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**Development and operation mechanism optimization of  
community-embedded elderly care model in Guangzhou,  
China**

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Master in Business Administration

Supervisor:

Virgínia Trigo, Professor, ISCTE Business School,  
Marketing, Operations and General Management

October, 2022



BUSINESS  
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Department of Marketing, Strategy and Operations

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## **Abstract**

The social and economic implications of an aging population are becoming increasingly apparent in many nations around the globe, especially in China. Traditional elderly care models cannot meet the social need anymore because of the limited resources and increasing demand. This dissertation proposes that the embedded elderly care model can help to fill these gaps and has a high potential for development as it is still at its beginning and has room for considerable improvement. Based on the embeddedness theory and cooperative governance theory, this research aims to explore the operation of the embedded elderly care model and its difference from other models.

To this end, qualitative analysis was employed to probe into the operation model of an elderly care center in Guangzhou, China. The research adopted the analysis method of desk research, interviews and experience summarization. Different ways to improve the operation of the embedded elderly care model were proposed in different aspects making this research an excellent example of the combination of theory and practice since it not only put forward practical solutions to the problems existing in the operation but also offered some guidance on the reform and development of elderly care model in the whole country.

**Key words:** Aging population, embedded elderly care model, China

**JEL classificativos:** M19

## **Resumo**

As implicações sociais e económicas do envelhecimento da população estão a tornar-se cada vez mais evidentes em muitas nações em todo o mundo, especialmente na China. No entanto, o modelo tradicional de cuidados a idosos já não consegue satisfazer as necessidades da sociedade devido à limitação de recursos e à procura crescente, enquanto que um modelo integrado de cuidados pode ajudar a preencher algumas lacunas beneficiando ainda de um elevado potencial de desenvolvimento. Contudo, este modelo está ainda no início e precisa de muitos melhoramentos. Com base nas teorias da integração social e governação cooperativa, esta investigação visa explorar o funcionamento do modelo integrado de cuidados a idosos e as principais diferenças em relação a outros modelos. Tendo como objeto de estudo o funcionamento de um centro de cuidados a idosos em Guangzhou, China, foi utilizada uma abordagem qualitativa através da análise de dados secundários, entrevistas e resumo refletivo da experiência. A dissertação propõe novas formas de melhoria do funcionamento do modelo integrado de cuidados a idosos em diferentes aspetos e procura aliar a teoria e a prática pois não só apresenta possíveis soluções para os problemas existentes na operação, mas também orientações para a reforma e desenvolvimento do modelo integrado de cuidados a idosos em todo o país.

**Palavras-chave:** Envelhecimento da população, modelo de cuidados a idosos embutido, China

**Classificação JEL:** M19

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## **Chapter 1 Introduction**

### **1.1 Background**

Population aging is the process in which the proportion of people over 65 keeps rising along with an increasing number in the population. According to data from World Population Prospects: the 2019 Revision, by 2050, one in six people in the world will be over age 65 (16%), up from one in 11 in 2019 (9%). The wealthy world is aging fast. By 2050, one in four persons living in Europe and Northern America could be aged 65 or over (Nations et al., n.d.). With a rapidly aging global population due to the factors like declining fertility rates and increasing life expectancy, a smaller workforce will slow down economies and raise healthcare costs. Both developed countries and developing countries are suffering from the problems of the aging population which are a high concern for the whole world. Since the Western developed countries entered the aging society earlier, they have established a relatively perfect social security system for caring for the elderly (Zhu & Xu, 2019).

In China, the aging population shows an increasing trend and the degree of aging continues to deepen. China has stepped into an aging society since 2000. The outstanding features of aging, including a high percentage of the older population, rapid growth, dramatic expansion of the oldest-old and uneven aging population, have put China in a unique position (Han et al., 2020). At the same time, China is under the special condition of “getting old before getting rich” (Wu et al., 2019) which means that population aging exceeds economic growth and the gap between the rich and the poor is widening. In general, China’s old care model is mainly about home-based care or community care followed by institutional care. As the population structure keeps changing and the contradiction between the supply and demand of elderly services becomes outstanding, the original elderly care model brings great pressure to society. Compared with developed countries, the aged care system in China is not mature and cannot meet the needs of the elderly. Therefore, it requires more improvement to make the elderly satisfied both on their material and spiritual needs. By referring to the

foreign experience of caring for the old, it is essential to create an innovative age care model which suits the real national conditions and makes it evolve efficiently in the future.

Guangdong province, in the Southern part of China, has entered an aging society in 2013. Among the permanent resident population in Guangdong Province, the population aged 65 and above is 10.813 million, accounting for 8.58%. Compared with the sixth national census in 2010, the population aged 65 and over saw a net rise of 3.77 million people which increased by 53.61%. Guangzhou, a city with a high concentration of floating population in China, has 11.41 percent of people over the age of 60 and 7.82 percent of people over the age of 65 (Guangdong Provincial Bureau of Statistics - Analysis of the Basic Situation and Changes of Population Aging in Guangdong, n.d.). Unavoidably, first-tier cities such as Guangzhou face a severe problem of taking good care of the old. Its pension supply system is plagued by issues including a lack of efficient services and a shortage of talents while institutional and community old care models are unable to fully meet the growing and diverse pension demands. Home-based elderly care is often less professional, and it is difficult for family members to provide professional nursing services. The elderly are forced to leave their families when receiving care in institutions, in which costs are substantial. Additionally, it is easy to find a situation where there is a shortage of supplies and low resource usage. Although the elderly can theoretically obtain medical treatment without leaving their homes through community-based elderly care, these services are less extensive and operationally distributed (Cui & Du, 2021). The above gives an idea that the main models of elderly care should not be isolated from each other but can be developed in an integrated manner.

From the standpoint of the major body of supply, Liu et al.(2007) categorized the elderly-care models into three groups as mentioned above. According to her, the elderly care model should be modified to reflect overall social growth and it is essential to continually review old-age practice experiences to make modifications and continuous improvements to address the societal issue of elderly care. If we can explore a clever way of caring for the elderly, it would not only improve the quality of senior life but

also bring opportunities for economic growth. Therefore, this research aims at offering a contribution to the improvement of old-care services as well as to the development of the new model.

Polanyi (1944) was almost considered the one who initially developed the idea of "embeddedness" in his economic work *The Great Transformation* indicating that one thing can be melted with other things instead of developing independently. Currently, "embeddedness" has been more generally known and its range of applications has also steadily increased in a variety of fields.

Gradually, scholars start to make use of this concept and try to find an integrated way in the field of elderly care. Community aged care continues to explore innovative models to cope with the aging of the population through the introduction of embedded services and combined medical and nursing services, realizing the idea of aged care for the elderly at their doorstep through wall-free aged care, and essentially addressing the problem of the last mile aged care (Dong & Zhou, 2021). Although there is no official definition of embedded elderly care, a more accepted concept can be listed whereby the elderly lives in the original family and enjoys the professional life services provided in the community. When they need medical care, they enter the community care center and receive the corresponding care service. Not only the medical, living and emotional needs of the elderly are guaranteed, but the cost is reduced. (Tang, 2019). The concept can also be identified as an old-age care model that integrates surrounding old-age service resources without departing from the original living environment of the service objects and provides convenient, diversified, personalized and professional services for the service objects through multi-dimensional embedding (Yi, 2020). Such a model equips the community in deep aging with the ability to provide continuous care and makes the elderly live in a familiar environment with the company of their relatives. The model that this dissertation intends to explore concerns the integration of home-based elder care, community-based elder care, institution-based elderly care, government support and market resources in the form of a community-embedded old-care model. There is some existing research on this topic that introduced various kinds of old-care models and there are many views on the classification of pension models,

but there is no unified consensus on its definition. In China, for example, the development of the embedded old-care model is not always the same among different cities because of different living conditions and should be based on the unique development strategies of different cities. A few pieces of research have been done on the optimization of the embedded old-care model but the topic is quite under-researched, especially in the Chinese context.

## **1.2 Research Purpose and Questions**

In this study, we intend to identify the feasibility of an embedded old-care model in Guangzhou, integrate the functions of various embedded elderly care service facilities and sort out the existing problems in detail. By doing so, we expect that we can put forward some ideas or embed new elements to optimize the new elderly-care model which may contribute to not only the elderly but also to the society.

Combining the status quo and policy development of elderly care services in Guangzhou, this dissertation is based on social embeddedness and governance theory. This work takes the form of a case study conducted in Guangzhou to try to unveil the problems that may exist when the embedded pension model enters the region as a new system of the elderly-care model.

Therefore, the current study aims to answer the following questions: 1) What is the embedded elderly care model and how does it differ from other models? 2) What are the problems when taking the operation of this kind of model? 3) What solutions can be put into practice to optimize this model?

## **1.3 Structure**

Following this chapter, we start by presenting existing literature regarding the community-based elderly care model and community-embedded elderly care model. Chapter three describes the methodology used in the present study and introduces the theoretical basis for the analysis in the region. Chapter four presents the analysis under

a theoretical framework and findings of the research as well as contributions to the existing study. Some measures are proposed to optimize the operation of the new model. The final chapter discusses the limitations of the study and puts forward some suggestions for future research.

## **Chapter 2 Literature review**

### **2.1 Community elderly care model**

The community elderly care model is simply called community care in other countries. Relevant literature will be reviewed below.

#### **2.1.1 Development necessity of community elderly care model and its prospect**

Winkler et al., (2011) and van Ee<sup>noo</sup> et al., (2016) believe that community care has more advantages than institutionalized care since it increases the independence of the elderly in daily activities and enhances their happiness. In addition, providing high-quality community care including medical and social services for the elderly may be a more cost-effective solution, both to provide high-quality care to those in need and to delay or even avoid hospital admissions. Zhao (2009) pointed out that in today's social life, the actual changes in the family structure, such as the decrease in the number of children and the distance between the old and the young, make the traditional protection of raising children and preventing old age become more and more vulnerable. Mu (2012) believes that there is a shortage of supply in the development of institutional elderly care in China, which is mainly due to insufficient ability to pay, the influence of traditional elderly care concepts, and concerns about the service quality of elderly care institutions. In the end, this method may not be chosen. In turn, Tong & Gao (2017) believe that the community old-care model is an objective need to alleviate the contradiction between pension demand and supply under the trend of population aging and family miniaturization, and to adapt to the new normal of social pension service development. The expansion of public welfare and community services is another indubitable demand. Therefore, promoting the equality of basic public services is an obvious choice.

Community-based elderly care has become mainstream in senior service in the United States. Yan (2009) after a field trip to Greenville, North Carolina, found that the local elderly care trend is aging-in-place, and the community is for the elderly in need providing relevant services to enable older people to live independent and dignified lives. Alexis et al., (2014) introduced the American CCRC (Continuing Care Retirement Community) pension model in detail and tried to explore the possibility of this model being developed in China. It is a kind of continuous care retirement community, which provides the elderly with a variety of options for their retirement life and supports them with a series of related services. By targeting their special need in life, they will receive the most professional care. Littleford et al., (2010) conducted a study on the systematic and comprehensive aged care model piloted in South Australia - Integrated Community Care for Older People (ICCOP: Integrated Community Care for Older People) and believe that this kind of pension model must be formalized in both policy and practice to deal with the problem of population aging in Australia.

#### 2.1.2 The operation of the community elderly care model

Many developed countries tried to optimize this model to take good care of their seniors. Many services and experiences of caring for the old in western countries can be referred to in the model of community-embedded elderly care as they share some common functions in some way.

Storey et al., (2007) divided the UK medical and health system into three layers in the form of a pyramid. The bottom layer is the community medical service center, which provides primary medical care services based on the community. The middle is the general hospital, which is responsible for emergency and severe surgery and inpatient care, and the top layer is the specialist. In this model, hospitals are used to solve difficult and complex problems.

"Aging in place" is a relatively new trend of elderly care in the United States. It refers to the establishment of various elderly care facilities near the place of residence. The elderly can apply to live in community elderly apartments, assisted living care

facilities and specific facilities. Therefore, they can choose different old-age services independently and make full use of community-based old-age resources (Yan, 2009)

In terms of the elderly care service system, Singapore emphasizes family functions, advocates the community elderly care model, and has a community elderly care service network dominated by home-based elderly care service institutions, daycare centers and residential elderly care service centers (Chen, 2016)

The Japanese government implemented a long-term care insurance program called “Integrated Community Care System” to help older adults age in place. Municipal governments and Community General Support Centers are required to establish the Integrated Community Care System through collaborations with long-term care services, healthcare, prevention programs, housing, and daily life support services (Nakashima, 2017).

According to the above research, certain developed countries experimented with the socialized pension model relatively early, and the majority of them attempted the community old-care service model. There are several commonalities among community elderly care service models, such as adherence to the government's leading role, sound laws, regulations and policy support, emphasis on the introduction and development of social forces even though the models vary depending on national conditions, economic development levels, and elderly care needs. The growth of the community-embedded elderly care service model in China is strongly supported and ensured by these factors, and are therefore highly worthy of studying and learning from.

## **2.2 Community-embedded elderly care model**

### **2.2.1 Concept**

In his book *The Great Transformation* Polanyi (1944) argued that the economy as an institutional process does not exist in isolation but should be embedded in the social and cultural systems and that the economy and the non-economy sectors should also be



integrated. Subsequently, the term "embeddedness" was further developed by economic sociologist Granovetter (1985), who argued that every person is a part of a network of specific social ties and cannot exist in isolation. Even in market societies, economic activity is not as disembodied from society as economic models would suggest.

At present, the connotation of embedded has been gradually generalized, and its application range has also constantly expanded in different fields. Hagedoorn (2006) believes that embeddedness can be divided into three levels: environmental embeddedness, inter-organizational embeddedness and bilateral embeddedness. Zukin & DiMaggio (1990) divide the embedding level into four types: cognitive embedding, structural embedding, cultural embedding and political embedding. He & Li (2019) used the process of embedding social organizations in rural communities for evaluation and analysis according to the pre-embedding, in-embedding and post-embedding. Wang (2011) studied the pattern and changes of social work embedded development by dividing embeddedness into the premise, process, mechanism and state of embeddedness.

In the field of elderly care services, the "embedded" theory also provides a new practical and analytical perspective. So far, academic research on "embedded pension" is still in its infancy, and there are still differences in the definition of the "embedded" pension model.

Hu et al., (2015) argue that community-embedded aging is based on the concepts of resource embedding, functional embedding and diversified operational embedding, integrating the surrounding elderly service resources to provide professional, personalized and convenient elderly care services for the elderly in their vicinity. Zhang (2016) argues that embedded aging is a more desirable platform for the elderly to age in their familiar social relationships without leaving their living environment and provides a more ideal platform for the elderly to age moderately socially. The community-embedded elderly service model is a model of elderly care that integrates resources from all walks of life and relies on market-based mechanisms to serve the elderly groups in and around the community by embedding elderly service resources, functions and management in the community (Zhu, 2017). Zhou & Cui (2019) believe

that embedded aging is a new model of aging interpreted through the lens of embedded governance and they define embedded aging as the integration of aging services into the homes, neighborhoods, and streets of the seniors, as well as the integration of the aging system into social security, livelihood initiatives, and development planning. Zhao & Meng (2019) argue that the model can make use of unused land or housing resources within the community to convert it into a miniature elderly institution, so as to achieve the purpose of providing elderly service resources for the surrounding elderly. The embedded elderly care model can not only provide short-term full-day care services for the elderly who are discharged from the hospital or recovering from surgery, but also for the home-bound elderly in the community to provide professional home care. This is a government-led, market-based model of elderly care service.

In summary, individuals are embedded in some specific social relations in the model of an embedded pension system which is also called the community elderly care model. It embeds adaptive resources, multifunctional services and effective management. In terms of operation mode, it advocates a government-led and market-oriented mode of operation. Besides, in terms of the coverage of the service targets, they focus on the elderly who live in or around the community.

### 2.2.2 Development necessity and the prospect of community embedded elderly care model

Community-embedded elderly care services are innovated and improved based on the community elderly care model, which absorbs the advantages of different elderly care services, integrates the resources around the community, and embeds the resources, adaptive services and functional facilities of the elderly in the community.

From the perspective of development necessity, community-embedded elderly care services can not only reduce the loneliness of the elderly (van Bilsen et al., 2008) but also allow family caregivers to get more leisure time to do their own things (Dahlke et al., 2015) which can effectively reduce the care burden of family members based on satisfying the daily life care of the elderly (Godkin et al., 1989). In addition, seniors can

have more opportunities for social interaction. Hu et al. (2015) listed its advantages in terms of geography, scale, emotion, professionalism, operational efficiency, resource integration, living concept, architectural design, and policy support. (Qiu & Wang, 2019) summarized the benefits of the community-embedded elderly care service model from a practical standpoint, stating that the model advocates allowing the elderly to enjoy their old age in their original living environment, facilitating children and family members to provide care for the elderly, and allowing the elderly to remain in their original community. It is a model that promotes the traditional Chinese virtue of respecting the elderly, fully integrates the resources of community-based elderly care services and provides strong support for the elderly at home. Besides, it is beneficial to the sustainable development of the standardization of elderly care services. It is a model that responds to the diversified development of elderly services. Through the lens of social capital theory, Yan (2020) argued that community-embedded elderly care is a new model of aging since it can make up for the shortcomings of family elderly care with the help of community resources and effectively promote active aging.

In terms of development prospects, the provision of embedded healthcare services would greatly reduce hospital expenses (Hay, 1990). Zhang (2015) suggests that the community-embedded service elderly care model, which takes the community as a carrier, not only makes up for the shortcomings of family elderly care and institutional elderly care, but also combines the advantages of both, and is a relatively balanced model that integrates the two. This model not only meets the emotional needs of the elderly in their original homes but also integrates social resources to provide specialized elderly care services. The combination of medical care and the embedded pension model can guarantee the medical treatment of the elderly and alleviate the problem of seeing a doctor (Cheng et al., 2016). Besides, community-based long-term care insurance is an emerging pension model that has good prospects for development as it can solve the nursing problem of the rural poor to some extent. However, it has certain limitations since the poor may not be covered in this retirement model (Li et al., 2019).

### 2.2.3 Problems of the model and solutions towards it

Zhang & Liang (2017) believe that there are development difficulties in the community-based elderly care service model in practice, such as elderly care facilities, service structure, operating costs, supervision and evaluation, and propose that in order to further promote the development of community-based elderly care services in China one can learn from the development experience of advanced community-based elderly care models abroad and continuously improve the above-mentioned development difficulties in light of China's national conditions. Zhao & Meng (2019) argue that community-embedded elderly care suffers from problems in functional orientation, investment and profit recovery, suitable renovation and construction facilities, and neighborhood avoidance effects, and develop ways out through cross-community operation, building conflict resolution mechanisms in advance, and increasing government support. Wang (2019) finds that local community-embedded elderly care suffers from institutional deficiencies in layout and planning, social acceptance, operation and management, and social recognition, and proposed improvement paths such as expanding the area of elderly services, encouraging the participation and cooperation of multiple entities, increasing government publicity and improving legislative construction.

In China, there are many fragmented studies on embedded elderly service models, lacking a systematic analysis framework, and it is difficult to reach a consensus due to different research perspectives and views, making it difficult to study countermeasures. In addition, the current literature mainly focuses on a few pilot cities, such as Shanghai, Beijing and other economically developed cities, and there is less research on small and medium-sized cities.

### 2.2.4 The operation of the embedded elderly care model

Japan which is a pioneer in introducing embeddedness in the field of taking care of the old has rich experience in operating this elderly care model. The development of community-embedded elderly care services in Japan is divided into three stages: the

exploration period (1989-1994), the integration period (1995-2005), and the development period (2006-present). Japanese community-based elderly care mainly provides four types of elderly care services: institutional elderly care services, home-based elderly care services, regional intensive services and barrier-free apartments for the elderly. Its concept is a second-generation living and support model that conforms to the concept of family affection. It mainly embeds residential products for the elderly, retirement apartments, and residences for old and young families into the community of ordinary residences (Kang,2017).

In China, due to the differences in economic development, population structure, and pension needs of different cities and regions, old-care operation methods are different. In 2013, Shanghai took the lead in implementing the "embedded" pension model, mainly focusing on projects such as community comprehensive elderly service centers and elderly care homes. Since then, Beijing, Chongqing, Shijiazhuang and other cities have also introduced this service model successively.

The "public construction and private operation" form of operation is primarily used in the Shanghai area. It indicates that the initial site selection, construction, facility renovation, and other links are the responsibility of the government. The private side will oversee the subsequent operation while the government will provide some financial assistance (Wang, 2019). The Shanghai's model most distinguishing characteristic is that the government maintains some control over the community-based elderly care service without compromising well-being. This concept is effective because it also covers the marketization of businesses and the individualization of communities while the integration of multiple aged care service resources has great operability.

The Beijing area mainly adopts the "public construction and public operation" mode of operation, for which the government and the community are jointly responsible. The government is mainly responsible for the source of funds, preliminary construction and other links, while the later operation is handed over to the community, including the integration of venues, personnel, and medical care as well as cooperation with other social organizations (Hu et al., 2015).

The Chongqing model is about the government's investment, emphasizing the interaction between the community and residents, and renting residential housing in different districts and buildings to build elderly care centers. The Shijiazhuang model mainly refers to the so-called CCRC (Continuing Care Retirement Community) in the United States, which implements high-end pensions. All elderly people who are willing can live in, but the cost is relatively high (Hu et al., 2015).

Apparently, the Beijing model works best in regions with rapid economic development and strong community operation and administration capacities. Another example is Nanjing city, where diverse resources from the time dimension, emotional dimension and resource dimensions are embedded in the operation by introducing family elderly care beds (Wei, 2020).

It is easy to infer from this that the community-embedded elderly care service model has developed in response to what the times have required because different urban areas have different levels of economic development, elderly population demographics, and community operation and management capabilities. The starting point is to build on the elderly care needs of the elderly and to integrate various elderly care service resources according to local conditions, which also makes the community-embedded elderly care service model comparable, even though there are various operating mechanisms and regardless of which operating mechanism is adopted. Their resource supply strategies are more numerous and adaptable when compared to other pension schemes.

## **2.3 Theoretical basis**

### **2.3.1 Social embedded theory**

The social embedded theory is used by Granovetter (1985). According to this theory, individuals within a community are intimately linked to the total and are unable to exist alone. To exist, everyone must be a part of a particular social network and structure and rely on a variety of resources. These resources include a variety of knowledge, emotions, and services. The Socially Embedded Theory places a strong emphasis on the value of

networking and social interaction structure. People will produce and live in accordance with certain societal norms, but they will not be slavishly bound by them. Instead, they will look for a reasonable lifestyle that falls within a reasonable region.

Furthermore, it is made clear that the subject of social embeddedness theory is a physical matter or theoretical knowledge. The embedded object is the economy, society, and culture. It can also refer to the physical existence space, making social embeddedness theory more flexible (Portes & Sensenbrenner, 1993).

According to the social embeddedness theory, it is difficult to obtain enough social resources due to insufficient socialization of the home-based pension model, while the socialization degree of institutional pension models is too high making it easy to cause a lack of family affection. Embedded pension balances the two needs and builds a suitable pension platform (Zhang, 2016).

Community care under the theory of embeddedness is an integrated model to maintain the balance. The elderly themselves view retirement as a growing separation from society, and their lack of strong socialization is becoming more and more apparent. In this new model, they do not need to leave their homes or the community to access the necessary social pension service resources since the community-embedded aged care model offers the elderly the chance to re-socialize through providing diverse social resources.

### 2.3.2 Cooperative governance theory

The concept of governance originated in the Western world in the 20th century. Most academics agree on the concept of governance given by the Commission on Global Governance in its 1995 publication, *Our Global Partnership*. The Commission defines "governance" as the total of all the various ways that people and institutions, whether public or private, manage their shared affairs. It is a continual process of resolving diverging or competing interests and adopting coordinated action. The management activity based on shared objectives should serve as the prime motivator for governance

rather than the government, which does not entirely need to rely on coercive force to carry out its duties (Pryor, 2013).

Ansell & Gash (2007) define collaborative governance as "a formal, consensus-oriented, negotiated governance arrangement in which one or more public sector and non-governmental organizations participate in the formulation or implementation of public policy or the management of public affairs" after studying a number of cases of collaborative governance. This definition is based on the work of many Western scholars who have studied the term "collaborative governance" in the 21st century which has led to the development of many different interpretations.

Collaboration among interdependent stakeholders, typically from the public, private, and social sectors, is referred to as collaborative governance. In order to address a complicated, multifaceted issue or public concern, governmental, private, and social institutions should collaborate and devise policies (Choi, 2011).

At the Third Plenary Session of the 18th Central Committee of the Communist Party of China in 2013, the idea of "governance" was first put forth in the country. The basic objective of deepening the reform was also adopted at the meeting as "enhancing the modernization of the national governance system and governance capabilities." This is the first time to reform the national governance system and governance capacity. Then some domestic scholars start to provide relevant insights into collaborative governance. A type of social governance known as collaborative governance involves the cooperative interaction of several governing agents (Zhang, 2014). According to this author, in cooperative governance, social organizations and the government should be treated equally as subjects of governance rather than having a clear division of tasks between them.

Through cooperative governance, multi-subjects are able to develop the supply of public resources in a balanced and orderly manner. This also gives citizens more opportunities and rights to participate in public activities to some extent, which not only protects citizens' legitimate rights but is also a successful strategy to increase public interest (He, 2014).



Cooperative governance can be applied to the community-embedded elderly service to strengthen the collaborative governance mechanism between various subjects and realize collaborative cooperation between them. Community-embedded elderly care services need the government to assume the responsibility of leading governance and play the role of public functions. With the support of relevant policies and regulations promulgated by the government, a variety of elderly care service resources should be introduced and coordinated through a market-oriented operation mechanism in order to promote the development of the community-embedded elderly care model.

## **2.4 Conclusion**

In general, most of the prior research thinks highly of community care for the elderly. The research on community-based elderly care in foreign countries, which precedes research in China, is gradually detailed and in-depth and provides a good foundation and practical experience. With the aging population growing in China, many scholars and experts try to find a good model to alleviate the problems by referring to foreign experience. However, because of cultural heritage differences and social development history, China needs to conduct specific research on community elderly care services in a more diversified and localized manner. The references to academic accomplishments and practical experience from other countries have provided inspiration for the logical thinking of this research and serve as an important source of information and a foundation for the research content, which will still be based on China's actual circumstances.

In addition, for the research on community-embedded elderly care services, most Western countries do not have specialized research while having more research on different forms of elderly care communities some of them being functionally similar to community-embedded elderly care services. In 2014, China began studying and implementing a community-embedded pension service model. This approach, which is an extension of community-based pension, not only addresses the drawbacks of family pension and institutional pension but also incorporates their positive aspects.

In recent years, more and more domestic scholars have focused on this emerging old-age care model and have successively carried out practical research in various cities. The approach is currently in its early stages because of the diversity of circumstances in China's many cities. Numerous studies currently in existence concentrate on concept definition, model introduction and study of benefits and drawbacks. When it comes to the age care service content, the emphasis is more on the analysis and summaries of specific situations than on comprehensive, in-depth exploration.

## Chapter 3 Methodology

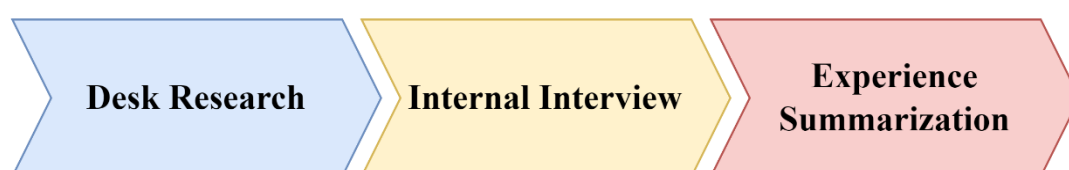
### 3.1 Main methods

The primary method of this research is to qualitatively analyze the operation model of an elderly care center named Xiao Ci Xuan, explain its advantages and main problems and put forward some measures to alleviate them, which may provide a good reference to the development of elderly care service in Guangzhou.

We chose this center as the representative research subject for several reasons. Firstly, it is located in Yuexiu zone of Guangzhou which has the largest population of the elderly. According to the statistics from the People's Government of Guangzhou Municipality in 2021, there are three zones in Guangzhou with a population of more than 200,000 residents aged 60 and above, namely Yuexiu zone, Haizhu zone and Liwan zone, with 314,300, 284,500 and 223,100 respectively. Secondly, it was firstly built under the concept of community embeddedness by Winbond Beautiful Home Pension Group in Guangzhou. Finally, it is embedded in the urban area instead of in the suburbs.

In the whole process of qualitative research, the main data collection methods are as follows:

Figure 3.1: Methodology of Learning



#### (1) Desk Research

Mainly through desk research, we can collect, sort out and analyze the information related to the community-embedded elderly care center. Desk research can helpfully reflect the development process and operation state by comprehending the situation of the entire sector and identifying its typical characteristics.

## (2) Interviews

The interview content was sorted and analyzed by conducting interviews with a total of 24 people in 4 groups, including community senior care service employees, senior care managers, nursing staff and the elderly in the neighborhood. Because of the pandemic, the elderly living in the center could not go out for an interview. The problems of the development process and their root causes are discussed which provides a basis for optimization of the community-embedded senior care service model in Guangzhou city.

## (3) Experience Summarization

Through the practical case, the research presents workable and realistic optimization measures for the development dilemma in this practical example by summarizing and analyzing its fundamental situation and development process. This may serve as a basis for the creation of the embedded elderly care service model in Guangzhou by also exploring a model of development with an emphasis on social expectations and promotion value.

## **Chapter 4 Analysis and Results**

### **4.1 Case study**

#### **4.1.1 General situation of Xiao Ci Xuan**

Xiao Ci Xuan is the first embedded elderly care center built in the central urban area in 2015 and located in Yuexiu region. It features community nursing stations, daycare centers, home service departments, restaurants for the elderly and shelters. Besides, it integrates institutional care, community care, home care and combines medical care and other care services for the elderly. It is located in Donghu West Road of Yuexiu zone, 200 meters away from the Donghu Subway Station, five minutes by car from the Guangdong Provincial People's Hospital, The First Affiliated Hospital of Zhongshan (Sun Yat-sen) University, and the Guangdong Provincial Traditional Chinese Medicine Hospital of Er Sha Island. Several top-notch medical institutions, including Dadong Street Community Health Service Center and The First Affiliated Hospital of Guangdong Pharmaceutical University are nearby.

#### **4.1.2 Service targets**

There are 48 elderly care beds in the center. Until 2022, there were 37 people living there where males made up 28.3 percent and females made up 71.7 percent. The oldest person is 96 years old and the youngest one is 67 years old. Eighty percent of the elderly in the center are from Yuexiu zone. There are two main reasons for that: firstly, the Yuexiu zone in Guangzhou has a large elderly population, dense housing, small living spaces and, secondly, most of the homes are old. Additionally, they are rarely equipped with elevators, making it extremely difficult for the elderly to go upstairs and

downstairs. As a result, the elderly in this community prefer to live in a location that is more convenient and closer to their homes. Secondly, there are not many young people in the Yuexiu zone because many of them work in other regions or go aboard. The fact that so many old people live alone makes living conditions challenging and easily generates a sense of loneliness. In contrast, living with other senior citizens can enhance their enjoyment of life. Table 4.1 summarizes the basic situation of the elderly living in the neighborhood. Table 4.2 tells us how often their family members visit them.

Table 4.1: Basic situations of the elderly living in the neighborhood

Age group	60-64	65-69	Over 70 years old
Interviewees in total	6	6	3
Self-care ability	Complete self-care	Complete self-care	Basic self-care
Family members	2-4	2-3	1-4

Table 4.2 Visiting frequency of their family members

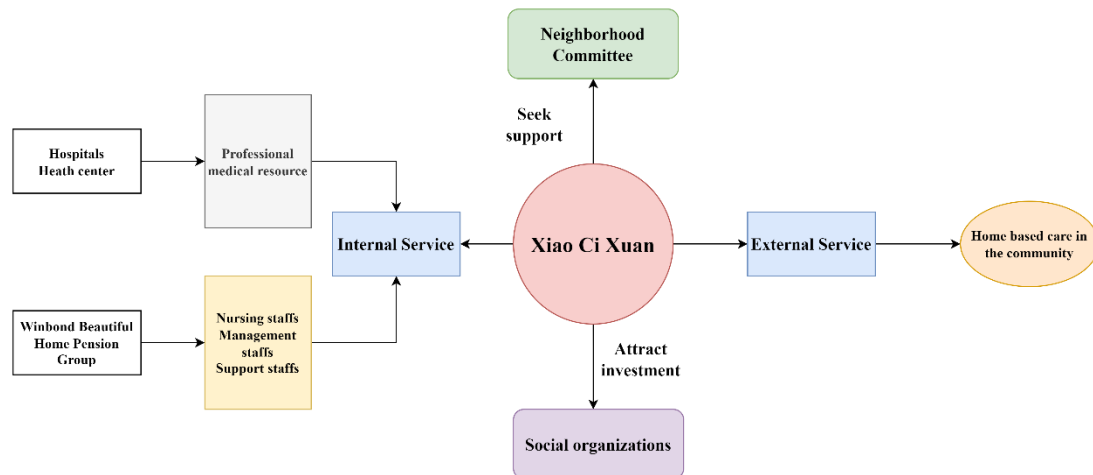
Visiting frequency	2-3 times per month	2 times every three months	2-3 times a year	Once a year	2-3 times every two years
Interviewees in total	4	5	2	2	2
The level of loneliness	low	Medium	Medium-high	high	high

#### 4.1.3 Operation mode

A public-private partnership has been implemented in this community-embedded elderly care center. It means that the government assigns corporations, social organizations, or people the right to operate newly constructed senior care facilities that are held or supported by the government. The commission in the region offers a lower rent and the company is in charge of the renovation and operation of the elderly care center. Besides, the company encourages investment from social organizations and

personal businesses which is helpful to build alliances. Figure 4.1 shows the operation mechanism of Xiao Ci Xuan.

Figure 4.1: Operation mechanism of Xiao Ci Xuan.



#### 4.1.4 Layout

The Xiao Ci Xuan consists of a building and a plaza. The plaza was once a lawn later transformed into an event place. The vertical layout clearly distinguishes the internal structure and distribution of Xiao Ci Xuan. The staff's reception room is primarily located on the first floor. The third to sixth floors are the distribution areas for the elderly and nursing staff. The seventh floor includes a kitchen, laundry room, staff lounges, and an office area which is mainly prepared for the staff.

#### 4.1.5 Services and charges

If the elderly chooses to live at home, home-based elderly care service can be offered. It is a form of one-to-one service in which professional nursing staff goes to the elderly's home to provide living care, housekeeping services, health care, rehabilitation care and spiritual comfort for the elderly at home. Table 4.3 summarizes the various service items.

Table 4.3: Summarization of the service items

<b>Service type</b>	<b>Service Content</b>	<b>Service frequency</b>
(1) Environment and safety	1. Room and bathroom cleanliness and safety	when needed
	2. Towel, washbasin, toilet cleaning	when needed
	3. The room facilities are safe, and handrails and bed rails are added as needed	when needed
	4. Outdoor Activities	Activity area
(2) Living care	1. The bed unit is clean	when needed
	2. Get on the bed rails and have crutches or walkers	when needed
	3. Assist with moving	when needed
	4. Put on/change clothes	when needed
	5. Facial cleansing, hair brushing and oral care	2 times/day
	6. Warm water bath / shower assistance in bed	1 time/day
	7. Shampoo in bed	1 time/week
	8. Shave and get a haircut	when needed
	9. Perineal and perianal care	1 time/day
	10. Hand and foot cleaning	1 time/2weeks
	11. Sleep Care	when needed
(3) Assisting non-fasting disabled persons with food/water	1. Tube feeding (injection through nose, mouth, gastrostomy)	Follow doctor's orders
	2. Feeding (oral eaters)	on time
(4) Oral administration	Assist with safe medication	Follow doctor's orders



<b>Service type</b>	<b>Service Content</b>	<b>Service frequency</b>
(5) Recumbent Nursing	1. Assist in changing body position and back pat	when needed
	2. Prevents Lung Infections	when needed
	3. Assist physical function activities	when needed
	4. Pressure ulcer prevention and care	1 time/2 hours
(6) Excretion care	1. Incontinence care	when needed
	2. Use the toilet in bed	when needed
	3. Indwelling urinary catheter care	not less than once
	4. Urinary retention care	when needed
	5. Nursing care of patients with urinary excretion disorders	3 times/day
	6. Flatulence, constipation care	when needed
	7. Fecal Impaction Care	when needed
	8. Ostomy care	Once/3-5 days
(7) Psychological comfort	Pay attention to psychological needs	when needed

There are two service plans. Firstly, a nursing bed can be installed at the home of the elderly, so that he/she can enjoy the professional care and services of the nursing home without having to go there. While enjoying professional care, the elderly can also spend time with their families and maintain their consistent sense of belonging and happiness. Customers can choose a 12-hour day or 24-hour care plan according to their personalized service needs. Table 4.4 shows the service charges.

Table 4.4: Day care service and charges

service method	Nursing service charges (unit: yuan)			
	secondary care	primary care		special care
		Class A	Class B	
12 hours day care	——	6000	6980	7980
24 hours day care	5980	6980	7980	8980

Secondly, respite service can be chosen. It refers to the provision of home-based elderly care services by professional nursing staff for a fixed period of time, supplementing the lack of professional nursing care for the elderly in family care, and at the same time giving family members a chance to breathe and reducing the pressure of family care. Customers can choose a fixed-hour monthly or fixed-day monthly care plan according to their personalized service needs. Table 4.5 summarizes the content.

Table 4.5 Service and charges

Service method	Nursing service charges (unit: yuan)
Fixed hours of monthly care	60 yuan/hour (must purchase 12 hours or more per month)
Monthly care for a fixed number of days	330 yuan/day (12-hour day care)
	380 yuan/day (24 hours day care)

Seniors who successfully apply for home-based long-term care insurance from the Guangzhou Medical Insurance Bureau can be reimbursed up to 3,105 yuan/month; those who successfully apply for commercial insurance for the elderly and severely disabled in Guangzhou can be reimbursed up to 500 yuan/month. But if old people are not residents in Guangzhou, they need to be charged additional 500 yuan each month.

If the elderly choose the community-based care service, there is a day care center. They can be taken good care of in the center during the day and go back home at night.

In this way, they can be accompanied by family members as well as relieve their pressure. If the elderly chooses to live in the institutional center, besides the care service, the staff will celebrate birthdays and hold parties in festivals for them. Besides, some interesting shows are taken to them regularly.

#### 4.2 The development dilemma of the community-embedded elderly care model in Guangzhou

From the information above, we can find that there are many benefits when running the model of community-embedded elderly care. However, some problems still need to be solved.

##### 4.2.1 The purchasing power for service is not high

In order to guarantee optimum resource utilization and keep the balance of payments, Xiao Ci Xuan keeps developing the service for the elderly living at home or in the center as well as trying to expand the coverage to the neighborhood, but the purchasing power for the service is low. On the one hand, some elderly or family members are unwilling to purchase aged care services because they are constrained by traditional consumption conceptions and, on the other hand, others cannot afford it. According to the statistics from the People's Government of Guangzhou Municipality, 1.0874 million retirees have basic pension insurance of 3726 RMB pension per month, while the minimum monthly fee for living in the institution is about 6000 yuan. It is evident that some elderly cannot afford extra services or any related elderly care products.

##### 4.2.2 The service is not widespread and multiple enough

The focus of each senior person's need for aged care services will vary due to differences in age, health situation, education level, and other factors. In general, older people with worse health conditions depend more on services for daily life care, and

medical rehabilitation, whereas those who are in better health condition or are highly educated are not content with the basic elderly care and require more enjoyment during aging. They would like to have more services because they are eager to participate in cultural entertainment and education programs which can boost their self-worth.

Especially during the pandemic, if the elderly choose to live in the center, they are not allowed to take outdoor activities. Table 4.6 shows the normal routine for the elderly living in the center.

Table 4.6: Daily activities for the elderly living in the center

<b>Time</b>	<b>Place</b>	<b>Activity</b>
<b>6:30-7:20</b>	Bedroom	Wash
<b>7:30-8:00</b>	Bedroom; Interactive area	Breakfast
<b>9:00-9:30</b>	Bedroom	Health check
<b>9:30-10:00</b>	Function room	Entertainment
<b>10:00-11:00</b>	Interactive area	Rehabilitation training
<b>11:30-12:00</b>	Bedroom; Interactive area	Lunch
<b>12:30-14:30</b>	Bedroom	Midday break
<b>15:00-16:00</b>	Interactive area	Rehabilitation training
<b>16:30</b>	Bedroom; Interactive area	Free movement
<b>17:30-18:00</b>	Bedroom; Interactive area	Dinner
<b>22:00-7:00</b>	Bedroom	Rest

Most elderly are in great need of psychological comfort services and are willing to talk with young people which can reduce their loneliness. Since the elderly gradually withdraw from society after retirement, their poor sociability becomes more and more visible, they frequently experience a sense of loss and emptiness and are eager to make new friends rapidly in a new setting in order to keep their spiritual equilibrium. The nursing staff, other old residents at the elderly home, and family members are the primary sources of psychological comfort for the elderly, which falls considerably short of addressing their demands. This center does not provide professional psychological comfort services and has not created a unified volunteer team to perform this task.

#### 4.2.3 Lack of high-quality talents

The assistance of numerous licensed social workers and nurses is essential to the institution's regular management and operation. The employees in the community-embedded elderly care service institution are primarily dieticians, rehabilitators, physicians, nurses and nursing staff. In addition to having a given level of professional knowledge and a specific work qualification certificate, they also need to be highly enthusiastic, patient, responsible and dedicated. However, in the actual operation, it appears to have a shortage of competent medical staff and there is a high level of mobility. It is challenging to find and keep good employees.

According to Table 4.7 below, we can find that the education level of full-time elderly care personnel is mostly concentrated on three-year college education. There are a few service staff who have achieved the degree of bachelor or above. All service personnel is currently employed with certificates after passing the training and tests at the company headquarters, but the majority of their training is short-term, making it difficult for them to apply what they have learned for professional knowledge and professional skills in a short period of time. In fact, the majority of the service staff's work skills are primarily obtained through long-term work experience.

Table 4.7: Information of the interviewees

Profession	Gender	Education level	Work-life
Management staff 1	Female	Undergraduate	4 years
Management staff 2	Male	Three-year college	5 years
Service staff 1	Female	Secondary vocational school	2 years
Service staff 2	Female	High school	3 years
Service staff 3	Female	High school	4 years
Service staff 4	Male	Secondary vocational school	3 years
Nursing staff 1	Female	Undergraduate	2 years
Nursing staff 2	Female	Three-year college	3 years
Nursing staff 3	Female	Three-year college	2 years

#### 4.2.4 Insufficient resource integration ability of all parties

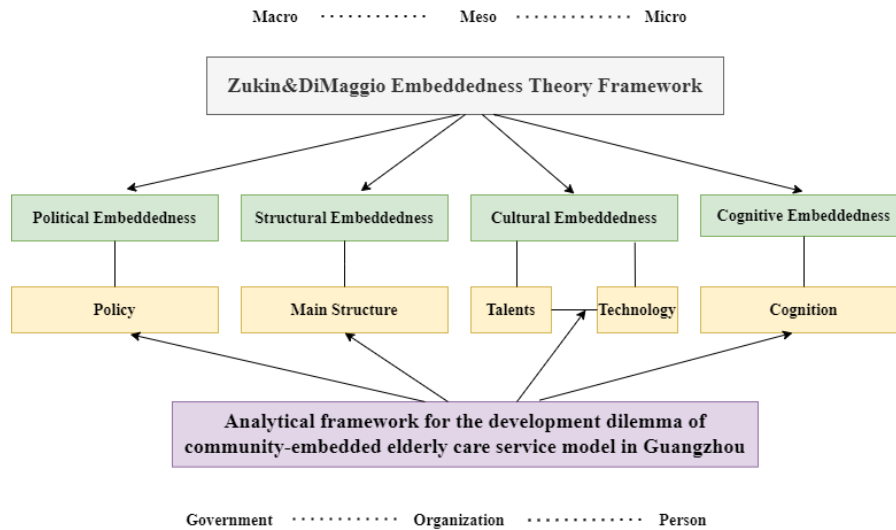
One of the traits of community-embedded elderly care services is using the community's platform to integrate resources from all parties and collaborating with one another to maximize the functions of the embedded elderly care institutions. It mostly consists of resources such as space, materials, people, and information. It is challenging for all stakeholders to organize and share resources for aged care services in the actual operation.

There is less private capital coming in and the public is less familiar with this new kind of old-age care system. In this situation, the operational funds of the institution are mostly dependent on the money invested by the aged care service operators themselves to support the operation. The organization often finds it very difficult to sustain normal operations because of the significant investment and delayed return period. Besides, many old people are not familiar with this model. As the target of embedded elderly care services, the elderly should have priority in knowing about it so that they can take the initiative to engage in innovative pension modes.

#### 4.3 Analysis of the development dilemma of community-embedded elderly care model in Guangzhou with embeddedness theory

There have been several frameworks so far in the embeddedness theory. Granovetter (1985) refers to the relational and structural aspects of embeddedness and puts the latter in focus in his explanation of economic activities. Zukin & DiMaggio (1990) talk about the political, cognitive, cultural and structural aspects of embeddedness. Two different types of relational embeddedness at the subsidiary level like business embeddedness and technical embeddedness are proposed by Andersson et al., (2002). We try to use the framework to analyze the development of the embedded elderly care model in Guangzhou in terms of policy, structure, culture and cognition as shown in Figure 4.2.

Figure 4.2:Analytical framework



#### 4.3.1 Policy

The government has put forward the "14<sup>th</sup> Five-Year Plan" for the construction of elderly service system in Guangzhou, China. The service nature, service content, service requirements and other aspects have been specifically refined with the purpose to improve the development of the elderly care service system.

However, the government, which is the primary body responsible for making policies, is in a position where it is objectively difficult to formulate micro-level policies. Actually, it is social organizations that are involved in elderly care services and may be able to identify problems but they lack the opportunity to participate in policy-making, which has a bad impact on the logicity and usability of the policies.

In addition, there is a lack of widely recognized norms and standards in specific construction and operation although some measures are proposed to encourage the development of the community-embedded elderly care model. Most of the enterprises entrusted by the government to operate community-embedded elderly care services are large elderly care industry groups or very experienced professional elderly care enterprises, while several small and medium-sized aged care businesses are more hesitant to make impulsive construction investments because of a lack of more specific policies. In the spatial planning of urban construction, the local government has not

taken the community-embedded elderly care model into account and there are no corresponding guiding policies and acceptance management regulations for the use of vacant homes in aging communities or the renovation of old-age service facilities.

#### 4.3.2 Main structure

The relationship between the government and social organizations is out of balance. In most cases, the functional boundary of government is not that clear and corporations depend excessively on the government. Social organizations are forced to act as the executors and dependents of government policies since the government has full decision-making authority over the aged care services that are offered by social organizations. It is simple for social groups to slavishly adhere to the demands of the government when they lack the necessary resources and competence. Especially in the early stage, social organizations frequently receive more policy support and financial subsidies from the government. This often results in a lack of subjective initiative by social organizations, and it is difficult for them to independently expand external elderly care resources. In addition, they fail to investigate their own sustainable development model based on the actual needs of the elderly and gradually run into problems with capital and labor costs in the middle and later stages.

Now China's social governance system has gradually transformed into cooperative governance. It is a complicated and long-term process that brings about unclear duties of governance. The government has not yet outlined its own functional position in the process of creating community-embedded elderly care services. Due to social groups' limited capacities, the government does not place enough trust in them and is hesitant to readily delegate authority to them.

Besides, community neighborhood committees, who are responsible for carrying out the implementation of community-embedded elderly care services, typically passively carry out work in accordance with the demands or documentation of superior units, and participate in elderly care services with a mindset of finishing tasks, lacking subjective initiative.



#### 4.3.3 Culture

The present access level for service people is still quite low from the standpoint of educating aged care service personnel. The majority of the staff members' training is short-term individual skill training courses provided by aged care service organizations, despite the fact that all of them have completed training and examinations which can make them qualified to work. According to the traditional view, the primary responsibility of aged care services is to provide the old with the necessities of life, and professional nursing should be handled by qualified medical personnel.

In addition to that, the system for developing specialized talent is not ideal and there are not many majors or courses in colleges or universities relevant to providing elderly care. Currently, the specific major is only found in technical secondary schools and students cannot get a higher level of diploma when studying this course. Additionally, certain colleges even have trouble filling related major positions. The typical perception of aged care professionals is that they serve people in a dirty, exhausting job without competitive salary and enough social respect. They easily suffer from mental and physical pressure since work for the elderly is hard and exhausting. Staffs have to deal with possible things of the elderly like death and relieve the conflict with their families.

Community embedded elderly care service model is developed by multiple parties and offers a variety of senior care resources. It easily leads to ineffective communication and resource duplication. With the development of the internet, intelligent technology has been applied in many fields including elderly care. Institutions like Xiao Cixuan also have a smart platform to serve the elderly and Yuexiu area has become a pilot zone of intelligent care in 2020. However, its development is still in an early stage and there have been some problems as described below.

Firstly, intelligent elderly care service products are not widely used, and the variety is limited. Currently, smart wearables, smart homes, and smart medical equipment make up the majority of products. Smart devices such as smart bracelets or smartphones

on the market have issues like the requirement for regular charging owing to short battery life and the unwillingness of the elderly to carry them. Additionally, if it is needed to inquire about the elderly's mobility trajectory, it is necessary to get in touch with the equipment manufacturer for background processing, which is time-consuming.

The products in the market are mostly concerned with the elderly's survival and daily activities. They cannot meet diverse needs, especially in what concerns culture and spirit. Additionally, the supply capacity of elderly care intelligent products is limited and some of them are expensive and beyond the budget. Many application scenarios like smart travel and panoramic cloud viewing need more appropriate or customized intelligent products.

Secondly, when it comes to the collection, processing, and application of data on various topics related to community-embedded elderly care services, these are not fully integrated, effectively analyzed, or efficiently applied. Currently, the elderly care information on the official website developed by the municipal government and each corporation is very dispersed which puts off consultation attempts. Guangzhou Weilaofuwu Zhonghepingtai is a platform created by the local government. The website provides up-to-date pension information, systematic pension policies and senior care consultation services. However, it still falls short of some aged care agencies' requirements. For instance, the great majority of aged care services still rely on offline registration and advertisement through traditional neighborhood committees.

#### 4.3.4 Cognition

The community-embedded elderly care model is unknown to many people since it is a new service model. Some people never heard of it while others easily confuse it with other forms of elderly care models.

The lack of widespread social awareness contributes to the elderly and their families' mistrust and dislike of the community-embedded elderly care service. In addition, many aged people do not tend to accept new things well, which also reduces their interest in participating. The community committee is the main part responsible

for publicizing the service but, occasionally, social organizations will also carry out public welfare activities to do promotion, but these ways are far from enough.

#### 4.4. Measures

##### 4.4.1 Policy

Relevant preferential policies and financial subsidies should be improved by the government in terms of land availability, tax incentives, talent training, and operational supervision. Long-term care insurance policy can be applied in a community-embedded elderly care model to help some old people who cannot afford more expensive aged care services.

To encourage social organizations to actively participate in policy-making, a set of assurance systems for their participation in the process should be developed. Unlike the government, social organizations have a better understanding of the real needs of the elderly at the local level and play a crucial role in creating policy. The government can only develop more sensible and workable policies when it has a more complete understanding of the situation on the basics.

Finally, the government ought to establish an evaluation system. Social organizations are hired as third-party evaluators under the direction of the government and emphasis is placed on the openness and transparency of evaluation criteria and evaluation findings. This is helpful to encourage the active engagement of multiple parties and promotes benign competition for mutual improvement

##### 4.4.2 Main structure

The community-embedded elderly care service satisfies the elderly's needs for modest socializing and offers an excellent elderly care choice for the elderly by utilizing their established social networks and living circumstances.

The position of the government should be reasonably set to lead the order of cooperative governance. Currently, the government is primarily responsible for providing community-embedded elderly care services. Instead of only being executors or suppliers of elderly care services, social groups can also be the decision-makers. Social groups ought to work with the government as partners and share responsibility for managing the aging issue. Therefore, it takes both of their combined efforts to establish a solid relationship of equitable cooperation between the government and social organizations.

In terms of the government, it is essential to clearly define its own functional position. On the one hand, they should perform the policies well. On the other hand, they can reduce their part in some specific care services so that they can give social organizations enough room to develop where development abilities can be enhanced.

To be specific, it is necessary for the government to perform its supervision and evaluation responsibilities well. They should evaluate the effectiveness of the provision of elderly care services by overseeing the access, project, service quality, and other aspects of social organizations rather than trying to interfere in their internal operations and decision-making

In terms of social organizations, it is essential to lessen their reliance on government funding, which requires them to continuously enhance their capacities such as their capacity to offer aged care services and broaden their access to external resources. Social organizations can motivate residents and volunteer teams who know the community better to participate in community-embedded elderly care services so as to cultivate their sense of cooperative governance.

#### 4.4.3 Culture

The distribution of qualified nursing talents is essential to the aged care industry because they play a key role in improving the quality of elderly care services. In terms of talents, some measures can be taken as follows.

Firstly, the talent training mechanism should be improved. On the one hand, elderly care courses can be encouraged to set in more high-quality colleges. They can be classified as more specific areas like nursing, healthcare management, and aged care service management. On the other hand, pre-employment training should be strengthened. It can be carried out in various dimensions such as customer service, manners, operational guidelines and communication techniques. After the trainees pass all the exams, they can get the certificate to work but they will continue to need further and continuous education on a regular term.

Secondly, the motivation mechanism for aged care service employees should be developed. We can improve their motivation toward aged care in terms of salary, social status and spirit. The government should set the minimum level of salary and give more social benefits to long-term workers. Then the company can create a good promotion system and increase wages by evaluating their performance. In addition, different social departments can promote an atmosphere where everyone respects senior care providers. this could help people gradually eradicate prejudice against them and misperceptions about how senior care services are provided by establishing reports for role models in this area. At the same time, elderly care service companies should also give care to their internal employees and ensure the benefits they deserve. They can sometimes hold some reunion activities for the staff to foster their team spirit and professional identity.

In the age of the Internet, we can make use of intelligent technology to make life convenient. There is no doubt that artificial intelligence should be embedded in the field of aging care.

Firstly, we can embed efficient and intelligent platforms based on internet data in the elderly care service. In order to help community workers conduct appropriate evaluations, a profile of the aged at the community level should be created. This profile should include information about their employment record, physical and mental health, personality traits, cognitive abilities, and social interaction. To help their children grasp the diverse physical and psychological characteristics of their parents, the platform should have the function of promptly conveying the living and psychological demands of the elderly to them.

For the elderly, they can access elderly care service information on the platform and select the necessary services in accordance with their own needs by integrating community elderly care service resources and various elderly care service information. The platform can take the form of a website or mobile app. In order to accurately match acceptable elderly care services and further enhance the matching of supply and demand, big data algorithms can be used to evaluate the medical data of old customers in the community to understand their health status and medical history. The app should offer the function of making an appointment, online visiting and a comment zone where people can present their appeals and interact with each other. Besides, some services like daily needs, entertainment, education and medical care can be ordered through the platform. By providing a variety of events, the elderly group can engage with society more and be given different tools to build basic social networks.

Secondly, different intelligent elderly care products should be produced. They should be designed closely tied to the needs of the elderly. For instance, because of the current pandemic the elderly who live in the institution cannot leave without application and permission. To fight their loneliness it is vitally necessary to develop a companion robot that is both fully functioning and reasonably priced to help the elderly. For those who live at home, smart monitoring products and elderly care aids like intelligent smoke sensors, emergency calls and intelligent gateway are necessary. Intelligence can provide strong support for taking good care of the elderly.

#### 4.4.4 Cognition

A high level of social awareness can not only encourage participation from a wide range of people but can also further the community-embedded elderly care model's development.

On the one hand, we ought to strengthen social sensitization. The elderly are more likely to be influenced by strong, straightforward messages. In addition to traditional publicity performed by neighborhood committees, some official media like newspapers, TV or official website can be relied on. We can even make the best use of new social

media like WeChat, Weibo or Tiktok to launch news about community-embedded elderly care services which is helpful to make others feel more familiar with this kind of model.

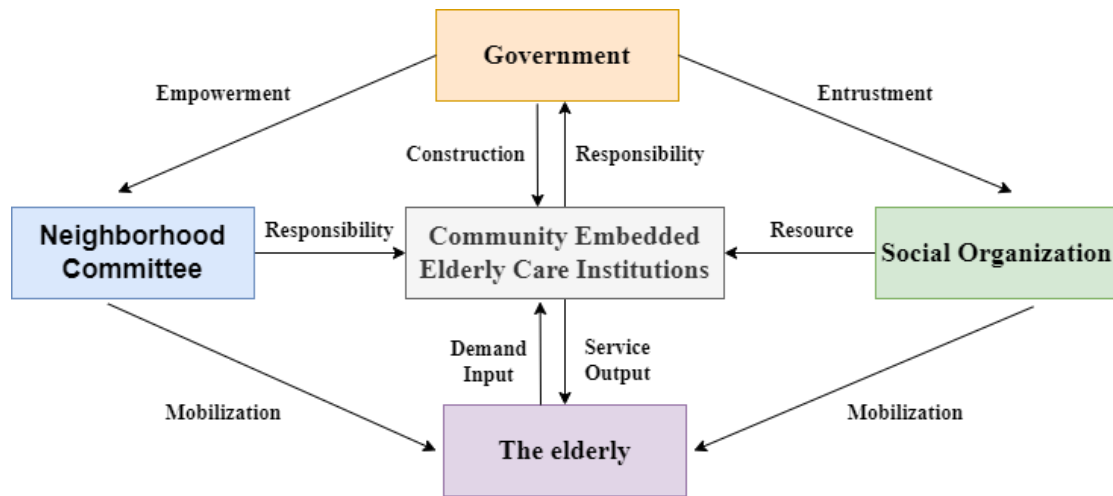
On the other hand, we should strengthen brand awareness and maintain market positioning by developing chain operation management which requires high-quality services with standardized services and efficient management.

Besides, we can improve the elderly' cognition by encouraging them to get involved and more educated. For instance, some appropriate subsidies for embedded elderly care services can be appropriately increased on this basis for the disadvantaged elderly groups with poor economic conditions, in addition to the existing allowances. Coupons, group purchases, and other methods can also be used to consistently attract the interest of ordinary old groups in taking part in community-embedded elderly care services. Elderly care institutions embedded in the community can foster the elderly's desire for self-improvement by holding more leisure programs like singing, dancing, traveling, and intelligent applications that can make their life more fruitful.

#### 4.5 Answers to the questions

Community-embedded elderly care is a model that integrates various kinds of elderly care resources. It takes a community as a carrier and embeds corresponding functional facilities, adaptive services, and emotional support. Under the leadership of relevant government departments, it integrates existing idle resources in the community. Under the influence of market competition mechanisms, elderly care institutions are introduced to provide professional care services for the elderly. Figure 4.3 shows how this new model operates.

Figure 4.3: The operation mechanism of the embedded elderly care model



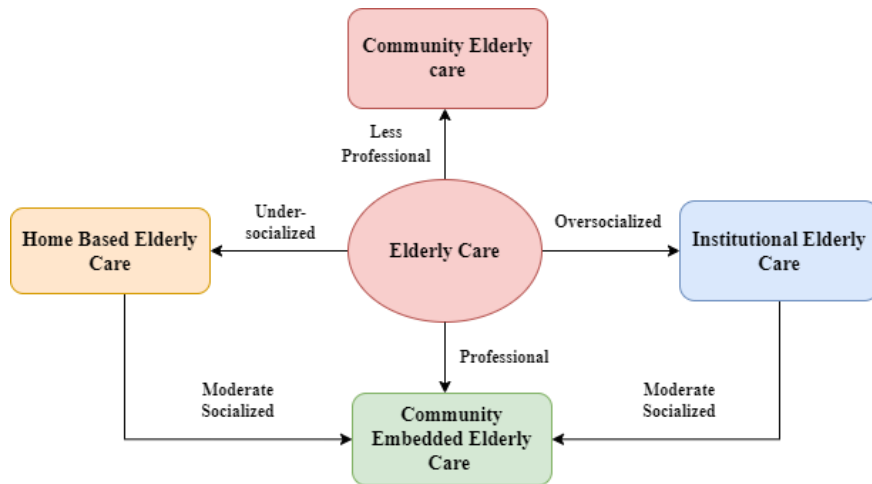
It is a model that effectively integrates the benefits of home-based elderly care, institutional elderly care, and community elderly care. Figure 4.4 implies the relationships among them. Based on these three kinds of care for the elderly, community-embedded elderly care makes the best use of community resources and introduces social resources to provide professional care service. Traditional home-based elderly care has the problem of insufficient socialization because it tends to provide less access to social services, while institutional elderly care has the problem of excessive socialization because it makes it difficult for the elderly to interact with their families which leads to a lack of affection and support. Besides, service in traditional community elderly care is not professional enough because of insufficient platform construction and service facilities. In contrast, community-embedded elderly care is a moderate socialized model. The elderly do not need to leave their homes or the community to access the necessary social service resources. It offers the elderly the chance to re-socialize through providing diverse resources including professional nursing care. Figure 4.5 shows the information.



Figure 4.4: Relationship among four models



Figure 4.5: Four kinds of elderly care models



The community-embedded elderly care model has more competitive advantages than other kinds of models in terms of scale, integration capability, multifunction and emotional support. Table 4.8 below summarizes the difference among them.

Table 4.8: Difference among four kinds of elderly care models

<b>Care model</b>	<b>Home-based care</b>	<b>Community care</b>	<b>Institutional care</b>	<b>Community-embedded elderly care</b>
Client Groups	The elderly living at home	The elderly living in the community	The elderly that can not do self-care	The elderly living in the community or nearby
Requirements of Living Condition	None	Public service facilities	Medical facilities and comfortable rooms	Small scale that can be embedded in a community
Living Style	Live alone or with family	Live in their apartments	Live in nursing homes	Live in a community
Funding Resource	Individuals Family	Depend more on their family or individuals than the government	Depend more on their family or individuals than the government	Individuals Family Government Society
Service Style	Family care	Community care	Professional medical care	Cooperation with medical centers and provision of care in various dimensions
Advantages	Low cost and spiritual dependence	Low cost and Flexibility	Release family burden and improve life quality	Lower cost and provide professional care and spiritual comfort
Disadvantages	An additional burden on family	Less professional	High cost and lack of emotional support	The system is under improving

#### 4.5.1 Scale

The scale embedded in the community is small which leads to less need for human resources and money. The scattered layout makes it easy to make use of local vacant rooms and promote the pattern. It is highly adaptable and can be expanded in accordance with regional circumstances, the community's surroundings, and the requirements and characteristics of the elderly.

#### 4.5.2 Integration of different resources:

Community-embedded elderly care is not only embedded in the community in the form of an institution, operating as a small nursing home, but is also a multi-functional platform that integrates resources inside and outside the community such as human resources and funds from all parties, surrounding resources, and external medical resources. By utilizing the resources of the government, social organizations and community the service provided to the elderly can be improved.

#### 4.5.3 Multifunction:

The functions of embedded elderly care services in urban communities are diverse and professional. They include a full range of professional services such as medical care, day care, short-term care or home care. Many daily services like meal assistance, meal delivery, housekeeping, and recreational activities are provided and many supportive programs like health management and rehabilitation training can be ordered. To satisfy varied and unique care needs, the elderly can select the services they require based on their physical condition.

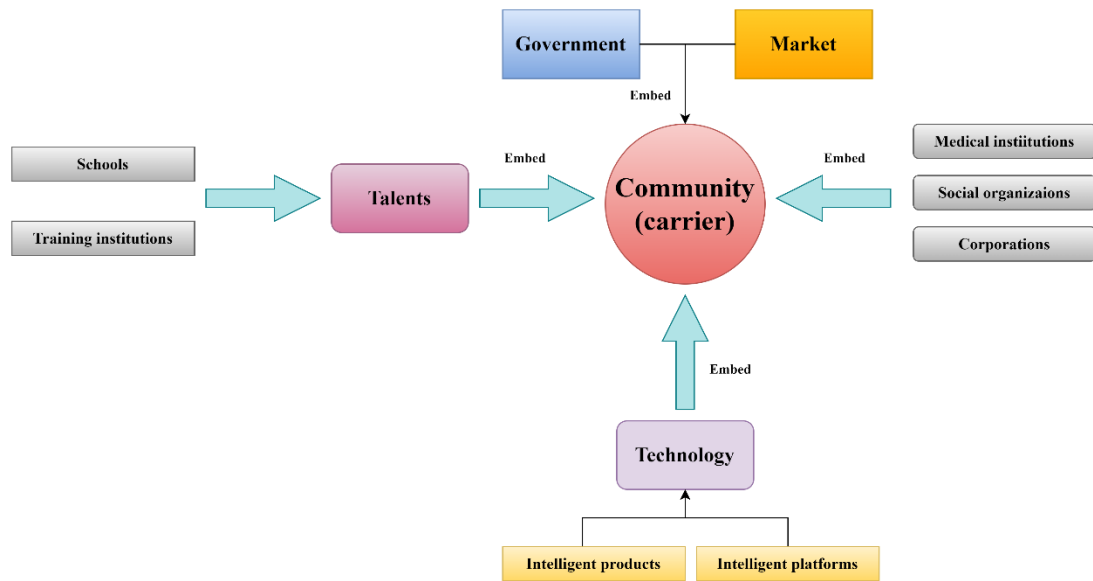
#### 4.5.4 Emotional support:

When the seniors retire, their homes and communities become their primary locations for daily activity. The elderly desire their children's company, but most of them have to work in remote areas and some are not willing to live with their parents. As a result, many "empty-nested" elderly feel lonely. However, urban communities can provide a variety of dynamic cultural and flexible room for residents to interact and participate.

When it comes to affection needs, in an embedded model, the elderly can live in their homes or nearby which gives them a sense of belonging; their children can visit them whenever they want after work is finished; they have more opportunities to get together. When it comes to friendship needs, many of their friends live in the same community with whom they usually interact. Besides, the cultural activity center may offer and coordinate a variety of cultural and recreational activities that greatly help seniors make new friends. In terms of emotional needs for society, those who have a better ability to care for themselves can participate in the management of the community which makes them feel that they are needed by society. Community embedded elderly care model is a good choice to support the mental and emotional needs of the elderly.

In Guangzhou, the community-embedded elderly care model is at an early stage of development. Although there are some breakthroughs when operating it, some problems like purchasing power, multifunction, talents and integration capability are under improvement. We can motivate different parties to govern cooperatively and some measures are put forward in terms of policy, main structure, talents, technology, and cognition to optimize the model. The government greatly supports the operation by improving related policies and establishing systems. Various elderly care resources like talents, technology, and medical care are embedded in the community. With the introduction of a market-oriented competition mechanism, corporations themselves can compete healthily and social organizations are encouraged to cooperate with operators to maximize resource utilization and greatly improve the living quality of the elderly. The optimization framework can be seen in Figure 4.6.

Figure 4.6: Optimization framework of the operation model



## **Chapter 5 Conclusion and Recommendation**

### **5.1 Conclusion**

The aging population has become a big trend in the world. Therefore, taking good care of the old becomes a crucial and unavoidable issue and we must continue to research how to address the complex and multi-level requirements of the elderly.

Community-embedded elderly care is a cutting-edge model of urban community elderly care that provides professional and diversified elderly care services to meet the needs of elderly groups at many different levels. In this model, on the one hand, the government gives the community committee management rights, and the community committee effectively manages the neighborhood; on the other hand, businesses or social organizations operate embedded elderly care institutions, which offer elderly care services to neighborhood residents. It not only lessens the burden of providing elderly care on the government by providing socialized and market-oriented elderly care services but also lessens the burden of providing elderly care to families by providing low-cost and high-quality service.

On the basis of Zukin & DiMaggio's (1990) embeddedness theory, we analyze the causes of the problems that are generated during the operation of community embedded elderly care model in Xiao Ci Xuan in terms of policy, main structure, talents, technology, and cognition. By utilizing cooperative governance theory some measures aiming at these issues are put forward in the end to improve the development of this new model.

### **5.2 Limitations and Further studies**

There are several limitations in this research. First of all, we only chose one center as the research object which is not enough. In addition, the number of people interviewed is limited because of the pandemic. Therefore, the representativeness of the research sample is insufficient. In addition, the research for optimization of the community

elderly care model was conducted in a first-tier city. Some western cities in Guangdong province are aging with a growing number of elderly persons, but there is a lack of research that may provide more information on the optimization of new and better elderly care models. Therefore, further research should consider collecting data from those regions and think about a better optimization mechanism that can cover all the elderly in Guangdong province. Research should also be extended to less developed cities where the aging problems are more severe.

Although the implementation of the embedded senior care model has had unequal results due to complicated factors like varying levels of economic growth and variations in the realities of aged care in different locations, it is hoped that more people will become interested in the creation and improvement of community elderly care service models and actively investigate a number of valuable development mechanisms that can meet social expectations and enhance the quality of life for the elderly.

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## **Appendix A**

### Interview questions for community elderly care service staff

1. What is the current degree of aging in the community? What is the basic situation of elderly care services?
2. What is the initial intention and motivation for establishing this center?
3. What are the considerations for the location of the center?
4. What are the considerations for choosing the operator of the center?
5. What kind of assistance or support policies are provided for operating the organization?
6. What are the problems encountered when cooperating with the operating organization? How to solve them?

### Interview questions for the senior care managers

1. What is the approved number of beds in the elderly care home? What is the current occupancy situation?
2. What is the admission process of the elderly care home? What are the vetting requirements for admission?
3. What is the basic situation of the elderly people currently living in the elderly care home?
4. What kind of senior care services are currently provided in the senior care center?
5. What is the current staff situation of the community elderly care center? Are the caregivers provided with relevant training?
6. What is the current operation status of the elderly care home? Are there any difficulties? How to solve them?

### Interview questions for nursing staff

1. How long have you been working here? What kind of work did you do before that?
2. What is the main content of your work?

3. Did you attend any relevant pre-service training before you started your job? Do you regularly attend nursing-related training?
4. What are the most important needs of the elderly in your care process?
5. What kind of difficulties do you have in your work? What kind of help would you like to receive?

Interview questions for the elderly in the neighborhood

1. How often do your family visit you? Do you feel lonely?
2. Have you heard of community-embedded elderly care center?
3. Have you ever stayed in other kind of elderly care homes before?
4. What kind of elderly care services have you enjoyed in the elderly care center?
5. Are you satisfied with the services or the work of the caregivers?
6. What would you like to improve in the elderly care center?