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From Policy to Practice: Co-producing Welfare in Elderly Nutrition Assistance at the Frontline

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Abstract

This study examines how the well-being of older adults is produced through the implementation of nutrition assistance policies at the frontline level. Building on a critique of evaluative approaches that emphasize procedural effectiveness and program outcomes, this research positions nutrition assistance as a welfare practice shaped through everyday interactions among caregivers, families, and older adults. Employing an interpretive qualitative approach and a street-level bureaucracy framework, the study explores how discretion, negotiation, and collaborative work at the household level influence the implementation and interpretation of policies. Data were collected through in-depth interviews, field observations, and field notes involving actors directly engaged in the distribution and reception of assistance. The analysis reveals that policy implementation does not occur as a one-way flow from the state to beneficiaries but rather as a co-productive process involving non-state actors who interpret and adapt formal regulations to the concrete conditions of older adults. Consequently, well-being in this context is understood not only as material sufficiency but also as a relational experience encompassing care, recognition, and support in everyday life. These findings confirm that the meaning and quality of older adults' well-being are shaped in frontline interaction spaces where policies intersect with the social realities of older adults. This study contributes to welfare studies by offering an interpretive perspective that views implementation as a key arena for welfare production and highlights the importance of co-production in social services for vulnerable groups.

Kata Kunci:
Birokrasi Akar Rumput,
Produksi Layanan Sosial,
Kesejahteraan Lanjut Usia,
Bantuan Gizi

Abstrak

Penelitian ini mengkaji bagaimana kesejahteraan lanjut usia diproduksi melalui implementasi kebijakan bantuan gizi pada level garis depan. Berangkat dari kritik terhadap pendekatan evaluatif yang cenderung menekankan efektivitas prosedural dan capaian program, studi ini memposisikan bantuan gizi sebagai praktik kesejahteraan yang dibentuk melalui interaksi sehari-hari antara pendamping, keluarga, dan lanjut usia. Dengan menggunakan pendekatan kualitatif

interpretatif dan kerangka street-level bureaucracy, penelitian ini menelusuri bagaimana diskresi, negosiasi, dan kerja kolaboratif di tingkat rumah tangga memengaruhi proses implementasi sekaligus pemaknaan kebijakan. Pengumpulan data dilakukan melalui wawancara mendalam, observasi lapangan, serta catatan lapangan yang melibatkan aktor-aktor yang terlibat langsung dalam proses distribusi dan penerimaan bantuan. Hasil analisis menunjukkan bahwa implementasi kebijakan tidak berlangsung sebagai alur satu arah dari negara kepada penerima manfaat, melainkan sebagai proses koproduktif yang melibatkan aktor non-negara dalam menafsirkan dan menyesuaikan regulasi formal dengan kondisi konkret lanjut usia. Dalam konteks ini, kesejahteraan tidak semata-mata dipahami sebagai kecukupan material, tetapi juga sebagai pengalaman relasional yang mencakup aspek perawatan, pengakuan, dan dukungan dalam kehidupan sehari-hari. Temuan ini menegaskan bahwa makna dan kualitas kesejahteraan lanjut usia dibentuk dalam ruang-ruang interaksi di level garis depan, tempat kebijakan beririsan secara langsung dengan realitas sosial lanjut usia. Studi ini berkontribusi pada kajian kesejahteraan dengan menawarkan perspektif interpretatif yang memandang implementasi kebijakan sebagai arena kunci dalam produksi kesejahteraan, sekaligus menekankan pentingnya koproduksi dalam penyelenggaraan layanan sosial bagi kelompok rentan.

INTRODUCTION

The global increase in the elderly population-coupled with declining mortality rates, rising life expectancy, and decreasing fertility-poses significant challenges to the health and well-being of older adults, making it a critical issue for contemporary social policy (Corona-Rojo et al., 2009; Ince Yenilmez, 2015; Tabloski, 2004). Projections suggest that by 2050, the number of people aged 60 and over will nearly triple, while those aged 80 and over will increase more than fivefold (Stockley, 2009). In Indonesia, data from the 2023 National Socio-Economic Survey (Susenas) indicate that older adults now constitute 11.75% of the population, with a dependency ratio of 17.08%, and the highest concentrations found in Yogyakarta, East Java, and Central Java (Statistik, 2023). This situation highlights the urgent need for policy interventions, particularly nutritional assistance programs, as older adults face physical limitations, economic pressures, and minimal social support-all factors that increase their vulnerability to malnutrition and reduce their quality of life.

Various policies have been implemented to address this issue, including the Social Rehabilitation Assistance Program (ATENSI) from the Ministry of Social Affairs (Kemensos), which specifically targets older adults and people with disabilities who live alone. Nutrition assistance for older adults has primarily been treated as a policy instrument, with its success measured through program outcomes and health indicators. However, how well-being is produced and interpreted in daily practice has rarely been the focus of study. This

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limited perspective presents a significant academic challenge, especially as policies confront the increasingly complex reality of population aging, which demands responses that extend beyond merely procedural measures.

Previous research on nutritional assistance for older adults can be categorized into several key trends. First, biomedical-oriented studies emphasize the impact of malnutrition on declining health and its role in increasing the risks of morbidity and mortality among older adults (Djamhari et al., 2021). Second, evaluative programmatic studies assess the effectiveness, accessibility, and reach of food assistance programs while identifying various implementation challenges at the field level (Noor et al., 2021; Cahyadi et al., 2022; Abidin & Widodo, 2022; Viktor & Langi, 2024; Winarni, 2024). Third, research on nutritional suitability and preferences highlights the importance of tailoring assistance menus to chronic disease conditions, as well as to the cultural backgrounds and habits of older adults (Nur'amalia et al., 2022; Xia et al., 2023; Yanti et al., 2021). Fourth, studies focusing on the psychosocial dimension indicate that older adults often feel passive, under-involved, and undervalued in the assistance programs they receive (Ira, 2024). While these studies have enriched our understanding of the programs' benefits, challenges, and limitations, they tend to view nutrition assistance primarily in terms of its health impacts, program performance, or recipient satisfaction. However, they have not explored how the policy is produced and interpreted in daily practice through interactions among field actors, families, and older adults. It is within this context that this study positions itself by examining nutrition assistance as a welfare practice formed at the frontline—to understand how the well-being of older adults is generated through relational and situational implementation processes.

This study aims to demonstrate three key aspects of the frontline implementation of nutrition assistance policies for older adults. First, it reveals that caregivers and families function as frontline government workers, not only distributing assistance but also interpreting and adapting policy regulations to reflect the actual circumstances of beneficiaries. Second, it shows that interactions among caregivers, families, and older adults shape service experiences and perceptions of well-being, with feelings of care, appreciation, and support being crucial to the meaning of the assistance received. Third, it highlights that discretion and practical negotiation, undertaken under resource-limited conditions, are key mechanisms for adapting formal policies to the specific needs of older adults at the household level, enabling well-being to be produced as a relational and co-productive process.

This study is based on the premise that well-being in nutrition assistance programs for older adults is not primarily generated by strict adherence to policy design but rather through the interpretive practices of frontline workers

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operating in concrete and uncertain situations. Consistent with the perspective that policy implementation is an arena where values and meanings are negotiated through everyday interactions (Cohen, 2023; Maynard-Moody & Musheno, 2012), this study views caregivers and families as active agents who construct services through discretion and situational judgment (Tummers & Bekkers, 2014). Within this framework, nutrition assistance is understood as a form of co-production, where citizens and service providers collaboratively shape policy outcomes, rather than older adults being passive recipients. This approach aligns with the interpretive tradition in policy studies, which emphasizes that policy realities are constructed through the practices and meanings that actors produce in local contexts (Bevir & Rhodes, 2016). Accordingly, this study argues that the well-being of older adults is better understood as a product of relational work at the frontline level, rather than as a direct outcome of formal administrative mechanisms.

LITERATURE REVIEW

Older Adults' Well-Being in a Global Context: Food Security, Health, and Social Inclusion

The well-being of older adults worldwide depends not only on meeting basic needs such as adequate nutrition but also on their ability to access safe, nutritious, and medically appropriate food sustainably (food security) and to maintain a meaningful social life through community engagement and relational support (Aroogh & Shahboulaghi, 2020). Food security among older adults is influenced by economic factors, mobility limitations, chronic diseases, and physical access to food sources, all of which are closely linked to broader health outcomes and quality of life (Kansanga et al., 2022). Studies indicate that food insecurity among older adults correlates with poor diet, increased health risks—such as cardiometabolic disease and depression—and a decline in overall nutritional quality (Pooler et al., 2018). Additionally, nutrition services designed for older adults, such as home-delivered meals through programs like Meals on Wheels, not only improve diet quality but also enhance social interactions (Hernández-Moreno et al., 2025). These regular visits by volunteers or service staff provide important opportunities for social contact, helping to reduce isolation and improve psychosocial well-being.

Meals on Wheels (MoW) services positively contribute to the food security and social well-being of older adults, not only by providing food but also through the social connections established between service staff and beneficiaries during home visits (Dickinson & Wills, 2022). Research on community-based meal services has demonstrated that consuming meals provided through such programs correlates with increased energy and protein intake, which is associated with a reduced risk of malnutrition (Fleury et al., 2021). For example, studies in Korea have shown that

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home-delivered meals (HDM) tailored to nutritional needs can significantly reduce perceived frailty in low-income older adults (Kim & Chang, 2023). These findings highlight the multifaceted impact of nutrition programs for older adults on physical health, food security, and social relationships, underscoring the urgency of developing contextualized and co-productive service models at both local and global levels.

Co-Production, Welfare Pluralism, and Nutrition Programs for Older Adults

Co-production, in the context of welfare policy, refers to collaboration among public institutions, citizens, families, and communities in designing and delivering social services. These services are not simply provided by the government but are co-produced based on citizens' lived experiences and actual needs. This approach aligns with the principle of welfare pluralism, where welfare is produced not solely by the state but through the combined efforts of various actors contributing both formally and informally to meet public needs (Khine et al., 2021). In nutrition programs for older adults, co-production involves families in determining food preferences, volunteers in distribution, and community organizations in connecting older adults with services, thereby making services more responsive to local conditions and cultural values.

Empirical research indicates that nutrition services for older adults often involve co-production in practice, especially in areas with limited social service infrastructure. Qualitative studies in rural communities have shown that older adults' participation as volunteers in meal programs not only enhances food security but also increases social capital and social inclusion among this population (Davies & Reid, 2024). Moreover, a systematic review of home-delivered meal programs found that older adults' involvement in these services was associated with improved nutritional status, greater independence, and increased social engagement, although many studies were descriptive and lacked generalizability (Campbell et al., 2015). These findings suggest that co-production not only extends the reach of services but also enhances older adults' well-being, with both older adults and their communities playing a vital role in delivering such services.

Street-Level Bureaucracy, Discretion, and the Implementation of Welfare Policy

Street-level bureaucracy is a theoretical approach that examines how implementing actors—such as social service officers, community nurses, and welfare workers—interact directly with citizens in the context of public policy while exercising a degree of discretion to interpret, adapt, and implement policy rules in practice. This model emphasizes that policy is not simply executed mechanically but is shaped by the actions, judgments, and strategies of frontline implementers when faced with the complexity of client demands, resource

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constraints, and organizational norms (Lipsky, 1980). This framework is particularly relevant to the study of welfare for older adults because it helps explain how the interaction between formal rules and local contexts produces meaningful variations in services for older adults in their daily lives.

Recent research shows that street-level bureaucracy theory continues to gain traction in studies of policy implementation within the health and welfare sectors, including in middle- and low-income countries. A meta-ethnographic synthesis of health policy studies revealed that frontline workers exercise discretion in determining the services offered and how they are delivered to citizens, demonstrating that these practices directly influence policy outcomes as perceived by the public (Erasmus, 2014). Furthermore, qualitative studies in the health context have shown that frontline actors can propose and implement new practices (e.g., complementary therapies in local health units) even without formal support, provided they have the backing of local supervisors, underscoring the role of discretion in policy adaptation (Macena & Oliveira, 2022). These findings confirm that welfare policy implementation at the field level is not merely the application of rules but rather a dynamic process shaped by context, client demands, and the adaptive actions of frontline actors.

METHODS

This study employs a qualitative approach within an interpretive paradigm to explore how nutrition assistance policies for older adults are developed and interpreted in everyday frontline practices. This approach conceptualizes social reality as the construction of meaning that emerges through interactions among actors within a specific context, thereby emphasizing the subjective experiences and interpretations of these actors regarding service delivery (Wagenaar, 2014; Yanow, 2000). The study specifically examines the implementation practices of the older adults' nutrition assistance program administered by the Ministry of Social Affairs of the Republic of Indonesia through a community-based service model. The research site was purposively selected in an area with a consistent history of program implementation and involved field facilitators and families engaged in the distribution and support processes. This context enables an in-depth exploration of the dynamics of discretion and negotiation at the frontline level.

The primary data source was derived from in-depth interviews with 20 informants, including 15 older adults who were recipients of assistance from the Ministry of Social Affairs and 5 older adults affiliated with social organizations. The analysis focused primarily on the group associated with the Ministry of Social Affairs. Inclusion criteria required participants to be aged 60 years or older and to have actively received assistance for at least the

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past six months. Additional interviews were conducted with field facilitators and assistance providers to capture the perspectives of those implementing the programs. Supporting data were obtained through observations of the distribution process and reviews of program documentation. Data collection involved semi-structured in-depth interviews, limited participant observation, and documentation studies (Asari, 2020; Ismail Nurdin, 2023). Interview questions aimed to explore how actors interpret their roles, service experiences, and policy adjustment practices in concrete situations. Data analysis was conducted thematically and interpretatively, with themes identified not only as empirical patterns but also as constructions of meaning reflecting welfare practices at the frontline level. The analysis process included transcription, open coding, theme development, and cross-case interpretation to uncover how welfare is produced through everyday discretion, relationships, and negotiations. Validity was ensured through triangulation of sources and techniques (Miles & Huberman, 1984), as well as researcher reflexivity during the interpretation process

RESULTS

Caregivers and Families as Frontline Government Workers

Caregivers and families serve as the face of policy implementation in community settings, possessing significant flexibility in applying regulations to unique individual cases despite limited resources. This situation has encouraged them to develop various coping mechanisms that, in practice, shape the policies themselves. Interactions with beneficiaries primarily occur during the aid distribution process. Findings reveal that caregivers are not only responsible for delivering food daily but also for ensuring that the packages actually reach older adults at home. At the same time, family members are often present to receive the packages, assist older adults in opening or storing the food, and ensure the food is ready for consumption. For example, field notes illustrate that the continuity of distribution depends heavily on coordination between caregivers and families in everyday situations.

When older adults are away from home or in poor health, families and caregivers collaborate to adjust the food distribution process, ensuring that aid continues to be delivered according to the program schedule. In addition to distribution, caregivers and families are also involved in verifying the beneficiaries' conditions. Caregivers match administrative data with actual conditions through home visits, while families provide information on changes in older adults' health status, residence, or special needs. Findings indicate that practical decisions regarding recipient eligibility and continued assistance are often based on a combination of caregiver observations and family reports (R1, 2024). For instance, this process occurs informally through daily

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interactions, not solely through written administrative mechanisms.

Various challenges arising from the unique circumstances of beneficiaries, program limitations, and technical constraints are collaboratively addressed by caregivers and families to tailor services to the needs of older adults and the availability of programs (R1, 2024). In this capacity, caregivers and families serve as frontline implementers, ensuring that program objectives remain aligned with the actual conditions at the household level. They also act as the primary liaison between the program system and older adults as beneficiaries. Findings indicate that complaints regarding delays, food quality, or special needs are communicated by older adults or their families to the caregiver during delivery. For example, R3 explained:

> We have been waiting, and sometimes the food arrives late and is no longer fresh. This makes us feel neglected. We need healthy food every day. When it arrives late, we worry about not receiving adequate nutrition (R3, 2024).

The caregiver then forwards this information to the program administrator or follows up directly. In some cases, families also contact the caregiver to inquire about distribution schedules or changes (R9, 2024). These interactions demonstrate that the flow of information and service coordination heavily depend on the relationship between caregivers and families, who serve as frontline actors in welfare policy implementation.

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Companions and Families as Mediators in Shaping the Service Experiences of Older Adults

The role of companions and families in implementing assistance distribution policies for older adults directly shapes the service experience and psychological perceptions of beneficiaries. Findings indicate that older adults' impressions of the assistance program are strongly influenced by their interactions with street-level actors. Older adults reported that each meal delivery was typically accompanied by a greeting and a brief conversation from the companion, providing an additional form of social interaction in their daily lives. For example, respondents R8 and R3 expressed:

> For us older adults, a meal program like this is not just about receiving food. While food is essential for our health, what matters more is the attention, support, and appreciation we receive from the program. It makes us feel that the community has not forgotten us. When volunteers come to chat or simply visit, it makes us feel cared for and valued. Essentially, we feel that there are still people who care about our presence here (R8, 2024).

> …it's not just about the food being delivered; simple interactions like asking how we are or listening to our stories are very meaningful. For those of us who often feel lonely, especially those who live alone, this attention goes beyond mere service. When couriers are friendly and willing to talk, we feel like we're not just recipients of assistance but rather friends or valued members of the community. Their warm attitude brings comfort and happiness, which is as important as the food itself (R3, 2024).

This experience provides social support for older adults without family, who perceive the presence of a companion as a new form of social connection. For older adults who have family members accompanying them or participating in service interactions, family serves as a buffer, offering a sense of security and comfort, especially concerning health needs. For those living alone, the companion often represents their only daily social contact, whereas for those living with family, interactions primarily occur within the household. Field notes indicate that the experience of receiving assistance is shaped through repeated encounters among older adults, companions, and family members during daily routines.

The attitude of the caregiver and the attentiveness of the family are crucial components of the service experience for older adults. Findings indicate that older adults value the caregiver's friendliness and the family's care in assisting with meal reception and preparation. For example, R3 stated:

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> The friendliness and courtesy of food delivery couriers are very important to us. Every time they arrive with a smile, are polite, and take the time to chat, we feel truly appreciated (R3, 2024).

Several informants stated that they feel more comfortable when caregivers communicate politely and when families ensure that the food is suitable for consumption. These interactions occur not only during the delivery of packages but also during brief conversations about health conditions or daily activities. These descriptions demonstrate that the manner in which caregivers and families interact directly shapes the service atmosphere experienced by older adults in their daily lives as recipients of assistance.

Caregivers and families are also involved in the practical arrangements of services, such as communicating menu preferences and adjusting delivery times. Findings indicate that older adults or their families communicate with caregivers when certain foods do not suit their tastes or health conditions. For example, respondents R5 and R7 expressed:

> We appreciate it when the food provided meets our dietary needs. For example, some of us need to monitor our blood sugar levels, so we truly value the availability of low-sugar options. When food is prepared with our needs in mind, it makes us feel cared for. This positively impacts our mood and health. We feel empowered and valued when the food we receive aligns with our requirements (R5, 2024).

> We sincerely wish there were more variety in the food provided. Repeatedly serving the same dishes can become monotonous and reduce our appetite. Sometimes, the menu is repeated frequently, which causes us to lose interest (R7, 2024).

In some cases, families assist older adults in selecting from the available menus and discuss these choices with their caregivers. When delays occur, families are often the ones who contact caregivers to seek clarification (R8, 2024). This practice demonstrates that the day-to-day management of services, including minor adjustments in program implementation, is largely determined by direct interactions among caregivers, families, and older adults at the household level.

Companions and Families as Discretionary Agents in Policy Implementation

The unique circumstances of beneficiaries and limited resources require companions to exercise discretion when interpreting and applying rules, laws, and policies in their daily work. In practice, this role also involves families as active participants who contribute to and sustain the continuity of this discretionary process. Findings indicate that when distribution constraints occur-such as late deliveries or inadequate food-companions and families respond collaboratively (R2, 2024; R9, 2024). Older adults reported that companions typically provide explanations for delays upon

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arrival at home (R8, 2024), while families assist older adults by waiting or preparing temporary food alternatives (R8, 2024). In some cases, families contact companions first to inquire about the delivery status (R8, 2024). These accounts demonstrate that responses to service disruptions are shaped through coordination between companions and families at the household level.

Discretion is also evident in how food is consumed after it is received. Findings indicate that families check the sugar, salt, and portion sizes of food and adjust them to suit the health conditions of older adults. For example, R8 stated:

> We always check the food composition to determine if the sugar or salt content is too high. We also assess whether the portion size is appropriate, as portions can sometimes be too large or too small. If necessary, we adjust the portions to align with the recommended diet (R8, 2024).

If the food is deemed unsuitable, the family modifies part of the menu or reduces the spices before consumption. Information about these special needs is then communicated to the caregiver during the next delivery (R8, 2024). The caregiver records this feedback and forwards it to the program manager (R1, 2024). This practice demonstrates that caregivers and families collaborate to adapt policies and practices to meet the specific needs of older adults at the household level.

Furthermore, caregivers and families engage in ongoing communication regarding service improvements. Findings indicate that families express their desire for low-sugar or low-salt menus, while caregivers inform them of potential changes and the limitations of existing programs. Additionally, caregivers help explain program procedures to families, including menu restrictions and distribution schedules. These interactions demonstrate that welfare policy implementation occurs through a practical negotiation process between caregivers and families as frontline actors. Through this practice, services can continue to operate despite various limitations and conditions that do not always align with formal policy design.

DISCUSSION

Nutritional assistance for older adults is not solely provided through formal administrative mechanisms; rather, it is shaped by daily practices that arise from direct relationships among caregivers, families, and older adults. Through routine deliveries, field verification of conditions, adjustments to health needs, and ongoing communication when challenges occur, welfare services are produced and negotiated at the household level. These interactions not only ensure the continuity of aid distribution but also influence how older adults perceive the program as a form of care, recognition, and social support. Our findings suggest that the well-being fostered by this program emerges from the

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intersection of policy regulations and adaptive local practices, where frontline actors and families collaboratively translate policy objectives into the tangible experiences of older adults in their daily lives.

The concrete experiences of older adults as beneficiaries reflect policy discretion manifested in distribution routines that arise through interactional models involving caregivers, families, and older adults. This mechanism empowers frontline actors to develop policy interpretations amid work pressures and complex needs (Lipsky, 1980). Welfare policies "become real" at the frontline level, as field actors interpret regulations, adapt them to the unique circumstances of older adults, and develop coping mechanisms to address resource limitations. This aligns with the relational welfare model (Jenson, 2011), an ethics of care (Tronto, 1993), and a theory of recognition (Honneth, 1996), which frame well-being as the result of meaningful social relationships rather than simply the distribution of resources. In this way, these social relationships are formed through a constructive dialectical process involving older adults' families as mediators in improving the implementation of welfare programs.

The active role of families demonstrates that the welfare of older adults is produced through a broader network of actors beyond the state alone. This pattern reflects the logic of welfare pluralism, where the state, family, and community collectively provide welfare (Offer, 2023). In practice, families are not merely passive recipients of policies but serve as frontline actors, helping to translate program objectives into the concrete needs of older adults at the household level. Social welfare implementation manifests as a co-production process that positions citizens as active partners in shaping public services (Ostrom, 1996). When viewed within the framework of welfare regime typologies, these findings also illustrate how the context of developing countries with limited institutional capacity encourages a significant role for informal and community actors in ensuring the continuity of services (Esping-Andersen, 1990). Thus, the flexibility of frontline actors enables policies to address complex and diverse living conditions through mechanisms of local adaptation, practical negotiation, and discretion.

The pluralistic configuration involving various parties in creating welfare through policy implementation highlights the role of non-state actors as both providers and guarantors of services. This supports the view that welfare is a social construct that extends beyond formal institutions (Pinker, 1979), emphasizing the importance of citizens as active partners in the production of public services (Ostrom, 1996). In this context, policy implementation is a collaborative process that is continuously negotiated, rather than a one-way flow from the state to beneficiaries. Policies are analyzed not only through their implementation within specific procedural

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mechanisms but also through an interpretative framework that explores the meaning of policies as expressed in everyday actions and conversations (Wagenaar, 2014; Yanow, 2000). Thus, welfare emerges as a dynamic, relational process whose meaning is shaped through interaction, negotiation, and discretion at the frontline level, where formal rules intersect with the concrete realities of citizens' lives.

The relational practices emerging at the forefront of policy implementation, as a form of welfare development, demonstrate the need to identify the roles of actors within street-level bureaucracy. This approach allows us to move beyond merely mapping nutritional content (Djamhari et al., 2021), program reach, and constraints (Viktor & Langi, 2024; Winarni, 2024) to examining the roles of caregivers and families in the program implementation process. Studies on nutritional suitability and preferences, which highlight the importance of adapting menus to chronic diseases, cultural backgrounds, and habits of older adults (Ira, 2024; Nur'amalia et al., 2022), provide a strong rationale for focusing on how caregivers and families, as frontline actors, contextually navigate these challenges. This focus can be achieved by positioning nutritional assistance as a welfare practice produced through a plural configuration of frontline actors, as caregivers, families, and older adults interact through daily discretion and negotiation. This research shifts the focus from what the program achieves to how well-being is produced and interpreted in implementation practices. This distinction marks the contribution of this research in expanding welfare studies from an evaluative orientation toward understanding welfare as a relational and situational process at the frontline level.

Welfare policy evaluation requires a shift in perspective from focusing solely on outcome evaluation and program design to gaining a deeper understanding of how policy implementation is produced and interpreted at the frontline. This approach aligns with recent research showing that frontline actors not only execute rules but also actively negotiate, interpret, and adapt policies to meet citizens' needs in real-world situations, with discretion enhancing the meaningfulness of service interactions for clients (Nothdurfter & Hermans, 2018). Moreover, it reflects evidence from the community health literature demonstrating that healthcare workers serve as mediators between policy visions and the actual needs of their clients in everyday practice (Hughes & Condon, 2016). These findings further underscore the importance of understanding the frontline's role in delivering social services that are responsive to the complex circumstances of individual beneficiaries (Trappenburg et al., 2022). Daily interactions among companions, families, and beneficiaries not only fulfill administrative requirements but also produce welfare as a relational and situational social phenomenon,

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thereby illuminating new empirical space for citizen agency in welfare practices.

CONCLUSION

Policy implementation aimed at improving community welfare is often viewed primarily through procedural success and program outcomes. However, this study reveals a different perspective. Rather than considering welfare as a direct result of effective distribution and compliance with administrative mechanisms, it demonstrates that the welfare of older adults is produced through relational practices at the frontline, where caregivers, families, and older adults interact through discretion, negotiation, and collaborative work that transcends the formal design of the policy. In this space, rules are situationally interpreted, services are configured in multiple ways, and the meaning of welfare is shaped not only as material sufficiency but also as experiences of recognition, presence, and care. These findings emphasize that the core of welfare policy implementation lies not solely in procedures and performance indicators but in how policies are enacted in the daily practices of frontline actors, enabling welfare to emerge as a dynamic, co-productive, and meaningful social process in the encounter between the state and citizens.

The interpretive qualitative approach employed in this study proved effective in uncovering how older adults' welfare is produced through frontline policy implementation practices. It enabled an in-depth exploration of the discretion, interactions, and meanings constructed within the daily routines of service actors, families, and beneficiaries—dimensions that are difficult to capture through indicator-based evaluative designs alone. By focusing the analysis on concrete experiences and practices, this method provides access to relational processes often obscured by formal policy procedures. However, limitations arise from its focus on a specific context and location, meaning the identified practice patterns may not fully represent implementation dynamics in other regions or program schemes. Additionally, the qualitative data are not intended for statistical generalization. These limitations create opportunities for future research to test these findings in more diverse contexts, for example, by combining interpretive approaches with comparative or quantitative designs and by exploring how the configuration of frontline actors and practices varies across other welfare sectors. Such efforts would enrich our understanding of how welfare policies are produced and experienced in various social settings.

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