

# Social Care for the Elder Disabled Women in Urban China: The Roles of Community

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## Research Article

**Keywords:** social care, support, elder disabled women, community, urban China

**Posted Date:** June 30th, 2021

**DOI:** <https://doi.org/10.21203/rs.3.rs-649706/v1>

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# Abstract

## Background

This article concentrates on analyzing the community care for urban disabled elderly women. With the emergence of aging society in China and the empty nest Chinese families, the number of the elderly who can't take care of themselves is increasing. With the miniaturization of family size and the weakening of family pension function, the traditional family pension in China is facing great challenges. On the one hand, a growing number of disabled elderly women are in urgent need of care, they have many difficulties in daily life, including poor health status, losing spouses and living alone, cannot support themselves economically, lack of spiritual life, and mostly relying on their children to take care of them. On the other hand, the family's function of providing for the aged is weakened, and the traditional way of care is impacted by the changes of modern society.

## Methods

Based on a qualitative study in Beijing, this article examines the demand for care from the disabled elder women and the current supply of community care for the disabled elder women.

## Results

After analyzing the demand for care from elder disabled women and current community care, this study puts forward the existing problems and the reasons behind the community care for the disabled elder women. This article discusses that community care system for disabled elderly women in urban areas should focus on four aspects: life care, medical care, spiritual consolation and emergency assistance.

## Conclusions

The urban disabled elder women living care service system should be constructed. It mainly provides daily life care for the disabled elder women, and the main body of the service is home-based elderly care service centre, community day care centre, and the elderly's family members or some volunteers. A protection mechanism should be improved to support elder disabled women from three aspects: protection system, fund guarantee and services from health and social care staff.

## Introduction

China has entered an aging society, and the proportion of the elderly population is increasing at a high rate every year. Disabled elderly refers to the elderly who can't take care of themselves because of their poor physical and psychological status and have to rely on others to take care of them. There are usually six indicators to measure the disability, including eating, dressing, getting in and out of bed, going to the

toilet, walking indoors and bathing. If one or two "cannot do", it will be defined as 'mild disability, if three or four 'cannot do', it is moderate disability, and if five or six 'cannot do' it is classified as severe disability (Research on the disabled elderly in urban and rural areas of China, 2018). By the end of 2019, there are about 33 million partially and completely disabled elderly people in China, accounting for 19% of the total elderly population, of which 10.8 million are totally disabled, accounting for 6.23% of the total elderly population (Li, 2020). With the aging of China's population, the prevalence of chronic diseases, especially cardiovascular and cerebrovascular diseases, and stroke are increasing, resulting in the expansion of the number of the disabled elderly (the elderly who have lost the ability to take care of themselves and have to rely on others). Due to the lack of social care, the disabled elderly will bring heavy care pressure to their families and their main caregivers.

At present, there are three main modes of providing for the aged in Chinese cities: family support, community care and institutions for old age, in which family support played most important roles. Chinese society has formed the traditional mode of 'family support for the aged' for a long time. Supporting the elderly has become the unshirkable responsibility of young people. This traditional way of supporting with filial piety culture has been directly undertaken by family units, which has long been deeply rooted in Chinese culture. However, with the decline of fertility rate and the extension of life expectancy, '421' family model has become the mainstream family model in China, and the per capita burden of providing for the aged has doubled. And with the change of concept and life style, plus the influence of individualism, consumerism and other bad values, children's concept of family responsibility and family obligations are constantly updated and transformed, all of which leads to the weakening of the function of family pension in contemporary China (Zhao Z, Wei C, 2004). In China, the family has always played a major role in the long-term care of the disabled elderly. In terms of life security, medical security, care services and social participation, the family is the most important welfare provider. However, with the trend of aging population, aging and family miniaturization, as well as the weakening of family care function and the absence of community and institution services for the disabled elderly, informal care in the family is becoming more and more weak, and the pressure has been too heavy, so it is difficult to have enough ability and motivation to bear the responsibility of providing for the aged (Stanhope M, Lancaster J, 2008).

With the development of industrialization and urbanization, a variety of new 'social pension' models have gradually developed. In addition to the family, the roles and functions of community, government agencies and society are becoming more and more prominent, and the source of pension resources has gradually shifted from the family to the social multiple subjects supply. As far as the current situation is concerned, care from institutions for old age costs a lot, the cost is too high, Shortage of beds in pension institutions, and this concept of care for the elderly has not been accepted by most families. In this case, the active development of community care for the elderly is an effective way to solve the problem of care for the elderly in China. Community care is not only of positive significance to reduce the burden of the government and encourage the socialization of social welfare, but also an effective supplement to family support and support, and an important measure to achieve the goal of providing for the elderly.

In China, there are more women among the elderly disabled, and the risk of providing for the aged is also increasing (Li, 2020). There are many characteristics of the disabled elderly in elderly women, such as poor health status, widowed, cannot support themselves economically, poor status in spiritual life, relying on children's care, etc (Harper, 2004; Brown & Theobarides, 2009). Because women are in a more disadvantageous position in terms of employment opportunities, income and employment structure, the problem of women's security in old age is more prominent. Community care refers to the integration of various resources (including formal and informal) in the community to provide life care, medical care, spiritual comfort and emergency assistance services for the elderly in the community (Chappel, NL. 1989; Dubuc N, Dubois MF, Rache M, et al., 2011). The main providers include home-based care center, day care centre, community health service center, etc. The service staff are mainly relatives and friends of the elderly, neighbors, volunteers and professional social workers. Services include door-to-door service and centralized service. At the same time, community care is a new way of caring for the elderly after the integration of institutional care and family care. Currently very few studies focus on the community care of disabled elderly women. The development of community care for disabled elder women is conducive to reducing the burden of the government and disabled elderly families, reducing the cost of pension, and alleviating the impact of aging population.

## Methods

This study employs qualitative methods, based on the collection of first-hand data, trying to explore the status and problems of community care for urban disabled elderly. It also analyzes the needs and problems of the disabled elder women who relied on family care, and the extent to which the existing community services can improve the life of the disabled elder women. This study conducted in-depth interviews with 9 families of disabled elder women and caregivers and 6 community workers in three communities of Beijing.

This study adopts semi-structured interview outlines. One is the interview outline for disabled elderly women. It mainly includes two parts: the basic information of the participants and the interview questions. The questions of the interviews mainly involved the current living conditions, the social support the family has received, the participation in community care and the evaluation of community service, and the expectation from the society and the government. The second is the questionnaire for community care workers. The interview questions involved the general situation of disabled elderly women in the community, the current services provided to disabled elder women, the current government support for community care, the difficulties faced by community care in the development process, and the future development prospects of community care.

The process of selecting participants was divided into three stages. The first stage: one of the four streets in a district of Beijing was selected. The reason for selection: only this street is located in the city, and the other three streets cover many administrative villages. The second stage: comprehensively considering the economic situation and the distribution of the elderly in each community, three communities with relatively good economic and living conditions and relatively concentrated distribution of the urban

elderly were selected from the 20 communities in this street. The third stage: according to the recommendation and introduction of the community neighborhood committee, and combined with the activities of daily living scale (Chen, 2005), the disabled elder women groups in the community experience detailed screening. The selected objects of this survey were the elderly women over 65 years old who lost the ability of self-care and their main caregivers, a total of 15, including 3 elderly people who lost part of the ability of self-care. There were 3 people who lost most of their ability to take care of themselves, 3 elderly people who could not take care of themselves at all, and 9 family caregivers (each community should choose one elderly person and caregiver according to the requirements). At the same time, three key staff members were selected from each community, and nine staff members from three communities were interviewed in depth.

With the help of the community neighborhood committee, we contacted the interviewees in advance, introduced the main purpose and the research, and then discussed the interview time. Before the formal interviews, with the help of the community staff, they visited the families of participants, introduced the purpose and significance of the interviews in details, and guaranteed to respect their privacy, and to pay attention to the confidentiality of their information. Then, according to the interview outline, in-depth interviews were conducted with the selected subjects (about half an hour to an hour for each family). During the interviews, we paid attention to observe the words, facial expressions, body movements, etc. of the characters in the specific situation, and fully encouraged the other party to express their real views and attitudes in detail. At the end of the interviews, small gifts were given to participants to express the gratitude.

Ethical consideration was fully applied to this research. Participants were fully informed of the study's intent and requirements and informed consent was received from all participants without any inducement, coercion or perceived pressure. Confidentiality was also considered. The disabled elderly and their caregivers were mainly interviewed to obtain the first-hand survey data through in-depth interviews; We also communicated with the staff of each community to understand the basic situation of the community and the development of community care work, and observed service facilities for middle-aged people in the community; In the process of interviews, we had a more intuitive understanding of the life and work situation of the respondents by participating in the observation. For example, carefully observes the living environment of the disabled elder women, the psychological state of the elderly and their caregivers, intergenerational emotional communication, the status of service facilities in the community, the surrounding environment of the community, the working state of social workers and so on, and obtained rich perceptual information through observation. The details and observations during the interviews were recorded in detail with a tape recorder and text information.

According to the recording and interview notes, the interview materials (including non-verbal information such as manner, action and interference) were timely transcribed into the text word by word, and the materials were proofread. The information of each participant was stored as an independent case text, and the names involved in the text were replaced by numbers, so that they can be used for data analysis.

At the same time, special attention was paid to the confidentiality of the participants' information (Babbie E, 2001).

By repeatedly reading the recorded text materials, revisiting the recorded materials, and using inductive logic, the information of the participants was sorted out, the prominent themes and differences were marked out, the 'theme' classification method for analysis was used.

## Results

### The living status of disabled elderly women

In terms of health status, in this study, it was found that the disabled elder women suffer from various degrees of chronic diseases, such as hypertension, diabetes, tracheitis, cerebral thrombosis (most likely to cause paralysis), etc. these diseases have a long course, difficult recovery and many complications. The disabled elder women are deeply troubled by these diseases, which seriously affect their normal life, Therefore, the health status of the vast majority of disabled elder women is worrying. Among them, the more common obstacles are 'inconvenience in walking', 'unconsciousness', 'slow reaction' and 'inability to do heavy work'. Some elderly people who can't take care of themselves are bedridden for many years and need to be taken care of by others for eating, dressing and going to the toilet.

The disabled elder women have less income, more dependent on children with respect to economic support: the family and personal income of the elderly is an important indicator to measure the quality of care for the elderly. In cities, pension is the main source of income for many elderly people. Apart from the little increase of pension, there is generally no other fixed new income. For most unemployed elder women, their financial support mainly comes from the support of their children and the welfare pension with a small amount each month. The support of children is the first source of income for most disabled old people. In this study, five out of nine disabled women have pensions ranging from 900 yuan/month to 3000 yuan/month, while the other four are totally provided by their children and relatives. In this study, the disabled elder women need injections, medicine and hospitalization all the year round, so the family expenses are large. The lack of financial and material resources in the family care resources for the disabled elder women is mainly reflected in the family's economic ability, housing conditions and related service facilities.

(Participant): *I come from the countryside to live with my son in the city. I'm old that I don't have much money. My son and daughter usually pay for my daily living. Now I'm in poor health. I still need to be taken care of, and I have no source of income. I do not want to go hospital to get the medicine, you have to pay a lot of money for medicine, health check-up and having an X-ray. Children give me money, but I do not want to get money from them, they do not earn much money, also have to pay the mortgage... (sighing)*

In this study, the participants have higher demands for spiritual life, and their needs are difficult to be met. The most prominent feeling of the disabled elderly is the emptiness and boredom of life, which is mainly

manifested in the lack of emotion and the lack of entertainment life. Among them, the widowed elder women are more likely to feel lonely than the elderly whose spouses are still alive. Among the participants, there are two widows. They lack the spiritual support, and their children are busy with work. Most of the time they are alone at home, afraid to go out for physical reasons, and lack of communication. In addition, with the increase of age, the scope of activities is limited, social activities are gradually reduced, coupled with physical inconvenience, the time to go out is reduced. Although they want to participate in diverse cultural and recreational activities, it is difficult for them due to physical reasons, and their social circle is shrinking.

*(Participant): My husband passed away two years ago. He could take care of me previously. He talked with me together, and the child was at ease. Now that he's gone, I'm not in good health, and the child is not often at home. I'm too lonely by myself. What else can I do after watching TV and reading newspapers. Previously I could chat with my husband, now I understand that the husband and children are different. Sometimes the lack of a common language made it very difficult to intercommunicate with my children.*

There are problems about lack of human resources, lack of professional care knowledge in terms of caregivers. In this study, most disabled elder women were provided with daily care by their children, while less elderly people lived in nursing homes and asked nannies to take care of them. Currently, eighty percent of the disabled elderly are cared for by their children or relatives when they are ill or in poor health (Li, 2018). Due to the implementation of the family planning policy, China's family size has become smaller and smaller in recent decades, and the family structure of '421' or '422' has gradually emerged. A couple has to support four elderly people. As family members go out to school and work, many children simply do not have enough time to accompany their parents. Some old people's children settle in other places and leave them in their hometown; Some old people's children are busy with work, and having their own families, and have no spare time and energy to take care of them. The caregivers of the disabled elderly are generally their spouses and their children, and some of them are in poor health. Taking care of the disabled elderly is a great burden to the caregivers, which is both physical and mental fatigue. In this study, it was found that the general caregivers only took care of the elderly in the aspects of food, clothing and daily life, lacked professional nursing and rehabilitation knowledge, and did not master professional nursing skills. Due to the limitations of various conditions, the caregivers were not able to do enough.

*(Participants): My husband and I are both over seventy years old, we usually have no problems with food and clothing, but once we are ill and hospitalized, my husband cannot take care of me. Our children are all busy, they only come back to see us once a few months. It's not easy for us to live in big cities, and we don't want to drag them down. But we are worried that we don't know who to look for when something happens in our two old people's home.*

## **The needs of disabled elderly women for community care**

The care needs of the disabled elder women generally include basic daily life care (such as eating, going to the toilet, bathing, shopping, etc.), physiological treatment and rehabilitation (such as rehabilitation, medical care, provision of assistive devices, etc.), spiritual comfort, social communication, hospice care and aftercare (Gao J, Raven J, Tang S. 2007).

In this study, six of the nine families needed home-based care services, and the most needed services in life care are door-to-door meal delivery and door-to-door laundry. The elderly whose children are in other places show the demand for door-to-door meal delivery, laundry, cleaning and other aspects. However, when asked whether it is door-to-door service or centralized service, most of the elderly and caregivers prefer door-to-door service. 'It's better to provide on-site service. It's safe to eat at home. I'm not in good health and it's troublesome to go upstairs and downstairs. It's great to be able to deliver it to my home'. It can be seen that due to the physical condition of the disabled elderly, the demand for domestic services is relatively high.

In terms of the needs for medical care, the participants all suffered from diseases of different sizes. They needed medical services and hoped to see a doctor nearby. In particular, they hoped to enjoy family sickbed services. An old woman interviewed said, 'I'm not in good health. The hospital is far away. It's very tired to go back and forth. It's likely to get sick. It would be ideal if I could go to the community or even get medical treatment at home'. When talking about the most needed items in various community care services, the participants believed that what they needed most was that they hoped the government could increase the investment in medical assistance and provide cheap and high-quality medical services, 'Now I dare not get sick. I have to spend money for my whole life, from thousands to tens of thousands. I have to take medicine every day, and I have to pay a lot of money. I have no pension and I can't get reimbursement. If only the government could give us some solutions'.

Spiritual comfort was in huge need among disabled elder women, all participants raised that spiritual care services are needed, especially the pairing care from young people, and that weekly on-site communication was the most appropriate way of care. At the same time, some old people also said that they like to participate in recreational activities, including watching Beijing Drama, and there was a great demand for similar activities suitable for the elderly in the community. The pursuit of life among disabled elderly is not limited to eating and drinking enough, and they have obvious demand for spiritual comfort services.

There was a need for emergency rescue, some participants whose children are away from home mentioned that they need to install emergency call devices, so they can get help in time in case of accidents, '*I'm all alone at home. What can I do if something happens? It's very convenient to have an emergency call system. When I press it, at least someone can help me, so I can rest assured*' (participant). With the increase of age, the physical function of the elderly is also declining, which is prone to emergencies. Therefore, the demand for emergency rescue equipment is obvious.

## **Current situation of community care services for disabled elder women**

The main components of the three communities in community care are: home care service centre, day care centre, community health service centre and volunteers. Through the communication with community workers and on-the-spot community observation, it is found that the four main suppliers are in the process of continuous development and improvement, and inevitably there are some problems.

About home care service center, in recent years, through selection, bidding and other ways, communities have introduced social elderly care services, household services, medical and health services, culture, catering and other institutions with high service quality, good reputation and strong strength into local services. As designated units to undertake home-based elderly care services and government purchase services, some communities operate in accordance with the market mechanism and enjoy the supportive policies for the development of elderly care services. Several home-based care service centres are basically informal employment organizations. They operate according to the market-oriented mode and focus on the basic living needs of the elderly. They mainly provide meal, cleaning, bathing, medical, mobility and emergency services for the elderly in the community. At the same time, they also take into account the various needs of the elderly, providing cultural entertainment, learning, chatting, consulting, and other services. According to the service content and the economic situation of the elderly, the fees are charged according to different standards. Preferential services should be provided for the elderly in urban families with minimum living allowance, and low compensation fees should be charged; The elderly with stable income and better economic situation can be charged according to the market price. The centres mainly provide services for the elderly in the community through door-to-door services. According to the needs of the elderly's families and themselves, the home care service centre regularly provides housekeeping services for the elderly, such as meal delivery, cleaning and laundry. The scale of each community centre is not large. One community home care service center in this study covers an area of only more than 80 square metres, but it undertakes the door-to-door services for dozens of elderly people in the whole community. In the process of observation, it was found that the hygiene condition of the catering departments in three centers was not good, and the food pattern was few, and the catering department in one center did not obtain the hygiene license. In order to reduce the cost of service, one community only employs two staff members, who are usually tired.

All the communities in this study have established small-scale day care centres for the elderly based on community home-based care service centres for the elderly, providing activities, day service, lunch and other services for the elderly in the community. Generally, the elders call it "nurseries". For families with busy work, the elderly will be sent to day care centres after their children go to work during the day, and comprehensive services will be provided by community service personnel. In addition to providing basic living care, television, computers, books, magazines and other recreational facilities are also placed in the community for the elderly to have fun. Living in the centre, for the elder women, they can have the opportunity to communicate with other elderly people and reduce loneliness; Compared with the caregivers, it can reduce their care pressure and make them work at ease. What is more distinctive is that one community has set up a simple family sickbed in the day care centre, and a few service personnel provide simple medical care services for the elderly, so as to facilitate the examination and treatment of

the elderly. There are three day care centers with small scale and the sanitary condition is average. Although the service facilities are set up, some are not provided for the elderly yet.

Community health service centre can provide convenient and nearby basic medical and health services for the elderly, which is a suitable way of medical and health services for the elderly. At present, according to the requirements of relevant policies, community health service centres of different scales have been set up in all neighbourhoods, which provide small-scale elderly health care, health consultation and other services for the elderly. Some community centres also set up health records for the elderly, so as to fully understand the physical condition of the elderly in the community. The outpatient service of the community service centre in line with the basic medical insurance items are included in the scope of medical insurance payment to ensure the basic medical services for the elderly. Through the observation, it is found that the medical equipment of the health service centres in the three communities was relatively simple, the types of drugs were not complete, the staff were not professional, and the service attitude was not good. According to the response of community residents, one community health service centre was often closed, the price of medicine in the centre was higher than that of ordinary pharmacies, and some drugs are overdue.

Some communities have also organized and developed the teams of volunteers who were enthusiastic about community public welfare undertakings and could provide voluntary services through voluntary registration, oath commitment and other operation modes, providing more systematic and professional personalized services for the disabled elder women according to the specific situation of their families. In each community, volunteers consisted of few university students, relatives and friends of the elderly, other social caring people and other volunteers. They used their spare time to chat with the elderly in the community, to provide relief and spiritual comfort services for the elderly. They also played an important role in the community care of the elderly. In this study, it is also found that the organization and management of volunteers were relatively loose, and they were often enthusiastic at the beginning, and then basically never appeared. The service lacked continuity, and individual volunteers had the psychology of just coping with the task and did not seriously serve the elderly.

## **Current situation of community care services supply**

The three communities in this study did not achieve the full coverage of the service project plan. Although most of the communities listed a full range of services, they did not provide all the services as required. This would inevitably lead to the result that some disabled elder women cannot get the services they expect.

One problem was the awesome differences in supply between different service items. For example, the three communities all provided door-to-door cleaning, door-to-door meal delivery and other services, while very few communities provided spiritual comfort, rehabilitation and other services. The supply of different projects was quite different, showing an unbalanced state. The quality of some service items needs to be improved. In this study, some families were not satisfied with only door-to-door cleaning, and some of the staff were slack. The quality and specialization of other service items also needed to be improved.

# Problems of community care for urban disabled elder women

In recent years, communities have opened up new service channels for the elderly according to the actual situation of various communities. For example, a 'mutual aid group for the elderly' was set up to guide the healthy elderly to serve the frail elderly on a voluntary basis; The community service agencies provide high-quality and relatively inexpensive services for the disabled elder women through home-based services. At the same time, communities continue to innovate services, such as opening service hotline, providing fast services for disabled elder women and their families, launching 'good neighbor card', etc. On the basis of these methods, it can strengthen the contact with disabled elderly families and advocate the whole community to serve the elderly. After years of efforts, the community care has made great progress. However, there are still some problems in terms of basic life care, medical care and spiritual comfort when continuously expanding community service function.

The first problem is that the content of community care was relatively single, and the community service facilities needed to be enhanced. In this study, the nursing services provided by various communities were mainly for the elder women to do laundry and cleaning regularly, and some simple daily care. Other services were not well carried out, and the service content was relatively single. With the continuous improvement of the living standards of Chinese residents, the needs of the elderly in all aspects are also increasing. In addition to meeting the daily basic needs, community care failed to provide psychological counseling, medical care services, legal rights protection services and other services for the disabled elder women. Moreover, some services are not suitable for the disabled elderly and cannot meet their special needs. Through observation, it found that the types of service facilities in the three communities were single, some facilities had rusted and aged, most of them were fitness equipment, lack of comprehensive rehabilitation and health care equipment. In addition, the hospital beds in community health service centers were mainly simple family beds, lack of comprehensive medical beds, and the medical equipment was relatively simple.

*(Participant): I went to the health service centre for having an intravenous drip. There were only a few simple beds, but there was no other inspection equipment. There was nothing suitable for elderly people with mobility difficulties like us to play in the community centre, and the facilities should be improved*

The second problem is that the degree of socialization of community care for the disabled elder women is low, and the source of funds is relatively limited. The provision of welfare facilities and services for the elderly in the surveyed communities is arranged by the state and the collective, while the practice of direct management by the Civil Affairs Department has not fundamentally changed. The community's care for the disabled elderly was still based on traditional social assistance. Limited government financial input led to a relatively large gap between supply and demand. At present, the municipal financial subsidies are relatively small, and the financial capacity of each district is also quite different. In addition, the community's efforts to cultivate non-profit organizations are low, the sources of funds and service providers are relatively single, and the private capital for the development of community care is

insufficient. At the same time, it is not enough to develop the service industry for the disabled elderly in various forms of ownership.

*(Participants): We also want to provide better services and expand more projects, but we are short of money. Our District's finance is limited, and we directly allocate a certain amount every year. How can that money be enough. Now many projects are supported by the government. There are few other sources of funds. There are many restrictions. It's hard to do grass-roots work.*

The third problem is the lack of professional community caregivers, and community medical service network is not complete. In the survey, the situation of community nursing staff was uneven. On the one hand, most community nurses were laid-off female workers, and there was a serious shortage of trained nurses. On the other hand, the overall quality of the management and service personnel of the elderly care institutions and communities was not high, many service personnel were tired to cope with the work and were weary of it, and it was difficult to meet the growing diversified social needs of the elderly, which affected the expansion of community service items and the improvement of service quality. The job satisfaction of disabled elderly family to social service staff was relatively low. Among them, only a few disabled elderly families expressed their willingness to send the elderly to community service centres. In addition, there was a lack of medical resources in the community. There were only grass-roots health institutions founded by the government in the community, and there was a lack of some professional medical service institutions, such as geriatric care centre, family health guidance institution, community rehabilitation centre, etc. Among them, the cooperative relationship between community medical service institutions and regular large hospitals has not been established.

*(Participant): It is said that the doctors in the community health centre are all related households, and were not trained well. Last time I had a headache and fever, and I was prescribed medicine without careful examination. I did not want to go again. Excellent doctors are not working in this kind of small community centers.*

The fourth problem is that some departments pay less attention to community care and lack of sufficient propaganda. Some departments and communities did not know recognize the importance and urgency of the community service function. In addition, the government's financial funds are relatively tight. As a result, the community care for the disabled elder women was still in a spontaneous and relatively disordered state of development. Due to the low publicity of the government and the community on various care policies and activities, many disabled elderly families do not understand the government's care policies, and very few disabled elderly families actively participate in the community care. As the disabled elderly are generally older, with low level of cultural knowledge and relatively narrow access to information, it is particularly important to publicize the way of providing for the aged.

*(Participant): I just heard about this activity in our community, but I didn't know much about it, and I didn't see any publicity and introduction from the community. We only knew about the nursing home. It's quite new. We haven't gone to see it yet.*

## Discussion

Considering the basic characteristics and care needs of the disabled female elderly, with the combination with the actual situation of the disabled elderly community care, the urban disabled elderly community care service system in China should be improved.

The urban disabled elder women living care service system should be constructed. It mainly provides daily life care for the disabled elder women, and the main body of the service is home-based elderly care service centre, community day care centre, and the elderly's family members or some volunteers. It mainly includes the following aspects: the first is home service. It mainly aims at the elder women with slight disability, including: on-site food delivery, door-to-door laundry, door-to-door cleaning, bath aid, travel assistance, help purchase of life needs and other services. The second is family care. It mainly aims at the elder women with moderate disability or high disability. The service could include: comprehensive daily care such as clothing, food and living, professional medical care and other special care. And the third is the nursing home for full care. For those disabled women who have no care around and cannot live at home alone, the nursing home will complete the whole content of family care.

It is important to construct the medical care service system for urban disabled elder women (Chappel, NL. 1989). It mainly provides professional life care, medical treatment and rehabilitation health care services for the disabled elder women. The service subjects include home-based care agency, community elderly day care centre, community health service centre and elderly family members. Most of the disabled elder women suffer from chronic diseases, and even some of them stay in bed all the year round. Therefore, they need more professional, long-term and continuous medical care services with basically no end point (Henchoz K, Cavalli S, Girardin M, et al. 2008). At present, compared with the urban hospitals, the community health service centre has the advantages of convenient treatment at home, and for the treatment of common chronic diseases, the facilities and level of the well-established community health service centre can basically meet, so the disabled elder women can go to the community health service centre for medical treatment. Due to the lack of professional talents, home-based care workers can be trained to have professional nursing and rehabilitation knowledge, and to provide home-based care and rehabilitation services for the disabled elder women. And health records should also be established and retained for the disabled elder women in the community, so as to fully grasp the basic situation of the elderly and establish a long-term and dynamic health assessment system.

Spiritual comfort service system for urban disabled elder women is also urgently needed. It could mainly provide spiritual comfort and cultural entertainment services for the disabled elder women. The service subjects include home-based care agency, community day care center for the elderly and their families or volunteers. With the growth of age, the deterioration of physical condition, some of the elderly women can also change their mental state. Due to the influence of traditional moral values, the elder women are more inclined to talk to their families and accept their emotional comfort. However, the children of many disabled elder women are working away from home for a long time. It is not enough to comfort them by telephone and monthly care. At present, it should also strengthen the construction of the volunteer team.

With the help of neighborhood mutual assistance and peer groups, they could visit the disabled elder women regularly to have heart to heart talks with them, so as to relieve their spiritual loneliness and the psychological depression caused by diseases.

Construction of urban disabled elderly emergency rescue service system is also crucial. It mainly offers emergency relief services for the disabled elder women, and the service givers are the staff of the neighborhood committee and volunteers. Most of the disabled elder women are frail and sick. Many times, the caregivers can't keep watch all the time, so it is very likely to have an emergency, especially for the elder women with mild disability and no one to take care of them. Once there is an emergency, it's difficult to get timely assistance. The community can install 'one touch' and other emergency rescue equipment for each family of disabled elder women. The community can set up an emergency rescue centre, open a 24-hour service hotline, and establish a emergency mechanism. The rescue team can be composed of neighborhood committee members, neighborhood friends, and community centre staff. When there is an accident, the community staff can come to help the disabled elder women.

The lack of funds and medical equipment is a major problem restricting the development of community care. As the most powerful force of resource integration, the government has the obligation to undertake the task of capital investment and increase the supply of funds. On the one hand, based on improving the government investment mechanism, and increasing the subsidies for the disabled elderly, the government can also provide pension subsidies or professional nursing subsidies in the form of purchasing services for the disabled elderly, at the same time, in this process, it should strengthen the supervision of the use of investment funds. In addition, the government should also change the single way of only investing in pension institutions in the past, and provide relevant welfare subsidies. Families of disabled elder women who receive subsidies can purchase community welfare services by themselves.

In order to solve the financial problems in the process of community service development, it should broaden the channels of economic support. In addition to increasing government investment, it should also diversify the investment subjects, invest in various forms, give play to the enthusiasm of the collective, social organizations and individuals, and mobilize social forces to invest in various channels. Social forces should be encouraged to set up social service institutions for the elderly and provide professional and standardized long-term care services for the disabled elder women.

Moreover, it should strengthen the publicity of community care, promote the service concept and professional working methods of community care through multiple channels, and strengthen people's understanding of the necessity and importance of community care, in order to get the broad support and participation of all walks of life. Because of the many diseases of disabled elderly, life cannot be self-care. In the publicity, the promotion of flexible service methods should be mainly emphasized - the service forms can include door-to-door service, community facilities service (such as day care centre, day care centre, community activity centre), social support network service. At the same time, the services can be promoted on the basis of the actual needs of the elderly women, and can introduce the integrated service contents of home help service, temporary care service, medical care service and emotional comfort

service to the disabled elder women in detail, so as to facilitate the group and their families to choose different service items and service forms according to their own needs.

## Declarations

### **Ethics approval and consent to participate:**

This study was submitted to and approved by my institutional ethics committee and a statement to this effect was included in the "Methods" and the "Ethics and Consent to Participate" sections of my manuscript. The full name of my ethics committee is the Ethics Committee in School of Arts and Humanities at Nottingham Trent University. I can confirm that all methods were performed in accordance with the relevant guidelines and regulations by including a statement in the Ethics approval and consent to participate section to this effect

**Consent for publication:** Yes

**Availability of data and material:** All available data was collected by interviews in accordance with the ethical consideration.

**Competing interests:** There is not competing interest for this article and research.

**Funding:** This study was funded by Universities' China Committee in London (UCCL)

**Authors' contributions:** The sole author has done the data collection and analysis, manuscript writing and manuscript review.

**Acknowledgements:** The author The author acknowledges gratefully the disabled elder women who participated in the interviews for data gathering.

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