This paper firstly gives a historical review of the evolution of No-wall Elderly People’s Home (NwEPH), which is the supporting system for the elderly at home in Q-community (Q-SSEH) in Beijing. Then the actors of Q-SSEH and their collaboration, the features and outcomes of Q-SSEH are analyzed to summarize the pattern of community-leading supporting system for the elderly at home. Conclusions are as following: 1) Q-SSEH is a typical community-leading supporting system for the elderly at home; 2) The relationships of the three actors are collaborative and multi-winning; 3) NwEPH is the core manager in Q-SSEH; 4) Q-SSEH’s main function is to provide a platform to connect all the actors in Q-community together to help the elderly.

Keywords: community, supporting system for the elderly at home, No-wall Elderly People’s Home, pattern, community-leading

1. Introduction

1.1 Background of this Research

This paper analyzes the condition of No-wall Elderly People’s Home (NwEPH,① in Chinese 無圍塀敬老院) in Q-community in Beijing, which is considered pioneering among the explorations of setting up a Supporting System for Elderly at Home (SSEH) to help the elderly in the background of fast ageing and the reforming of the welfare system and community systems in Beijing. NwEPH has two levels of meaning. Firstly, it is an organization set up by the Construction Association of Q-community (CAQ) in charge of the affairs of organizing and providing services to the elderly living in Q-community (we use NwEPH to indicate the organization). Secondly, it means that the whole Q-community is an enlarged nursing home, which means NwEPH actually is the SSEH of Q-community (we use Q-SSEH to indicate the system). The elderly can obtain helps from it while living in their own houses without losing the neighbors and social relationships formed during the past decades.

Q-community belongs to Y-Subdistrict (Y-Sd, in Chinese 街道) and is located at the edge of the central Beijing (Figure 1). Its site plan and some pictures of the current condition are shown in Figure 3.

It is a convenient place with good transport, infrastructures, commercial and cultural facilities. The ageing problem of Q-community is serious and it is predicted that by 2010 half of the families will have two-generation elderly people (Table 1).

1) Condition of Ageing in Beijing

Table 1 Population of Q-community

<table>
<thead>
<tr>
<th>Items</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households</td>
<td>1749</td>
</tr>
<tr>
<td>Total population</td>
<td>4394</td>
</tr>
<tr>
<td>60+ (2005*)</td>
<td>1300 (21.3%**)</td>
</tr>
<tr>
<td>60+ (2010*)</td>
<td>1950 (32.0%**)</td>
</tr>
<tr>
<td>70+ (2005*)</td>
<td>650 (10.7%**)</td>
</tr>
<tr>
<td>Empty-nest families</td>
<td>260</td>
</tr>
<tr>
<td>Empty-nest elderly</td>
<td>408</td>
</tr>
</tbody>
</table>

① Ph. D. Candidate, Graduate School of Eng., Kyoto Univ., M. Eng.
② Prof., Graduate School of Eng., Kyoto Univ., Dr. Eng.

Fig. 1 Location of Q-community in Beijing

(Source: Accord to Beijing Map)

Fig. 2 Condition of Ageing in Beijing

(People over the age of 60)

(Source: The data of years of 1953, 1964,1982,1990,2000,2005 are from census; the data of 2005 are from Reference No. 1)

Beijing became an ageing city since 1990. At the end of 2005, the
The population of inhabitants over 60 years, which is defined as ageing population, is 2.243 million, accounting for 14.6% of the whole inhabitants in Beijing (1). It is estimated that by 2020 the ageing population will be 3.5 million, which will be 18.5% of the total population of Beijing (2).

Compared to the increasing of the ageing population, the ability of Chinese traditional family elderly care mode is depressing. Firstly, urban household size turns smaller because of implementing of Family Control policy since 1970s. Secondly the number of empty nest family is increasing. Lacks of persons in family made the former elderly care system infeasible. Moreover, limited by the national welfare policy and funds, government-built elderly care facilities are too few to match the fast increase of ageing. Now in Beijing there are 313 Elderly People’s Homes and 30,267 beds, which mean for every 100 elderly people, there are only 1.3 beds (3).

Therefore, in order to solve the problem, in Beijing and other cities with high ageing rate, such as Shanghai, Dalian, etc., a new elderly support pattern called “elderly support at home” (in Chinese 家庭养老) is under exploring and trying.

(2) Condition of Urban Housing and Community in Transition

In Mainland China (called China in the followings) before 1998, the employees in urban area could obtain houses from Work-unit (in Chinese 单位, Danwei, a company or organization where a person works) and live with low rent fee. Work-unit took charge of the building management and maintenance (4). Therefore, Work-unit type Communities (WuC) are in high proportion (5). In 1990s, the formal welfare houses were sold to the residents and became private, which are called policy-reform houses (in Chinese 房改房, Fanggaifang). After that, Work-unit did not provide maintenance and services to residents any longer. WuC turned into a kind of social community that we call Post-work-unit Communities (PWuC). Q-community that we discussed here is a typical PWuC. It could not obtain support from Work-unit any more while supporting structure in community level was not formed, which made the elderly more difficult to live.
acted as an assistant before economic reform (1978). Subdistrict Office (SdO, in Chinese 街道办事处) is the lowest government office distributed in each divided urban area, which conducts urban social management functions.

Resident Committee (RC, in Chinese 居民委员会, Residents autonomic organization)(Fig. 4), according to the law about RC, is a nongovernmental organization that is self-managed, self-educated and self-served by residents. One aspect of RC’s function is to implement the order given by SdO and the other is to organize and serve residents. Recently in cities’ reform of the urban management pattern, RCs are changing into Community RCs and take in charge of more and more community issues.

1.2 Previous Studies and the Position of this Research

A lot of researched have been conducted on community management and supporting system for the elderly in the fields of sociology, public management and politics, etc.

1) Some research well explains what happened in Q-community. Lei concluded that the management of community (refers to RC in common) is changing from administrative mode to management and serve mode. Moreover, RC shows more autocephaly consciousness than before. Furthermore, it has a trend of profit-orienting7). Yang argued that the supporting system of service in Chinese cities is changing from the unitary government supply mode to polycentric mode. The service providers include businesses, nonprofit organizations, etc9). Li figured out that social capital exists in the network of social relationships9). Based on the study on urban community construction, Xu pointed out that RC becomes a kind of self-governance organization in community instead of its previous role of quasi-administrative organization10).

2) The other researches bring forward some problems existing in other communities while well solved in Q-community. Tong pointed out that one of the main problems in the development of city supporting system for the elderly is lack of nongovernmental organizations and non-businesses running by the local people11). Peng argued that some of the Community Service Centers set up by the government just cope with the examination of its superior, therefore they have not the function of community based supporting for the elderly12).

However, existing researches on community management usually only focus on community, while literatures on supporting system for the elderly mainly focus on city. Therefore, this research focuses on analyzing the supporting system for the elderly at home from the viewpoint of community.

1.3 Purpose and Approaches of this Research

Because there are very few researches focused on analyzing communities based SSEH in the field of urban planning, from the view point of social management change, especially the change of the service supply system, this research firstly gives a historical review of the evolution of Q-SSEH, secondly analyzes the roles and the collaborations of the key support aspects in Q-SSEH, and finally summarize the pattern of Q-SSEH and its inspirations for other SSEHs.

The research is based on three times of investigations conducted by the authors in March 2006, September 2006 and January 2007 (Table 2). Investigations include interview13, field survey, and literatures and reports review. The persons being interviewed include the director of RC, the chairman of CAQ and NwEPH, who plays the key role in setting up NwEPH, some staffs of the Resident Committee of Q-community (Q-RC), CAQ, NwEPH, and the nursing home, services providers, and some elderly residents. Field surveys are conducted at the office of Q-RC, CAQ, NwEPH, the Nursing Home, Medical Service and other public facilities. Literatures and reports on ageing condition of Beijing, community research and

Table 2 Summary of Field Investigation

<table>
<thead>
<tr>
<th>Date</th>
<th>Actor</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar. 2006</td>
<td>director of Q-RC, CAQ and NwEPH</td>
<td>director of Community Health Center</td>
</tr>
<tr>
<td>Sept. 2006</td>
<td>director of the Nursing Home</td>
<td>director of the Nursing Home</td>
</tr>
<tr>
<td>Jan. 2007</td>
<td>director of Q-RC, CAQ and NwEPH</td>
<td>director of Community Health Center</td>
</tr>
<tr>
<td></td>
<td>director of the Nursing Home</td>
<td>director of the Nursing Home</td>
</tr>
<tr>
<td></td>
<td>elderly people</td>
<td>field survey</td>
</tr>
</tbody>
</table>

Table 3 Definitions

<table>
<thead>
<tr>
<th>Words</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden</td>
<td>government of district, city and country level</td>
</tr>
<tr>
<td>Community</td>
<td>RC, CAQ, NwEPH, volunteers</td>
</tr>
<tr>
<td>Market</td>
<td>SPCQ, OSP/Outside Service Providers</td>
</tr>
</tbody>
</table>

Table 4 Development Periods of SSEH of Q-community and Relevant Society Backgrounds

<table>
<thead>
<tr>
<th>Period</th>
<th>Form</th>
<th>Object</th>
<th>Support Facilities and Content</th>
<th>Society Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period I</td>
<td>Volunteer</td>
<td>Few elderly people who are unable to work, no income, and who have no legal guardians, or their guardians do not have the ability to support them.</td>
<td></td>
<td>•1949 Foundation of the People's Republic of China</td>
</tr>
<tr>
<td>1980s</td>
<td></td>
<td></td>
<td>GOVERNMENT</td>
<td>•1954 &quot;Ordinance of City Resident Committee&quot;</td>
</tr>
<tr>
<td>Period II</td>
<td>Multifield Resources</td>
<td>More elderly people who are impoverished</td>
<td>COMMUNITY</td>
<td>•1978 Start of the policy of reform and open</td>
</tr>
<tr>
<td>1990s</td>
<td></td>
<td></td>
<td>MARKET</td>
<td>•1983 Foundation of China National Committee on Ageing Issues</td>
</tr>
<tr>
<td>Period III</td>
<td>Effort for building a Nursing Home</td>
<td>All elderly people</td>
<td>GOVERNMENT</td>
<td>•1999 &quot;Law of City Resident Committee&quot;</td>
</tr>
<tr>
<td>2000-2003</td>
<td></td>
<td></td>
<td>COMMUNITY</td>
<td>•1990s Reform of Work-unit system</td>
</tr>
<tr>
<td>Period IV</td>
<td>Q-SSEH</td>
<td>All elderly people who are impoverished</td>
<td>MARKET</td>
<td>•1994 &quot;the Seven-Year Development Outline on Work Concerning Elderly People in China (1994-2000)&quot;</td>
</tr>
<tr>
<td>2004 - now</td>
<td></td>
<td>especially empty-nest and advanced age</td>
<td>CAQ</td>
<td>•1996 &quot;Law of the People's Republic of China on the Protection of the Rights and Interests of Elderly People&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NwEPH</td>
<td>•1999 Enter ageing society.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>•2001 “Outline of the Tenth Five-Year Plan for the Development of China’s Undertakings for the Aged (2001-2005)”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>•2006 “Outline of Eleventh Five-Year Plan for the Development of China’s Undertakings for the Aged”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>•2006 &quot;The Development of China’s Undertakings for the Aged” white book</td>
</tr>
</tbody>
</table>
NwEPH were collected from publications and web sites to complement the field survey data.

1.4 Definitions of some Concepts (Table 3)

The main three aspects that relate with Q-SSEH are Government, Community and Market. They may have different meanings or stand for different organizations in multiple backgrounds. In this paper, we use Government to represent Y-Subdistrict Office (Y-SdO), including its superior government organizations, such as in district, city and country level. We use Community to represent Q-RC and its underlying organizations, such as CAQ and NwEPH, including volunteers who participate in providing community service for the elderly. We use Market to represent the profit-aiming individuals and organizations.

2. EVOLUTION OF Q-SSEH LED BY Q-RC

The Q-SSEH is gradually formed under the direction of Q-RC with the cooperation of Y-SdO and service providers. As shown in Table 4 and Table 5, the progress can be divided into four periods from the viewpoint of the development of community elderly service system as following:

(1) Period I (1980s): Volunteer Service

In the period of 1980s, Q-RC staffs took care of the elderly for free, such as checking the elderly’s living conditions by home visit and organizing volunteers to help the elderly regularly, etc. The following two conditions made this kind of volunteer services possible. Firstly, at that time Q-community affiliated to Work-unit and there were only about ten elderly people who needed help. Secondly, a large number of volunteers are available from local schools and Work-units.

The Q-RC alone could not manage to do it without the help of Y-SdO and the service providing companies. Since 2000, the elderly population in Q-community is increasing. Meanwhile, the empty-nest families and elderly people with advanced age increased much. Multi-services were needed. But in this period Q-RC failed in finding a place for the nursing home because the resources that Q-RC can use were limited.

(2) Period II (1990s): Multifold Resources

In the period of 1990s, due to the increasing of the number of elderly people, the Chinese social reform, which switched the former Work-unit support system to community support system, and the limited number of Q-RC staffs and volunteers, the Q-RC utilized multifld local social resources to provide services to the elderly, such as post office, medical, living care, and mental comfort etc. Restaurants for elderly people and other service facilities were set up. As it showed in the case of elderly meals as well as in other cases, besides Q-RC and volunteers, many other social actors like market and government began to play their roles in Q-SSEH.

(3) Period III (2000-2003): Effort for Building a Nursing Home

The period of 2000-2003 began with the effort made by the Q-RC of trying to set up a nursing home in Q-community. Therefore a corporate capacity, a place, enough investment and maintenance fund were needed. The Q-RC alone could not manage to do it without the help of Y-SdO and the service providing companies. Since 2000, the elderly population in Q-community is increasing. Meanwhile, the empty-nest families and elderly people with advanced age increased much. Multi-services were needed. But in this period Q-RC failed in finding a place for the nursing home because the resources that Q-RC can use were limited.

(4) Period IV (2004-now): Q-SSEH

In the period of 2004-now, the CAQ, NwEPH and finally the Nursing Home were set up, and the rudiments of Q-SSEH appeared (Figure 5).

Firstly, with the administrative support of Y-SdO, CAQ and NwEPH were formally established in Q-community on August 10, 2004. CAQ is a non-profit organization and NwEPH is its underlying organization. The Q-RC managed to obtain a corporate capacity by integrating most of the Service-Providing Companies in Q-community (SPCQs), such as homemaking, restaurant, hair-cut shop, etc. Secondly, the Q-RC can use its good relationship with SPCQs to complement the lack of resources by itself and achieve its purpose. For example, the director of Q-RC used his own Guanxi (in Chinese, a person’s social relations) to pursue a rest house owner to lend rooms for setting up a nursing home. Thirdly, with the finance support of Y-SdO, the Q-RC obtained enough money to rent the rest house and finally be able to set up the Nursing Home, which made the Q-SSEH switched from elderly care at home only to both at home (in Chinese居家養老) and professional facility (in Chinese機構養老).

3. ACTORS IN Q-SSEH: THEIR ROLES AND COLLABORATION

As analyzed above and listed in Table 3, the main actors in Q-SSEH are Government, Community and Market. Their roles and collaborative relations can be summarized as follows: 1) The Q-RC plays the key role in the evolution history of Q-SSEH by managing the volunteer services and setting up the special organizations of CAQ and NwEPH to build the framework of elderly services in Q-community; 2) SdO supports Q-SSEH through offering administrative and finance support; 3) SPCQ and OSP in support of Q-SSEH by providing pay services; 4) the relationships among...
the three actors are collaborative and multi-winning.

3.1 Q-RC: Sponsor with Special Organization and Special Staff

In all stages of the development of Q-SSEH, Q-RC is the key role that puts forward plans, sets up special organizations and special staffs, organizes multiple participants, and oversees the whole progress. The following three aspects may explain why and how it managed to do this:

Firstly, it obtained this competence through close relationship with community residents and is trusted by them. Since its setting up in 1950s, RC has the characteristics of grass roots of residents. It provided various free services according to the conditions of local community, such as setting up kindergartens, small restaurants, small handicraft factories and taking care of elderly people.

Secondly, for the case of Q-community, the Q-RC paid more attention to the elderly issues for two reasons: 1) the elderly who need local support increasing fast in Q-community since late 1990s; 2) the community leaders have the horizon of catching the key problem of the elderly, and own the headship of putting forward the concept of NwEPH through accumulated work experience and social capital in local community.

Thirdly, the Q-RC set up two organizations, the CAQ and the NwEPH, to take in charge of the community elderly issues specifically. NwEPH has seven staffs and also operates an elderly university together with Q-RC.

3.2 Y-SdO: Administrative and Finance Support

When the Q-RC had difficulties in finding a place and obtaining the corporate capacity to set up the Nursing Home, its superior section, the Y-SdO, lent it the fund to rent room and use the administrative resources to help it in applying the corporate capacity of setting up a new organization, the CAQ and the NwEPH, under the leading of the Q-RC in 2004. The CAQ is the first trade marked social organization in community level in China. NwEPH is an independent corporation belonging to CAQ and dial with issues about elderly care specially.

3.3 SPCQ and OSP: Pay Services Support

Since 1990s, pay services from individual or organized living care service provider enter the market of Q-SSEH, such as restaurants which serve special elderly foods, the professional nursing home, medical care, and door to door service, etc., Two main reasons result in this condition: 1) with more and more elderly people living in Q-community, only depending on the volunteer service cannot provide so many and variable services needed by the elderly; 2) accompanied by the economic reform of China, various services are available from public or private organizations.

In Q-community, both SPCQ and OSP contribute in providing pay services to the elderly. Pay service is an important supply for making a complete Q-SSEH. Meanwhile, benefits attract more individuals and companies to participate in Q-SSEH. First, the Q-SSEH mode is supported by CAQ, which is established by cooperation of Q-RC and SPCQs. Second, commercial organizations outside the community are also entering the elder care market of Q-community to provide services and professional operation of the Nursing Home.

3.4 Collaborative Relationships among the Three Actors

The relationships among the Q-RC, the Y-SdO and SPCQ and OSP are collaborative in setting up Q-SSEH and maintaining its operation. But it is still under exploring on how to balance the benefit between government, community and market actors.

The first factor helping collaborations in Q-SSEH is the close relationships among the three actors, which forms in the decades’ of working together. 1) The Q-RC holds close relationship with the Y-SdO, and always obtains its support. According to the administrative structure of Chinese cities and the dualistic system of urban social organization (also see Figure 4), in communities having long history like Q-community, the RCs always hold close working relationships with the SdOs; 2) the SPCQs accumulate good relationships with the Q-RC during the long period of cooperation since 1990s. Q-RC staffs, especially the director of Q-RC, always be willing to lend a hand whenever they were in difficulties, such as finding store rooms to rent, applying business license, harmonizing between SPCQs and community residents, etc.

The second factor is economic interests, which brought both positive and negative influences to Q-SSEH.

1) Engaging in the setting up of Q-SSEH is a multi-winning process for all of them. For example, although the original purpose for CAQ was to set up a nursing home to help elderly people, later a regular board meeting was formed. The outcomes were far beyond expected. Firstly, the creative idea of NwEPH was conceived during the meetings. Secondly, the Q-RC and elderly people were not the only ones benefiting from this affair. Good communication and connection made all the attendees find opportunities and demands of cooperation. Most stores of SPCQs who signs contract of elderly service with the NwEPH are marked with a nameplate so that the elderly can obtain services there without suspense. This is double-win cooperation. At one hand, the marked stores accept the arrangement of the NwEPH so that better elderly services can be achieved. On the other hand, the elderly tend to use the services provided by the marked stores.

2) There also exists conflict for each other’s benefits of the actors. Further exploring and collaborations are needed to solve these conflicts.

For example, in the case of setting up the nursing home in Q-community, the relationship between Q-RC and Y-SdO is not purely cooperative, also is mixed benefit relations. An example is that the Y-SdO took back the ownership of the Nursing Home in late 2006. This change causes three aspects of influence. The first is that although it’s good that the Nursing Home becomes financially independent, but the operation is only for the purpose of economic profit, which made the elderly in Q-community gradually go away from it. During the authors’ investigation periods, it is found that the frequency of elderly people going to the Nursing Home to have lunch and for leisure was decreasing. The second is that the living conditions became worse than before. The staffs from Q-community exited from the Nursing Home and the elderly became away from staffs of the Nursing Home because of increasingly benefit-prior operation. The third is that the fee for living in the nursing home became more expensive, which weights the elderly people’s financial burden. All the results depart from the Q-RC’s original purpose of setting up a nursing home in Q-community.
4. PATTERN OF Q-SSEH

(1) Evolution

As shown in Table 5, during the first period of 1980s, Q-RC provides volunteer services to elderly people directly. In the second period of 1990s, market factor was involved. Both the free service given by volunteers and pay services were used. During the third period of 2000-2003, government factor began to be introduced into Q-community to help establish SSEH together with community and market actors, because this could provide more resources and finance support. In the forth period, during the establishment of the CAQ and NwEPH in 2004 the government function was formally utilized. The pattern of Q-SSEH became more and more complicated for two reasons. First, there are increasingly more actors involved in Q-SSEH. Second, the roles of a certain actor transformed as well. For example, Q-RC was service provider in the first period and finally became the supervisor of Q-SSEH.

(2) Community Acts as the Key Role in Q-SSEH

As shown in Table 5, column of pattern, community is the leading actor in Q-SSEH. Firstly, it connects to the government closely, therefore, it can obtain help in policies and finance from the government. Secondly, it set up a special organization- NwEPH affiliated to CAQ, which takes in charge of the issues on elderly care. Thirdly, it builds up a steady structure of multi-winning system with organizations in community, such as SPCQs and OSPs, which offering multiple services for the elderly.

(3) NwEPH Acts as the Core of Q-SSEH

As shown in Table 5, column of role, NwEPH is the core of Q-SSEH. It is the manager of Q-SSEH. Under the leading of Q-RC, on the one hand, it divides the elderly in community into a lot of Elderly Care Units according to the house cell to give the elderly timely help by volunteers and find out their needs as well. On the other hand, it organizes the service providers from the market actors, such as the Nursing Home, SPCQs, or OSPs. Altogether, NwEPH is a link in Q-SSEH, which connects the other actors together.

Table 5 also shows that the concept of NwEPH is actually an extended SSEH. It includes three main types of stakeholders: supervisor, service manager and provider, and service user. For this pattern, the in-between parts, service providers, make Q-SSEH more abundant and flexible. That such a complex system can perform well shows that it is a reasonable system. Elderly people can obtain multi-services from nursing home, NwEPH and commercial organizations as well.

5. FOUR FEATURES AND OUTCOMES OF Q-SSEH

(1) Four Features

The main function of Q-SSEH is to provide a platform to connect all the actors in Q-community together for the purpose of helping the elderly. Table 6 shows the four features of Q-SSEH. These features include the concept, leadership style, community fit and use of investigation.

First, Q-RC put forward the concept of NwEPH by generalizing its efforts on building up a SSEH in Q-community. This concept well demonstrates the characteristics of Q-SSEH: 1) it could take excellent care for community elderly people so that the elderly may fell as if they are living in a professional Nursing Home; 2) the elderly could continually live in their own house without moving into a real Nursing Home. Actually, this creative concept is so welcomed by the elderly, their family and the government that it spreads to other communities and other cities rapidly.
Second, the leadership style of Q-SSEH is community leading. This is due to the characteristics of Q-community as a PWuC, the grass-roots work has been done during the past decades by Q-RC. Close relationships are accumulated between Q-RC and community residents, Q-RC and Y-SdO, Q-RC and SPCQs.

Third, the community fit of Q-SSEH is to connect to the existing community social network, which means Q-SSEH is not a totally new system, but a network with special aims of helping elderly people based on the relationships mentioned above.

Fourth, investigations are made during daily work of Q-RC, which offers information about 1) the conditions and needs of the elderly; 2) the conditions and services may be provided by SPCQs and OSPs. Therefore, NwEPH can put forward helping plans accordingly, and bring them into effect.

(2) Outcomes

Table 7 shows the outcomes of Q-SSEH.

First, there are some tangible and on-the-ground results. 1) With respect to service users, i.e. the elderly who live in Q-community, they are divided into elderly care units according to the house cell, therefore they may gain help conveniently and timely. 2) With respect to service provider, Q-RC set up CAQ and NwEPH to manage Q-SSEH and set up a Nursing Home in community to support community living. Furthermore, SPCQs who signs contract of elderly service with the NwEPH are marked with a nameplate, therefore the elderly may choose the SPCQs with nameplates for good services and the SPCQs gain business interest as return.

Second, there are some intangible results and community ability extended. 1) The title of NwEPH was formed primarily to name the organization that took in charge of the elderly service in Q-community in 2004. Later it became a concept that indicates a style of SSEH in community. Moreover, its ability of serving elderly people in Q-community extended by building Q-SSEH using this concept; 2) Q-SSEH network was build up based on the former community network and re-structured with the concept of NwEPH. It connected all the interrelated actors to improve the community ability of serving elderly people.

Third, there are also some spin-offs accompanied with the evolution of Q-SSEH. 1) The influence of NwEPH was spread to Beijing city and national range, further explorations on community based SSEH are tried from then on; 2) CAQ was set up primarily by Q-RC to obtain the corporate capacity and to set up a nursing home in community. It harmonized the collaborations among its members and brought benefits not only to the elderly but also to the CAQ members.

However, there are also minimal, none, or negative affects in Q-SSEH. 1) The community, i.e. Q-RC or CAQ and NwEPH, lacks governable funds, which results in being unable to participate some activities that may improve the ability of Q-SSEH. 2) There are some factors limiting the collaboration among actors. That is to say, they need more adaptation between each other during their cooperation. 3) The status in quo of Nursing Home departed from the original image of NwEPH, which limits the Q-SSEH’s ability of providing elderly service.

6. CONCLUSIONS

Q-community is a typical PWuC. The economic and social reform in China is both challenge and opportunity to the construction of Q-SSEH. The main inspiration from Q-community is the concept of NwEPH, which induced the successful practice of Q-SSEH. Main conclusions of this paper can be summarized as follow:

(1) The evolution of Q-SSEH suggests that Q-RC led the construction of Q-SSEH through setting up CAQ and NwEPH. On one hand, NwEPH divides the elderly into Elderly Care Units to find out their needs and provide help in urgency. On the other hand, it organizes service providers from SPCQs or OSPs.

(2) The main actors in Q-SSEH are Government, Community and Market. The relationships among the three actors are collaborative and multi-winning. a) The Q-RC plays the key role in the evolution history of Q-SSEH by managing the volunteer services and setting up the special organizations, i.e. CAQ and NwEPH to build the framework of the elderly services in Q-community. b) SdO supports Q-SSEH through offering administrative and finance support. c) SPCQ and OSP support Q-SSEH by providing pay services.

(3) The development of Q-SSEH shows that it evolves from simply providing volunteer service by Q-RC to a complex structure of multi actors. Furthermore, it provides multiflorm elderly care service, including both at facility and at home. NwEPH is the core manager of Q-SSEH.

(4) The main function of Q-SSEH is that it providing a platform to connect all the actors in Q-community together to support the elderly. The four features of Q-SSEH include the concept, leadership style, community fit and use of investigation. Furthermore, there are a) tangible outcomes, which are on-the-ground changes in Q-community; b) intangible outcomes, most of which are changes in the ability of the community to help the elderly; c) there are pin-offs and minimal or negative influences to...
Since 1995, the Q-RC tried a lot of methods to solve the problem. At first a X-district holds a Meeting on Civil Organization Participating in Community. Its name and management changed for several times. At the first investigation at Q-community, the Resident Committee one-man company was chosen to serve meals, it was stopped soon because the sanitary conditions were not good. Then a professional was hired to make meals for the elderly. This did not continue because of high cost. Next the Q-RC staffs begun to cooked meal in their office in turn. As more and more elderly people came to eat their meals, the Q-RC staffs were not enough to provide the service, a restaurant begun to provide elder meal service. Later the restaurant was removed because of urban construction and a nearby university-dining hall helped to provide the elderly meal.

To sum up, the case of NwEPH in Q-community suggested a community service-providing companies in Q-community. The nursing home named as "Q-community Nursing Home" was decorated, which shows the ownership belongs to Q-RC the Resident Committee. Y-Subdistrict Office-Resident Committee system of Q-community - Q-she qu jian she xie hui - Q-she qu ju wei hui. and the Q-RC staffs were not enough to provide the service.

**NOTES**

* All figures and tables that do not indicate the sources are came from the investigation; or made by the authors.

*1) Abbreviations in this Paper

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meanings in English</th>
<th>Chinese Pronunciation</th>
<th>Chinese Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q-RC</td>
<td>the Resident Committee of Q-community</td>
<td>ju wai bu she chu</td>
<td>Q社区居委会</td>
</tr>
<tr>
<td>Q-RC</td>
<td>Q-RC</td>
<td>ju wai bu she chu</td>
<td>Q社区居委会</td>
</tr>
<tr>
<td>SDO-RC</td>
<td>Subdistrict Office-Resident Committee system</td>
<td>jie ju ti zhi</td>
<td>小区居委会</td>
</tr>
<tr>
<td>Wzc</td>
<td>Work-unit Community</td>
<td>Chen wei she qu</td>
<td>单位社区</td>
</tr>
<tr>
<td>PDRC</td>
<td>Public Work-unit Community</td>
<td>Chen wei she qu</td>
<td>公共单位社区</td>
</tr>
<tr>
<td>CAQ</td>
<td>Construction Association of Q-community</td>
<td>Q she qu</td>
<td>建筑协会</td>
</tr>
<tr>
<td>NwEPH</td>
<td>No-wall Elderly People’s Home</td>
<td>ju jia yang lao zhi yuan ti xi</td>
<td>社区老年临时托管站</td>
</tr>
<tr>
<td>SPCQ</td>
<td>Supporting System for the Elderly at Home</td>
<td>ju jia yang lao zhi yuan ti xi</td>
<td>社区养老服务体系</td>
</tr>
<tr>
<td>OSP</td>
<td>Outside Service Provider</td>
<td>-</td>
<td>投资服务供应商</td>
</tr>
</tbody>
</table>

*2) There are mainly seven types of communities in China cities, which are old type, Work-unit, High-class residential, immigration, commercial residential, Zhijian (集镇, market town in countryside), and newly urbanized community. Most of them are Work-unit Communities, counting for 42.3% of the total.

*3) The interview proceedings of Mr. W, the director of CAQ; Mrs. H, the secretary-general of CAQ; the staffs of Y Nursing Home and some elderly people living in Q-community consists of interview notes and records, supplemented by observation and related reportages.

*4) Since 1995, the Q-RC tried a lot of methods to solve the problem. At first a one-man company was chosen to serve meals, it was stopped soon because the sanitary conditions were not good. Then a professional was hired to make meals for the elderly. This did not continue because of high cost. Next the Q-RC staffs cooked meal in their office in turn. As more and more elderly people came to eat and the Q-RC staffs were not enough to provide the service, a restaurant begun to provide elder meal service. Later the restaurant was removed because of urban construction and a nearby university-dining hall helped to provide the elderly meal. But the elderly people did not think the meal there was delicious.


*6) Its name and management changed for several times. At the first investigation at the beginning of 2006, the nursing home named as “Q-community Nursing Home”. At the second investigation in September 2006, a nameplate of “Y-Subdistrict Nursing Home” was decorated, which shows the ownership belongs to Y-Subdistrict. At the end of 2006, HT, a professional elder care organization, was taking charge of the operation. The operation of the nursing home became professional but went away from the Q-community. Although HT also serves for all the elderly in the Q-community, the relations between HT and Q-RC become not close so that it is unknown whether the HT can operate the nursing home well.

**REFERENCES**


和文要約

本研究では中国北京市にあるQ-コミュニティの「無償敬老院」という高齢者が在宅支援システムについて3回現地調査を行った。それに基づき、Q-コミュニティの高齢者在宅支援システムの参入者役割・相互関係、バタン、特徴・成果を分析した。「無償敬老院」というコンセプトはQ-コミュニティの高齢者在宅支援システムの成功を導いた。結論として、1）Q-コミュニティの高齢者在宅支援システムは進化プロセスにより、コミュニティ主導型であること、2）コミュニティ・政府・市場は高齢者在宅支援システムの主要要素であること、3）簡便なボランティアサービスから多様な参入者システムに進化してゆくこと、4）「無償敬老院」のコンセプト・主導スタイル・コミュニティ事情に合致する定期的なヒアリング調査を行うことの四特徴が明らかにされる。Q-コミュニティの高齢者在宅支援システムの成功経験はほかのタイプのコミュニティにも適用・参照できると考えられる。

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