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Participation of social organizations in embedded elderly care services in urban communities from the perspective of cooperative governance: interactions, dilemmas and strategies --Taking the SX Health Care Center in City C as an example

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Abstract: *Community-embedded elderly care effectively integrates the advantages of institutional, family and community-based elderly care in practice and greatly integrates multiple social resources, which is a trend for the future development of elderly care services in China in the context of an aging population. Cooperative governance provides new analytical ideas for community-embedded elderly care services, and the community-embedded elderly care model in City C has just emerged and is in the exploration stage. Taking SX Health Care Center, currently the first community-embedded elderly care pilot in city C, as an example, this paper finds, after investigation and research, that there are cooperation dilemmas in the practice of social organizations participating in urban community-embedded elderly care services, such as insufficient supervision of government responsibility, competitive market environment, limited development capacity of actors and lack of trust on the demand side. In the future, it is necessary to coordinate and integrate all parties through "leading the cooperation order, optimizing the cooperation relationship, improving the cooperation supervision and enhancing the cooperation capacity", with a view to optimizing the local urban community embedded elderly care model and building a good long-term cooperative elderly care service mechanism.*

Keywords: *Embedded elderly services in urban communities, SX Health Care Center, collaborative governance*

1. Introduction

In recent years, as the size of China's elderly population continues to expand and the degree of ageing continues to deepen, the issue of elderly care has become a social problem that needs to be solved and improved in order to realize the wish of every elderly person to spend their old age. According to the National Bureau of Statistics' National Economic and Social Development Bulletin[1], the population aged 65 and above reached 176.03 million by 2019, accounting for 8.9% of the total population. The serious imbalance in the age structure of the population and the outstanding contradiction between supply and demand of elderly services have put forward higher requirements for the development of the elderly service industry in China.

The report of the 19th National Congress of the Party has made top-level design for the future development of elderly care, proposing to "build a policy system and social environment for elderly care, filial piety and respect for the elderly, promote the integration of medical and nursing care, and accelerate the development of the cause of the elderly and the industry". In September, the Ministry of Civil Affairs (MOCA) also issued the "Implementation Opinions on Further Expanding the Supply of Senior Care Services and Promoting the Consumption of Senior Care Services"[2]. In September, the Ministry of Civil Affairs issued the "Implementation Opinions on Further Expanding the Supply of Elderly Services and Promoting Consumption of Elderly Services"[3], which called for optimizing the supply of elderly services.

Against this backdrop, the traditional home care model suffers from a lack of internal capacity due to

[1]*National Bureau of Statistics. http://www.stats.gov.cn/*
[2]*Central People's Government of the People's Republic of China. http://www.gov.cn/*
[3]*Ministry of Civil Affairs of the People's Republic of China. http://www.mca.gov.cn/*

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its 4-2-1 demographic structure, while the institutional care model has low resource allocation efficiency and high construction costs. In contrast, community aged care continues to explore innovative models to cope with the ageing of the population through the introduction of embedded services and combined medical and nursing care services, realizing the idea of aged care for the elderly at their doorstep through wall-free aged care and basically solving the problem of the last mile of aged care. Therefore, its theoretical significance and practical value need to be explored theoretically in order to help the development of elderly care.

2. Theoretical basis and model interpretation of community-embedded care

2.1 Theoretical foundation: cooperative governance

Since the 1990s, there has been a surge in the study of governance theory, and the definition of governance, which has been accepted by most scholars, is that provided by the Commission on Global Governance in its 1995 paper, Our Global Partnership. According to the Commission, "governance" is the sum of the many ways in which individuals and institutions, public or private, manage their common affairs, and is an ongoing process of reconciling conflicting or divergent interests and taking joint action [1]. In the 21st century, many Western scholars have studied the term 'collaborative governance' and have developed many different understandings of it, and Ansell, after studying a number of cases of collaborative governance, defines it 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 or assets." [2] According to TaehyOn Choi, collaborative governance refers to a group of interdependent stakeholders, usually from the public, private and social sectors. public, private and social organizations, to work together and develop policies to address a complex, multifaceted situation or public problem [3].

As research on collaborative governance has intensified in China, some domestic scholars have also provided relevant insights. According to Zhang Kangzhi, collaborative governance is a kind of social governance in which multiple governance actors interact in a cooperative manner [4]. He believes that in cooperative governance, there is no need for a clear division of labor and governance between government and social organizations, but rather as equal subjects of governance. In his research, Jing suggests that collaborative governance is the sharing of power and discretion within and across the public, private and non-profit sectors in order to achieve public goals [5]. In terms of what constitutes a cooperative network, Zhang Kangzhi argues that cooperative governance should have the following three basic elements: it is based on the public interest, it is in a pluralistic society, and it is based on a high level of trust among the governing actors [6].

2.2 Model interpretation: the advantages of community-embedded ageing

Community-embedded elderly care can be interpreted from the perspective of cooperative governance, i.e. through the service supply of multiple actors, elderly care services are embedded in the surroundings, bedside and periphery of the elderly, the elderly care industry is embedded in families, communities and streets, and the elderly care system is embedded in social security, livelihood projects and development planning.

The community embedded elderly care service model integrates the functional advantages of family elderly care and institutional elderly care, co-ordinates the fit areas of family elderly care and institutional elderly care, and seeks a new integration of the two elderly care models in the community carrier [7]. There are two main types of community-based elderly care models: one is community care, where the elderly come to the community to receive various services and participate in various activities, divided into day care and long-term care; the other is home-based services, where the service provider goes to the home to provide services for the elderly [8]. One is the purchase of services by the government, i.e. the government purchases the services and the elderly enjoy the basic old age security benefits for free. The government and the community are solely responsible for the operation, with government financial subsidies as the main source of funding, the community is responsible for integrating land, manpower, medical resources and other elderly resources, and other social organizations are embedded in the partnership. The second is the purchase of services by the elderly, i.e. the elderly pay to receive high-end services, which are provided by for-profit social institutions within the silver hair industry. Funded by the elderly enterprises, combined with government subsidies, the elderly enterprises employ their own elderly attendants and operate on their own at their own expense, with the community participating in

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coordination and management and other social organizations participating flexibly.

3. Local practice of social organization participation in community-embedded elderly care services in City C

3.1 Macro background: support for the formulation of elderly care service policies

According to the Sixth National Population Data Census 2010 released by the Statistics Bureau of City C, among the city's resident population, there were 376,300 people aged 65 and above, accounting for 8.75%, and the elderly population was on the rise. Specifically, the number of elderly people left behind in rural areas and empty nesters is increasing in City C. The problem of the elderly and disabled as a whole is gradually emerging, and the demand for elderly care services is driving the gradual formation of an elderly care service system under the Internet+, which is based on the home, supported by the community, supplemented by institutions, combined with medical care, and benefiting the elderly.

As the ageing process in City C continues to accelerate, it has actively responded to and implemented the relevant policies of the State Council, which are mainly reflected in the Opinions on Comprehensively Liberalizing the Senior Care Service Market and Enhancing the Quality of Senior Care Services issued by the General Office of the People's Government of City C in 2017, the Pilot Construction of Embedded Community Senior Care Institutions in Songshan District issued by the Civil Affairs Bureau of City C in 2018, the Announcement of Public Bidding for the Government's Purchase of Home-Based Aged Care Services Project"[4] and other policies. By actively implementing the above policies, City C has actively promoted the development of a community-based elderly care model, selected pilot projects for exploration and construction, and adopted a combination of government purchase and elderly self-financing operation.

Up to now, City C has been running the community-based elderly care model on a trial basis for two years, with the pilot institution being the SX Health Care Center in Songshan District, a private non-enterprise elderly care institution that receives funding support from the Central Budgetary Investment Project for 2019 of the Special Action for Urban Enterprises to Link Up and Include Elderly Care issued by the National Development and Reform Commission [5], providing the necessary support for the trial implementation of the community-based elderly care model in the care center.

3.2 Micro-exploration: The establishment and development of the SX Health Care Center

3.2.1 General overview of the conservation center: ageing without walls

SX Health Care Center was established in early 2018 and won the tender on 17 May. The C Municipal Civil Affairs Bureau commissioned the Care Center to undertake the embedded elderly care work in the Shuxiang Ting Yuan community of Zhenxing Street Office, giving it certain policy support, site supply, operating subsidies, liability insurance subsidies and bed subsidies. It is located inside the Shu Xiang Yuan community of Zhenxing Street, covering an area of about 2,000 square meters and divided into three floors, each with different functional settings.

At present, there are 10 rooms providing beds for the elderly, 3 long-term care rooms and 7-day care rooms. Each room has an average of three beds, in full accordance with the standards of public hospital bed construction. All the necessary facilities are available on a daily basis and there are also nursing staff on popular shifts at night to ensure that the elderly is supervised 24 hours a day. The full-care nursing room and day care room are equipped with age-friendly facilities such as electric nursing beds, oxygen supply and call system, as well as amenities such as television, air-conditioning, refrigerator and wardrobe. There are 54 staff members, including a director, three managers and 50 permanent nursing staff, and the nursing tools are somewhat mobile. There are also 2 renowned experts in Montessori Chinese medicine from outside, who provide combined Montessori Chinese medicine treatment for the elderly throughout the day from Monday to Saturday.

During the two years of operation since May 2018, the center has provided community care services for 36 elderly people aged 60 and above (30 of whom receive community day care and 6 receive long-term custodial care; most of them come from the Shu Xiang Yuan community, while a small number come from other communities in the city and various banners and counties), and a total of 96 elderly

[4] *C City Civil Service. http://mzj.chifeng.gov.cn/*

[5] *National Development and Reform Commission of the People's Republic of China. www.ndrc.gov.cn/*

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people in special hardship who meet the requirements of the Civil Affairs Bureau have been provided with home-based services. The basic profile of the elderly people served by the Care and Attention Center is shown in Table 1.

Table 1: Basic information on older people served by the Care Center (17.5.2018 - 17.5.2020)

Primary classification	Secondary classification	Long-term care (persons)	Community day care (persons)	Home-based services (persons)	Total (persons)
Age (years)	60-69	3	12	14	29
	70-79	3	13	15	31
	Over 80	0	5	67	72
Total (persons)		6	30	96	132
Area where the elderly are served	Within the Bookish Courtyard community	2	22	14	38
	Outside the Bookish Courtyard Community, within the city limits of Songshan District	2	4	82	88
	Outside the city limits, other banners and counties	2	4	0	6
Total (persons)		6	30	96	132
Length of stay/service	<3 months	1	16	/	17
	3-6 months	3	10		13
	7 months - 1 year	0	4		4
	>1 year	2	0		2
Total (persons)		6	30		36
Type of elderly served	Fully self-care	0	18	23	41
	Semi-self-care	4	7	54	65
	Disabled	2	3	13	18
	Dementia	0	2	6	8
Total (persons)		6	30	96	132
Consumption of in-home services	Monthly consumption ≤ 100 RNB	/		70	70
	Monthly consumption > 100 RNB			12	12
	Non-monthly consumption (consumption ≤ 100 RNB per visit)			11	11
	Non-monthly consumption (consumption > 100 RNB per visit)			0	0
	No consumption			3	3
Total (persons)				96	96

3.2.2 Motivation for cooperation: building social network relationships and forming a hierarchical service system

The research perspective on cooperative relationships in cooperative governance focuses on the two-way relationships that occur between social network subjects with reciprocal expectations and bonds of trust [9]. The social network relationships of conservation centers under cooperative relationships are manifested in three levels of social relationships with different network subjects: micro, meso and macro, as shown in Table 2.

Table 2: Hierarchy of cooperative social networks in conservation centers

Level of cooperation	Actors	Other cooperating entities	Cooperation relationship
Macro	SX Health Care Center	Government departments, street and community	Support and management relationship
Medium	SX Health Care Center	Chinese and Mongolian hospitals, Red Cross, social enterprises, industry associations, disabled people's associations, other elderly institutions nationwide	Project partnership
Micro	SX Health Care Center	Elderly people, caregivers	Commissioned service relationship

The research perspective of the cooperative structure focuses on the developmental positioning and specific functions of social agents in the overall network. The care center in the community-based care

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model is basically at the base of the elderly service system. Its infrastructure is shown in Figure 1.

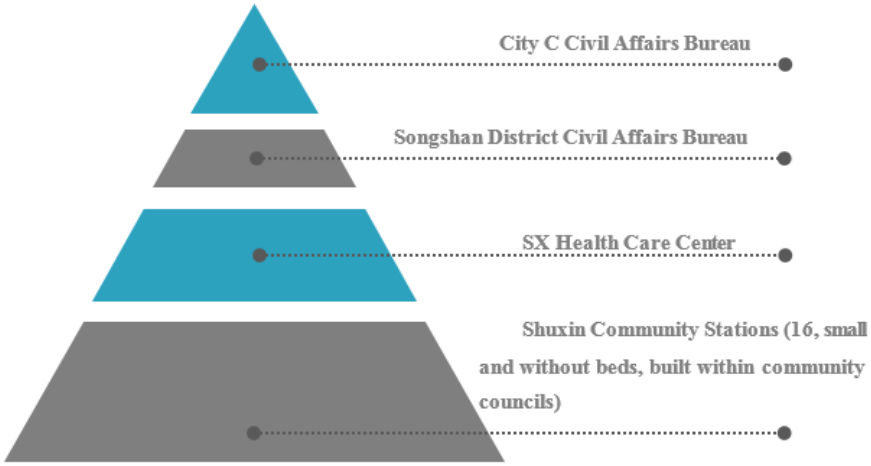

Figure 1: Infrastructure of the four-tier elderly care service system

3.2.3 Cooperation process: Integrating resources, performing functions and transmitting ideas

(1) Embedding resources: nursing schools, capital investment, technical support

In recent years, it has become a general trend for private capital to keep flowing into the elderly care industry. The involvement of private capital in the construction of elderly care services has unparalleled advantages in terms of systems and taxation, talent and innovation, as well as the amount of capital and flexibility, and is of great significance in diversifying the supply of elderly care services[10]. SX Health Care Center is suitable for collecting service fees to maintain basic operations. It is understood that the current funding of the conservation center mainly comes from self-funding, loans, share capital raising, welfare lottery grants, social (Red Cross, corporate) donations, etc. The proportion of the conservation center's funding sources is shown in Figure 2. The remittance of a large amount of private capital has provided the necessary financial support for its operation, and has also stimulated the vitality of social capital so that it can be fully utilized and rationally allocated.

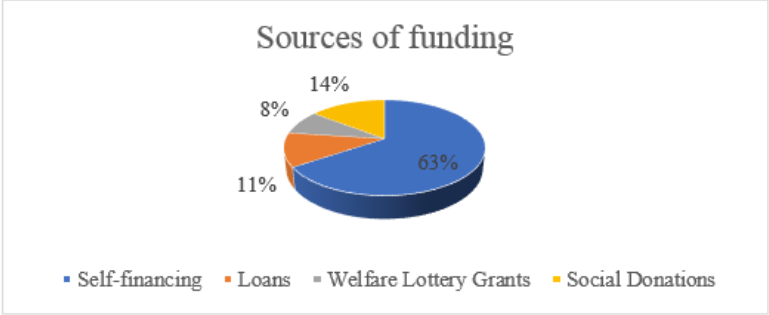

Figure 2: Proportion of funding sources for the Conservation Center

The smart ageing approach in the era of big data has greatly improved the efficiency of service provision and enriched the content of elderly care services. At present, the center carries out smart ageing in two forms in total, one is to introduce intelligent ageing-friendly products; the other is to play the function of the center's data monitoring platform under Internet+, i.e. to dynamically display the elderly's physical data, basic information, new home visiting service orders, and convey data in real time. Through the application of the above two intelligent elderly care tools, it will provide some technical support for the improvement of the service quality of the care center.

Having sufficient professional nursing staff is the key to elderly care services. In addition to providing daily elderly care services, the Care Center has also set up and run the Comfort Care School and established a caregiver's home, with the head of the Center acting as the parent, to import back-up caregivers into the Center, which has become a resource pool for the Center's talent accumulation. At present, the Care Center has developed three types of career training, as shown in Table 3. By diversifying the training methods for careers, the Care Center has greatly broadened the sources of careers and constantly replenished professional talents for the elderly service team, realizing both the industry and

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social values.

Table 3: Career training methods in the Conservation Center

Training method	Funding body	Training body	Training personnel	Training period	Training content
Trained by the Red Cross	Funded by the Red Cross, more than 30,000 per session, 20-30 people per session, the number of sessions depends on needs	Training by the head doctor and nurse of the care center, nursing certificate issued by the Red Cross	Employed people of working age	42 days	Theory + practical exercises; 20 days of theory and 22 days of practice at the Shuxin Care Residence
Employment Agency Training	Funded by the Employment Bureau	Training by the head doctor and nurse of the care center, with a patient care certificate issued by the Human Resources Bureau, which allows them to work in hospitals.	Employed person of working age with an unemployed employment card	56 lessons in 7 days	Theory + practical training; 5 days of theory, followed by 2 days of practical training at the Shuxin Care Residence
Self-funding training	At a cost of 1,000 RMB	Training by the head nurse and doctor of the care center, with a patient care certificate issued by the personnel bureau	No age limit	7 days	Theory + practical exercises; 5 days of theory, followed by 2 days of practice at the Shuxin Residence

(2) Function embedding: bed construction and function setting

In order to embed the service functions of medical and recreational care into the care center, there are currently an average of three beds in one room, with a total of 30 beds in 10 rooms. In the future, 20 rooms with a total of 60 beds will be built, all of which will be nursing beds to receive community day care (mostly for self-care and semi-self-care elderly) and some long-term care (mostly for the disabled elderly). In order to make full use of the space on each floor, the center has made a detailed division of the functions to be carried on the site: the fourth floor is used for hospital beds and pharmacy; the fifth floor includes an administrative center and data monitoring center, a comprehensive office, a physiotherapy room, a Mongolian Chinese medicine treatment room, a rehabilitation room and other daily care service rooms; the sixth floor includes a party building activity room, a psychological consultation room, a staff home, a caregiver's home, a cultural and recreational function room, an elderly The sixth floor includes a party building activity room, a psychological consultation room, a staff home, a caregiver's home, a cultural and recreational function room, a room for the employment and entrepreneurship of the disabled, a classroom for the nursing training school and a multi-functional conference hall. This will improve the utilization of space and facilitate the elderly's recreational and nursing care and daily activities.

(3) Embedding the concept: promoting a "new model of elderly care"

On the one hand, the center transforms the elderly's perception of institutional care from long-term family care to community care and home-based services. On the other hand, the purchase of home care services by the government of Songshan District is aimed at helping social organizations to open up their markets, with the ultimate aim of gradually making the elderly accept the purchase of services from social organizations at their own expense. This has embedded a new concept of elderly care services for the elderly, and has directly or indirectly played a role in updating the elderly's perception of how to age.

3.2.4 Cooperative effect: old people have a sense of security, old people have a sense of fun, old people have a sense of responsibility, old people have a sense of health

(1) Overview of research subjects

The survey was mainly conducted by means of interviews. Four staff members were interviewed, 10 regular careers were interviewed, three elderly people receiving long-term care were interviewed, 20 elderly people receiving community day care were interviewed, and 40 elderly people receiving home-based services were interviewed (family members)[6]. Interviews with the elderly were conducted using a combination of structured and semi-structured interviews, which included basic information about the

[6] *The number of interviews is all valid interviews. The list of telephone interviewees and their contact information were provided by the Conservation Centre.*

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elderly and their basic service status.

Table 4: Basic information of the elderly people served in the care center

Type	Category	Number of people			Percentage		
		Long-term care	Community day care	Home-based services	Long-term care	Community day care	Home-based services
Gender	Male	1	9	23	33.3%	45%	57.5%
	Female	2	11	17	66.7%	55%	42.5%
Age	60-69	2	10	6	66.7%	50%	15%
	70-79	1	9	8	33.3%	45%	20%
	＞80	0	1	26	0	5%	65%
Marital status	Unmarried	0	0	0	0	0	0
	Married	0	18	23	0	90%	57.5%
	Divored	0	1	3	0	5%	7.5%
	Separated	1	0	2	33.3%	0	5%
	Widowed	2	1	12	66.7%	5%	30%
Physical condition	Fully self-care	0	16	14	0	80%	35%
	Partially self-care	3	4	20	100%	20%	50%
	Incapacitated	0	0	4	0	0	10%
	Dementia	0	0	2	0	0	5%
Number of children	None	0	0	0	0	0	0
	1	0	3	7	0	15%	17.5%
	2	2	9	9	66.7%	45%	22.5%
	More than 3	1	8	24	33.3%	40%	60%

Table 5: Service uptake by elderly people in care centers

Type	Category	Number of people			Percentage		
		Long-term care	Community day care	Home-based services	Long-term care	Community day care	Home-based services
Average monthly cost of elderly care in care centers	<1000	0	20	40	0	100%	100%
	1000-2000	0	0	0	0	0	0
	2001-3000	0	0	0	0	0	0
	3001-4000	3	0	0	100%	0	0
	>4000	0	0	0	0	0	0
Main source of pension costs	Child support	2	4	8	66.7%	20%	20%
	State subsidies	0	0	29	0	0	72.5%
	Old-age insurance	0	2	3	0	10%	7.5%
	Retirement pension and accumulation of personal labor income	1	14	0	33.3%	70%	0
Length of stay/service	<3 months	1	11	/	33.3%	55%	/
	3-6 months	1	7		33.3%	35%	
	7 months -1 year	0	2		0	10%	
	>1 year	1	0		33.3%	0	
Type of service received	Long-term care	3	0	0	100%	0	0
	Basic day care	0	7	0	0	35%	0
	Cultural and recreational	3	16	0	100%	80%	0
	Rehabilitation and physiotherapy	3	7	0	100%	35%	0
	Psychological comfort, legal advice, etc.	2	9	0	66.7%	45%	0
	Home care services	0	0	32	0	0	80%
	On-site health check-up rehabilitation care project	0	0	40	0	0	100%
Very good relationship with other members of the care center (elderly and careers)	Fairly cordial	0	7	/	0	35%	/
	Fair	3	13		100%	65%	
	Fairly indifferent	0	0		0	0	
		0	0		0	0	
	Very acrimonious	0	0		0	0	
Is receiving services at a conservation center an improvement	Significant improvement	0	3	28	0	15%	70%
	Slightly improved	3	14	10	100%	70%	25%
	No significant change	0	3	2	0	15%	5%

The interviews with the 10 careers were conducted using a combination of structured and semi-structured interviews, which revealed that three of the careers had a previous bachelor's degree and a professional background in caring, while the remaining seven had a previous college degree or less and no professional background in caring. All were local people who had received 42 days of theoretical and practical training from the Red Cross and all held a career's certificate. The basic information is shown

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in Table 6 and Figure 3.

Table 6: Basic information on nursing center nurses

Type	Classification	Number of people	Percentage
Gender	Male	3	30%
	Female	7	70%
Age (years)	20-30	2	20%
	31-40	2	20%
	>41	6	60%
Education and major	Bachelor's degree in nursing	3	30%
	College and below non-nursing major	7	70%
Do you have the idea of changing jobs in the future	Yes	4	40%
	No	2	20%
	Still thinking about it for the time being	4	60%

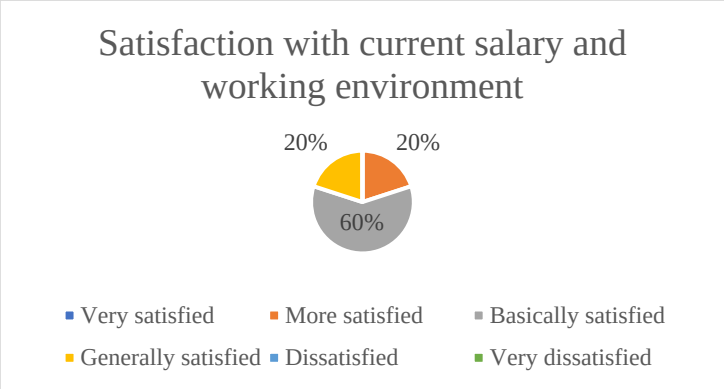

Figure 3: Satisfaction level of nursing center careers with their current remuneration package and working environment

(2) Service satisfaction

①Satisfaction level with long-term care services

Through interviews with three elderly residents, we found that among the many services provided by the care center for the elderly, the order of satisfaction ranked by the elderly was recreational activities, psychological comfort activities, cultural and recreational activities and meal activities, and the percentage of satisfaction for each activity is shown in Figures 4.

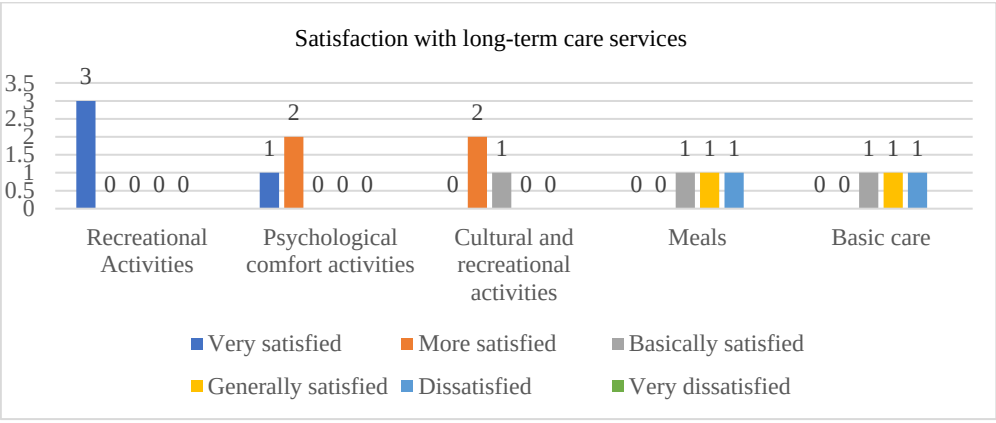

Figure 4: Older people's satisfaction with long-term care services

②Satisfaction with community day care services

Interviews with 20 elderly people receiving community day care revealed that 80% of the elderly people were generally satisfied with the day care services provided by the care center, as shown in Figure 5. However, as most of the day care services received by the elderly were cultural and recreational activities, six elderly people reported that "the space in the chess room was not big enough, there were

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not enough tables and chairs, and they often had to borrow them from the neighborhood committee office next door".

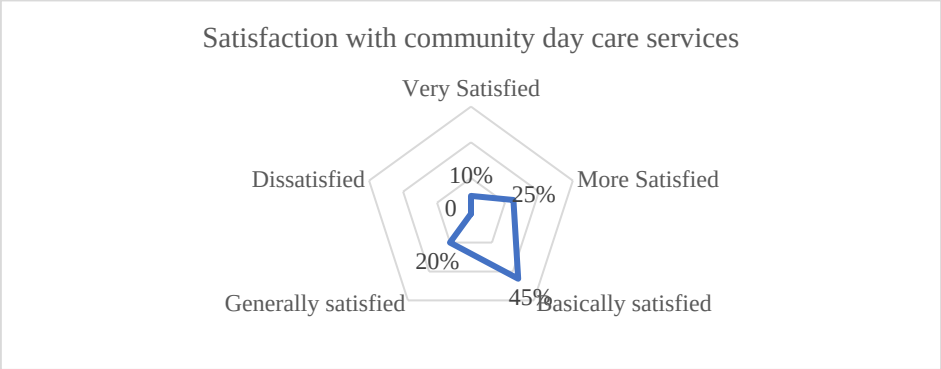

Figure 5: Older people's satisfaction with community day care services

③Satisfaction with home visit service

During the telephone interviews with 40 elderly people who received home visit services, it was found that all 40 of them made telephone appointments for the services every month. 5 of them would spend more than RMB 100 per month, while the rest spent less than RMB 100 per month, i.e. within the scope of government purchased services. All interviewees expressed general satisfaction with the attitude and content of the staff's services, as shown in Figure 6. However, only five of them were willing to purchase additional services on their own, while the rest of the elderly or their family members said they were not willing to do so, mostly for reasons such as "their family's financial situation does not allow them to do so, and they would choose to be reimbursed by the hospital if they were to purchase the services". Some of the elderly people's families expressed the wish to have "a fixed number of service providers each time so that they can keep track of the family's situation and provide long-term services".

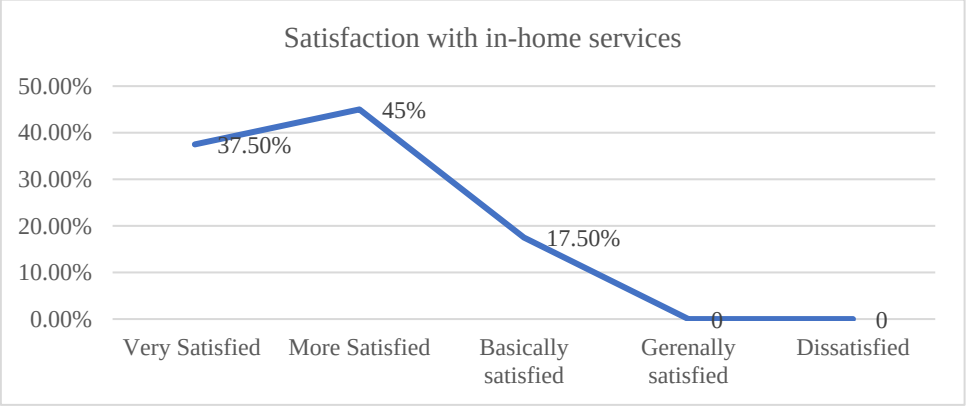

Figure 6: Older people's satisfaction with home-based services

(3) Service Effectiveness: Peace of mind is our home here

Firstly, the elderly has a sense of security. The center provides a wide range of services to meet the needs of different categories of elderly people. Secondly, the elderly has a sense of fun. The center enriches the cultural and recreational life of the elderly and enhances communication with caregivers and other elderly people in the center. Thirdly, the elderly has something to do. The care center has mobilized the elderly to participate through competition activities and opened a platform for the elderly disabled to start their own employment and business, which has increased the income channels for them. Fourthly, the elderly has access to medical care. "The combination of medical and nursing services not only facilitates access to medical care for the elderly in the community, but also relieves the pressure of medical care for the elderly in special hardship to a certain extent.

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4. Cooperation dilemma: non-benign interaction between social organizations and parties

4.1 The dilemma of government responsibility for supervision

On the one hand, the policy and financial support is weak. As a non-profit public cause, the elderly care industry needs corresponding government policies and financial support, and has certain responsibilities for public welfare values and propaganda leadership[11]. However, existing policies are mostly planning proposals such as liberalizing the market to improve quality, and the reality varies from region to region, and there is a lack of direct support for the embedded elderly care model in specific policies. In addition, the issue of funding is a constraint that hinders the development of community-based models of ageing. In City C, although the government has provided subsidies to encourage the development of care centers and has initially opened up the market through the purchase of in-home services, government funding for the purchase of services is still low and the coverage of service users is narrow. On the other hand, the government and society have not yet formed a synergy of supervision. At present, the government is in a central and dominant position in the supervision process of conservation centers and the whole process supervision system has not yet been implemented [12]. The third-party assessment agency is a network company, which was purchased by the Civil Affairs Bureau through a tender. The web-based company, due to its non-professionalism in the elderly care industry, makes it light on weight and quality in its assessment, and the cumbersome and strict procedure of uploading proof makes the service work formalized and administrative.

4.2 Competitive market environment dilemma

On the one hand, there is malicious competition in the market outside the industry. At present, the process of purchasing home care services in City C is for the elderly to choose the services of 10 elderly care institutions by themselves, and to receive home care services from the corresponding institutions by calling the telephone number of the elderly care institutions or the "12349" hotline. However, in practice, the number of organizations tendering for the service is large and the service content does not vary greatly, so there is often a malicious rush for orders by the same industry, which greatly disrupts the market order. On the other hand, there is an investment mentality that is right for the bottom but not for the top. The current investment trend in society points to education, and younger children are more willing to invest in the next generation of children than the previous generation's investment in the elderly. This has to a certain extent narrowed the sources of old age expenses for the elderly and reduced their willingness to spend.

4.3 Actors' development capacity dilemma

On the one hand, there is a lack of stability in development. Firstly, there is a high turnover of caregivers. Through research, it was found that 30 of the 50 care workers were all over 40 years old and 35 were female, and that male or younger service workers were less willing to enter elderly care institutions. Secondly, the risk management capacity of the care centers is weak. The care centers have not yet established a systematic and standardized liability insurance system, and have not yet developed processes and mechanisms for the prevention and handling of daily risks to the elderly. Again, the services and functions of the care centers are rough. The strategic positioning of the center's services is inaccurate, mainly caused by the lack of focus on service targets and service content [13]. This deviates from the original intention that the centers should focus on serving the semi-self-care and disabled elderly, especially in communities where vulnerable elderly groups such as the demented, the lonely, the elderly and those with special difficulties still rely mainly on family care. The refinement of the center's services is not high. The centers still focus on recreation, leisure and meal services, and do not really highlight their "care" function. In interviews with the 20 elderly people who received day care in the study, it was found that the services they came to receive on a daily basis were as shown in Figure 7.

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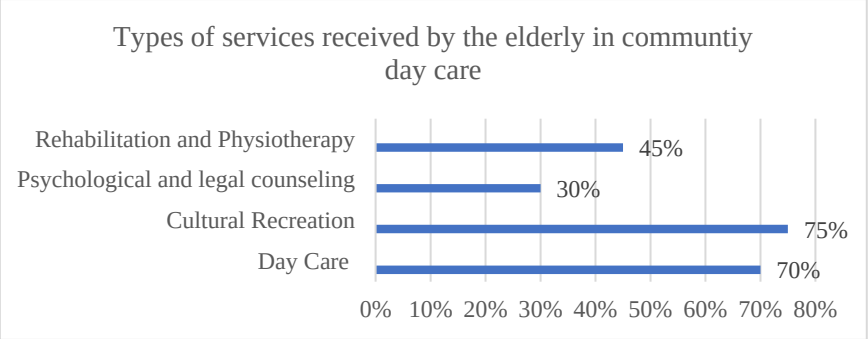

Figure 7: Types of services received by older people in community day care

On the other hand, the development lacks longevity. Firstly, there is a lack of profitability. Conservation centers are public-private in nature, and after the government provides the space for free, the centers operate on their own and are self-financing, but even with this model, the conservation centers only make a small profit [14]. Secondly, the publicity channels are limited. At present, there are three main ways to publicize the center: firstly, by word of mouth through service experience; secondly, by street and community publicity; and thirdly, by holding community clinics to raise awareness. However, in practice, the effect of all three means of publicity is very limited. Again, there is a lack of operational experience. As a newly proposed concept, the community embedded elderly service model is currently in its infancy and has less influence than home and institutional care [15].

4.4 Demand-side trust dilemma

Firstly, the awareness of consumption of paid services is low. Influenced by the sceptical attitude towards the professional ability of the care centers and the limited spending power of the elderly, the elderly in the community were cautious and conservative in their purchases and spending on the care centers, especially in terms of paying items. A total of five elderly people, accounting for 12.5% of the total number of people interviewed, were willing to accept out-of-pocket payments for services over RMB100 in the home visit service, and their consumption is shown in Table 7.

Table 7: Consumption of home-based elderly services

Service category	Number of people (people)	Specific service items	Service price (yuan)
Housekeeping services	1	Furniture and appliance repair	30 yuan / piece
	1	Cleaning of hood	170 Yuan/set
	1	Indoor overall or partial cleaning	13 Yuan/m^2
Health care services	1	Departmental massage	50 yuan / time
	1	Rehabilitation training and training in the use of assistive devices	26 yuan / time

Secondly, there is a low level of acceptance of community-based medical care. In interviews with 40 elderly people or family members who had received home visits in the study, it was found that 17 elderly people expressed doubts about the form of home delivery. Most elderly people had significantly higher recognition and trust in public hospitals than in care centers, and because public hospitals could solve the problem of reimbursement of expenses, making many elderly people reluctant to accept paid medical services from care centers.

Thirdly, the responsiveness of satisfaction surveys is low. In interviews with the 23 elderly people who live in the care center on a long-term basis and in daily care, it was found that they were willing to participate in the satisfaction survey as shown in Figure 8. It can be seen that a relatively small proportion of the elderly were willing to take the satisfaction survey and a large proportion were unwilling to participate, with a small proportion even rejecting it, possibly due to "the elderly's lack of awareness of the service subject and their doubts about the service".

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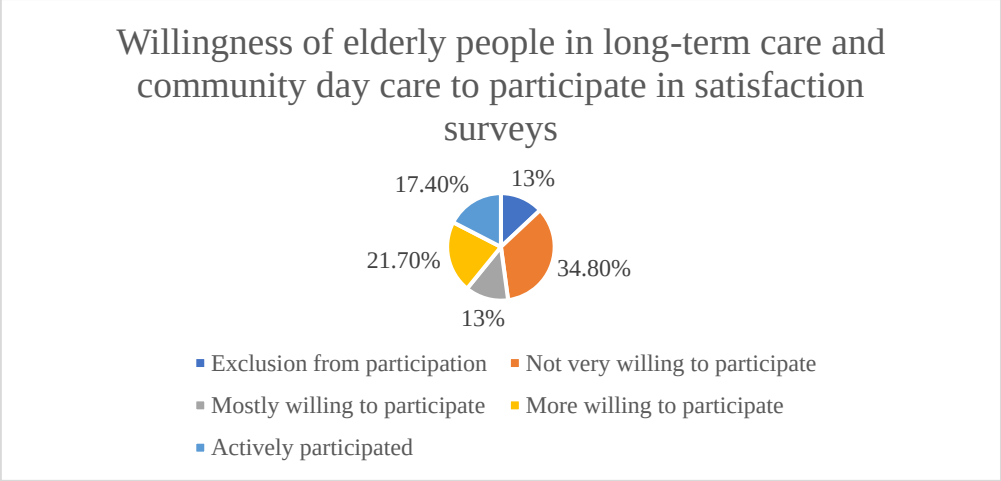

Figure 8: Willingness of the elderly to participate in satisfaction surveys for long-term care and community day care

5. Strategic choice: coordination and integration of all parties

5.1 Reasonable positioning of the government, leading the order of cooperation

On the one hand, ensure that policies are institutionalized and standardized. Firstly, the C municipality should actively establish and improve supporting preferential policies and set up special funds. For example, land use approval policies and the purchase of medical equipment, etc., to mobilize private capital to join the elderly care industry [16]. Secondly, develop cooperative projects to facilitate the flow of resources. Rationalize the number of organizations selected for bidding, lead the culture of cooperation and provide the necessary information support services. Focus on building an information society and enhancing information accessibility. Again, draw on the beneficial practices of advanced regions. Further policies should be put in place to ensure that social security functions, such as "universal health insurance" and "health insurance card", are carried out in a consistent manner, and that mature operational concepts and methods are introduced [17]. On the other hand, it is important to systematize operational processes. Firstly, we seek to set up 16 sub-district SX stations within each community, with the conservation center playing the role of administrative co-ordination and planning, so that the SX stations can really play their role as connecting hubs [18], forming a complete system of five levels of elderly care services. Secondly, optimize the carrier of the "three sides" service for the elderly in the community. To create a 3-kilometre radial circle for peripheral services [19], a 1-kilometre service circle for services around the elderly who are economically and physically disadvantaged, and a bedside service for the elderly who are self-care or semi-self-care groups, the post will play the function of extending into households to ensure a balance between the supply and demand of careers.

5.2 Building multilateral trust and optimizing cooperative relationships

First, the center needs to further strengthen its partnerships with Chinese and Mongolian hospitals, the Red Cross, the Disabled Persons' Federation, industry associations and other elderly care chains across the country. On the one hand, the center should expand its project cooperation, continue to build a brand of community and home care services that combine medical and health care, and establish a chain of franchises with corporate organizations [20]. On the other hand, care centers need to establish cooperation mechanisms with the community [21]. Secondly, ensure that care workers can come in, stay and become young [22]. Firstly, the government should formulate a plan for the training of nursing service personnel and accelerate the construction of a nursing care workforce. Secondly, improve the salary and identity of elderly care workers. Reference should be made to the income of community workers to pay their salaries, improve their social status and form a professional identity. In terms of material rewards, a performance system should be established. In terms of spiritual support and motivation, conservation centers should cultivate a work ethic of love and respect for the elderly among service workers and strengthen moral education [23]. Third, enhance the integration and trust of service users. Firstly, the conservation center should do a good job of propaganda. Adopt a combination of household and community outreach, participate in various activities in the community, and establish a

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regular public announcement system to ensure that information is transparent. Secondly, change the concept of the elderly. Through public service lectures, inviting the elderly to have first-hand experience and exchanging service points for cards, the elderly should be made clear that the community-embedded elderly care model has welfare features. Once again, the scope of radiation is broadened. Organize "respect and love for the elderly" service activities and give volunteer certificates or material rewards to advanced volunteer individuals or teams to create an atmosphere of "filial piety".

5.3 Break the information barrier and improve the supervision of cooperation

First, do a good job of preliminary market research. On the one hand, center staff can form a research team with staff from the neighborhood committee to gain an in-depth understanding of the service needs of the elderly through door-to-door visits, questionnaires on websites and public websites, and inviting the elderly for talks; on the other hand, through cooperation with professional network technology companies, share research information resources and establish a database on services for the elderly. Second, carry out tiered and categorized services. Firstly, expand the scope of population radiation [24]. For elderly people who cannot take care of themselves or are semi-self-caring, focus on providing them with rehabilitation and care services from conservation centers to their homes; for some elderly people in the community who can take care of themselves and are energetic, focus on providing them with leisure and recreational services and draw up reasonable prices according to the service standards [25]. Secondly, extend the depth and breadth of services. The services can be explored, such as cooperating with property companies and domestic service companies to increase services such as age-appropriate design and renovation of living rooms and property maintenance. Again, give full play to your service skills. Follow up key cases and adopt additional performance incentives to ensure the regularity of one-to-one service personnel and enhance trust. A book will be written on typical cases and service exploration actions to provide experience for future work. Third, conduct a comprehensive professional review. Firstly, the government should insist on full management and establish an evaluation mechanism, following a 360-degree assessment methodology [26]. A two-way information and communication mechanism should be set up to allow for timely and effective interaction with care centers and the elderly, and to listen to feedback. Secondly, the third party should adhere to the principle of "quality > quantity". The assessment of satisfaction should include objective data and subjective feelings of the service. Again, the elderly should play a leading role in advocacy. The elderly care center can actively encourage the younger elderly people to organize a team of elderly volunteers.

5.4 Strengthening self-building and enhancing cooperation capacity

On the one hand, a comprehensive risk management mechanism should be established to improve the ability to prevent risks, manage risks and dispose of risks. In terms of risk prevention, care centers should take out institutional liability insurance and encourage elderly people receiving community day care and long-term care to take out accidental injury insurance and care insurance, etc., and further ensure that service agreements or informed consent forms are signed in advance, with prior communication establishing the rights, obligations and responsibilities of both parties. In terms of risk management, regular checks are carried out on risk-prone places or facilities in the district, and comprehensive work plans are made for situations that may occur, such as falling out of bed or choking, and attention is paid to strengthening the emergency response capacity and psychological quality of care workers in handling risks. In terms of risk management, the center has established a standardized process for handling common risks, a risk management officer system and regular risk simulation exercises. On the other hand, a comprehensive quality and standards management mechanism is established. In the talent training mechanism, professional ethics, professional knowledge and professional skills assessment are highlighted. In terms of process management, the government and the conservation center should cooperate to develop a standard assessment system for the quality of elderly services and a manual of professional standards, which will be used as an important basis for regular assessment, reward and punishment management. In terms of the exit mechanism, a "one-vote veto" system should be applied to practitioners who have made major mistakes and caused adverse effects, and their qualifications should be cancelled and their legal responsibilities pursued in accordance with the law.

6. Conclusion

As an innovative model of urban community elderly care, embedded elderly care meets the all-round and multi-level needs of elderly groups with professional and diversified elderly care services; reduces

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the elderly care burden of the government with socialized and market-oriented elderly care service supply; relieves the elderly care burden of families with low-cost and high-quality service content, and is a symbol of the future development direction. However, due to complex reasons such as different levels of economic development and differences in the realities of elderly care in different regions, the implementation of the embedded elderly care model has had uneven results. In the case study of SX Health Care Centre, it was found that there are still difficulties in the cooperation between social organizations and various parties in the process of participating in urban community-based elderly care services, such as "insufficient supervision by the government, competitive market environment, limited development capacity of actors and lack of trust from the demand side". Accordingly, this paper proposes to promote the coordination and integration of social organizations and various actors from the perspectives of "reasonable government positioning, building multilateral trust, breaking down information barriers and strengthening capacity building", and provides a pathway for future community-based elderly care services in city C and other regions, with a view to building a good long-term cooperative elderly care service mechanism.

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