

Investigations into the Provision of Care Services for the Social Elderly in Shanghai, Focusing on the Impact of Population Aging

Xie Yuxi

Hunan City University, Yiyang, Hunan, 413000 , China

*Corresponding author's e-mail:3244229613@qq.com

Abstract

The aging population stands as a key developmental challenge for China in this new period, with the country officially entering an aged society in 2021. As the elderly population born in the 1960s enters old age, the need for superior and varied services for elderly care is on the rise. However, China is still in the process of creating a comprehensive social system for elderly care services, and the existing system still faces challenges such as incompleteness, insufficient investment in elderly care services, and low service provision levels. As the population ages and social elderly care services evolve, there's an immediate need to upgrade the social elderly care system and improve both the availability and quality of these services.

Being the inaugural Chinese city to transition into an older society, Shanghai confronts a pronounced and severe trend in its aging demographic. Data from late 2023 shows that 23.4% of the population was aged 60 and older, and over 36% of the registered population was over 60, significantly exceeding the global benchmark for deep ageing, which stands at 14% of those aged 65 and above, presenting a pattern of deep ageing, high-ageing, and structural contradictions coexisting — not only is the scale of the elderly population aged 80 and above continuing to expand, but there is also a significant disparity between the ageing rates of the registered and permanent resident populations, accompanied by a surge in demand for professional care services for the elderly with disabilities and partial disabilities. Against this backdrop, this paper, based on an understanding of the supply of social elderly care services, takes Shanghai as its research object. Using cross-sectional data on population and elderly care service supply from various districts in Shanghai, it outlines the present state and traits of Shanghai's senior citizens. The aim is to analyse the shortcomings in Shanghai's senior care services in terms of bed supply, coordination among service providers, and regional distribution, and to provide insights for optimising the supply system and aligning it with ageing-related needs.

Keywords: Social elderly care service supply; Population aging; Integration of diversified elderly care models; Age-friendly renovations

1. Introduction

Globally, most countries are facing a situation where the proportion of elderly people in the population is continuously increasing. In China, factors such as improvements in medical care and declining birth rates have accelerated the ageing process, resulting in a consistent rise in the elderly population, marked by a significant number of seniors and a growing trend of homes without occupants, posing significant challenges to social elderly care services. Shanghai's population ageing has distinct characteristics. The ageing of Shanghai's population is accompanied by significant structural contradictions, such as differences in the ageing rates between non-local permanent residents and registered residents, and disparity in the aging rates across central city regions and suburban zones. Furthermore, the disparity between the distribution of resources for elderly care and the urban demand for such care has significantly complicated the development of Shanghai's senior care system.

2. Research Background and Significance

2.1 Research Background

It's an international trend that the pace of population aging is quickening. The population aged 65 and above accounted for 10% in 2022 and is expected to reach 16% by 2050. In China, the population aged 65 and above accounted for 14.1% in 2021 and the country is projected to become a super-aged society in 2030. As the pioneering Chinese city to enter an aging society, Shanghai manifests unique features: deep aging and prominent structural contradictions, presenting features

of "deepening and advanced aging", while also facing imbalances in elderly care resource allocation between central urban areas and suburban districts, and a disconnect in meeting elderly care needs between registered and migrant populations. Complex factors such as low fertility rates, increased life expectancy, and rapid urbanization have led to more diversified elderly care service demands, placing higher requirements on the capacity of public services and social security systems.

2.2 Research Significance

2.2.1 Theoretical Significance

An in-depth study of Shanghai's social elderly care service supply issues helps enrich the theoretical system related to population aging and elderly care services, providing new empirical evidence for related academic disciplines. As a typical economically developed city with an extremely high degree of aging, the distinctiveness of Shanghai provides a case study for examining the commonalities in the development of social elderly care service supply systems. Such research can extract general principles from specific cases, thereby improving the current immature construction processes and evaluation systems of social elderly care service supply systems.

2.2.2 Practical Significance

Through systematic evaluation of the current status of Shanghai's social elderly care service resource supply, identifying problems and optimizing them, this study can enhance the quality and efficiency of supply, meet the diverse and multi-level needs of the elderly, and improve their quality of life and sense of well-being. High-quality elderly care service supply better aligns with the needs of the elderly in the new era, effectively mitigating the discrepancy between supply and demand, and improving overall satisfaction with elderly care among the elderly. Such supply improvements, while optimizing services, can also promote the improvement and development of Shanghai's social elderly care service system.

3. Literature Review

3.1 Review of Overseas Research

P. Schopfin (1991) noted that community-based social elderly care services provide daily services to elderly people living in the community through non-institutional means ^[1]. Lei Z (2018) pointed out that community-based elderly care refers to the elderly care that uses the resources of the community as human resources and material resources to take convenient services to the elderly in the community ^[2].

Research on community-based elderly care services. The United Kingdom was the first country to explore the development of community-based elderly care services, providing daytime care services, custodial care services and home care services for the elderly. When linking communities and medical institutions in the establishment of its national health service system. During the development of its national health service system, it first established connections between communities and medical institutions. Government agencies serve as the implementing entities for elderly care services ^[3], with the aim of steering, empowering, and safeguarding citizens' rights, providing institutional guarantees for elderly care, and encouraging social organisations, businesses, and individuals to participate in the elderly care industry through incentive-based measures. By leveraging the synergistic effects of resource integration, the government achieves collective societal elderly care ^[4]. It is proposed that the social elderly care service system refers to the network of systems established for social elderly care services, including service models, talent systems, funding systems, and regulatory systems.

Research on family-based elderly care. Facing with the contradiction between the increasing demand of elderly care service and the national strength, Japanese government started to focus on the construction of community-based home care from 1980s and gradually shaped the mode of government-led welfare-type elderly health service. ^[5].

3.2 Domestic Literature Review

Research on population aging issues. Chen Wei and Guo Yalong (2023) believe that the aging trend in China's population age structure has existed since the decline in fertility rates in the 1970s, with related indicators of aging continuing to rise ^[6]. Li Xunlei (2023) suggests that the acceleration of China's population aging process will lead to a decline in potential factors driving China's economic growth, slowing urbanization, and issues such as "aging before becoming wealthy" and "debt before becoming wealthy" ^[7].

Research on the supply-demand relationship of social elderly care services. Kim, Bock-Hee, and Seo Chang-bae (2016) believe that China's current elderly care service market faces insufficient elderly care service infrastructure in terms of supply, and should increase supply in three areas: home maintenance, medical treatment, and nursing services for the

elderly^[8]. Lin Bao (2017) believes that the current overall insufficient capacity and imbalanced supply structure of elderly care services are the two main factors restricting the ability of elderly care service supply to meet the effective needs of the elderly^[9]. Wu Ping and Zhou Hui (2018) argue that relying solely on government or market to supply elderly care services cannot effectively achieve social equity and economic efficiency^[10]. Guo Qian and Wang Xiaoli (2020) found that government financial subsidies to private elderly care institutions can effectively stimulate the elderly care service market^[11]. Kang Rui et al. (2022) believe that the involvement of social capital in the provision of elderly care services has augmented the supply within the elderly care market^[12].

Research on the current state of social elderly care services. Yan Chenyu and Hong (2022) found through surveys that The utilization rate of community-based elderly care services among the urban elderly population in China remains relatively modest at present^[13]. Geng Weiqin (2023) believes that China's current community elderly care services still have obvious shortcomings, such as weak community service awareness, small investment scale, and low professional quality of service personnel^[14]. Dong Keyong et al. believe that imbalance and insufficiency are the most core issues facing China's current social elderly care service system^[15]. Ding Jianding and Ni Chidan (2021) believe that since reform and opening up, China's social elderly care service system has gradually attached attention as an integral component of China's social security system and made progress^[16]. Peng Xizhe and Su Zhongxin (2023) believe that China's social elderly care service framework has begun to shift from emphasizing single development to focusing on the construction of comprehensive policy systems, and from emphasizing macro reform to refined development^[17].

Investigations into the spatial allocation of elderly care resources and the distribution of the elderly population. "Regional differences are absolute, while regional balance is relative." Significant disparities exist in the distribution of population and elderly care resources across different regions. Numerous scholars have extensively explored the regional allocation of the elderly population and elderly care resources. Yin Zhonghai et al. (2022) found that the spatial allocation of the elderly population in Guangdong Province shows a trend of concentration, elderly care resources are regionally concentrated but the matching degree is not high, and many cities face the problem of insufficient elderly care resources^[18]. Ji Yuqin and Jiang Huiming (2022) believe that elderly care resources and aging space adaptation have a positive spillover effect, and elderly associations will inhibit the spatial adaptation degree of elderly care resources in surrounding areas^[19].

3.3 Research Review and Innovations

3.3.1 Shortcomings of Existing Research

Existing research on social elderly care services mostly focuses on the national level, with few specialized studies on individual provinces or core cities (such as Shanghai). There is even less micro-level analysis of city-level elderly care service supply. As the earliest aging city in China, Shanghai's registered aging rate exceeded 36% in 2023, and in core urban areas it surpassed 40%, showing characteristics of deep aging and advanced aging. It also faces issues such as the inequitable distribution of elderly care resources between urban and suburban areas and regional mismatches in the supply and demand for nursing beds. However, existing research has not deeply analyzed such city-level specific contexts, making it difficult to meet its special needs and limiting its practical guidance for urban elderly care, unable to provide precise solutions. Combining the welfare pluralism theory, elderly care services require collaboration among multiple subjects including government, family, community, and market. However, existing research has not fully explored negotiation mechanisms among multiple subjects, resource integration paths, and responsibility division standards. For example, it has not deeply analyzed practical issues such as "insufficient coordination due to information barriers among civil affairs, medical insurance, and health departments in Shanghai's elderly care services" and "poor connection between social capital and government resources," this situation precludes the provision of theoretical underpinnings and practical solutions for constructing a multi-subject collaborative elderly care service supply system.

3.3.2 Innovation of the Research Topic

(1) Innovative Research Perspective. Previous studies on elderly care services have primarily focused on specific care models, such as government-provided or market-based care. However, with the innovative advancement of elderly care services, a diversified supply structure has gradually emerged, yet there has been limited research on the role of diverse providers in delivering such services. This paper analyses the current status of rural elderly care services from the perspectives of four key providers—government, family, community, and institutions—identifies existing shortcomings, and proposes targeted solutions for each.

(2) Innovative Policy Recommendations. Building on the targeted policy recommendations for enhancing the efficacy of elderly care services in Shanghai proposed for the four main providers, this study innovatively suggests exploring diverse urban elderly care models. By fully integrating elderly care institutions with medical institutions, this study aims to establish a service model where medical care, elderly care, rehabilitation, and nursing services are seamlessly interconnected and complementary, thereby enhancing the precision and satisfaction of elderly care services.

4. Research Methods

This paper mainly employs three research methods:

(1) Literature research method. Through reading, organizing, analyzing, and identifying relevant collected literature, the current situation of population aging in Shanghai is clarified, and the causes of the problem are analyzed. Relevant data is collected to provide material reserves for later research. The literature materials for this paper mainly come from two sources: one is from publicly published journals and books in the academic community; the other is from statistical data released by national authoritative departments, including annual Shanghai Statistical Yearbooks, district-level Shanghai Statistical Yearbooks, Shanghai Population and Employment Yearbooks, Shanghai Rural Development Yearbooks, Shanghai Human Resources and Social Security Development Statistical Bulletins, and annual social service development and statistical bulletins from data platforms.

(2) Descriptive statistical analysis method. Descriptive statistical analysis refers to analyzing multiple characteristics of a set of data to identify certain statistical patterns, thereby reflecting different features and drawing overall conclusions. This paper uses this method to statistically and analytically describe the elderly population size, family support ratio, elderly population distribution, elderly population age group distribution, and elderly population income structure in Shanghai, intuitively reflecting the current situation and development trends of population aging in Shanghai.

5. Theoretical Foundations of Social Elderly Care

5.1 Current Situation of Shanghai's Elderly Care Service Supply

As one of the pioneering cities in China to experience population ageing, Shanghai's population ageing situation is characterised by deepening, advanced age, and structural contradictions. Based on data from the seventh national population census in Shanghai, the population aged 60 and above was 5.81 million, accounting for 23.4% of the total population, with those aged 65 and above reaching 4.049 million, accounting for 16.3%—far exceeding the international standard for deep aging. Additionally, the aging ratio of the registered population was significantly higher than that of the permanent resident population. In 2020, the proportion of the elderly individuals aged 60 and above among the permanent resident population was 23.4%, while the corresponding proportion among the registered population reached 36.1%. It is projected that by 2025, the total number of elderly residents aged 60 and above in Shanghai will exceed 6.8 million for the permanent resident population and 5.7 million for the registered population.

Meanwhile, Shanghai has achieved significant progress in the supply of geriatric care facilities: by the end of 2024, the number of elderly care beds reached 170,000, including 117,200 nursing beds (accounting for 68%) and 15,200 beds for cognitive impairment care; Community-based elderly care facilities are increasingly well-developed, with 529 comprehensive elderly care service centres, 919 community day care institutions, 454 community day care service stations (points), and 2,322 rural mutual-aid happy homes, providing services to all communities and 70% of administrative villages; The integration of medical care and elderly care continues to advance, with 364 elderly care institutions establishing medical facilities within their premises, and 156 institutions implementing the 'elderly care institution + internet hospital' model; The quality of elderly care personnel has improved, with over 70% of the nearly 70,000 elderly care workers holding certification, and the emergence of high-skilled talents such as 'Shanghai Craftsmen' and technicians (Shanghai Civil Affairs Bureau); Additionally, Shanghai has pioneered the implementation of an elderly care advisor system and launched the 'Shanghai Elderly Care Service Platform,' continuously improving the service platform. These achievements have driven the gradual alignment of elderly care facilities with the diverse and multi-level needs of the elderly, effectively enhancing their quality of life.

5.2 The Theoretical Foundation of Elderly Care Service Provision

Welfare Pluralism (also termed the "mixed economy of welfare") argues that social welfare should not be provided solely by government but should be shared among the public sector, for-profit enterprises, non-profits, families and communities. It stresses participation, decentralisation and multi-actor collaboration. Government shifts from direct provider to regulator,

purchaser and enabler, thereby improving both efficiency and equity. Against the backdrop of rapid aging and rising numbers of empty-nest elders, the theory offers a solution: through negotiation and integration mechanisms, families, communities and institutions leverage their respective strengths and share responsibility, achieving collaborative supply that meets heterogeneous care needs.

Public goods theory distinguishes private and public goods according to the following criteria: non-rivalry and non-exclusivity. Public goods can be further categorized into pure public goods and quasi-pure or quasi-public goods. Pure public goods are characterized by both non-rivalry and non-exclusivity and thus such goods must be supplied by the government. Quasi-pure or quasi-public goods are not at the same time characterized by both non-rivalry and non-exclusivity, and elderly care services are typical examples. Since the elderly care security framework is a quasi-public good, its provision can draw on Western public goods supply concepts and models, combining the efforts of multiple stakeholders such as the government and the market to balance the public attributes of elderly care services with market-driven supplementary needs, thereby optimising the supply system.

The core principle of welfare pluralism—“shared responsibility among multiple stakeholders and collaborative provision”—precisely addresses the pain point of insufficient coordination in the supply of elderly care facilities in Shanghai. This theory emphasizes that public departments, families, and social forces must collaborate and divide responsibilities, with the government transitioning from a direct provider to a coordinator and regulator. The empirical section documents “poor information sharing among civil affairs, medical-insurance and health departments”, “weak linkage between social capital and government resources”, and “scant incentives for cross-district cooperation in suburban facilities”. These problems stem from the failure of multiple stakeholders to establish a collaborative mechanism, which contradicts the theory's advocacy for ‘multi-stakeholder negotiation and resource integration.’ The theory can serve as an analytical tool to reveal that the root cause of these issues lies in the failure to implement a mechanism for shared responsibility and collaboration among multiple stakeholders.

Table 1 Current Supply Structure of Shanghai’s Elder-Care Services

Indicator Category	Indicators	Data Value	Time Point/Source	Explanation
Population Aging	Population aged 60 and above (total)	5.8155 million	7th Census 2020	23.4% of the resident population
	Population aged 65 and above (total)	4.049 million	7th Census 2020	16.3% of the resident population
	Proportion of population aged 60+ (resident)	0.234 (23.4%)	7th Census 2020	Far exceeds the international standard for deep aging
	Proportion of population aged 60+ (registered)	0.361 (36.1%)	2020	Significantly higher aging among registered population
	Predicted resident population aged 60+	>6.8 million	2025 Forecast	Estimated value
	Predicted registered population aged 60+	>5.7 million	2025 Forecast	Estimated value
Elder-Care Beds	Total number of beds	170000	End of 2024	—
	Number of nursing-type beds	109000	End of 2024	68% of total beds
	Beds for cognitive impairment care	15000	End of 2024	—
Community Elder-Care Services	Integrated elder-care service centers	320	End of 2024	—
	Community day care institutions	204	End of 2024	—
	Community day care service stations (points)	454	End of 2024	—

	Rural mutual support happiness homes	2322	End of 2024	Covering 70% of administrative villages
Medical-Care Integration	Elder-care institutions with medical facilities	364	End of 2024	—
	Institutions with "nursing home + internet hospital" model	156	End of 2024	—
Elder-Care Service Personnel	Total number of caregivers	~70,000	End of 2024	—
	Certification rate of caregivers	>70%	End of 2024	—
	High-skilled talent	Technicians, "Shanghai Craftsmen", etc.	End of 2024	—
Systems & Platforms	Elder-care consultant system	Implemented	2024	Nationally pioneering
	"Shanghai Municipal Elder-Care Service Platform"	Launched	2024	Provides a unified service entry for the city

5.3 Deep-seated Reasons for the Mismatch Between Supply and Demand in Shanghai

5.3.1 Resource Allocation and Institutional Barriers

Limited Overall Investment: Although Shanghai has made some investments in the construction of geriatric care facilities, the total amount of funding remains insufficient relative to the large elderly population and diverse elderly care needs, making it difficult to rapidly enhance the accessibility and quality of elderly care facilities.

Uneven Funding Allocation: There are disparities in the distribution of elderly care funding between urban centres and suburban areas. Suburban elderly care institutions receive relatively less funding, affecting their facility construction and upgrades, further exacerbating the gap in elderly care services between urban and suburban areas.

Ambiguous functional definition: The long-term care insurance system overlaps with the functions of pension insurance and medical insurance, resulting in unclear functional definitions. This leads to misunderstandings among service providers and recipients regarding the services provided by the long-term care insurance system.

Lack of incentive mechanisms: Suburban elderly care institutions lack intrinsic motivation and incentive mechanisms for collaborative development. Government support in terms of funding, elderly care personnel, and preferential policies is insufficient, making it difficult to attract elderly residents from urban centres to suburban areas for elderly care.

5.3.2 Talent Shortages

Insufficient number of professional talents: There is a shortage of professional talents in elderly care services. The qualifications and skill levels of care workers vary significantly across districts, with over half holding only a junior high school education. 78.14% of elderly care workers possess only basic care worker qualifications, and some even work without proper certification, posing challenges in fulfilling the diverse care requirements of the elderly.

Uneven distribution of talent: Central urban areas, with relatively developed economies, attract more professional elderly care talent, while suburban areas have fewer professional elderly care workers. This leads to a shortage of beds and care workers in central urban areas, while suburban elderly care institutions have high bed vacancy rates but cannot admit more elderly individuals due to a lack of professional care workers.

5.3.3 Issues related to interdepartmental coordination and market regulation

Poor interdepartmental coordination: Elderly care services encompass multiple departments, such as civil affairs, health, industry and commerce, and fire safety. The delineation of responsibilities among these departments is not sufficiently

clear, and mechanisms for information sharing and coordination are inadequate. The fragmented delineation of responsibilities leads to the dispersion of elderly care resources, which hinders the formation of a cohesive effort and consequently diminishes the overall effectiveness of elderly care services.

Inadequate market supervision: Supervision of the elderly care services market is insufficient, with gaps and loopholes in regulation. Different regulatory departments apply inconsistent standards to elderly care institutions, leading to overlapping services and inconsistent supervision, which hinders the healthy development of the elderly care services market. Additionally, the absence of a unified information system and an effective service quality assessment system makes it difficult to effectively supervise and manage the service quality of elderly care institutions.

6. Conclusions and Outlook

6.1 Adopt a holistic perspective to enhance the efficiency of social elderly care resource allocation

There are regional disparities in the allocation of social elderly care resources in Shanghai, with urban centres having better resource supply than suburban areas, and overall supply remaining insufficient. The government should enhance its ability to integrate resources, explore cross-departmental communication and coordination mechanisms, break down departmental barriers, and reduce communication costs. It's imperative for the civil affairs department to spearhead the creation of work goals and interdepartmental execution strategies, establish an evaluation mechanism to improve cooperation efficiency, and establish a dynamic allocation mechanism to monitor the elderly population in each district, precisely refine resource supply and allocation, and reduce waste. Relevant departments at the municipal and district levels should establish a 'spatial linkage' mechanism to guide the rational flow of resources. Emphasis should be placed on the fairness of resource allocation, using policy tools to guide resource distribution and promote equity.

6.2 Pay attention to disparities in the supply of medical and health facilities across the city and promote specific paths for integrating healthcare and care for the aged .

The effective supply of social elderly care services in Shanghai requires a systematic approach to coordinate the overall situation and make forward-looking plans, relying on the interactive and complementary characteristics of the three major elderly care models—home-based, community-based, and institution-based—to optimise resource allocation.

In terms of model coordination and resource optimisation, given that home-based elderly care remains the preferred option but lacks adequate infrastructure, efforts should be accelerated to advance home-based elderly-friendly renovations, covering areas such as building structure, furniture adaptation, assistive devices, and smart appliances. Concurrently, support should be provided to relevant enterprises for the research, development, and production of elderly-friendly products to enhance the safety and convenience of home-based elderly care; Deepening the integration of community and home-based elderly care, promoting the direct extension of social elderly care services to households, and strengthening the supportive role of communities in home-based elderly care; addressing the issue of low social participation among the elderly due to the remote locations and outdated facilities of some nursing homes, accelerating community integration reforms in institutional elderly care, regularly organising elderly care activities, promoting the establishment of communication mechanisms between community service personnel and nursing homes, and simultaneously upgrading the hardware facilities of nursing homes to enhance the livability and happiness of the elderly.

In addition, Shanghai needs to enhance its healthcare supply capacity and enhance the comprehensive effectiveness of its senior care facilities. On the one hand, it should promote the dynamic allocation of healthcare resources, organise high-quality district hospital medical teams to assist weaker areas, train local medical staff, and work with communities, village committees and elderly care institutions to conduct regular health checks and health education to promote the decentralisation of medical resources. On the other hand, it should leverage the market to steer social capital towards involvement in senior care and healthcare sectors via policy backing, while strengthening industry supervision to ensure service quality. Deepening the amalgamation of healthcare and senior care, advocating for the creation of rehabilitation therapy rooms and clinics in elderly care facilities, and partnering with local elderly care centers and health service centers for doctor consultations, alongside establishing specialized teams for home visits, to adequately address the everyday health requirements of the elderly.

6.3 Establish a comprehensive digital service platform for elderly care to support the development of the smart health and elderly care industry.

Relying on community elderly care service centres, 1-2 digital literacy training sessions for the elderly will be held each month, covering practical skills such as the use of smart bracelets, online booking of elderly care services, and health data queries. A team of ‘Silver-haired Digital Assistants’ volunteers will be formed to provide one-on-one assistance to elderly people with low educational attainment in mastering smart devices. By the end of 2024, community training coverage will reach 100%, helping over 500,000 elderly people bridge the digital divide.

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