interface where inequality, expectation, and dignity intersect. Satisfaction, when carefully interpreted, becomes a lens through which the textures of urban ageing governance can be observed.

By moving from a narrow evaluative frame to a broader governance perspective, the monograph contributes to the growing field of urban ageing scholarship. It calls for analytical caution in interpreting satisfaction metrics and for policy sensitivity to the relational and contextual realities of older adults living in unequal cities.

This monograph set out to explore elderly satisfaction with non-institutional social work services in Mumbai. What emerges, however, is not simply an evaluation of services but a textured portrait of ageing within an unequal metropolis. Across quantitative findings, qualitative narratives, and conceptual reflections, a deeper understanding takes shape—one that speaks to broader debates on urban ageing in India and other rapidly urbanizing societies.

The central lesson is clear: ageing in Indian cities is not a uniform life stage. It is spatially structured, socially negotiated, and institutionally mediated. Satisfaction, often treated as a neutral outcome measure, becomes meaningful only when placed within this wider urban landscape.

Ageing unfolds differently depending on where one lives in the city. In slum settlements, daily life is closely intertwined with infrastructural precarity—irregular water supply, congested housing, insecure tenure, and limited access to formal healthcare. In non-slum areas, while economic vulnerability may persist, physical infrastructure, privacy, and service access are comparatively stable. These contrasts do not merely influence comfort; they fundamentally shape how older adults experience health, dependency, and social participation.

Global ageing scholarship consistently emphasizes that environments shape functional ability and well-being (World Health Organization, 2015). The findings of this study reinforce that insight within the Indian urban context. For elderly residents in slum areas, services such as mobile medical units or ration support often serve survival functions. They stabilize fragile routines and buffer immediate risks. Satisfaction in this setting is frequently tied to reliability and basic access.

In non-slum contexts, by contrast, services are often evaluated in terms of enrichment—social engagement activities, opportunities for interaction, or supplemental health support. Here, expectations tend to be shaped by previous experiences with formal institutions or private healthcare. Satisfaction reflects comparative judgment rather than sheer relief.

This divergence underscores the role of spatial inequality. Urban space is not merely a backdrop but an active determinant of ageing trajectories. As highlighted in demographic analyses by the United Nations Department of Economic and Social Affairs (2020), population ageing is accelerating in urban regions worldwide. Yet the experience of ageing within cities is deeply stratified. The Mumbai case demonstrates that slum and non-slum are not just residential categories; they represent distinct ageing environments.

Understanding this spatial dimension challenges simplified narratives of “urban advantage.” Cities may concentrate services, but they also concentrate inequality. For older adults, the city can be both a site of opportunity and a terrain of exclusion.

One of the most striking insights across this monograph is the adaptive nature of satisfaction. Quantitative data often indicated moderate to high levels of reported satisfaction. However, qualitative narratives revealed layers of complexity beneath these responses.

Gratitude emerged as a recurring theme. Many elderly participants expressed appreciation for any form of assistance, particularly when state support was perceived as distant or unreliable. This gratitude, while genuine, sometimes masked dissatisfaction with irregular service frequency or limited scope. Satisfaction, in such cases, functioned as a coping mechanism—an adaptive response to constrained circumstances (El Keshky et al., 2023).

Low expectations also appeared to stabilize weak systems. When beneficiaries anticipate little, even modest interventions can be evaluated positively. This dynamic does not necessarily reflect service excellence; it may instead signal normalized deprivation. As ageing policy frameworks increasingly emphasize dignity and autonomy (World Health Organization, 2015), interpreting satisfaction without probing expectations risks reinforcing minimal standards.

Silence became equally instructive. In some interviews, respondents hesitated before articulating dissatisfaction, particularly when services were linked to respected organizations or when fear of losing support was palpable. Voice and silence were not opposites but part of a negotiated interaction shaped by dependency and trust. The absence of complaint did not automatically indicate contentment (Asztalos Morell et al., 2020).

These patterns invite caution in using satisfaction as a sole indicator of programme success. Satisfaction is not a transparent window into well-being; it is filtered through gratitude, adaptation, and social hierarchy. Recognizing this complexity strengthens rather than weakens its analytical value. When interpreted contextually, satisfaction becomes a lens through which power relations and coping strategies are revealed (Sen, 1999).

If non-institutional services constitute the visible interface of urban ageing governance, social workers form its relational core. Across both slum and non-slum contexts, interactions with social workers significantly shaped how services were perceived (Kim et al., 2024).

Trust emerged as a form of informal infrastructure. In environments where formal systems are fragmented, the reliability of a known social worker often substitutes for bureaucratic clarity. Elderly participants frequently described workers not merely as service providers but as intermediaries—individuals who explain entitlements, facilitate referrals, and provide emotional reassurance. This relational trust enhances perceived satisfaction, even when material resources are limited (Soukiala & Pietilä, 2024).

Ethical conduct also shaped dignity. Respectful communication, patience during interactions, and acknowledgment of older persons' experiences reinforced a sense of worth. In contrast, hurried or impersonal encounters diminished perceived value, regardless of the service delivered. This finding resonates with broader professional standards in social work that emphasize person-centred practice and ethical responsibility (Banks, 2012).

Social workers were also observed navigating fragmented systems. They often mediated between non-governmental organizations, government schemes, healthcare providers, and families. In doing so, they bridged institutional gaps that beneficiaries might otherwise find insurmountable. Their role extended beyond implementation to coordination and advocacy (Bunger, 2010).

These insights suggest that the effectiveness of non-institutional services cannot be assessed purely through programme design. Human interaction is central. In contexts of structural inequality, trust becomes as critical as infrastructure. Social workers, therefore, operate not only as practitioners but as stabilizing agents within fragile governance ecosystems (Lipsky, 1980).

A broader structural pattern underlying these findings is fragmented governance. Urban ageing in Mumbai—and arguably in many Indian cities—unfolds within a patchwork of actors: municipal bodies, state departments, non-governmental organizations, charitable trusts, and informal networks. Coordination among these actors is often limited (Jha, 2020).

The NGO–government disconnect surfaced in subtle ways. While NGOs delivered essential community-based services, linkages to formal public health or social protection systems were not always seamless. Beneficiaries frequently relied on social workers to navigate application processes or clarify eligibility criteria. This dependence points to systemic opacity. Lack of inter-sectoral coordination also constrained service reach. Health, nutrition, housing, and social engagement are interconnected dimensions of ageing. Yet they are often addressed in isolation. Without integrated planning, older adults must piece together fragmented supports (Sawhney, 2003).

Accessibility itself emerged as an invisible barrier. Even when services technically exist, mobility limitations, documentation requirements, language barriers, or digital processes can deter participation. Accessibility is therefore not solely about geographic proximity; it includes administrative and social navigability (Scharf et al., 2005). The United Nations Department of Economic and Social Affairs (2020) underscores that ageing populations require coordinated policy responses that integrate health, social protection, and urban planning. The insights from Mumbai illustrate how the absence of such coordination places additional burdens on individuals and frontline workers.

Taken together, these themes shift the central question from “Are elderly beneficiaries satisfied?” to “What does satisfaction reveal about ageing in unequal urban systems?”

We learn that:

- Urban space structures ageing trajectories.
- Satisfaction can reflect resilience as much as adequacy.
- Social workers constitute critical relational infrastructure or as key human connectors within the service system, linking elderly individuals with resources, institutions, and community networks that they might otherwise be unable to access.
- Governance fragmentation shapes everyday experiences of support.

These insights contribute to a more nuanced understanding of ageing in Indian cities. They caution against equating reported satisfaction with systemic success. They highlight the importance of relational dignity alongside material provision. And they underscore the necessity of coordinated, context-sensitive governance as urban populations continue to age.

Ageing in Indian cities is neither uniformly vulnerable nor uniformly secure; instead, outcomes vary depending on socio-economic status, health conditions, and access to urban resources (Muhammad et al., 2022). It is negotiated at the intersection of space, service, and social relationship. Non-institutional social work services

occupy a pivotal role in this negotiation. Their impact cannot be reduced to numerical scores; it must be understood within the lived realities of older adults navigating complex urban terrains.

By synthesizing these insights, the monograph moves beyond localized evaluation (i.e. looking only at how services perform in the specific local context studied) to illuminate broader patterns of urban ageing. It invites scholars, practitioners, and policymakers to interpret satisfaction critically, design services relationally, and pursue governance models that acknowledge inequality not as a peripheral issue but as the defining context of ageing in contemporary cities (Buffel et al., 2012).

This monograph moves beyond empirical documentation to make a clear theoretical contribution to multiple, intersecting fields. By examining elderly satisfaction with non-institutional social work services in Mumbai, the study repositions satisfaction from a narrow evaluative indicator to a theoretically rich concept embedded in urban inequality, relational governance, and lived experience. In doing so, it contributes simultaneously to gerontology, urban studies, social work theory, and broader debates on welfare and care in contemporary cities.

In gerontological research, satisfaction has often been treated as an outcome variable—measured, compared, and explained through individual-level characteristics such as health status, income, or family support. While this literature has been valuable, it has tended to underplay the contextual and relational dimensions of ageing, particularly in low- and middle-income urban settings. This monograph contributes to gerontology by advancing a contextual satisfaction framework, which conceptualizes satisfaction as situational, adaptive, and historically shaped rather than static or purely subjective.

The findings demonstrate that elderly satisfaction is deeply influenced by environmental constraints, service accessibility, and prior life experiences. For older adults in slum areas, satisfaction frequently reflects relief and survival security, whereas in non-slum areas it is shaped by comparative expectations and lifestyle continuity. This aligns with life-course perspectives in gerontology that emphasize cumulative advantage and disadvantage, while extending them by foregrounding urban spatial inequality as a core determinant of later-life experience.

Moreover, the study challenges normative assumptions embedded in “successful ageing” paradigms that implicitly prioritize independence, productivity, and choice. In contexts where ageing unfolds amid structural scarcity, satisfaction may coexist with deprivation. Recognizing this tension contributes to more critical gerontological scholarship, resonating with global calls to ground ageing research in social justice and equity (World Health Organization, 2015).

Urban studies have long acknowledged cities as sites of inequality, yet ageing has often remained peripheral within urban theory. This monograph advances a Layered Urban Ageing Model, which suggests that urban ageing operates through multiple overlapping layers (e.g., spatial Layer, service distribution, governance) that influence the elderly’s access to services, mobility, and satisfaction (Phillipson & Grenier, 2021).

The slum–non-slum comparison reveals that urban ageing cannot be understood through demographic concentration alone. Instead, it must be examined through layered realities: housing conditions, transport infrastructure, proximity to services, and density of non-governmental actors. These layers interact to shape how older adults access care, experience mobility, and interpret institutional responsiveness (Abdulhadi et al., 2024).

By demonstrating that non-institutional services operate as primary interfaces between elderly citizens and the city, the study reframes urban ageing as a governance issue rather than merely a demographic trend. It echoes urban inequality scholarship that highlights how marginalized populations experience the city differently, while extending this insight specifically to older adults—an increasingly significant yet under-theorized urban group (United Nations Department of Economic and Social Affairs, 2020).

This contribution is particularly relevant for cities in the Global South, where rapid urbanization and population ageing are unfolding simultaneously. The monograph thus bridges urban studies and gerontology by showing how spatial inequality becomes embodied in later life.

Within social work theory, this study offers a relational governance lens that foregrounds the ethical, interpersonal, and mediating roles of social workers in non-institutional settings. Traditional service delivery models often conceptualize social workers as implementers of programmes. In contrast, the findings here position them as relational actors who navigate fragmented systems, build trust, and translate institutional processes into lived support.

The analysis demonstrates that trust functions as informal infrastructure, compensating for weak or discontinuous formal systems. Ethical conduct—respectful communication, patience, cultural sensitivity—emerges as central to elderly dignity and satisfaction. These findings reinforce core social work values while extending them into urban governance debates, suggesting that relational labour is not peripheral but constitutive of welfare outcomes.

The study also contributes to participatory social work theory (Lub, 2018; Granosik et al., 2019) by highlighting the limits of beneficiary voice in contexts of dependency. Elderly silence, gratitude, and hesitation to complain are shown not as individual deficits but as structurally produced responses. This reframing encourages a shift from individual empowerment rhetoric toward institutional responsibility for creating safe, collective participation mechanisms (Carr, 2007).

In welfare state scholarship, ageing is often discussed through pensions, institutional care, and healthcare systems. This monograph contributes by centering non-institutional social work services as a critical yet undervalued component of urban welfare regimes. It demonstrates that in cities like Mumbai, non-institutional services are not supplementary; they are foundational.

The findings challenge binary distinctions between state and non-state welfare. NGO-led services, community volunteers, and mobile units form hybrid care arrangements that fill governance gaps. Satisfaction within these arrangements reflects both their indispensability and their limitations. High satisfaction scores may coexist with fragmented coverage, limited choice, and lack of continuity.

By showing how satisfaction can conceal deprivation, the study adds nuance to welfare evaluation debates. It cautions against over-reliance on user satisfaction metrics detached from adequacy, accessibility, and rights-based indicators. This perspective aligns with critical welfare scholarship that argues for moving beyond minimalist safety nets toward dignity-oriented social protection.

Taken together, the contextual satisfaction framework, layered urban ageing model, and relational governance Lens offer an integrated theoretical contribution. They collectively argue that elderly satisfaction is produced at the intersection of place, relationship, and governance. Satisfaction is not simply an attitude, but a negotiated outcome shaped by urban inequality, service design, and ethical practice.

This theoretical consolidation elevates the monograph from a city-specific study to a contribution of broader relevance. It offers conceptual tools that can be applied to other ageing cities, particularly in the Global South, where informal care systems, spatial inequality, and demographic ageing intersect.

In reframing satisfaction as contextual and relational, the study challenges researchers, practitioners, and policymakers to rethink how ageing is evaluated and governed. It affirms that understanding elderly satisfaction requires not only measurement, but interpretation—grounded in theory, attentive to inequality, and responsive to lived realities.

8.2 Scope for Future Research

The findings and conceptual contributions of *Non-Institutional Social Work Services and Elderly Satisfaction in Mumbai* open up a wide and necessary agenda for future research on ageing in rapidly urbanising societies. Rather than treating this study as a closed empirical account, it is more productive to view it as a foundation for a new generation of inquiries into how older adults experience welfare, dignity, and care in unequal urban contexts. This section outlines a forward-looking research agenda that builds directly on the study's insights while extending their relevance across cities, time, social groups, and policy domains.

8.2.1 Comparative urban ageing research

One of the most immediate directions for future research lies in systematic comparative studies across Indian cities. While this monograph demonstrates how non-institutional services operate within the specific socio-spatial inequalities of Mumbai, urban ageing in cities such as Delhi, Kolkata, and Chennai may be shaped by different municipal capacities, welfare histories, and civil society ecosystems (Mitra, 2026). Cross-city comparisons would allow scholars to examine whether the patterns identified here—such as survival-oriented service use in slums and enrichment-oriented services in non-slum areas—are consistent across urban contexts or uniquely shaped by local governance cultures (Buffel et al., 2020).

Beyond metropolitan centers, tier-2 cities and rapidly expanding peri-urban regions also warrant focused attention. These spaces often lack the density of NGOs and specialised programmes found in megacities, potentially producing different forms of exclusion and dependency. Comparative research across city sizes would deepen understanding of how urban scale and institutional maturity influence elderly satisfaction and access. Extending this lens to cities in the Global South would further situate Indian experiences within broader debates on ageing, informality, and welfare pluralism (Aboderin & Beard, 2015).

8.2.2 Longitudinal studies on satisfaction

This study captures elderly satisfaction at a particular moment in time, revealing it as contextual, adaptive, and relational. However, ageing is a longitudinal process, and satisfaction is not static. Future research should adopt longitudinal designs to examine how satisfaction with non-institutional services evolves as health declines, family arrangements change, or services are withdrawn or restructured.

Key questions emerge from the present findings: Does satisfaction diminish as dependency increases? Does long-term engagement with services deepen adaptive acceptance, or does it generate new expectations and demands? What happens when services are interrupted due to funding cuts or policy shifts? Longitudinal studies would allow researchers to trace trajectories of adaptation, resilience, and vulnerability, offering a more dynamic understanding of satisfaction beyond cross-sectional snapshots (Lloyd-Sherlock et al., 2012).

8.2.3 Gendered ageing in non-institutional services

Although this monograph highlights differences in satisfaction across demographic variables, gendered experiences of ageing deserve more sustained and focused investigation. Widows and single elderly women often experience compounded vulnerability due to longer life expectancy, limited financial resources, and reduced family support. Future research should explore how non-institutional services respond to these gendered realities and whether current models inadvertently reproduce inequalities.

At the same time, ageing among men raises underexplored questions around masculinity, dependency, and help-seeking behaviour. Older men may experience discomfort in accessing welfare services traditionally framed around care and dependency, affecting both utilization and satisfaction. Gender-sensitive research would thus enrich gerontological and social work scholarship by revealing how ageing identities intersect with service experiences (Calasanti & Slevin, 2006).

8.2.4 Digitalization and elderly access

The growing digitalization of welfare systems presents both opportunities and risks for older adults. This study already points to digital literacy as a dividing line between inclusion and exclusion, particularly in non-slum areas where digital safety programmes are more prominent. Future research should critically examine how e-governance platforms, online benefit systems, and app-based services reshape elderly access to welfare.

Key areas for inquiry include barriers related to digital literacy, language, cognitive decline, and fear of online fraud. Research should also explore whether digital intermediaries—such as social workers or family members—enhance access or deepen dependency. As governments increasingly digitize service delivery, understanding its implications for elderly dignity and autonomy becomes urgent (van Dijk, 2020).

8.2.5 Informal care economy research

One of the understated findings of this monograph is the role of informal actors—community volunteers, neighbours, and faith-based groups—in sustaining elderly well-being. Future research should explicitly map this informal care economy, examining how it complements, substitutes, or sometimes compensates for formal non-institutional services.

Studies could explore how trust is built within neighbourhood networks, how care responsibilities are negotiated, and how informal actors interact with NGOs and state agencies. Such research would contribute to debates on social capital, care ethics, and the blurred boundaries between formal and informal welfare in urban settings (Razavi, 2007).

8.2.6 Measurement innovation

The study's critique of satisfaction as a standalone metric opens a significant methodological agenda. Future research should experiment with mixed-method evaluation models that integrate satisfaction scores with indicators of service adequacy, choice, continuity, and participation. Participatory monitoring tools—where elderly users actively shape evaluation criteria—could offer more democratic and context-sensitive assessments of service quality.

Developing such tools would move evaluation beyond managerial performance metrics toward a rights-based and relational understanding of welfare outcomes. This direction is particularly relevant for social policy research seeking to balance accountability with lived experience (Marmot et al., 2020).

8.2.7 Policy experimentation research

Finally, future studies should engage directly with policy experimentation. Pilot projects such as integrated ageing hubs, doorstep accessibility initiatives, and interdepartmental coordination mechanisms offer fertile ground for applied research. Evaluating these experiments can generate evidence on what works, for whom, and under what conditions.

Research partnerships between academics, NGOs, and municipal bodies could support iterative learning, ensuring that policy innovations remain responsive to elderly needs rather than driven solely by administrative convenience. Such work would bridge the gap between scholarship and practice, reinforcing the role of research in shaping humane and inclusive urban ageing systems.

Taken together, these directions outline a comprehensive research agenda that moves beyond satisfaction measurement toward a deeper engagement with ageing, inequality, and governance. By extending the insights of this monograph across cities, time, gender, technology, and policy domains, future research can contribute to more equitable and dignified ageing trajectories in Indian cities and beyond.

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APPENDIX: A

1. Semi Structured Interview for Elderly Participants (Slum and Non-Slum Areas)

- A. What services do MHU units/ Community recreation centres or community halls offered?
Which services did you choose from those offers?

- B. Are you satisfied with these services? If yes, what exactly do you like about these services?

- C. How did your life improve after using these services (MHU/ Community Hall or community recreation centres)?

- D. What actions are required to improve the service? (Your opinion)

2. Semi structured Interview for social workers (slum and non slum areas)

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I, **Saheli De Sarkar**, hereby declare that:

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I have examined the manuscript and approve it for publication as a monograph.

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This monograph builds on her sustained scholarly engagement with ageing populations in Mumbai and reflects her broader commitment to socially responsive research that bridges policy, practice, and lived realities.

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About the Monograph

As India's urban population ages, community-based support services are becoming increasingly important in promoting the well-being and dignity of older adults. This monograph explores the experiences of elderly individuals with non-institutional social work services in Mumbai, examining how they access, perceive, and evaluate the support available to them. Moving beyond conventional measures of service effectiveness, it highlights the complex relationship between satisfaction, expectations, social relationships, and everyday realities. By centering the voices of older persons, the work offers valuable insights into ageing, social work practice, and urban welfare systems, serving as a useful resource for researchers, practitioners, policymakers, and all those committed to building more responsive and inclusive support systems for the elderly.

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