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Needs and Response:

Chinese Urban Family Caregivers' Needs

and Social Support

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Abstract

Caregiving is emerging as a global issue, as countries around the world are facing aging populations, including China. The intent of this study is: (1) to explore what needs Chinese urban family caregivers express, and in what way they may differ depending on certain background variables; (2) to explore what support, both formal and informal, is available for them; and (3) what changes to existing support may be appropriate in order to improve the quality of caregiving as well as the quality of life for caregivers so that they can be better able to provide caring services for old people. In-depth interviews and questionnaires were adopted to collect both qualitative and quantitative data from family caregivers of older adults living in urban Shanghai. The study has found that family caregivers' needs are diversified and differentiated. The support they have received mainly comes from relatives, while formal social support remains still insufficient for them and their families, thus failing to meet family caregivers' diversified and differentiated needs. The findings suggest the efforts to embed the micro-level informal support network into the macro-level formal support system by integrating all parties into forces including governmental and non-governmental sectors, communities and social work, thus enriching the forms, enhancing the strength, and consolidating the foundation of social support for family caregivers.

Key words: Family Caregivers of Older Adults, Needs, Social Support

Content

1. Introduction

Population aging is a shift in the distribution of a country's population towards older ages due to rising life expectancy and/or declining birth rates, which is usually reflected in an increase in the proportion of elderly people that have passed their retirement age (Gavrilov & Heuveline, 2003). Countries around the world are facing aging populations, including China. Being greatly challenged by aging population, China is "getting old before getting rich" (Howe & Jackson, 2008). The Sixth National Population Census highlights that the proportion of people aged 60 or older increased from 10.33 percent in 2000 to 13.26 percent in 2010. For instance in Shanghai, which has the highest degree of aging population across the country, it has exceeded 22.5 percent (Census, 2010). The proportion of aging population in China will grow steadily and rapidly in the next thirty years and is projected to peak to a staggering 28 percent by 2040. Meanwhile, life expectancy has also increased consistently over the last decades, and scientists have estimated that China will have more than 100 million seniors over 80 by 2050 (Facts & Details, 2011).

Accelerated population aging has brought about a growing number of social and economic pressures, among which caregiving for the aged is emerging as a prominent issue (Jackson et al, 2009). With general physical decline and greater susceptibility to sickness and diseases that accompany most people when aging, senior citizens are becoming more and more fragile and dependent upon others for assistance with executing activities of daily life. Then who will care for this looming wave of "graying" ?

Deeply rooted in traditional Chinese culture based on Confucian filial piety *(Xiao)* (Leung & Nann, 1995), the parent-child relationship is taken as the core of Chinese family relations (Hu & Peng, 2011) and the vast majority of Chinese elderly prefer to be supported and looked after by family members especially their adult children at

their home. Moreover, constrained by uneven economic growth and lack of public resources, the existing social care system for the elderly in China is far from sufficient to meet the needs of the elderly people. By the end of 2008, there were a total of 42,040 aged care institutions for elderly of different types with a total capacity for 2.355 million people in China, accounting for only 1.47 percent of the total number of Chinese elderly. This is far below the level of 5-7 percent in developed countries and also the level of 2-3 percent in developing countries (Hu & Peng, 2011). Due to Chinese traditional Confusion culture characterized by filial piety and the lagging development of public care services, family-centered care has shaped the main support model for the elderly in China. More than 90 percent of the Chinese elderly are relying on their family members for caregiving (Hu & Peng, 2011).

Caregiving is becoming more and more demanding and challenging nowadays for caregiving families. China is still in a transitional period experiencing rapid social and demographic changes due to the economic reforms and the one-child policy. One-Child policy, also officially translated as Family Planning Policy, is the population control policy of China, which was first announced in 1979. It restricts urban couples to only one child, except rural couples, ethnic minorities and couples who are both only children themselves. After more than 30 years since One-Child Policy was implemented, China has formed the "421" family structure, which means one child with two parents and four grandparents.

The One-Child Policy has shrunk the family size, followed by far-reaching impact on caregiving. China's family pattern is shifting towards the nuclear family in the wave of modernization and urbanization, which means that a couple born after 1980 will usually have to support at least four seniors in the years to come. This indicates that adult children's care responsibilities for elderly have greatly increased, which can become overwhelming for younger people living in especially cities, where life pace is quite fast and medical expenses are increasingly costly. Shouldering such duties, family caregivers tend to be confronted with various challenges including financial

strain, deteriorated health, intense emotional or relational stress in the transitional period of family life cycle. All those challenges, to a certain extent, are weakening the traditional function of family as a support system for the elderly and affecting the quality of caring services and old people's lives in an indirect way. As the backbone of the long-term care for the elderly, family caregivers and their well-being will become an increasingly significant issue in the years ahead.

However most domestically published empirical research, emphasizes old people's multiple needs and social support, without providing an insight into the perspective of family caregivers who are playing a central and powerful role in taking care of their older family members. Therefore, taking urban family caregivers of elderly (those who are responsible for long-term care of elderly relatives in urban households) as research object, this study will provide a deeper understanding of their caregiving experiences. The intent of this study is: (1) to explore what needs Chinese urban family caregivers express, and in what way they may differ depending on certain background variables; (2) to explore what support, both formal and informal, is available for them; and (3) what changes to existing support may be appropriate in order to improve the quality of caregiving as well as the quality of life for caregivers so that they can be better able to provide caring services for old people. In addition, based on a new angle, from the perspective of family caregivers to study aging also contributes to a shift in the welfare policy from an elderly-focused to a family-focused view. The findings will better inform Chinese policy makers and service providers in their decision-making regarding policies and programs on aging issues to promote a sustainable development of an aging society.

2. Literature Review

In the following I will present a literature review of different aspects of caregiving that the study has taken into account. First, I will talk about the definition of family caregivers. Then related research on family caregivers both in and out of China will be reviewed systematically and critically. Based on previous literature review, the theoretical and research framework of this study will be presented in the final of this part.

2.1. Family Caregivers of Older Adults

Family caregivers of older adults, in this study, refer to those family members who are responsible for the provision of day-to-day care and continued support for their older loved ones at home, featured by: (1) the prominent role in caregiving; (2) informal or nonprofessional caring services; (3) unpaid or "free" care provision; and (4) blood relationship with care recipient through birth, marriage or other long-term relationships. They can also be divided into primary or secondary caregivers. Typically, a primary caregiver is the person who has the major responsibility of direct caregiving tasks; whilst secondary caregivers, or backup caregivers, tend to share some direct or indirect caregiving tasks. For example, when an adult son is the primary caregiver in family, adult daughters then may be the secondary ones. This study mainly focuses on primary caregivers, namely those who provide most day-to-day care for older family members to assist them with activities of daily life.

2.2. Research on Family Caregivers
2.2.1. Western studies on family caregivers

With increasing aging populations, there is a growing body of studies on informal caregiving in Europe and the US, focusing particularly on: (1) caregiver profiles, including gender, age, kinship to the elderly as well as amount, types and responsibilities of caregiving (Saunders, 2003; Huang et al., 2006; Wong et al., 2007;

Zauszniewski et al. 2008); (2) negative impacts of caregiving on family caregivers' physical and mental health, finances, work and social life etc., which have mostly been described in terms of burden, stress or role-strain (Yip, 2003; Martire, 2004; Schulz & Martire, 2004; Lopez et al., 2005; Dixon et al., 2006; Zhan, 2006; Figueiredo, 2007; McWilliams et al., 2007; Pinquart & Sorensen, 2007; Møller et al., 2009; Putnam et al, 2010); and (3) public resources or social services to support family caregivers in pressure reduction and need meeting (Schulz & Martire, 2004; Brodaty et al., 2005; Lamura et al., 2006; Sorensen et al., 2006; Figueiredo, 2007; Gallagher et al., 2007).

In the United States and other developed countries, family caregivers are the foundation of the long-term care system for the elderly. Most family caregivers are 47 years old on an average and are working at least on a part-time basis (NFCA, 2006). Family caregivers in the United States have devoted 4.3 years on average to caregiving; more than half of them provide 8 hours of care or more every week and around 20 percent spend more than 40 hours per week (NAC & AARP, 2006). Due to traditional role division, women (spouses, daughters and daughters-in-law) are more likely to assume the major responsibility for the care of their older family members (Wong et al. 2007; Huang et al. 2009). They are typically responsible for a wide range of caregiving tasks including hands-on personal care, household chores, transportation, meal preparation, financial and emotional support and other indirect caregiving activities such as arranging medical appointments, monitoring patient's condition and being their advocate (Huang et al. 2006; Ana et al, 2011).

Despite some rewarding experiences, previous research on family caregivers in the West has also demonstrated the potential link between caregiving experience and caregivers' poorer health as well as strains on other life domains. Compared with non-caregivers, family caregivers are proved to be at a higher risk for physical health symptoms and other chronic diseases including fatigue, sleep disturbances, lower immune system functioning, and increased insulin levels and blood pressure (Lee et al,

2003; Vitaliano et al, 2003; Schulz & Martire, 2004). Meanwhile, caregiving also comes at considerable cost to caregivers' mental health, resulting in elevated levels of psychological stress in general, particularly angry, anxiety and depression (Schulz & Martire, 2004; Lopez et al., 2005; Figueiredo, 2007; Pinquart & Sorensen, 2007). Moreover, family caregivers tend to suffer from financial strains due to the substantial associated costs of caregiving, thus most of them needing financial support (Cameron et al., 2002; Schulz & Martire, 2004; Figueiredo, 2007; Pinquart & Sorensen, 2007; Lee et al., 2008). They also face difficulties in balancing caregiving with work, family, leisure and other social life - leading to a stronger feeling of burden and an increased sense of need for respite services (Cameron et al., 2002; Schulz & Martire, 2004; Figueiredo, 2007; Pinquart & Sorensen, 2007; Lee et al., 2008).

In addition, without adequate caring skills and professional knowledge, many informal caregivers tend to feel unprepared to deliver proper service and need information about care provision, medical treatment and long-term care service options (Putnam, et al., 2010). Furthermore, a growing amount of empirical evidence suggests that gender, age, race and income are key contributing factors related with caregiving burden or stress; co-residing daughter caregivers, high-intensity and older caregivers, minority and economically disadvantaged groups are the most vulnerable to poorer health, greater burdens and more caregiving needs (Yip, 2003; McWilliams et al., 2007; Soskolne et al., 2007; Møller et al., 2009).

In response to the emerging negative impacts of caregiving role on family caregivers, both scholars and governments in the west have made greater efforts to study public services or supporting programmes aiming to help them alleviate burden, cope with stress and meet their needs. In the Europe and US, governments and NGOs have being instituting home help services, caregiver support groups, day care centers, respite care services, family counseling or psychotherapy and educational programmes as well as home- and community-based service model with emphasis on the role of informal caregivers (Sorensen et al., 2006; Thompson & Coon, 2007).

2.2.2. Chinese Studies on family caregivers

Most facts about family caregiving in the above confirm what research in the west say. Compared with western studies, Chinese studies on family caregivers are not that many at the present time.

Currently, there emerge some research on family caregivers in Hong Kong (Wong, 2005) and Taiwan (Chiu, 2010), in which family caregivers are reported high levels of physical and mental illness, enduring great needs for emotional, psychological and financial support as well as great difficulty in acquiring services due to inadequate public support resources. These studies have also demonstrated that family caregivers with greater family needs and less social support experience higher degrees of caregiving burden, in which female caregivers receive less social support and experience higher levels of burden or stress than their male counterparts (Chiu, 2010).

Among the few available studies on caregiving in Mainland China, researchers have focused either on subjective burden or mental illness of family caregivers who are providing care for stoke survivors or patients with Alzheimer's (Mackenzie & Liu., 2007; Ramsay, 2010). Most of these caregivers are the spouse or adult children of the elderly and they are responsible for assisting old people's daily life as well as offering companionship and emotional support for the elderly (Mackenzie & Liu, 2007; Ramsay, 2010).

Moreover, there is research on Chinese-American and Chinese-Canadian family caregivers for the elderly relatives, which points out the immigration background of these caregivers has also added burdens or stresses to their caregiving experiences associated with cultural shock, language barriers, systematic discrimination and shrinking social support networks (Tan et al., 2001; Lai, 2009; Tang, 2011).

2.3. Summary and Comment

Research shows that family caregivers of older adults are more likely to suffer from

various negative impacts such as physical and mental health and in other social life domains. The burdens of family caregivers reflect their needs at physical, psychological and social levels. Empowering family caregivers and meeting their needs, to a large extent, will help address old people's basic needs and improve the quality of their lives. Different from traditional elderly-focused perspective, western policies and services for family caregivers have directed a new way of development, which emphasize support to family caregivers of older adults and their whole family in coping with aging. Limited comprehensive research exist on family caregivers in China, and little exploration of their social support systems (formal and informal). Thus, in this case western studies and services have laid a solid foundation for academic ideas and methods of this research.

2.4. Theoretical Framework

2.4.1. Needs

The definition of "Need" varies in different disciplines. I prefer Feng's definition that need is a subjective state of human mind - a kind of requirement or desire of people in order for them to survive, adapt or develop (Feng, 1998), because it is based on the psychosocial perspective.

Need can also be classified into different categories according to different perspectives. The most widely known academic model of needs was proposed by Abraham Maslow, which describes the hierarchy of human motivations. Physiological and Safety needs are the most fundamental needs, whilst Belongingness and Love, Esteem, and Self-Actualization are higher levels of needs for people (Maslow, 1954). The "Biopsychosocial Model" is another representative theory, based on which Perman believes that human need is the combination of people's biological, psychological and social needs both in the past, present and future (Federio & Whitaker, 1997). Moreover, need can also be divided into explicit and implicit need in accordance to whether people are well aware of their own needs or not. Explicit needs refer to specific ones which have been realized and can be clearly expressed by people;

whilst implicit needs are vague or uncertain ones which people are unaware of (Fan, 2003).

With regard to needs measurement, Jonathon Bradshaw set out four ways to perceive needs, including normative, felt, expressed and comparative one. Some of them comprise individual's subjective perception of variations whilst others are based on the objective assessment made by professionals (Bradshaw, 1972).

In addition, need is largely related to burdens, stresses or negative impacts facing the individual in each dimension, all of which can be seen as indicators of a great sense of need for corresponding support. The "Stress-Appraisal-Coping Model" posed by Folkman and other scholars asserts that needs will emerge when the stressful event or environment is appraised by the person as exceeding his or her resources and endangering well-being. Henceforth, those who fail to have his or her needs fulfilled are more likely to experience burdens or stresses - making them function poorly in society (Folkman, Lazarus, Gruen & Delongis, 1984).

In this study, family caregivers' need is defined as an unmet or imbalanced status at the physical, psychological or social level in their practice of caregiving for older family members. In some cases, family caregivers can feel, recognize and clearly express their needs; whilst in other cases they may tend to be unable to realize or advocate what they need or lack. If not addressed in time, whether it is referring to an explicit or implicit need, the need will be expressed in the form of burden or pressure. Therefore, needs measurement should combine family caregivers' subjective judgment and researchers' objective assessment.

2.4.2. Social Support

Originated in the 1970s, the concept of "Social Support" is mainly explained by scholars at two levels: functionally, it refers to both material and spiritual support individual gets from the social relations he or she has; operationally, social support is

also a quantitative symbol of the social relations people possess (Hu, 1996).

In terms of nature, Cutrona and Rusell (1990) divide social support into instrumental and emotional support. Instrumental support (also known as tangible support) is the provision of financial assistance, material goods or services; while emotional support (also called appraisal support) is the offering of concern, affection, love, trust or caring, which is also called appraisal support (Cutrona & Rusell, 1990). Based on where the support has come from, social support can also be divided into formal and informal support. Formal support is provided by professionals from governments, NGOs, work-units or professional service organizations, while informal support mainly comes from relatives including spouse, children and parents, friends, neighbors or colleagues. The different categories of social support result from researchers' differences in their disciplines and starting points (Brissette et al, 2002). Furthermore, both instrumental and emotional support can come from either governments, NGOs, etc. or relatives, friends, etc. Similarly, both formal and informal support can either be instrumental or emotional support.

In fact, social support is a multidimensional concept covering both environmental factors and individual's inherent cognitive factors, which is widely measured through self-report in three dimensions - perceived social support, received social support and the utilization of the support.

In general, social support is considered as a kind of significant resource both for individuals and families. Studies have shown that social support plays a key role in relieving pressures, in which strong social support can promote individual's mental and physical health. Conversely, individual without social support in a high-pressure state is likely to be exposed to higher risks of suffering from psychological damages in comparison to the general public (Shi & Ma, 2003).

2.4.3. Relationship between needs and social support

The relationship between need and social support can be well explained from the perspective of empowerment theory and system theory. Empowerment theory emphasizes that through empowering local actors and building local capacity, local residents have the capability to take part in, negotiate with and influence institutions affecting their lives (Narayan, 2002). Based on such empowerment, people are able to meet basic needs, seek self-reliance and promote human resource development on their own. Those goals are particularly important for family caregivers because without enough available resources in community or society, many of them tend to feel powerless and helpless when they are exposed to numerous challenges in caregiving. By linking caregivers with resources and by enhancing their capabilities, social support plays a key role in empowering family caregivers and meeting their needs.

Based on system theory, a problem results both from internal and external contributing factors (Stein, 1971), which requires policy makers and social workers to respond from the perspective of "person-in-environment". The dynamic interaction between people and environment is actually also the process of the input and output of "energy" - in which social support serves as important "input energy" and improved well-being turns out to be the "output energy" for family caregivers (Davies, 1977; Willmott, 1986; Richardson & Ritchie, 1989). Therefore, social support is one of the most important resources for family caregivers in fulfilling their needs and the level of the social support also largely reflects the situation of their needs meeting.

Moreover, Sarah Cook also asserts that needs-based social policy should not only well respond to social needs but also be in line with China's system reality, which requires the exploration of the individual and family's needs and the promotion of various support systems for them (both formal and informal) to enhance the economic and social security (Cook, 2009). Therefore, it is essential to incorporate old people, their caregivers and family as a whole in policy making and programmes, which makes

more sense for the improvement of social well-being.

2.4.4. Research Framework

Based on the above theories, the research framework of this study is shown in Figure 1, which presents the dynamic relationship between needs and social support for family caregivers.

Social Support

Nature：instrumental, emotional

Source：formal, informal

Measure：perceived,

Input

Family caregivers

old people, their caregivers and whole family

Output

Needs Meeting

Kind:physical,emotional, financial, educational interpersonal etc.
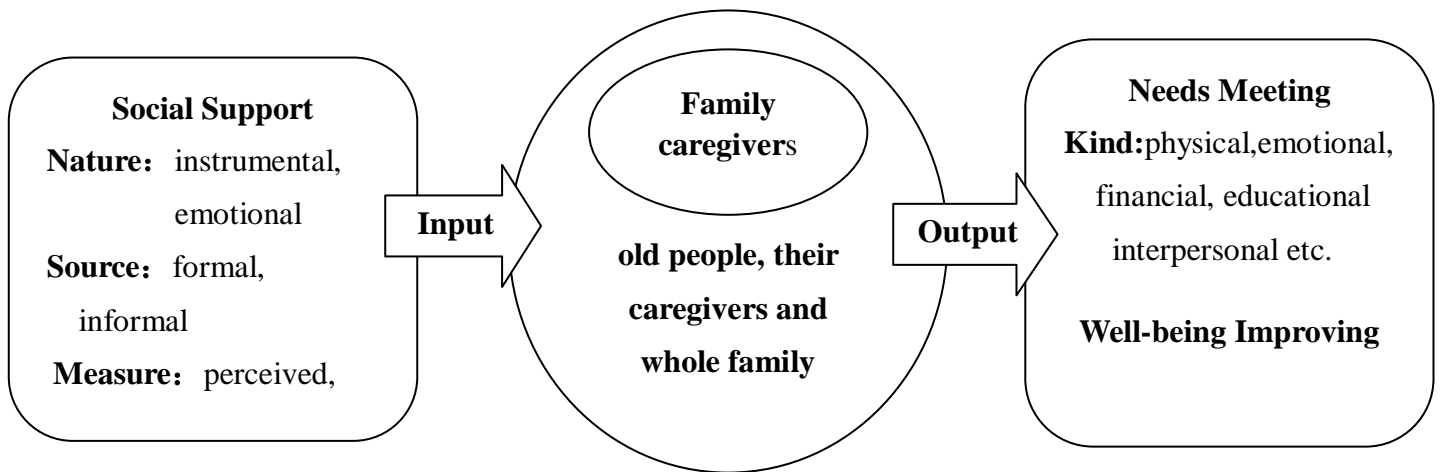
Well-being Improving

Figure 1: Research Framework

3. Methods

Every method has its strengths and weaknesses. May suggests a combination of quantitative and qualitative approaches, perhaps in a multi-method approach, because it may compensate for the limitations of each method and help resolve certain methodological difficulties (May, 1997). In fact, the selection of a research method in a study largely depends on the research question(s). As my research objective is to gain a deeper understanding of family caregivers' needs and their social support situation in caregiving, I believe qualitative methods supplemented by a quantitative survey will be the suitable method for this research. Firstly, a survey can provide an overview of the characteristic of family caregivers, in which similarities or differences in needs between different groups would be possible to analyze. In addition, qualitative methods especially interviews supplemented by participant observation can provide as much and comprehensive information as possible in describing family caregivers' need or feelings - including their social support situation. Moreover, documentary research on policies and programmes for family caregivers can also help examine potential flaws in Chinese formal support system and what changes to existing support may be appropriate in order to improve the quality of caregiving as well as the quality of life for caregivers.

3.1. Research Questions

Various kinds of needs are likely to emerge during caregiving experiences and the social support, both formal and informal, family caregivers have access to is one of the most important resources for meeting their needs. Based on previous literature, this study attempts to combine both qualitative and quantitative methods to explore the characteristics of Chinese urban family caregivers' needs and social support as well as the improvement of their social support system by focusing on following research questions:

(1) What kinds of needs do family caregivers have?

(2) What differences are there, depending on for example age, gender, relation, in the needs expressed?

(3) What types of social support do family caregivers have access to (formal, informal) ?

(4) Does the current support correspond with caregivers' needs? If not, why not? And how can their needs be better promoted and met?

3.2. Quantitative Method

Originated in the positivistic tradition, quantitative method is a central part of social research by offering a way of discovering the characteristics or beliefs of the population at large with a collection of numerical data (May, 1997). This study started with a questionnaire survey to obtain an overview of the characteristics and backgrounds of family caregivers of older adults such as age, sex, income, the relationship with the elderly, caring services offered for the elderly and so on. The survey also included family caregivers' physical or psychological conditions and social support situation such as what kind of support they have got and its sources. I planned to start with a quantitative method primarily because it could present me a general picture of family caregivers' characteristics and potential similarities or differences in needs between different age, sex etc., based on which I could know what different kind of typical family caregivers I should select as interviewees and how to focus or dig deeper to obtain a more profound understanding of their caregiving.

3.2.1. Study Area

The survey was carried out mainly in the middle and eastern part of Y District in Shanghai because the city has the highest degree of aging population across China and Y District is characterized by diverse demographic features. Located in the northeast of downtown Shanghai, Y District covers a total area of 60.73 square kilometers and a household population of 1.08 million. The middle and eastern part of Y District covers 3 Sub-district Offices and 61 Neighborhood Committees, with a

total area of 7.27 square kilometers and a household population of 250 thousand.

3.2.2. Sampling

Multi-stage stratified probability sampling was adopted to select 20 neighborhood committees from the 3 sub-districts in the middle and eastern part of Y District. 15 caregiving families to older family members were selected at least in each committee with probability principles and a total of 300 samples were expected. There were finally 395 valid samples with a low non-response rate. Some people refused the survey because they were busy or didn't trust us. Some others just didn't want to be interviewed without specific reasons.

3.2.3. Data collection

The questionnaire (Appendix I) designed for family caregivers of older adults was used for quantitative data collection, which covered: (1) personal background, such as sex, age, caring services etc.; (2) measurement of needs or stress in caregiving, including depression, anxiety, fatigue etc.; and (3) measurement of social support, including perceived or received social support and its sources. To facilitate the selection of interviewees, the question "Are you willing to be further contacted for interviews" was added at the end of the questionnaire.

I also recruited five volunteers who were also students from the Department of Sociology of Fudan University. They mainly assisted me in conducting survey in and near neighborhoods. I would train them before carrying out the survey, including the aim of my study, the purpose of the questionnaire and how to conduct the questionnaire survey.

The survey was carried out in selected neighborhoods. With the help of neighborhood committee (Chinese administrative division) workers, I got the lists of households where there were old people. The volunteers and I then conducted door-to-door survey. Also, there were parks near neighborhoods and many caregivers would accompany

old people to have a morning walk in the park. So we also did survey in these neighborhood parks in the morning by stopping them randomly.

3.2.4. Data analysis

The quantitative data was input and analyzed with SPSS. Descriptive statistics including frequencies, percentages and contingency tables were used to get an overview of the characteristics of family caregivers.

3.2.5. Limitations

Due to limited human and financial resources, the survey was conducted in one district (rather than in the entire city), which to a certain degree might impact the validity and representativeness of the study. But such impact can be narrowed due to the diversity of demographic features of Y District. What's more, although the survey can offer me an overview of the characteristics of family caregivers with a collection of numerical data, it lacks rich insights into family caregivers' experiences or feelings, which needs be further explored with qualitative methods.

3.3. Qualitative Method

Locating the observer in the world, qualitative approaches are viable and valuable to the detailed description and dynamic analysis of social phenomenon at micro-levels, which emphasizes that people's ideas or behaviors should be understood through interactions with them in natural contexts (Creswell, 1998). As the nature of my research questions is descriptive and explorative, the study on caregiving should be placed in the real scenario of family caregivers' life to capture their stories and experiences. Therefore, qualitative methods are suitable and valuable for exploring their needs and support through getting a better understanding of the feelings and experiences of the caregivers. In this part, interviews that were complemented by participant observation were used to explore the features of caregivers' needs and support in detail.

3.3.1. Interviews complemented by participant observation

According to May, interviews yield rich insights into people's experiences and feelings (May, 1997). Henceforth I have selected interview as an efficient method to gain access to a comprehensive understanding of family caregivers' experiences through their own stories. Semi-structured interviews, in which questions are normally specified but the interviewer is more free to probe beyond the answers, were used as an interview technique in this research. Compared with unstructured interviews, the outline of semi-structured interviews can offer this research a structure that helps direct interviewees, and open questions per se can inspire interviewees to express themselves more freely and spontaneously than structured ones.

Apart from interview, I also tried to observe family caregivers' life and living conditions, which would get me closer to their world. Through observing how family caregivers take care of their older family members at home, I could not only get some important hidden information interviewees fail to reveal but also could compare what is being said and what is being done, improving interpretation and understanding of their experiences (Flick, 2006).

3.3.2. Selection of interviewees

Ten typical family caregivers from survey respondents were selected as interviewees. The selection criteria used were: (1) that the interviewee had the primary role in the provision of care for older family members; (2) blood relationship with care recipient through birth, marriage or other long-term relationships; (3) unpaid or nonprofessional care provision; and (4) those who agree to be further contacted for interviews. In addition, interviewees were selected fully taking their differences in sex, age, income, the relationship with the elderly etc. into consideration. Interviewees with diverse backgrounds can provide the maximum amount of information for exploring research questions (Patton, 1990).

3.3.3. Data collection

Supplemented by field observation, semi-structured interviews were utilized to collect qualitative data. As the main research tool, the interview outline (Appendix II) was designed to guide friendly conversations with interviewees. Using various interviewing skills, I tried to encourage them to express their own ideas, tell their own stories and describe caregiving experiences freely and give as many examples as possible. Meanwhile I observed their facial expression, action and took notes of both important verbal and non-verbal information. I also tried to observe how they took care of their older family members and if possible join caregivers to experience their real life personally, which brought me closer to their experience and less subjective in my analysis.

3.3.4. Data analysis

Once collected, recordings together with field notes including interviewees' facial expression, action and other non-language information were transcribed into text form. Each interview kept as an independent case, was coded and categorized. Commonly reoccurring subjects were identified when going through the categories, whilst, coding helps motivating further investigation in these areas (May, 1997). I listened to the recordings and repeatedly read the transcribed interviews to identify similarities and differences in family caregivers' needs and social support. Using subject classification, I tried to present and analyze the findings following an inductive logic. To avoid ambiguity or misunderstandings, I tried to quote the original words of interviewees, which would contribute to a better understanding of their needs and social support.

3.3.5. Limitations

Firstly, the qualitative data lack the possibility of being generalized owing to the limited number of interviewees, but qualitative findings can be compared with quantitative results to make further investigations. Secondly, although interviews complemented by field observation can get me closer to family caregivers' experiences, the interpretative analysis of them to a certain extent may be affected by

my own subjective thoughts and feelings. So I invited some interviewees to read my analysis (Chinese version) to see if his or her idea was properly expressed. In addition, I can hardly get comprehensive information about their formal support system only from the perspective of family caregivers, which needs to be explored through documentary research of related policies or programmes in China designed for them.

3.4. Documentary research

Serving as a medium, documentary research can offer rich insights on the contexts in which events are constructed and provide materials for further investigations through the analysis of documents (May, 1997). Generally speaking, a document in its most general sense is a written text (Scott, 1990), including census reports, government policies and records or reports from civil society organizations (May, 1997). Since one of the research questions in this study, is how to promote family caregivers' social support system to meet their needs - documentary research is required in order to explore the deficiencies and improvements of family caregivers' current support system. This will be analyzed through looking at related official policies and non-official records.

3.4.1. Selection and analysis of documents

In exploring family caregivers' current formal support system, important policies, reports or programmes designed for the elderly and their family caregivers released by the bureau of civil affairs were analyzed. Main focus was to identify what types of support, services or programmes the government or community has offered for family caregivers. Together with previous analysis of family caregivers'needs, I also tried to examine whether such support could address their needs in caregiving and potential flaws in existing support system. In addition, the website of National Alliance for Caregiving of the US (www.caregiving.org) and newsletters issued by the association were also analyzed to identify which type of services or programmes it has designed to support American family caregivers. This also helps to explore what China can learn from the US experience, in terms of promoting Chinese family caregivers' social

support system to meet their needs.

The findings in documentary research were integrated into the discussion part, so they did not come up as a "result" chapter as that of quantitative and qualitative parts. The analysis of documents informed the qualitative research, including important knowledge for me to have when I conducted interviews, and it would inform the discussions presented in the concluding part of the thesis, where I assessed to what extent existing formal support corresponded with the needs of family caregivers.

3.4.2. Limitations

For my part, the limitations of documentary research in this study might be that my understanding can be informed by a selective reading of documents, which themselves may also be selective (May, 1997). More attention should be directed towards to the criteria for assessing the quality of documentary sources, which include authenticity, credibility, representativeness and meaning (Scott, 1990). Specifically, to follow these, the reliability and accuracy of the related policies or reports collected from the official websites of the government, communities and NGOs will be critically reviewed. Also, through looking into what it is and what it conveys (Scott, 1990), I will be able to evaluate whether the document is typical based on the criterion and whether it could help me answer my research questions.

3.5. Ethical considerations

Fully considering the rights and interests of respondents, the study has strictly followed the principles of voluntary, confidential, impartial and reasonable (Rubin & Babbie, 2011). First, I ensure that my participants are voluntary. I should not force them to be interviewed. Second, I should not enclose any important personal information of my participants and the names of ten interviewees in the analysis are changed. Third, my analysis should be impartial and reasonable, not fabricated.

To enhance the trust of respondents, I managed to get authentication for the study

from my home university and department. Before the actual interview process began, each participant was informed of this research's purpose and that the data would be anonymous and only used for academic studies. Also, participants would be asked for their permission in using a recorder to record the interviews, and they would accordingly be informed of the main purpose of using the recorder (to easily overview information). Henceforth, when the research is completed, recordings will be deleted. If my participants for certain reason would change their mind about being recorded during the interview or would not like to continue the interview, I would respect their choice. During the interviews, I tried to avoid the intervention of other people especially community workers so that interviewees would not feel pressure or be uncomfortable with talking about this topic. The most important thing I had always borne in mind was to avoid disclosing any information about my participants' identity during the whole research process.

3.6. Discussion of the multi-method approach

Beginning with a quantitative method, I could establish a sample of respondents and get an overview of the characteristics of family caregivers with a collection of numerical data. Then selecting some of the typical respondents as interviewees, I used interviews and participant observation to look in depth at family caregivers' experiences to further explore their needs and support in caregiving. I also adopted documentary research method in this study because it was valuable for exploring the deficiencies and improvements of family caregivers' current support system through analyzing related official and non-official materials.

Each method has respectively different weak points, and thus adopting a multi-method approach helps these methods to complement each other's deficits. Accordingly, the use of multiple methods, allows me to double check results from different methods, thus ensuring a higher reliability and stronger validity (Bryman, 2002). I used the following methods to ensure the reliability of the study: to test the internal consistency of the findings; to test the consistency between description and interpretation in code and generic; to invite some interviewees to read the transcribed

text to see if his or her idea is properly expressed. As to the validity, triangulation was adopted, the idea of which was to measure a concept in more than one way (Bryman, 2002). For example, I can compare the findings from the interviews with the results of the survey. I can also see if the observations would match the verbal data collected in interviews. Through combing these quantitative and qualitative methods, I move closer in answering my research questions about family caregivers' needs and social support.

4. Result

Based on literature review, questionnaire surveys and interviews, the study has found that: (1) Middle-aged or older women were the primary family caregivers of older adults in urban Shanghai, the majority of whom were the children or the spouse of the elderly; (2) Needs of family caregiver are developing toward diversity and differentiation. However, the support they have received mainly rests on instrumental ones from relatives, and formal support gives insufficient assistance for them and their families; and (3) The lack of formal support for family caregivers have disabled them and their families to meet their diversified and differentiated needs effectively. In this case, pressures from economic, psychological, social and other sides mount to a family which has to bear those burdens.

4.1. Basic characteristics of urban family caregivers of older adults

4.1.1. Demographic characteristics

Among all 395 valid samples, there were 32.7 percent male and 67.3 percent female family caregivers, which matched the traditional role division that women were more often culturally assigned caring and nurturing roles. Those caregivers were at an average age of 58.9, with the youngest one at the age of 30 and the oldest at the age of 87. The cross-tab of sex and age, highlights that more than half of the family caregivers were middle-aged or older women who were over 50 years old.

Figure 2: Sex*Age Crosstabulation

			Age				
			Under 40	40-50	50-60	Above 60	Total
Sex	Female	Count	11	44	123	88	266
		% of Total	2.8%	11.1%	31.1%	22.3%	67.3%
	Male	Count	5	21	49	54	129
		% of Total	1.3%	5.3%	12.4%	13.7%	32.7%
Total		Count	16	65	172	142	395
		% of Total	4.1%	16.5%	43.5%	35.9%	100.0%

4.1.2. Economic conditions

With regard to family monthly income per capita, the biggest group (34.8 percent) of respondents were at the range of 1,700 RMB to 2,100 RMB. The second group's salary varied between 1,300 RMB and 1,700 RMB per month, accounting for 28.9 percent of all respondents. Around 77 percent caregivers' family monthly income per capita was less than 2,100 RMB. Compared with the average monthly income of Shanghai in 2010, which was 3,896 RMB, the table revealed that the vast majority of family caregivers were at the lower level of economic conditions.

Figure 3: Family Monthly Income per Capita (RMB)

	Below 1,300	1,300-1,700	1,700-2,100	2,100-2,500	2,500-3,000	Over 3,000	Total
Count	53	112	136	49	18	23	391
Percentage	13.6%	28.6%	34.8%	12.5%	4.6%	5.9%	100%

4.1.3 Time commitment

34.5 percent respondents would spend less than 3 hours per day taking care of the elderly, who also formed the largest group. Second largest group was constituted of those who had to spend more than 9 hours everyday on caregiving came to the second, accounting for 30.7 percent. Following group was the "3 to 6 hours per day", the percentage of which was 25.3 percent. There were 9.5 percent respondents spending 6 to 9 hours per day looking after the elderly.

Figure 4: Time commitment (hours/day)

	Less than 3	3-6	6-9	More than 9	Total
Count	127	93	35	113	368
Percentage	34.5%	25.3%	9.5%	30.7%	100%

4.1.4. Forms of care provided for the elderly

There were 10 items given in the questionnaire. The most prominent form of care provided for the elderly focused on preparing meals (83.8%), including breakfast, lunch and supper. If the elderly suffer from certain diseases, such as diabetes, family caregivers have to prepare 5 to 6 small-sized meals every day for the elderly, because

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more meals with small size helps people with diabetes to control blood glucose. In this case, preparing meals usually would cost family caregivers considerable time, from buying vegetables and meat, cooking to washing dishes for the elderly.

The second prominent service family caregivers have provided for the elderly is washing clothes (75.3%), followed by visiting the doctor (63.7%), bathing (41.5%), walking (41.5%), safety regulation (21.4%), using the toilet (21.2%), eating (12.4%), getting in and out of bed or a chair (12.4%) and getting dressed (9.6%). Generally speaking, these caring services are relatively trivial, on which family caregivers have to spend a lot of time and energy.

4.1.5. Relationship between caregivers and the elderly

31 percent of the respondents were either the elderly's daughter, followed by son (28%), spouse (22%), daughter-in-law (10%), other relatives (8%) or son-in-law (1%). Children (mainly referring to daughter, son, daughter-in-law and son-in-law) and spouse were shouldering the main responsibility of providing care for their older family members. When the spouse of the elderly was in poor health or passed away, children then became the primary family caregivers.

4.1.6. Summary

Middle-aged or older female were the main family caregivers of older adults in urban Shanghai, the majority of whom were the children or the spouse of the care recipients. This echoed with Wong and Huang's findings that women (spouses, daughters and daughters-in-law) were more likely to assume the major responsibility for the care of their older family members because of the traditional role division (Wong et al. 2007; Huang et al. 2009). My study also found out that family caregivers usually provided assistance with some "instrumental" activities of daily life, such as preparing meals, washing clothes, visiting doctors and bathing. In addition, the length of the time spent on caregiving was closely related to the physical condition of the elderly as well as the workload of the services provided. As to the economic condition, the vast majority

of family caregivers were at a relatively lower level.

4.2. Demand analysis of family caregivers of older adults

Many caregivers actually greatly value the opportunity to provide care for their parents or spouse and view it as a precious way to reward their loved ones. All quotes of interviewees in the analysis are from ten case interviews.

> Mrs. Qi: "I'm very proud that my mum has felt my love for her when I take care of her at home. This is what children should do to show their respect and reward for parents and it sets a good example for my daughter as well."

Although most family caregivers, like Mrs. Qi, feel that taking care of their parents is a duty of honor and meaningful, they may unfortunately become too physically or mentally exhausted to fully enjoy the caregiving experience - which tend to be an arduous and continuous process involving a tremendous sacrifice of time, money and energy. In general, family caregivers' needs are becoming more and more diversified and differentiated. They show various needs in terms of physical and mental health, financial condition, information, time and social interaction. Meanwhile, individuals with different characteristics vary their needs and needs' levels in terms of different circumstances.

4.2.1. Diversified needs of urban family caregivers
A1. Physical needs

Caregiving offered by family members is actually a kind of informal care, which can be substantial in scope, time and intensity. Most family caregivers had to spend at least 3 hours per day providing various services for the elderly, such as preparing meals, washing clothes, going for medical check-ups. The workload caregivers were exposed to grew extremely heavy when the elderly suffered from certain diseases or when the caregiver was work simultaneously. Most family caregivers felt physically exhausted after long-term and complex care for the elderly, evidenced by fatigue, poor appetite, decline in sleep quality and much more. Many of them were so busy in

caregiving that they were likely to neglect their own health, leading to potential sub-health. The survey indicated that 55 percent family caregivers said they felt tired when looking after the elderly. Most case interviewees also expressed the same feeling. Under most circumstances, family caregivers would like to have a rest after they have being providing care for a while.

> Mrs. Fan: "Sometimes I feel great soreness around my waist. I feel I can hardly lift my arms after cooking several meals in a day."
>
> Mrs. Xu: "My shoulders are aching, I am unwilling to stand up once I sit down."
>
> Mrs. Lu: "I feel most helpless when she falls onto the ground...I can't take her up. When I finally manage to move her onto the chair, I myself feel exhausted."

Take Mrs. Qi, who has urgent health problems that needs to be addressed, as an example. Mrs. Qi, 62 years old, has been looking after her 87-year-old mother for nearly 5 years. Her mother was once in hospital due to an acute stomach problem. During the caregiving period in the hospital, Mrs. Qi could not sleep and eat well.

> Mrs. Qi: "I lost over ten kilos in weight. I felt I totally collapsed even for these few months. Once I lay on bed, I was reluctant to get up. "

The survey also showed 41 percent and 29 percent family caregivers respectively, like Mrs. Qi, felt high-intensity caregiving had affected their sleep and appetite, thus worsening their health conditions.

Examples above have shown that family caregivers usually feel lack of energy, accompanied by fatigue, backache, poor eating or poor sleep. They are at a high risk of health problems and show great physical needs. Just as some scholars have pointed out, family caregivers to certain extent are also "secondary patients", who indeed need protection particularly for their health (Susan C. R. et al, 2008).

A2. Emotional needs

Long-term and high-intensity caregiving also increased the risk of family caregivers suffering from medium to high emotional stress such as anxiety and depression. Moreover, their concerns about the elders' health conditions and sharing of enduring with their relatives in confronting illness and pains also escalate their mental burdens. In this case, family caregivers show great need for emotional support.

Mrs. Li's husband was suffering from moderate dementia. *"Once he goes out, he will stay outside for more than half a day, and even will not come back for supper."* Mrs. Li was very worried about him. *"Once he slams the door, worries will just soon fill my mind. I am afraid that he will not come back and he might be kidnapped, because he is not very conscious...sometimes as long as I hear some sounds outside, I will go to check if he comes back. I am really very concerned. "* Her anxiety and worries mainly came from her strong sense of responsibility for her husband, and the fear that she might lose him one day. This kind of nervousness, uneasiness and misery was endured by Mrs. Li alone for most of time, because she did not have someone to express her feelings to, or to receive enough and efficient emotional support from.

Mrs. Qi also "strained" every of her nerves when her mother was staying in hospital because of an acute stomach trouble. She confessed that *"as the daughter, I also felt the great heartache especially when I heard my mother's crying for heavy stomach pain. "* Both worries about her mother's health condition and reluctance to see her mother's suffering from pains, mentally overburdened her.

Besides female family caregivers, male ones, more or less, also suffered from emotional stress. Mr. Feng's mother was once in hospital for a surgery due to retinal detachment. He recalled that *"I felt a great burden on my heart with a lot of worries. I was afraid of the failure of the operation, because the operation on eyes had certain amount of risk. Even I would fear when receiving this operation myself, let alone my mother."* During that period, Mr. Feng was so deeply concerned about his mother that

he was even sparing his words, burying his inward struggle deeply in his heart.

In addition, based on 364 valid samples, 32 percent respondents implicitly expressed that their own emotions were easily affected, sharing similar moods with those case interviewees. These can be mainly illustrated by *"anxious about old persons' health"*, *"unwilling to speak"*, *"lose of patience and bad temper"*, and *"tired from long and repeated caregiving"*. Because their focus of life and affection was on the elderly, most family caregivers failed to pay enough attention to their own emotional pressures. This, in a long run, would push them to the edge of mental and physical exhaustion, leading to the decline of life quality and sense of happiness. Obviously we could see that these family caregivers were struggling in pains and contradictions, but kinship gave them no choice but to persist. Their experiences revealed that they did have a strong and eager need of emotional support.

A3. Financial needs
The survey indicated that nearly 80 percent respondents' monthly family income per-capita was less than 2100 RMB. Compared with the average monthly income of Shanghai employees, most family caregivers' income was at a low level. Many caregivers in the case interviews were mainly relying on pensions, varying from 1000 RMB per month to 3000 RMB per month. Most of them had no permanent work after their retirement, so no other forms of fixed income could be expected - except for pensions. Retirees like Mrs. Xu, who once worked in underdeveloped provinces and then went back to Shanghai, could only get the pension in line with the standard of inland provinces that was lower than that of Shanghai under same conditions.

Facing the rapid increase of commodity price and living cost as well as lack of relevant living allowance, most family caregivers had to belt-tighten due to insufficient income. Mrs. Zhang complained for many times that she could only afford the cheapest vegetable. When I advised Mr. Wang to buy milk for his mother as supplemental nutrition, he confessed that: "*milk is too expensive. Price of a bag of*

milk is equal to that of three bags of soybean milk. ” Mrs. Wang followed the principles that “*do not buy what is not in urgent need and to save as much money as possible*”. All these served as persuasive examples to show the economic pressures facing family caregivers and their families.

Besides regular living expenses, expenses for elders' healthcare were closing on family caregivers. By contrast with their meager family income, this was no doubt a great amount of money, increasing the family's financial burden. Most family caregivers were careful with their economy and their everyday spending. Living an “ascetic” life, they just wanted to save money for the sake of the elders' illness. Mrs. Xu's wish was that “*I hope all my family members are healthy. I am not concerned about whether the pension increases or not. Even it increases, that small fraction is nothing for the healthcare expense when one is sick.*” In this case, financial strain was one of the most realistic difficulties facing low-income caregivers and their family. Mrs. Zhang frankly told me that “*I need financial assistance most.*” Especially when the elderly was faced with more health problems resulted from physiological changes, there were substantial out-of-pocket costs for the elderly and the whole family's financial needs became more eager.

A4. Information needs
Family caregivers also showed great needs for nursing knowledge and skills. These kinship caregivers were obviously distinguished from professional ones in terms of the possession of relevant healthcare knowledge and skills. In particular, when the elderly was down with certain physical and mental illness, family caregivers were at low levels to cope and they could not properly handle some emergencies mostly.

Mr. Wang sighed that “*I cannot manage many things, so I have to learn step by step. Neither can I understand what the doctor has told me sometimes, like how to observe symptoms*”. Like Mr. Wang, most family caregivers provided care based on their own life experience, lacking nursing knowledge and professional skills. The information

need permeated in the whole process of caregiving. Mrs. Wang's story was a typical example. She brainstormed to cook all kinds of meat for her mother-in-law to recover. However, her mother-in-law complained that Mrs. Wang did not cook more vegetables for her and failed to follow what she wanted. Mrs. Wang took eating meat as a demonstration of high-quality care, but she ignored the changing physiological status of the elderly and their need for mixed diet. As people were aging, their digestive function was weakening; they were more suitable for a mixed diet with more vegetables and less meat. Like Mrs. Wang, some family caregivers didn't have a good understanding of old people's diet or health, which also showed that caregivers needed related guidance and knowledge.

This example clearly revealed that some family caregivers like Mrs. Wang required relevant knowledge of health maintenance for the elderly. Furthermore, family caregivers were likely to be at a loss when the elderly was sick or at the stage of recovery. Mrs. Wang said that "*it's better to receive some guidance, because I am not professional.*" Nearly 37 percent respondents in the survey also expressed the similar feeling with Mrs. Wang. They hoped to learn some caring skills and nursing methods from professional guidance. This, from another perspective, reflected the shortage of social service in guidance delivery.

In addition, family caregivers knew little about policies and security information for the elderly, which primarily resulted from the lack of effective channels for message conveying and consultancy. The interview with Mrs. Wang was a typical one:

> Mrs. Wang: "*In my opinion, it's better we have a consulting agency where we can receive answers to our puzzles, like questions in terms of the minimum living standard and medical insurance for the aged. We cannot figure out most of these. When we ask the neighborhood committee, we get no reply. In fact, neither do we understand relevant policies nor do we know where to get the information.* "

From the above we could see that many family caregivers did lack caring knowledge,

skills and awareness of relevant policies. The fact, to a large extent, reflected their strong needs for knowledge of disease hitting the elderly, caregiving skills, and consultancy service for the elderly-care policy and security policy, to make them more competent in care providing for their older family members.

A5. "Respite" needs

Family caregivers spent a lot of time to take care of their elderly. Most of them felt they had short time for rest, managing other affairs, or they had to make their schedules according to the elderly. Therefore, they were more or less restricted to spend and enjoy their personal time.

Mr. Wang was a very special family caregiver. He shouldered dual burdens day after day in both looking after his elder mother and caring his paralyzed wife. "*I had to look after them two on my own and there was no one to provide temporary care for them instead of me.* " Due to the shortage of caring resources and public service, he was unable to obtain respite service through which he could have a short rest.

When I asked Mrs. Wang if she would like to attend the gatherings of family caregivers or trainings for them during the talk, she expressed that: "*the most important thing is that I have free time. I cannot leave my mother at home alone.* "

In this case, long and continuous caregiving might not only bring about negative impacts to family caregivers' health, but also restrictions for them to arrange their personal time. Thus, it was not hard to understand that nearly 30 percent respondents required the service "Day Care Centre for the Elderly" in the survey, which could provide daily short-time care for the elderly instead of family caregivers when they had to take a rest or deal with other important affairs.

A6. Interpersonal needs

Family caregivers' needs for interpersonal communication prevailed when they felt their social circles became small, and tensions emerged within family ties resulted

from internal trifles. Family caregivers usually had to spend a certain amount of time to take care of the elderly every day, so they hardly had enough disposable time and chances to communicate with friends, relatives and colleagues and their social circles thus became smaller.

> Mrs. Wang: "I have to spend almost the whole day to look after my mother when she is not very well, so I have no time to meet my friends. Sometimes I even feel the friendship is thinning because of infrequent meeting with my friends. "

Mrs. Wang was shouldering the main responsibility of looking after her mother, so she had no choice but to decline some social activities in most cases. A few remarks during the interview indicated her feelings of longing for maintaining friendships and developing interpersonal communication. Moreover, Mrs. Fan's experience, from another aspect, reflected the subtle impacts on family ties due to family members' uneven contributions to caregiving.

> Mrs. Fan: "Once I had disputes with my younger sister on the alimony payment, and I felt...on one hand, we are after all from one family, and on the other, they later gave acceptable payment, so I just let it pass..."

Generally speaking, female family caregivers were faced with more pressures with regards to their various roles. Sociologists call this kind of pressure "role tensions". Many family caregivers like Mrs. Wang, to some extent, found it hard to balance social life and caregiving responsibilities. Substantial time and energy was consumed by caregiving activities, leaving caregivers with a feeling of not having enough time to participate in social activities. Some of them expressed that they had to change or even give up certain aspects of their social life, making it more difficult for them to keep or develop interpersonal relationships - which just mirrored their strong interpersonal needs.

4.2.2. Differentiated needs of urban family caregivers

Individuals with different characteristics varied their relevant needs and the degree of needs under different circumstance. This could be illustrated from following respects:

B1. Children as family caregivers showed more diverse needs than spouse as family caregivers

During the interview, I found that compared with those of spouse family caregivers, the needs of children as family caregivers, on the whole, covered a wider range of areas including physiological, mental, social, economic, and information aspects. This was mainly caused by them being middle-aged: most adult children were "sandwich generations" bearing dual responsibilities of taking care of older parents and nurturing teenage children. They were facing various pressures from parents, children, and even colleagues, and thus showed more diverse needs. While spouse as family caregivers were at old age and they had almost retired and fulfilled their obligations to raise children. Freeing themselves from the role as major family supporters, they were facing pressure primarily from the care recipient, rather than multiple pressures from all sorts of relations including children, spouse, parents or even colleagues. With an increasing age, spouse caregivers, who were often over 60 years old, felt it physically more challenging to provide care to the other half. In this case, mates as caregivers were more likely to concentrate on their physical and emotional needs.

B2. Female family caregivers showed stronger needs for emotional support than their male counterparts

Caregiving experience and its impact on family caregivers differed for men and women, which just matched the results of Yip, McWilliams and Møller (Yip 2003, McWilliams et al. 2007, Møller et al. 2009). During the case interviews, eight female interviewees expressed their strong emotional needs from different perspectives and at different levels. Involved more frequently, intensively and affectively with a caregiver role, female caregivers tended to experience greater burdens than male counterparts. Due to fatigue, sadness, anxiety or bad temper, female interviewees almost experienced emotional ups and downs. In addition, women tended to be more

mentally vulnerable and at lower levels of coping with psychological trauma compared with men. Reasons from these two perspectives propelled female caregivers to show more eager needs for emotional support. By contrast, male caregivers seemed more introverted in terms of emotional needs and they tended to lessen their psychological burdens themselves, playing a role of supporting female relatives mostly.

B3. When family members are facing sickness or other emergencies, family caregivers become particularly subjugated to strong financial need.

Low-income families had to "tighten their belts" all the time. When the elderly was ill or there were some emergencies, family caregivers' economic burden greatly increased.

> Mr. Wang: "The whole family were relying on my low pension. When my wife or mother was ill, little of this money would be left. "

The doctor's bill, medical expense and nutrition fees for old people aggregated the economic burden of a low-income family. For caregivers, illness was a "financial storm" of the family, directly hitting their economic bottom line that was difficult for them to bear. This showed the urgency of financial needs to family caregivers in case of similar emergencies.

B4. Material needs seem to be manifest, while emotional and interpersonal needs implicit

Through survey and interviews, I found that family caregivers were usually aware of and able to express their material needs including economic, time and information needs. However, they were probably unable to realize their emotional or interpersonal needs accurately, although they might have suffered from some negative effects or borne some mental pressures.

> Mrs. Li: "I am such a hothead that I am bad-tempered. He is unaware that I care him so much.

Once he goes out, he will stay outside for more than half a day, and even will not come back

for supper. Once he slams the door, worries will soon fill my mind. I am afraid that he will

not come back and he might be kidnapped, because he is not very conscious...Sometimes as

long as I hear some sounds outside, I will go to check if he comes back. I am really very

concerned. "

Interviewer: *"What do you think you need the most after looking after your husband for such a*

long time? "

Mrs. Li: *" Need? I have no idea..."*

For another example, 32 percent of the respondents for the survey expressed that their emotions were easily to be affected when they were taking care of the elderly, but only 12 percent indicated that they needed emotional support or relevant activities designed for them. This phenomenon might be resulted partially from the "introverted" emotion-expressing mode of Chinese, and partially from low popularity rate of support service for interpersonal or emotional needs.

4.2.3. Summary

In urban areas, family caregivers' needs were developing toward diversification and differentiation. Diversification could be illustrated by that they showed various kinds of needs ranging from physical, economic and information ones to emotional and interpersonal ones, which to a certain degree, matched with the findings in previous western literature (Cameron et al., 2002; Schulz & Martire, 2004; Lopez et al., 2005; Figueiredo, 2007; Pinquart & Sorensen, 2007; Lee et al., 2008; Putnam, et al., 2010). Family caregivers did face great challenges in maintaining physical and mental health, balancing caregiving and social life as well as acquiring caring skills and professional knowledge.

On the other hand, differentiation could be evidenced by that family caregivers' sex, age or type exerted subtle impacts on their needs and the degree of certain needs. This echoed Yip and other scholar's findings that gender and age were key contributing

factors related with caregiving burden or stress (Yip, 2003; McWilliams et al., 2007; Soskolne et al., 2007; M∮ller et al., 2009), but I did not find the exact relationship between caregiving and race or income due to the limitations of samples in this study. Investigation of family caregivers' needs mentioned above has laid a foundation for the exploration into social support and need satisfaction of family caregivers. Moreover, establishment or improvement of relevant supporting system should also take family caregivers' real needs as the starting point and objective.

4.3 Social support analysis of family caregivers of older adults

Generally speaking, social support for family caregivers mainly covered instrumental support, while emotional support was far less; support from relatives constituted individuals' subjective support network. In terms of objective support, non-formal support from relatives was far more than formal support from government, community or working units. In addition, family caregivers had low availability of social support, particularly formal support. This, from another aspect, reflected the shortage of relevant institutional resources.

4.3.1. More instrumental support and less emotional support

Social support for family caregivers mainly rested on economic assistance or material aid. Mrs. Zhang indicated that: "*My sister usually provides me with some money and food.*" Mr. Wang's sisters also mainly offered some pocket money. However, this kind of material aid usually could not solve real problems. Especially when there were emergencies like illness of the elderly, these families still suffered from severe economic ordeals, evidenced by Mrs. Zhang's frank words: "*That kind of material support is far from enough from solving our real problems.*"

On the other hand, it was not easy for family caregivers to get effective psychological comfort or emotional support when they encountered troubles or unhappy experiences in caregiving.

    Interviewer: "In face of bad mood, to whom you will turn for a chat?"

> *Mrs. Wang: "My husband. I would nag a few words with him. But so much would also irritate him. "*

Mrs. Wang turned to his husband for psychological comfort, but without expected outcome. Her seemingly helpless tone embodied her longing and need for emotional support. During the interview, I also found that some communities tried to train some college student volunteers to chat with caregivers to decrease their loneliness, without any success. Just as Mrs. Huang said: "*Of course we hope someone to talk with us, but young students would not always come...*", which also reflected that existing emotional support service did lack continuity and effectiveness.

4.3.2. Support from relatives constituted individuals' subjective support network

The survey indicated that when family caregivers came across difficulties in caring older family members, they would usually turn to their siblings (21.43%), children (21.15%), spouse (20.05%), government (14.29%), neighbors (11.54%), other relatives (5.22%) and friends (4.12%) in sequence for help. Family network, especially close relatives including brothers and sisters, children, and parents constitute the most important support sources family caregivers would mostly use.

Figure 5: To whom family caregivers would like to turn for help when they encounter difficulties in caregiving (valid sample: 368)

	Siblings	Children	Spouse	Government	Neighbors	Other relatives	Friends
Count	79	78	74	53	42	19	15
Percentage	21.43%	21.15%	20.05%	14.29%	11.54%	5.22%	4.12%

Interviews also showed similar results. Mrs. Qi indicated that: "*When there were difficulties, I would turn to my husband and elder sister rather than neighbors for help...sometimes I would talk with several friends, but not so much would be talked about. "* Mrs. Huang told me that: "*I would tell my son on the phone. If he is not available, I would turn to my grandson. "* With regards to their relations with neighbors and friends, Mrs. Zhang's feelings represented those of most family

caregivers: "*I indeed have some friends, but I would not like to talk with them much. In terms of neighbors, I have no other interactions than saying hello to each other when we meet in the community.*"

In conclusion, family support dominated family caregivers' subjective support network; functions of other supporting groups including friends, neighbors and colleagues were gradually weakening. In addition, spouse caregivers were inclined to ask help for their children, while children caregivers would like to turn to their mates or sisters and brothers for help.

4.3.3. Non-formal support outclassed formal support

In terms of the real support family caregivers had received, non-formal support from children, siblings and spouse outclassed formal support from their working units, communities or government.

Figure 6: From whom family caregivers have got support when facing difficulties in caregiving (valid sample: 368)

	Children	Siblings	Spouse	Government	Neighbors	Friends	Other relatives
Count	170	73	72	41	29	10	8
Percentage	46.15%	19.78%	19.51%	11.26%	7.97%	2.75%	2.20%

The interview cases revealed a similar trend. When Mrs. Qi's mother stayed in hospital due to acute stomach pain, she and her older sister were taking turns in taking are of their mother. Mr Feng stated: "*When my mother had to receive the operation, one of my nieces came and looked after her for several days; some other relatives and good friends also came and visited my mother.*" This highlighted that family caregivers primarily relied on non-formal support from their relative network. When they were asked if they had received support from their community or government, the majority of family caregivers indicated no. Mrs. Zhang was among one of the least ones who had received support from community. However, she frankly stated that: "*A jar of oil or some desserts can make no real difference and that is nothing for our real problems*". This statement also reflects the shortage and low effectiveness of formal

support in social assistance for families.

4.3.4. Low availability and utilization of social support particularly formal support

When coming across difficulties in caregiving, almost half of the respondents indicated that they never had turned to others for help, 30 percent responded that they asked for help sometimes, and only 10 percent replied they always turned to others for support. When they were asked if they had a clear idea about government policies or services for elderly people, the vast majority of interviewees answered no. Mr. Wang and Mrs. Xu's remarks represented those of the majority of family caregivers.

> Mr. Wang: "I am not aware of relevant policies or allowance. The neighborhood committee knows my economic problems, but I can just ask what belongs to us."
>
> Mrs. Xu: "I do not know relevant policies or measures, and the neighborhood committee says they do not know very clearly either."

The above examples showed that family caregivers had low availability of social support, especially the existing services from formal systems such as "Shanghai Starlight Plan" and home-based care services, of which family caregivers were not well aware. Since 2002, the Shanghai municipal government has being gradually pushing ahead with home-based care services following the "Starlight Plan" *(XingGuangJiHua in Chinese)* - which was designed to promote the welfare of old people. So far, it has established home-based care service centers and opened hotlines, providing daily care service and door-to-door services including meal delivery, washing clothes, accompanying for medical check-ups and shopping for old people in need. Proper use of these services could, more or less, lessen their caring responsibilities and burdens. However, family caregivers had little knowledge of relevant policies and the utilization of these services was low. The main reason for low utilization of existing public services could attribute to: "*I do not know the service and where I can apply*". This, to some extent, demonstrates the lack of publicity of relevant information and insufficiency in implementation of relevant policies.

4.3.5. Summary

In retrospect, urban family caregivers mainly relied on relative network for some material support and they received relatively less emotional support. Assistance from formal social support for families was far from enough and could be illustrated as following: (1) Current elderly-care policies such as "Regulations on Protection of Rights and Interests of Seniors" with endowment insurance and medical insurance at core place, just targeted at the elderly by giving them preferential policies, services or guarantees; care for and attention to family caregivers was far from enough; (2) Existing formal support networks were established, based on the needs of the elderly people (caretakers), whilst the needs of caregivers received limited consideration - and to some extent were not given sufficient support by government. In details, for the time being, services provided by communities covered caring services in daily life (food purchasing, cooking, meals delivery, cleaning, buying on the owner's behalf, bathing and washing clothes), medical and nursing care services (injection giving, liquid transferring, blood pressure taking, rehabilitation nursing, doctor-seeing escorting and pills delivering), cultural life services (chatting, recreational activities and elderly training) and economic security services (subsistence allowance and special subsidy). However, all these were mostly designed for old people; consideration on and response to family caregivers' real needs was really slim.

The situation in China just formed a sharp contrast to that in Europe and the US. Western governments and NGOs have offered much formal support for family caregivers, including instituting home help services, caregiver support groups, day care centers, respite care services, family counseling or psychotherapy and educational programmes as well as home- and community-based service model with emphasis on the role of informal caregivers (Sorensen et al., 2006; Thompson & Coon, 2007). While Chinese governments and NGOs' efforts in supporting family caregivers are far from enough and efficient.

In caring for the elderly, family caregivers are likely to encounter a variety of difficulties in physical, psychological, social and economic dimensions. To address caregivers' relevant needs is to further address those of the elderly, which enables family caregivers to provide better caring services for old people, thus increasing the living quality of the elderly. However, current enacting policies and services just focus on the elderly rather than target at the integration of the elderly and caregivers. Lacking sufficient policy frameworks to support seniors through assisting family caregivers and their families, also constitutes the major cause of the weak formal supporting forces for family caregivers.

5. Discussions

Against the backdrop of urban families, this study proceeded from the real needs of family caregivers, analyzed their need-structure and explored the status of their social support. The study has demonstrated that the needs of family caregivers mainly cover physical and mental health, emotional support, economic aid, information delivery and social interactions - whilst the support they have received mainly rests on instrumental ones from relatives, and formal support gives insufficient assistance for them and their families.

The existing social support, both formal and informal, fails to effectively respond to and satisfy the diversified and differentiated needs of family caregivers, which could be highlighted in following ways: (1) Family caregivers' health needs are not timely met. The majority of family caregivers are at a sub-health status during their long and busy care process. The lack of regular check-up service makes them easily ignore their own health conditions; (2) When family caregivers feel unhappy in caregiving, they cannot receive effective psychological comfort. Their family members and the society pay insufficient attention to their needs for emotional support and service. With time going, this escalates their mental burdens, which are always manifested by anxiety, tiredness, depression or bad temper; (3) Currently, family caregivers mainly receive instrumental support such as economic help and material aid. However, under most circumstances, this small amount of material aid cannot address real problems. Especially when there are major emergencies such as illness of the elderly, these families are still faced with severe economic problems; (4) At present, there is a great lack of social service resources in guiding family caregivers to master caring skills and nursing methods. In this case, they still feel at loss what to do when the elderly is ill or at the stage of recovery. In addition, efforts for information publicity and policy implementation are far from being enough. Their needs for caring knowledge and skills as well as information of relevant policies are not effectively satisfied.; (5)

There are less formal social services assisting family caregivers in providing temporary care for the elderly, so family caregivers have no enough time to rest during the caregiving process. With personal time being restricted, family caregivers' "role tensions" cannot be lessened, and their social interactions are inclined to be narrowed. All these reflect that current support has a low degree of satisfaction of their needs for respite service and interpersonal communication.

Thus, we can see that existing social support fails to meet diversified and differentiated needs of family caregivers effectively, in which case, their economic, psychological and social pressures are becoming more severe. The major causes lie in: Firstly, support comes primarily from one set of actors. Non-formal support mainly originating from relatives at micro-level dominates the social support network, lacking forceful support from formal systems at medium and macro levels. Secondly, support is one dimensional and responds only to one set of needs. Assistance and service that mainly rests on instrumental support can only satisfy and address the primary material needs of some families. Thirdly, there is a lack of measures and plans for supporting the elderly through supporting family caregivers and their families. The government should include the family into the whole support system because of its central and powerful role in the care of elderly people. Just as Nearny and Mahoney has pointed out, the support should be based not only on the needs and issues of the individual, but more often on the family's needs (Nearny & Mahoney, 2005). In this case, to build and improve the social support system for family caregivers, we need to embed the micro-level
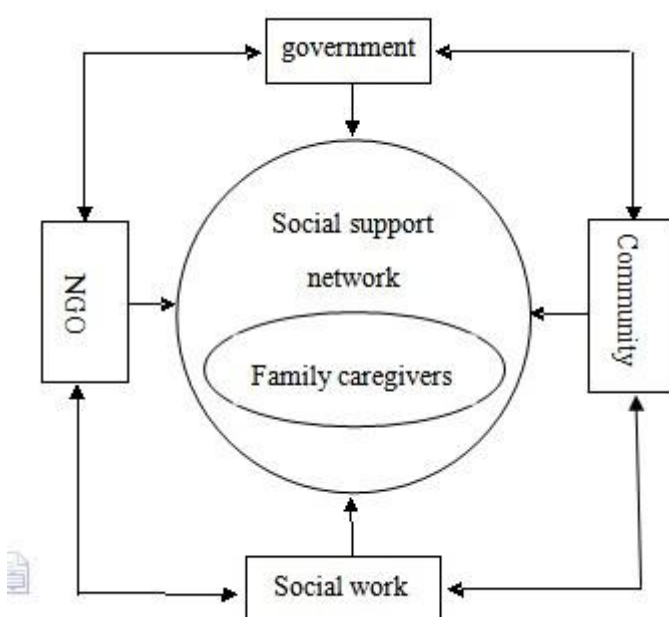
personal support network into the macro-level social support system by integrating all parties into the power including governmental and non-governmental sectors, communities and social work, thus enriching the forms, enhancing the strength, and consolidating the foundation of social support for family caregivers.

To put into details, this ideal social support system for family caregivers includes the individual supporting network such as the non-formal support from relatives, friends and neighbors, the formal support from governments, non-governmental organizations and communities, as well as the professional support from social work. They complement each other in terms of support forms and intensify each other in terms of support strengthen. Currently, family caregivers benefit the most from the non-formal social support at the micro-level, whilst formal social support at medium and macro levels have a weak force - constituting the most important reason to why family caregivers' needs are not addressed effectively. Therefore, support forms and strength of the major supporting bodies including governments, non-governmental organizations, communities and social work still need to be supplemented and intensified.

In this framework, the government plays the most significant role. This is partially because providing support for family caregivers and their families is an investment proceeding from the integrated interests and the long-term objective of social development - and also results from the current structure of strong government and weak society. In this case, only the government has the competence to integrate all forces mentioned, promote the establishment of this framework and occupy the dominant role within this framework. The The core function of the government is to allocate relevant resources needed by family caregivers through policy planning. The elderly-care policies that currently exist, on the one hand lays particular stress on material aspect and receives limited effectiveness. However, on the other hand, it only targets the elderly. Therefore, both the policy principle and its implementation need to be constantly reformed and improved.

5.1. Policy principle should proceed from the whole family and integrate the compensatory policy with the developmental policy

The elderly, caregivers and their family pragmatically constitute one entity. To address and meet the needs of family caregivers and their families, will accordingly meet the needs of the elderly by helping them to improve their life quality. Therefore, in improving the elderly-care policy, the government should consider the elderly and their families as one entity - by including family caregivers into the objects for welfare and providing all-dimensional services for family caregivers and their families. This approach would maintain and improve family caregiving capacities.

In addition, considering the most urgent needs of family caregivers, the government should give forceful support to their families economically. For the elderly who are totally or partially unable to do anything at home, the government should provide caring allowance in varying proportions in line with caring levels they need. The government can also directly provide support for family caregivers through appropriate tax exemption or bounty granting, thus lessening the severe economic ordeals resulted from taking care of elderly family members. Moreover, revision of relevant policies should not only restrict to remedy defects to satisfy basic needs of the elderly, but should consider it as the starting point to support and satisfy the development needs of family caregivers and their families, through focusing on prevention, support and earlier intervention and surpassing the traditional idea of poverty alleviation. At the same time, the government should also collaborate with the media and communities to promote the publicity and implementation of policies and to make family caregivers aware of and understand relevant policies and measures utmost - thus benefiting family caregivers, the elderly and their families in substantial terms.

5.2. Energetically support the service development of non-governmental organizations and communities

The legitimacy of non-governmental organizations in providing social support comes when the third party is needed as supplement amid government and market failures.

Currently in China, the civil society is not firmly grounded and the development of non-governmental organizations faces with arduous tasks by themselves. Therefore, they need energetic support from the government, especially the support and encouragement in the forms of revenue allowance and tax preferences. Under an ideal mode, non-governmental organizations can be a beneficial supplement for the government in policy making and funds collecting. By dint of governmental and social resources, they can also have a vital role in designing and carrying out some targeted programs in line with the real needs of family caregivers and their families. For instance, communities can cooperate with the government to introduce and implement the plan of "Supporting Family Caregivers", and develop various community services for supporting family caregivers by injecting the notion of family policy at the community level.

First, neighborhood committees should joint their hands with the community service center to organize body check-ups for the elderly and family caregivers regularly, host seminars of relevant knowledge and nursing skills for caregivers of the elderly suffering from all kinds of chronic illness. They can also organize professionals like doctors and nurses to provide door-to-door guidance and training of nursing skills for family caregivers, thus meeting family caregivers' needs for health and information.

Hotlines for family caregivers should also be established in communities, in which the cadres of the neighborhood committees, doctors and professionals can provide consultancy regarding policies, illness and psychology free of charge. On a community basis, regular gatherings of family caregivers should be hosted, through which, family caregivers can communicate with each other, share their caring experience, reduce negative moods, and transfer skills and friendship, thus improving family caregivers in skills, psychological identity and interpersonal communication satisfaction.

Moreover, the respite service should be fostered. We can establish day care center for

the elderly in nursing homes or communities. The workers can be constituted of healthy old people of low age or volunteers. After receiving training in caregiving, these people can provide temporary daily care or door-to-door service for the elderly in need when family caregivers have to leave on special occasions. In this case, family caregivers' respite needs can be satisfied by letting someone else "take over" some of the seemingly overwhelming tasks they face daily.

5.3. Enhance the professional support from social work

Expertise of developed western countries demonstrates that professional intervention of social work can provide an irreplaceable technical platform for the supply of public services by the government, society and the third party organs. At the same time, it can also give technical guidance and professional service support for needs of family caregivers and their families. The government, on the one hand, can actively lead a sound development of social work, and on the other hand, it can joint its hands with teachers and students of high institutes majoring in social work to provide differentiated and specific professional services for family caregivers in line with their characteristics, such as social work for families, social work for the elderly and social work for women.

To be concrete, China can establish a complete evaluating system that relies on the professional skills of social work to conduct professional evaluation of the needs of the elderly, family caregivers and their families. Also, professionals in the field of social work should also devote to developing a university–community research partnership, thus promoting the research and practice of community-based services for family caregivers.

In terms of working methods, we should conduct case work, group work and community work in a deep-going way, create case management archive for family caregivers, host group activities providing care for family caregivers to strengthen each other's supporting network and promote self-growth, thus addressing and

meeting the diversified and differentiated needs of groups with different features. For example, social workers can develop counseling and support group interventions to help family caregivers to become a more competent and confident care-provider by improving their knowledge, providing them with task-specific and problem-solving skills, and offering them effective emotional support that enable them to better able to cope with anxiety, frustration or other negative feelings.

In addition, we should also be aware of the shortcomings of this supporting system model for further discussion. Firstly, although the government is at the dominant position, self-empowering of other bodies other than the government is also a significant prerequisite of the normal operation and development of the whole system framework. Meanwhile, lack of funds collecting channels and capacities and incompleteness of relevant supporting facility such as the civil society are also important factors restricting the development of non-governmental organizations, communities and social work. Furthermore, resource interactions and market operation among different subjects also lacks discussion. Although we have already had some discussions on forms of government purchasing social services, we still need further analysis, suggestions and practice.

6. **Conclusions**

Taking urban family caregivers of elderly (those who are responsible for long-term care of elderly relatives in urban households) as research object, this study will provide a deeper understanding of their caregiving experiences. The intent of this study is: (1) to explore what needs Chinese urban family caregivers express, and in what way they may differ depending on certain background variables; (2) to explore what support is available for them both formal and informal; and (3) what changes to existing support may be appropriate in order to improve the quality of caregiving as well as the quality of life for caregivers so that they can be better able to provide caring services for old people. In addition, based on a new angle, from the perspective of family caregivers, to study aging also contributes to a shift in the welfare policy from an elderly-focused to a family-focused view. The findings in this research has shown that:

(1) Firstly, middle-aged or older female were the main family caregivers of older adults in urban Shanghai, the majority of whom were the children or the spouse of the care recipients. Family caregivers usually provided assistance with some "instrumental" activities of daily life, such as preparing meals, washing clothes, visiting doctors and bathing. In addition, the length of the time spent on caregiving was closely related to the physical condition of the elderly as well as the workload of the services provided. As to the economic condition, the vast majority of family caregivers were at a relatively lower level.

(2) Secondly, Chinese urban family caregivers's needs are diversified and differentiated. They show various needs in terms of physical and mental health, financial condition, information, time and social interaction. Meanwhile, individuals with different characteristics vary their needs and needs' levels in terms of different circumstances. Children as family caregivers showed more diverse needs than spouse

as family caregivers. Female family caregivers showed stronger needs for emotional support than their male counterparts. When family members are facing sickness or other emergencies, family caregivers become particularly subjugated to strong financial need. Material needs seem to be manifest, while emotional and interpersonal needs implicit.

(3) Thirdly, the support family caregivers have received now mainly comes from their relatives, while formal social support remains still insufficient for them and their families, thus failing to meet family caregivers' diversified and differentiated needs. The findings suggest the efforts to embed the micro-level informal support network into the macro-level formal support system by integrating all parties into forces including governmental and non-governmental sectors, communities and social work, thus enriching the forms, enhancing the strength, and consolidating the foundation of social support for family caregivers.

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Appendix I

Questionnaire on Family Caregivers of Older Adults

Hi! We are students studying sociology in Fudan University. We are conducting a survey on family caregivers of older adults, trying to get a better understanding of their caregiving experiences or feelings. There is no right or wrong to the answers. You just have to answer the questions according to your own experiences. It's anonymous and your answers are confidential and used only for statistical analysis. Hope you can help us complete the questionnaire and thank you for your cooperation.

A. Background

1. Sex: □ Male   □ Female
2. Age:_____
3. Monthly family income per capita(RMB):
A. Less than 1300   B. 1300-1700   C. 1700-2100   D. 2100-2500
E. 2500-3000   F. More than 3000
4. The age of the elderly to be taken care of:_____
5. The relationship with the elderly to be taken care of:_____(father & son etc.)
6. How long do you spend on taking care of the elderly every day?
A. Less than 3 hours   B. 3-6 hours   C、6-9 hours   D、More than 9 hours
7. What kinds of services do you offer for the elderly? (multiple-choice)
A. Preparing meals   B. Washing clothes   C. Bathing D. Using the toilet E. Seeing the doctor   F. Walking G. Eating H. Getting dressed I. Getting in and out of bed or a chair J.Safety regulation(water, gas, electricity, going out) K.Others_____

B. Have you been in the following conditions in the practice of caregiving?

		Never	Seldom	Sometimes	Often	Always
1	Too tired to speak	1	2	3	4	5
2	Feel meaningful	1	2	3	4	5
3	Poor appetite	1	2	3	4	5
4	Feel honored	1	2	3	4	5
5	Emotionally vulnerable	1	2	3	4	5
6	Full of positive energy	1	2	3	4	5
7	Poor sleep	1	2	3	4	5
8	Feel upset	1	2	3	4	5

Do you have other feelings about caregiving? Could you describe them briefly?

_____

C. When you come across difficulties during caregiving:

1. Will you ask for help or support from others?

A. Frequently   B. Occasionally   C. Never(turn to Part D directly)

2. Who will you turn to for help when you encounter difficulties during caregiving?

	Reluctant	Neutral	Willing
Spouse	1	2	3
Children	1	2	3
Siblings	1	2	3
Other relatives	1	2	3
Neighbors	1	2	3
Friends or colleges	1	2	3
Government	1	2	3

3. From whom have you got support when facing difficulties during caregiving?

	Never	Occasionally	Frequently
Spouse	1	2	3
Children	1	2	3
Siblings	1	2	3
Other relatives	1	2	3
Neighbors	1	2	3
Friends or colleges	1	2	3
Government	1	2	3

D. What programmes(free of charge) do you think you need in the following:

1. Guidance or training of nursing skills offered by professionals

2. Support group

3. Daily care center for the elderly

4. Hotline for family caregivers to get information

5. Community activities with the theme of family-centered care

6. Magazines or journals on aging

This is the end of the questionnaire. Thank you very much for your cooperation. Are you willing to be further contacted for interviews? If yes, could you leave your phone so that we can contact you for interviews?

Family name_____   Phone_____

Appendix II

Interview guide

Date_____   Place_____   NO_____

A. Background

Family caregivers:(1)sex, age, the relationship with the elderly to be taken care of;
　　　　　　　　(2)marital status, number of children, number of siblings;
　　　　　　　　(3)annual household income and medical cost for the elderly;
　　　　　　　　(4)caring services offered for the elderly and the time.
The elderly to be taken care of: sex, age, living arrangements and physical conditions.

B. Demand or feelings

(1)How do you take care of the elderly every day?
(2)How do you feel about the caregiving experience?
(3)Have you felt any positive aspects in caregiving? Could you specify them?
(4)Have you come across any difficulties or felt any needs in caregiving? Could you give me some examples?
(5)What kind of positive energy have you felt when taking care of the elderly? Could you share some stories?
(6)What influence both positive and negative do you think caregiving has brought to your life?

C. Support system

(1)Who will you turn to for help when you encounter difficulties during caregiving?
(2)From whom have you received support when facing difficulties in caregiving? And what kind of support? Has it fulfilled your needs?
(3)What kind of support do you think you need most in caregiving?
(4)Do you know any policy or service for the elderly or caregivers?
(5)How do you view government's role in supporting family caregivers? What kind of support do you want to get from the government?