Dilemmas and Countermeasures for the Development of Community Embedded Elderly Services

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Abstract: In recent years, the state encourages the senior care industry to implement the home and community coordination of the senior care model, but how to coordinate and optimize the home, community and institutions is an important problem faced by the senior care service, so in the process of practice, the community embedded senior care model came into being, which makes use of the theoretical perspective of "embeddedness", combined with the traditional senior care method of the relevant features. This model utilizes the theoretical perspective of "embeddedness", combines the characteristics of the traditional way of old-age care, better avoids the shortcomings of the traditional way of old-age care, and makes full use of the advantages of home, community and institutional old-age care, which is an important form of old-age care in China in the future. China has made good experience in the practice of community embedded senior care services, but there are still many problems in the promotion and operation process, so this paper analyzes the operation of community embedded senior care services and practice dilemmas, and puts forward targeted recommendations for the existing problems, aiming to promote the diversified development of China's senior care industry, and provide new ideas for the development of community embedded senior care services.

1. Literature review

"Embeddedness theory originated in the West, Polanyi first proposed the concept of embeddedness in his book The Great Transformation, which was reformulated by Granovetter and applied to the new economic sociology, revealing the close connection between economic behavior and the social environment in reality. He reveals the close connection between economic behavior and the social environment in which it is embedded in reality, and maps to a certain extent the complex network relationship between human activities and multiple factors. Community embedded elderly care is the specific practice of the theory in sociology, domestic related research on the theory of embeddedness, on the connotation of embedded elderly care, Zhu Hao (2020) from the embedded theory that community embedded elderly care service is the process of interaction between the community subject and resources through the use of strategies and resources to produce embeddedness, the community as a medium for the formation of a new kind of service delivery network, and along with the reorganization of resources and the reshaping of relationships lead to the formation of a new model of elderly care service. Regarding the advantages of embedded elderly care, Wang Jing (2019), from the perspective of the elderly, argues that community embedded elderly care can enable the elderly to enjoy elderly care services without leaving their homes, which saves time and economic costs and increases disposable income compared to elderly care institutions, and thus embedded elderly care is more cost-effective. Zhou Yue and Cui Wei (2019) point out from the community perspective that embedded aging can make full use of idle resources in the community, while the surrounding vegetable farms, shopping malls, and other living facilities can also provide resource support for embedded aging, thus achieving the effect of cost reduction. In conclusion, service advantages, geographical advantages, resource advantages, and the ability to meet the diversified needs of the elderly are the advantages of embedded elderly care, which is also the key to the development of embedded elderly care in various regions.[1]

2. Difficulties facing the development of community-based embedded elderly care services

First, the functional positioning is not clear. Community-embedded elderly care services should be used as an important supplement to the traditional elderly care model, organically combining home-based elderly care, community-based elderly care and institutionalized elderly care to form a complete service system, rather than completely replacing existing service functions. However, some of the current community-embedded senior care services only provide long-term care services, lacking day care and home-based services. This practice deviates from the original intent of community-embedded senior care services, and cannot effectively make up for the shortcomings of the traditional senior care service model.

Secondly, social recognition is not high. The promotion of community-embedded elderly care services cannot be separated from the general recognition of the public. Currently, this new model has not yet been widely popularized, and many people still lack a clear understanding of the differences between community-embedded elderly care services and traditional elderly care models. Although economically developed cities such as Shanghai and Hangzhou have taken the lead in pilot exploration, most cities nationwide have yet to officially launch such services. Although the Implementation Program has clearly listed the construction of community-embedded service facilities as a key project, the public still has many questions about the concept, making it difficult to form a deep-seated consensus.[2]

Again, the participation of social capital is low. At the present stage, community-embedded elderly service facilities rely mainly on government funding, and generally adopt the "government builds, government operates" or "government builds, private operates" model, with a low degree of participation by social forces. Existing practice shows that this type of service model relies mainly on administrative power to promote, overly relies on financial support, private capital is often in a subordinate position, and the enthusiasm of market players is insufficient, which restricts the scale of its development. At the same time, excessive reliance on government investment not only increases local financial pressure, but also makes it difficult to maintain the long-term stable operation of such service facilities in the current situation of fiscal austerity.[3]

Finally, the talent to team professionalism is low, it is difficult to form a replicable model. Relevant national regulations clearly require that senior care service organizations must be equipped with the appropriate size of the management team, professional and technical personnel and licensed caregivers, and the number of caregivers should be proportionally allocated according to the situation of the elderly in residence. Specifically, the ratio of caregivers for the disabled elderly is 1:3, the ratio of caregivers for the semi-self-care elderly is 1:8, and the ratio of caregivers for the self-care elderly is 1:15. However, most of the community embedded senior care service institutions have not yet reached this standard, and their caregiving teams are generally characterized by aging age structure, low educational level, and insufficient professional skills, which make them difficult to meet the specialized needs of modern senior care services. Community-embedded senior care model will be directly set up in the community where the elderly live, limited by the size of the community space, the number of beds set up by such institutions is generally small, unable to form the economic benefits of scale, making it difficult for the operating body to achieve financial balance. Research has shown that in order to realize the ideal input-output ratio, the size of the beds should be maintained at about 300. However, the number of beds in existing embedded senior care institutions is generally far below this benchmark, making it difficult to cover costs and expenses by relying only on daily operating income.[4]

3. Optimization path of community embedded elderly services

First, the direction of service should be established to create an intelligent elderly care service system. Community embedded elderly care services should prioritize services for the elderly living alone, post-operative rehabilitation patients and semi-disabled elderly who lack family care; for the elderly who have strong self-care ability and a sound family support system, it is recommended to adopt the home-based elderly care model; for the elderly who are severely incapacitated or in need

of end-of-life care, institutionalized elderly care is more appropriate. Its core services can be categorized into three main sections: short-term residential care, daytime custodial services and home-based assistance. Specifically, short-term residential care provides round-the-clock accommodation and nursing care; day care covers daytime rest, assisted living and referral services; and in-home services include support for bathing, emergencies, medical care, travel and cleaning. In addition, qualified organizations can also expand medical and nursing services such as meal delivery, health consultation and medicine collection. It is recommended to promote the construction of an intelligent elderly care system, integrating modern technologies such as artificial intelligence and big data to create a comprehensive service platform with multi-party participation, and promoting information sharing and resource optimization. Through intelligent terminal equipment, the elderly can conveniently access quality elderly care services at home.[5]

Secondly, increase publicity efforts to enhance public awareness. Relevant government departments should strengthen the publicity and promotion work, through the combination of traditional media and emerging media, comprehensively carry out policy interpretation and publicity work. In-depth grass-roots communities to organize thematic lectures, regularly held various promotional activities, and effectively enhance the community's understanding of the importance of community-embedded elderly care services. Priority is given to selecting communities with better basic conditions to carry out pilot services, giving full play to the role of demonstration and leadership, creating a positive atmosphere of public opinion, and gradually changing the public's perception of traditional elderly care. At the same time, it is necessary to carry out in-depth surveys on the needs of the elderly in residents' homes, dynamically grasp the changes in the demand for community-based elderly care services, provide accurate services according to the actual situation, and realize the effective convergence of supply and demand, so that the elderly can truly feel the quality of life and sense of well-being brought about by the community-based embedded elderly care model.[6]

Next, we will strengthen the training of professional talents and improve the service standard. We have taken various measures to expand the reserve of nursing service talents, actively integrated the re-employment human resources in the district, encouraged qualified personnel to join the nursing industry innovation and entrepreneurship, and guided graduates of vocational schools and colleges specializing in nursing-related professions to be employed in their counterparts. We focus on introducing professional and technical talents and management elites in the fields of social work, rehabilitation therapy, geriatric nutrition and psychological counseling. Efforts will be made to promote the development of vocational education and higher education in senior care services, formulate special programs for training talents on campus, and promote the establishment of cooperative relationships between institutions and senior care organizations, as well as the construction of practical training bases and platforms for the integration of industry and education. Employers should fulfill their primary responsibilities and continuously improve practitioners' professional skills through centralized training, job practice, online learning, and other methods. A professional qualification certification system should be established and improved, with the implementation of a licensing system. Education on professional ethics and service concepts should be strengthened to build a community-embedded elderly service team characterized by high ethical standards, exceptional professional skills, and strong dedication.

Efforts should be made to enhance scale effects and promote branded chain operations. Existing community senior care resources should be fully utilized, and well-known senior care brands with strong operational capabilities and good market reputations should be introduced. Resources from scattered small and medium-sized senior care institutions with limited management capacity should be optimized and integrated. Additionally, the system should foster the collaborative development and reasonable mobility of senior nursing talents and management personnel while leveraging the professional advantages of large-scale, comprehensive senior care service institutions.

Drawing on the chain operation experience of the hotel industry, the branding development of community-embedded senior care services should be promoted. This includes implementing a unified brand identity, service standards, management systems, and hardware configurations to ensure that elderly individuals receive consistently high-quality services across different regions. Establishing a

stable customer base and enhancing market recognition will further contribute to the sustainable development of the sector. Through the chain operation mode, it realizes the intensive management of human, financial, material and other resources, significantly reduces the operating costs of the enterprise, and forms a unique competitive advantage in the market.

Finally, the policy support system should be improved and the industry's regulatory mechanism should be strengthened. In the area of financing, central and local financial inputs, social funds, financial credits, personal contributions, and other multi-channel resources should be integrated to ensure financial security for the construction and operation of community-embedded elderly service facilities.

4. Conclusion

In the area of administrative approval, the project approval and enterprise filing process should be simplified. Support should be provided for the coordination of projects under the jurisdiction of urban districts or streets, with unified advance preparatory work. Additionally, the licensing and approval process should be optimized by implementing the "one address, multiple licenses" policy and providing business entities with convenient and efficient registration and filing services.

At the planning and construction level, in conjunction with urban renewal, community function improvement and the creation of convenient living areas, the scientific layout of land for community embedded elderly service facilities. For additional senior care service facilities in old districts, under the premise of conforming to the overall plan, the restrictions on planning indicators will be appropriately relaxed. Government departments should establish and improve the supervision system for themselves and key stakeholders involved in community-based elderly care service projects. They should clearly define the rights and responsibilities of all parties, introduce an independent third-party evaluation mechanism, and develop a multi-dimensional collaborative governance model—led by the government, supported by the community, implemented by enterprises, and supervised by an independent third party.

Relevant departments should incorporate the construction of community-based elderly care service facilities into their annual performance appraisal systems and strictly implement the target management responsibility system. They should also enhance the supervision mechanism through regular inspections, professional guidance, and the implementation of a negative list management system. Evaluation results should be used as key references for selecting demonstration projects.

Throughout the entire project lifecycle, the responsible authorities must strengthen supervision by strictly controlling construction safety and quality, standardizing fund utilization procedures, and improving fund usage efficiency. Additionally, they should reinforce oversight of operational processes by commissioning third-party professional organizations to conduct scientific evaluations of service quality and content. These evaluations should serve as an essential basis for developing and implementing subsequent subsidy policies.

References

[1] Chen Youhua. Positioning, Problems and Reflections of China's Elderly Service [J/OL]. Social Science Series, 1-13 [2024-11-06]. http://kns.cnki.net/kcms/detail/21.1012.C.20241015.1356.036.html.

[2] Du Peng, Ma Qifeng. Community-embedded elderly care in China: An analysis of the current situation and problems[J]. Population and Development, 2024, 30(03):113-124.

[3] Liu Xiaomei, Chen Wenwen. The development mode and practice path of community aged-care complex in China[J]. New Horizons,2022,(03):123-128.

[4] Zhu Hao. Socialized Operation Mechanism of Community Embedded Elderly Service and Its Practical Logic[J]. Journal of Yunnan University (Philosophy and Social Science Edition), 2020, 37(05):98-106.DOI:10.13727/j.cnki.53-1191/c.2020.05.015.

[5] Wang Jing. Analysis of embedded elderly care service model based on PEST-SWOT model—Taking Shanghai "Elderly Care Home" as an example [J]. Journal of Economic Research, 2019, (09): 40-41.

[6] Zhou Yue, Cui Wei. Research on the Development of Embedded Elderly Model in Beijing—Taking the Elderly Service Station as an Example[J]. New Horizons,2019,(04):90-96.