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Urban Community Home-based Elderly Care Service System: The Dilemma between Demand and Supply in the city of Wuhan, China

Yuan Qin

Doctor of Management

Supervisor:
PhD Elizabeth Reis, Full Professor,
ISCTE University Institute of Lisbon

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BUSINESS
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Marketing, Operations and General Management Department

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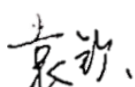
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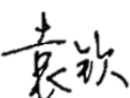
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Abstract

Against a background of global ageing, the problem of ageing has become the basic national condition of China in the 21st century. China's ageing population presents the following characteristics: it is a large-scale, rapid process, an “ageing but not affluent society”; with an inclination to senility, and large regional differences. Wuhan City, in the Hubei Province, is a core city of central China. The basic characteristics of ageing in Wuhan are consistent with the national characteristics. China's rapid ageing coexists with a social background of not affluent population. As the ageing problem becomes gradually more serious, Community Home-based Elderly Care Services (CHECS) will also come under increasing pressure. With the availability of CHECS in China, as well as in Wuhan City, being restricted by scarce social resources and, therefore, unable to meet elderly's demand for services, the supply and demand for CHECS is seriously unbalanced.

With the aim of solving this dilemma, the following research objectives have been defined in this thesis: the definition of CHECS and the reason for taking it as the basic supporting system for the elderly; the content of CHECS in Wuhan and the influencing factors of the elderly's demand for CHECS; the review and analysis of elderly care policies in China and Wuhan City over the last 20 years, including the identification of current supply problems and influencing factors; a theoretical model of CHECS demand and supply is formed; and suggestions on improving the CHECS system in Wuhan are put forward. This thesis uses the Grounded Theory approach and qualitative research methods, including document analysis, participatory observation and in-depth interviews for data collection. Theoretical categorization of collected data was carried out with the coding method that allowed main categories to be extracted and the relationship between categories to be identified to form a substantive theoretical framework of the Demand and Supply of CHECS.

In its analysis of the supply of CHECS, this thesis has thoroughly combed through the development context and content of China's elderly care policy in the past two decades, and identified two stages for China's elderly care policy: the normative development stage and the improving stage. Based on the influencing factors analyses, the CHECS demand and supply theoretical model was built. A further finding was that under the limited

influence of government and limited resources, the supply of elderly home based care services by the community undergoes a dual problem of policy formulation and policy implementation, which arises from the defects present in the relationship between the different service provision actors.

Keywords: Community Home-based Elderly Care Service; Demand; Supply; Grounded Theory

JEL: H83; I38

Resumo

Sob o pano de fundo do envelhecimento global, o envelhecimento tornou-se um problema nacional básica da China no século XXI. O envelhecimento da população Chinesa caracteriza-se por ter sido um processo rápido e em larga escala, por resultar numa sociedade envelhecida, mas não afluente, uma tendência para a senilidade e pela existência de grandes diferenças regionais. A cidade de Wuhan situa-se na China central na província de Hubei. As características básicas do envelhecimento em Wuhan são consistentes com as características a nível nacional. O rápido envelhecimento da China coexiste com um contexto social de carência. À medida que o problema do envelhecimento se torna mais sério, os serviços comunitários de assistência domiciliária (CHECS) sentem uma pressão acrescida. Com os escassos recursos disponíveis quer na China, quer na cidade de Wuhan, é impossível responder à procura deste tipo de serviços, o que provoca um desequilíbrio sério entre a procura e a capacidade de oferta.

Esta tese tem como principal objetivo resolver este problema, tendo sido definidos os seguintes subobjetivos: a definição de CHECS e a justificação para ser considerado como serviço básico de apoio à população idosa; o conteúdo deste tipo de serviço em Wuhan e os fatores que influenciam a sua procura pelos idosos; revisão e análise das políticas públicas de apoio aos idosos nos últimos 20 anos, na China e em Wuhan, incluindo a identificação dos atuais problemas e dos fatores que influenciam a oferta de serviços; desenha-se um modelo teórico para a procura e oferta de CHECS; e propõem-se sugestões para a melhoria do CHECS em Wuhan. Esta tese usa a metodologia da *Grounded Theory* e métodos de investigação qualitativos, incluindo a análise documental, a observação participativa e entrevistas em profundidade, para a recolha de informação. Dos dados recolhidos foram extraídas categorias teóricas com a ajuda do método de codificação, tendo sido também identificadas as relações entre categorias, bem como o quadro conceptual para a Procura e Oferta de CHECS.

No âmbito da oferta de CHECS, esta tese examina em detalhe o desenvolvimento contextual e o conteúdo das políticas públicas chinesas de apoio aos idosos nas últimas duas décadas, tendo identificado dois estádios: o estádio de desenvolvimento normativo e o estádio de melhoria. Constrói-se um modelo teórico para a procura e oferta de CHECS

com base nos fatores explicativos das duas variáveis. Perante a influência limitada do governo e a existência de recursos limitados, é possível concluir que a oferta de serviços comunitários de apoio domiciliário à população idosa de um duplo problema de formulação e implementação das políticas, derivado das deficiências presentes na relação entre os diferentes fornecedores de serviços.

Palavras-chave: Serviço Comunitário de Apoio Domiciliário a Idoso; Procura; Oferta; Grounded Theory

JEL: H83; I38

摘要

在全球老龄化的背景下，老龄化问题已成为 21 世纪中国的基本国情。中国人口老龄化的特点是大规模，快速的过程，“老龄化但不富裕的社会”，衰老的倾向和巨大的地区差异。湖北省武汉市是中国中部的核心城市。武汉老龄化的基本特征也符合国家老龄化特征。根据武汉市民政局于 2019 年发布的最新武汉市人口老龄化报告，该市已达到深度老龄化水平。与发达国家几十年甚至一百多年的老龄化进程相比，中国的快速老龄化与“老龄化但不富裕”的社会背景并存。因此，中国和武汉的 CHECS 供应受到社会资源的限制，无法满足老年人对服务的需求，而且 CHECS 的供需严重失衡。

为了解决困境，研究中逐步回答了一系列问题：如 CHECS 的定义，以及将其作为老年人基本支持方式的原因；武汉 CHECS 的内容，以及老年人对 CHECS 需求的影响因素；20 年来中国和武汉市老年人护理政策的回顾与分析；CHECS 供给的影响因素分析，包括当前存在的问题；CHECS 供给和需求的理论模型；关于完善武汉 CHECS 体系的建议。

在“影响 CHECS 需求和供给的因素”的研究中，这项研究不同于以往大多数学者使用定量研究方法所做的研究，而是使用扎根理论作为研究方法，选择合适的研究地点，使用参与式观察、深度访谈和其他方法收集与研究主题相关的信息。在录制时，它已尽可能详细，没有任何研究人员的个人意见，研究人员使用编码方法的扎根理论来分析数据，抽象主要类别，并分析它们之间的关系，形成实质性理论，解释了理论的各个部分。在对 CHECS 供给的分析中，本研究彻底梳理了近二十年来中国老年人护理政策的发展背景和内容，发现中国的老年人护理政策分为两个阶段：规范发展阶段和完善阶段；通过深入访谈和广泛收集整理，发现在政府有限和资源有限的双重影响下，老年人对老年人护理的理想需求与现实服务水平存在显著的不平衡。缺乏服务供应严重限制了老年社区家庭护理服务需求的满足。这些问题可以看作是多学科参与下服务资源整合过程中的系统性问题；从正规服务提供者分工的角度来看，家庭社区老年护理服务供给的困境实际上是由于关系缺陷引起的“政策制定”和“政策实施”的问题政府与非政府实体之间。与以往仅从政策文本或相对简

单的调查中分析的文献相比，本研究基于大量的深入访谈和政策文本比较，并对“问题和原因”进行了更全面的分析，最终形成了 CHECS 的需求和供给理论模型。

本研究拓展和丰富了相关研究的观点和思路，对社区家庭养老服务体系的研究和发展具有重要的学术价值和现实意义。

关键词：社区家庭养老服务；需求；供应；扎根理论

JEL: H83; I38

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List of Abbreviations

ADL – Activities of Daily Living

CHEC- Community Home-based Elderly Care

CHECS – Community Home-based Elderly Care Service

CNKI – China Knowledge Network Database

GT – Grounded Theory

HBEC – Home-based Elderly Care

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Chapter 1: Introduction

Against the background of global ageing, the situation of China's ageing population is already very serious. In 2001, the proportion of the elderly population in China aged 60 and over exceeded 10% (Li, 2018). The ageing problem has become the basic national condition of China in the 21st century. The ageing population and the low birth rate have been crucial for the Chinese economy and society as it lowers the economy's growth potential and increases the burden of welfare costs on the younger generation. China's ageing population is characterized by a large-scale, rapid process, an “ageing but not a wealthy society”, a tendency to senility, and large regional differences (Fang, 2006). Wuhan City, in Hubei Province, is a core city of central China. The basic profile of ageing in Wuhan is also consistent with the national ageing profile. According to the latest Wuhan Municipal Population Ageing Report released by the Wuhan Civil Affairs Bureau in 2019, this city has reached a deep ageing level. This so-called deep ageing has a very big impact on the economy, society, and families throughout the city.

The problem of the demand on care services for the elderly is most pressing. It is imperative to improve the elderly-care service system (Guo & Xiong, 2014). That being so, this chapter analyzes the dilemma of community home-based elderly care service development in China and Wuhan, proposes the research questions to be answered by this research, and introduces the thesis content, structure and technical roadmap, and the selected research methods.

1.1 Research background

1.1.1 Trends and characteristics of China's population

The ageing of the population is rapidly accelerating worldwide. For the first time in history, most people can expect to live into their 60s and beyond. The consequences for health, health systems, their workforce and budgets are profound. Ageing of the world's population began in the 20th century and developed rapidly in the 21st century. In 2017, the global total number of elderly people aged 60 and over was about 962 million, accounting for 12.7% of the global population. The total number of elderly people aged 80

and over was 137 million, accounting for 1.8% of the global population. It is expected that the number of elderly will continue to grow steadily. The ageing of the population has become an inevitable global trend. In as early as the 19th century, France and Sweden had experienced population ageing. By the 1960s, almost all Western countries had entered an ageing society. In 2001, the proportion of elderly people aged 60 and over in China exceeded 10% of the total population. The ageing of the population has become the basic national condition of China in the 21st century and responding actively to ageing has become an important strategic goal of China (Li, 2018).

China's ageing population has several characteristics:

Feature 1: The scale of the older population is massive. According to the statistics of the National Bureau of Statistics (National Bureau of Statistics of the People's Republic of China, 2018), at the end of 2017, the number of elderly people aged 60 and over in China was 241 million, which represents 17.3% of China's total population, 1/4 of the global elderly population, and 2/5 of the elderly population in Asia; the number of elderly people aged 65 and over reached 158 million, which is 11.4% of the total population in China. With the old-age dependency ratio being about 1:6.2, that means that an average of 6 working people are needed for 1 elderly person.

Feature 2: The population ageing process is fast. In China and globally, population ageing began in the early 21st century. It is estimated that, while the global ageing level is expected to exceed 20% in 2050, the proportion of the elderly population in China aged 60 and over will reach 20.8% in 2025. This is twice as fast as the world average. Considering the time it will take for the rest of the world to go from an ageing society to a deep ageing society, and from a deep ageing society to an old society, China's ageing process is leading the world, together with countries such as Japan, Singapore, Thailand and other Asian countries (Li, 2018). According to the internationally accepted standard classification (as cited by Li (2018)) when the elderly population of a country or region accounts for 10% of the total population, it means that the country or region has entered the ageing population stage, and when the proportion of the elderly population over 65 years has reached 14% of the total population, the country or region has entered the deep ageing stage.

Feature 3: "Ageing but not affluent" society (Chen, 2015). Compared with countries facing a similar ageing process - the per capita GNI (Gross National Income) of Japan was \$1,820 (1970), that of Singapore was \$23,410 (1999), and that of Thailand was \$2,180 (2003) - China, with a per capita GNI of \$1010 (2001), was ranked last. By 2011, however,

China's per capita GNI exceeded Thailand. 25 years after entering the ageing society (in 1995), Japan has officially stepped into the deep ageing society. At this time, their per capita GNI has reached \$42,110, 23 times what it was in 1970; Singapore will become an ageing society in 2021, and their current per capita GNI growth trend remains steady. China's per capita GNI in 2017 was \$8,690. Despite being 8.6 times higher than when it first became an ageing society, according to the development trend of per capita GNI, it will be difficult to reach the same level as Japan or Singapore in. Japan's ageing population is characterized as "ageing while being rich", Singapore's as "well-off before being old", and China's should be called "ageing but not affluent".

Feature 4: There is a distinct trend towards senility (Dang, 2018). In 2017, the number of old people in China aged 80 and over was 26 million, accounting for 1.8% of China's total population, which is 18.8% of the world's elderly population. It is estimated that by 2048, the number of elderly people aged 80 and above in China will exceed 100 million, doubling that of 2017, and accounting for about 25% of the world's elderly population.

Feature 5: The ageing process in different regions of China varies greatly and is mainly reflected in the chronological transformation of the ageing of the provinces, with the degree of ageing being different among the regions (Lin, 2018). Shanghai entered the ageing society as early as the late 1970s. In the 1980s, only the Zhejiang Province entered the ageing society. In the 1990s, 15 provinces entered the ageing society one after another. From 2000 to 2010, another 10 provinces entered this category. Qinghai, Ningxia and Xinjiang entered an ageing society after 2010. By 2016, Tibet had not yet entered an ageing society. Generally, the degree of ageing in China is higher in eastern regions than in the north. The difference in population ageing between regions depends mainly on the economic development level, fertility and mortality rates, average life expectancy, as well as on the population flow. However, with the flow of the young and middle-aged population from the central and western regions to eastern and coastal areas, the ageing progress will slow down in the east and along the coastal areas and accelerate in the central and western regions (Hou, 2018).

1.1.2 Wuhan city

Wuhan is the capital city of Hubei province. It is divided into three jurisdictions: Wuchang, Hanyang and Hankou because of the Yangtze River and Hanshui River. Wuhan is a central transportation hub of 9 provinces in China, renowned for its long history and

diverse cultures, distinguished as an important national science and education base, and an industrial base. Wuhan covers an area of 8,596.2 square kilometres, with a maximum span of 132.1 kilometres from east to west and a maximum span of 154 kilometers from north to south. There are 13 administrative districts in Wuhan (Caidian, Dongxihu, Hannan, Hanyang, Hongshan, Huangqi, Jiang'an, Jianghan, Jiangxia, Qikou, Qingshan, Wuchang and Xinzhou), 5 economic development zones (Donghu Eco-tourism Scenic Spot, Donghu New Technology Development Zone, Wuhan Chemical Industrial Zone, Wuwen Economic and Technological Development Zone and Wuhan Xingang) and other five functional districts, 13 municipal districts, 108 sub-district offices, 21 towns, 15 townships, 1107 communities, 2033 administrative villages (Baidu Encyclopedia, 2018).

According to the 6th population census (Office of the Leading Group of the Sixth Population Census of Wuhan Municipal People's Government, Wuhan Municipal Bureau of Statistics, 2011), the permanent resident population of Wuhan in 2011 was 9,785,392. From 8,048,091 people at the end of 2000, the total population increased by 1,737,301 in 10 years, an increase of 21.59%. The average annual increase was 173,730, with an average annual growth rate of 1.97%.

The proportion of people over 65 years old in Wuhan exceeded 14% for the first time in 2018 (Wuhan Civil Affairs Bureau, 2019). According to the latest population data provided by the Municipal Public Security Bureau, by the end of 2018, the total registered population of the city was 8,837,300. This can be broken down as follows: the elderly population over 60 was 1,879,400, or 21.27% of the total population; the elderly population 65 and over was 1,242,500, or 14.06% of the total population; the elderly population over 70 was 762,600, or 8.63% of the total population; the elderly population over 80 was 250,900, or 2.8% of the total population; the elderly population over 90 was 31,800, or 0.36% of the total population; and 475 people were aged 100 and over.

The ageing population situation in Wuhan is grim, and presents the following characteristics:

A. The degree of ageing is deepening.

(1) The elderly population is growing rapidly. Between 2017 and 2018 the total number of elderly people increased by 90,000, and in 2018 the degree of ageing was 0.32% higher than that of 2017 (20.95%).

(2) The elderly population is growing continuously. From 2010 to 2013, the elderly population grew on average at an annual rate of about 50,000. From 2014 to 2018, the

number of elderly people increased by 103,900, 77,500, 89,900, 6,100 and 90,900 respectively, which would indicate that Wuhan is in a period of rapid elderly population growth.

B. The growth of senility among the ageing population is stable.

(1) In 2018 the number of elderly people over 80 years old in Wuhan was 250,900, an increase of 14,200 from the previous year, accounting for 2.84% of the city's total population (2.77% in 2017), and 13.35% of the city's elderly population (13.23% in 2017). The proportion of the population and the proportion of the elderly population are not much different from those in 2017, there having been only a slight increase. Since 2014, the growth trend of the elderly aged 80 and over in Wuhan has been stable.

(2) The number of centenarians in Wuhan continues to increase. In 2018 there were 475 centenarians in the city, an increase of 27 over the previous year, including 126 males and 349 females. There are centenarians in all 15 districts of the city, the oldest being 111 years old.

The number of senile citizens in Wuhan is large and widely distributed. The number of senile people accounts for more than 10% of the total number of elderly people in the city. Senile people are often associated with the problems of disability, dementia, and illness. Day-to-day care and other needs are extremely important issues for them. In particular, they need help and care. They need to be highly valued by the government, the whole society, and each family.

The Ageing Situation Differs Between Districts.

(1) Distribution of the elderly population in each district. In 11 districts (Wuchang, Huangpi, Jiang'an, Xinzhou, Qikou, Jianhan, Qingshan, Hanyang, Hongshan, Jiangxia and Caidian) the number of elderly exceeds 100,000. The area with the highest number of elderly is Wuchang District (240,900); the lowest number is observed in the East Lake Scenic Area, with only 8,287 people.

(2) The degree of ageing differs between districts. The highest degree of ageing is observed in the Qingshan District (28.71%), and the lowest in the Donghu High-tech Zone (10.14%). The ageing of the eight districts of Qingshan, Qikou, Jianghan, Jiang'an, Hanyang, Wuchang, Caidian and Huangqi exceeds 20%. The 7 central districts, with the exception of the Hongshan District, are far older than the new urban areas.

In short, with the increasing ageing of the population in Wuhan and the large increase

in the number of elderly, the issue of ageing poses ever greater and more numerous challenges to urban economic and social development and management. Wuhan officially entered the deep ageing stage in 1993. Deep ageing has a very big impact on the economy, society, and family structure of the whole city (Guo & Xiong, 2014). And the problem of demand for elderly care service becomes more pressing. It is extremely urgent to improve the elderly care service supply system. This is also an important reason why this study chose the city of Wuhan as the research object.

1.1.3 Current situation of community home-based elderly care service

The community home-based elderly care service model adapts to the wishes of the elderly themselves and is one of the crucial aspects of the urban elderly care service socialisation process. As such, it will shoulder tremendous responsibilities to meet the elderly's demand for care service in the city. With the gradually more serious ageing problem, community home-based elderly care model will also come under increasing pressure (Guo, 2010).

Based on experience abroad, institutional care of the elderly although once the main model at special stage, is declining. This is due to its inability to meet the diverse demand, high overheads, the high standard of charging, lack of beds and humanitarian care. Most of the countries in the world are promoting home-based community elderly care above institutional care (Angel & Angel, 2005). The "13th Five-Year Plan for the Development of the Aged Career and the System of Providing for the Aged System" (Appendix 2) clearly states that CHECS should be vigorously implemented, that is, the government and social forces should rely on the community to provide the elderly's day-to-day care, housekeeping services and rehabilitation care, as well as spiritual consolation at home. It is a supplement and update to the traditional family-supporting model, and it is an important part of China's development of community services and the establishment of an elderly care service system (Fang, 2006).

Besides, influenced by considerations of filial duty, Chinese people tend to choose home-care as the main way of supporting the elderly (Chen & Zeng, 2018). When it comes to the dramatically accelerating ageing situation, whether the community home-based elderly care model can successfully meet the diverse demand or not, will be key in examining the effectiveness of the social elderly care service system (Ding & Qu, 2019).

Furthermore, in this study, the researcher chooses the service supply typically from

the perspective of the government. The elderly care (service) related policies are issued or formulated by the government at different levels. Meanwhile, in China, most current community-based elderly service providers or agencies are linked to the government, with the services provided being regarded as a certain type of public welfare (Gao, 2019). In other words, in practice, the government is the main service provider. In the following chapter, this research analyzes the community home-based elderly care service supply from the policy and practice perspectives, both relating to the government. The key to tackling the problems and obtaining sustainable development and benefit in the elderly care system, lies in figuring out what the elderly's demand for elderly care is, and how the government could bring all the social forces together to distribute the resources and contribute to the elderly care system effectively and efficiently (Zhou & Liu, 2020).

1.2 Research dilemma

In response to increasing demand for elderly care services, in terms of supply, between 2011 and 2017, various departments of China's national government have initiated over 70 projects designed to promote the construction of a social elderly care service system, accelerating the development of the services, and strengthening the standardization of its quality (Liu, 2019). Wuhan local government also elaborated plans, policies, and regulatory documents following the national policies, to reinforce the construction of the elderly care system in Wuhan, and to improve the quality of related services. The financial input from the central to local governments for the construction of elderly care institutions and their facilities has continued to increase, and the number of public nursing institutions and various types of aged care facilities has increased rapidly (Zhou, 2013).

As an important part of the protection of the elderly, the ultimate goal of the development of socialised elderly care services is to improve the quality of life and life satisfaction of the elderly. Among them, whether the supply of elderly care services can match the demand of the elderly and whether the diversified demand can effectively meet the core problem. At the same time, in contrast to the ageing process in developed countries in recent decades or even for more than a hundred years, China's rapid ageing coexists in a social setup that is "ageing but not affluent". Therefore, the supply of CHECS in China, as well as in Wuhan, is restricted by social resources insufficient to meet the

elderly's demand for the services, which leads to a serious imbalance in supplying demand for CHECS (Guo & Hao, 2018).

1.3 Research questions

Given the above dilemma in the elderly care service in Wuhan, this study aims to answer these questions:

- What is the definition of community home-based elderly care service (CHECS)? Why do we choose it as the basic way of providing support? What are the differences between CHECS and other models of elderly care service?
- What are the influencing factors behind the elderly's demand for CHECS?
- What are the influencing factors of the CHECS supply in Wuhan?
- What can be done to find a way round the problems inherent in the CHECS system being built in Wuhan? How can we design a theoretical model for the dilemma between demand and supply of CHECS?

1.4 Significance of the study

Given that CHECS plays an irreplaceable role in society today, the findings of this research will redound to the benefit of society. The greater demand for CHECS from senior people means there is a louder and stronger voice calling for a more effective and efficient CHECS supply. Thus, any effort the government makes that derives from the results of this research, will contribute to the development of the CHECS system, and change the situation to some extent in Wuhan and other cities with similar problems. Service providers will be guided as to exactly which services they should provide the elderly in their communities, and how to provide them in a way that better serves the elderly and those communities. For the other researcher (or researchers if it is a group study) in elderly care or healthcare, it is expected that this study will provide them solutions to tackle the problems.

1.5 Research roadmap

In accordance with the research questions and contents, this paper has a total of seven

chapters, as follows: This first chapter is the introduction and mainly introduces the research background, research dilemma and problems of this research, determines the research content and technical roadmap, and research methods. The second chapter is the literature review. The first is to define the core concepts involved in the study; the second is to focus on the research ideas to explain and discuss. Finally, based on the research ideas and on the logical relationship between various theories, the theoretical analysis framework of this paper is constructed.

The third chapter outlines the research method applied in this study, which relies on grounded theory (GT). This chapter first explains the reasons for choosing a qualitative approach, and then describes in detail the process of using GT to collect data. The fourth chapter is the analysis of the demand for CHECS in Wuhan. Firstly, by summarizing and comparing the policy texts related to the elderly care services issued by the national and local government departments in 2009-2019, the content of the demand for CHECS in Wuhan is clarified. Then, by using the grounded theory research method, through three steps of coding process, the research analyzes the influential factors affecting the demand for CHECS in Wuhan.

The fifth chapter initially studies the policy environment supporting the elderly care service system in China over the past two decades. Then it analyses the details of the status quo, characteristics and difficulties faced by the CHECS system in Wuhan. The sixth chapter is the conclusion and discussion. The model of the CHECS demand and supply system is established, and solutions for tackling the research dilemma are put forward. The main research contents, research contribution and limitations are demonstrated and summarized. The technical roadmap is shown in Figure 1-1.

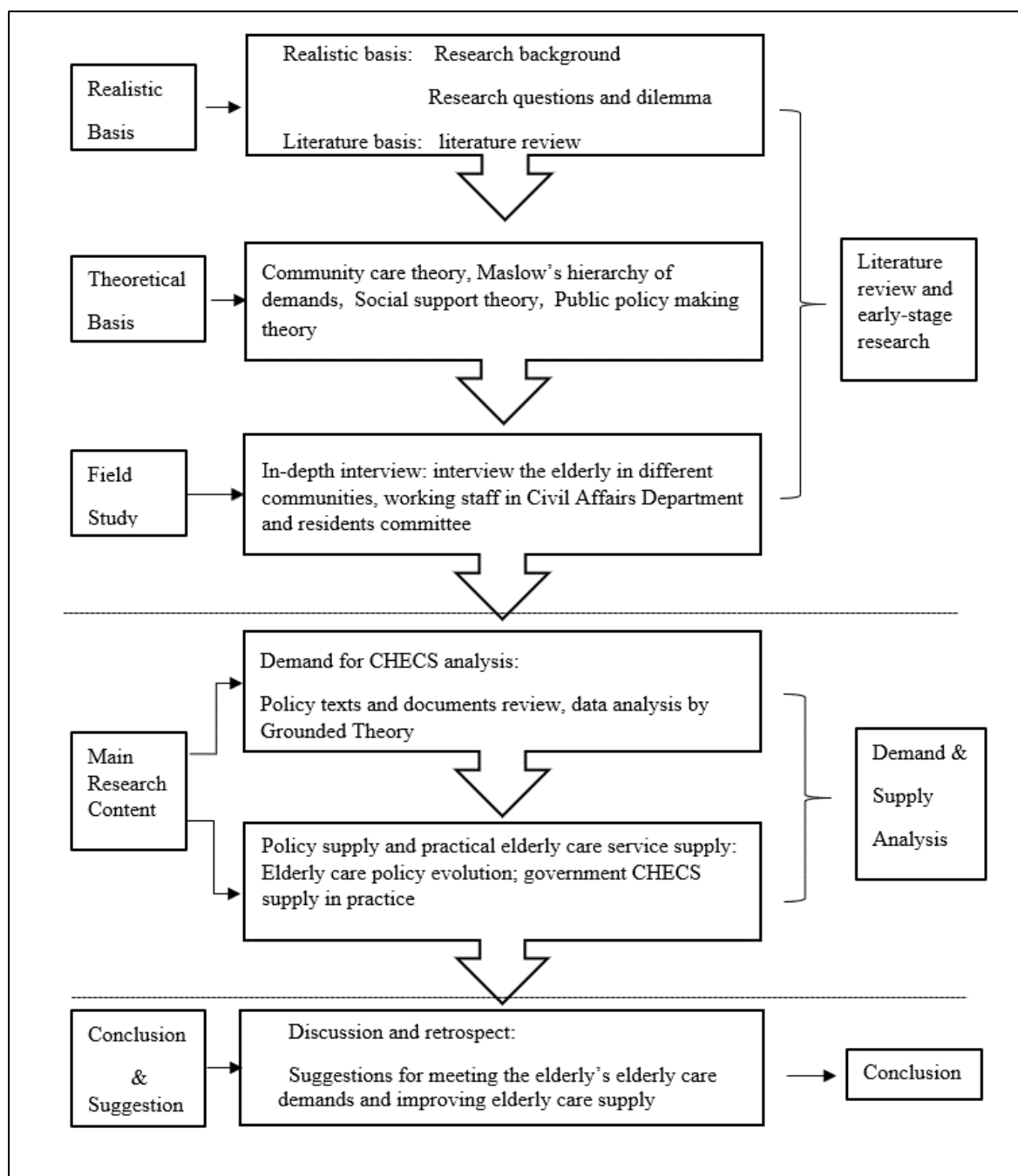


Figure 1-1 Technical roadmap

1.6 Research methods

With recourse to the university library and network database, relevant policy documents and domestic and foreign research literature are collected and organized, and a corresponding text analysis is carried out. Then, through the analysis of domestic and international research literature, the corresponding core concepts, theoretical foundations and research methods are clarified and refined, and the existing research is reviewed, assimilated and reviewed. After that, through the analysis of policy documents, the aim is to sort out the positioning and framework of CHECS, as a basic standard for service content setting. Finally, there is a thorough search through the specific service items appearing in the policy texts and theories and empirical research literature, and integrating similar service projects according to the function orientation of specific services.

Qualitative analysis can enhance the interpretation of quantitative research at the micro level. Through grounded theory (GT), this research uses phenomenological perspectives and semi-structured interviews with the elderly in the relevant communities in Wuhan, and with their main caregivers to understand the day-to-day care status of the elderly, the difficulties that exist and the demand for service. The service content of the analysis is supplemented, and the content recorded in the interview is graded three times to determine the factors affecting the demand for CHECS. During the study, researchers interviewed the elderly, the elderly's main caregivers, the principle service-providing bodies, and staff of the residents' committee and local Civil Affairs Department. This was important to get a picture of the current situation of CHECS, the existing problems and constructive proposals, which could provide empirical support for the discussion and conclusion in this research.

Taking the demand and supply problem of CHECS as a system, this research comprehensively analyze all of its components: the content, characteristics, factors that influence service demand, as well as the main body, mode, cost source, service item content, service management supervision, service quality evaluation, relationship between the various entities, to find a feasible solution for providing an effective supply.

1.7 Summary

This chapter is the introductory chapter. It covers the research background, research

dilemma, research questions, research roadmap, and research methods. It presents the trends and characteristics of China's population ageing against the background of global ageing and introduces Wuhan City and the current situation regarding the community home-based elderly care service. It presents an overview of the ageing problem in China and Wuhan city and, additionally, the grave situation of the relationship between community home-based elderly care service and demand and supply, in which the government plays crucial role. The key to tackling the problems and obtaining sustainable development that would benefit the elderly care system, resides in figuring out what precisely the elderly's demand for elderly care is, and how the government could bring together all the social forces to distribute resources and contribute to the elderly care system effectively and efficiently.

The research dilemma is based on the description of the research background, especially with regard to previous analyses and with recourse to the literature on the current situation of the CHECS system in China and in Wuhan city. More precisely, the dilemma is the imbalance in the demand and supply of community home-based elderly care service.

The next chapter reviews the related literature.

Chapter 2: Literature Review

2.1 Introduction

In this chapter, the core concepts and main theories related to the research are introduced. The definition of “elderly”, “empty nest elderly”, “4-2-1 family” are defined in the context of the Chinese typical situation. And then, core concepts in this research, such as “family support”, “institutional care”, “community home-based elderly care”, “social elderly care system” and “long term care” are interpreted in detail. Most important of all, the differences between the three main elderly care models (family support, institutional care, and community home-based elderly care) are clarified and the advantages of each one are analyzed. CHECS is a new model of socialized pension model based on community care and it is known in the European and American countries as the elderly community care. The generation and development of the CHECS have their internal laws and theoretical basis. The relevant theoretical frameworks mainly involve the community care theory, Maslow’s hierarchy of needs, the social support theory, CHECS as a public service-related theory. Then, research literature, home and abroad, are summarized and combed in a targeted manner, which helps to clarify the relevant concepts and research progress in the field of elderly-care and provide ideas and directions for the following research.

2.2 Related concepts

2.2.1 Elderly

According to international regulations, people over 65 years of age are determined to be elderly; in China, following the provisions of Article 2 of the Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly, those who are over 60 years old are generally referred to as the elderly, 70-79 are middle-aged elderly, over 80 years old are senile people (Du, Zhang, & Wei, 2016). In this research, the study population include those aged 60 years or above.

2.2.2 Empty nest elderly (or empty nesters)

The empty nest elderly (Wang, 1995) refers to the elderly without children to care for their living, living alone or couples living together, which can be divided into two situations: (1) the single elderly without children or spouse; (2) the elderly living separately from their children.

2.2.3 Family model (4-2-1)

4-2-1 family model (Gui, 1995) comprises of four elderly (parents of each couple), one couple and one child. With the first generation of "one-child" policy, mostly entering the age of marriage and childbearing, this family model became a mainstream trend. And this family structure of the "inverted pyramid" also derives some practical problems.

2.2.4 Family support

Family support can be regarded as a way of providing elderly care by the elderly's family members (Zhu, Song, & Chen, 1994). Family support refers to the fact that the elderly rely entirely on family members or relatives and friends to solve the elderly care problems, including the elderly receiving care at home and the children of the elderly, who bear various responsibilities and obligations.

Family support is a kind of feedback model. In terms of economic support, family support is an intergenerational economic transfer. In the care service, family support is the children taking care of the elderly in daily life. This model of the next generation's feedback to the previous generation is reciprocal and balanced between every two generations. It has long formed a traditional model of "family elderly care". Supporting the elderly has become the responsibility of the Chinese families. Parents have raised their children, later their children must support their elderly parents. Otherwise, they will be subject to moral paradox, which is based on the filial piety culture, directly undertaken by the family unit for more than two thousand years and deeply rooted in the thinking, culture and tradition of the Chinese people.

2.2.5 Institutional care

Institutional care (Yang, 2000) mainly refers to the gathering of elderly people in specialized elderly care institutions that provide care services. The institution's care service

focuses on the basic elderly service function through the construction of facilities. The focus on the construction of elderly service facilities includes elderly maintenance institutions and other types of elderly care institutions. The elderly maintenance institution mainly provides specialized services for disabled and semi-disabled elderly people, focusing on the following functions: (1) daily life care – facilities should meet the requirements of barrier-free construction, and configure the necessary auxiliary function rooms to meet the daily needs of the elderly for dressing, eating, going to the toilet, bathing, indoor and outdoor activities. (2) rehabilitation care – facilities for rehabilitation, nursing, and emergency treatment, and is equipped with corresponding rehabilitation equipment to help the elderly to restore physiological functions to a certain extent or to slow down the decline of some physiological functions. (3) emergency rescue – provides emergency treatment and emergency services for the elderly with sudden illness and other emergencies so that the elderly can receive timely and effective rescue.

2.2.6 Community Home-Based Elderly Care Service (CHECS)

2.2.6.1 Social Elderly Care Service and Social Elderly Care Service System

Elderly care services refer to providing the elderly with the necessary living services to meet the basic demand of their material and spiritual life (Wang & Liang, 2015). According to the different providers of elderly care services, they can be divided into families providing services and social elderly care services. Social care services emphasize the social participation on elderly care services. The social multi-agents (government, market, non-profit organizations, families, communities) cooperate to develop and support the elderly (Wu, Deng, & Ye, 2015). The social elderly care service system is adapted to the level of economic and social development. It aims to meet the demand of the elderly, for the aged, and to improve the quality of life of the elderly. The socially diversified subjects provided are daily life care, rehabilitation care, spiritual consolation, and emergency relief to the elderly. And is based on networks of facilities, organizations, talents, and technological elements such as social participation, as well as supporting service standards, operational mechanisms, and regulatory systems. China's social elderly care service system is mainly composed of three organic parts: (a) family support, (b) institutional elderly care and (c) CHEC.

2.2.6.2 Home-Based Elderly Care (HBEC)

Home-based elderly care has evolved from the community care in the West (Lear et al., 1969). After the Second World War, the United Nations proposed that society provide care services for the elderly. This model is different from institutional support and traditional family support. While home-based elderly care (HBEC) is still family-centered and requires family care, at the same time, it relies on the community to provide aged people with daily life care, medical rehabilitation, and spiritual consolation through professionally trained service personnel on-site services and community daycare. Although the elderly still live in the home, they cannot do without the support of the family. However, through the sharing of the elderly services and responsibilities, family support and social support can be organically combined.

This model is in line with the social characteristics in China, but also meet the long-term living habits and psychological factors of the elderly. Although foreign countries have had many years of theoretical research and practical exploration of the model of HBEC, the development time of HBEC in China is relatively short, and many people are still unfamiliar with it. In particular, some people will be also confused between the concepts of HBEC and family support. There is a need to clearly distinguish these two different concepts (Gui, 2002).

2.2.6.3 Community Home-Based Elderly Care (CHEC)

According to the different elderly care resources, the Social Welfare academic circle in developed countries generally divides the elderly care mode into family support, community care, and institutional care (Bell, 1973). For a long time, the relevant documents issued by the government departments in China, have divided the community elderly care as referred by Western countries into two concepts: home-based care and community elderly care (Segal, 1975). But in essence, home-based care and community elderly care are a socialized way of supporting the elderly, different from family support. From a conceptual point of view (Wu, 2000), home-based care and community elderly care are not easy to separate. They emphasize social diversity. The main body provides various socialized elderly care services for the elderly (most of the elderly) who live in the community, but not living in the institution. If there is no community to provide socialized elderly services for the elderly at home, the home-based care service is meaningless, and of course, home-based care cannot be realized (Wang & Yuan, 1999). In addition to family care, home-based care requires help from society, mainly from the surrounding

community. Therefore, there is no way to separate the home-based care and community elderly care. If the two areas are defined separately, it will easily lead to confusion of the concept of elderly care, and it is not conducive to the implementation of actual elderly services.

2.2.6.4 Community Home-Based Elderly Care Service (CHECS)

CHECS is a kind of social elderly care service model in which the elderly live in their own homes and the communities provide them care services (Feng, 1998). Different scholars hold different views toward the CHECS. Zhang (1998) held that home-based care service is the general term for a new elderly care service model which actively uses the power of society in different aspects to establish the most feasible and efficient elderly care service system that best suits the expectations of the elderly as well as maintains and strengthens their independence; the home-based care aims to be the elderly care service model that best contributes to the sustainable social development; in general, home-based care services take families as the core, the community elderly care service network as the base and the elderly care service system as the guarantee. Yang (2000) considered that the home-based care service intended the elderly live in their own respective homes instead of living in the elderly care institutions together. Yan (2009) proposed that the CHECS included two basic meanings: (i) from the perspective of elderly care service method, the elderly live in their own homes instead of in elderly care institutions such as welfare homes and apartments for the aged; and (ii) from the perspective of sources of elderly care funds, the elderly receive social help, mainly the help from the communities, apart from family care. Yao (2008) believed that the home-based care services referred to the socialized elderly care service model as the one in which the elderly lived in their own homes but received services from society. That was to say, the home-based care services actively used the power of the society in different aspects to establish a most feasible and efficient elderly care service system that best suits the expectations of the elderly as well as maintained and strengthened their independence. In conclusion, the model of community home-based care services includes at least two aspects: first, the elderly stay in their familiar communities and receive services available to them in the communities; second, the government should use the power of the community and utilize the community support systems to carry out services to achieve the ultimate goal of taking care of the elderly in need within communities and allowing the elderly to live independently as much as possible.

The "13th Five-Year Plan for the Development of the Aged Career and the System of Providing for the Aged System" (Appendix 2) clearly states that CHECS should be vigorously implemented, that is, the government and social forces should base on the community to provide elderly's daily life care, housekeeping services, rehabilitation care, as well as spiritual consolation at home. It is a supplement and update to the traditional family-supporting model, and it is an important part of China's development of community services and the establishment of an elderly care service system (Fang, 2006). The main way of CHECS is to provide the services to the elderly's home. For those in the good physical condition and that can take care of themselves, CHECS includes family services, elderly canteens, legal advisory services, and other services. For senior citizens living alone or disabled, they provide housework services, family health care, home facilities, room service, accessibility, emergency calls, and security assistance. In this research, CHECS include the corresponding elderly care services provided by the community for the elderly at home, as well as a range of services provided by the community for the elderly who would come to the community daycare center.

2.2.6.5 Family support, institutional care and CHEC

The choice of methods of elderly care services is confined by the social and economic development, as well as culture and tradition. In different societies and during the different developmental phases of society, elderly care services differ a lot (Li, Sun, & Dong, 2001). In history, methods of elderly care services have evolved from family support, institutional care to CHECS.

There are fundamental differences between family support, institutional care, and CHEC (Ma & Zou, 2013). The family support means that the family members of a group formed through kinship and matrimony bear the responsibilities and duties to offer economic support, life care and spiritual consolation to the elderly; the "home" in CHEC refers to a carrier of the elderly care services, which differs essentially from the family support founded on the economic basis of the family (Wang, 2007). CHECS proposes a model to combine the home elderly care with the community services, which allows the elderly to live in familiar places and environment, and the government only needs to provide home services, such as shopping, cleaning, and nursing in the communities of the elderly, instead of spending large amounts of funds to establish elderly care institutions. So it can be seen that the "home" in the home-based care is quite different from that in the family support because the life care and spiritual consolation of the elderly mainly come

from services provided by the society and the communities, the elderly care services are no longer related to the family support based on kinship and economic relations.

CHECS differs from the institutional care in the location where elderly care services are provided and the two are opposite (Mu, 2000). The former means that the elderly live at home together with their spouses and children provided that they possess houses (Song, 2010). While institutional care means that the elderly living in care institutions (including welfare homes, nursing homes, elderly care centers, apartments for the aged and the hospices). Both have advantages and disadvantages.

The advantages of CHECS are: (1) the home environment, interpersonal relationships and community environment are familiar; (2) the cost of elderly care services (living cost) is low and original home resources (living environment, furniture, durable consumer goods, and living facilities) and community resources can be fully made use of; (3) the elderly can easily get care from the family members, thus the need of spiritual consolation can be met; (4) it conforms to the mental situation and elderly care tradition of the elderly. The disadvantages of the CHECS are: (1) children of the elderly have to spare some time; (2) requirements for the living environment of the elderly are high; (3) the elderly should be able to take care of themselves in daily life (Li, Sun, & Dong, 2001).

The advantages of the institutional care are (Yang, 2000): (1) the services are professional; the elderly can receive daily care and medical care; (2) a good living environment with the barrier-free design; (3) the elderly have more leisure time and the collective life can help them to relieve the loneliness; (4) the burden on the children can be reduced; (5) living independently preserves the dignity of the elderly and some of them may marry again. The disadvantages of the institutional care are: (1) the elderly must adapt to the new environment and rebuild interpersonal relationships. They may have conflicts with those who live together with them; (2) living costs and extra expenses to pay for the basic facilities are high; (3) the elderly get less spiritual consolation from their family members and relatives (Stoddart & Whitley, 2002).

CHECS requires less investment, has lower cost and serves much more people efficiently. Therefore, they can effectively reduce the burden of the families that have old people to support and ease the pressure of institutional care. Yao (2008) pointed out that the CHECS is an inevitable choice that fits the background of the social and economic development in China, its traditions and culture.

2.2.7 Public goods

Public goods are those that are both non-excludable and non-rivalrous. In other words, the supplier cannot prevent people from using the good, nor will its consumption prevent others from accessing it. Such examples include: defense, policing and streetlights and so on (Lambert, 2017).

2.2.8 Quasi-public goods

Quasi-public goods generally possess some characteristics of public good but not all. Most tend to have the non-excludability characteristic, but not the non-rivalry. For example, a motorway in the UK is provided out of tax revenue (like a public good). However, an element of rivalry is apparent. Road space is becoming limited therefore if everyone used their car on the motorway at the same time, gridlock would occur. Some products also have an excludability aspect as non-paying consumers can be excluded from the use of public goods, such as toll booths to charge for road usage on busy roads (Lambert, 2017).

2.2.9 Public interest

The "public interest" is a political concept regularly trotted out along with other democratic principles such as transparency and accountability. And like transparency and accountability, it's difficult to pin down exactly what it means. Generally, it could be defined as the assumed broader desires and needs of the public, in whose name policy is made (Birkland, 2019). However, the public interest is such a complex and tricky concept to navigate because it has intentionally evolved as ambiguous and mutable. It has no overarching definition because it is contextually determined in scope and purpose (Johnston, 2017).

2.3 Related theories

CHECS takes families as the core and relies on communities and professional service institutions. It is featured by daily life care, rehabilitation nursing, and health care to the elderly at home through home service, daycare, or the neighboring help. Besides, the CHECS also brings in the professional service methods of pension institutions into the service system. The CHECSs includes three characteristics: (1) the elderly are

economically supported by the families and themselves; (2) the elderly still live in their own homes; (3) the communities demand to provide the elderly with as many services as possible (Tong, 2006).

CHECS was first put forward in some European and American developed countries (Guo, 2011). This is the new socialized pension model based on community care and is known in the European and American countries as the elderly community care. The generation and development of the CHECSs have their internal laws and theoretical basis. The relevant frameworks mainly involve the community care theory, Maslow's hierarchy of needs, the social support theory, and public policy making theory.

2.3.1 Community care theory

As for the definition of community care, there are different interpretations in academia. In the "Community Care White Paper" issued by Britain in 1989, it was defined as to provide proper support for the people's maximum enjoyment, and to achieve home-based services by providing respite care and daily care for family members who take care of the elderly (Tester, 2002). Abrams (1997) considers that community care is the assistance, support, or care provided by nonprofessional staff at home or in the work environment. The board of the Hong Kong Council of Social Service proposed that the community care was to provide care and support to the groups (the elderly, the disabled and mental patients) and to mobilize the informal care groups such as the families and volunteering groups to care those in demand. The common goal is to let the groups rely on others to live independently in their communities or their original living environment, as much as possible.

Along with British "anti-institutionalization" and "de-institutionalization" trends in the early 1960s, community care has been promoted as a campaign. The trends held that the routine professional care and the hierarchical management of large pension institutions separated the elderly from the normal and humane living environment, which was bad to elevate the life quality of the elderly and meanwhile added more burdens to the government's finance. Britain introduces the community care to ameliorate the negative images of the institutional care, to reduce the government's burdens and to encourage the privatization of the social welfare services, to re-establish benign interpersonal relationships in the communities, to exploit the resources of the communities and to strengthen the community care capacities (Challis & Davies, 1985). The concept of

“community care” bears rich British traditions (Xiong, 2008).

Later, other western developed countries also imitated the British community care. Till the 1980s, the community care had been mature. Haya Kawa Wa Dan (cited by Zhou & Fu, 2008) a Japanese scholar, pointed out that home-based care services refer to elderly living their ordinary life in the ordinary streets and continue to living in residences and streets that they are accustomed to. Huang Yaorong (cited by Zhou & Fu, 2008), a Taiwanese scholar, introduced the concept of “aging in place” meaning that the residents live in the original environment and situations for the whole life without migration and the aged residents still can live freely and happily in the familiar environment where they can meet familiar people and things. The community care advocates leaving the elderly in the communities to be taken care of and providing them with various professional social services and nonprofessional support systems. The following are four aspects of its basic contents:

(1) Care receivers. The community care usually provides support and assistance to certain social groups in demand (such as the elderly and mental patients). As the most vulnerable social groups, they often rely on professional and nonprofessional services and care from communities to live normally among the citizens (Bradshaw, 1972).

(2) Caregivers. The second basic factor of the community care is the involvement of the non-governmental resources, which not only refer to the professional caregivers from non-governmental service organizations but also nonprofessional caregivers, such as relatives, neighbors, and volunteers. Community care involves not only government workers but also all the members of the communities and even the support and resources outside the communities (Bass & Noelker, 1987).

(3) Keeping the community life. The goal of the community care is to keep people in demand to live independently in the communities or the natural living environment until they have to be hospitalized for treatment. In other words, the community care aims to make care receivers live an independent life as much as possible, by providing proper support.

(4) “Care in the Community” and “Care by the Community”. Bayley (1973) divided the community care into care in the community and care by the community. These are the two well-received aspects of community care. Care in the community refers to leaving care receivers in the familiar communities and providing them comprehensive services by professional and nonprofessional service workers from the government, the society and

family members. Care by the community mobilizes family members, friends, neighbors and volunteers in the communities to provide care and serves to the elderly through the community support systems. The community care allows care receivers to live like normal people in their familiar community environment and helps them to get rid of the feeling of being abandoned. Therefore, the “care in the community” actually covers the services provided by the government, organizations and even the market, while “care by the community” (the care given by relatives and friends) refers to the services in the communities.

According to the community care theory, the CHECS is not only the most economic method of making the best use of limited social resources to solve the problem of pension services but also a socialized pension model fully reflecting the demand of the elderly. Therefore, similar to community care, the community home-based care is a socialized pension service approach following the social and economic development in the present phase of China (Wu, Deng & Ye, 2015).

2.3.2 Maslow’s hierarchy of needs

Maslow (1954), divided human demand into five levels in a hierarchy, from the basic to the advanced forms of demand. The five demand are physiological demand, safety demand, love and belonging, esteem and self-actualization. Maslow considered that people would not develop higher levels of demand unless the basic demand were met first and that the basic demand would coexist with the higher levels of demand but would have less influence on people’s behavior.

Though Maslow’s hierarchy of needs may not be right, it does express the common demand pattern of most people and this pattern reveals the importance of social security. The food relief, housing welfare and the transportation allowance in the social security system are the physiological burdens of many social members with low income. The sense of security including medical security, old-age security and insurance against injury at work is the second level of demand pursued by social members. To eliminate the social members’ worries, the corresponding social insurance and social welfare systems should be established. The third level of demand is spiritual consolation. It can be gained from families, communities, and organizations. For some lonely, widowed, or disabled people, this demand can be fulfilled only by social services. The fourth level of demand is the education welfare which is indispensable as it is the only approach for social members to

acquire knowledge and capabilities as well as dignities. In the fifth level of demand, self-actualization depends on the extension of the development space and personal freedom. The sense of security formed through the social security systems is an important and necessary requirement to extend the individual freedom and development space. Therefore, in modern society, to satisfy various levels of demand of the social members objectively depends on guarantees of social security systems. The theory of Maslow's hierarchy of needs can serve as the cornerstone for social security theories and policies (Zheng, 2005).

According to Maslow's hierarchy of needs, the demand of the elderly can be classified into four (Chen, 2016): (1) Economic (2) Medical (3) Care (4) Spiritual. The economic demand of the elderly include the basic means of life in clothing, food, housing and transportation and the demand for pension income. They are the first level of physiological demand. Due to the decline in body function, diseases, disabilities, the reduction or loss of self-living capabilities, or the decline in cognition, the elderly urgently demand medical security and life care which belong to the second level of safety demand. The spiritual demand of the elderly includes the demand of respect and social participation, which include the other three advanced levels of demand. The CHECSs aim is to satisfy various levels of demand of the elderly.

2.3.3 Social support theory

Started in the 1930s, the social support theory has become a special theory and method. Since the 1970s, it was widely adopted in various fields of sociology. Social support can be described as "the actual transfer of advice, aid and effect through interpersonal networks" (Liang, Krause, & Bennett, 2001). It is not only unilateral care or help but also a social exchange in most situations. It is a social mutual interaction among people. In other words, social support, in a broad sense, involves not only the support and maintenance in and out of the families but also various formal and informal support and help (Cai et al., 1997).

The social support network has three functions:

- a) The preventive function, it means that the support from the social network helps the participants keep a happy and positive mood and propels participants to react moderately or positively to factors that may incur annoyance.
- b) The adaptive function, i.e. the function of easing life pressure and setbacks. In this aspect, social support can increase an individual's self-esteem and

confidence, as well as strengthen the problem-solving abilities and adaptability to changes.

- c) The curative function, which applies the social support to the service process and realizes the former two functions with the present or new support networks (Lin, 2006).

At present, most research has applied concepts such as social support, social network, and support system to the elderly. The social support of the elderly can be divided into a formal support system and an informal support system. The formal support system includes professional workers, formal organizations or institutions as well as relevant government departments while the informal support system includes family members, relatives and neighbors (Gallo, Reichel & Andersen 1988). In gerontology studies, researchers often define the concept of social support from three perspectives: the individual's subjective perception of social support, types of social support and the influence of social support (Gao, 1991). Berkman and Syme (1979) divided the social support functions of the social network into three types:

- a) emotional support (private talking to friends who can care about them),
- b) instrumental or substantial support (turning to others for help or getting economic aid from others),
- c) informative or intellectual support (gaining information, advice, or guidance).

2.3.4 Public policy making

2.3.4.1 New public management and new public service

In the international academia, research on public service mainly focus on new public management activities and new public service theories. New public management activities in the Western world witnessed a series of famous scholars who produced quite a few classics in this field, including; "Public Management Reform: A Comparative Analysis-New Public Management, Governance, and the Neo-Weberian State" written by Pollitt and Bouckaert (2011) in Britain; "Public Management and Administration: An Introduction" by Hughes (2007) in Australia; "The Political Economy of Public Administration: Institutional Choice in the Public Sector" by Horn (2004) in New Zealand; "Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector" by Osborne and Gaebler (1992); "Governing the Commons: The Evolution of Institutions for

Collective Action” by Ostrom (2000) and “Policing Metropolitan America” (Ostrom, Whitaker, & Parks, 1977), and Denhardt and Denhardt (2000) proposed in their article “The New Public Service: Serving Rather than Steering”, the new public service theory which represented a new development trend of new public administration. These research outcomes all made theoretical innovative contributions to the development of public service.

(1) Theories on new public management

New Public Management usually refers to the new theoretical trend and practice models emerging in the 1980s in such countries as Britain, America, New Zealand, and Australia. The theory includes a series of thoughts and activities like reinventing government and neo-managerialism. Although public management reforms across countries differ from one another, these reforms pursue the same objectives of 3Es (Economy, Efficiency and Effectiveness), adopt the same theories, measures and technologies of business management and introduce a market mechanism to improve public management and service and to reinvent images of governments (Zhu & Peng, 2003). New Public Management has seen a trend of establishing a management system focused on public benefit, a system aiming to address the roots of the contradiction between fairness and efficiency in public administration. This theory represents the new orientation for public management reforms and promotes the enhancement of public management efficiency.

(2) Theories on new public service

As the New Public Management theory prevailed in the European and American regions, its major theoretical basis, market principle and values, received severe criticism from contemporary scholars (Kooiman, 1996; Denhardt & Denhardt, 2000; Robinson, 2015). Indeed, along with the activities of New Public Management, countries like the UK and the USA were caught in increased social unfairness, loss of public benefits, public responsibility crises, etc. After reflecting on this theory, Denhardt and Denhardt (2000) put forward a New Public Service Theory advocating the return of governments’ nature to service. This new theory transcended previous ones for its innovative ideas.

It should be noted that the New Public Service Theory is the critical inheritance of the New Public Management Theory. In other words, the former is not merely a simple denial to the latter but to a larger extent the rational and constructive criticism of it. New Public Service Theory admits the widespread influences New Public Management has on the

globe and gives it the credit for its contributions to improving government performance. However, New Public Service Theory is not yet a substitute for New Public Management Theory, because apart from reminding people to pay attention to appeals for public value, New Public Service Theory has not worked out a complete set of feasible solutions to meet these appeals. New Public Service Theory proposes and emphasizes the service nature of public management and points out that the primary function of governments is not to control or rein the society but to help citizens express and achieve their public benefits. In short, public management is about serving, not steering (Cai, 2002).

(3) CHECS as a Social Basic Public Service

CHECS is a public product provided by the government to meet the basic care demand of the elderly, and an equitable public service offered across the society to protect the rights and interests of the elderly and to promote social fairness and harmony. In this sense, it is a social basic public service. Besides, CHECS is a form of quasi-public goods. It can meet the general demand of the elderly for home-based care service and their demand; it includes charged services offered to the well-off elderly, as well as free services offered to those living in poverty.

In China, the present CHECS is also defined as a “valorized public service” (Guo, 2010). Therefore, both its development and operation shall be under governmental regulations. In the infant period of CHECS, China needs to tap the leading role of the government. The government should make development plans, and issue supportive policies. It should implement fiscal funding, and conduct co-ordination and supervision. The government should be the planner of the public service sector and should seek to foster a relationship featured by mutual help and common development between service providers and producers.

2.3.4.2 Public policy making process

(1) Public policy

Public policy is the action plan and basis made by the government or social public authority in a certain historical period to achieve certain goals. As the main output content of the political system, public policy is essentially a kind of authoritative social value distribution plan (Smith, 1973). The public policy is the guide to action, and it connotes a broader framework to operationalize a philosophy, principle, vision or decision, mandate, and so on, which are translated into various programs, projects, and actions. A policy

entails the broad statement of future goals and actions and express the ways and means of attaining them. It is a framework of government intervention that covers a variety of activities (Khan, 2016). Other scholars (Cochran et al., 2010; Peters, 2010; Dye, 2013; Birkland, 2019) present some key attributes of public policy according to certain representative studies:

Public policy is made in response to some sort of problem that deserves some sort of government response.

Public policy is made in the 'public interest' a term enclosed in quotation marks because not everyone will agree with.

The policy is interpreted and implemented by public and private actors who have different motivations, and therefore will bring different interpretations of problems and solutions.

Public policy is oriented toward a goal or desired state, such as reducing the incidence or severity of some sort of problem.

Policy is ultimately made by governments, even if the ideas come from outside government or through the interaction of government and nongovernmental actors."

(2) Policy making process

The policy making process can be simplified as a set of successive stages: issue emergence - agenda setting - alternative selection – enactment – implementation – evaluation - (again, issue emergence ...), which describe the policy process as a cycle with no beginning or end (Birkland, 2019).

● Policy formulation

It is considered that the former three stages as the "policy formulation" stage, to resolve problems faced by a particular organization (Anderson, 2003). The idea of formulating a policy comes from "issue emergence" or policy demand or claims for action on a specific issue that is made by other actors. The actors could be citizens, customers, or civil society, among others. The importance of formulating policy is that it acts as the formal expression of the organization's intentions and goals and what should be done to achieve the same goals. This creates order in the organization, which in turn, helps the organization to move from the past to the future. In this case, the future state would be to develop the economy or to sustain improvements in the social system or to increase the capacity of the organization (Sapru, 1998). It also adapts to the public policy making

process.

- Policy implementation

The success of an adopted public policy depends on how successfully it is implemented. Even the very best policy is of little worth if it is not successfully or properly implemented (Khan, 2016). The term "policy implementation" has been defined by many scholars from various perspectives. Implementation is an important stage of the policy-making process. It means the execution of the law in which various stakeholders, organizations, procedures, and techniques work together to put policies into effect intending to attain policy goals (Stewart & Lester, 2008). There are a couple of points about the following items which should be noted: public interest, government's role in policy formulation, and policy implementation.

First, public policy is related to the public interest because we all are affected by different types of policies in different ways in daily life. But we are not all affected by the same policies in the same way, nor is one's intensity of feeling about an issue necessarily equal to that of others. So most often, people will not care so much about all types of policies, until one day they meet problems, or something goes wrong in their daily life.

Second, the government is ultimately the policy maker or the main body of policy making, even though more and more voices call for public participation. The government's role in policy formulation is crucial and dominant (Ding, 2002). Therefore, when it comes to discussing about public policy making, how the government should play the role and provide diverse services to meet the different public interests, are always the main concerns.

Third, after being formulated, the policy is still just a distribution scheme with an ideological shape. The effectiveness of the policy must be achieved through the actual implementation process. No matter how good the policy is assumed, only through effective implementation can the policy be guaranteed. Now, policy implementation itself is an extremely complex process. The effect of execution is often affected and restricted by many factors (Smith, 1973). And an effective policy implementation system can improve the policy formulation to better shape (Ding, 2002).

According to the above analysis, it could be concluded that CHECS policies are typically mainly made by the government and includes all stages during the policy making process.

2.3.5 Participants in CHECS and their respective roles

Savas (2003) grouped the participants in public services as arrangers, producers, and consumers. It was also suggested by the World Bank Development Report (2004) that the core elements in an institutional framework for public service are policy makers, service providers, and consumers or commissioners (World Bank, 2003). These two classifications are similar. The positive interaction between these three participants determines the direction for public service reforms.

In CHECS systems, governments act as policy makers, but not necessarily service providers. When the kind of services delivered to the elderly are determined, governments can choose service providers among community non-profit organizations, non-governmental organizations and profit organizations to give a full play to competition; meanwhile, governments should take the responsibility of supervision, enforcement and quality evaluation. This means that the traditional administrative management pattern of governments based on bureaucracy has changed to the market-based new public management model. As the innovative integration of management ideas in both private and public sectors, this new model, stresses that public sectors should fulfill their obligations to serve the public, and meanwhile borrows the idea of quality management in private enterprises. It focuses on improving service quality and output value based on public responsibilities, emphasizes that public management should consider the will, demand and interests of consumers and attaches importance to civil rights.

2.4 CHECS demand and supply in the literature

This section mainly reviews the research literature related to CHECS demand and supply, with the objective to track and grasp the past development direction of this subject. The search tools for the Chinese and English literature are mainly Science Direct, SAGE Backfile (Sage Backtracking Journal Library), and the search results were firstly based on the keywords “Community Home-Based Elderly Care (CHECS)”. The number of the searching result is more than 50,000. The Chinese Academic Journal (Web Edition) in China Knowledge Network Database (CNKI) is used as the data source, mainly because the Chinese Academic Journal network publishing database has the longest history and the greatest influence in the academic research field in China, and the largest readership and the widest range of subjects coverage. Therefore, with CNKI, the authenticity and

representativeness of the data are more secure and persuasive.

In the search CNKI, the keywords of “Community Home-Based Elderly Care Service”, “Demand for Elderly Care” and “Service Supply for Elderly Care” were also used, and the time of publication was limited to between January 1, 2009 and March 11, 2019. A total of 10,135 references containing the keyword of “Community Home-Based Elderly Care Service” were found, and 1074 references containing the keyword of “demand for elderly care” were displayed, including 1041 references containing the keyword of “service supply for elderly care”. From the search results, it was possible to gain a preliminary understanding of the current research status of CHECS and its supply and demand in China. According to the data, the attention to the situation of CHECS is on the rise. Especially since 2012, the research results of CHECS have grown rapidly (Figure 2-1, Figure 2-2 and Figure 2-3).

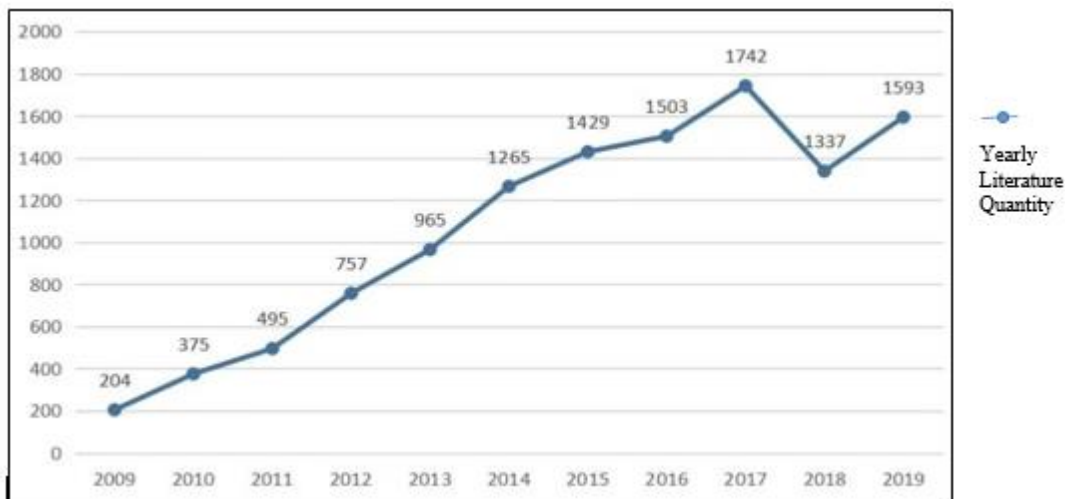


Figure 2-1 Literature statistics with the keyword of CHECS

Source: China National Knowledge Internet [CNKI] (2019)

According to the results of “Community Home-Based Elderly Care Service” as a keyword, by sub-dividing the research topics, it is found that at this stage, the academic research direction and attention on CHECS are mainly as following: CHECS, Community Home-Based Care (CHEC), the elderly, elderly care services, nursing institutions, elderly supporting models, institutional supporting, the combination of medical and elderly care. A total of 4,092 references on the theme of “Community Home-Based Care Services (CHECS)” accounted for most of the searching results. Most scholars have explored comprehensively on the theme of CHECS.

From the results of “Demand for Elderly Care” as a keyword search, according to the

research level of the references, the three levels with the largest number of articles are 407 references on the level of “policy research”, 376 on the level of “basic research” and 137 on the level of “industrial guidance”. From the results of “Service Supply for Elderly Care” as a keyword, also according to the research level of the references, the three levels with the largest number of references are: 444 on “basic research” and 374 on “policy research”, and 105 on the “industrial guidance” level.

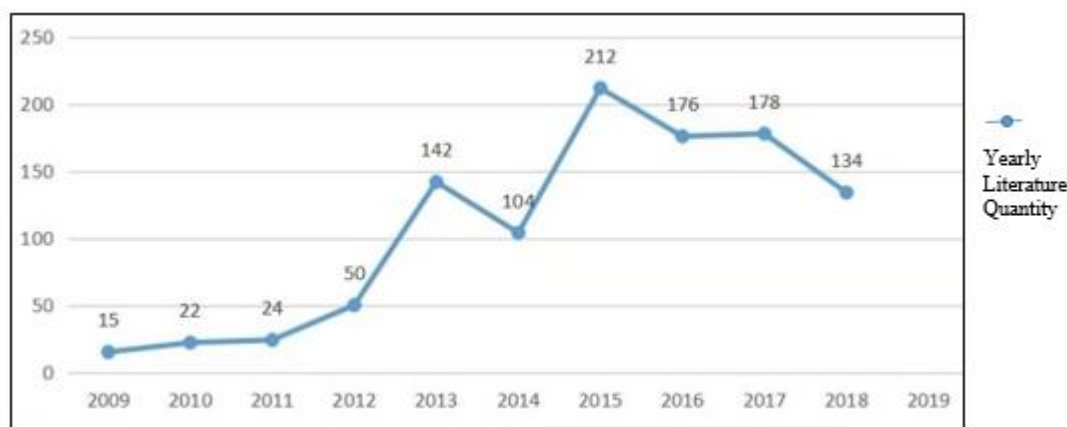


Figure 2-2 Literature statistics with the keyword of “Elderly Care Demand”

Source: China National Knowledge Internet [CNKI] (2019)

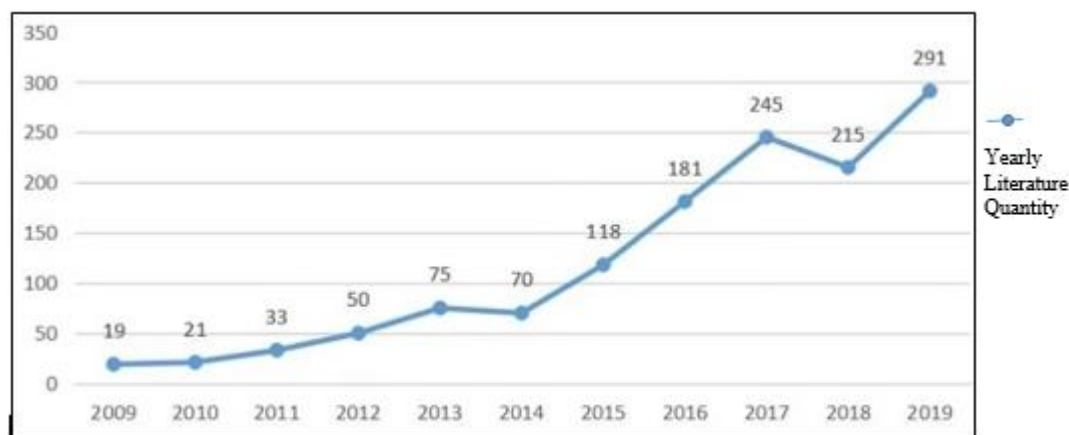


Figure 2-3 Literature statistics with the keyword of “Elderly Care Supply”

Source: China National Knowledge Internet [CNKI] (2019)

From the above data, it is clear that the current domestic academic research focus, of the demand and supply of elderly care service in China, is mainly on the policy supply for meeting the care demand from the senior people, besides the analyses on the policies’ essence, characteristics and functions, as well as the generation, development, formulation and implementation of relative policies. The purpose of the research is to reveal the regular factors in the whole process of policy formulation and implementation, to improve the

accuracy and effectiveness of the policy.

2.4.1 CHECS in the Chinese literature

2.4.1.1 The concept of CHECS

The term CHECS has evolved from “community care” in foreign countries. The main purpose of carrying out “community care” in western countries is to enable the elderly to stay in their familiar living environment, and at the same time to obtain personalized and diversified care services, and form a strong system support network through various formal and informal resources within the community (Stoddart & Whitley, 2002). In this way, the demand of the elderly in the community could be satisfied. In China, the earliest concept of CHECS was brought out in Hong Kong mainly to avoid the admission of some younger people to the nursing homes, bearing the burden of high expenses, to promote the provision of community care services as much as possible, and to encourage and support the residents in the community to help and cooperate, and propose the way of community care. In recent years, there have been different opinions on the concept of CHECS. Through the collating and reading of the existing literature, it was found that the concept is specifically defined and explained. Different scholars still hold different ideas and have their own opinions. To sum up, there are mainly the following representative views.

Zhang (1998) states that CHEC is a general term of the elderly supporting model, which is based on family support, supplemented by social elderly care services. It is aiming at actively mobilizing the forces of all aspects of the society, to form an elderly care model which can meet the demand of the elderly, and is the most practical and efficient way to contribute to social development; Yang (2000) points out that CHEC refers to the elderly living in their own family, rather than living in a nursing institution, but still accepting care services from the society; Liu (2000) believes that Community Home-Based Care means that the elderly can still live in their familiar community and environment, and the government does not have to spend too much investment on the elderly care institutions but fully mobilize various social forces to provide elderly services for the aged; Chen (2001) states that CHEC refers to the elderly living in the community home, but the CHECS is a type of socialized support model provided by the society, which is different from institutional support or traditional family support. He acknowledges CHECS is an organic combination of two types of models and emphasizes that CHECS is a way of providing care for the elderly. The basic content is that labor support mainly

could be shouldered by the society, spiritual consolation should mainly be undertaken by the family, and material support responsibility could be shared by the state, a mix of collective and individual support; Chen (1998) opposes that CHEC is an elderly care security system, with family-based support, supplemented by social forces. Besides, it can adopt both the family and social support models, which is to actively mobilize all aspects of the society to form a most practical and effective elderly care security system; Zhang (2000) emphasizes that CHEC is a product of economic and social development to a certain stage. The elderly support model requires a friendly social environment, with humanistic care, emotional communication, and a social environment with material support and spiritual support.

The above representative views all try to interpret and understand the connotation of CHEC from different perspectives and make definitions. So, they are very helpful for later research and policy formulation. Only by profoundly and accurately grasping the characteristics of CHEC for the elderly, can one correctly understand the main points of this model, carry out sustainable development, support and promote the cause of CHECS construction in China. The above comments can be summarized as follows:

Firstly, the family is still the main provider of CHECS (Wang, 2009). However, the "family" in the views of several scholars (Yang, 2014; Chen & Zeng, 2018; Chen, 2020) has meanings different from the "family" in the traditional sense. It is not only a narrow place of residence in the traditional sense, but also a social environment that provides material and spiritual support for the elderly's demand for the elderly care service, without leaving the family environment in which they have built up deep feelings.

Secondly, developed economic security is a solid foundation, and it is a guarantee to establish a CHECS system (Wan & He, 2013). The establishment of CHECS system demand the linkage of the state, society and individuals, especially the country's strong investment and support are vital keys to the system. It takes a lot of capital to mobilize all social forces to participate in system construction. Individual families also need strong economic strength to afford the expenditure to meet the demand of their aged family members for the care services.

Thirdly, adhere to the elderly as the center, demonstrate respect for the elderly's demand for care service, and concentrate on helping the elderly enjoy the services and their life (Su, 2019). It is also possible to fully mobilize the elderly to actively accept and participate in the system construction of CHECS.

2.4.1.2 The theory of CHECS

Gao and Wu (2009) advance a definition for CHECS as a kind of quasi-public goods. Guo (2010) defines it as “limited-price public service”. The government's concept and basic framework for drawing on the public service industry when planning for home care services have become a feasible research idea.

Mu's (2005) early research on home care services from the perspective of the disadvantaged subgroups, points out that rural elderly who are disabled, senior elderly living alone, and elderly who are not able to self-care, are the most vulnerable within the elderly group, the elderly as a whole being a vulnerable group. The former subgroups should be the main beneficiaries of elderly care services. Only when an old person's demand for elderly care services are fully met, the old person's life could improve and his or her weak life position may change.

Tian and Zhang (2014) pointed out that the starting point for China's development of CHECS is “de-familiarization”, which advocates reducing the burden of families and the individual's reliance on their family so that the individuals could be more independent. Li (2014) uses the New Public Management Theory to support government al decisions to purchase home-based elderly care services.

Wang (2009) believes that non-profit organizations, especially social welfare institutions, should play a more active and effective role in China, during the social transition period, while shouldering more responsibility in the elderly care service sector. Yi (2006) states that privatization should play an important role in welfare reform and gradually become the main transformation direction. Wu (2009) points out that effectively stimulating and mobilizing the enthusiasm of enterprises and civil organizations is the pre-requisites to establish a good market-oriented operation mechanism for home-based care services. However, some scholars have different views. For example, Qin and Yan (2012) argue that China still lacks a comprehensive elderly care security system, the basic elderly care coverage is narrow, the level of treatment is uneven, and misses the development of a supplementary elderly care system. These unfavorable factors directly lead to the low economic affordability of the elderly and the obvious regional and urban-rural differences. Therefore, at present, China does not have the condition to realize the diversified supply of elderly care services.

2.4.1.3 The demand of CHECS

From the searched literature through CNKI database by advanced search, choosing 2009-2019 as the period, with the keyword of “Community Home-Base Elderly Care Demand”. 1074 references were obtained, including various journal articles, master’s degree theses, and conference papers. From the number of papers published, it can be concluded that much research has been carried out, and the results are quite fruitful.

(1) The demand situation of CHECS

First, domestic scholars have characterized the demand for CHECS in terms of the number of elderly people, age structure, living conditions, and marital status. Zhu (2013) states that different elderly people have diversified demand for old-age services. Based on the diversification of demand, the data of the fifth and sixth censuses were used to measure the degree and speed of population aging in each province to measure the elderly's demand for aged care services. Qian (2014) assessed the elderly’s demand for CHECS, by using the number of the elderly population, growth rate, age structure, and family structure of the elderly, based on measuring the gap between institutions and home-based elderly care services and the actual demand of the elderly, explore the construction of a social elderly care service system. Wang (2016) uses Chinese aging scientific research, according to the urban elderly Data of the “China Urban and Rural Elderly Population Tracking Survey” in 2010, to analyze the current situation and influencing factors of the urban elderly care services, attempts to explore the reasons for the limited development of the aged care service industry from the demand perspective.

It is found, by combing and summarizing the relevant research literature, that domestic scholars have done much research on the content of elderly care services, and the views are more consistent. In summary, the scholars believe that the content of the demand for CHECS mainly includes daily care, medical service, social support, and spiritual consolation. Zhou (2013) reported that, according to a survey of 450,000 elderly carried out by the Wuhan Municipal Government in 2013, on the demand for CHECS, done, more than half of the elderly need medical visits. Also, there are many people who need daily services such as food delivery, housekeeping, and home water and electricity maintenance. Guo, Hao, and Zhang (2017) state that according to the survey data, more than 90% of the disabled elderly choose to stay at home, and they have medical rehabilitation, daily life care services, spiritual consolation services, and old-age facilities. There is a great demand for improvement, and family support plays a very important role in the daily care of these

disabled elderly people. The development of socialized aged care services is still lagging. This is an urgent problem to be solved. Habourna (2018), researched nine urban communities in Nanchang by interviewing a sample of 336 elderly on their demand of care services, found that daily service, medical service, spiritual comfort, social support, and stable economic condition account for most of the elderly home care service demand.

Hu (2011) carried out the research on the willingness to choose the elderly care service support model and found that the majority of the participants tended to receive care service to their living places. Zeng (2006) revealed that the elderly are willing to pay for the service within their ability. Huang, Li, and Zhao (2015) realized that it is not enough to investigate on the type of social elderly care service and the willingness of content, but the research should go deeper to examine the level of payment for social elderly services.

(2) The influencing factors of the elderly demand for CHECS

In the existing literature, the analysis of the influencing factors of demand has become the most important issue; the statistical description of the “quantity” of service demand is mostly used as a basis for exploring the influencing factors.

First, the willingness to support the old includes the three micro-levels of personal characteristics, social status and family status (Song, 2006). Living with children or spouses, suffering from chronic diseases, mental depression and low income level standards ($\leq 3,800$ yuan), all impact on the choice of home-based care.

Secondly, relevant research is mainly carried out from both qualitative and quantitative perspectives. Lu (2017) used qualitative analyses to propose those elderly who get more family support would have less demand for community care services. According to Song (2010), from the perspective of “thematic position”, it is believed that the willingness of demand is a rational strategy decision, which is based on the condition of the elderly themselves, the family, and the external environment. The so-called exaggeration of the demand for aged care services is also derived from the subjective psychological orientation of the elderly, resulting from the lack of reliability of formal service. At the same time, Liu (2012), from the perspective of “individual / society”, considers the demand for CHECS at the individual level is negatively related to the number of the elderly’s children as well as positively related to the age and income, and the state of residence (especially living alone); the social level is mainly influenced by tradition and culture, public capital investment, service facilities and specialization level. However, Dong (2011) concludes that income does not have a complete "linear" impact on

the demand of the elderly. The overall focus is on the satisfaction of basic service functions, and the demand is not infinitely increased due to the increase in income. The idea of “high-income seniors accepting high-level services” is, to some extent, not right.

Studies using quantitative research have shown that the education level and activities of daily living (ADL) significantly impact on community elderly care service demand (Zhang, 2016). Li (2016) discovers from the perspective of daily care, the elderly with more supporting resources from their families or friends are more inclined to choose daycare services. Guo (2017) found that age, number of children, number of people living together, and health factors impact on the elderly’s life, medical care, and spiritual consolation demand. Income factors only affect the demand for medical care and old age facilities, that is, the overall demand is different for distinct services. In response to the social welfare demand of the elderly, Yang (2017) found that in addition to individual factors, regional factors also have an important impact, that is, the regional economic level is inversely related to the welfare demand of the elderly. The performance is that the total amount of welfare resources and welfare access channels and opportunities are higher in areas with higher levels of economic and social development, while the development of external welfare has an alternative effect on the welfare appeal of the elderly, and the situation of the social welfare of the elderly in the eastern region is lower than that of the elderly in the central and western regions.

Regarding the demand and utilization of medical services, Zhou (2011) considers the elderly’s diversity of demand is influenced by age, culture, and occupation, and their demand should be targeted and differentiated according to their different conditions. Among them, the influence of age factors on the health and nursing demand of the elderly is highlighted (Luo, 2016), and is positively correlated with the level of education and the type of disease, inversely related to self-care ability and social support, and the aged men’s demand is higher than the aged women’s. However, other studies have reached different conclusions. For example, Wang, Kurosawa, and Inaba (2009) argue that there is a “non-linear” relationship between age and health status, and the extent to which health care services are affected by age is worthy of further judgment. They also believe that there are differences in the influencing factors of different medical service demand, and the same factors have different effects on different services. For example, gender, culture, and forms of insurance have an impact on the demand for family beds, besides income levels affect physical examination and health guidance. Xu (2014) found that gender, income,

convenience, and medical experience are affecting the elderly demand. The main factors are: the cost level, the satisfaction of medical experience affects the hospitalization willingness; at the same time, the chronic disease rate will affect the demand for medical services, the level of medical burden and population health.

Besides negative emotions, the utilization of community nursing resources and the type of medical insurance access also impact significantly on the nursing demand of the elderly (Zhang, 2016). However, although some studies have shown a positive correlation between the access of medical insurance and health, other scholars believe that the effect of medical insurance on the survival advantage of the elderly will be diminished with the increase of age and different types of medical insurance. There is a crossover of human mortality (Huang, 2010); on the contrary, according to Zeng, Ou, and Fang (2015) insurance has an inverse relationship with the health of the elderly. In addition to the quantitative analysis, Wan and He (2013) used qualitative analysis to find out seven main factors affecting family care demand, namely personality traits, income, service accessibility, traditional culture, service quality, health and family support ability.

There are studies that find other factors affecting the demand for community home-based elderly care services. For example, Huang (2014) points out that self-care capacity has the greatest impact on the demand for services. He also finds that 50% to 60% of the elderly ask for this type of services, especially women, seniors, those without spouses, illiterate, living in urban areas, being the most notorious. In terms of volunteer service demand, the influences of education level, marital status, number of chronic diseases, and social support are prominent (Liang, 2015). In terms of social participation demand, Ma and Zhang (2015) believe that the exclusion, isolation and prejudice caused by the lack of trust in the social roles of the elderly, directly lead to their limited willingness to participate and the low participation rate. At the same time, they believe that based on the satisfaction of the "health care" factors, only the basic premise of "advanced support for the elderly" and the improvement of "productive aging" can be achieved.

Many Chinese scholars are discussing the influencing factors of the demand for elderly care services in China. They try to explain and sort out from different perspectives and use different theoretical research models to propose different solutions. Zhang (2014) empirical study found that age has an obvious impact on the demand for home-based care services. The older the age, the stronger the need for home-based care services. At the same time, the female elderly is more demanding than the male elderly. Wang (2017)

through a sample survey on rural elderly in six areas of the Hebei province, presents the characteristics of rural elderly people and finds that gender, age, marital status, living conditions, physical condition, number of children, and economic status significantly impact on the demand for rural elderly care services. Liu et al. (2018) used a sample of 898 elderly people in Chenzhou City to prove that education level, occupation (pre-retirement occupation), marital status, economic income, and health status factors significantly affect the elderly's demand for home-based elderly care. According to the results, they propose the influence of occupational factors, and those who are self-employed having some business, have significantly higher demand than other groups of elderly .

2.4.1.4 The supply system of CHECS

(1) The service provider

For the main body of providing home-based elderly care services, domestic scholars believe that it is diversified, that is to say, multi-provider. Moreover, it is believed that only by forming a diversified and effective supply pattern can one truly realize the work of CHECS. As far as the role of government is concerned, there is no doubt that government is in the dominant position in the CHECS system; the government's main functions are: formulating the macro-environment service development plan, introducing elderly care support policies, doing research and developing the standardization and evaluation methods for the services, implementing inspection and supervision. Li (2008) believes that CHECS supply is a process of supplying, producing, and consuming elderly care service products (projects) on a community basis.

The main body of care service supply includes local government, social organizations in the community, non-government organizations, and volunteers. The evolution of the theory of the public product supply mechanism from a single administrative mechanism to multiple mechanisms implies a cost-benefit comparison. Guo's (2011) research on the supply path of community elderly care and proposes a diversity of supply methods and the diversification of supply entities. The multi-supply mechanism should be based on administrative mechanisms, with the quasi-market mechanism, market mechanism, volunteer mechanism, and community autonomy mechanism involving complementary supporting. Some scholars (Xiong, 2008; Yang, Huang, & Kang, 2014; She, Xie, & Liu, 2016) have suggested that the government should shift from the direct intervention of economic life to the promotion of management and service functions in the field of public services, thus realizing the transformation of government functions. They believe that the

current urban elderly care service supply's main body is the community, the market, and the non-profit organization. The essence of the social elderly care service supply is the social resources payment for the provision of elderly care services. The Chinese government should play a role in the four aspects of management, planning, promotion, and supervision, and comprehensively promote the construction and development of the urban community home care service system. Zhang (2007) pointed out that the government's purchase of home-based care services can create a fair competitive social environment for civil organizations, through the healthy competition to maximize the government's fiscal effectiveness.

(2) Service supply content

The academic community has a relatively unified view on the setting of service items such as life care and housekeeping services. The main controversy is whether higher-level services such as spiritual comfort services and rehabilitation care services should be the main content of the current home-based care service. Sun (2009) suggests that in the case of scarce old-age service resources, the daily basic care of the elderly is still the first problem that demand to be solved in the home care service, and the spiritual comfort service, can wait for the home care service system to gradually improve and mature before expanding. The content of home-based care services is mainly based on whether it meets the demand of the elderly (Sun, 2009). The current situation of demand for medical care and spiritual consolation services suggests that the home care network, the community emergency rescue network, and the medical and health care network should be actively constructed (Xiang, 2007). The analysis of community elderly care services, also pointed out that it is not enough to focus on material life. The demand of the elderly for health care and spiritual comfort services are more urgent. The community's old service is supported by the home care service and should match the actual aged care service demand of the elderly (Wang, 2015). Another researcher (Zhao, 2015) pointed out that home-based care services need to first meet the housing demand as well as the other demand of the elderly. The transformation of the demand structure in Hubei Province and the new demand for old-age services caused by the changes of adding a long-term medical care insurance system, pointed out that health care and medical care are the core requirements of old-age care services. The generalization of chronic diseases in the elderly and the general increase in the number of elderly disabled persons, changes in family structure and rising labor participation rates are the reasons for the changes in the demand for aged care services.

(3) Supply methods

Chinese scholars have also put forward some opinions on the methods of CHECS supply. Yan (2009) advocates that the supply model of China's Home-Based Elderly Care Services can be divided into four types: 1) hierarchical linkage mode, 2) government-led agency operation mode, 3) independent institutional mode, 4) government shouldering the service payments and the agency providing service mode. Each of these four modes has its advantages and disadvantages, and in practice, it should be chosen according to different situations. Zhang and Zhang (2013), from the perspective of service delivery providers, analyze their participation in government purchases at home. The motivation and action strategy of the aged care service considers that private service providers have a more flexible working style and can take care of both the elderly and the family. At the same time, in response to professionals' low income and other problems, service deliverers have implemented strategies such as balancing work and improving the workspace.

Zhang (2015) based on the survey of five cities in Shandong Province, points out three modes of current Home-Based Care Service Supply: the supply mode of public autonomous organizations, the cooperative supply mode between government and social organizations and the supply mode of community home based care institutions. A comparative study is then conducted among these three modes on five dimensions – Service Provider, Service Personnel, Service Contents, Funds Source and Operation Effect – and their respective advantages and disadvantages. This author proposes optimized strategies for promoting the sustainable development of home care service supply modes, based on clarifying functions, improving professional quality, integrating resources and broadening funding channels. He concludes that the total amount of elderly care services in China has increased, the supply capacity is unstable, extending the imbalance between rural and urban areas and between the demand and supply of services.

Chen (2016) believes that because the content of home-based care services involves different groups of seniors and starts from multiple levels, the content of elderly services supply cannot be matched with the service demand by the elderly. His thesis mainly reviews the major problems of the current community and home care pattern from the four following perspectives: service providers, service recipients, service demanding, and serving operating mechanisms. The main encountered problems are: i) the absence of a caring system in local government, ii) the caring operation being led by the idea of government management performance, iii) service providers are not clear, iv) power and

responsibility are not defined, v) service content and service demand are not consistent. According to this author, the future sustainable development of community and home care patterns should adhere to six principles: 1) centralizing ageing policy, 2) integrating service providers among government, market and society, 3) service demand oriented, 4) a series of services being provided, 5) service rooting from the communities and 6) service marketing.

(4) The responsibilities of service providers

Zhu (2015) points out that in the development of the socialized aged care service system, the government should clearly define the role of supply, financing, and regulation. The government's responsibilities include such aspects: providing benefits directly through public finance, integrate market and social resources, coordinate and guide the overall welfare supply system, and at the same time correctly handle the relationship between the government and other entities, and actively encourage private organizations, social organizations and volunteer service teams to intervene in the socialized aged care service system. Yang, Huang & Kang (2014) focuses on the rural elderly care service system. They believe that the role of the government in the rural elderly care service system is of policy making, not of a service provider. Therefore, the government should support policy development, financial support, legislative guarantees, fostering support for social organizations, incentive assessment and market supervision. Strengthening self-improvement in other areas. Guo (2011) believes that due to the high potential of private capital, its inclusion in the construction of the old-age service system helps not only to provide services but also provide facilities. However, at present, our national old nutrition institutions are faced with the difficulties of insufficient government support, socialization and production, and the degree of self-employment is not high. We should actively encourage and guide all sectors including the market (private to actively participate in the elderly service industry).

Wu (2015), based on the experience of Japanese non-profit organizations, points out the not-profit organizations should play more active role in service provision, especially they can make use of their advantages in their communities to provide convenient services to the elderly. Wang (2013) advocates strengthening the system design and mechanism, offer of volunteer services, improving the operation and incentive mechanism of volunteer services, and thus promoting the sustainable development of China's elderly service system. It can be found that scholars (Ma & Zou, 2013; She, Xie & Liu, 2016; Qiu & Lin,

2019) have put forward their views on the responsibility of the government, the market and the society in the elderly service system, and the research focuses on providing material and daily life assistance for the elderly.

In recent years, with the continuous establishment and improvement of China's home-based care service system, in practice throughout the country, there has also been some new models that offer a variety of services for the elderly by harnessing the power of different subjects. For example, "Time Bank" (Xia, 2012), "Virtual Nursing Home" (Xu, 2016), and "One Button" (Zhang, 2015). In other ways, there is a constant exploration of how to use other society actors to make them one of the suppliers of home-based care services to meet the increasing elderly care needs and demand.

(5) Existing Problems in the Development of CHECS in China

Wei (2012) believes that the financial resources of CHECS in China are generally in a state of deprivation. At the same time, the problem of inefficient use of financial resources for CHECS is also prominent. Due to the limited financial resources of local governments or insufficient attention, the capital investment in home-based care services is seriously insufficient. As for social donations, there is still a lack of sound institutional arrangements in China. Because community-based elderly care services are characterized by social welfare and public welfare, even for paid services, their fees must follow the principle of low profit and low price. Therefore, the financial resources accumulated in this part of income are also very small; social welfare lottery income is used in the community. The capital investment in services has great uncertainty and has a limited contribution to the financial resources of community based elderly care services. Wang (2012) believes that the main problem is that government support is insufficient, which is reflected in two aspects: firstly, some regions and departments do not know much about community-based elderly care services. Many policies are difficult to implement, and they do not play the role of preferential policies for the support and encouragement of social forces to set up old-age care institutions. Secondly, there is a lack of standardized industry management mechanisms. The elderly service market is in of a relatively blind and disorderly development state. The construction of the aged care service system lags behind the level of economic and social development.

Xie (2013) believes that the current home care service lacks systematic legal support, and the existing relevant laws are legally ineffective. There are deficiencies in coverage. Yang (2014) also believes that the community should be the center position of the

community home care service supply in the implementation. Although the specific modes and practices vary from place to place, the providers of elderly care services in China are mainly concentrated in government departments. Also, there is still a low level of community home service organization, and the connection between the demand of the elderly is not strong, leading to the lack of participation of the elderly. Many elderly people do not understand home-based care and are not interested in the specific services provided by community-based home care. The home care service provides the elderly care service for the elderly. The lack of participation of the elderly will seriously affect the success of CHECS.

Wei (2012) pointed out that the level of professionalism of home-based care workers is low and the size of the volunteer team is small. The demand for community service in the elderly presents a development trend of diversification and specialization, and thus puts higher and higher requirements on the professional skills and quality CHECS personnel. Most of the community employees in China have not received professional training, and it is difficult to effectively meet the demand of the CHECS. The main reasons are as follows: first, the construction of professional education and training system for community based elderly care services is lagging behind, and the practice access system is immature; second, the welfare and social status of community elderly care services workers are low, with unemployed and rural workers being the ones hired for this type of jobs. Although good trained professionals are the core for this services, their initiative in receiving training is quite low.

Liang (2012) pointed out that the supply and demand situation of China's elderly care services is not good, there is insufficient elderly care service facilities and the overall quality of the aged care service team is low. The basic problems of low financial investment, limited private investment, and low management levels need to be improved in terms of legal system construction, personnel training, expansion of service projects, and service standardization. The results from a survey carried out in Jiangsu show that there are still many problems in this community home care services: few types of services, service content difficult to meet the demand of the elderly, and high-level demand difficult to be supplied. Song and Yang (2014) advocated the meticulous innovation of the community home-based care service, and proposed measures such as increasing the service content and refining service methods, expanding the scope of subsidies and refining the form of subsidies to improve community home care services. Jiang and Zheng (2015), based on

the results from a survey carried out in Beijing, concluded that the demand for care services for the elderly is gradually diversifying. They are no longer satisfied with just medical and basic survival services but are developing towards the demand of spiritual and rights protection.

The current level of CHECS supply is difficult to meet the old age demand of the elderly, and there is also a phenomenon that the service gap of rural communities is greater than that of urban communities. Xi (2015) suggests the factors such as the price, service and quality of the service are the criteria for measuring the reasons for restricting the development of the elderly care service. Taking the investigation of the supply and demand situation of the elderly care service of the regional institutions in Nantong City as an example, the authors show that the main factor affecting the elderly's choice of care institution is the service price. Also, nursing homes are not only expensive but also offer inadequate infrastructures. The medical, maintenance, and care personnel have long been in an extremely lacking state. At the same time, the government has fewer nursing homes, which are far from meeting the demand of the elderly. It can be found that scholars are studying the supply and demand situation of China's aged care services based on surveys and visits to specific areas, and these areas are often with a more developed economy and a higher level of elderly services. It also shows that the current domestic scholars' research on the supply and demand of elderly services in economically backward areas is still not comprehensive and needs a holistic approach.

2.4.2 CHECS on International Literature

The research on foreign community aged care services has been carried out earlier and the theory and practice have matured. The main research includes the content of elderly care services; the research on influencing factors, such as the influencing factors of the elderly family care demand; the research of various relationships, such as the relationship between service providers (government, market, and society), the relationship between formal care and informal care for the elderly, and the study of service systems, such as the establishment and exploration of the elderly care model system. As early as the 1990s, many Western scholars studied and classified the contents of care services for the elderly, and also proposed medical and health services, health care services, and daily life of the elderly through investigation and research on elderly care services. Care services, re-employment services for the elderly, and legal aid should constitute the basic content of

socially available aged care services. These scholars have long found that the content of the aged care service is diversified, including not only daily life care and medical and health services, but also spiritual and cultural support and communication for the elderly, to fully meet the elderly's aged care service demand.

2.4.2.1 Long-term care elderly demand

As mentioned earlier, foreign scholars have researched on the long-term care demand of the elderly. With the increase of age, physical and mental health of the elderly changes, and so does the daily life demand to be taken care of. Systematic research has also been done on the various influencing factors affecting the demand of the elderly. Most frameworks accept that different factors affect the demand of the elderly for long-term care. These factors mainly include physical health status and self-care ability of the elderly, the different demand of the elderly at different ages, typologies of the elderly family, family living conditions or their economic conditions.

Moody and Stull (1998) through long-term follow-up study the various aspects of the demand of the elderly and found that the demand of the elderly for daily care varies with age. As the age increases, their physical and psychological disorders will gradually increase, and they will slowly lose their ability to take care of themselves, gradually they become to need help or support from others. The requirements will increase and strengthen. This research directly indicates that the elderly's demand for long-term care is inextricably linked to their health status and self-care ability. Grundy (1987) found that senile people (those aged over 80) have a much higher demand for daily living care than elderly people in younger age groups, especially for long-term care demand such as full-time care. Meinow, Kareholt, and Lagergren (2005) mainly studied the relationship between different factors and the demand of the elderly, especially the relationship between the income of the elderly and their demand for care. Her research found that the higher the income of the elderly, the greater the demand for care, and the more inclined to choose related services, to buy or consult services in the private sector; the elderly with low income, their expenditure is mainly for daily life consumption.

In short, the results of the above scholars show that elderly mental health status, their self-care ability, economic conditions, living conditions (living alone or cohabiting with the family) and other factors impact directly on the care demand of the elderly. The enlightenment is that when considering and designing the community home care service system, when deciding what kind of community home care service to provide, first one

must consider what specific services the elderly demand. At the same time, it is necessary to combine the factors affecting the demand of the elderly, and provide the matching level and content of the care service based on factors such as the age, health status, income level and residence characteristics of the elderly.

2.4.2.2 Modes of care

(1) Community care

As early as the beginning of the twentieth century, the German philosopher and sociologist Simmel (1902), using the perspective of Social Psychology research on urban community, concluded that there is an interactive relationship between the environmental factors of the community and the psychological experience of the elderly residents. The elderly have a sense of dependence on the community. Adopting community care is one of the most advantageous ways to provide services for the elderly. It will be more helpful to the elderly in terms of efficiency and spiritual consolation. According to Chapman, Keating, and Eales (2003), a representative, relatively more convenient and suitable elderly care service should be provided by the community. The study by Angel and Angel (2005) analyzes the efficiency of resource utilization and concludes that institutional elderly cares tend to cause isolation of the elderly from society. Loneliness increases psychological pressure and makes the elderly lack the support of their loved ones, so the community service should bear more responsibility for the elderly by increasing spiritual consolation. Some scholars also suggest that a networked system of care for the elderly should be established as a support network with families, communities, and institutions.

Sharfstein and Nafziger (1976) compared two groups of chronically two groups of ill elderly who are either under hospital care or community medical care. Comparison of treatment outcomes and costs found that the cost of care in the community was lower and the patient's physical recovery was quicker. Walker (1981), based on the elderly care providers and the elderly who received care services, found that community care costs were low and effective. Newcomer, Arnsberger, and Zhang (1997) stated that community care management is more efficient and will reduce the prevalence of chronic diseases in the community, reducing also the hospital admission rate.

(2) Formal and informal care for the elderly

Froland (1998) studies and defines the different functions and meanings of formal and informal care, and considers formal care usually in connection with the government's

support policy, through certain organizations and procedures, according to predetermined criteria, including government-hosted and sponsored services, whether directly managed by the government or through authorized intermediate organizations; whereas informal care is provided by relatives and friends, or assistance from original and natural facilitators, such as a neighbor. Froland (1998) assumes that formal care requires certain procedural rules and related specialization, assessment and qualification conditions, and division of labor between roles. Caregivers cannot subjectively change the established standards. Informal care has greater flexibility and adaptability. So, to some extent, the role of informal care is irreplaceable in providing care for the elderly.

The conclusions of these scholars are an inspiration. In the provision of community care services, first, the opinions and demands of the elderly must be considered, especially from those who are still healthy and able of self-care. Guide and provide them with the conditions for care in the community. Second, it is necessary to provide the elderly with a sound and complete community care service and environment, for example, by renovating the living environment and by the installation of barrier-free facilities. Third, play the active and effective role of informal care and advocate and support family elderly care services.

2.4.2.3 Management of community elderly care services

The discussion on important issues such as management methods and efficiency of elderly care services, government responsibility and management model is still going on today. International literature has paid a long-time attention to and carefully studied the topics related to the management of elderly care services.

(1) Relationship between management methods and efficiency

Challis and Davies (1985) used empirical research from community care programs in Kent, UK, to advance suggestions to improve the efficiency of community care service management. They concluded that the service-oriented to the demand of the elderly is conducive to management efficiency improvement. Their specific approach was to make a detailed objective assessment of the demand of community care recipients, and then to provide services and management with solutions based on the results of the assessment, to improve efficiency so that a complete set of tracking of the service process could be formed. Other studies' main focus is on how to integrate different community service providers, including social work departments, community health services, community business operations, community volunteers, to improve the efficiency of community

service management.

(2) Government responsibility and management model

Schmid (2005) researched the model of community care management and proposed a management system in which multiple entities participate together. Schmid studied the role of the government in the management of old-age services and believes that the government should play a leading role, use financial subsidies or tax incentives to support the development of nursing institutions, at the same time to guide and supervise them. Training the professional and technical personnel, planning, and designing the elderly care service system, and supporting the social organization's participation in the elderly care service field is the key to system construction by the government.

The results from the above literature review by foreign scholars, are worthy of reference and represent valuable experiences, to be considered as a basic framework especially for the follow-up research to build the elderly care service system. The current research will focus on the content of elderly care services and topics to be developed include: the influencing factors of the CHECS, such as factors affecting the demand of the elderly for family care; various relationships, such as the relationship between elderly care service providers (government, market and society), and between formal and informal care; care service systems, such as the establishment and exploration of the elderly care model system and the discussion of the quality of services.

2.4.3 Discussion

From the reading and comparison of domestic and international literature, it is possible to find homogeneous findings and similar conclusions. However, the reasons for the existence of problems in the CHECS system is neither comprehensive enough, nor fully systematically studied. For example, many scholars have found that the government is responsible for purchasing elderly care services, but the results of this government action are subtle, and even residents do not appreciate them, resulting in a large amount of wasted resources. This is particularly true regarding the CHECS in Wuhan city.

Further research should ask about the main reason for this situation, its causes, how to improve these practices to avoid wasting resources, and simultaneously allowing the elderly to enjoy the benefits of a universal policy. Since Wuhan City is representative of China aging degree and characteristics, more research and exploration are needed urgently to help solve the problem. At the same time, it is observed that the current research is

mostly based on surveys and quantitative data and methods, less on qualitative approaches.

Cross-sectional empirical studies are easy to reflect the situation of the research object at a certain point, it is difficult to reflect the cultural differences between the original living places and the current living places, of the elderly who follow their children to different places may lead to new results that pure quantitative analysis cannot found.

Some scholars (Wang, 2012; Qian, 2014; Sun et al., 2018) pointed out the outstanding problem of the imbalance between supply and demand of the elderly care service in China, but there is no detailed systematic analysis of the reasons for this discrepancy. A crucial point of this imbalance is the public policy, the factors in policy making and implementation process being seldom explored in current research. In general, the research and practice of CHECS system in China are still at an exploratory stage, lacking the recognized theoretical construction paradigm (Wang, 2017). Most of the research is still based in the theoretical framework designed for foreign countries and uses a quantitative data collected from Chinese communities. Is mainly focused on surface data, and the deep-seated reasons existing in management practice are not deeply explored. The analysis of the internal and external characteristics of the phenomenon, the systematic theoretical results to interpret the essence and the model are still scarce. However, research carried out up to now constitute valuable literature providing ideas and directions for further research.

2.5 Summary

In conclusion, the concepts defined in this chapter is to clarify the core items being referred to in this research, such as, elderly, empty nest elderly, the 4-2-1 family model, family support, institutional care, CHEC and CHECS, public interest, and so on. The clear definitions of the concepts help to operate the research objects and better understand the research setting. Meanwhile, the explanation and distinction of three main elderly care models (family support, CHEC and institutional care mode) – present a clear idea of why CHECS is highlighted at this stage. In this chapter, a series of theories are also referred to, as the community care theory, Maslow's hierarchy of needs, the social support theory, and the public policy making theory. They are the theoretical basis for the analyses on the elderly's demand for CHECS and the elderly care supply system. The three first theories provide research angles and help to discover and understand the elderly's care service demand and its influencing factors. The public policy making theory is a theoretical system

composed of different components. The most important, policy formulation and policy implementation, are highlighted and used to help finding the gap in previous researches in CHECS.

The literature review presented in this thesis covers the concept of CHECS for the elderly, the research status of CHECS demand and supply and the community elderly care services management system, in China and abroad. Both Chinese and international scholars agree on and highly value the way of CHEC, providing reliable references for the government to formulate policy and improve the relevant systems. Starting from a theoretical or empirical approach, previous research has achieved quite fruitful results, and at the same time, has paved the way for the follow-up research. Using the theoretical framework already developed and the literature review, this thesis uncovers three research gaps on CHECS. The first is a lack of systematic research on the CHECS system, especially rare for the Wuhan city. Second, most previous research used a quantitative approach (data collection and analytical methods), when the observation and analysis of elderly people need a qualitative approach to uncover the underlying factors that explain the imbalance between the demand and supply of CHECS. Last, it separates the two stages of policy formulation and policy implementation in the policy making process, to help finding solution for the problem of CHECS in the city of Wuhan.

Chapter 3: Methodology

3.1 Introduction

This chapter discusses the Methodology of the study, the systematic, theoretical analysis of the methods applied to a field of study. Establishing the CHECS system for the elderly is an urgent necessity, but it cannot be accomplished all at once. This complex system involves a wide range of social levels, the participation of many people, and many angles of observation that can be selected. In this chapter, the researcher explains the reasons for taking a qualitative approach to this research, and then introduces the details of the research design based on the Grounded Theory (GT) approach.

3.2 The reasoning behind the research method

3.2.1 Why choose a qualitative research approach?

With the rapid progress and development of modern society, the world for humans has become increasingly diversified. Using qualitative research methods to study various social relations and social phenomena has special practical significance. Owing to life's diversity, the world requires people to treat empirical research objects with new sensitivity. Researchers who use a qualitative approach, as opposed to a quantitative approach, train their focus on human beings attitudes and behaviors, and pay particular attention to the experiences of specific groups or individuals, and on interpreting and understanding a situation (Chen, 2010). The essential characteristics of the qualitative approach concern the appropriacy of the research methods, the research theories, the importance and analysis of different perspectives, and the researcher's reflections on their research as integral components of cognitive activities (Chen, 2000).

In the context of exploring the system of CHECS, the research objects can be observed from different angles and the observed information can be described using different methods. For example, the staff would be asked about their experiences when providing services to the elderly in the community on weekdays and asked to explain how they would perceive the experience themselves, and how they would evaluate the services they provide. To understand the research object more clearly and faithfully, we will

observe and interview the research subjects in the natural situation. This will be achieved by adopting the methods of participatory observation and in-depth interviews and then by individually recording the data in detail. The interview guide will include the description of the respondents and the setting of the interview or observation at that time, and the progress of the dialogue. This type of data is very difficult to deal with using a quantitative approach.

The qualitative approach has its own typical characteristics (Sun, 2011), described as follows:

The suitability of methods and theories for the study objects.

Qualitative research maintains the openness of the method in research design, which allows the method to match the complexity of the object being studied. Here, the research object is the reference point for selecting the research method, not the other way around. The research object is not broken down into several variables, but maintains its complexity and integrity, and is studied in the daily life situation in which it is located. Thus, the research field of the qualitative approach is not the artificial situation of the laboratory, but the behavior and interaction of the subject in daily life. In terms of method, qualitative research maintains an openness to the research object and is, therefore, better able to grasp the diversity of daily life. This openness can be guaranteed in different ways. The purpose of qualitative research is not only to verify the known, but also to explore new knowledge and develop a theory based on empirical evidence. The core criteria for measuring the effectiveness of qualitative research include whether the knowledge gained through the research is based on empirical evidence and whether the choice and use of the research method is appropriate for the research object. Other metrics include the importance of research findings and the reflective nature of the research process.

(2) The perspective of the respondents and their multidimensionality.

Qualitative research focuses on the subjective meaning and the social meaning associated with the research object. It studies the knowledge and behavior of the respondents. It analyzes how respondents interact in different situations and with different people, as well as their interactions in their respective fields. Correlation is described in a specific context in which the event is located. Qualitative research considers the fact that respondents have different perceptions and behaviors in their respective social fields, because of their subjective perspectives and social background.

(3) The reflective nature of the researcher and the research.

Unlike quantitative research, qualitative research values communication with respondents as an integral part of the cognitive activities, rather than as an interference that needs to be avoided as far as possible. The subjectivity of the researcher and the respondents is an integral part of the qualitative research process. The researcher's behavior and observations in the field, such as his impressions, influence, feelings, as well as the researcher's reflection on the research are all factors that the researcher needs to consider when interpreting data, and should be recorded in the research journal or the context record.

(4) The rich diversity of qualitative approach theories and methods.

The qualitative approach is not based on a unified theory and method. It is the different theories that guide the academic discussion and research practice, and the methods corresponding to these theories. The first branch of qualitative research focused on subjective insights. The second branch of qualitative research focused on the occurrence and development of interaction. The third branch of qualitative research aims to reproduce and reconstruct the structure of the social field and the potential meaning of behavior. This rich diversity of theories and methods of qualitative research is because different branches of qualitative approach have developed simultaneously over time, with some having developed gradually.

3.2.2 What type of problem can qualitative research be applied to?

Chen (2000) pointed out that according to Morse's research problem classification, when the research refers to one of the following five types of research, qualitative research methods can be used. The five types of research are (1) exploring the meaning of a certain research object, (2) describing a certain object, (3) process analysis, (4) oral interaction and dialogue recording and observation, (5) behavioral research. These kinds of research focus on exploring the nature of the problem, describing the values of a certain group, and showing the different manifestations of problems over time.

In management studies, it is obvious that a qualitative approach can be applied. The establishment of the CHECS system is an urgent necessity that cannot be accomplished overnight. CHECS is a complex system that involves a wide range of social forces. There are many people involved in it and many observation angles. For this study, the researcher chose the qualitative approach to analyze and discuss the factors influencing CHECS,

using Grounded Theory.

3.3 Grounded theory approach

3.3.1 Formation and schools of GT

GT is derived from the field of sociology and is a methodology for discovering theory from materials and data. Early in the 1960s, two sociologists, Glaser and Strauss (1967), developed this research method. These authors believed that past research was based on the existing theory, so deductive assumptions could be verified using a preestablished theoretical framework. They proposed a new approach of generating a theory from data (inductive) meaning that most hypotheses and concepts not only come from the data, but are systematically worked out in relation to the data, during the course of the research where the collected data is used to develop the theory. The process of theory generation is one of trial and error, in which tentative hypotheses are informally tested in the context of continuing data gathering. Emerging hypotheses can be integrated with other hypotheses in a formal theory. The emphasis is on a process of observation and reflection, and on continuing comparative analysis. GT requires an integrated process of data collection, coding and analysis. Analysis requires periods of detachment and reflection from the researcher. So, it becomes essential a method of qualitative data gathering and analysis.

Later, GT was widely used in the fields of nursing, education, religion, and management. Three schools have emerged from the development of this approach: the classic GT school represented by Glaser (1967), the programmatic GT school represented by Strauss and Corbin (1997), and the constructive GT school represented by Charmaz (2006). There is, however, debate on the differences between these different schools.

The classic theory was the first version of GT. Its core methodological principle is that the researcher should avoid any preconceived assumptions and allow research problems to emerge naturally from social processes and the research itself (Glaser & Strauss, 1967). Thus, through continuous comparison, the standard data processing steps are followed in order to complete the theoretical construction. The second, programmatic GT, was the first school of GT introduced in China and was widely used. In this procedural version of GT, coding is divided into three clear steps as: open coding, axial coding and selective coding, in an attempt to eliminate the confusion that novice researchers often encountered in the process of data analysis. The constructivist GT, which was formed later,

has both inherited and carried forward the ideas of the former two schools and has added different views. It found Strauss and Corbin's texts on GT to possess a discernable thread of constructivism in their approach to inquiry (Charmaz, 2006).

As mentioned above, most scholars believe that, in much qualitative research methodology adopted by mainstream academic circles in Western countries, GT overcomes the lack of normative methodological support for dimensional qualitative research, the research process is difficult to trace and test, and the conclusions drawn are not convincing (Zhang & Marc, 2001). GT has been regarded as a more scientific research method in qualitative research. It is also dimensionally considered to be more suitable for theoretical construction in the five traditional methods of sociology (Denzin & Lincoln, 2011).

3.3.2 The basic principles and essence of GT

In recent years, Chinese scholars (Chen, 2000; Zhang & Marc, 2001; Zeng, 2006; Wu, Deng, & Ye, 2015) have increasingly tried to use qualitative research methods, especially the logic of GT to explore various problems in their academic field. Since scholars' research differs depending on their particular characteristics and research fields, there are different understandings of the GT. From the specific research results, it is apparent that researchers have different ways of applying the GT method, and the features of each are relatively distinct. This is actually consistent with the original intention of GT. Because GT emphasizes that the individual researcher must maintain "theoretical sensitivity" in the process of theoretical construction. Also, the personal experience of each individual researcher is different and so, too, is their application of academic theory, which means there must be alterations in the theory constructed, in the research conducted by different researchers, and in their interpretation. With regard to group discussion, the group will discuss and research the coding together in order to ensure the reliability and validity of the research. Although this would appear to be more scientific, it violates the basic principles and characteristics of GT. If one turns a blind eye to the uniqueness of the individual, it is possible to get a theory without innovation or, in other words, one that has been modified by brainstorming. Therefore, the coding of this paradigm is not in the form of group discussion or collective coding but is done by the individual researcher to highlight his theoretical ideas (Glaser, 2002).

The theoretical basis of GT is the symbolic interaction theory in sociology and

pragmatism in philosophy (Strauss & Corbin, 1997). Symbolic interaction theory advocates that society, reality and self are constructed by people's actions and interactions, so their world can be understood through the actors' perspective. Pragmatism associates facts with values, emphasizing the use of observations, experiments, and other methods to extract theory from empirical facts. Both theories advocate that knowledge is built through behavior and interaction. The focus should be not only on the reflective participation of the actors but also on the temporality of action. Therefore, GT focuses on the actions or interactions of reflective actors in problematic situations and recognizes that "knowledge" may arise from such contextual interactions.

The research may start with an interest in a certain topic, but as the research process advances, a construction gradually emerges from the obtained data, and the theoretical literature can be read and compared to the theoretical coding: this is the embodiment of the core idea of GT. The researcher must put aside presuppositions when entering the situation, avoid the subjective influence of preconceptions, and truly promote the theory from the social reality and practice, which is also the essence of the GT method (Jia & Tan, 2010).

3.3.3 Research design according to the GT

In essence, the GT is a paradigm of qualitative research methods. The three aspects of the dimensional qualitative research process: (1) the collection of data, (2) the analysis of materials, and (3) the writing of research reports, are all based on using GT to study the actual situation. The open-ended interview is the most commonly used method of data collection when scholars use GT to study problems (Puolakka et al., 2013). At the same time, there are other data collection methods, such as literature review, participatory observation, image, and video material collection. In the data collection stage of this research, not only open-ended interviews but also records the basic information and personal experience of the elderly will be used, in accordance with the interview outline. The researcher will also use participatory observation and memorandum writing during the study. In other words, in the process of data collection and analysis, the researcher tries to understand the observed objects through feasible forms, and then moves from openness to concentration, as the research advances (Miles, Huberman, & Saldaña, 2008).

3.3.4 Coding process of GT

One of the features that most distinguishes GT from other qualitative methods is its use of a three-level coding process to attach the collected materials to the concepts. Coding technology is a method and procedure for constructing a domain theory with the GT paradigm (Niu, 2008). This research uses the axial coding of the programmed GT, which analyzes the data through three steps of open coding, axial coding, and selective coding. In the first stage, the valuable concepts appearing in the text are discovered through open coding; in the second stage, the developed concepts are classified and organized in dimensions/ categories by axial coding; in the third stage, the researcher analyzes the results of open coding and axial coding, so as to construct a theoretical storyline.

The first stage: open coding. In GT, open coding is the basis of all coding forms. In this level of coding, research needs to be conducted with an open mind to try to "suspend" any biased individual tendency or orientation of the research community. This is an operational process that breaks up the data and then reassembles it in a new way. At this stage, the researcher should follow some of the following basic principles (Strauss, 1987):

- a) Carry out very careful coding without missing any important information. In the study on the demand for CHECS, the original data is marked for initial coding with every line of data being named/ categorized.
- b) Pay attention to use some of the words unique to the research object as the original code. This type of original code helps the researcher keep the respondents' views and meaning of their action during coding.
- c) When the data is coded line by line, the relevant words, sentences, actions, meanings and events are proposed by asking specific questions such as "What is the relationship between these materials and research?", "What kind of category can this event produce?", "What exactly does the information provide?", "Why is this happening?".

The second stage: axial coding. Open coding splits the data into different levels and different types of coding. Axial coding is the strategy of restoring data to a coherent whole. Its purpose is to link generic and subclasses and explore how they relate to one another.

The third stage: selective coding. Selective coding is the selection of a "core class" in all discovered conceptual dimensions after system analysis, and the analysis is focused on those codes related to the core dimensions. Core dimensions must be repeatedly proven

in comparison with other dimensions and can include most of the research results within a broader theoretical scope. The core theoretical must occupy a central position in all dimensions and present the following characteristics:

- a) The core dimensions must appear frequently in the data to represent a recurring and stable phenomenon.
- b) Core dimensions should be easily associated with other dimensions.
- c) Core dimensions can easily evolve into a theoretical framework. As the core dimensions are analyzed and associated to each other, the theory will be developed forward naturally.

Theoretically, the above three coding procedures (open, axial and selective) seem to need a ranked application, but in practice they are interrelated.

3.4 The research design

The basic idea of the study research design is presented in Figure 3-1.

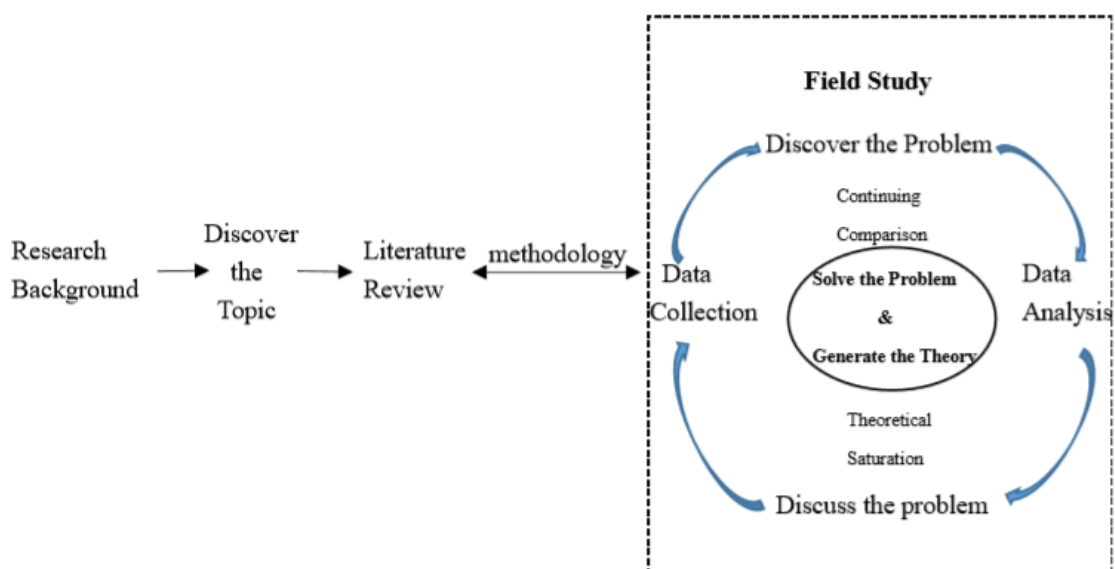


Figure 3-1 The research design

The process of "research background", "discovery of research topics", to "literature review" and "methodology" can be regarded as the combining of the basic concepts, theoretical basis, and research methods, and forms the backbone of the whole research and premise. There are also specific ideas in the "field study" stage. That is, to use the GT approach, first select the appropriate research site, then use participatory observation, in-

depth interviews, and other methods to collect information. Recording should be as detailed as possible and uninfluenced by the researcher's subjective point of view, so that the information can be read and compared repeatedly after collation. The purpose of writing memos and abstracts is to capture potential problems, valuable problems. The GT coding method, can be used to classify the data, analyze it, abstract the main categories, analyze the relationship between them, form a substantive theory, and explain the various parts of the theory.

3.5 Sampling description

3.5.1 Sampling methods

The sampling methods used in the research include a combination of purposive and theoretical sampling, to obtain the research object. The “purposive sampling” is based on the previous literature and current research, and the researcher found that different communities in different jurisdictions in Wuhan show high differences in home care services for the elderly. For example, in communities closer to the university, the elderly can often enjoy the convenient service provided by student volunteers; there are also communities in the administrative center (the area where the administrative offices of the provincial and municipal governments are located), and various supporting hardware facilities in the community. The living environments in these locations are more conducive to the elderly. Therefore, for this study, the communities in three different jurisdictions of Wuhan were selected as the research sites: (a) the W community is near a university, (b) the H community is in the traditional administrative and commercial center, and (c) the Y community is in the old industrial area. When selecting these community samples, the main assumption was that the communities in these three regions typically reflect the differences in regional development in Wuhan. This is beneficial from several different perspectives, in that the characteristics of the elderly population, the community home care services provided by different channels in the community, and specific government policies can contribute to the advancement of this research.

“Theoretical sampling” is sampling based on the associated concepts of the theory that has been proven or formed (Strauss & Corbin, 1990). The GT emphasizes the encoding and analysis of data as it is being collected. In the process of conceptualization, the focus of sampling is adjusted according to the degree of conceptualization. The

purpose is to use theoretical sampling to determine what kind of object to extract next, and where to obtain sample elements. Emphasis is on the richness of data rather than the quantity. In the process of data collection, coding and analysis, this study uses the theoretical sampling method to select the next interviewee according to the gradually evolving concept dimensions until the data is saturated.

3.5.2 Sample description

A total of 50 interviewees were involved in the in-depth interviews - 34 elderly people from three communities in Wuhan city, and 16 working staff from the resident's committees and the Civil Affairs Office. The profile of the elderly respondents is in Table 3-1, which shows their gender, age, living conditions, number of children and education level.

Table 3-1 Profile of the elderly respondents

Item	Number of respondents	Item	Number of respondents
Male	15	Living with the spouse	20
Female	19	Living alone	6
60-69 years old	22	Living with the children	8
70-79 years old	10	Non-educated	10
≥ 80 years old	2	Primary school	6
One child	19	Junior middle school	8
Two or more children	13	Senior middle school or technical school	5
No child	2	College or above	5

Of the 34 elderly people, 11 are from the W community, 10 are from the H community, and 12 are from the Y community. As the table shows, there are 15 men and 19 women, 22 of them are aged 60-69 years old, 10 are 70-79 years old, and 2 are over 80 years old. They were all capable of communicating directly with the researcher. 19 of them have only one child, 13 have two or more than two children, and 2 have no children; 20 of them are living with their spouse, 6 are living alone, and 8 of them are living with their children; 10 of them have never had any formal education, 6 completed primary school, 8 completed junior middle school, 5 graduated from senior middle school or technical school, 5 attended college or above.

Of the 16 working staff respondents, 5 are from the W community, 6 are from the H community, and 5 are from the Y community; 4 of them work in the administrative departments, 6 work in the different elderly care centers, and 6 are social workers.

3.6 Data collection methods

The steps of data collection and data analysis in GT research should be closely intertwined processes, so the analysis can guide the choice of the sampling elements. By analyzing the data, perceptions arise on further data that needs to be collected. By collecting the data, new insights help to improve the understanding of the phenomenon and gradually grasp the center of theoretical development (Strauss & Corbin, 1990). In this study, participatory observation and in-depth interviews are the primary means of collecting data.

3.6.1 Participatory observation

Participatory observation is one of the main methods for collecting data in qualitative research. Chen (2000) pointed out that participatory observation can be defined as a combination of document analysis and interviewing respondents. A field strategy with information providers is direct participation, observation and self-censorship. The main feature of participatory observation is that the researcher completely enters the observation field and observes it from the perspective of the internal members, and the participation of the researcher also affects the objects under observation.

To conduct research using participatory observation, the researcher first needs to get consent from the observed individuals (the elderly). Once their willingness to be interviewed is established, the researcher can selectively enter the life of the elderly interviewees or accompany the family or participate in an activity in which they are involved. Throughout the process of participating in the observation, the researcher mainly observes the environment in which the respondents live, the various demands of the elderly in different situations, and the feelings of the elderly when participating in community or spontaneous activities.

3.6.2 In-depth interview

The study directly engages in formal conversations with the respondents to obtain various ideas of the parties. And the researcher carries out open-ended interviews. The interviewee is an elderly person who is registered as a householder in Wuhan and now resides in the jurisdiction of Wuhan City and is aged 60 or older. The elderly interviewee must have the ability to conduct free conversations and agree, once the researcher has

explained, that they are willing to participate in the study. Interviews with the elderly are conducted using open interview methods, which mainly include demographic information and the needs and feelings of the elderly. During the course of individual interviews, children of the elderly interviewees were occasionally encountered, and, with their consent, they were also interviewed and their views and feelings about home-based care recorded.

In the in-depth interviews with the elderly, the interviewees agreed that the entire interview could be recorded, and the recorded material was sorted out as soon as possible after the interview.

3.6.3 Documentary collection

In supply analysis, the researcher reviews the related governmental documents from 1999 till the current year, including sorting comprehensively the information (Appendix 1).

3.7 Analysis and processing of data

Analysis and processing of data is achieved through systematically arranging the obtained raw materials according to the purpose of the research, and then reflecting on the data using gradual concentration to interpret its meaning (Chen, 2000).

Preliminary analysis of the data is a key step in the data collection process since this will help to indicate the next steps and direct how the data is collected. In order to conduct the preliminary analysis, the researcher will promptly transcribe the interviews verbatim to produce textual materials. The practice has confirmed that a preliminary analysis of the data is crucial. The preliminary analysis also allows a preliminary screening of the data and lays a good foundation for further coding and analysis of the data. This research uses the coding of the programmed GT, which analyzes the data through three stages of open coding, axial coding, and selective coding:

- In the first stage, the valuable concepts appearing in the text are extracted through open coding;
- In the second stage, the developed concepts are classified and organized by axial coding;
- In the third stage, the researcher generates a theoretical storyline.

During the course of the research, it is a good habit to keep a record in an interview journal. This keeping of a memo is an important auxiliary analysis method in the qualitative analysis because thoughts or ideas will occur during the process of sorting or observing which will very likely provide ideas or clues for later discovery problems.

3.8 Validity

In the social sciences, “validity” is an indicator used to measure the quality of the research (Matthew, Huberman & Saldana, 2008), whether the data accurately reflects the constructs, variables, relationships characterizing the population under study. The validity detection in quantitative research is extremely necessary because the researcher must consider whether what is collected reflect the true state of the research object and fulfill the research objectives. In qualitative research, it is commonly agreed that the researcher's understanding of things is not merely a subject's cognition of the object, but the mutual construction/comparison of the subject within a certain social and cultural environment. Therefore, the understanding of subjects relates to the environment in which they are located. Although a qualitative research also discusses the issue of “validity threat”, they believe that the validity of qualitative research cannot be guaranteed by methods and procedures but can only be investigated in a certain relationship between purpose and environment.

In this study, the researcher fully considers the following potential "validity threats" and resolves them. First, there is the "research effect" problem. This phenomenon means that when the research becomes deliberate, the respondent may resort to “self-image management” and thus unable to truly express him or herself. This kind of problem is often difficult to avoid because it can equally occur with either acquaintances or unfamiliar people. To a certain extent, self-image management has a lot to do with a person's personality traits and social experience.

This problem did occur during the research. For example, some elderly people will naturally have a strong subconscious mind. If the relationship with their children is not harmonious, they will deliberately avoid talking about them when children are mentioned; others will wonder at first whether this interview survey is government propaganda and be suspicious. Despite the researcher having previously explained its purpose, the elderly will still talk more about the positive side and try to comment on the community's elderly care

service measures in as favorable and light as possible. When occasionally encountering such phenomena, the researcher would talk to the elderly in front of their family in a more informal manner, and try to speak in the local dialect so that the elderly would perceive them as being less alien to them. When the elderly reach the stage of being ready to express their real emotions, the researcher will give them sufficient time and emotional expression space to make them feel relaxed and willing to divulge their real thoughts and even their concerns.

Second, there is the problem of “culture presupposition”, which is an issue that can arise between the researcher and the respondents. This mainly means that there could be some misunderstandings between the researcher and respondents due to their age differences or some other factors, such as the generation gap and a sense of strangeness. In order to solve this problem, the researcher chooses to participate in the activities of the respondents to be able to accompany them. This will involve resorting to the literature to understand the local situation.

3.9 Reliability

Reliability refers to the reproducibility of research results, the degree to which measurements and dimensions are consistent, stable and reproducible and do not contain measurement error, properties very much related to quantitative research. In qualitative research, since the researchers themselves are the research tools and each researcher is unique, many scholars believe that the concept of reliability is not met by the basic requirements of qualitative research and, as such, it does not have much practical significance. However, this research still considers the reliability problem. While on the one hand, through the detailed description of the research methods and processes, researchers try to restore the various research details of the study to improve the transparency of the research procedure, on the other hand they try, in the process of writing, to describe and explain in detail or cite the original data to facilitate and corroborate interpretation.

3.10 Research ethics

Since qualitative research pursues an interpretative understanding, this understanding is subject to the interaction between the researcher and the respondents. In order to study

the research objects, the researcher must consider the ethical norms of the research work.

- 1) The researcher should respect all the elderly people interviewed and respect every thought they express and their behaviors.
- 2) Before the interview, the researcher should first secure the consent of the respondents and obtain further consent to it being recorded. The researcher informs the respondents that the recorded dialogues and notes will be used for academic research purposes, and only if they agree to allow their use, will the records be adopted in the research report.
- 3) In order to protect the privacy of the respondents, any content relating to them that are of a sensitive nature and that contain private information will not be identified.
- 4) Although both the researcher and respondents contribute to the qualitative research results, respondents are not just there as experience providers so they should be recompensed for the part they play in the research. Throughout the research process, the researcher and respondents trust each other. The elderly respondents are very enthusiastic, and the researcher gives them small gifts (a certain amount of basic daily necessities) as a reward for agreeing to be interviewed.

3.11 Summary

This chapter discussed the reasoning behind the research method, introduced the Grounded Theory approach and explained why that method was decided upon. The research design, sampling description, data collection methods, analysis and processing of data, validity and reliability, and research ethics are also introduced and explained in detail. The process from "research background", "discovery of research topics", "methodology" to "theory research" involves combining the basic concepts, theoretical basis, and research methods that comprise the background for the whole research and premise. There are also specific aspects to cover at the "field study" stage which, when using the GT research approach, involve deciding on the most appropriate research site, using participatory observation, in-depth interviews and other methods to collect information related to "the demand and supply for CHECS". The recording of all this should be as detailed as possible, but not involve the researcher's subjective point of view,

then read and compared repeatedly after collating. The reason for writing memos and abstracts, is to capture potential, valuable problems. The coding method can be used to classify the data, analyze, abstract the main categories, analyze the relationship between them, form a substantive theoretical framework, and explain the various parts of the theory. A total of 50 interviewees were involved in the in-depth interviews, including 34 elderly people from three communities in Wuhan city, and 16 working staff from the residents' committees and the Civil Affairs Office.

In this study, participatory observation and in-depth interviews were the primary means of collecting data on the elderly demands. The main feature of participatory observation is that the researcher completely enters the observation field and observes it from the perspective of those under observation. However, the participation of the researcher also affects the observed objects. With in-depth interviews the study directly engages in formal conversations with the respondents to obtain their various views and behaviours. The researcher carried out open-ended interviews where allowance is made for the interaction between the researcher and other respondents. In order to study the research objects, the researcher considered the ethical norms of the research work and took specific measures to maximize the research validity and reliability. The next chapter analyses Demand for CHECS in Wuhan city.

Chapter 4: Demand Analysis

4.1 Introduction

This chapter illustrates the analysis of the demand for CHECS in Wuhan by following the GT method. Through three steps of the coding process the influence factors affecting the demand for CHECS in Wuhan are analyzed.

4.2 Analysis of factors affecting the demand for CHECS in Wuhan

In accordance with the research plan introduced in the previous Chapter, the data in this study was mostly collected in the elderly's own homes, and the residents' community in which the elderly live. The data collected include not only interviews with the elderly but also interviews with individual staff of the residents' committees. First of all, the steps are to explain the purpose of the study. After obtaining consent, interviews were also conducted to further understand the progress of home-based care services in the community and the related situation of the elderly in the community. In addition, when participating in the social activities of the elderly, the researcher also took the opportunity to learn about the current situation from the friends or the acquaintances of the elderly and wrote a memorandum. These data obtained from interviews with other relevant people can serve as part of the "triangular mutual evidence" for the main interview.

4.2.1 Coding process

4.2.1.1 Open coding

The open coding process is mainly to organize and annotate the interview transcripts and encode them with English letters and numbers to represent the conceptual content existing in the data. In this step, the characteristics of the original data will be kept as much as possible, including the content and tone of the interviewees. The contents listed in the Table 4-1 are obtained through open coding of the data collected from two interviews, which were conducted by the researcher. The first column in the table retains the original data, and the concept in the second column is extracted based on the original interview

data. Then the concept is summarized, and several basic categories related to this research are obtained. Because some interviewees expressed similar views during the listing, without affecting the concept induction and category induction, we selected one or two original record(s), the others with similar meanings are not listed in the table.

After detailed sorting and rethinking of the initial concepts, through a series of comparing, deducting, and summarizing, this study uses "number + letters" for the concept of coding and conceptual content. After refining, a total of 22 conceptual contents were extracted and they are summarized as follows:

- 1a. the traditional concept of family-supporting of the elderly,
- 1b. the modern concept of supporting the elderly,
- 1c. the acknowledgement of CHECS,
- 2a. the health status and self-care ability of the elderly,
- 2b. the living conditions of the elderly,
- 2c. the occupation and education level of the elderly,
- 2d. the economic conditions of the elderly,
- 2e. the number of the elderly's children,
- 3a. the marital status of the elderly's children,
- 3b. the economic conditions of the elderly's children,
- 3c. the occupational and educational level of the elderly's children,
- 3d. the intergenerational relationship between the elderly and their children,
- 4a. the spouse's concept of elderly care,
- 4b. the health status of the spouse of the elderly,
- 4c. the occupation and other basic information of the spouse of the elderly,
- 5a. the support from friends and acquaintances around the elderly,
- 5b. the lifestyle with less social network,
- 5c. the convenience of an online social network,
- 6a. the supporting establishments in the community,
- 6b. the elderly care service in the community,
- 7a. expectation of favorable national policies,

7b. the feedback from the elderly on certain national policies.

After further tidying up and refining the 22 initial concepts, the relevant and related categories are gradually formed and expressed by numbers. They are:

- A1.the subjective factors of the elderly,
- A2.the objective factors of the elderly,
- A3.the basic situation of the elderly’s children,
- A4.the basic situation of the elderly’s spouse,
- A5.the impact of the elderly’s social network,
- A6.the impact of the community conditions,
- A7.the impact of the national policy.

Table 4-1 Open coding analysis of data

Source material	Concept	Category
1. Raising children is to rely on them when we are old.	1a	A1
2. I have been used to it for decades. Where my daughter goes where we go. Now she is working in Wuhan, we are still used to follow her.	traditional concept of family supporting to the elderly (1-17)	subjective factors of the elderly (1a, 1b, 1c)
3. If I raised my child but he would not take care of me when I am old, the others will curse them.		
4. I have raised four children alone, and I am eighty-three years old. I definitely need them to take care of me.		
5. We have only one child. He is the only one we can depend on.		
6. We also wish our children to come to visit frequently, but they are too busy.		
7. After my husband passed away, I felt like I lost my soul. If my daughter doesn't care about me, I really don't know what to expect on.		
8. "Raise children to provide against old age", this is a Chinese tradition. No matter how much savings we have, what conditions there are, now we are old, we still need to be supported by our children. When any one of us is sick, we need our own children to look after us?		
9. My son divorced last year. He has a 6-year-old son. His conditions are not pleasant. We are living with him now. We can assist him with some daily life work		
10. I have three children, one son and one daughter live in other cities. The older daughter is in this city and she comes to visit me every week and brings me some food. My legs are rheumatoid arthritis. I can't go downstairs.		

Source material	Concept	Category
<p>11. Although I told my son should not worry too much about me, since my wife passed away, my son is more worried about me, and told me to live in his house. I still feel that my child is reliable.</p>		
<p>12. I have raised four children and helped looking after four grandchildren. Some of them are in the other cities and they don't come back often. The son who lives nearby doesn't come to see me because he only wants to inherit my house. Only one daughter takes care of me every week. , buys me medicine and other things for daily life. I can't go anywhere. I feel very upset thinking about my children.</p>		
<p>13. My son and daughter are very filial. Most of the time my son is taking care of me, taking care of my daily life. After my wife's death, I have nothing to worry about. I usually go out for a walk every day and then come back to my son's to have meals.</p>		
<p>14. My daughter has a low vision and is almost 30 years old. She finally got married last year. We try to do more for them. The son-in-law is willing to take care of us.</p>		
<p>15. I have had several illnesses, and thanks to the three children taking care of me, I don't know where I am now.</p>		
<p>16. Although I rarely say relying on my daughter in front of her, she knew that she should support me. She usually bought food for us. Just like now, we are both old. My daughter is taking care of her children and us.</p>		
<p>17. My son-in-law is rich, we don't have anything to worry about. If I had serious sickness, my daughter and he will arrange for me.</p>		
<p>18. My son has settled abroad, and can't come back often. My husband and I go to the elderly's university to attend classes and participate in some activities. It is quite substantial. When we could not take care of ourselves, we plan to find a better nursing home.</p>	<p>1b modern concept of supporting to the elderly (18-25)</p>	
<p>19. I have two classes every day to teach the retired old. I am busier than I was before. I plan to join a group of friends of the same age to enjoy the rest of our life and not to burden my children.</p>		
<p>20. We are thinking not to give trouble to our two sons. They are working in the big city. They have their own families to take care of. We have our own pension. Now we are considering suitable nursing institutions.</p>		
<p>21. I practice square dance every night. My daughter is living and working in another city, and we don't have to worry about her, since she is quite a capable person. I am very confident in my health so long as I am keeping taking exercises.</p>		

Source material	Concept	Category
<p>22. In the past few years, my husband and I took care of grandchildren most of the time. Now they are all in junior high school, and we do not need to do as much as before. My husband and I are still sound and mobile. We go out for a few trips a year but do not participate in tour groups, since we are not in a hurry to catch up with time. We can go to two or three places around China in a year. It could be seen as a traveling supporting mode.</p>		
<p>23. After my daughter got married in another city, she came back to visit us during the Spring Festival in the past few years. We have been used to it. I usually go out to dance, or play mahjong, and my husband goes out for a walk. We spend every day in this way. We all have pensions. It's okay.</p>		
<p>24. I play mahjong for few hours every day. After my husband passed away, I felt empty. I played mahjong and kill time with my neighbors. My daughter has her job, family, and children to take care. I try not to trouble her.</p>		
<p>25. I form a band with the old classmates. We enjoy our time together. Sometimes others invite us to perform. Basically, I don't need my son to look after me. I told him to take care himself and to arrange his work and life. I manage myself.</p>		
<p>26. I have heard about HEC, but I don't know what exactly is going on.</p>	<p>1c acknowledgement of CHEC (26-38)</p>	
<p>27. We don't trust the community to support the elderly. The national policy is good, but it is usually hard to be implemented over the communities.</p>		
<p>28. When it comes to the festival, the staff from the residents committee will come to visit me, but no one told me about CHEC.</p>		
<p>29. There is a senior activity center in the community. (Old) people are playing mahjong there.</p>		
<p>30. I am not very clear about what to do in the community senior center for the elderly</p>		
<p>31. Last year, some volunteers came and said that they provided "massage" treatment. There is nothing else (home care service).</p>		
<p>32. Our community sometimes has a "free clinic", which is quite good. I wish this way could be kept more frequently and regularly.</p>		
<p>34. We have quite a lot of recreational activities here. The committee want to enrich the lives of the elderly, I guess.</p>		
<p>35. Sometimes volunteers come to the door to buy food for us</p>		
<p>36. The cadres of our community neighborhood committees are very good. Although they are not</p>		

Source material	Concept	Category
quite young, they often come to ask us what we want them do.		
37. Recent years, the community services seem to be mainly: free clinics, cultural activities, volunteers...		
38. Working staffs from the community mainly to organize us to dance, and sometimes there invite us to join some activities during the holidays. The senior center is mainly playing mahjong.		
39. While we can still move freely, we try to walk as much as possible, and don't need any special care so far.	2a health status and self-care ability of the elderly (39-60)	A2 objective factors of the elderly (2a, 2b, 2c, 2d,2e)
40. Although I have coronary heart disease, my husband has ventilation and high blood pressure, it is still okay to cope with daily housework, and we feel it is better staying in our own home.		
41. I took a heart bypass surgery a few years ago. I feel that my body is much worse in the past two years. It's not easy to rely on my daughter and son-in-law. I need to figure out a solution.		
42. I feel that my health is till okay. I don't have any serious problems for the time being. Unlike some people I know, who have to take medicine regularly. So I'm going to dance more, play less mahjong, try to maintain my health.		
43. In recent years, I found that my health is degraded. I have to take break couple of times while climbing up to the sixth floor. What shall I do when I am old?		
44. I have high blood pressure and my wife as well. I usually control the blood pressure by taking medicine regularly. So far it is under control. I was a driver before retiring. I wish to be able to buy a touring car. I also have the ability to exercise and drive my wife around the country.		
45. After my grandson was admitted to primary school, my health has become worse and worse. I can't move my waist (twisting my waist). Fortunately, my daughter is taking care of me.		
46. I have worked very hard during my lifetime. My husband has passed away for decades. Now, although my leg hurts because of arthritis, I am still keeping the habit of doing housework every day.		
47. I have no choice, my wife has been lying in bed after a stroke last year. I am sick, can not take care of her any more. Now I am considering to send her to a nursing home.		
48. people are useless when get old. But to be honest, I am still willing to stay at home.		
49. Every week, I have to be pushed in a wheelchair		

Source material	Concept	Category
<p>by my children to do physical therapy. I feel sorry for them. I wish I had not got this disease!</p> <p>50. There are a lot of things which I have to rely on my children, since my legs and feet are not quite capable. Last year I accidentally broke my hand, and I cannot take care of my meal.</p> <p>51. I am trying to work while I am still can work. If I could not work anymore someday, I will find some other ways.</p> <p>52. My mother is 89 years old. Now, she has got incontinence. My brothers and sisters and I am taking care of her by turns.</p>		
<p>53. My husband has paralyzed due to cerebral infarction last year, can't get out of bed. We are relying on the nursery maid to take care of them.</p> <p>54. My wife had been in hospital for 2 weeks. I applied for an escort bed in the hospital and took care of her day and night. Although I also need diabetes to fight insulin, seeing she was so weak, I knew I have to support her.</p> <p>55. The joints in my hand are severely deformed, and I cannot do the housework. But still I can afford the basic self-care.</p> <p>56. I am living with my wife. I still have enough retirement wages and medical insurance. I usually take exercises and I can take care of myself.</p> <p>57. I have heart disease. Sometimes when feeling uncomfortable, I can take care of myself though, my daughter spares her time to look after me every day.</p> <p>58. We are still able to take care of ourselves, and usually help our daughter looking after her child, living with my daughter.</p> <p>59. We are all retired teachers. Compared with other acquaintances, our general conditions are much better. Now we can still take care of ourselves, so we have not considered to go to the nursing home.</p> <p>60. My father is suffering from chest fracture after falling off last year. He cannot move freely, only lying in bed most of the time. I am very busy with my work, and my elder brother had immigrated abroad years ago. We are planning to find a high-end nursing home, and send my father there</p>		
<p>61. I have lived alone for decades, and my children have their own homes.</p>	<p>2b</p>	<p>living conditions of the elderly</p>
<p>62. My daughter moved out after she got married, and I am with my wife now.</p>		<p>(61-77)</p>
<p>63. After my husband passed away, my daughter was so worried about me, she brought me to her home.</p>		
<p>64. I am living with my wife in this old house.</p>		

Source material	Concept	Category
65. Our children went abroad, so we are living on ourselves.		
66. After my wife passed away, I have been living alone.		
67. I am used to living alone.		
68. My son got married and bought a big house. He invited me to his house.		
69. We have been living here for ages. Our children will come to have lunch together on weekends.		
70. I am living with my wife.		
71. To help the daughter looking after the child, we moved to the daughter's house.		
72. Being alone is full of quietness and calmness, and I am not used to being with young people.		
73. I came here last year to look after my grandson, but my wife is still at home.		
74. I will not leave this old place(home).		
75. My wife is seriously ill, but I can only guard her.		
76. My two sons are in the other city. We are enjoying the peaceful time by ourselves.		
77. Most of us are the same: after the children got married, the old couple stay at home..		
78. My husband and I still read a lot everyday. We both graduated from high school. After working in school for so many years, we know how to keep our thoughts up to date.	2c occupation and education level of the elderly (78-91)	
79. Most people as my age had a miserable life: we did not receive good education when it was right the time to study; and we have nothing to rely on when we are old. We used to be so proud of being a worker.		
80. I used to be a fitter. We didn't study much at that time.		
81. I didn't study at that time as a girl. I got married in my teens, but I did things seriously. I worked as a doorman before I retired. Every day after I got off work, I sew bags and earned some money to subsidize the household.		
82. I like to study actually. Although I have only got a primary school diploma, I went to work and went the technical school after work. Thanks to the support of the original work place, I was the executive director at the factory before I retired.		
83. After the government resumed the college entrance examination, I took the exam, entered a university, and worked in school for a lifetime.		
84. I retired from a factory. We were called educated once we graduated from junior high school at that time.		
85. My family was poor. After I finished primary school, I returned home to help my family work. Later I worked as a worker in the factory.		

Source material	Concept	Category
86. Fortunately, I insisted on studying at that time, and I took the college entrance examination. My wife is my classmate.		
87. I only got poor education.		
88. It was literacy once graduated from primary school at that time.		
89. My family was very poor, I spared the opportunity for my younger brothers to go to school, but I worked at home to help my father.		
90. I became a soldier, and finished the high school after retired from the army.		
91. In my generation, I am lucky. My family's condition is relatively better than others'. My parents insisted us to study hard. My sister and I both graduated from high school. My brother took a bachelor's degree after finding a job.		
92. Both of us are retired teachers. We do not worry too much about our life, so long as we are still healthy.	2d economic conditions of the elderly (92-106)	
93. I retired from a government department. My wife is a retired teacher. Our monthly pensions add up to 10,000 yuan. We have no problem with our daily life so far.		
94. Our pensions are quite abundant, and the welfare we have are quite superior. The only problem is that my husband got a stroke last year. Although he can stay in a nursing home, our sons are not around, and he misses them so much.		
95. My wife and I are retired from the factory with very low pension. Although there is medical insurance, many chronic diseases are not reimbursed. My wife takes medicines for coronary heart disease and spends about 500 yuan a week. Her monthly pension is only 2,000 yuan. If she follow the doctor's diagnose, she cannot afford this expense. So she is not taking the doze as the doctor suggested.		
96. My medicines are bought by my eldest daughter. My pension is 3,000yuan monthly, only can cover the medicine cost. I have never been to the hospital for years. Because I am afraid of the expensive medicines the doctor may diagnose.		
97. My daughter works in a Chinese medicine hospital. Usually she tells me which medicines or ingredients are good for me. My husband is an alcoholic, and his liver is not healthy. We don't have pension. When either of us get sick, we still rely on my daughter.		
98. My children hired a maid for me. She helps me do the housework every day, cook for me and take care of me during the daytime. My children spend almost 3,500 yuan a month. My pension is only		

Source material	Concept	Category
enough to buy some medicines every month.		
99. My husband passed away the year before last year. My monthly pension is almost 3,000 yuan, and it is enough if I keep economic. But only I am afraid of serious illness, hospitalization... I dare not to think.		
100. I have a pension about 2,200 yuan, my wife's is almost the same as mine. What makes me feel fine is that we do not have serious disease, and we take exercises regularly. I hope that my health could keep healthy, so to spend less money (medicine fee)		
101. Although my husband has retired, he is still very healthy. He is looking for a part-time job. Our pensions add up to 8,000 yuan.		
102. I have lived alone since my husband passed away. The eldest daughter will come to see me every week. My son is taking care of his grandson in another city and transfer me some money at the festivals.		
103. I am mainly relying on pensions every month, although there is not that much. I earn a little income when going out for performances.		
104. I have a pension of almost 2,300 yuan a month, not very bad nor very good.		
105. Although we have pensions, still afraid of illness. Even if there is medical insurance, we still feel it costs a lot when see the doctors.		
106. Our pensions may add up to 5,000 yuan. Now we can take care of our grandchildren. But if there is anything expensive to consume, my daughter always pay for it.		
107. I have raised all four children up, and I have looked after four grandchildren. Now I have merely one daughter who usually visits me.	2e number of the elderly's children (107-120)	
108. We could only have one child at that time. Now we are older, we can only rely on him.		
109. I have a daughter, and where she goes where we go.		
110. We have a son and a daughter. My son works in Shanghai. He got married and settled there. Now that my daughter is not married, we are accompanying her.		
111. My two sons are very capable, and now they are living and working in another city.		
112. We have only one son. He went to the United States and settled there years ago. We could not be used to staying there, so we came back (in Wuhan).		
113. I have a daughter. She got married and gave birth to a child. Everything was settled. But she divorced last year. Only we can help her.		
114. We only have one son. He has been obedient since he was a child. When he divorced after two years marriage. We can only follow him to take care		

Source material	Concept	Category
of his child.		
115. We were from the countryside, and we had two daughters. The daughters got married. We are helping the younger daughter to take care of her children and living with them.		
116. I have three children, two daughters, one son. They also have grandchildren. I still live alone.		
117. We have two children, one son and one daughter. The daughter has settled in Beijing. The son is close to us. It is mainly because he usually visits us. This is enough. We don't need any other support from them.		
118. After my wife passed away, my daughter cared more about me. Although she was married, she still had to pick me up to live with them. I felt embarrassed, so I came back.		
119. I sometimes go to my son's house for a while, but it is not good to bother them.		
120. We used to live in our hometown. My son is too busy. Last year he had another child. So I came here to help them.		
121. I just cannot understand why those young like to divorce so easily. They could take a break but the old is harmed. My son just got divorced last year. Now he is under pressure and his salary is not high. He has no time to look after his child. We have to come to help, otherwise my grandson would live in very poor life.	3a marital status of the elderly's children (121-134)	A3 Basic situation of elderly's children (3a,3b,3c,3d)
122. My daughter divorced. Although she is now a middle school teacher, the welfare is not bad, a woman always needs someone to take care of, and my daughter's health is not very strong. We are worried about her future life	3b economic conditions of the elderly's children (121-134)	
123. Our two sons have already married and had children. Their incomes are good. They are all civil servants. Both daughter-in-laws are teachers in the university. Their conditions are quite superior. As parent, our principle is that children should have independent life.		
124. We have one son, a doctor in another city. His salary is quite high, he is married now and has a child. The daughter-in-law is also a doctor, but both of them are very busy. We are helping them look after their child by turns.	3c occupation, education level of the elderly's children (124-134)	
125. My two children are ordinary employees. Their income is not so much, but it is still possible to support the family. The daughter can't take care of us in another city. My son is close, and he basically visit us every week. They are all almost 50 years old, so we try not to trouble them.	3d intergenerational relationship between the elderly and their children	

Source material	Concept	Category
<p>126. I have one daughter, and she is very filial. My son-in-law is very sensible, very distressed. Though their salary is not so much, they are good at managing the expense. My wife died last year. My daughter always picks me up to live in her house. I don't want to affect their lives. Because the son-in-law's mother is very strong, I'm afraid to go there.</p>	<p>(124-134)</p>	
<p>127. My son is the business manager in the company. Because he is diligent, the company trusts him very much, but his relationship with his wife is not very good. They are always in tension. Last year, they got another baby. I don't know what they are planning, but the burden of taking care of the children falls on us. The daughter-in-law's parent is not willing to take care of the grandson, and we are too old to afford it.</p>		
<p>128. My daughter got married in a foreign country. She comes back once or twice a year. She is very capable. She is in very good circumstances. But she spends money like water. Anyway, she is far away from us, and we can't persuade her. She transfers money to us monthly.</p>		
<p>129. My son takes his work for granted, and we are always have no idea with him since he was young. No news is good news as for his condition.</p>		
<p>130. Our son is filial, his works very hard. He is a computer technician. Now he is the head of the company's technology department. His monthly income is almost 10,000 yuan. But my daughter-in-law is jobless, totally relying on my son. My husband is sick but doesn't want to tell our son, in case he would be worried.</p>		
<p>131. My two children are very good. They have been very sensible since they were young. They are working in another city. I heard that their monthly salary is more than 10,000 yuan. I am really happy for them. The older son was married, and the younger son is still single. They are too far away to take care us. The children always ask us to live with them. But we are old, not used to the new environment, and my husband is not in good health and cannot afford traveling. It's better to stay at home. Even if we go for them, we are afraid will be their burden. The children said that if we insist on not going to them, they would like to find a decent nursing home for us.</p>		
<p>132. My daughter is now working in another city. She usually does not have much contact with me. After I divorced her mother, I didn't take care of her, so my daughter always blames me. But she said she is living well. And she is 36 years old. I cannot</p>		

Source material	Concept	Category
<p>communicate with her.</p> <p>133. My daughter is very obedient. When she was still at school, she studied here. She works in a foreign-funded enterprise with high income. The only thing that makes us worried is that she is not married yet. We are living with her here, and trying to take care of her as much as we can.</p>		
<p>134 .I have two daughters, and both are more than 40 years old. They have great pressure from the education of their children. Nowadays, Chinese education situation makes the children too nervous, but there is no other choice for ordinary people. If you don't study, you can't find a job. The two son-in-laws' jobs are good. But if they want to make more money, they have to sacrifice some time for work. Young people are living in dilemma. Sometimes children are against me, and made me very upset.</p>		
<p>135. I am lucky that my husband is rather well-educated. He has always been my helper and consultant in my life. No matter what kind of problems and difficulties I encounter, he is supporting me there. I live in a quite care-free lifestyle thanks to my husband. And our children are also excellent. My husband is really the backbone of our family. I only hope that we can be in good shape longer.</p>	<p>4a the concepts of elderly care from the elderly's spouse (135,137,140,141,145)</p>	<p>A4 Basic situation of the spouse of the elderly (4a, 4b, 4c)</p>
<p>136. My husband died a few decades ago, leaving me alone to raise the children.</p>		
<p>137. My wife always encourages me to go for a walk, to join more activities. She loves to dance square dance, and also encourages me to sing. My best companion is my wife.</p>		
<p>138. Years ago, when my wife was in good health, she could go out with me to buy food and take a walk. Since she had a cerebral infarction last year, she seldom gets off the bed. I am taking care of him but honestly I feel my life is getting worse. Although the children hired the hourly worker, my wife husband is ill, and I have got very high pressure for it.</p>	<p>4b health status of the elderly's spouse (138,139,141-144,146,147)</p>	
<p>139. My wife has very bad temper. I used to give way to her, but since she got the coronary heart disease one year ago, she becomes out of control sometimes. I could understand that it feels bad when someone has heart disease, but the more you don't control your temper, the more serious your illness will be. My daughter's marriage is not good. I feel that everyone in the family is under great pressure.</p>		
<p>140. We have been supporting each other for years. Now that we are old, we are not willing to give trouble to our children. I would rather take care of</p>		

Source material	Concept	Category
<p>each other with my wife and live simple life. I guess this the normal way as old people.</p> <p>141. My husband is a very optimistic person. He had been a driver for decades. He always says that he will buy a touring car, so that he can drive me around the country. He also encourages me to do exercises.</p> <p>142. My husband has no opinion by himself since he was young. He never take care of my child's affairs. Now he is not healthy. I have to take care of him every day. It's really annoying. I don't have anyone to exchange ideas with at home.</p> <p>143. My wife has just passed away. I used to think that she was too noisy. But now, I do feel lonely.</p> <p>144. My husband got a stroke. He cannot talk well. I have high blood pressure. Sometimes I wish there could be someone taking care of me, when I feel uncomfortable. I cannot rely on my husband anymore. We have been really useless.</p> <p>145. We go out to buy some grocery together every day. Sometimes we go to my son's home, to help with dinner, but we come back home at night. My wife is not used to stay at other places over the night.</p> <p>146. My husband has a bad temper, and he quarreled with our daughter-in-law a month ago. He was so angry that suddenly fell off, and now he needs to take a wheelchair. He used to be a strong person. He is especially depressed now, every night. He still suggests me dance and play with neighbors. I think he may be afraid that my mood will be affected by him.</p> <p>147. My wife had just had liver surgery and needs nursing care. Although she is not in bed, her health is much worse than before. Our pensions are high, fortunately. I used to be a civil servant and she is also a retired teacher. So we do not have big financial pressure. We are both over 70 years old and not energetic anymore. We can't not help being old.</p>	<p>4c occupation and other basic information of the spouse of the elderly (135,136,141,147)</p>	
<p>148. Thanks to the friends around me, so that I can still keep this good attitude to life. We have common hobbies. Everyone encourages and communicates with each other every day. Although sometimes it is awkward for minor arguments, in the end we still understand each other. I didn't like dressing up before, but now I am more concerned about my own image. We talk in fun and I forget about a lot of troubles.</p> <p>149. I also have some old classmates who sometimes invite me to join them. But my wife is very strict, and usually complains. When I meet them, we greet each other only.</p>	<p>5a support from friends and acquaintances around the elderly (148-155)</p>	<p>A5 Factors of the social network of the elderly (5a, 5b, 5c)</p>

Source material	Concept	Category
<p>150. From time to time, we travel with old friends. So long as we are healthy enough, we arrange our trip quite well, without spending too much money, but everyone enjoys it. 156. I have been living here for most of my life. I usually play mahjong with the neighbors around. I have a lot of neighbors here. And it feels as if we were a big family.</p>		
<p>151. I live on this floor with two old neighbors. I used to chat with them every day. It was a pity that they had passed away two years ago, and I have nobody to communicate.</p>		
<p>152. After my daughter goes to work, I will go to the friends who are practicing Taiji. Every day, I practice with them, and usually we share some knowledge on health with each other. They don't mind I come from another city. I feel that I have learned more than I did when I was young. With these friends, I feel quite fulfilled.</p>		
<p>153. I usually play chess with those old friends. But recently, I can't sit for so long, due to I have a backache and a pain in my neck. And those old friends who are babysitting their grandchildren. It's hard to meet them anymore.</p>		
<p>154. My former classmates were particularly active. Now our "Alumni Association" often organizes some activities, like mountain climbing or cultural activities. Sometimes, we performed those old operas we used to play when we were at school. Generally, everyone can recall the good memories of childhood. Although they feel that time flies, they can still reunite with these old friends and cherish these opportunities so much. When there is anyone sick some times, all the rest of friends would come to see him or her and like to help.</p>		
<p>155. We both don't like to deal with others. We used to be busy working before retirement. We didn't have time to gossip with the neighbors and have been used to it. I suppose people should take care of their own family first.</p>	<p>5b the lifestyle with less social network (156-160)</p>	
<p>157. Our acquaintances are in the hometown. After coming here, I meet strangers everyday. If it was not for my daughter, I definitely would not have been here.</p>		
<p>158. I feel that after my husband's death, I am more and more reluctant to associate with others. I feel sad seeing others still having partners. Fortunately, my daughter cares about me very much.</p>		
<p>159. I have to take care of my wife all day. And since she is sick at home, others are not willing to visit us.</p>		
<p>160. I am looking after my grandson for my son. I don't know anyone here. When I am walking in the community, I usually meet some people who are similar to me taking care of the grandchildren.</p>		

Source material	Concept	Category
<p>Sometimes, I chat with them, and talk about my home, but I don't have a deep relationship with them.</p>		
<p>161. While I am in Wuhan, relying on WeChat to contact my old friends in the hometown. Every day, everyone will greet each other through Wechat. We discuss problems in the group, make jokes. Although we are not in the same place, this "WeChat" connects us together and help to maintain the old friendship.</p> <p>162. We use WeChat every day. Once seeing some useful information, especially in terms of health care, we will share with friends through Wechat.</p> <p>163. To be honest, my friends and I talked a lot in WeChat, much more than I communicate with my family.</p>	<p>5c Convenience of online social network (161-162)</p>	
<p>164. There is a senior center in our community, but most of the elderly play mahjong there. Some old people smoke too much, and the indoor air condition is particularly bad.</p>	<p>6a supporting establishments in the community (164-170)</p>	<p>A6 Factors of community condition where the elderly live (6a, 6b)</p>
<p>165. In the past few years, there have been a lot of fitness equipment installed in the community. There were some broken ones before. In recent years, it is obvious that the working staff of the committee paid more attention to facilities.</p>		
<p>166. There is a community "Geriatric Center". One room is mainly for the elderly to play mahjong. Another one is for the old to practice dancing. But I heard that the equipment there are not convenient, and the room is too small. So most of the old people would rather dance outdoors when the weather is agreeable. There is another room that originally was supposed be a computer room. But no one taught us to deal with the computers. I don't know if it's still available</p>		
<p>167. A neighbor in the community took me to the senior center of the community, because she is learning dancing there. There are several retired people who study together with an old lady every afternoon. But I am afraid of that teacher, because she is very strict. I do not want to study so professionally. When she asked me to do the movements correctly, I felt embarrassed. I only learned one afternoon with them and never attend.</p>		
<p>168. There is a senior center, but I have never been there.</p>		
<p>169. We don't need any senior center, because we knew each other too well and go around frequently.</p>		
<p>170. The fitness facilities in the community are very</p>		

Source material	Concept	Category
good. I go to do exercises every night. Since I can't participate in any strenuous exercise, these equipment are enough. There are also instructions. I am already very satisfied.		
171. Last year, we also had a "canteen" here. Originally, it was said that the dishes were good, and we could save some energy to cook. Later, some people said that it was not very hygienic, and the dishes were not very good anymore.	6b	
172. There are college students, or volunteers coming to help irregularly.	elderly care service in the community (171-182)	
173. I don't like those "volunteers" at all. They never inform us in advance. When they knocked at the door, I don't know if I should open the door or not. And even once a volunteer provided massage to me, but I could stand it at all.		
174. I think the community clinic is still very good. There are some simple physical examinations which can help us from going to the hospital. Sometimes there are regular doctors coming here. Their attitudes are also very good. It is better than the doctors who are in the hospital.		
175. One of the leaders in the residents committee is quite nice. He is not young but very enthusiastic. The Grandpa Zhang living upstairs fell to the ground last year. Fortunately, that leader arrived in time, otherwise Grandpa Zhang had been dead.		
176. Every year the directors of the Committee come to see me and buy some fruits for me before the Spring Festival.		
177. Some staff in the "Geriatric Center" in our community are absent-minded. It seems they can't do anything when you ask them.		
178. The committee here usually informs me about some information, but nothing else.		
179. The people in the "Center" are lazy. They don't care what service they can provide. And they made us feel that we were taking advantage of them.		
180. People here have no sense of service, actually they are all the same everywhere.		
181. The young working staff here have become procrastinating and bureaucratic.	7a	A7
182. I cannot feel any helping heart from the committee.	expectation of favorable national policy (181-186)	Factors of government policies (7a,7b)
181. I heard that we have some subsidies by using our "one-child certificate".		
182. I heard that the salary of retired will rise, and it is estimated that it will not rise much.		
183. My medical insurance used not to be activated in Wuhan. But now it has been changed since the year before last year. I don't have to pay much for		

Source material	Concept	Category
my medicine.		
184. I still hope that the country will issue us some subsidies. Now the medicine is too expensive, and I can't afford it.		
185. I didn't hear that I there will be more financial supports from the government. What can we do?		
186. I am also looking forward to a little more financial support.		
187. Now, most of the public scenic spots in Wuhan are free for people over the age of 65. So the policy is still pretty good.	7b feedback on certain national policies (187-191)	
188. If there could be food delivery or canteen, it will be very good. At least we don't need to think what to eat every day.		
189. We have to help taking care of our two grandchildren. We are tired of our lifestyle and no one has the energy to take care of us.		
190. I have raised four children in my life. Now I am old and no one is in charge. My children are not filial.		
191. I hardly go back to my hometown. In the past few years, there were couple of times when the working staff informed me to fill in some important files online have often asked us to retire, but I missed the time.		

4.2.1.2 Axial coding

The axial coding is based on open coding according to certain logical relationships. The generic concepts of the categories are further refined to form the main dimension, thus constructing a conceptual model that reflects certain concepts and relations between them. In this step, the process of analysis needs to be structured according to the logical relationship between different concepts, which means analyzing the reason, the background, the condition, the action or interaction strategy, and the relationship between the results that derive from the phenomenon of original data. According to the seven categories summarized in the previous Table 4-1, through further analysis and refinement, three main dimensions are summarized here: factors of the elderly themselves, factors of the family, and factors of the society (Table 4-2).

Table 4-2 Axial coding analysis of data

Dimensions	Category	Concept
The elderly themselves	Subjective factors of the elderly	1a traditional concept of family support to the elderly 1b modern concept of

Dimensions	Category	Concept
The elderly's family	Objective factors of the elderly	supporting the elderly 1c acknowledgment of CHEC 2a health status and self-care ability of the elderly 2b living conditions of the elderly 2c occupation and education level of the elderly 2d economic conditions of the elderly 2e number of the elderly's children
	Basic situation of elderly's children	3a marital status of the elderly's children 3b economic conditions of the elderly's children 3c occupation, education level of the elderly's children 3d intergenerational relationship between the elderly and their children
	Basic situation of the spouse of the elderly	4a the concepts of elderly care from the elderly's spouse 4b health status of the elderly's spouse 4c occupation and other basic information of the spouse of
	Factors of the social network of the elderly	5a support from friends and acquaintances around the elderly 5b the lifestyle with less social network 5b Convenience of online social network
The society	Factors of the community condition where the elderly live	6a supporting establishments in the community 6b elderly care service in the community
	Factors of the government policies	7a expectation of favorable national policy 7b feedback on certain national policies

4.2.1.3 Selective coding

As mentioned in the previous chapter, selective coding is also called "core coding". As the name implies, this process of coding is the core of the whole model. The concepts and the categories generated from open coding and axial coding should all be around this "core", and they become interrelated and logically made complete. The three main

categories are summarized by the main axis coding: factors of the elderly themselves, factors of the elderly’s family, and factors of the society. The factors of the elderly themselves, from the subjective and objective points of view, affect the elderly’s demand for CHECS. The factors of the elderly’s family, such as the basic condition of the elderly’s children and spouse, influence demand for CHECS to a large extent; the factors of the society include those of the community condition where the elderly live and factors of the government policies. Therefore, based on the results of the axial coding above, the core coding of “Influence factors of the elderly’s demand for CHECS in Wuhan” was finally determined.

4.2.2 Model construction

Based on the previous process of coding, this study finally established a theoretical model for the “Influence factors of elderly’s demand for CHECS” (Figure 4-1).

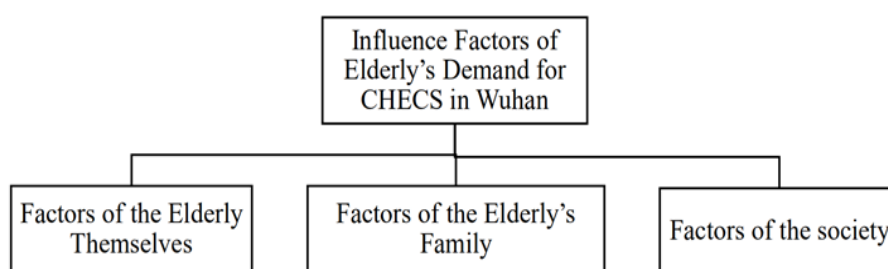


Figure 4-1 Influence factors of elderly’s demand for CHECS

4.2.2.1 Factors of the elderly themselves

With regard to their demand for CHECS, the influence of the factors of the elderly themselves is very significant. The factors of the elderly themselves mainly come from two aspects: the subjective factors and the objective factors of the elderly.

(1) Subjective factors of the elderly

Under the influence of the subjective factors of the elderly, especially the traditional concept of family-supporting mode, most elderly think that raising children is to rely on them when they get old. As can be seen in Table 4-1, some elderly Chinese people are proud of being hardworking and thrifty, with their offspring always being their first priority. When the elderly consider the expense of healthcare, many would choose to stay in the home, trying not to spend too much money or trying to solve their healthcare problems at the lowest cost by, for example, reducing medical bills to save money, and not

hiring nursing workers. As far as their awareness and knowledge of CHECS goes, many elderly people do not understand what it involves. This may be why they cannot distinguish between family-support and CHECS, or perhaps it is because the community does not provide the quality services so the elderly who have a demand for CHECS have no access to them.

(2) Objective factors of the elderly

The objective factors of the elderly concern whether there are limitations on the daily activities, physical functions of the elderly due to factors such as illness or ageing. Generally speaking, the elderly who are in relatively good health have better self-care ability. Therefore, they are more willing to participate in social activities, and their demand for medical rehabilitation included in CHECS is relatively weak. However, senile people or elderly with disabilities are in need of services such as medical rehabilitation due to poor health and decreased self-care ability. More specifically, although we found during the interviews that some elderly people were obviously weak in self-care, they still insist on doing their own housework, such as cooking, washing, and tidying their room.

With regard to the living conditions of the elderly, those who live with their spouse or on their own have a greater demand for CHECS to cater for such needs as daily care, medical care and spiritual consolation. The elderly living with their children, however, can enjoy more care and spiritual consolation provided by their children, so their demand for access to community services is relatively weak. Of the elderly who were interviewed, 20 are living with a spouse, 6 are living alone, and 8 live with their children.

The occupation and education level of the elderly have a certain impact on the elderly's concept of care mode. The higher the education level the elderly attained, the better they are able to grasp new concepts and the more likely to accept the CHECS. In terms of the economic conditions of the elderly, the results need further analysis. For the majority of the elderly, the family-supporting mode can help them achieve multiple goals. This conclusion, which was also gradually discovered during the interviews and in the process of organizing the materials, needs to be explained. For many elderly people, the meaning of family-supporting has a cultural significance or is spiritual consolation. For example, in the interview, some elderly people said, "We had nothing to do when we retired. We are taking care of our grandchildren every day. It is very tiring, but I am happy, feeling quite fulfilled. At least we have helped our children, and they can concentrate on their work without having to worry..." Therefore, when considering their own demands,

the elderly will not only consider whether their children are willing or able to support them, but also consider whether they can continue to help their children and maintain their lifestyle by doing some housework and helping to take care of their grandchildren. It is found that, in this sense, the elderly in better economic circumstances have greater "confidence" in the family-supporting mode. This is because they believe they are more capable of contributing something towards helping their children. However, those in poorer economic circumstances are also less likely to rely on institutional or community elderly care service because they are restricted by their purchasing capability and are reluctant to be a burden to their children.

As far as the children themselves are concerned, while some elderly have enjoyed more care from their children there are also many children of the elderly who do not want to shoulder the obligation and are unwilling to take care of their elderly parents. Moreover, most old people prefer their sons to undertake supporting obligations, which is quite a typical Chinese traditional idea. When many children are willing to take on the responsibilities and obligations of supporting the elderly, the elderly can get more support from the family, and the demand can be better met. But when the children are not willing to take responsibility, the elderly's demand cannot be satisfied by the family. However, whatever the case, the more children there are who support the elderly, the more likely the elderly are to choose the family-supporting mode, which is a common phenomenon in China. The elderly of the one-child family also show two mixed tendencies. Some will insist that their child bear the responsibility of family-supporting, while some will consider various factors and choose the appropriate care method.

With regard to the living conditions of the elderly, the interviews included elderly people living alone, living with their spouses, and living with their children. If elderly people living alone can still receive support from their children, they will have less demand for CHECS, but the demand for medical services is great. The elderly living with their spouse often take care of each other or have stronger physical and self-care ability. The elderly who live with their children can enjoy the support provided by more family members, and the demand for services will be relatively little.

4.2.2.2 Factors of the elderly's family

In China, families are seen as an important pillar of support for the elderly, so the impact of family members on the demand for CHECS is considerable. Family factors mainly include the basic situation of the elderly's children and the basic situation of the

elderly's spouse.

(1) Basic situation of the elderly's children

For the children of the elderly, having a family and career, not only means economic independence but also means that their life pressure, work pressure, and responsibilities from other aspects are greater. While on the one hand, economic independence will help the children to bear the burden of supporting their parents, at the same time, because Chinese family-supporting mode is different from that of the West, the traditional Chinese-style supporting mode is more like a "transfer of resources". The transfer from adult children to their old parents. Therefore, in China, economically independent children tend to bear more family-supporting obligations. On the other hand, the work pressure and life pressure of married children will increase accordingly, which will negatively impact on them being able to fulfil their obligation to support the elderly. From the interviews, it was also found that they will often feel powerless in terms of time and energy. Many elderly people mentioned that their children are unable to take care of them because of their busy work life or, indeed, that they have to take care of their own children. However, it also happens that some children even quit their jobs to take care of their elderly parents.

When some elderly's children are affected by divorce, or some other physical reason, their elderly parents may return to take care of them. This phenomenon is mainly due to the intergenerational care of the elderly in China where the intergenerational relationship is functional as well as emotional. So for the elderly, the meaning of family-supporting is not only a life care resource reciprocated by their children when they become adults but it is also a means of keeping in close contact with their children, a form of consolation. At the same time, they think it can maintain their value in the family. At times of crisis in their children's lives, elderly parents tend to take responsibility for caring for their children again. Under this circumstance, the elderly's own demands will be weakened or even temporarily ignored, and the interests of the children will be given priority. In short, most Chinese elderly people will consider the stability of their children's lives first, and then consider the various demands of their own.

As far as the education level of the adult children is concerned, it can be seen through the interviews that the more members of the family who are highly educated, the greater the chances are that the modern elderly care mode will be accepted. The elderly in this type of family will have higher recognition and make a more rational decision on the demand for CHECS.

With regard to the intergenerational relationship factors, it was found that when the relationship between the elderly and the children is not harmonious, the children's responsibility for family-supporting tends to be reduced, and the elderly's demand for the CHECS will increase. At the same time, some elderly people value "family" so much that even when their children are not filial or their intergenerational relationship is not harmonious and their children are not reliable, they are still willing to stay with them. Therefore, as far as the interview results are concerned, the influence of family intergenerational relationships on the elderly's demand for CHECS is uncertain.

(2) Basic situation of the elderly's spouse

Many elderly's spouses take on the role of care provider and are also the main source of emotional consolation for the elderly. In most cases, the choice of elderly care tends to be consistent with that of their spouse. Therefore, elderly people with a spouse are more willing to seek support in the home and keep the familiar lifestyle they have become accustomed to over the years. For the single elderly, however, their demand for CHECS is still very high. For example, in the interviews, many of the elderly mentioned the demand for services such as community medical care services and foodservice.

4.2.2.3 Factors of society

(1) The influence of the elderly's social network

In the interviews, the researcher found that around half of the old people have a wide social network, which constitutes the elderly's friends in daily life, who can be in constant contact, and a "friend circle" established through the Internet. Whether it is a circle of friends in real life or in the virtual world of the internet, most of them are old friends of the elderly, or friends who have hobbies they can share. Some of these "friends" are of the same age as the elderly, and some are of different ages. When many elderly people cannot get some satisfaction from their families, they will resort to friends. For example, they can find old classmates to chat with, travel with, organize various activities with, so that they can get spiritual satisfaction and sustenance. Therefore, this type of elderly person is relatively more social. They will pay more attention to certain services provided by the society and the community, and their dependence on the family will be relatively reduced.

Some elderly people are not accustomed to the social network, or for some reason are unable to participate in social activities, so they are more inclined to the traditional mode of relying on their children. If such elderly people cannot receive family support from their

families, their demand for community home care services will increase.

(2) Factors of the community condition where the elderly live

Due to the strong investment of the government in recent years, the researchers also found from the interviews that the elderly are relatively satisfied with the renovation and addition of various hardware facilities in the community during these years, especially the increase of fitness equipment in each community, which meets the elderly's demand for fitness.

However, compared with other supporting establishments in the community, the elderly care service in the community is dwarfed, affecting the satisfaction of the elderly. Reasons for lower satisfaction include, for example, the level of specialization of managers and service personnel in community senior centers, the problem of excessive fees for certain services provided by the community, and the inability to meet the demand of medical services for the elderly in the community. These have made the elderly hesitate to seek community home care services. From the interviews, it was also found that the proportion of elderly people using the elderly care services provided by the community is low. For the general community elderly care service projects, "home visits", "helping with the housework", and "special service hotline for the elderly" are rarely mentioned or used. Many elderly people expressed that some medical services are occasionally provided by the community, such as "free clinic" and "rehabilitation physiotherapy". However, since these measures are not implemented consistently enough, they are obviously unable to meet the elderly's demand. At present, the coverage of community medical service facilities such as "community hospitals", "community clinics" and "medical service stations" has been significantly improved, but the elderly do not make full use of the services they could enjoy, such as the services of "Family doctors". Many elderly people do not know what they need to do exactly to apply for this service or, indeed, how they can benefit from it. For the various chronic disease prevention and physical rehabilitation services, the community makes even less provision. Even if communities are providing related services, there is no guarantee of quality, which affects the choice of such services for the elderly.

(3) Factors of the government policies

From the interviews, the majority of the elderly are very concerned about government policies, especially with regard to financial support for the elderly care, pensions, and medical subsidy. When the elderly heard about the favorable official policies, they

expressed deep gratitude for the policies. In the interview, some old people said: "I heard that this year the country raised the pension for retired people. Although it has not been added every year, it is better than nothing." "We followed the national policy at that time, having only one child, now the government will compensate us, we will receive the one-child allowance". However, as the overall retirement income of the elderly is not high, and they do not have long-term care insurance, the small support from the new policy is not enough to effect change in the elderly's choices of the elderly care mode.

At the same time, it has also been found that in recent years, the government has provided a series of welfare measures such as preferential treatment in cases of senility, and a senility allowance, which have been recognized by the elderly. Most elderly people who can still move freely will choose to apply for the "Elderly Passenger Comfort Card" and use it. The scenic spots in Wuhan, provide various preferential services for the elderly. In the interview, some old people mentioned the experience of being deceived, or the experience of old friends being deceived, such as being tricked into buying fake medicine, or non-existent apartments. These events are an attack on the elderly, physically and psychologically. Many elderly people mentioned that it is necessary to have relevant government departments to specifically stand up for the rights of the elderly and protect their interests.

4.3 Summary

The conclusion is that most of the elderly in Wuhan are willing to have family support. The elderly have a strong demand for CHECS, and as analyzed, the influential factors affect the elderly's demand from different angles. The elderly's own factors, such as age, physical condition, self-care ability, obviously affect their demand for CHECS. Generally speaking, the older they are, the worse the physical condition they are in. The lower the self-care ability, the greater the demand for daily care and medical services. The elderly in better physical condition and with higher self-care ability have a greater demand for entertainment and spiritual consolation. The elderly with better economic conditions and higher education levels have more demand for CHECS. Family factors have a significant impact on the elderly's choice for CHECS. The various aspects of the children of the elderly affect the quality of their support. The more harmonious the intergenerational relationship between the children and the elderly, the weaker the demand for CHECS. The spouse has a great influence on the elderly, especially in the family where

the relationship is not harmonious, so the elderly often have to take care of each other and play a psychological comforting role. When the husband and wife are older, are in poorer physical condition, or have poor self-care ability, the demand for CHECS is relatively strong. The supply of relevant HCS and the support of government policies also affect the elderly's demand for CHECS.

In Wuhan, the elderly's demand for CHECS is still at a low level; day-to-day life care, medical care, spiritual consolation, protection of rights and interests are the main demand of the elderly. So far, CHECS is only used as a substitute for the traditional family-supporting for the elderly. In today's China, family-supporting is still the mainstream concept of most of the elderly. Regardless of their economic situation, as long as the elderly are still healthy and have the ability to live on their own, they will always consider family-supporting in the first place. Only when their physical function continues to decline and their family-supporting conditions or resources are insufficient, will the elderly consider seeking community support or other social support. Therefore, in this sense, for the elderly in poor health, their demand for CHECS is rigid.

The next chapter analyzes the CHECS supply system in Wuhan city.

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Chapter 5: Supply Analysis

5.1 Introduction

The construction of a perfect CHECS supply system cannot be achieved all in one go; it is a long-term process. This chapter illustrates the policies for the elderly care service, in China, and typically in Wuhan over the past two decades, which is regarded as the CHECS policy supply. Meanwhile, with recourse to research literature and data collected from the respondents in the interviews, the supply in practice is also analyzed, and the model of "influencing factors of CHECS supply" is formed.

5.2 CHECS policy supply

In the past two decades, China's elderly care service policies have gradually covered a larger population, while the number of relative policies has increased significantly with more industries becoming involved in this field. From reviewing a large number of documents, comprehensively sorting information, and drawing valuable insights from domestic scholars, it has been possible to divide the policy on elderly care services introduced in China in the past two decades into roughly two stages: the normative developing stage and the improving stage (Li, 2018).

5.2.1 Normative developing stage

The normative developing stage: the stage in the period from 1999 to 2017 is called the normative developing stage of elderly care service policies in China, and has three main characteristics:

- a) The National Committee on Ageing was established in 1999 and China's Elderly Care Association is responsible for its daily running. China's response to an ageing population has played an important role in promoting the work on ageing for the future.
- b) In 2001, China introduced the first development plan on the ageing problem, called the "Outline of the causes of the development of China's ageing (2001-

2005)” (State Council, 2001).

- c) In 2001, China began to develop a response to its ageing society. Upon entering the 21st century, China increased its support for the elderly and actively carried out various tasks to deal with the ageing problem.

The policies promulgated by the government in the period 1999-2003 mainly focused on the basic pensions of urban company employees, rather than those of the rural elderly. After 2009, the pilot project of the new rural social endowment insurance, officially launched in 2011, and the pilot work of social pension insurance for urban residents in China were established.

Most policies in 1999-2003 mainly focused on the distribution of employee pensions, and only a small percentage focused on social welfare institutions, senior sports work, senior residential building codes and taxation policies for senior service organizations. During this period, the elderly care service policies were rich in content and involved the elderly care service industry, basic pension insurance for village cadres, community construction, education for the elderly, home care services, daily care services, health services, medical care, preferential treatment for the elderly, land for elderly care facilities, telemedicine, barrier-free renovation of public facilities for elderly families and residential areas, Chinese medicine health services, elderly sports, elderly living environment construction, elderly care services, and commercial pension insurance. In September 2013, the State Council issued "Several Opinions on Promoting the Development of the Health Service Industry" (The State Council, 2013), which proposed to promote the development of combining medical and elderly care, and to solve the problems of medical and elderly care for seniors.

According to central government documents, in 2013 the Wuhan Civil Affairs Bureau issued the “Guide Lines of the Municipal Health Planning Commission of the Municipal Civil Affairs Bureau on Forging the Combination of Health Care (Trial)” (Wuhan Civil Affairs Bureau, 2013), which encourages and supports the development of nursing homes with medical facilities for elderly care, and provides long-term care services for disabled and demented elderly. It also strengthens the organic intersection and seamless connection between the community health service center and home care service center and facilitates the construction of “one-click” community home care for the elderly to effectively promote the home care business. It is also intended to orient and help all types of elderly care institutions to establish medical service functions and pilot hospice care services in

elderly care institutions. In the same year, 2013, the Wuhan Civil Affairs Bureau issued the “Community Home Care Service Handbook 60 (Trial)” (Wuhan Civil Affairs Bureau, 2013), to establish a long-term mechanism for community home care services. The service target and service content of the “4+1+X” community home care service model adopted by the Wuhan Municipal Government was elaborated. The “one-touch” mobile phone equipped for the elderly over the age of 60, provides them with day-to-day life care, help with housework, and spiritual consolation.

In 2014, the Wuhan Municipal Civil Affairs Bureau issued the “Code for Community Retirement of Wuhan Community (Trial)” (Wuhan Civil Affairs Bureau, 2014), which clearly states the nature of community nursing homes, site selection requirements, functional uses, construction requirements, service requirements, and supervision methods. This provides the criterion and basis for the establishment of community nursing homes in Wuhan. In 2015, the National Health and Family Planning Commission and other departments jointly issued the “Guide Lines on Promoting the Combination of Health Care and Elderly Care Services” (General Office of the State Council, 2015) which proposes that by 2020, it is necessary to establish a system of medical nursing combined care, a system of policies and regulations in line with national conditions, and an orderly sharing of medical and health care resources, capable of covering urban and rural areas on an appropriate scale with reasonable functions. A comprehensive and continuous combined medical nursing care service network has taken shape, and the capability of the residents themselves and the medical and health institutions to provide on-site services for the elderly at home has significantly improved.

5.2.2 Improving stage

The improving stage (2018 to present): since 2001, the elderly population in China has been growing. After 2018, government reforms were instituted to respond to the ageing problem. The previous Office of the National Working Committee on Ageing was retained, but certain specific affairs were taken over by the National Health Commission. This institutional reform program promoted the formation of a “big health” concept and strengthened China's determination to actively respond to the ageing of its population.

The Wuhan Municipal Government promulgated the “Implementation Opinions of the Municipal People's Government on Improving the Supply Level of Elderly Services to Accelerate the Development of the Elderly Services Industry” (Wuhan Civil

Administration Bureau, 2018). This outlined detailed guidance on the establishment of community elderly care service agencies and community mutual assistance facilities. At the same time, it made more elderly care beds available, improved the quality of nursing services, and also put forward relevant requirements. During this stage, a series of policies and regulations (Appendix 2), aimed at solving the urgent requirements of the elderly care services, were introduced at different levels of government and carried out more frequently than ever before. According to the description of two stages of CHECS policies in China and typically in Wuhan city, we see that the CHECS policy supply is, in general, deficient. Starting at a low service level, its evolution is hastened by dramatically increasing service demand from the groups in need.

5.3 CHECS supply in practice

From the perspective of public policy, the development of elderly care services aims to improve the social well-being of the elderly. Whether the elderly are satisfied and whether the demand can be met should be the value orientation of the welfare policy, as well as the accuracy of resource input. Matching supply to demand, and the targeting of policy objects are also important criteria for evaluating the operational, rational and scientific aspects of policy. Wang (2009), Wang (2012), Yang (2013) and Hou (2018) found that, under the dual influence of limited government and limited resources, there is a gap between the ideal satisfaction of the elderly care service demand and the actual available elderly care service supply.

5.3.1 Absent government policies resulting in passive acceptance of elderly care services

The current understanding of elderly care and the use of elderly resources are characterized as negative and passive. Wang (2017) argued that the definition of “basic public service for elderly care” should pay serious attention to the elderly’s initiative and the development of their service demand. From the theory of resource dependence, Wang (2008) indicated that to a certain extent there is dependence on other subjects (family, society) as far as the elderly’s service demand is concerned. This manifested as the elderly being more dependent on those subjects than being independently satisfied by themselves. Li (2017) stated that although both resource dependence and independence were the residents’ selected pension mode at that time, there was tension between the two. She

found the ratio of the number of elderly who were partially dependent and entirely dependent was the highest, and was not optimistic about the independence and potential of the elderly's satisfaction with service. The reasons behind the research results are: the current level of social public welfare protection in China is insufficient, which leads to low utilisation; there is insufficient involvement of the elderly in the elderly care service-related process, so their willingness to express demand is correspondingly restricted.

On the one hand, according to the analysis of the demand for CHECS for the elderly in the previous chapter, it is obvious that the economic factor is important with regard to generating demand and influencing the demand. From the interviews and literature (Wang, 2009; Wang, 2012; Yang, 2013) previously mentioned, it can be seen that most elderly people are limited by their economic conditions when choosing an elderly care service and so, in fact, have very little choice. In this case, the service choice dilemma caused by the economic factors of the elderly and their families requires that government responsibility for public welfare be extended further.

On the other hand, from the interviews of elderly people who have purchased service from the government in the form of passive granting, the insufficient involvement of the elderly in the process of expressing their service demand, and feedback after receiving service is also a major problem. What the elderly need and how the service has been provided directly affects the further implementation and improvement of service provision (Wang, 2018). At the same time, the elderly have a misconception of the welfare services, and regard that which is their right as a "gift" from the government; the lack of self-rights awareness also inhibits their motivation to actively participate.

In the interview, one old man expressed: *"I do not expect the community to do anything (provide the elderly care service), and I can understand... If the government really can help solve some difficulties, we will feel very grateful..."*

A member of staff from the residents' committee in the Y community said: *"The old people are very polite to us. When we visit them, they are always very grateful and keep expressing thanks for the care from the government and the (Communist) Party. So, because of that, sometimes when we want to help them with housework, many of them are reluctant to let us do anything and ask us just to send their thanks..."*

5.3.2 Mismatch between service demand and service supply

Overall, there is an imbalance between the supply and demand of CHECS due to a

distinct dilemma between what care services are demanded by the elderly and what care services can be supplied by the providers. According to the results of the interviews, the demand of the elderly for CHECS, includes overall demand for daily care, medical care, and spiritual consolation. However, when it comes to the practice as summarized in the previous chapter, there are obvious imbalances in the provision of these three types of services. The provision of day-to-day life care services seems surplus but confined to housework services, such as cleaning and washing clothes. The problem of availability in medical care services is most prominent, while spiritual consolation services are to some extent neglected.

A volunteer in the Y community said: *“...the older people, and those in worse health need more (services). I also live in this area and knew those old neighbours before when I was young. My team and I usually go to help them do some housework, and laundry occasionally.”*

According to the interviews, due to the limited capability of service provision, much of the elderly's demand for CHECS cannot be met. Jin, Qian, and Lu (2018) (missing from the bibliography) discovered that most of this type of service is provided by volunteers in most communities in Wuhan. Studies have shown that the number of communities with stable volunteer organizations is only about 20% (Xiao & Yang, 2013). At the same time, many volunteers cannot give a firm commitment of their time to provide the service, which affects the quality of the community service. For example, in terms of personnel composition, young volunteers are the main component of the volunteer group, but it is difficult for them to respond in time due to work timetable constraints. The “older volunteers” group composed of healthy elderly people, also find it difficult to guarantee an effective solution to “emergencies” due to their mobility constraints. Therefore, the lack of service delivery capacity is an important reason for the limited content of daily care services. However, if the elderly care service only concerned daily care, it could be completely covered by a domestic company.

Health care focuses on professional service content, while professional services rely on specialized personnel. As far as community health service centers are concerned, the area of current service coverage is also mainly restricted to the area where they are located, and the ability to provide specialized services is limited. In this survey, the researcher found that the bottlenecks in health care services are mainly due to a lack of human resources and equipment and financial constraints. Medical functions cannot fully cover all

households, and the demand of the elderly cannot be fully met. This is a phenomenon that has also been discussed by many other scholars. Vanderboom et al. (2013) (missing from the bibliography) concluded that underuse of community services is often caused by several barriers such as clinicians' lack of awareness of services and/ or hesitation to suggest their use as well as patients' reluctance to accept services. Although providers are aware of the social conditions and needs that are barriers to effective medical interventions, there is little time or insufficient staff to address these issues. The resulting situation has been referred to as health care's "blind side".

Director Lin from the residents' committee in the H community said: *"The government is providing more basic medical devices, but the diversity of the medical equipment is not enough. The complementary function with the community health center is not sufficient, and it is only conducive to improving the 'convenience' level of basic medical treatment for the elderly. Also, compared to public community medical institutions, some private clinics have more limited medical services. Besides, the quality of the medical service in the community depends on the number of medical service personnel and their medical level. We are considering whether there could be more clinics or health centers which could provide higher-level medical care to the community, so the elderly would benefit more and even all the residents...as for professional medical care service, due to the lack of professional service providers, and the large size of the elderly population (more than 3,000) in this community, it is hard to provide the service, even though I know that the elderly living at home need these services. Not to mention home sickbeds, we cannot meet the demand for them, mostly because there are not enough professional generalists and physicians."*

Mr. Yang from community W stated, *"The government is seeking different ways to provide service to us, so I'm thankful from the bottom of my heart. However, I wonder if the quality of service could be better and the volunteers or any working staff who serve the old people could be more responsible. For instance, my mom has to lie in bed most of the time, and we were very happy and looking forward to the services coming. But, they (the volunteers) came 3 times a week, checking my mom's blood pressure or giving her a very simple massage, they couldn't give her more treatment when we asked. When there is some problem, the physician could never come... in the end, we suggested they didn't come, but with lots of thanks..."*

Based on previous research and on this research, despite the implementation of the

medical and health system reform and the implementation of its graded medical care, community health care still needs to be improved in terms of facilities, equipment, and manpower. At the same time, the salary of community health service personnel is lower than that of professional medical institutions. The lack of the post's appeal leads to insufficient personnel. The professional requirements of community medical care staff are relatively low, and the more highly qualified medical professionals are less willing to choose those jobs, and the training of general practitioners started late, which is also an important reason for limited human resources (Wang, 2018). According to the "Guide on Establishing a General Practitioner System", in "the first diagnosis at the junior level" the goal for training urban and rural general practitioners in 2020 should be 2 to 3 personnel per 10,000 people. The data shows that in 2016, the number of general practitioners in China was fewer than 210,000, which is less than 1.5 personnel per 10,000 people, and there was a shortage of 70,000 to 210,000 (Xinhua, 2017) .

In terms of spiritual consolation services, this study shows that the elderly demands are mainly concentrated in the platform's service content, such as senior centers, fitness facilities, organizational activities, and senior education (universities for the elderly, training courses). However, compared to day-to-day life care services, the spiritual consolation service level is relatively low, resulting in the elderly's unwillingness to accept the services.

A volunteer from community W said, *"The spiritual consolation service works for some senior people, but not for all the old residents here; basically, it involves going to their home and chatting with them. To be frank, our main task is to check whether there is any serious emergency in their homes; I admit that our work still cannot satisfy their need in this regard... generally speaking, it (to psychologically comfort the old people) mainly depends on the senior's family and themselves..."*

A staff member from the elderly care center in the H community said: *"In the provision of facilities, we mainly depend on the government to build community public services (such as fitness facilities). Also, there are many problems such as the spare room being used for storage or something else other than for the elderly. And that room was designed to provide psychological counselling services for the senior people..., so the function (spiritual consolation) cannot be fully realized."*

5.3.3 Underuse and insufficient service resources

In the running of the government's newly built daycare center, some centers are faced with the problem of an unbalanced service because the elderly under use the facility, despite it being complete and rich in functions. A vice-director from W community said, *"The government has entrusted us to run the operation. With life care, in addition to providing day-to-day life care and meals (lunch), we also provide haircuts for seniors (members) every week. At the same time, we also set up a special physiotherapy service, equipped with a professional medical staff to provide physical therapy, health maintenance (measuring blood pressure and blood sugar), healthcare education for the elderly, establishing a health archive for each of the elderly. These are the medical services the elderly most love and use. Also, we made great efforts to raise the spirits of the elderly; the government has equipped us with TV, gyms, reading rooms, and also organized entertainment activities. But if we do not organize activities, you can see that most of them are playing mahjong, electronic devices such as the internet and video games are rarely used. Some older people complained that those things are high-tech and they don't work."*

The interviews highlighted the contradiction between the rich service functions available and the under utilisation of those services. This not only reflects the lack of guidance and explanations on how to use the services, but also the elderly's limited capability to use them, resulting in a waste of facilities. It also shows that there is a problem of overcapacity in the service configuration, that is to say, the existing use situation is much smaller than the bearer upper limit of the service configuration.

It was also found that owing to weak investment capacity and insufficient government support, some agencies run by social organizations are struggling to keep the business going. Director Wu from W community said, *"We don't charge a lot of money here. We provide health check services such as checking blood pressure, blood sugar for free; the main charge is physical therapy services, such as massage. Massage and physiotherapy equipment are used, but the charge is very low. In addition, there are also activity rooms, and elderly education has been organized. These are free of charge, and the elderly can join the courses at any time. The key issue now is to collect more money, otherwise, we cannot cover the daily cost. To be honest, it's always a loss. We are supporting this center from our other business profits... several large rooms here, we originally planned to open a senior university, conduct training, and now have no financial capability to keep them, so we rent them to others for other businesses..."*

5.3.4 Unreasonable structure of service personnel leads to unsustainable service supply

As many scholars (Hu, 2012; Xia, 2012; Yin, 2016) found, the imbalance between supply and demand at the middle and low levels, and convergence of community home care services reflects the problem of personnel constraints in service provision. Satisfying the diversified needs of the elderly and the richness of the service content depends on the rational allocation of human resources. However, in the current structure of service personnel, there are mainly problems to do with older ages, lower education levels, and limited service skills. At the same time, owing to its low social status, poor pay, blurred career prospects, and high work intensity, positions as service-providing staff do not attract professionally qualified nursing service personnel, which exacerbates the quality of elderly care service.

Service providers are limited to low-level content because service personnel did not receive sufficient professional skills training. Correspondingly, low-level services have the lower added value of skills and capital, and service fees and incomes are relatively low. The wages of most service-providing staff are based on the “minimum wage level”, and the proportion of wages, benefits, or subsidies is considerably less. At the same time, the source of personnel is mostly migrant workers whose choice of service positions is a short-term expediency, so a high staff turnover is inevitable.

Director Li from the District Civil Affairs Bureau said, *"The service-providing staff have high work intensity and negative psychological stimulation. The wages are generally the minimum wage. They have to rely on overtime pay to reach 4000-5000 yuan, but their so-called overtime is not the general sense of the term. It is a 12-hour shift, but they are willing to do elderly services just because this position is relatively stable..."*

Gradually over time, the first batch of domestic service workers have themselves entered old age, and the original service providers have gradually become recipients. However, due to the long-term low-level and low-paying characteristics, there is a social awareness of “lower social status” for service personnel. Simultaneously, due to the high patience, attention and intensity requirements of the service personnel, the work environment is psychologically harmful. Given the dual influence of the nature of the work itself and the social awareness of the post, professional motivation to work is low. In addition to limited service technology, insufficient work motivation and frequent turnover may lead to limited sustainability of service delivery due to insufficient staff in the future

(Chi, 2005; Zhao, 2015).

An old staff member in the Y community explained, *“The original volunteers in our district were mainly 40-50 years old, unemployed and laid off. In the process of providing service to the service personnel, the following problems occurred: the income for the old employees is very low, less than 2000-3000; once this cohort enter old age, there will be a shortage of service personnel... These people can at least do some simple care services. In the future, there may not be enough people to provide these services.”*

In short, the skill level of the service personnel limits the ability and level of service provision, which in turn affects the level of income and treatment. The lower-income and job characteristics produce lower social awareness, which affects the job appeal of the elderly care service. The loss of existing staff and the lack of people willing to take on the job will lead to a decline in the sustainability of service delivery (Wang, 2009; Sun, 2009). Therefore, finding a way to avoid the problem of a vicious spiral of decline in the human capital of the elderly service directly affects the adequate provision of elderly services and how well it satisfies demand (Tong, 2006; Sun, 2011).

5.4 "The influencing factors of CHECS supply" model

The satisfaction of service demand depends on government policies. These can be divided into three types: (1) macro policies at the national level, (2) meso-level policies at the regional level, (3) micro policies at the community level. The more policies there are at community level reflects the refinement of specific operational policies, and the higher the degree of refinement of the policy, the more conducive it is to the support of service demand satisfaction. Then, the policy formulation sinking from the macro-level to the micro-level, depends on the policy executive ability of the multi-body in the participation process; in other words, the stronger the service supply capability of the main body, the more detailed the policy can be made. Finally, the function of the main body of the policy implementation depends on the realization of the policy refinement, so services provided by different main bodies can be implemented (Ruano, 2013). Therefore, from the supply angle, the problems in satisfying the demand for CHECS can be regarded as the systemic problems in the process of service resource integration under the participation of multiple bodies. With regard to the division of service providers, the dilemma of the supply of CHECS is actually a problem of “policy formulation” and “policy implementation” arising

from the defects in the relationship between the “government and non-government entities” (Gao & Wu, 2009; Dong, 2011; Zhang & Zhang, 2013; Zhang, 2016).

Therefore, based on 5.2 and 5.3, the Table 5-1 is formed as "The coding analysis of CHECS supply".

Table 5-1 The coding analysis of CHECS supply

Main category	Category	Concept	Content
Policy formulation	1. The level of policy refinement	1a. policy orientation	The deficient CHECS policy supply with the starting at the low service level The CHECS policy development hastened by increasing demand Absent government policies resulting in passive acceptance of elderly care services The mismatch between service demand and service supply "The facilities are left there without using..." "We can provide the room for some of their activities..." ...
		1b. service quality	
Policy implementation	2. Government function	2a. government's support	The deficient CHECS policy supply with the starting at the low service level Underuse and insufficient in service resources ...
		2b. government's role	
		2c. status of service providers	
	3. Synergetic effects from different participants	3a. optimization of government functional departments	Unreasonable structure of service personnel leads to unsustainable service supply "We are regarded as sitters or housemates..." "We need the upper administrative approval so to decide if we could expand our service..." ...
	3b. orientation of the community		
	3c. collaboration of multiple providers		

Table 5-1 structures the previous analyses on policy supply and supply in practice with a logical relationship. The concepts and the categories generated from data contents, and that lead to the two main categories (two factors) “policy formulation” and “policy implementation” can then be deduced. "The level of policy refinement" affects the "policy

formulation", which can be summarized from the concepts: "policy orientation" and "service quality"; "government function" and "synergetic effects from different participants" affect "policy implementation", which can be summarized from "government support", "government's role", "status of service providers", "optimization of government functional departments", "orientation of the community" and "collaboration of multiple providers".

Therefore, a model of "influence factors of CHECS supply" (Figure 5-1) is generated from Table 5-1.

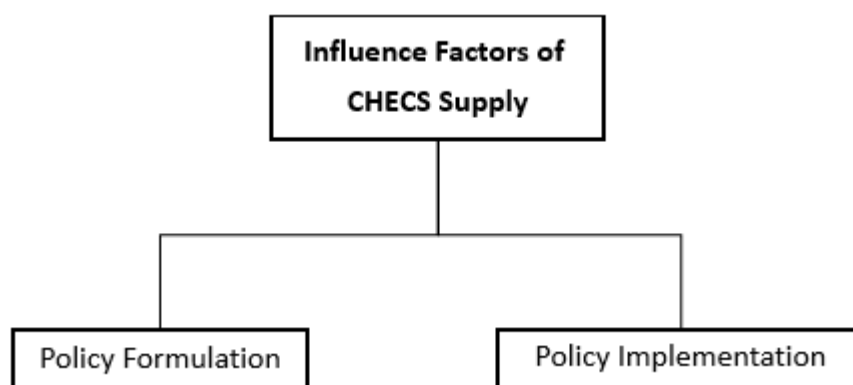


Figure 5-1 Influence factors of CHECS supply

5.4.1 Policy formulation

Policies reflect on the developing direction of CHECS, and policy level of refinement also reflects on the provision and development of services (Zhang, 2016). According to the previous analysis on the contents of CHECS nationally and locally, it was found that under the influence of policy development and policy guidance, the ability to provide services is limited, especially taking demand as a priority. Including the degree of policy development affects service development, and the vagueness of policy orientation misleads the service cognition. Policies that give more importance to infrastructure construction (tangible facility supply) than to service quality lead to limited service level, and scale-oriented contents provision leads to the real demand from the elderly being ignored.

5.4.1.1 Policy insufficiency leads to the late start of service development

According to the chronological sequence of the CHECS related policies so far, all of them were issued after 2008 when the nationwide guide on HBEC development was published. From the point of view of policy, the government put forward the development

of the “elderly care service industry” as the instructive theme for dealing with the ageing problem. As far as Wuhan is concerned, the early stage of developing the elderly care service has not produced an independent understanding of community home care. Specific care for the elderly has, however, been placed within the framework of the entire community service, and the elderly are seen as an important target for a community service that is to provide community services, community healthcare, community culture and other so-called service content related to community residents and the elderly. There are also policies from the perspective of community public services, and home care services belonging to the "community social assistance". In this case, CHECS is regarded as selective welfare, which is an obvious feature of the early policy; that is to say, it is more welfare-oriented than the elderly care service at that time, and the policy target is not all the elderly, but only involves low-income and disabled seniors. However, with the gradual forging ahead of ageing and more socialized elderly care services being comprehensively practiced, the understanding of CHECS has gradually extended from a welfare nature to a social nature, with selective and universal characteristics. That is to say, the coverage of CHECS supply has expanded from provision for the minority of elderly to all the elderly throughout society.

5.4.1.2 Infrastructure construction leads to the neglect of service quality

First of all, in the policy text, the content related to the construction of elderly services is mainly aimed at “institution construction”, including, institutional construction subsidies, bed number targets, and recruitment of healthcare workers. In the case of Wuhan’s policies, when it comes to “combined medical elderly care” the focus is more on institutional elderly care and not enough on the community at the household level. This also reflects the fact that although CHECS is a way of providing care for the majority of the elderly, the current service construction is still focused on institutions. The reason is not entirely because institutional elderly care is the primary way to deal with the problem of ageing, but mainly because the policy makers tend to first satisfy the more urgent demand of the disabled and the most elderly. At the same time, the “number of beds per person” is used as a measure of the work done by the local civil affairs authorities, therefore, the motive for expanding institutions was further strengthened.

Second, the policy development of CHECS was relatively late. In the policy texts, most of the changes in the focus of community homes have begun to extend from focusing on facilities construction to service upgrading in the “13th Five-Year”. According to the

policy, it was found that the policy on pension service introduced by Wuhan before 2015 has such a feature. That is to say, the construction focus in the initial stage of community home construction development, was mainly on the construction of care facilities and the improvement of basic functions. On the one hand, as far as the construction of elderly service facilities is concerned, the focus is mostly on the construction of community home service centers, daycare centers, senior centers (or community libraries), and food support. On the other hand, the focus extended from the basic functions of the community with regard to serving the elderly, to strengthening CHECS, providing health records, chronic disease maintenance, and community rehabilitation services. There was also provision of a platform or service hotline, to strengthen emergency assistance and demand response capabilities. This extended to fully taking on the role of resident's committees, providing legal rights protection, dispute adjustment, and entertainment organizing. It is evident that taking the basic facility construction as a platform, the main path in the development of CHECS is by integrating the current community service functions to provide adapted services to the elderly.

5.4.2 Policy implementation

5.4.2.1 Government functions affect the other service providers

China's urban community home care services mainly adopt a government-led development model. In the actual running, the government's functions have the phenomenon of "offside" and "vacancy", which has caused a certain degree of hindrance to the development of CHECS in China. The government function "offside" refers to the functionally limited government that exceeds its functions to overlap other fields. The government function "vacancy" is when the corresponding governmental functions have not been entirely fulfilled, and there are functional gaps in some areas (Xie, 2015).

(1) The government vacancy leads to insufficient support for the other service providers

Non-profit organizations are the main body of the CHECS. The survival of their operation will directly affect the sustainability of service provision (Xie, 2015 [missing from bibliography]). Although public policy explicitly aims to provide construction subsidies for the construction of non-profit organizations, there are still problems of lack of sustainability and meagre subsidies from the government.

A director of the care center in W community said, "The service-providing staff is

very low-paid, and people with professional skills are generally reluctant to come. All those who can come have low levels of education, can only provide limited services...We can only ask a certain agency to train them if they would like to improve themselves. We paid the training fee but there were no government subsidies issued to us. Now we must organize the training by ourselves to earn some money while saving on expenses. The government should provide regular training because the elderly care service should not just be the responsibility of the organization's own business. We are not making a profit, and the cost for running this is very high..."

(2) The government's offside results in other providers' dependence

The development of CHECS stems from a specific social context (ageing and de-institutionalisation) and is influenced by specific policy guidance. Under this model, financial capital investment and undertaking social organization are the two leading features of the community home care service. On this basis, social organizations and the government are in an unequal partnership, one where the status of inequality reflects the dependence of social organizations on government resources from the perspective of the "social exchange" theory. In this case, the survival of social organizations often depends on the financial support provided by government construction investment and purchase services. The purpose of government support lies in assisting social organizations, but blindly investing to maintain operations is not conducive to the development of social organizations' capabilities.

Director Yang of the District Civil Affairs Bureau in Hanyang District (where Y community is located) said: "The key to the operation of the non-government organization is whether it is sustainable or not, and dependent on government subsidies or themselves. The current management capacity of those organizations is limited, especially those involved in the field of elderly care services; they didn't accumulate excellent operational experience in the early stage, so their survivability is rather low. Many organizations and institutions are propped up with government funding. If they do not invest, we may not survive much longer."

(3) The inequality of the status between service providers

As for the utilisation of supporting resources from government, there is an inequality between governmental and non-government organizations: many government organizations don't make full use of the resources; some non-government organizations can't get access to enough resources (Chen & Zeng, 2018).

5.4.2.2 The responsibility system is not clear and causes the synergy dilemma among the service providers

(1) Government function system needs further optimization

China's elderly service management has departmental crossovers and lacks effective functional boundaries and synergies. CHECS involves many departments, such as the Ministry of Civil Affairs, the National Health and Family Planning Commission, and the Ministry of Human Resources and Social Security. The resulting differences in financial division, restriction of responsibility and authority, cause systemic confusion of service processes, and imbalances in supply and demand. At the same time, the functions of various governmental departments are coordinated is not fully refined well, such as the problems of function overlap.

In the analyzing of supply and demand, the individual differences of the elderly have produced the diversity in the content of the demand. Diversified demand should be met in different ways, and the corresponding policy design should also be systematically supported by different aspects. However, the existing policy design presents a certain fragmentation or systemic deficiency, and the logical context is not obvious. For example, there is a lack of effective coordination and uniform provision between day-to-day life care and health care services. In particular, the functions of the National Health and Family Planning Commission and Ministry of Civil Affairs are independent, and thus two lines of service provision are formed. Individual applications, individual acceptance and separate settlements result in the dilemma that the elderly's demand cannot be met, and the service providers cannot provide uniform services, which will inevitably lead to the repetition of service costs and the inefficiency of resource utilisation.

(2) Government's administrative mode affects CHECS

At the theoretical level, community management should aim at pursuing self-governance (Zhang, 2000). However, urban communities focus on an understanding of regionalisation as an "administrative community" with regional and administrative overlaps (Xiao & Yang, 2013). At the same time, under the administrative guidance of community work, there are also problems of common responsibility at the level of public administration. The community tends to be one of the government's subordinate organizations. It is difficult to achieve self-development and improvement based on autonomy under passive working conditions, and it is difficult to provide the most effective service and management according to the demand of residents. The

“administrative community” causes confusion and functional disorder of the community’s role, especially if the task of social management has taken up most of the energy of the community work, while the lack of service leads to the lack of coordination and integration of service resources in the region. The community as a terminal organizational unit, cannot solve all difficulties. Unclear community identity, ambiguous job function and functional deviation will undoubtedly affect the development of elderly care services within the community framework. In addition, due to the late start of construction and lack of understanding, there is a cognitive confusion that equates community home care services with community services. Therefore, the clear division of community roles and functions will be an important prerequisite for the development of community home care services (Li & Zhang, 2015).

(3) The lack of effective coordination of multi-providers participation

CHECS is based on "home", with the community as the platform, and multiple formal service providers playing their respective roles. However, in coordinating multi-providers and defining the responsibilities of each body, there is inadequate consideration on how to locate functions and how to integrate resources. Under the leadership of the government, social bodies have obvious dependence on the government. At the same time, the relationship between social bodies and government changed from one of dependence to one of attachment. This directly resulted in the government management approach evolving into administrative management, which restricts social organizational autonomy, the continuity of policy operations, and the participation of social capital. For example, the scattered development between social organizations is not conducive to the unified coordination of resources, nor the overall function, or the overall planning. For another example, insufficient participation of market forces is also an important reason for the limited content of services (Li, 2014).

Finally, with regard to the participation of volunteers, the community volunteers showed the characteristics of scattered personnel and did not form an orderly allocation due to a lack of overall coordination. In such circumstances, it is difficult to form a “normalised” service force from the “accidental” volunteer service. In addition, the lack of tracking of information on the elderly’s status, poor communication and sharing of basic information, as well as the volunteers’ inability to grasp the elderly’s demand, tendencies and characteristics in time, will all result in a low level and ineffective quality of service (Li, 2014; Zhang, 2016).

5.5 Summary

In this chapter, CHECS supply is analyzed from two dimensions: the policy supply and the service supply in practice. By reviewing a large number of documents, comprehensively sorting, and drawing valuable insights from domestic scholars, the policy on elderly care services introduced in China in the past two decades can be roughly divided into two stages: the normative developing stage and the improving stage. According to the description of two stages of CHECS policies in China and typically in Wuhan city, the CHECS policy supply is shown to be deficient. Starting at a low service level, its evolution is hastened by dramatically increasing service demand from the groups in need. According to previous research and the results from this research, it was found that, under the dual influence of limited government and limited resources, there is a gap between the ideal satisfaction of the elderly care service demand and the actual available elderly care service supply. There are several problems in the practice of the government CHECS supply: a lack of government policies resulting in passive acceptance of elderly care services; a mismatch between service demand and service supply; underuse of and insufficient in-service resources; and an unreasonable structure of service personnel. All of which leads to an unsustainable service supply. A model of "influencing factors of CHECS supply" is established, with two dimensions are identified, "policy formulation" and "policy implementation". These two dimensions are both key (as discussed in Chapter 2) to the public policy making process, and to some extent, they affect the effectiveness of the policy. The researcher found that policy formulation and policy implementation also play a critical role in the government supply of CHECS. And in these respects, the reason for the gaps in CHECS supply could be explained. From "policy formulation": the policy insufficiency leads to the late start of service development; infrastructure construction leads to neglect of service quality. From "policy implementation": government functions affect the other service providers; the responsibility system is not clear and causes a synergy dilemma among the service providers.

The research discussion and conclusion will be presented in the next and final chapter.

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Chapter 6: Discussion and Conclusion

6.1 Introduction

This study is about the Urban CHECS System in Wuhan: from the Perspectives of Service Demand and Supply, and this chapter sets out to explain the research discussion and conclusion. This research serves as an attempt to build a theoretical model of "CHECS Demand and Supply" in Wuhan, in accordance with the literature review and analyses of original data on CHECS demand and supply. There are implications for CHECS practice and research, as well as limitations in the sample composition and scope of the study. Further research is imperative and would be beneficial to all the elderly in Wuhan and society as a whole.

6.2 Discussion

In Chapter four, Demand Analysis, the researcher initially classified the demand for CHECS of the elderly in Wuhan into four categories: i) day-to-day life care, ii) medical care, iii) spiritual consolation, iv) rights protection. By applying the Grounded Theory approach, the content of the in-depth interviews was coded and, from that, the "Influencing factors of the elderly's demand for CHECS in Wuhan" model was built. During the first two coding processes, 22 initial concepts, 7 relevant categories, and 3 main categories as factors of the elderly themselves, factors of the elderly's family, and factors of the society were summarized and analyzed, and from these the conceptual model was generated and presented in Figure 4-1. The conclusion is that most of the elderly in Wuhan want family support. There is strong demand for CHECS among the elderly and, as analyzed, influential factors affect the elderly's demand from different angles.

(D1) Factors particular to the elderly themselves, such as age, physical condition and self-care ability obviously affect the demand among the elderly for CHECS. The older they are, the worse their physical condition. The lower their self-care ability, the greater the demand for daily care and medical services. Those elderly in better physical condition and with greater self-care ability have a higher demand for entertainment and spiritual

consolation. Elderly who are financially better off and have higher education levels have more demand for CHECS. Because this group of elderly have deeper understanding of CHEC, and they also have strong willing to stay in their original living places or being closer to their families.

(D2) Family factors have a significant impact on whether the elderly choose CHECS. Various issues concerning the children of the elderly affect the quality of their support. The more harmonious the intergenerational relationship between the children and the elderly, the weaker the demand for CHECS. A spouse has a great influence on the elderly, especially in the family where the relationship is not harmonious. In such instances, the spouse of the elderly in need of support often has to be the care giver and play an emotionally comforting role. In cases where both the husband and wife are elderly, are in poor physical health, or have poor self-care ability, the demand for CHECS is relatively strong.

(D3) The supply of relevant HCS and the government policies available also affect the elderly's demand for CHECS. In Wuhan, the elderly's demand for CHECS is still at a low level; day-to-day life care, medical care, spiritual consolation, rights, and protection of interests are the main demands of the elderly. So far, CHECS is only used as a substitute for the traditional family-supporting of the elderly. In modern-day China, family-supporting is still the mainstream concept for the vast majority of the elderly. Regardless of their economic situation, as long as the elderly are still healthy and capable of living on their own, they would consider family-supporting in the first place; only when their physical function continues to decline and the conditions or resources for family-supporting are insufficient, would the elderly consider seeking community support or some other social support. In this sense, for the elderly in poor health, the demand for CHECS is rigid.

(D4) In accordance with the literature review, when discussing the elderly's demand for CHECS, three theories should inevitably be involved: community care theory, Maslow's hierarchy of needs, and the society support theory. "The community care theory" advocates that the elderly in the community should be taken care of and provided with various professional social services and informal support systems (Bayley, 1973). Maslow's hierarchy of needs theory expresses the common demand pattern of most people and this pattern reveals the importance of social security. Food relief, housing welfare and transportation allowance in the social security system are physical concerns for many low-

income members of society. A sense of security, including medical security, security in old-age and insurance against injury at work are at the second level of demand. To eliminate social members' worries, the corresponding social insurance and social welfare systems should be established. The third level of demand is spiritual consolation. This can be obtained from families, communities, and organizations. However, for some lonely, widowed, or disabled people, it can only be fulfilled by social services. The fourth level of demand is education welfare which is indispensable as it is the only way for social members to acquire knowledge and capabilities as well as retain dignity. At the fifth level of demand, self-actualisation depends on the extension of the development space and personal freedom. The sense of security afforded by the social security systems is an important and necessary requirement to extend individual freedom and development space. Therefore, in modern society, to objectively satisfy the various levels of demand of its members depends on guarantees of social security systems. The theory of Maslow's hierarchy of needs can serve as the cornerstone for social security theories and policies (Zheng, 2005).

The "society support" theory generally suggests that social support involves not only support and maintenance within and outside of families but also various other formal and informal support mechanisms and help from society (Cai et al., 1997). While the above theoretical points of view shed light on what is most useful to consider when answering the research questions, solving the dilemma of elderly demand involves three pathways: informal care support for the elderly and their families; assessment of the elderly's demand for CHECS; and the elderly's access to more convenient community services.

In chapter five, Supply Analysis, two aspects of CHECS supply are analyzed: the policy supply and the service supply in practice.

(S1) By reviewing a large number of documents, comprehensively sorting, and drawing valuable insights from domestic scholars, the policy on elderly care services introduced in China in the past two decades is roughly divided into two stages: the normative developing stage and the improving stage. According to the description of two stages of CHECS policies in China and typically in Wuhan city, the CHECS policy supply, generally speaking, is deficient. Starting at a low service level, its evolution is hastened by dramatically increasing service demand from the groups in need.

(S2) According to the literature review and the interviews carried out in this study, it was found that, under the dual influence of limited government and limited resources, there

is a gap between the ideal satisfaction of the elderly care service demand and the actual available elderly care service supply. There are several problems in the practice of the government CHECS supply: a lack of government policies resulting in passive acceptance of elderly care services; a mismatch between service demand and service supply; underuse and insufficient in-service resources; and the unreasonable structure of service personnel. All of which lead to an unsustainable service supply.

(S3) The researcher established the model of "influencing factors of CHECS supply" (Figure 5-1), with two factors being "policy formulation" and "policy implementation". These two factors are key to (as discussed in Chapter 2) the public policy making process, and to some extent, they affect the effectiveness of the policy. The researcher found that policy formulation and policy implementation also play a critical role in the government supply of CHECS. And, in that respect, the reason for the gap of CHECS supply could be explained. From "policy formulation": policy insufficiency leads to a late start for service development; and infrastructure construction leads to neglect of service quality. From "policy implementation": government functions affect the other service providers; and the responsibility system is not clear and causes a synergy dilemma among the service providers.

(S4) From the supply angle, the problems in satisfying the demand for CHECS can be regarded as systemic problems in the process of service resource integration when multiple bodies are participating. From the point of view of the service provider division, the dilemma of the supply of CHECS is actually a problem of "policy formulation" and "policy implementation" arising from the defects in the relationship between "government and non-government entities". According to the "New Public Management" theory and "New Public Service" theory, CHECS is a public product provided by the government to meet the basic care demands of the elderly, and an equitable public service offered across the whole of society to protect the rights and interests of the elderly and to promote social fairness and harmony. In this sense, it is a basic public social service. Besides, CHECS is a form of quasi-public goods. It can meet the general demand of the elderly for a home-based care service on demand; it includes paid for services offered to the well-off elderly, as well as free services offered to those living in poverty (Chen, 2016).

In China, the present CHECS is also defined as a "valorised public service" (Guo, 2010). Therefore, both its development and operation shall be under governmental regulations. In this infancy stage of CHECS, China needs to tap into the leading role of the

government. The government should make development plans, and issue supportive policies. It should implement fiscal funding, and conduct co-ordination and supervision. The government should be the planner of the public service sector and should seek to foster a relationship that encourages mutual help and common development between service providers and producers.

In the theory about the "process of policy making" and the characteristics of "public policy", there are three points that relate to governmental supply of CHECS: the public policy should meet the public interest of different groups; the government is ultimately the policy maker or the main body involved in policy making; and an effective policy implementation system can improve formulation to better shape policy. Thus, in confronting the problem regarding CHECS supply, the researcher proposes, in accordance with the theories, to optimize the governmental functions, to improve the personnel training mechanism to ensure the continuity of service provision, and to strengthen the construction of community platforms.

6.2.1 CHECS demand and supply theoretical model

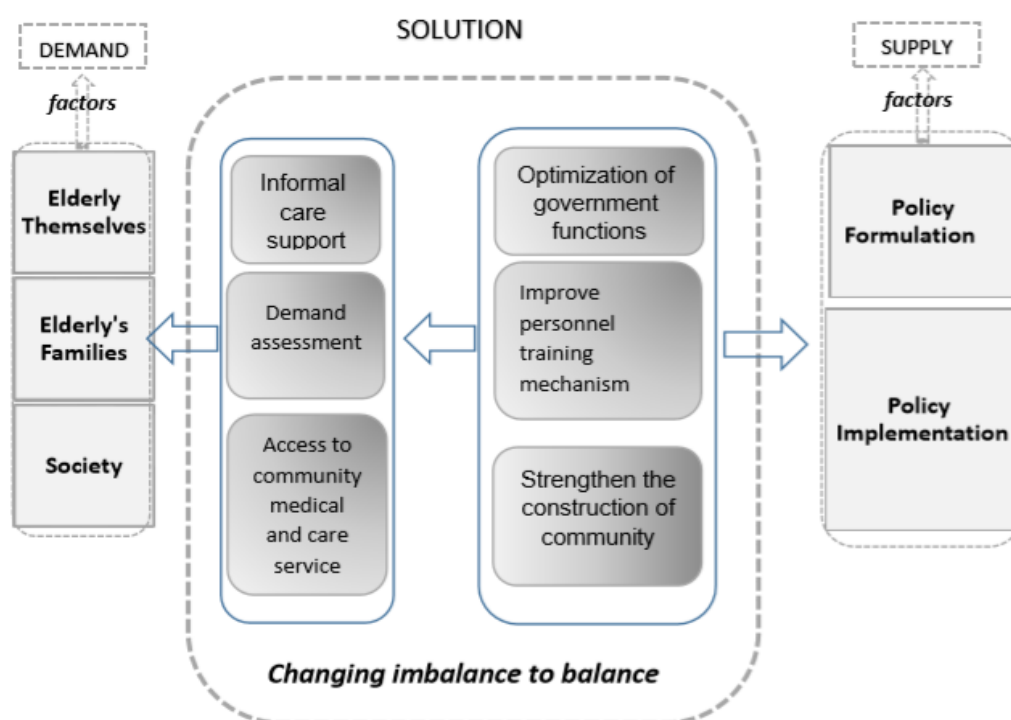


Figure 6-1 CHECS demand and supply system model

With regard to the two models on the influencing factors of CHECS demand and supply established in chapters 4 and 5, it is time to combine them as an entire system to

discover what solutions can be found. In order to solve the research dilemma brought up at the beginning of the study, the researcher built a new model "CHECS Demand and Supply System Model" (Figure 6-1) as the theoretical model for the research, which is based on the factors and logical relationship analyzed in former content.

The previous two models are merged in the new model, since the influencing factors from both the demand and supply sides of the CHECS must be considered. The solutions are figured out by considering and targeting each influence factor. The solutions for meeting the demand for elderly care are presented next to the "demand" factors, with one arrow directly pointing to the "demand"; the solutions to strengthen the "supply" side are next to it, with two arrows pointing to the "supply" and the solutions for the "demand". It is assumed that a strengthened governmental capability could deliver more support to the "demand" side. The interpretation of the model for the solution to "meet the CHECS demand" and "improve the governmental supply capability" is set out below.

6.2.2 Interpretation of the theoretical model and solution recommendation

6.2.2.1 Solutions to meet the elderly's demand for CHECS

(1) Strengthening informal care support

As far as the elderly are concerned, they should be encouraged to self-satisfy some of the demand.

First, from the elderly's perspective, they should be guided to properly understand "ageing" (Yang, 2014), to rationally accept their changing social roles, to practice a positive lifestyle, and to avoid the "social withdrawal" caused by self-pessimism.

Second, from an objective perspective, support for the initiative of the elderly should be strengthened. From the perspective of social exchange theory, the main cause of "social withdrawal" among the elderly is due to a decline in power and resources (Higgins, 1989), which would suggest there is a need to empower the elderly to improve their ability to extend and maintain their self-potential, social relations and social integration (Lynch, 2001).

Third, to provide platform construction for satisfying the elderly's self-demand. For example, the senior center is provided with an activity room, a library, a fitness facility; and a service platform for the elderly's education, health consultations, organization activities. The setting up of voluntary organizations involving the elderly is promoted to

improve the elderly's self-interaction and self-learning.

As far as the family is concerned:

First of all, it is necessary to further clarify the obligation of the family to "support" the elderly and to harmonize the traditional culture with the economic, material, and spiritual support responsibilities (Su, 2019).

Second, the family is indispensable with regard to meeting the demand for the spiritual consolation of the elderly. While emphasizing the obligation of elderly support, it is appropriate to put in place a specific benefits policy for those who are supporting the elderly in the family (Yang, 2016). Such a policy would be a guarantee of some security for those family member caregivers.

Third, to introduce the "respite care" service, which would allow family members who take care of the elderly at home all year round to get a "break" so they can attend to other business. At the same time, and in conjunction with medical institutions and enterprises, the community can provide rehabilitation services and rent out care appliances, as well as provide support to satisfy some of the demand for medical attention in the home, thereby improving the convenience and timeliness of service demand in family satisfaction (Li, 2018).

(2) Implement Dynamic Demand Assessment and Establish a Menu-Based Service Delivery Model

Implementing dynamic demand assessment (Chen, 2019) and establishing service menus (Wang & Lu, 2019) are effective ways to adjust service configuration and enhance demand elasticity under existing resource conditions. Among these, the dynamic assessment of the demand of the elderly is conducive to the timely and accurate identification of service demand, and the menu-based service delivery model is conducive to the extension of individualization and intensification based on the satisfaction of common demand.

First, establish a dynamic assessment mechanism for the demand of CHECS (Chen, 2019). On the one hand, from the perspective of the demand side, it is necessary to strengthen the expression of demand of the elderly in the service participation process (Antonini et al., 2015), especially with regard to evaluating existing services, expressing expected service content, providing necessary suggestions for service improvement, and deepening service content. On the other hand, from the perspective of the supply side, the

setting of service content and the provision of service resources involve the actual demand situation of the elderly, and the service demand is related to the size of the elderly population in the region and the composition of the differentiated group. With the acceleration of social mobility, the size and group structure of the elderly population within the community are constantly changing. Therefore, the demand of the elderly should also be dynamically identified and evaluated (Pan & Yang, 2014). From an analysis of the motive of this article, the characteristics of the elderly, the composition of the family and the situation of the caregiver will have an impact on the service demand; however, the impact of the age, health and living conditions of the elderly is the most critical. Therefore, the community can establish a database of elderly people, focusing on the age of seniors, whether they have a disability, and are non-resident (empty nest, living alone), which will help to grasp the overall potential demand. At the same time, the dependence of the groups on the community home service and the difference in the content of the demand is more obvious. It is necessary to assess the demand regularly in the case of real-time dynamic monitoring of the size of a certain elderly group and to ascertain the focus of service provision (Liu, 2019).

Second, a menu-based service delivery model should be set up (Wang & Lu, 2019). The menu-oriented service model reflects the change from “government offering” to “elderly ordering”, which is conducive to the accuracy and diversity of service acquisition. Through a "menu" for accurate service for the elderly, caregivers can provide the elderly with day-to-day life care, as well as provide information and resources on health and rehabilitation for the elderly, and they can also interact with the elderly through visiting to provide psychological counselling. At the same time, for those who are in poor family-relation conditions, caregivers can also connect with social resources to actively seek support. In other words, the key point of this service is to provide an "accurate" service to meet the elderly's demand.

(3) Providing Critical Elderly Care Services and Promoting the Community Medical And Elderly Care Combination Services

Distinguishing which services are most urgently needed for the elderly, is not only an important pre-requisite for effective resource input but also an important guarantee for making elderly dependent demand a priority (Bian, Chen, & Li, 2019).

First, regarding the various services in the day-to-day life care category, the current community services should focus on the home visits and the meal services since these are

more closely related to the elderly's daily lives. They involve housekeeping, clothing, bathing assistance, and an elderly canteen. In the health care category, it focuses on health care - preventing illness and maintaining good health with professional free clinics, dispensing medicines, and other medical services. In the category of spiritual consolation, the focus is on the provision of platform-oriented services with initiative orientation, such as senior education and senior activities (Luo et al., 2019).

Second, the overall service provision focuses on daily life and medical services and should gradually extend the "combination of medical and elderly care" to the community level. Demand identification aims to determine the "service content for the most in need" and "people in urgent demand for service" (Ding & Qu, 2019) in the policy objectives. According to the analysis of previous chapters, the dependence of the elderly is mainly reflected in difficulties in daily living and medical care. At the community level, day-to-day life care is aimed at assisting the elderly's basic daily life activities. Therefore, the connection between day-to-day life care and health care services will be more conducive to integrating the demand of the elderly.

At present, the "combination of medical and elderly care" mainly focuses on the combination of the nursing institution and the medical institution. However, extending "combination of medical and elderly care" to the community level is conducive to maintaining the elderly's self-satisfaction, to delaying a decline in activity caused by physical ageing, and is more conducive to reducing the pressure on nursing institutions and reducing the cost of social care (She, Xie, & Liu, 2016). In understanding the connotation of "combination of medical and elderly care", "medical" is the expansion of medical services to include prevention, maintenance, nursing, and rehabilitation. Furthermore, at the community-level, we should rely on the basic medical care functions of the community, to provide different services for the elderly in accordance with differing demand. The community should gradually strengthen the provision of family doctors, and on-site medical services to ensure the adequate functioning of services, to alleviate the pressure of family medical treatment and to improve the timeliness of demand satisfaction. At the same time, it is necessary to appropriately expand the scope of medical insurance settlements as policy support for the implementation of medical insurance. In this way, the protection of medical insurance in the community pension service can be improved, thereby making it more convenient and more feasible for the elderly to access the nearest medical treatment (Zhao, 2019).

6.2.2.2 Solutions to improve the government's capacity to supply CHECS

Improving the government's supply capability is an important basic factor for the sustainability of service provision and a fundamental step towards solving the dilemma of service accessibility. From a realistic point of view, the improvement of service supply capabilities depends on the formation of a diversified main service network and its orderly coordination. When considering how to achieve the orderliness of government participation, sustainable service supply and accessibility of service, clarification of the role of government, protecting personnel and integrating resources are of the utmost importance.

(1) Optimization of the Government Responsibility Function and Maintenance of the Orderly Participation of Multiple Service Providers

Optimizing government functions is a way to solve the problem of government role deviation, and it is also a prerequisite for ensuring the orderly participation and functional coordination of multiple bodies. As a form of quasi-social welfare, government responsibility should run through the whole process of building and operating CHECS. The government as the leader and promoter of constructing CHECS is the response of public responsibility to social demand; at the same time, the government as the regulator of the mode of operation of CHECS is the embodiment of social management functions. The cultivator of the social subject is the reasonable intervention of policy support in the process of community home development.

Highlighting the Leading Role of Government

Within the purview of government, community homes should first be considered as an effective way to reduce the cost of social services by extending the time spent on elderly care. Effective ways should be adopted to appropriately raise the financial tilt of community-based aged care services, especially in the early stages of construction in most areas (Luo & Liu, 2019). Firstly, it is necessary to strengthen the infrastructure, basic service capabilities, basic personnel, and resource allocation through financial input to ensure that the basic demand of the elderly is satisfied. Secondly, although this study shows that the overall dependence of the elderly on the community is limited, the social pension pressure caused by ageing will be an inevitable trend in the future. Therefore, when the ageing trend changes from potential pressure to actual pressure, community home development should become an important part of the response in advance. To this end, relevant public policies should gradually be shifted from focusing on “guidance and

opinions” to the more explicit “requirements and regulations”, especially in the development of community homes, policy preferences, financial support, and construction subsidies. In other words, the shift should be from “verbal representation” to “actual implementation”. Changes would be brought forward to further strengthen the role of policy orientation and rigidity.

Clarifying the Boundaries of Government Service Provision

In the multi-participation process led by government, how far the government should go in the provision of services should be clarified, especially regarding which services need to be provided by the government and which should be guided by the government. This would reduce any waste of resources caused by repetition in the construction and image project. This is not only a necessary change in the role of government in the direction of public management but one that would also meet the goal of maximizing the use of service resources. Therefore, on the basis that public resources are being put into the community, the corresponding services should be provided first by relying on the community's achievable functions. The social organizations and market entities should be placed in the front-end links provided by the government, which is to say that social organizations and market entities must be relied on. The content can be provided, and the government would arrange for the purchase of services; for the services that non-government entities cannot provide, the government would fill the gap as a final resort (Jia, 2018).

Training for Social Care Providers at the Early Stage

Due to the limited participation of the community and the lack of supply capacity in the initial stage of the construction of CHECS, it is down to the government to ensure an adequate supply of social care providers to start with. Based on the implementation of the external guarantees of the policy, the government should provide appropriate training and support for the early stage construction and development of the main bodies (service providers) (Yang, Chen, & Chen, 2019).

First, through communication on the street and in the community, the community care institutions, the library, and the activity room should be arranged to ensure that basic needs are met during the construction phase; at the same time, in the construction of the new community, pre-planning of the elderly service construction site is an absolute necessity. In the development of the old community, the threshold for institutional construction standards should be lowered, and miniaturization and multi-functional construction access

should be allowed (Lieow et al., 2019).

Second, in the early stage of operations, the government should support the service providers to improve their professional ability (Sun, Wang, & Ji, 2015). In addition to paying for utilities like water and electricity, the government can provide financial subsidies and hardware support for the pre-construction of civil non-institutions from the perspective of the “supply side”, thus reducing the pressure on construction in the early stages. At the same time, the government could purchase services in a way that would relieve the operational pressure caused by the inadequate reception of services by the elderly, and thus ensure the survival of the organization in the early stage (Wang et al., 2019).

Expanding the Scope of Service Guarantee

Within the scope of financial capacity, the scope of protection for the client can be appropriately expanded to form a “step-by-step” guarantee (Gao, 2019). If the level of government service purchases is higher, we could improve the government's service guarantees appropriately and expand the scope of the elderly objects that enjoy government purchases and government subsidies, and form a paid, low-paying, and unpaid guarantee scale oriented toward dependence differences. This is not only beneficial to the service of the elderly by being more fair, but it also enhances the service awareness and service experience of the elderly, and should make the elderly more willing to accept the service.

First, with the expansion of government guarantee objectives, it is possible to construct a ladder-based “bottom net” based on income standards and dependence differences (Zhu, 2018). At present, in the discussion of “basic public services” it is difficult to reach a consensus on the definition of service content. It is also difficult to explore from the perspective of the definition of service “object”. The government purchases services as a form of selective public service supply, and mostly uses “income” level as the rigid standard to treat the elderly below the “low-security line” as the target of service guarantee. However, from the perspective of the implementation effect of the government, the rigid standard of the “low-income line” is prone to the “policy cliff” effect, which leads to the forced isolation of the “low-income-low-protection margin” group in the service guarantee, and the different level of protection acquisition. Therefore, government-guaranteed service purchases can gradually expand from “low-income” to “lower-income”, such as the standard of subsistence allowance, minimum income, and

average income, and form a step-by-step guarantee for different income levels (Zhou & Liu, 2020).

Second, according to the difference in the “dependency” of the elderly people, appropriately expanding the scope of service subsidies is not only conducive to the access of different elderly groups but also helps to improve the service experience and cultivate the service of social pension services demand. The generation of demand for the elderly has a “natural” character, and the degree of dependence depends on the level of satisfaction of the demand of informal services. Therefore, this thesis does not fully endorse the view held by some research institutes (that the development of community home care services can be achieved by stimulating the demand of the elderly and that stimulating demand will promote development. Instead, service perceptions can be enhanced by enhancing the service experience, which can determine demand and release. For example, in this research, it was found that the low dependence of the elderly is not only related to the demand motivation but also related to the elderly's lack of familiarity, cognitive level and experience. Many respondents expressed that, since they were from other cities, they could not feel a sense of belonging. So, when it came to services provided by the community, they were reluctant to accept the services due to their unfamiliarity. At the same time, the spontaneity of elderly services is also affected by the economic condition. The “psychological” gap caused by the price gap between self-purchasing and government guarantees is also an important factor that negatively impacts the elderly’s willingness to purchase (Sun et al., 2018). Therefore, the government can expand the multi-level and echelon-level service subsidy target network utilizing service subsidies and low-paying forms of service vouchers, in addition to income standards, based on the “dependency” of older groups. For example, within the scope of subsidies, priority should be given to the intersection of “old age + high disability + living alone (empty nest)”, “old age + high disability” and “high disability”. Those measures can make the elderly and families with high demand more able to benefit from the assistance and convenience of formal care services, and then stimulate their willingness to purchase the service.

Reinforcing Multiple Participation in Regulatory Functions

The government's supervision of social subjects is an important basis for ensuring the orderly supply of diverse participation services, and also an important manifestation of the government's transition from the front office to the background under the new public service concept. In the realization of the multi-participation order, it should cover the

whole supervision process from the entry of the entity to the exit.

First, because there is insufficient participation of existing entities, the government could reduce the participation threshold for service provision and establish a “qualified supplier” mechanism to provide capacity-oriented, service-oriented, service-compliant public, non-profit and profit-making provision (Huang, 2018). The main body is included in the scope of permission to maximize the participation of existing bodies. At the same time, they should change the original “one size fits all” management method, manage and refine the different subject attributes, and focus on the nature of different subjects, alignment, operation, facilities standards, as well as enhance the participation of various subjects. Greater policy flexibility could reduce the problem of unfair development caused by the division of the nature of each subject. Besides, the scope of services of the organization can be appropriately relaxed, so that the non-government organizations can use their resources, opening them up to the community residents during their free time, for haircuts, massages, access to fitness equipment, on the basis of ensuring the satisfaction of the service demand of the elderly. This would not only improve the utilization efficiency of idle resources but also increase the operating income with low-paying services and enhance their own survival ability.

Second, a fair service and operation environment should be created (Lu, 2018). The provision of services by a non-government organization is regarded as being on a par with what responsible government does. In preferential policy and financial subsidies, public and private service organizations are treated equally, while market-oriented or for-profit service entities have services. The comparative advantages in terms of operations, management level, talent attraction, and service standardization are less dependent on government support. Therefore, the for-profit organization can be included in the entrusted entity that undertakes, on behalf of the government, to purchase basic services from the “replenishment party”. From the perspective of the government, subsidized service content provided by the corresponding funding subsidies expands the scope of the participating entities and improves the overall service supply capacity of the society.

Third, unified supervision of each subject, the establishment of rewards and punishments and withdrawal mechanisms to ensure the orderly results of service delivery (Qiu & Lin, 2019), includes:

Timely supervision of service quality: Quality of service is the basic premise for realizing the effectiveness of service provision and transforming the service experience

into willingness to purchase. The government should establish corresponding service feedback channels, such as reporting hotlines and service feedback network channels, and timely feedback of information in services.

Establishing an evaluation mechanism for service provision. Through the construction of the service information base, the service provider of each subject is backed up according to the feedback result. Also, establishing the main reward and punishment and withdrawal mechanism. According to the feedback on the service, the government conducts regular evaluations, rewards the service agencies with better evaluations, warns of a low evaluation, regulates improvement, or imposes certain forms of punishment; service organizations that are unfit for service and do not improve can be disqualified. The exit mechanism can then be actioned to ensure an orderly cycle of subject participation.

(2) Improve the personnel training mechanism to ensure the continuity of service provision

Elderly services are services that involve specialization and specific standards (Gen, 2019). In the extension of community service to the community home care service, the service arrangement method based on the community, made the neighborhood committee uncomfortable; simple housekeeping services are not completely compatible with the expected content of elderly services. At present, the root cause of the accessibility dilemma of community home care services lies in the shortage of service personnel. The content of the service supply is caused by the structural imbalance of the personnel team, especially the lack of specialized medical personnel. Therefore, the structure of a suitable and professionally matched service staff will be crucial to determining the service provision capacity, multi-participation development, community home construction and the service demand of the elderly. It is a key issue that needs an urgent solution. The training and development of service personnel involve comprehensive and systematic considerations such as qualification access, income treatment, and occupational status (Guo, 2013). However, since the issue of personnel protection cannot be solved in a short period, it is necessary to take into consideration both the long-term development and the short-term complement. Long-term training of service personnel involves the continuous supply of human resources and the sustainability of service provision, whereas short-term replenishment involves the integration of existing human resources under the established conditions, hence the problem of maximizing service capacity.

First, in the long-term training of talents, the development of specialized curriculum

education will be carried out with high schools and colleges as the main entities, cultivating general practitioners and nursing rehabilitation talents (Zhang & Zhang, 2018). At the same time, social work, psychological counseling, and other related courses will be promoted. Also, we can establish a training model for social medical care personnel based on the combination of professional vocational training and continuing education.

Second, there is no shortage of human resources in the short term, and the scope of personnel integration can be appropriately expanded. Medical institutions at the community level could be given greater resources, and cooperation between public medical institutions and community health service centers could be strengthened. Medical personnel and general practitioners treating common diseases and frequently occurring diseases could be steered more towards the community to improve basic medical care. At the same time, it is possible to properly implement a combination of full-time and part-time work to integrate existing human resources. For example, on the basis of obtaining service qualifications and community management reports, professional medical personnel can implement flexible medical treatment and mobile medical treatment mechanisms to provide time-elastic medical services for the elderly, such as chronic disease maintenance, health checkups, and rehabilitation care.

The third improvement would be to enhance the attractiveness of service positions. Stress, poor treatment, poor welfare, and low social status are important reasons that make a job unattractive and lead to low employment willingness. To this end, in the process of enhancing the attractiveness of the position, the primary step should be to protect and provide service personnel through various channels. Since the salary of service personnel is mostly based on the local minimum wage level, the government could formulate guidance on the salary standard of the post on this basis and raise the salary appropriately. And, the government could guarantee wage subsidies to service personnel at an early stage of institutional development. It could also support the professional skills training and qualification education of service personnel.

The implementation of a dynamic, step-by-step performance compensation mechanism is an effective way to fundamentally guarantee a reasonable increase in income (Bear, 1993). Linking salary and service volume, service quality, specialization level and service qualification can also be carried out (Chen, 2020). This can enhance enthusiasm for service provision, and it can also reflect the value of human capital. At the same time, based on the basic salary, the service salary can also be differentiated according to the

degree of specialization and work burden. In addition, hiring more full-time doctors would go a long way towards meeting the high demand for elderly medical services. Through community clinics and professional home-visits, we can rely on community health centers to carry out supplementary medical services regularly, thus alleviating the pressure of service provision in simple community homes. Furthermore, the advancement of the above-mentioned methods and promoting better career development prospects will help retain professional personnel.

(3) Strengthen the construction of community platforms and improve the accessibility of services

The rich service resources, the protection of service personnel and the improvement of service capabilities are the basic premise for meeting the service demand of the elderly; and the effectiveness of demand satisfaction depends on the realization of the functions of the community service platform and management platform. The development of community home care services is based on community management. The function of management and efficient operation of community management is the basis for realizing the community as a service operation platform. At the community level, the community should be the core of the service supply management platform, relying on the construction of livable communities, strengthening the integration and coordination of service resources, and improving accessibility for the elderly through hardware, software and external environment construction (Zhang, 2017).

First, to improve the convenience of services through rational planning and intensive management. The intensiveness and accessibility of service supply is an effective way to alleviate the gaps in facilities and the lack of accessibility. Intensiveness aims to reflect the convenience of service access at the time level; accessibility aims to emphasize the convenience of reaching the space level.

- a) Relying on the comprehensive construction of the old home service center to improve the intensive level of service. Strengthen the construction of service information, establish a service location, staffing, and service content information base in the region, and implement “one-stop consultation” and “one-stop application” through service hotline, network construction or mobile app “service menu”. The “one-stop co-ordination” and “one-stop management” modes provide intensive management of service provision, service consultation, service intermediation, and staff deployment. At the same time, it is important to

establish a service reservation mode to ensure reasonable arrangements for service resource allocation and improve service efficiency. To save service costs; in addition, open-minded, shared-oriented, development-oriented, with the principle of proximity service, complementary functions, and status fairness, enhance the sharing of resources within the region.

- b) Relying on embedded service organizations as a centralized service carrier. Through the construction of embedded, miniaturized, multi-functional and professional community service organizations, the functions of daycare, centralized feeding, activities (reading), and health maintenance will be integrated to realize “one-stop multi-point” service integration features.
- c) The construction of service organizations should be rationally planned according to the size, structure and distribution of the elderly population in the region. The aim of such planning is to improve the elderly’s access to services, such as “the distance between a bowl of hot soup” and “five minutes”. At the same time, the distribution of service locations should also consider the combination of adjacent communities to achieve full coverage of the range of service between the regions. Furthermore, it improves the convenience of time and space for the service of the elderly.

Secondly, in terms of hardware facilities construction, this should be guided by basic public services and community hardware configuration. Slopes and stairs should be made barrier-free, there should be improved construction of fitness facilities, community activity rooms, community reading rooms, and there should be more community centers. The hardware is equipped with strengths to enhance community welfare and improve the ability of the elderly to meet their demand. At the same time, based on expanding the scope of government support, emergency call equipment is installed for some empty nesters, those living alone, senior citizens and disabled seniors to improve the emergency response (Wu, 2019).

As social governance comes down to the community level, the overall service capacity is enhanced through the return and strengthening of community service functions (Theobald et al., 2016). Relying on the functions of community life service, medical and health, spiritual culture and public security coordination provides a comprehensive soft environment construction for the demand of the elderly and complements the community home service. For example, medical-level disease prevention, health education,

organizational clinics, spiritual and cultural activities, elderly education, elderly care, elderly policy propaganda, legal and dispute coordination can all be realized at the community level. At the same time, relying on the community, the public security function, combined with community members and neighbors, can provide home security guidance and regular visits for specific elderly people.

Third, to strengthen the integration of community resources and expand the social support network for the elderly (Chen et al., 2019). The integration of community service resources depends on the coordination of “communities”. The community should fully rely on its own authority and social management functions to give rein to the advantages of coordinating regional resources, especially human resources. By expanding the scope of the informal service subject, the function of the scattered point is centralized and standardized. Through efficient coordination and connection of volunteers and social workers, the community can enhance the flexibility, richness and timeliness of community home care services.

- a) Strengthen the guidance and management of volunteers. Through the promotion and cultivation of volunteerism, we will expand the scale of volunteer participation and establish a smooth channel of participation. College students, young people, and professionals with professional service skills in the community are attracted to the volunteer community. At the same time, it is necessary to improve the community's management norms for volunteers.
- b) Standardize the unified registration of volunteers, record and classify according to age, occupation, expertise, working hours, and coordinate the content, time, and urgency of the elderly, to achieve effective service time, service personnel, and service content match up.
- c) The corresponding encouraging mechanism for volunteer service is set, and rewards are diversified according to the quality of service delivery.
- d) Social workers are included in the process of professional service participation. In much the same way that social work aims to help people to help themselves, social work for the elderly aims to assist them achieve greater self-reliance and the self-reliant living, and to prevent social withdrawal caused by social relations and weak social functions. In the social work intervention, depending on the dilemma faced by different seniors, we can rely on professional and systematic case methods to transform the pessimistic attitude of the elderly and maximize

their potential. We can establish positive cognition, by guiding and integrating formal and informal social forces to provide services for the elderly through family self-help, neighborhood mutual assistance, and social care. This can be achieved with regular visits, interactive exchanges, and emergency assistance, based on the expansion of social support networks, to increase the total supply of aged care service.

6.3 Conclusion

In conclusion, this research first explores the Urban Community Home-based Elderly Care Service System in Wuhan: from the Perspectives of Service Demand. Through literature review, the domestic and international research literature and basic theories related to the CHECS demand and supply system are sorted out in order to clarify the basic concepts related to the study, and to track the past and development direction of the research on CHECS, and provide the theoretical basis for the research. After thorough reflection on the literature and theories, the researcher discovered three research gaps in CHECS: a lack of systematic research on the CHECS system in Wuhan; a lack of research applying qualitative research; and scant studies on policy formulation and implementation angles to analyze the CHECS system. In demand research, the researcher classified the demand of CHECS for the elderly in Wuhan into four categories: day-to-day life care, medical care, spiritual consolation, and rights protection. By using the Grounded Theory approach, the content of the in-depth interviews is carefully coded, and finally, a conceptual model is drawn up and named “Influencing factors of the elderly’s demand for CHECS in Wuhan”. During the first two coding processes, the researchers summarized and analyzed 22 initial concepts, 7 relevant categories, and 3 main categories as factors relating to the elderly themselves, the elderly’s family, and to society.

In this research, CHECS supply is observed from the government angle, with two aspects under analysis: the policy supply and the service supply in practice. According to the description of two stages of CHECS policies in China and typically in Wuhan city, generally speaking, the CHECS policy supply is deficient, starting as it does at a low service level. It evolves slowly and is hampered by dramatically increasing service demand from the groups in need. It was also found that, under the dual influence of limited government and limited resources, there is a gap between the ideal satisfaction of the elderly care service demand and the actual available elderly care service supply. There are

several problems in the practice of the government's CHECS supply. The researcher applied axial coding method by using the literature and the interview data, based on the problems discovered. A model of "influencing factors of CHECS supply" (Figure 5-1) was established, with two factors being "policy formulation" and "policy implementation". From "policy formulation": the policy insufficiency leads to the late start of service development; infrastructure construction leads to neglect of service quality. From "policy implementation": government functions affect the other service providers; the responsibility system is not clear and causes a synergy dilemma among the service providers.

In accordance with the two models on the influence factors of CHECS demand and supply established in chapters 4 and 5, the theoretical model on the "CHECS Demand and Supply System" (Figure 6-1) is built. This is based on the factors and logical relationship analyzed in former contents and intended to solve the research dilemma brought up at the beginning of the study. This model illustrates the influence factors from "demand" and "supply", and the solutions are shown in the middle towards to two sides, meaning the solutions target the influence factors and aim to tackle the research dilemma. The solutions intend to meet the elderly's demand for CHECS and improve the government's capacity to supply CHECS.

6.4 Research contributions

Three main contributions can be highlighted:

(1) In the study of "the influencing factors of the demand for CHECS", this research differs from that of most previous scholars (who used quantitative research methods) in that GT was used as the research method. Appropriate research sites were selected, and participatory observation, in-depth interviews, and other methods were used to collect the information related to the research topic. Recording it has been as detailed as possible, and not biased by the researcher's personal opinion, and the coding method was used to analyze qualitative data. Abstracting the main categories, and analyzing the relationship between them, led to a substantive theory, and explained the various parts of the theory. In addition, the researcher also applied the coding method in supply analysis, to help establish the "influencing factors of CHECS supply model". These two models contributed to the forming of the "CHECS Demand and Supply Model".

(2) As the capital city of Hubei Province, Wuhan City has entered a stage of deep ageing. Deep ageing has a great impact on the economy, society, and families throughout the city. The problem of the elderly service demand is more pressing. It is imperative to improve the old-age service system. This study analyzes the factors influencing the demand for elderly home care services, using qualitative research methods, systematically constructing theoretical models, and seeking a complete and objective analysis of the impact of various factors on the needs of elderly home care services. This was rarely done in previous studies.

(3) In the analysis of CHECS supply, this study thoroughly combed through the development context and content of China's elderly care policy over the past two decades and found that China's elderly care policy has two stages: normative development stage, and perfecting stage. Through in-depth interviews and extensive collection and collation, it also found that under the dual influence of limited government and limited resources, there is a significant imbalance between the ideal demand of the elderly for elderly care in China, and the realistic level of service development. The lack of service supply is a severe limitation on satisfying the elderly's demand for community home-based care service. These problems can be regarded as systemic in the process of service resource integration under the participation of multiple subjects. From the perspective of the division of formal service providers, the dilemma regarding the supply of aged care services in the home community is a result of two aspects: "policy formulation" and "policy implementation" arising from the defects in the relationship between the government and non-government entities. The theoretical model formed is based on the previous two models and meets the aim of applying the qualitative method. In contrast to the previous literature, which is simply analyzed from policy texts or relatively simple surveys, this study is based on a large number of in-depth interviews and policy text comparisons, and makes a more comprehensive analysis of the problems and causes of the "supply dilemma".

Finally, the researcher comes to highlight the answers to research questions which are:

Question 1. What is the community home-based elderly care service (CHECS)? Why do we choose it as the basic way of providing support? What are the differences between CHECS and other models of elderly care service?

The model of CHECS includes at least two aspects: first, the elderly stay in their familiar communities and receive services available to them in those communities; second,

the government should use the power of the community and utilise the community support systems to carry out services to achieve the ultimate goal of taking care of the elderly in need within communities and allowing the elderly to live independently as much as possible (Yang, 2000; Yao, 2008; Yan, 2009). In this research, CHECS include the corresponding elderly care services provided by the community for the elderly at home, as well as a range of services provided by the community for the elderly who would come to specific centers in the community, such as the services provided by the community daycare center.

The choice of CHECS as the basic way of supporting the elderly is conditioned by social and economic development, as well as culture and tradition (Li, 2001). Against the global background, China's ageing population is characterized as a large-scale, rapid process, an “ageing but not a wealthy society”, a tendency towards senility, and large regional differences (Fang, 2006). Taking into consideration cultural influences and the economic situation of the elderly and their families, the researcher and the government believe that CHECS is the best way to satisfy the elderly and make full use of society's resources. Methods of elderly care services have evolved from family support and institutional care to CHECS. Family support means that the family members of a group formed through kinship and matrimony bear the responsibilities and duties to offer economic support, life care and spiritual consolation to the elderly; the “home” in CHECS refers to a conveyer of the elderly care services, which differs essentially from the family support founded on the economic basis of the family (Gao, 1991). Institutional care means that the elderly live in elderly care institutions (including welfare homes, nursing homes, elderly care centers, apartments for the aged and hospices) (Song, 2004). CHECS proposes a model to combine home elderly care with the community services, which would allow the elderly to live in familiar places and environment, with the government only needing to provide home services, such as shopping, cleaning, and nursing in the communities of the elderly, instead of having to spend large amounts financing the establishment of elderly care institutions (Yang, 2014).

Question 2. What are the influential factors of the elderly's demand for CHECS?

The model of “Influence Factors of Elderly's Demand for CHECS in Wuhan” shows three categories of influence factors: factors related to the elderly themselves, to the elderly's family, and to society.

Question 3. What are the influencing factors of the CHECS supply in Wuhan?

Through "supply analysis" in Chapter 5, the model of "influence factors of CHECS supply" in Wuhan is established, with two factors being identified as "policy formulation" and "policy implementation".

Question 4. What are the suggestions to solve the way out of the predicament of CHECS system construction in Wuhan? Could there be a theoretical model based on the research?

The researcher built a new model "CHECS Demand and Supply System Model" as the theoretical model. This is based on the factors and logical relationship analyzed in former contents and intended to solve the research dilemma brought up at beginning of the study. There are suggestions to solve the predicament regarding the setting up of the CHECS system in Wuhan. In accordance with the theoretical model, there are two aspects to take into account: meeting the elderly's demand for CHECS and optimizing the government responsibility functions.

6.5 Research limitations

Despite all efforts to address the value of the research, certain shortcomings still exist in some areas and cannot be ignored.

6.5.1 Limitations of the sample composition

This paper is based on an interview survey of 34 elderly people in three communities in Wuhan and discusses the needs of community elderly care services for the elderly in Wuhan. However, since the actual number of communities in the Wuhan area is huge, and the number of elderly people is great, the object of this survey is relatively limited and, as such, affects the breadth of the research. At the same time, due to the different levels of community development in different jurisdictions in Wuhan, there is bound to be a large difference in demand between the regions and the group of elderly people. As a consequence of the coverage of interviewees in this paper being limited, the research results combine the content of the aged care services of the home community covered by the national and local policies and regulations, with the demand for the aged care services of the three representative groups of elderly people and the current status of the elderly. A comparison between different groups (disabled elderly group, senile elderly group, empty-nest elderly, rural elderly) using a positivist and quantitative approach would bring new

insights into the problem.

6.5.2 Limitations of a longitudinal research

This study mainly analyzes interviews conducted at the same time stage, so it is impossible to analyze and compare the needs of the elderly at different periods, hence a lack of “longitudinal” research. This limitation has affected the further development of research into demand:

- a) It affects the comprehensiveness of the content of the service project. Although this paper summarizes the content of CHECS from three data sources - policy, literature, and interviews - it analyzes the factors that influence the elderly care service demand only of the elderly in Wuhan. However, as the community home care service in China overall is rapidly expanding and developing, service content is also rapidly updated and developed. Therefore, in the study of service demand, the uncertainty of future development cannot be avoided.
- b) This research analyzes a large number of the national and local elderly care policies and regulations, however with the development of China's elderly care service industry and the changing national situation, the lack of longitudinal research will be manifested in: the problems of elderly care policy mentioned in this research that would need to be solved at a later date, or be replaced by new problems. In short, as for the service supply research, the conclusions of this study will vary with the time.

6.6 Future research

The summary of research limitations has provided insights into possible ways to solve those shortcomings. As far as research impartiality is concerned, future studies could be designed to involve respondents representing more elderly groups from different communities, such as a disabled elderly group, a senile elderly group, the empty-nest elderly, and elderly in rural areas, to expand the coverage of research and acquire more samples from different elderly groups. In this way, the study could increase the levels of reliability and validity.

Also, the research object deserves to be more targeted in further studies. At the individual level of the elderly, there are great complications and differences in the elderly's

individual situation. The factors affecting the demand of the elderly in the home community have varying degrees of crossover, and the corresponding demand will change with each changing situation. Researchers can also further analyze the relationship between factors affecting demand and the intensity of impact in future research.

Finally, related topics could be involved. The analysis of demand and the matching of services are the corresponding themes in the research of elderly care services. The identification of the demand and the analysis of the influencing factors is the beginning of this research, while matching supply is the ultimate goal of the demand research, and the actual purpose of the demand research. Follow-up studies could also conduct more detailed research on the up-dated supply situation and characteristics of CHECS in Wuhan in particular, and China in general.

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Appendix

National and Wuhan Government Elderly Care Policy in The Past 20 Years

Level	Form	Names of laws, regulations, and regulations	Formulation and promulgation	Time of promulgation
First level	Constitution	"Constitution of People's Republic of China"	National People's Representative Meeting Standing Committee of the National People's Congress	Revised in 2018
Second level	Basic law	Law of the People's Republic of China		Revised in 2012
		"Notice of the State Council Public Office to Forward the National aging Committee Office and the Development and Reform Commission and other departments on the issue of accelerating the development of the aged care service industry"	The General Office of the State Council forwarded the National Committee on Ageing, the Development and Reform Commission, etc.	February 2006
		"Opinions on comprehensively promoting the work of home care services"	The National Committee of the Elderly Committee and the Development and Reform Commission and other 10 departments jointly issued	January 2008
Third level	Administrative regulations, administrative regulations, national planning and policy documents	"Guiding Opinions of the General Office of the State Council on the Development of Family Service Industry"	Office of the State Council	September 2010
		Several Opinions of the State Council on Accelerating the Development of the Aged Care Service Industry	State Council	September 2013
		The General Office of the State Council "Guiding Opinions on Government Purchasing Services to Social Forces"	Office of the State Council	September 2013
		Guiding Opinions of the Ministry of Civil Affairs on Promoting the Evaluation of Endowment Services	Ministry of Civil Affairs	October 2013

Level	Form	Names of laws, regulations, and regulations	Formulation and promulgation	Time of promulgation
		Guiding Opinions on Strengthening the Standardization of Endowment Services by the Ministry of Civil Affairs, the National Standardization Administration Committee, the Ministry of Commerce, the General Administration of Quality Supervision, Inspection and Quarantine, and the Office of the National Working Committee on Aging	Ministry of Civil Affairs, National Standardization Administration Committee, Ministry of Commerce, State Administration of Quality Supervision, Inspection and Quarantine, National Office of the Aged Work Committee	January 2014
Third level	Administrative regulations, administrative national planning and policy documents	"Opinions on Accelerating the Cultivation of Talents in the Endowment Service Industry"	Ministry of Education, Ministry of Civil Affairs, National Development and Reform Commission, Ministry of Finance, Ministry of Human Resources and Social Security, National Health and Family Planning Commission, Central Civilization Office, Central Committee of the Communist Youth League, National Bureau of Ageing	June 2014
		Notice of the General Office of the State Council on Printing and Distributing the Outline of the National Medical and Health System Plan (2015-2020)	Office of the State Council	March 2015
		The Thirteenth Five-Year Plan for the Development of Civil Administration	Ministry of Civil Affairs, Development and Reform Commission	June 2016
		Notice on the Central Government's Support for the Pilot Work of Home and Community Pension Service Reform	Ministry of Civil Affairs and Ministry of Finance	July 2016
Third level	Administrative regulations, administrative national planning and policy documents	Notice of the State Council on Printing and Distributing the Plan for the Development of the Aged Career and the Construction of the Aged System in the "13th Five-Year Plan"	State Council	March 2017

Level	Form	Names of laws, regulations, and regulations	Formulation and promulgation	Time of promulgation
Fourth level	Local administrative regulations and policy documents	"Implementation Plan for the Construction of Old-age Livable Community in Wuhan"	Wuhan Municipal Civil Affairs Bureau, Wuhan Municipal Finance Bureau	May 2016
		Guiding Opinions of the Municipal Health Planning Commission of the Municipal Civil Affairs Bureau on Deepening the Combination of Health Care (Trial)	Wuhan Civil Affairs Bureau	July 2013
		Article 60 of the Community Home Care Service Manual (Trial)	Wuhan Civil Affairs Bureau	September 2013
		"Wuhan Community Care Homes (Trial)"	Wuhan Civil Affairs Bureau	March 2014
		Implementation Measures for Basic Medical Insurance for Urban and Rural Residents in Wuhan	Wuhan Civil Affairs Bureau	July 2017
		Implementation Opinions of the Municipal People's Government on Accelerating the Supply of Aged Services to Accelerate the Development of the Aged Care Service Industry	Wuhan Civil Affairs Bureau	August 2017
		Interim Measures for the Administration of the Use of Senior Citizens in Wuhan	Wuhan Municipal Working Committee	September 2017
		"Implementation Rules for Relief and Support for Urban and Rural Poverty-stricken Persons in Wuhan"	Wuhan Municipal People's Government	December 2017
		Notice of the Municipal People's Government on Adjusting the Minimum Living Standards for Urban and Rural Residents and the Standards for Safeguarding Objects for Specially Rescued Persons	Wuhan Municipal People's Government	May 2018

Level	Form	Names of laws, regulations, and regulations	Formulation and promulgation	Time of promulgation
Fourth level	Local administrative regulations and policy documents	Notice of the Civil Affairs Bureau on Printing and Distributing the Construction Standards for the "Internet + Home Pension" Facilities in Wuhan (Trial)	Wuhan Civil Affairs Bureau	May 2018
		Notice on Implementing the Subsidy for the Aged Services for the Elderly with Special Difficulties in Wuhan	Wuhan Civil Affairs Bureau	October 2018
		Notice on Supporting Social Forces to Participate in the Development of Home and Community Care Services	Wuhan Civil Affairs Bureau	November 2018