

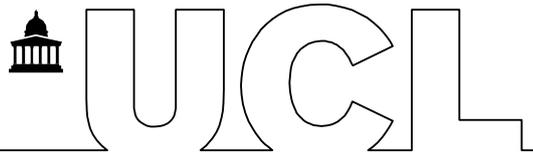
Chinese ageing people in dilemma: Exploration of elder
people's feeling about home caring in western area of
China

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IGP MSc COURSEWORK

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Abstract

The demand for elderly care will increase significantly with the acceleration of ageing, so the country needs to transform under this demographic structure. The country desire to diversify elder caring, but 90% of the elderly still choose to stay at home. Therefore, it is worth understanding the thoughts of the elderly, including the advantages and disadvantages of home care. This researcher will further promote the prosperity of the elderly care industry and improve the quality of life of the elderly. Welfare pluralism suggests combining multiple resources such as family, community, enterprises, and national governance to tackle challenges brought by the ageing population. This research will specify the actions of those social actors via three key research questions: What reasons make the elderly choose caring services in their home instead of other private caring homes? What do these elder people need and concern about in current practices? How to improve the current practices and provide available alternative solutions for the ageing challenges? This research will use the qualitative method via semi-structured interviews because the qualitative method can collect the results of the subjective feeling of "home care" and observe the multiple reasons. Finally, based on the analysis of results, this research found specific solutions for achieving welfare the pluralism with the cooperation of government, community and individuals.

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I also want to thank my family and my boyfriend for their emotional support throughout the year. I wrote this paper to my parents, hoping that I can understand them from their perspectives when they are ageing at home and give them more love, respect, and support.

Chapter 1. Introduction

1.1. Background and motivation

1.1.1. Fast ageing speed in China

China is facing challenges ageing population. The seventh Chinese census, conducted in 2021, revealed that people over sixty years old occupied 18.7% of the whole country, which is 5.44% higher than the sixth census in 2010 (National Bureau of Statistics, 2021). The history of such population structure was mainly caused by the one-child policy in the 1980s and the Chinese first baby boom around the 1960s (Lin, 2018; Pletcher, 2021). Those historical issues stimulate the population structure into the current stage because they decline the sum of young adults whilst increasing the elderly. Plus, the average life expectancy is added by roughly two years in the past decade, so the ageing population in China occupied more in the whole number than before (Thomala, 2021).

More ageing population means more requirements for elder caring. However, the allowance is scarcer than before because more elder people use it, but less labour is provided under the current population structure. Viola Rothschild (2019) also pointed out that the Chinese government's plan on social welfare, such as pensions, is unstable and in danger of deficit. Therefore, there is a need to find a transitional way for solving current ageing population, especially for the requirements for elder caring.

1.1.2. Demand for diverse caring services

There are more elder caring institutions than before such as private caring homes, since some private enterprisers feel the opportunities behind ageing population. Lu (2020) said the increasing rate of investment in elder caring home is 26.6% every year, and the total number of elder caring institutions in China is 220,000 until June in this year. However, 90% elder people over 55 years old in China choose ageing at home instead of staying at the caring institutions (Zhou, 2019). The reasons caused such phenomenon are not summarized with a unified answer. There are some voices stating the reasons behind are the polarization of types. It is illustrated the average cost of a private institutions are 20% higher than the average pensions of a normal elderly in Beijing (Yu and Liu, 2020). Additionally, the existed caring institutes might be high-qualified but require an expensive cost of up to millions Chinese Yuan for buying an elder apartment in the outskirts of downtown (Zhou, 2019). However, the last choices for people who wonder cheaper ones are private hotels that do not meet the standards and lack efficient management (Yu and Liu, 2020).

Therefore, there might be a possibility for all social sectors to design a suitable elder caring type in the middle of two extreme types. Additionally, the female labour might be more than

before if there is a third-party to help family member caring elder persons in the house, because the women are highly likely to provide unpaid caring work at home (Campbell, 2019).

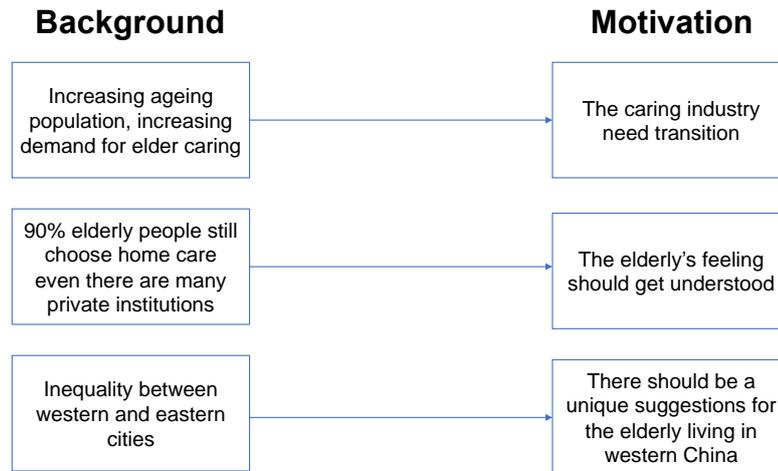
1.1.3. Emphasis on quality of elderly's life

It is vital for the whole society to concern about the happiness of elder people. Supported by Sustainable Development Goal 3 (United Nations, 2021), anyone at any age should get diverse health care. However, unequal development in different regions has caused service quality in the western area to lag far behind in the eastern provinces. This inequality is because the economic level can decide the standard of living and the quality of medical care. The economic status can indirectly extend life for a certain time and raise the quality of life with better medical resources and other welfare (Wu, Huang and Pan, 2021). For example, Wu, Huang and Pan (2021) said Chongqing, one of China's western cities, gets the highest ageing degree with 11.56% because its average GDP is very low with 27596 yuan and the medical conditions are not as good as other eastern cities Shanghai.

Except for the unequal development between western and eastern Chinese areas, many aged people talked about their current caring life, including expensive costs, lack of governmental financial support, the loneliness of leaving children, and suspicion for the caring staff (Campbell, 2019; Liu et al., 2015). Li and Huang (2019) pointed out that the elder people having a tight relationship with family, friends, and financial support are happier than the more senior people who lost their love, are in poor health status, or live alone. Therefore, it is worth finding the answer in western Chinese areas to eliminate inequality of elder caring and provide a more prosperous caring way for aged people based on the current situation.

1.1.4. Motivation

Figure 1. Background and motivation for this research



(Source: Created by author, 2021)

There are multiple reasons behind every phenomenon mentioned above (Figure 1). In this research, the author desires to find the unified answer based on the discussion with local people living in western cities. Additionally, the author also wants to obtain detailed explanations for the similarity and difference in previous studies.

For practical motivation, the author would like to provide some suggestions to the government and other institutions for policymaking. Considering the uneven development of various regions in China, this article focuses on the western cities, hoping to have more suggestions for the western region. Second, the author hopes to arouse more social groups to pay attention to the current situation of caring services for the elderly at home.

1.2. Research aims and objectives

This research aims to investigate the true situation of elder care in western China and to provide some suggestions for alternative solutions vis bellowing research questions:

- To identify the key reasons why the elder people choose aging at home.
- To illustrate the elders' real needs and concerns about home caring services.
- To find better solutions for current practices of elder caring from elders' perspectives.

1.3. Structure

The whole structure of this study is organised as the following parts. The chapter 1 of this study introduces the situation about the Chinese elder people are facing and what problems need to be solved. The previous literature about the findings and theorem are stated and discussed in chapter 2. Chapter 3 states the methodology. Chapter 4 presents the findings according to the

analysis/interview result. Chapter 5 shows the interpretation and the manager of implication. chapter 6 concludes the main findings, managerial implications, limitations and further statements of this study.

Chapter 2. Literature Review

This chapter first explores the concept of elder care in general and then the unique situation of China. It then introduces the theoretical framework for this dissertation, based on the combined theory of welfare pluralism, Anderson Behaviour Model (ABM) and Maslow's hierarchy. Next it reviews the previous study for existed findings and get research gap for future contributions.

2.1. Concepts of elder care in general and in China

2.1.1. Elder care in general

Elder caring is described as a caring service for older people with family, community, private companies, and government demands in this research. The contents of services conclude cooking, dressing, medication, helping to do to the toilet, outgoing and other activities. Additionally, Clancy et al. (2019) defined informal elderly care as an unpaid service that meets the elders' physical, cognitive and emotional needs and is usually provided by spouses, children or friends. Compared with informal elder care, formal care services rely on professional staff with professional medical knowledge, digital technology devices and other high-level equipment (Buckingham, 2018). In this research, elder care is defined as informal care services. It can sometimes be equal to home care, which refers to family, community, and other non-profit organisations offering informal care services instead of private institutes.

2.1.2. Unique situation in China

- Filial piety

Firstly, china's elder caring puts heavy emphasis on filial piety. This phenomenon frequently appears in Asian countries. For example, in Singapore, a country with a tinier family and longer life expectancy, the government advocates that the family should be the primary support for elder caring (Chen, 2020). In China, the Chinese law named The Protection of the Rights and Interests of the Elderly was implemented in 2013, pointing to the adults whose parents live far from them. The children must visit or greet them regularly; otherwise, their parents have the right to sue for negligence (Iyengar, 2016; The Sydney Morning Herald, 2016). This heavy emphasis was caused by the Confucian tradition of *Xiao*, or filial piety. Filial piety encompasses a wide range of actions by children to fulfil their duty of care to their ageing parents, including

respect, obedience, loyalty, material provision and physical care (Zhan and Montgomery, 2003). Children are expected to keep their elderly parents safe by providing emotional, financial and physical care activities (Zhan et al., 2006). In this research, the working definition of filial piety is a basic emotional and financial support provided by children for their parents, which is regulated by law and morality.

- *“4-2-1” family structure*

Secondly, the “4-2-1” family structure is unique. “4-2-1” family structure means four elder parents of a couple of children and only one child (Jiang and Sánchez-Barricarte, 2011; Campbell, 2019). Around 17.3% of China's population was 60 years old or elder in 2020 because of the high birth rate in the 1950s and 1960s, compared with 11.6% ten years ago (Lin, 2018). In around 1979, China implemented a one-child policy, and its consequence increased the proportion of the elderly population, which is the result of a simultaneous decrease in the number of children born since 1980 (Pletcher, 2021). Furthermore, an increase in life expectancy is a worrying issue because many older adults in China rely on their children to support them after retirement (Thomala, 2021). There are fewer children to keep them. Thus, it is highly possible for the young couple to help their only-one and care for four elder parents in a super city under tremendous pressure. Elderly care is used to be provided by the family. However, with the family structure changing, the elder parents are more likely to stay alone at home or go to a caring institution without children's accompany (Hatton, 2015; Lei et al., 2015). NHS (2018) said the aged people are particularly vulnerable to the effects of loneliness and social isolation, which can have serious health effects. In this research, the special Chinese family structure is a common situation faced by aged people, caused by historical events.

2.2. Theorem foundation

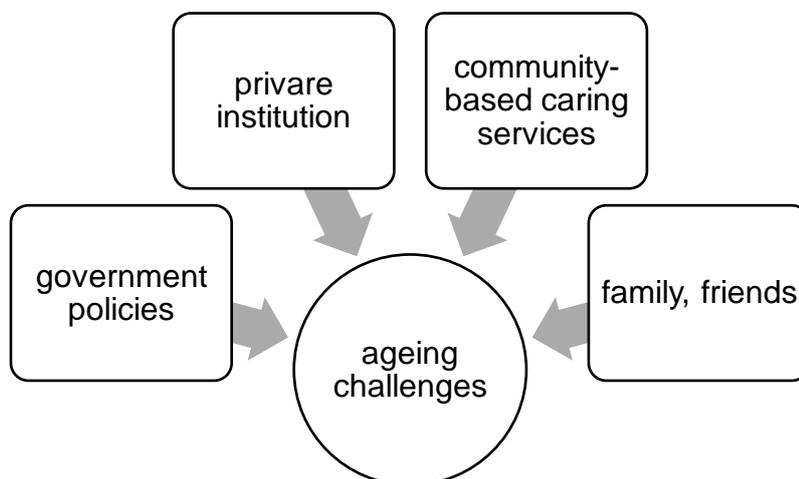
Since there are three research questions desiring to explore the reasons, concerns and future perspectives about home care, this research will build a theorem foundation with the help of previous theoretical framework including welfare pluralism, Anderson Behaviour Model and Maslow's hierarchy.

2.2.1. Construction of caring system: Welfare pluralism in China

Welfare pluralism in China means that the elderly's welfare needs cooperation from all sides of society (Figure 2). First, Paul Spicker (2014: 256-268) proposed the theory of Welfare pluralism that the state is not the only welfare provider. It needs all sectors of society to support each other. In 2006, the Chinese General Office of the State Council issued the “Opinions on Accelerating the Development of Social Services for the Elderly”, which clarified the multiple elder caring system supplemented by home-based care, community service and institutional

care (General Office of the State Council, 2006). Therefore, welfare pluralism is suitable in the current Chinese elder caring system considering cooperation from diverse social actors. With the help of this theorem, this research can obtain how social sectors cooperate for prosperous elder welfare.

Figure 2. Theoretical framework of Welfare Pluralism



(Source: Adapted form Spicker, 2014: 256-268)

- *Prior discussion about Welfare Pluralism: Government*

Around welfare pluralism, previous researchers presented their opinions. It is stated all public welfare resources work for the basic needs of the retired in China (Zhu and Walker, 2017). According to Spicker (2014: 256-268), many general welfare homes and other government-organized public institutions are like an introductory social standard in China. It is not reliable for the Chinese elderly to put all hopes on shared resources. Moreover, the national welfare will be affected by government corruption if the social welfare solely relies on the government (Tam, 2011). Plus, the economic efficiency will be low (Zhang, Zeng and Feng, 2019), paternalism makes older people unhappy in their later years (Sánchez-Izquierdo et al., 2019). Considering limited content provided by public sectors and drawbacks of governmental organisation, it should not wholly rely on the government but integrate other social sectors such as private institutions in the market, community or family. However, it does not mean China should reduce the intervention of the government remarkably. Beresford and Croft (1983: 19-36) warned that reducing state intervention in welfare would increase demand for informal services, leading to a reliance on privatisation and unpaid housework at family. Chinese current situation suits for this statement, the reliance on informal care leads to unbalanced welfare distribution considering 90% of aged people choosing home care (Zhou, 2019).

- *Prior discussion about Welfare Pluralism: Family*

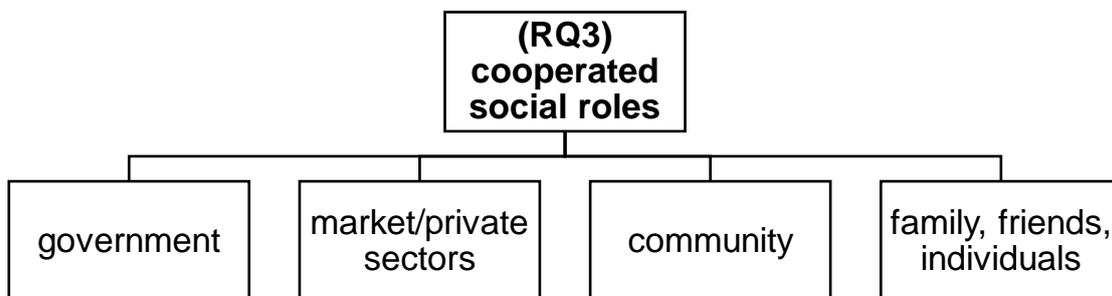
Meanwhile, as mentioned in the previous literature, the great emphasis on "filial piety" and

pressure added by the national constitution make children have the responsibility and obligation to take care of their parents. In the absence of an effective diversified elderly care system, the current caring system will directly hand over the care responsibility to the person with the vast living pressure in the 4-2-1 family. Such informal care could not guarantee the quality of caring services (Jiang and Sánchez-Barricarte, 2011). It also aggravates the burden of caring providers such as housewives (Zhan and Montgomery, 2003: 219), which ineffectively solves the elder caring dilemma. Therefore, most of the previous researches reveal the inefficiency and confliction of welfare pluralism in China. There is a need to find a balanced way to make the welfare of the elderly effective in welfare pluralism in this paper.

- *Sub-questions getting from the Welfare Pluralism*

To sum up, welfare pluralism in China is inefficient and lacks detailed suggestions about what the social sector should do to cooperate for elderly welfare. Follows these statements, the Welfare Pluralism theory can study the diversified social cooperation on elderly welfare. For example, this research uses welfare pluralism as the theoretical foundation to make the development of all sectors of society adapt to social changes and improve the welfare of the elderly (Figure 3). It then explains which sectors can help the elderly to enhance their home-based care experience in the future. The author will discuss some trends and suggestions for the elderly in the western region in China to promote welfare efficiency.

Figure 3. Sub-themes in Research Question 3



(Source: Created by author, 2021)

2.2.2. Services receiver centred design: ABM and Maslow's hierarchy

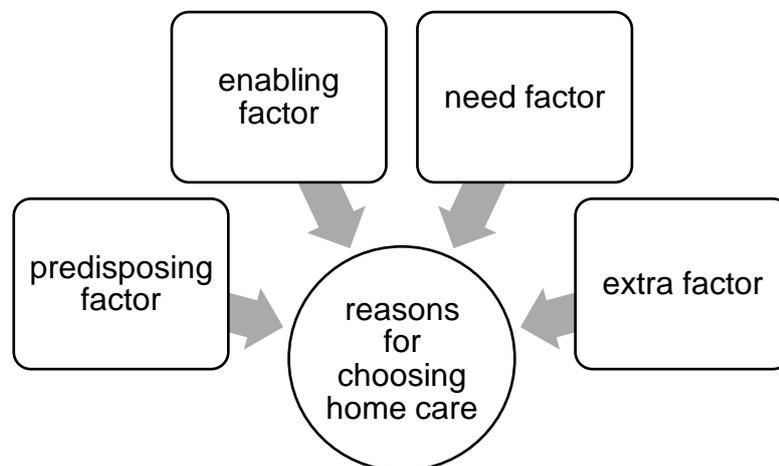
This research also needs a theorem to study the elderly's concerns and demand to specify what diverse social sectors should do. Welfare pluralism can only serve as a framework to learn who should improve the cooperation at the macro, meso and micro level of elder care in western China. With the help from the user-centred design model—Anderson Behaviour Model (ABM), the researcher can understand three dimensions of caring contents and clarify critical advantages of home care to provide suggestions on what social roles can do. Maslow's

hierarchy level help to enhance concerns and further demands of home care and conceptualise the more elderly's psychological factors about home care services.

- *Basic contents in services: ABM 3 Factors*

ABM was first proposed by Anderson (1968: 23-57) to study why people such as the elderly choose care services, which are predisposing, enabling and need factors. Babitsch, Gohi and Lengerke, respectively, (2012) confirmed the extensive use of ABM in research on health service utilisation. Isaak et al. (2020) used ABM to explore the Canadian First Nations (FN) members' concerns about health services utilisation via focus groups and individual interviews. Then they get the predisposing factors such as a social structure that will influence the utilisation of health services to adjust those parts for better utilisation experiences among the FN. Similarly, this theorem can be used as Corinne Isak et al. writing in their research and find the extra explanations out of the ABM sub-factors. When this model is the theoretical framework of this research, the core advantages of home care can be conceptualised as predisposing, enabling and need factors during the aged people's caring process (Figure 4). The sub-factors are these reasons is used to explain the concerns and demands of the elderly about the current home-based care, which is conducive to different social roles to make appropriate remedies and optimise the welfare of the elderly.

Figure 4. Theoretical framework of modified Anderson Behaviour Model



(Source: Created by author, 2021)

- *Extra contents in services: High levels in Maslow's hierarchy*

However, ABM cannot fully summarise the needs of the elderly because it does not include socialisation and psychosocial factors (Isaket al., 2020; Lederle, Tempes and Bitzer, 2021). At this time, Maslow's hierarchy is utilised to enhance the traditional ABM. According to Maslow's hierarchy theory, human needs develop from low level to high level: physiological, safety, love and belonging needs, respect, and self-realization needs (Maslow, 1943: 370).

Additionally, the definitions of every hierarchy are shown in the Table 1.

Table 1. Table 1. The Maslow’s hierarchy level from low level to high level

Physiological needs	daily necessities such as dressing, eating, and washing
safety needs	staying away from unfamiliar environments
social needs	sense of connection
respect needs	self-esteem and a sense of accomplishment
self-actualization needs	self-actualization

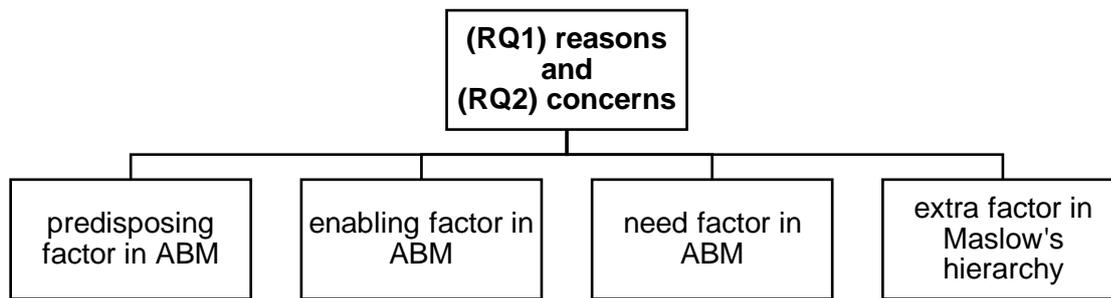
(Source: Adapted by Maslow, 1943: 370)

Thielke et al. (2011) stated the Maslow’s hierarchy enables services providers in markets to be user-centred and find the most related demands. Liu and Tamura (2019) used this theorem to provide higher-quality intelligent services for the elder ageing at home and help the government and society solve ageing issues. They found the higher demands of home care, including emotional demands via literature analysis between 1980 to 2018, which can drive the user-centred product into more individual customised characteristics. Based on this theorem, Wang, H.G. Chen, and G. Chen (2016) also studied the priority of the elderly’s demand in Taiwan and suggested social resource allocation. In this research, this theory has been used to explore the problems and personal needs of the elderly in the current home care process. It can be based on the original traditional ABM model and some social, cultural and physiological factors such as the sense of connection in the social environment and the filial piety of their children.

- *Sub-questions getting from the ABM and Maslow’s hierarchy*

Above all, this ABM provides three main concepts to understand better the needs and priorities of the elderly regarding current home care services. Combined with Maslow's hierarchy of needs, the elderly' s extra demands except for fundamental reasons for the choice are added, which can specify the plural social sectors' action completely (Figure 5).

Figure 5. Sub-themes in Research Questions 1 and 2



(Source: Created by author, 2021)

2.3. Prior studies

Predecessors have drawn some existing conclusions: the reasons for the elderly people to choose home care include their health, surrounding resources, family size, disposable income. In addition to the three factors of ABM, the elderly people have other psychological needs in the home caring. The outlook of the elderly for future home care is to focus on the development of private institutions, families, and so on.

- *Prior studies of reasons choosing home care service*

In China, the elderly people choose the eldercare mode mainly due to need factors in ABM, but prior studies will form different results due to regional changes. Zeng et al. (2020) used the Andersen model to analyse China's elder care market. They adopted multiple logistic regression to investigate which factors are more affected by the home-based care model. Self-evaluated health status has a considerable influence on the future eldercare arrangement of the elderly in their research. In Xiamen and Zhejiang, it is the need factor that causes the elderly to choose home-based care. The older people in their studies said they feel better staying at home because of their physical health, and they do not need to hire caregivers or go to institutions to take care of them (Zhang and Yu, 2017; Zeng et al., 2020). Unlike studies done in eastern cities, Chen et al. (2020) found that people in Henan prefer to live at home because of predisposing factors. It can be seen from experiments in Henan that there is a predisposing factor that enables older adults to choose to live at home since married people can have humans beside them to care for them. Chen et al. estimated that elder adults knew and trusted each other well, so they prefer to live at home.

Additionally, like Wu, Huang and Pan (2021) stated, the economic level of western cities is lower than eastern cities, so the quality of ageing life are influenced. Therefore, considering that the conclusions of these studies are different due to different study populations, time nodes,

and study regions, this paper tries to find unique answers and subjective explanations for the elderly in western cities by combining the reasons of ABM's conceptualisation of the elderly.

- *Prior studies of extra demands for current home care services*

Except for the different emphasis on the reasons, the further demands and concerns are diverse. For example, Isak et al. (2020) conceptualised ABM as a model to study the mental health needs of Aboriginal People in Canada. Using this model, researchers know that the predisposing and enabling factor corresponds to first nations' actual needs. Compared with Isak et al.'s research finding, Liu and Tamaru (2019) even provide different explanations of the demands of older people with Maslow's higher hierarchy via searching through works of literature in the last decades about the elderly's needs for intelligent homes. Therefore, asking for details can also enhance the existing model for future academic research, considering Maslow's higher hierarchy indeed supply the extra factors for ABM.

Furthermore, the sub-theme under AMB and Maslow's hierarchy are multiple and different. Isak and colleagues' (2020) interviews encouraged the targeted groups to develop specific explanations of their needs, such as more equitable policy-making, regulating communities, and empowering families with informal services. In addition, In Liu and Tamaru's (2019) mentioned that the needs of the elderly for home care are more like love and belonging, and such psychological needs can be specific to friendship, emotional crisis and others. Therefore, in other parts of the world, adults' demand for public health services is due to predisposing, need and enabling factors and have detailed explanations behind factors. With straightforward questions about the elderly's experience, the researcher can collect more stories and specific needs about current health care services for improvement.

- *Prior studies of social sectors' cooperation*

There are also many essential conclusions about the views of the elderly on the future home-based care in previous studies. Nevertheless, in general, most findings show that social actors' cooperation is unbalanced. As proposed by Zhu and Walker, there are three significant imbalances in the three classic welfare triangles of government, market and family (2017). In China's overall environment, there is an imbalance between the government and the private sector. Feng et al. (2012) focused on the current situation of the government and the private sector in the long-term care of the elderly in China and found that the government is not enough in the care and care for the elderly. It also suggested that policymakers should strongly support elderly care institutions. Society should train more professional nursing talents to support the diversification of welfare for the elderly. Some researchers further analysed the current eldercare welfare in China from micro, meso and macro levels. Some researchers believe that the inter-city policymakers should change internal migration policy and social security system macro. Support for nursing institutions at the meso level. At the micro-level, personal economy

is supported, the treatment of caregivers is improved, and physical condition is more concerned (Tian, 2016).

Additionally, the results will be diverse with regions even in the same country. Under the influence of neoliberalism, Hong Kong elders have their idea about care style. For example, research supports the commercialisation of care services for the elderly and redefines filial piety (Liang, Lin and Yan, 2019). Liang, Lin and Yan (2019) wanted to criticise the welfare policy for the elderly in Hong Kong for failing to achieve welfare pluralism through the results of their study. In their research, the Hong Kong government believes that the family is the core, disconnected from reality. The older adults present the government could try liberalism, including increasing subsidise for the elderly and managing the private caring market. However, after interviews with the elderly and understanding their needs, other studies show that the current local social policies in Zhejiang should cooperate with the elderly care model combining family and community to practice welfare pluralism and increase the prosperity of the elderly (Ma, Shi and Li, 2019). From above, prior studies confirm the current elder caring need cooperation with diverse social sectors. However, the balance in the collaboration is worth to be discussed in the research. Therefore, this research desires to contribute practical suggestions for the western Chinese western area.

2.4. Research gaps

- Research gaps in practical contents

This research will contribute to the current situation of home care in different regions. According to the results of previous studies, the author can see that the reasons for the elderly to choose home care, the demand for the current elder caring, and the outlook for the welfare of the elderly in the future will all change with different studies areas. Moreover, there are few studies on home care for the urban elderly in western China. Therefore, this paper aims to provide remarkable results in different regions and give corresponding explanations.

The author tends to get new conclusions for post-epidemic development in mainland China. Many private institutions or nursing homes face closure during the COVID-19 pandemic, making stay-at-home patterns more prevalent than before (Grabowski, 2021). Moreover, as an epidemic that has existed for a long time, the elderly and their susceptibility to infection, COVID-19 will make people rethink their views on home care in the post-epidemic era. Thus, this paper aims to get some subjective experiences and then promote senior care development in the post-epidemic period.

- Research gaps in academic theorem

Based on the existing research conclusions, more detailed explanations are given. Babitsch, Gohl and Lengerke, (2012) also suggested that future generations should make some first-hand

data to explore the relationship between the three factors and the elderly's choice of home care and the specific personal experience. Therefore, this paper will collect the primary data of the elderly's elder care experience in western China to supplement the subtheme within the three factors of ABM, namely, the internal complexity of the reasons for choosing elder care services.

ABM factors need to be covered by the extended theoretical model. The reasons for the elderly to choose health services obtained from the conceptualisation of ABM three factors are within a limited boundary. For example, scholars like Lederle, Tempes and Bitzer (2021) argued that traditional ABM models do not consider cultural and psychosocial factors, and therefore need to be revised. It is even possible to work out how to go beyond the framework that ABM provides and generate some extra elements like something inside Maslow's hierarchy of needs. Therefore, this paper hopes to obtain some social-philosophical factors of the elderly to expand the ABM framework.

Chapter 3. Methodology

3.1. Paradigm

This research used interpretivism with three philosophical assumptions. First, truth is not monotonous with social complex factors and change according to people's subjective feelings. Then, new knowledge is derived from personal conversations and personal experiences. Third, researchers will use economic, sociological, and nursing perspectives to interpret.

First, ontology is a researcher's assumption about the nature of reality (Saunders, Lewis and Thornhill, 2009). This paper intends to study the recent practical experience of the elderly in western China for home care. However, many previous studies believe that the elderly in China choose home care due to their health status and need more support. Therefore, the statement should vigorously develop family-oriented elder care in the future. The forms of welfare enhancement are not limited to these existing possibilities. The role and division of labour of social organisations supporting the welfare of the elderly will also have more mixed results. Therefore, in pursuit of the pluralism of results and the complexity of reality, this paper assumes that the truth is not the only monotonous one and strives to explore richer, multi-level explanations.

Second, epistemology is about assumptions about knowledge, even what constitutes adequate, reliable knowledge and is presented and communicated in front of an audience (Saunders, Lewis and Thornhill, 2009). This paper aims to have an in-depth understanding of the honest

thoughts of the elderly and the interpretation of their thoughts, so it prefers to use the text description and personal experience of the interviewees for summarising the data. The advantage of such a hypothesis is that it can understand and contribute to the shortcomings of other approaches to different epistemological assumptions.

Finally, axiology is the function of the individual's view of value in the study (Saunders, Lewis and Thornhill, 2009). The value view of this study is neutral because this paper aims to integrate the subjective consciousness of the elderly to express their current feelings. The researchers then combined economics, sociology and some nursing knowledge to provide policymakers with alternative ways for the elderly to be healthy and happy at home.

3.2. Approach

In this study, a new theory and explanation were obtained through observation and summary. The inductive approach describes qualitative data analysis, generalising textual information into summaries, establishing relationships between existing results and subjective results, and establishing structures for experiences and processes (Thomas, 2006). Intuitively, the induction method is expanded in three steps by collecting data through observations or interviews and then generating theory from the data (Figure 6). The first step is to start from the existed idea and find the gaps (Research Questions /Research Questions). The second step is through data collection and analysis. Third, discover new features and explain them. For example, according to the previous literature review, it is a general observation that Chinese elderly adults choose home care because of the reasons covered by ABM factors, such as their health state. Based on the existing theoretical framework, more explanations for selection need to be further discussed in RQ1. Besides, after the interview, theories may be consistent with or different from most research results. Combining with the explanations of interviewees, new conclusions and their reasons can be concluded.

Figure 6. Processes of inductive approach



(Source: Created by author, 2021)

The inductive method is used in this study because the boundary is more flexible and

interpretive, which is more conducive to non-experts' understanding. Saunders, Lewis and Thornhill (2009) argued that inductive approaches could explain the social world for humans rather than verifying causal relationships between variables. For example, extant works of literature have explored which factor in ABM is the reason for the elderly to choose home care in different regions. However, there is a lack of more details in explaining the sub-theme of this factor, which fails to consider the complex and dynamic causes, so there are research gaps.

3.3. Method

The author used qualitative research in this study. Aspers and Corte (2019) defined qualitative research as a process of interacting with target groups to illustrate different outcomes and approach current phenomena. The qualitative method focuses on the design of a study, using various survey methods, such as in-depth observation, semi-structured interview, etc. (Creswell and Poth, 2016: 59-64). In this study, the qualitative approach supported decomposing the research questions into more details after generating semi-structured interview sub-questions. In addition, semi-structured interviews could help to collect real experiences in depth. It is because "semi-structured interviews" seek opinions on key topics or background information or institutional perspectives from key insiders (Hammarberg and Lacey, 2016). Based on these functions of the method, interviewees would definitively answer the three research questions of this study. Then, Analysis of the interview records could provide details for answering these sub-questions and generalise them into new theories.

The reason for adopting qualitative research lies in its flexibility and reflexivity. First, the qualitative approach makes the respondents being studied feel comfortable and free to explain their experience in a more natural and direct conversation (Austin, 2014). Second, in a more flexible structure, semi-structured interviews will not guide the elderly in a fixed direction. For example, the quantitative methods such as questionnaires, the elderly can only express their opinions in a limited number of choices. Thus, qualitative research is more accurate and comprehensive to interpret the feelings of elder people. Thirdly, the qualitative approach assesses the results of the questions and can make new interpretations to understand better the research topic (Aspers and Corte, 2019). For example, in semi-structured interviews, elder people may bring up something new from their perspectives, especially ones that other social actors have barely noticed. Therefore, it is necessary to use qualitative methods to collect fresh ideas from older people and help other social actors, such as private entrepreneurs, community organisers or government officials.

3.4. Data collection

In this paper, semi-structured interviews were used to collect data by video calls on the Chinese

remote communication application, Wechat. Semi-structured interviews are meetings between interviewers and interviewees with open questions (Mathers, Fox and Hunn, 1998). There are several reasons to use semi-structured interviews, including being flexible and being friendly to the interviewer. First, a semi-structured interview considers both structure and flexibility, instead of only considering the form in a structured interview, or questionnaire survey or asking questions aimlessly in the interview. Intuitively, the semi-structured approach encourages interactive dialogue between interviewees and interviewers, discussing topics and stimulating more exciting answers. In addition, the dialogue can create a friendly atmosphere and allow respondents to answer questions clearly and relaxed (Doyle, 2019). Especially in this study, most of the respondents are elderly, and not all are highly educated. Therefore, the dialogue mode will allow them to raise misunderstanding points and guide them through the sub-questions of the intervener to increase the acceptance level.

3.4.1. Design of the semi-structured interview

The design of the semi-structured interview questions is inspired by the ABM model used by previous researchers and some theories of welfare pluralism. This study used the predisposing, enabling and need factors of ABM and extra factors of Maslow's hierarchy as the basis of RQ1. and RQ.2. The social organisation mentioned in welfare pluralism as the basis of RQ3 (Appendix A).

Specifically, the three critical factors in ABM can be used to orient researchers' questions in RQ1.2. The sub-questions surrounding these three key factors can also explore the specific dimensions in more detail. In this paper, these three factors will be adopted as three dimensions to study the present home care experience of the elderly.

Table 2. Anderson Behaviour Model (ABM) 3 factors

Factor	Definition	Existed sub-factors
Predisposing factors	An individual's propensity to use health services.	e.g. Age, marital status or disposal income per month, etc.
Enabling factors	The resources available for services.	e.g. Whether the elderly live on their own or with their families, who is usually taking care of them, and the surrounding medical conditions, etc.
Need factors	An individual's need for elderly care services.	e.g. Self-evaluated health status, etc.

(Source: Adapted from Li, et al., 2016; Mbalinda 2020; Lindamer et al., 2012)

As shown in Table 2, the predisposing, enabling and need factor specifically refer to those

elements (Li et al., 2016; Lindamer et al., 2012). If the interviewees answer the research questions with specific factors, the author can continue to explore their explanations for this dimension based on the element and then obtain rich and diversified answers. For example, Chen et al. (2020) objectively demonstrated enabling factors such as income level and demand factors such as living ability. These sub-factors would be asked in a semi-structured interview. When answering the question "why do you choose home care?" interviewees may refer to factors that have appeared in previous studies, or new explanations may emerge. In addition, Maslow's hierarchy of needs can supplement the lack of social psychological factors in ABM, providing good topics for questioning to understand the needs and concerns of the elderly on current home-based care services. Finally, the researchers propose these topics to inspire the interviewees giving their understanding and adding their own experience. At that time, their answers to these questions are likely to become a sub-topic to be further analysed.

Then, to explore the views of the older people in western China, this study took welfare pluralism as the theoretical framework and divided the system into micro, medium and macro levels to ask the elderly for their suggestions on what needs to be improved in these institutions. It could start from the bottom to a smaller scale such as individuals, families and neighbours, a middle-sized organisation such as a community, and a larger scale like government (Friedman and Allen, 2011:5-20). In this way, researchers can obtain a multilevel understanding and perception of the mix of social welfare provisions based on the responses of elder people.

3.4.2. Sampling

The author conducted the semi-structured interview in a snowballing style. Considering the limited researcher's social circle and the influences from the COVID-19 pandemic, the author planned sample size of ten people. For the sample size, Vasileiou and her colleagues (2018) pointed there is hardly a new theme repeated after the sample number exceeding twenty-two in previous studies. Thus, it is unnecessary to interview too many people, especially considering UCL requirements, which ask researchers and the interviewees to keep safe during Covid-19. Second, it is challenging for researchers to obtain enough samples due to the limited social network of researchers. The elderly people are very guarded, and it is even more challenging to reach them or get accurate and available answers because of their alert. Using snowballing is easier for the researcher to obtain valid samples (more elderly willing to trust advantageous). Third, the limited time and travel ban during the pandemic will restrain the sample size for practical reasons.

3.5. Data analysis

In this study, NVIVO and EXCEL are used for coding and categorizing collected primary data. The researchers recorded all the conversations in a digital file in Chinese, transcribed the entire

contents in Chinese and imported them into a spreadsheet according to several core topics. The data to be identified and collected is organized by topic (Figure 7).

Figure 7. Collecting steps in this research



(Source: Created by author, 2021)

In the research, words like "number of children" may appear many times in the interview so that these words can be marked with labels such as "family structure". Similarly, there will be multiple sub-themes corresponding to the factors in the theoretical basis of the article, and researchers would classify them. Then the author summarized their explanation and included the quote. In addition, these topics also form part of the research answers. The author will also analyse the reasons for these topics in combination with the respondents' content, the other impacts of these topics in the field of old-age care, and why these topics make the elderly feel so important.

3.6. Ethics

Ethical issues are basic rules that need to be considered during the whole process, from design to reporting (Sanjari et al., 2014). In this study, the ethical issues should be consent, anonymity and more minor misunderstanding (Richard and Schwartz, 2002; Sanjari et al., 2014). For example, the consent form for this study (Appendix B) would inform participants of the confidentiality. All personal information collected will remain confidential and will not be disclosed to anyone or any institution. In addition, the people shown in the final report would be coded with only limited information, such as gender, age, previous jobs. This information is just demographic information, without identification, to let people know who they are. This demographic information only painted a portrait of a group of elderly Chinese with similar characteristics. Before the formal interview, the author of this study is responsible for a simple oral introduction of the relevant terms to help the interviewees understand the following questions and reduce the risk of misunderstanding. The author would give more explanations during the interview if the interviewees are confused about the question. In addition, it is crucial to let interviewees know what kind of questions the researcher might ask and show that there

are no sensitive words in the interview. For example, some elder people may feel lonely when they are not accompanied by children and may become emotional or reluctant to talk about topics related to children. Researchers need to adjust the questions flexibly in the interview process to avoid the adverse effects of research.

Chapter 4. Finding

4.1. The overview of findings

In this study, eight elderly people over 55 years old who are living at home in western cities of China were interviewed (Table 3), and the average interview time lasted about 40 minutes. Then the researcher got five sub-themes under theoretical framework.

Table 3. General Characteristics of the interviewees (N=8)

<i>Age</i>	Number	Percentage
55-60	2	25.00%
60-70	3	37.50%
70-80	2	25.00%
>80	1	12.50%
<i>Gender</i>	Number	Percentage
Male	3	37.50%
Female	7	62.50%
<i>Education level</i>	Number	Percentage
<High school	2	25.00%
High school	2	25.00%
College	3	37.50%
>College	1	12.50%

(Source: Created by author, 2021)

4.2. The data analysis

4.2.1. Self - evaluated the health status

In the interview, the interviewees were asked, "what are the reasons for you to choose home care" and almost everyone first mentioned that their current good health makes it unnecessary for them to choose other ways of old-age care. Six out of eight people present that they think home-based care is the best plan under the condition of physical health:

"I don't have a physical illness, of course, I am living at home" (Interviewee A)

"It's because I think I'm completely healthy, and I won't leave my home unless I can't walk"

(Interviewee B)

From their interpretation, there is no need for healthy people to go to a nursing home. Physical health is the foundation of all lifestyles in old age. At the same time, the elderly also said that in order to keep themselves healthy and happy at home, they would pay much attention to the maintenance of their healthy life, but they hope to have more resources to support the life at home sustainably:

"I'm worried about my health in the future...who will look after me? I want to live in my own home but there is no one to look after me..." (Interviewee E)

"I also hope that they (community doctors) will come in for a check-up, or provide something that is not 'common', such as a massage if I feel uncomfortable when they wake up...or buy groceries for the me-I mean if there are some volunteers." (Interviewee C)

The elderly people seem to be anxious about the fact that body health status decrease with time. The elderly people will be worried about how long their healthy life will last because they want to stay at home. Extra informal caring services such as massage, health checks at home, and shopping support are needed. They also hope that a professional can come to their home to help them in an emergency.

4.2.2. Freedom

Another factor is the "freedom brought by taking care of themselves at home", which is regarded as an essential element by the western urban elderly. The truth is that most older adults do not want their quality of life to be constrained by this feeling of not being free. In addition, the elderly also have a wide range of explanations for this freedom, involving the freedom of physical space, the freedom of living habits, and the freedom of spirit, such as the freedom to make friends.

4.2.2.1. Freedom of physical activities

The explanation for freedom of physical moving space includes the hope of enjoying the vast living space. Additionally, the travel scope would not be constrained, and the travel place would be free to choose rather than be designated. The following contents are the older man's interpretation of physical space:

"... nursing home rooms are small, your moving arrange is simply too small...go out to travel, or visit relatives--you have to report, when to go when to come back... life in there (caring institutions) looks like someone is watching everything." (Interviewee D)

"... There are restrictions on me, like when I have to ask for leave to go out and when I have to report back." (Interviewee A)

They hate being disciplined like a child, and they seem to lose control of their lives if they have to restrict even the most essential space. Moreover, regulation of institutions like the private sector would deprive them of their privacy. At their most vulnerable time with the ageing body, such treatment seems to be very unkind to the elderly.

4.2.2.2. Freedom of living habits

As for the freedom of living habits, the elder men explained that they wanted their preferences to be unconstrained. They desired their unique hobbies could get respect because not all people have the same living habits. As one of them said:

"I like to watch TV, and I don't want to be constrained by how long I should watch...they don't give you the right to choose the TV channel, which I find very frustrating." (Interviewee C)

In China, only home care can accommodate everyone's free choice, do not change their living habits, and make them live as they like. They choose home care. In addition to recreational practices, there are eating habits that also need to be guaranteed freedom. The elderly believe that their management and arrangement of food are manifestations of their ability to control life. In addition, their preferences for food taste and food ingredients can only be satisfied through the lifestyle of home care.

"I can buy my own food on the street (at home), it's important to cook for yourself...You can buy organic vegetables, imported food. Also, I wouldn't trust them (private institution) with these important things—these make me feel losing control of my life... " (Interviewee F)

"Like when I wake up, I can eat whatever I want, I can relax... I think it takes away the joy of life compared to having three meals a day in a nursing home." (Interviewee A)

To sum up, the author can see that the elderly people pursue their unique ways of entertainment and eating habits in the elderly's later life. Their insistence can be preserved and tolerated, respected by all, and controlled by themselves -- this is their understanding of the freedom of living habits.

4.2.2.3. Freedom of social activities

The interviewees' interpretation of social freedom is that they can be exposed to more diverse social roles, such as young people, to receive more new information.

"Being around a group of old people like myself every day can be really monotonous. I look

forward to going out and making friends, especially young people -- it's hard for nursing homes to reach out to young people who want to talk to you." (Interviewee A)
"...it is good to be with young people in society. You can't receive new information until you live with young people." (Interviewee F)

It also shows that although they are old, they are still eager to keep up with the pace of The Times, want to keep up with the thinking of young people, and are full of vitality in spirit. Thus, they still desire new things and hope to be treated by other age groups when they are old.

4.2.3. living environment

On the living environment, interviewees expressed that they all want to stay in a familiar place when they get old, and they want their living space to be more inclusive. Familiarity with the people around them also creates trust and a willingness to create more self-worth. secondly, the aging transformation of the living place is also essential.

4.2.3.1. Familiarity of living environment

First of all, it is for them to stay at home because home is a familiar shelter in the physical space and a carrier of memory, which sustains the good memories in their lives.

"And I like to stay in familiar places. I grew up here and I have so many good memories here. I'm too old to remember, but I see things that make me remember, and I feel happy."
"(Interviewee H)

According to their explanation, the researchers felt that being in a familiar environment would give them inner security and help them enjoy their old age more comfortably. For them, home is not only a familiar shelter in the physical space but also a carrier of memories, the good memories of their lives. Additionally, interviewees expressed a familiar living environment as well as a friendly social atmosphere with familiar people around them:

"It's also nice to have my old neighbours who trust each other and help each other with their lives." (Interviewee H)
"Among familiar neighbours and friends, I would like to help each other -- for self-worth, regardless of the amount of money." (Interviewee A)

Familiarity allows them to trust their surroundings and better access to the help they can get from them. At the same time, due to good social communication, the elderly can feel the value of their existence in helping each other, which positively affects their happiness level of home care.

4.2.3.2. Supporting facilities around living environment

The health insurance reimbursement system for the elderly in the community hospitals is a problem. Elder people can only use medical insurance reimbursement in designated areas, which is very inconvenient for the elderly who follow their children to other places for pension or the elderly who retire in another city for a long time.

"I don't live in my hometown (City D), but the medical insurance covered by my previous company only can be used in my hometown. After living City C (closer to my children), but insurance can only pay for a small fraction of my drugs at a regular clinic, but not at a big public hospital...I am too old to go back to city D ..." (Interviewee C)

"The government should push for a national healthcare network" (interviewee D)

The interviewee explained his predicament that the reimbursement system of the surrounding hospitals could not be applied to the elderly like him living in other places. He also expressed his hope some social sectors could solve this problem, such as increasing efficiency when seeing a doctor or claiming more medical expenses in the future.

"Healthcare really doesn't cover enough money and healthcare is so expensive right now in other cities out of my hometown..."(Interviewee B)

"National health insurance coverage should be extended... After this year there have been tighter controls on reimbursement, the whole process is cumbersome and takes a lot of time..." (Interviewee G)

People see the current policy implementation efficiency is not high enough, the government's policy mechanism is to be adjusted. On the other hand, the fiscal policy, especially the pension and health insurance coverage, is insufficient for the current elderly, and more targeted increases are needed. Besides the peripheral medical security system needs to be followed up, there are related community services:

"My children are very busy at work, and no one cares about my granddaughter. I have the obligation to take good care of my granddaughter, so even if I want to go on vacation or go to retirement hotels, I have no time... Our 60-plus problem -- children don't have time to take care of our children, so now we have to look after not only ourselves but grandchildren...ridiculous ..." (Interviewee B)

The interviewees should supplement the surrounding facilities not only directly related to the living needs of the elderly but also indirectly related facilities. Childcare institutions can reduce the burden of some older adults' life because kindergarten can diminish the physical fatigue of the elderly to look after their grandchildren.

4.2.3.3. Age-appropriate design of the community

Some older adults complain that although living in their old apartment is more familiar than living in the new community, the disadvantages of the old apartment are that the infrastructure is too shabby. The community management is not in place, leading to a decline in the quality of life. Moreover, the negative impact of these age-appropriate designs on the elderly involves the most basic financial loss and affects their living security.

"...there is no elevator where I live now. Although I live on the third floor, sometimes it is inconvenient to buy food or carry heavy things upstairs. In old apartments, we often have broken utilities like water pipes, doors, and we have to pay for them. My salary is not much, but it takes up a third of my income..." (Interviewee C)

Therefore, according to shared experience by elder people, the author can find that it is necessary to carry out age-appropriate upgrading in senior communities where there are more older adults.

4.2.4. Social culture -- Filial piety and Pride

Half of the elderly think children in their family should be more filial. Moreover, the definition of filial piety to them seems to be different from the previous studies, among which they give many explanations for filial piety:

"...the only thing that matters is the obedience of the younger generation." (Interviewee A)
"If the children do not visit the elderly or spend too little time with them, this does not count as filial piety...." (interviewee F)

"I just want them to see me more often, or call. I hope my children have filial piety, so I will be happy and feel cared about." (Interviewee C)

The elderly in western cities think of "filial piety" as the obedience of children to their parents. Nevertheless, obedience is not about being there for the long term or providing care to your parents. They want to emphasise that their children need to be genuinely grateful for themselves and understand them. Moreover, respect their lives and do not interfere with them. The interviewees also gave their own experiences of not being treated with filial piety by their children:

"I'm reworking and not getting paid (I'm not doing it for the money). Unpaid work to take care of grandchildren became an obligation... My family should know that in my old age I should not work...respect each other." (Interviewee B)

"Traditionally, nursing homes have been reserved for people with physical disabilities or who

have been abandoned by their children. That's unfilial, and I don't want to be that kind of person..." (Interviewee E)

Interviewees said the stereotype, which thinks the elderly is granted to continue serving the family, makes them unhappy after retirement. It made the elder people feel not be respected by their children, which is a kind of moral disobedience. In addition, given the stigma of nursing homes in mainstream society, if the elderly is sent to nursing homes by their children when they are healthy, they will think that their children despise them and ignore their thoughts. That is also a kind of unfilial piety.

4.2.5. Coordination of social roles

From the marked node, the author could see that five people think that the country is the leading force to change everything, and they point out how they want the government to make changes. In addition, two people think that the community should lead the change, and one person feels that personal change can promote the development trend of home care in the future. Significantly, everyone is clear that all changes in China's retirement sector require collaborating with individuals, communities, and the national government, albeit in different roles. Among them, some people give specific reasons:

"I think this kind of help from the community is the most direct, but only the government can get these communities moving, not on a whim" (Interviewee A)

"The efficiency of the government...emm... it takes time for it to be transmitted...if my pension is enough, I will go out and do odd jobs. If I feel I have an inconvenience, I will have a good relationship with my neighbour so that they can come and help me." (Interviewee D)

Therefore, the author can understand that the government can take the lead because it has the highest executive power. The elderly believe that government can design the most effective incentive mechanism to encourage the community to implement motivations from top to bottom. Nevertheless, at the same time, individual efforts should not be ignored because of the inefficiency of the top-down and the long transition process. Therefore, on the one hand, the elderly people place their hopes on the government and community, and on the other hand, it is necessary to make their plans in case of unforeseen crisis.

Chapter 5. Discussion

5.1. Critical discussion

5.1.1. reasons for choosing home caring

According to the comprehensive research results, there are three reasons why the seniors in western China choose home care. The first reason is that they are in good health. Second, they require freedom. The third one is that they need social and cultural factors, namely the social pressure brought by filial piety culture, which leads them to choose home care.

- *Health*

In particular, the health status of the elderly is the same reason that previous studies have shown that they are healthy enough to care for themselves at home, and therefore do not need to seek additional care and feeding services from a professional care facility. The reasons why the health status of the elderly has a significant impact on the choice of home care have been supported by previous studies. Reasons include the significance level of the "health status" factor in ABM and the basic rules of human need in Maslow's hierarchy in worldwide areas. First, health is regarded as the core sub-theme in need Factor (Zhang et al., 2017; Zeng et al., 2020), and the need factor is significant in adults' choice of health services (Miltialdes and Wu, 2008; Chatterjee et al., 2018). Thus, there is evidence that older people value health status. In addition, physical health in Maslow's hierarchy is also placed at the bottom of the pyramid as the essential element of all requirements (Maslow, 1943: 370). Finally, it can be seen in real life that the poorer healthy the elderly are, the more likely they are to be sent to institutions (Zhang et al., 2017; Zeng et al., 2020). Therefore, the elderly choose home care as their first thought is the same as the conclusion reached by most predecessors.

- *Freedom*

The elder people choose ageing at home because they desire freedom. As for a reason for freedom, the older man gave two explanations after the interviews. Home care can provide them with freedom within a physical space, such as unrestricted outdoor travel. They need to arrange their trip flexibly according to their mood and have their personal lives protected. The second is the freedom of living habits. For example, the elderly want to make meals according to their eating habits. They need to take control of their lives and find themselves taking care of their daily routines amid their chores, creating value. Third, social freedom allows them to talk with anyone they like and freely get exciting information from the outside.

Slightly different conclusions have been drawn by predecessors using ABM, and the old man in this study mentioned a new explanatory topic, "freedom", to supplement the subtopic in ABM. -- This is an extension of the conceptualisation of the needs of the elderly in western China based on Maslow's theory of needs. Moreover, their multiple interpretations of freedom enrich the enabling factor and need factor of ABM. When the elderly mentioned "physical space freedom", this sub-factor was classified as the Need factor as the same sub-factor as

"Need for health" and "Need not to be lonely" (Li et al., 2016; Mbalinda, 2020). "Freedom of habits" is the same, but they are divided into sub-factors of the need factor for a good reason. In this paper, the elderly stated that they choose home care because freedom is also one of their needs, which is a contribution of this study to explore the complexity of the ABM factor based on previous studies.

- ***Filial piety***

The pressure of filial piety culture has explained Socio-cultural factors. In the unique atmosphere of filial piety culture in Asian countries like China, nursing homes are institutions for the elderly with unfilial children or seriously ill patients. When the healthy elderly people are sent to a nursing home to live with the elderly patients who suffer from diseases by their children, they will feel they are the same as those ill and disabled adults in the nursing home. Second, they are subjected to the social pressure of being abandoned by their children, making older people feel ashamed. Thus, the elderly will not choose other private caring institutions unless they are in terrible health.

The interviewees explained a new factor beyond the three traditional factors of ABM -- social and cultural factors. Socio-culture is also a factor rarely mentioned in previous ABM studies that affect the lifestyle of the elderly. As mentioned in previous literature, ABM cannot fully summarise the needs of the elderly because it does not contain psychosocial factors (Lederle, Tempes and Bitzer, 2021). This factor in this study can contribute a sub-theme of psychosocial factors to contribute some findings, thus enhancing the effectiveness of ABM in other areas of research. In addition, the posterity can use quantitative analysis to predict the significance of "filial piety culture" in the elderly's choice of pension mode. If the significance level is high enough, Modified ABM can be extended to consider more reasons influencing the elderly's choice in future use.

5.1.2. demands

The previous results that the concerns and needs of the elderly for the home-based care model are composed of two themes: how to maintain their health in the home-based care model and how to hope the current living environment becomes ideal.

- ***Maintain health***

Older people want to maintain their health at home because they fear being sent to a nursing home when they get old. Therefore, they hope that children, neighbours, and friends around them can give them psychological and physical care or professional people in the community who can provide professional health knowledge or door-to-door services. The desire for health is the same as the results obtained by Isak et al. (2020) in the study of Canadian FN. Those researchers' studies pointed out that enabling factors dominated adults' demand for public

health services. Additionally, Isak et al. (2020) also suggested that society should give more value and power to informal services for families or communities.

This research highlights the importance of community neighbours, old friends, and physicians in maintaining the health of the elderly. This desire for health is also confirmed by Liu and Tamaru's (2019), which mentioned that the needs of the elderly for home care are more like love and belonging, and friendship of elderly people can specifically present such psychological needs in factors.

- *Living environment*

The elderly's interpretation of the ideal living environment includes the familiarity of the living environment, the adjustment of the living address for ageing, and the supporting medical resources around.

The elderly demands a familiar environment because the home is a familiar shelter in the physical space, which becomes a memory carrier and sustains the good memories in their lives. This result is a different explanation than other studies have suggested. Furthermore, familiarity means they have people they know, people they trust, and their lives are filled with care and respect from everyone. Chen et al. (2020) reached a similar conclusion in the study of Henan province, which stated that the elderly hoped to be familiar and trusted with people around them. The older people's ideal vision of the perfect home care environment needs to reach the level of love and belonging in Maslow's hierarchy. Otherwise, other places out of their home cannot improve their happiness level.

Then, they want their communities to have age-appropriate facilities. For example, in consideration of the elderly, the community should build elevators for old apartments and directly replace public facilities that have been in poor repair so that the elderly can enjoy a better quality of life at home. This result indicates that the elderly want their quality of life to reach "Environment safety" of Maslow's level of needs. Additionally, Isak et al. (2020) suggest that improving the service users' experience for the elderly requires the community's standardisation. In this research, the detailed explanations expressed by Chinese elder people in western cities could provide the manager with detailed suggestions in the community to reach the requirements of the senior citizens.

The last and most important is the improvement of peripheral medical services inefficiency and reimbursement scope. In particular, the elderly would like to see the reimbursement system for medical insurance in different regions connected to the whole country. Then they can enjoy the same services in other cities without worrying about being unable to use the insurance in other cities. Zhang and Yu's Research (2017) highlighted that the elderly living in Shanghai could

not use the social insurance they paid in Kunming. Therefore, the nationwide network of social medical insurance has become a common need in wider areas. In particular, this research also learned that society should appropriately reduce cumbersome steps when elderly seeing a doctor or getting medical treatment. Plus, it would be tough for them to follow their children to other cities because of the high cost of medical treatment in eastern cities. Thus, that the elderly can see a doctor with higher efficiency. Significantly, the need to improve the efficiency of medical treatment has not been pointed out in previous studies, so the efficiency of medical treatment in hospitals in western regions needs to be further tested. If it is true that the elderly in Midwestern cities are very low in medical care, then some social sectors should put the reform of medical procedures in hospitals on the schedule as soon as possible.

5.1.3. Cooperation with government and community

The core of the findings in this research is that the elderly people in western China believe that the prosperity of home-based care needs the joint efforts of the government, the community and individuals. In addition, the respondents explained that it takes time to problems reporting and alternatives issuing. If the experiment fails, the elderly should be responsible for themselves, so they cannot place all their hopes on the government. Therefore, they believe that a combination of government, community and individual solutions is the best model. According to the previous conclusion of this paper, the elderly living in the western cities of China is more inclined to the community as the implementation unit to provide them with better home-based care services. However, at the same time, the national government must provide more support for community-level care in terms of funds and policies and supervise their sustainable development. At the same time, this study explains this conclusion specifically to what each social role should do.

Specifically, what can be improved at the community level is to have a more inclusive environment that allows the elderly to feel free such as building communities where the elderly and the young can stay together with complete establishments, including enough kindergarten. In these building kindergartens, the elderly does not have to help their children to look after grandchildren. In addition, diversified and customised services make the elderly feel that service providers can meet their different needs. For example, according to other requirements, they can directly ask doctors to visit them for physical examination and simplify steps to see a doctor. Additionally, national governments need to reduce regional disparities in treating older people who live in different places. These include the problem of health insurance connectivity and the inequity of pensions between urban and rural residents. Furthermore, the government should also help with community improvements, such as subsidising ageing upgrades in old neighbourhoods, including installing elevators and fire inspections.

The same point as mentioned in the previous literature is that the data results interviewed in

this paper are consistent with the multi-social sector collaboration advocated by welfare pluralism to improve the welfare efficiency of the elderly. However, the difference is that the preference of social cooperation of endowment mode appears in different regions. As mentioned above, Hong Kong advocates the neoliberal model. It relies on the private market, hoping that the government can more subsidise the private market to flourish and improve the well-being of the elderly (Liang, Lin and Yan, 2019). Feng et al. (2012) encouraged eldercare institutions instead of home care or community-based eldercare. However, the western regions of China studied in this paper are more dependent on the community's immediate improvement of their home-based care life quality and hope that the government can increase the resources provided by the community in the form of empowerment. In addition, Feng et al. (2012), whose interview data explained that the needs of the elderly for home care, suggested society should increase high-quality nursing staff in the community. However, in this research, it is crucial to improve the efficiency of the community hospital, increase the supporting facilities in the community environment, carry out age-appropriate reconstruction in the community and save money individually.

5.2. Managerial Implication

According to the previous data, the elderly in western China has low efficiency in implementing government policies, so they have little hope of relying on the government to help them directly (Zhang, Zeng and Feng, 2019; Sánchez-Izquierdo et al., 2019). Second, the dependence on family is weaker than before because the western elderly's children are too busy to achieve family filial (Jiang and Sánchez-Barricarte, 2011). Additionally, older people may also need to take care of grandchildren. Then, so much unpaid housework and socio-culture pressure for the older man's quality in later life may bring some adverse effects, such as a dispute with their children, caused by excessive overworked exhaustion of body and mind. Community organisations can give the elderly free social space to promote their physical and mental health and provide timely medical assistance in an adequate physical area as they get older with time. Therefore, this leads to a different way of working together than the previous literature has suggested.

The above conclusions provide some suggestions for the future development of home care. Promoting social welfare for the elderly mainly depends on the coordination of the three roles of the state, the community and the individual and the clear division of tasks. First, why the elderly choose home-based care can enable researchers to clarify the advantages of home-based care and keep these core factors when making suggestions. Then the needs of the elderly indicate that the current home-based pension benefits still need to be improved. By combining their views on social roles and their explanations with the answers to the previous two questions,

the researcher can conclude the managerial implication of home care.

At the micro-level, individuals need to be materially prepared for the long process of reform. For example, older adults who are dissatisfied with their current situation can save more money while preparing for retirement. The family members of the elderly should also pay more attention to the status of the elderly mentally and give them regular companionship. This method is mainly used to make the elderly realise that even though they are slowly ageing, people still care about their health and affirm their importance in their children's hearts.

At the meso level, the essential thing for the community is to ensure the living environment for the elderly. The surrounding establishment such as kindergartens should be enough to free elder people from looking after their grandchildren. Plus, the re-design of old constructions is necessary considering the demand for elevators which can make the elderly's action convenient. The door-to-door services of community hospitals need to be further improved to meet the diverse needs of the elderly, including daily examination, emergency treatment such as stiff sprain pillows and others.

At the macro level, the most important thing for the country is to spend more money to subsidise the community and introduce robust policies to promote the reform of the medical system. For example, the age-appropriate construction in the community should be supported by direct government funding. The government should give immediate feedback according to the experience of the elderly to eliminate the situation of shirking responsibility among multiple departments. In addition, the national government should also adopt relevant policies to regulate the hospitals around these communities. First, we need to speed up the nationwide network of social health insurance in China. Second, we need to simplify the procedures to see a doctor so that the elderly do not have to wait in line for a long time when they are in weak health.

Chapter 6. Conclusion

This study has tried to explore elderly people's feeling about current home caring, and mainly figures out reason, demands and future perspectives. Moreover, this study also gives contributions and limitations for future applications.

6.1. Conclusion

China's population ageing problem is relatively severe. In particular, the caring market is also

defective; the quality of life in old age does not reach the ideal state. After seeing these problems, this paper wants to understand the current situation of home caring for the elderly in western China and then aims to improve the home care experience of the elderly so that the welfare of the elderly in western China can flourish. Then, the theme of this paper is obtained through three research questions: the reasons for choosing home care, the needs and concerns of home care now, and the prospect of home care in the future. This paper used interpretivism to explain the home care experience of the elderly in western China through qualitative analysis to better study these three research questions. Factors in ABM inspire Semi-structured interview questions. Then, the research collected eight respondents over the age of 50 who had retired from home care, Using NVivo to conclude their interview transcript via coding, categorising, and summarising. First, the reasons for the elderly to care at home include their health status, the need for freedom, and the pressure brought by the social filial piety culture. Second, the elderly hope that someone can help them maintain their physical and mental health and improve their living environment during home care. Finally, they prefer the community to promote their home care life, but the government should provide some economic subsidies and restrain the management of community-level institutions.

6.2. Contribution

There are three contributions in this research which are theoretical, practical contributions, and methodological distributions.

In terms of theoretical contributions, this study has obtained a new factor that affects the elderly's choice of pension mode and a deep understanding of the existing factors of the ABM model. Firstly, the unique factor of older people choosing home care is the psychological reason brought by social culture, filial from children. Then, there is a new sub-theme named "freedom" to complement the enabling factor and need factor in ABM. This sub-theme is obtained by using Maslow's hierarchy theory and summarising the psychological needs of the elderly. The new conclusion also indirectly shows that combining ABM and Maslow's hierarchy is feasible as a new theory for research.

In a practical sense, the results of this study are different from those of Hong Kong and China. The aged in western China need more support from the community and the government, but the support from the family is not as urgent as before. Therefore, in combination with the reasons the aged choose home care and the greater demand for the present home care experience, researchers can get detailed improvement methods. Additionally, the multiple social sectors can obtain specific suggestions for their further motivation to improve elder caring services.

In terms of method contribution, the interpretation of factors and personal experience of the natural environment are obtained through the qualitative method. Most of the previous studies evaluated and predicted the home-based care model of the elderly in the form of quantitative analysis, but qualitative research can better dig into the details of the factors that the elderly demand. It makes up for the lack of in-depth explanation of factors in quantitative analysis.

6.3. Limitations

There are mainly two defects in this paper, including the lack of adequate sample size and the need for more reflexivity of the researcher. Lack of sufficient samples will lead to a decline in the credibility of the data, and lack of reflexivity will lead to a lack of rich conclusions and scope of discussion.

Among them, insufficient samples are reflected in the inadequate total number of samples, the age distribution of examples is not even enough, and the perspective of the researchers is not diversified enough. First, the number of older adults interviewed in this study is only 8, so relatively few new topics may be available. With 22 or more people, the result might be a more comprehensive answer that highlights the high-frequency keywords. Second, the number of older adults in their 60s and 70s is smaller than other age groups. Therefore, this study may overlook some of the individual opinions of people in their 60s and 70s. Third, since the study subjects are the elderly, the results of this research can only present the elderly's feedback on the current elder caring services in China. Thus, the impact and discussion in this paper cannot fully represent the actual status. Policymaker needs to consider the views of service providers to develop pension benefits in western China.

Then, reflexivity is a flaw that will affect the results of this study. The researchers in this paper use sociology, nursing, and welfare economics, but public policy formulation may not be as simple as the recommendations. The improvement of pension benefits requires enough professional understanding of the formulation process, design ideas and incentive mechanism of public policies, so policymakers and other scholars need to make decisions and evaluations after dialectical thinking. Later generations may also pay more attention to some suggestions on public policies and enterprise innovation to make up for the deficiencies of this study when studying similar topics. Additionally, the researcher is not the same age as those elderly, so the researcher cannot completely understand the feeling of those elderly who experienced a different era in China. However, the researcher tried her best to avoid the subjective as a young adult.

6.4. The future work

Future studies can do differentiation studies on samples. First, the new researchers could study the views of people in their 60s and 70s. Alternatively, they can explore elder caring services provider's sights. Second, it might be possible to study whether carers feel the need for improvement in providing services to the elderly or ask them to suggest ways to promote reforms in elderly care services. Researchers can also study the elderly' children how to view the present situation of home care problems. Studies on different groups of people can gain a more comprehensive understanding and then assist policymakers in formulating policies, Initiative mechanisms and transformation methods more in line with social needs.

In addition, this study has found that filial piety is a new factor influencing filial piety to choose home care service. Academic experts interested in exploring the significance of the socio-culture factor can take filial piety as a sub-factor and conduct a linear regression to test the credibility of this factor. No matter whether the significance level of filial piety is high or low, it is conducive to enhance the preciseness of ABM. If the significance is down, other scholars can be encouraged to obtain other sub-factors suitable for research through research. If the confidence interval is significant enough, it is more conducive for scholars to modify ABM with new socio-cultural factors to reduce the model error in the estimation for health services utilisation when studying pension problems in Asian countries.

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Appendixes

Appendix A. Interview guide

Part 1. This step requires you to introduce yourself briefly.

1. You need to answer your gender, age, previous education, marriage status, respectively?
2. How much is your disposable income per month? If you do not want to say the exact number, but you can say a range.
3. Who takes care of you? Or who are you living with now?
4. How do you feel about your health now? How often can you go to a hospital (specific to the clinic, pharmacy of Chinese medicine, big hospital, or other places)? Is it a hospital stay, half-day therapy, or take medicine and go?

Part 2. You should list a few essential points in this step. You should include some examples from your personal life.

1. What do you think are the reasons for you to choose or insist on home care? Can you give an example from your personal experience?
2. What do you think is the most critical or worried about in your current home-based care process (directions you can refer to family, community, local government, national government and other third-party organizations)?
3. Do you think you have any suggestions for the future development of home care in China, or what aspects (such as family support/community/national policy/individual) should be paid more attention to in the future development of home care in China?

Appendix B. Consent form for participants

Translated version in English:

The following interviews are anonymous and will be recorded as part of the thesis, but the recording will be destroyed after submitting the idea to ensure that your personal information will not be disclosed. In addition, this paper on home care for the elderly in western China will not appear on any public website in any form. It will only be uploaded to the college as a student's homework for professors to grade. Above, if you understand and agree, you need to verbally agree and proceed to the following interview.

Original version in Chinese:

- Researcher: Oh, I see... so how about your body health?

Interviewee A: Subjectively speaking, the body is sub-healthy, often sick, but no chronic diseases, mainly common senile diseases, such as frequent colds. I had a stomachache before, but I haven't had a relapse for years. I have not been to a large hospital for three years, and I do not often go to a small clinic. I mainly go to a pharmacy of Traditional Chinese medicine. Over the past two years, I have done some basic health checks in two months on average.

- Researcher: Why did you choose home care instead of other health care services?

Interviewee A: Hmm...Staying at home is my best choice. First, I can take care of myself completely, and I don't need to go to the hospital if I have no severe disease. Second, a sense of freedom and security, which can only be achieved at home. Third, I can do a lot of housework at home, which is also physical exercise...exercise the overall planning of the brain, which is helpful to the body; I feel that I feel older slowly.

- Researcher: Can you make an example, please?

Interviewee A: I can say, for example, that at home I have freedom, I don't have any constraints -- like when I wake up, what I eat, I can do what I want, I can relax. In this way of life, I think I am in the best mental state. Compared with the nursing home where people arrange three meals a day, I think it will lose the joy of life, and it will be very monotonous to stay with a group of old people like myself every day. I look forward to going out and making friends by myself, especially young people -- it's hard to be with young people in nursing homes. What's more, the nursing home will have constraints on me, such as asking for leave when I go to play and reporting when I will be back, which is really not happy. Unless it's really tough and my head is out of control -- no, in that case, I'd rather die in the home I know.

- Researcher: What do you need and concern about current home care?

Interviewee A: Trust and spiritual comfort (company, patience, filial piety) are important, and I care about them very much. Lumbar disc last year, can't go out to buy food. But I can find my old friends who purchase food for me and care about me, and I find that friends and neighbours of my age are very important... Family ties are significant, but my daughter is so far away that she often doesn't come back to see me. My wish is that we all live together and take care of each other. But the problem is, people have to be sincere; I want to help each other and give each other some money. The money given by the state should be given to my neighbours and friends. I want to do volunteer work, even for two bottles of water and a little money -- for self-worth. It doesn't matter how much money you have. And unlike a nanny, this kind of trust is not complete. I used to think it was my old colleagues, neighbours in sympathy with me. Still, really in my difficulties, people's help is very precious, sincere is what I need most.

Spiritual comfort is also essential, and patience is a form of spiritual solace in addition to being

around. For example, when I talk to my daughter about the past, even about the past fight, I feel very happy to have someone to listen to me. In addition, in the process of accompanying his mother, the importance of home care is filial piety, you only get the obedience of the younger generation is the most important. I don't feel that way in a nursing home.

- Researcher: What are your ideas for future Chinese elder caring?

Interviewee A: In my opinion, the future pension is most likely to be home care. The community is a good support force to promote the development of assistance. I have seen that the community has a canteen for the elderly, which I think is good. Still, the food is too single and unified, which leads to my own eating habits not catering to these tastes, so I prefer to eat and cook by myself.

I really hope there can be more flexible and customised services in the future--such as calling volunteers to buy food for you, especially according to your own ideas. I hope the society can cultivate many volunteers, or similar to Didi, Uber platform on the odd job, to buy you after work. As I said, volunteers can be middle school students, high school students, even elementary school students. After school, they can buy vegetables for the old like me as volunteers, or even participate in volunteer activities to help the old when free at rest or on weekends. And then there are the housewives who are at home with their children, and they can help the elderly like us to buy food. I think this can solve the trouble of facing an old person for a long time because they can choose the old person and then help them, not necessarily the same every time. Volunteers, odd jobs can also work at will to earn some extra money, such as on their way home from shopping for vegetables. By the way, I heard that there are also community activities where volunteers are invited to help the elderly take a bath. These volunteers have received training, so I trust them very much. Moreover, if I am sick, my children are not around, and my friends and neighbours are getting older, I authorise the volunteers more.

- Researcher: Ahh, this is so interesting. Do you have any other ideas or anything you want to add?

Interviewee A: I think this kind of help from the community is the most direct, but only the government can make these communities move. Instead of doing something on a whim without really considering everyone's needs. I'm very grateful to President Xi, who asked every young person to call their family.

- Researcher: So you think the government is the key role to make some policies or laws?

Interviewee A: Yes. I don't think it can be accomplished by a single force. Just now, I said that President Xi asked young people to call the elderly at home more often -- and help from within the family is also very important. For example, as I said, when children participate in such

volunteer activities, they must have a lot of experience in supporting the elderly. Then they will learn to be grateful, and the elderly will form a sincere emotional connection with them. Then it is meaningful for the education of the next generation. They will know filial piety. Then to the elderly in the community, the elderly in their own family is also very respectful. The family atmosphere will be better, the whole family, the elderly naturally happy. Filial piety in the family, children should be grateful for taking care of their parents. They also have an obligation to care more about their parents -- not necessarily to serve their parents, but to have a grateful heart.

-Ok, thank you very much for those thoughts. Anything else you'd like to add?

Interviewee: Not at the moment.

-Well, thank you very much for the interview...

Original version in Chinese:

-晚上好!你能简单介绍一下自己吗?

受访者 A:我叫 A, 今年 63 岁, 高中毕业, 丈夫几年前去世了。现在我要照顾我自己和我 93 岁的母亲。每月固定的养老金大约是 3039 元。

-哦, 我明白了...那么你的身体健康状况如何呢?

受访者 A:主观上, 身体处于亚健康状态, 经常生病, 但没有慢性病, 主要是常见的老年病, 比如经常感冒。我以前胃痛过, 但好几年没复发了。我已经三年没去大医院了, 小诊所也不常去。我主要去一家中药药店。在过去的两年里, 我平均两个月做了一些基本的健康检查。

-你为什么选择家庭护理而不是其他保健服务?

受访者 A: 嗯...呆在家里是我最好的选择。首先, 我可以完全照顾自己, 如果我没有严重的疾病, 我不需要去医院。第二, 自由和安全感, 这只能在国内实现。第三, 我可以 在家里做很多家务, 这也是体育锻炼.....锻炼大脑的整体规划, 对身体有益;我觉得我

慢慢地老了。

-你能举个例子吗?

受访者 A: 比如, 我可以说, 在家里我有自由, 没有任何限制——比如我什么时候起床, 吃什么, 我可以做我想做的事, 我可以放松。在这样的生活中, 我想我处于最好的精神状态。比起养老院每天安排三餐, 我觉得这样会失去生活的乐趣, 每天和一群像我这样的老人呆在一起会很单调。我期待着自己走出去, 结交朋友, 尤其是年轻人——在疗养院里和年轻人在一起很难。而且养老院会对我有限制, 比如去玩的时候请假, 回来的时候汇报, 真的很不开心。除非真的很艰难, 而且我的头已经失控了——不, 那样的话, 我宁愿死在我熟悉的家里。

-研究人员:你对目前的家庭护理有什么需求和关注?

受访者 A: 信任和精神安慰(陪伴、耐心、孝顺)很重要, 我非常关心。去年腰椎间盘突出, 不能出去买菜了。但我能找到那些为我购买食物、关心我的老朋友, 我发现和我同龄的朋友和邻居非常重要……家庭关系很重要, 但我女儿离家很远, 她经常不回来看我。我的愿望是我们都住在一起, 互相照顾。但问题是, 人们必须真诚;我想互相帮助, 给对方一些钱。国家给的钱应该给我的邻居和朋友。我想做志愿者工作, 即使是为了两瓶水和一点钱——为了自我价值。你有多少钱并不重要。与保姆不同, 这种信任是不完整的。我曾经以为是我的老同事和邻居同情我。不过, 真的在我困难的时候, 别人的帮助是很宝贵的, 真诚是最需要的。

精神上的安慰也是必不可少的, 而耐心也是一种精神上的慰藉。例如, 当我和我的女儿谈论过去, 即使是关于过去的争吵, 我很高兴有人听我说。此外, 在陪伴母亲的过程中,

家庭照顾的重要性是孝顺，只有得到年轻一代的服从才是最重要的。我在疗养院可没这种感觉。

-研究员:您对中国未来的养老有什么看法?

受访者 A: 在我看来，未来的养老金很可能是家庭养老。社区是促进援助发展的良好支持力量。我看到社区里有一个老人食堂，我觉得很好。但是，食物过于单一和统一，导致我自己的饮食习惯不适合这些口味，所以我更喜欢自己吃自己做饭。

我真的希望未来能有更灵活和定制的服务——比如叫志愿者为你买食物，特别是根据你自己的想法。希望社会能培养很多志愿者，或者类似滴滴、优步平台的打零工，下班后给你买东西。就像是...志愿者可以是中学生，高中生，甚至小学生。放学后，他们可以作为志愿者为像我这样的老人买菜，甚至在休息时间或周末参加志愿者活动帮助老人。还有在家带着孩子的家庭主妇，她们可以帮助像我们这样的老人买食物。我认为这样可以解决长期面对老人的麻烦，因为他们可以选择老人，然后帮助他们...甚至服务对象不一定每次都一样。志愿者，打零工也可以随意工作来赚取一些额外的钱--比如在买菜回家的路上。顺便说一下，我听说还有一些社区活动，邀请志愿者帮助老人洗澡。这些志愿者都是经过培训的，所以我非常信任他们。此外，如果我生病了，我的孩子不在身边，我的朋友和邻居变老了，我自然会需要这些社区的志愿者。

-啊，这太有趣了。你还有什么想补充的吗?

受访者 A: 我认为来自社区的这种帮助是最直接的，但是只有政府才能让这些社区动起来。而不是在没有真正考虑每个人需求的情况下心血来潮地做一些事情。我非常感谢习主席，他让每一个年轻人都给他们的家人打电话。

-所以你认为政府是制定政策或法律的关键角色？

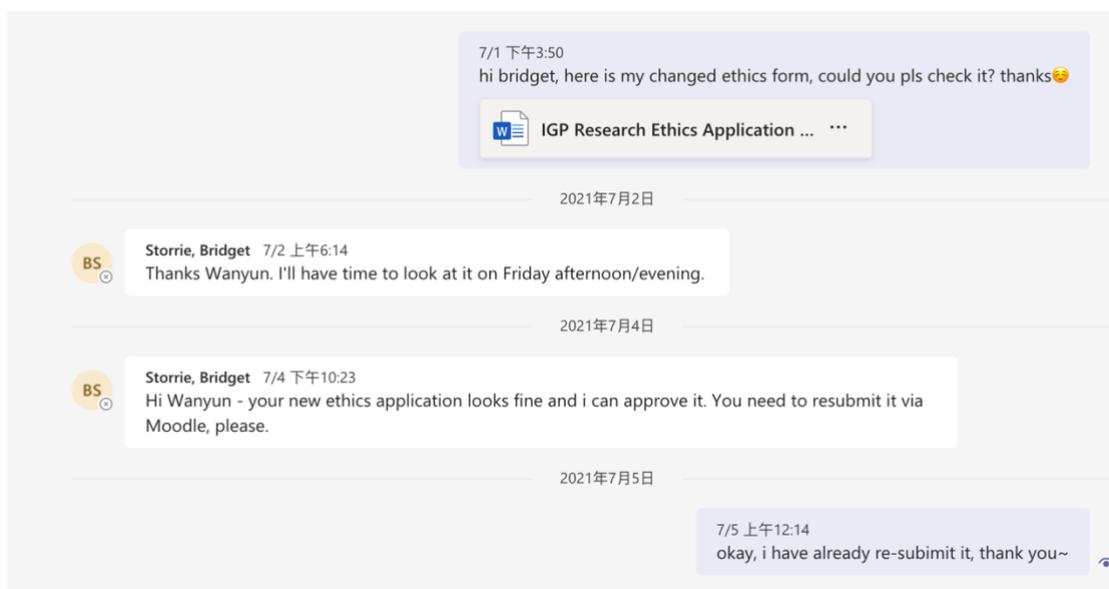
受访者 A: 是的。我认为单靠一股力量是不可能完成的。刚才我说过，习主席让年轻人多给家里的老人打电话，家庭内部的帮助也很重要。例如，我说过，当孩子们参加这样的志愿者活动时，他们一定有很多赡养老人的经验。然后他们就会学会感恩，老人也会和他们形成真诚的情感联系。这对下一代的教育是有意义的。他们会懂得孝顺。然后到了社区里的老人，自己家里的老人也很恭敬。这样的家庭气氛会更好，全家人、老人自然会幸福。18、在孝顺的家庭里，孩子要感恩照顾父母。他们也有义务多关心父母——不一定是服务父母，但要有一颗感恩的心。

-好的，非常谢谢你可以提供这些想法，还有什么你想要补充的吗？

受访者：暂时没有了。

-好，非常感谢你的采访...

Appendix E. Approved ethics form



Research Ethics Application Form for IGP Student Dissertations

This form should be filled in after consultation with your Dissertation Supervisor and submitted to your supervisor upon completion. Please also ensure you complete a Risk Assessment.

Please answer ALL questions. Where answers are required, please write in the space provided following each question.

Section A. Personal Details

Name: [Wanyun Huang](#)

Email address: ucbqwh7@ucl.ac.uk

Degree: [Master](#)

Supervisor: [Bridget Storrie](#)

Application date: [July 1st](#)

Dissertation submission date: [September 7th](#)

Section B. Description of Proposed Research

B1. What is your current dissertation title?

[Chinese aging People in dilemma: Exploration of challenges and opportunities of elder caring in home](#)

B2. Give a brief overall description of your research.

[Fast aging speed in china now is challenging the public policies, especially in economics, and the grand problem also influencing social development because of "4+2+1"family structure and changing Identity between different generations. Society does not consider the diversity of the elder's demands of healthcare, there is a need to get rid of the outdated and ageist stereotype. Additionally, elder care institutions did not meet the market demands, the](#)

quality not meet the standard, caring staff mobility rate is high, and the charge fee is expensive without governmental subsidies, so more people choose aging in homes. This research aims to understand aging people's feeling of home care and contribute to improvement of caring system. Andersen Behaviour Model (ABM) will give theoretical foundation to observe the real factors making the elder choose home care. The welfare pluralism suggests combining multiple resources such as family, community, enterprises, and national governance together to tackle challenges brought by aging population—— "Home care" in this research could be treated an innovated pathway with this framework to improve the transition at last. There are three key research questions: What reasons make the elder people choose caring services in their home instead of other private caring homes? How those elder people feel about caring services at home such as functions they need, concerns of home caring services etc.? How to improve the current practices and provide available alternative solutions for the ageing challenges? This research will use qualitative method via semi-structured interviews because qualitative method not only can collect the results of the subjective feeling of "home care", but also observe the multiple reasons. Finally, based on the analysis of results, this research will find efficient solutions for achieving welfare pluralism with details from the care receivers' views.

B3. Outline your main research questions and aims.

- What reasons make the elder people choose caring services in their home instead of other private caring homes?
- How those elder people feel about caring services at home such as functions they need, concerns of home caring services etc.?
- How to improve the current practices and provide available alternative solutions for the ageing challenges?

Section C. Participant Details

C1. What age groups will you be recruiting? Highlight all that apply.

- Children (under 15 years)
- Young adults (15-17 years)
- Adults (18 and over)

C2. Will you be recruiting any of the following? Highlight all that apply.

- Vulnerable adults (those without capacity to give informed consent, including those with learning disabilities, mental health issues or dementia)
- Prisoners or young offenders
- Asylum seekers or refugees
- Public figures, such as politicians, judges, journalists or artists
- NHS patients
- Friends or family
- Other UCL students
- I will not be recruiting from any of these groups

C3. Explain how you will be identifying and recruiting participants. Potential participants might be identified via their company website, from an existing pool of contacts, or through introductions made by your supervisors or colleagues. Recruitment methods might include posting advertisements online or in a public place, emailing people with a request to participate, or approaching people directly in the street.

Snowballing sampling. At first, my grandparents will be used for pilot interviews (informal style), then they will help me to invite their friends to participate my research. Then, my friends' parents will also be invited into my research. This method can help me to establish trust between the elder people and me more easily.

Section D. Proposed methods and data

D1. Which of the following methods will you be using? Highlight all that apply.

- Interviews:
 - In person (only for the people in my social bubble)
 - via skype (in china, people prefer to use Wechat, same like Skype, this remote method will be used for friends' grandparents)
 - via email
- Questionnaires:
 - in paper form
 - online
- Focus groups
- Observations of human behaviour
- Existing datasets collected from human participants (describe the type of information involved, who originally collected it, and whether the data has been anonymized).
- Other (please describe).

D2. Describe how these methods will be applied to your research subjects.

For my family member, I will directly interview them with my questions. For elder people who are not in my social bubble, I will ask my friends give some supports of using digital devices, if the elder people need. The whole processes will hold by myself, and the elder people just need answer my questions. I can make a video chat with them, to participate into these interviews remotely. If the elder is willing to answer my questions, I may hold more meetings to ask further questions, which can make me follow their personal experience to observe deeper explanations. Since the semi- structured interviews will be held remotely, the elders can stay at their own home to ensure them would be comfortable to get interviewed.

D3. Where will you be collecting your data? e.g.: schools, museums, public spaces, within particular communities. Please give the names of any organizations involved, if known.

Remotely for most elder people, and at home with my grandparents.

D4. What data will your research generate? Highlight all that apply.

- Notes
- Interview or focus group transcripts
- Photographs (ammonized, without face showing in the pictures)
- Film or video recordings
- Audio recordings
- Other (give details).

D5. What position will you take regarding anonymization of participants during data collection and/or reporting? Note that you do not need to name a person for their opinion to have weight. This may be achieved by using a role-specific pseudonym, such as 'a curator', 'a professional illustrator', 'an academic' etc. Highlight the relevant answer.

- Some or all participants will be anonymised
- Some or all participants may be identifiable

D6. Which of the following will apply to your participants? Highlight all that apply.

- Participants will be fully anonymised. No individuals will be linked to the data they provide, at any stage of my research.
- Participants will be partially anonymised. Names will be withheld, but it may be possible to identify individuals from the data they provide.
- Participants will be named in my research notes, and their identity linked to the data they provide, but names will not appear in the final report.
- Participants will be clearly identified in the final report.

D7. If you highlighted more than one box in the previous section, please explain in more detail which recruits the different degrees of anonymisation/identification refer to.

The people will be typed with some demographic information such as gender, age and marital status etc. Additionally, there will be no more other personal information related to them which let them be identified. Everyone will be named by numbers and get protected for the privacy.

D8. If any participants will be identified, or potentially identifiable during data collection and/or reporting, please explain why this is considered necessary.

The demographic information is an important factor influencing choice of health care services, which is what my research studied. Therefore, it is important to classify elder people into different groups with target such as age, gender, education level etc.

D9. Will you be filming or photographing people, in such a way that they could be identifiable from the images?

- Yes
- No

If 'yes', please explain further.

Section E. Risks and benefits

E1. List all the countries where you will be working.

China.

E2. Will data collection pose any risks to yourself? Risks might include lone working in potentially unsafe environments, physical risks associated with experimental research, or visiting countries where the Foreign and Commonwealth Office has advised against all travel (see <https://www.gov.uk/foreign-travel-advice>).

- Yes
- No

E3. Will you be dealing with sensitive or potentially distressing subject matter? This might include experiences of violence, abuse or exploitation or illegal behaviour.

- Yes

- No

E4. Is there likely to be significant risk of harm to the rights and wellbeing of participants (physical, emotional, psychological, reputational, legal or financial) as a result of taking part in your research?

- Yes
- No

If 'yes' please explain further.

E5. Will any of your research be conducted covertly (carried out without the knowledge or active consent of the participants, or by misleading participants about the purpose of the research)?

- Yes
- No

If 'yes' please explain why this might be necessary.

E6. How might your research benefit participants?

The results may provide suggestions for the government or other social sectors to meet the elder people's demands and create positive externalities.

Section F. Dissemination of results

F1. Will the results of your research be reported to participants?

- Yes
- No

If 'yes', please explain how you plan to do this.

I will make a poster of the results and send to them if they are interested in my research results.

Section G. Further comments and statement of understanding

G1. Do you have any further comments or questions?

No.

G2. Please check (double click and then select Checked under Default Value) the

following boxes to complete your application.

I agree that I have read the ethical guidelines for student dissertations provided online at: <http://www.ucl.ac.uk/archaeology/research/ethics>.

I undertake to conduct this research in the manner advised.

I agree that, if any of the answers given above change due to modification of my research design, I will inform the Ethics Coordinator immediately, and seek additional approval for my research.

I understand that I must wait for ethics approval before collecting any research data from human participants.