

Multi-Party Governance of Older Adult Care and Implications for Gerontological Social Work in Central China

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Abstract

This study investigates how multi-party governance operates in older adult care systems in Central China and its implications for gerontological social work. Drawing on 50 semi-structured interviews with stakeholders across government, social organizations, communities, market actors, volunteers, and families in Hubei Province, the study employs NVivo-assisted thematic analysis to examine governance processes, actor roles, and service delivery patterns. Findings indicate that while diversified participation has expanded community- and home-based care, governance remains uneven across urban and rural contexts. Key constraints include funding instability, workforce shortages, limited professionalization, and asymmetric power relations between government and non-state actors. Social organizations function as intermediaries linking policy and practice but operate with limited autonomy due to dependence on government procurement. Social workers are increasingly called upon to navigate fragmented care networks as connectors between policy frameworks and grassroots practice. The study concludes that sustainable governance requires stronger institutional support, clearer role delineation, and enhanced professional training, with implications for social work education and aging policy.

Keywords

China; community-based care; gerontological social work; multi-party governance; older adult care

Introduction

China is aging faster than its welfare institutions can accommodate. The population aged 60 and above has grown at a pace that neither the state nor families anticipated when care policies were last designed. Labor migration alone dismantled the intergenerational living arrangements that family-based care had once assumed. Urbanization and falling birth rates compounded the pressure, but migration was the decisive factor.

Historically, older adult care in China was predominantly organized through a family-centered model rooted in Confucian norms of filial piety (Peng & Wong, 2008). Families were expected to provide daily care, emotional support, and financial security for older relatives, while the role of the state remained largely residual. The model did not collapse everywhere at once; it began to unravel first in particular places: villages where out-migration ran highest, households where the only child had moved to a city three provinces away. By the time national policy caught up, the practical infrastructure of filial care had already unraveled in large parts of rural Hubei (Hu & Wang, 2019; Zhang & Goza, 2006).

In response, the Chinese government has gradually restructured older adult care governance toward a more pluralistic model characterized by government leadership combined with social and market participation (Chan & Shi, 2022; Mok et al., 2021a). Policy reforms over the past two decades have encouraged the involvement of non-governmental organizations (NGOs), community-based organizations, volunteer groups, private service providers, and families in care provision. This shift reflects broader transformations in social governance that emphasize decentralization, service outsourcing, and collaborative welfare delivery (Daly, 2021; Mok & Wen, 2022).

The gap between endorsed frameworks and enacted governance is the central problem this study addresses. Existing research indicates that while social organizations have expanded rapidly in some localities, their roles, capacities, and relationships with government actors vary substantially across contexts. Persistent challenges include funding instability, uneven professionalization, accountability pressures, and coordination difficulties among multiple stakeholders. These issues raise important questions about how governance arrangements are enacted in practice and how responsibilities are negotiated at the grassroots level.

Hubei Province in Central China provides a particularly instructive empirical setting for examining these dynamics. As a socioeconomically diverse province, Hubei reflects many of the structural tensions shaping older adult care governance in transitional regions. Urban districts tend to benefit from stronger institutional capacity, greater service availability, and more policy experimentation, whereas rural communities often face limited infrastructure, workforce shortages, and weaker organizational presence (Chan & Shi, 2022). These contrasts make Hubei a critical site for analyzing how multi-party participation in older adult care operates under varying local conditions.

For gerontological social work, these governance shifts carry important implications for professional practice and education. Social workers increasingly operate within complex networks involving government agencies, social organizations, community committees, volunteers, families, and market actors (Baikady & Cheng, 2022; Xu & Chow, 2011). Their roles extend beyond direct service provision to include coordination, advocacy, policy interpretation, and community engagement. However, social work education and training

have not always adapted to these governance realities, particularly in preparing practitioners for community-based, policy-informed, and interprofessional practice in aging services.

This study examines how actors beyond the state and family participate in the governance of older adult care services in Hubei Province. Drawing on NVivo-assisted qualitative analysis of interview data, it explores the historical evolution of older adult care arrangements, current service delivery practices, patterns of collaboration, institutional constraints, and perceived pathways for future development. By linking empirical findings to the changing roles and competencies of social workers, the study seeks to contribute to ongoing debates in gerontological social work regarding governance, practice, and professional preparation in rapidly aging societies.

The study is guided by the following research questions:

1. How has the landscape of older adult care evolved in rural and urban China?
2. How do non-state actors participate in the governance of older adult care services?
3. What challenges and barriers shape multi-party participation in older adult care delivery?
4. Which governance arrangements and practices are perceived as effective?
5. What future models and capacities are needed to support sustainable older adult care?

Literature review

Conceptual framework: Multi-party governance and care obligations

The governance challenge in China is not aging itself — every high-income society ages — but the speed at which it has arrived and the institutional unreadiness with which China has met it. Unlike high-income countries that experienced gradual aging alongside mature welfare systems, China faces accelerated aging amid persistent regional inequality and uneven institutional capacity (Feng et al., 2020). These conditions have placed considerable strain on state-led and family-based care arrangements, especially in meeting long-term care (LTC), disability, and psychosocial needs.

Governance-oriented studies document a gradual transition from a system dominated by the state and family toward diversified governance involving government agencies, social organizations, communities, and market actors (Chan & Shi, 2022; Mok & Wen, 2022). This shift reflects broader social governance reforms emphasizing decentralization, service purchasing, and the mobilization of non-state actors. However, existing research cautions that policy reform does not automatically produce effective care delivery, as local governments retain substantial discretion in implementation, leading to significant regional variation.

Scholars increasingly call for empirical research at the local level, where governance arrangements are enacted in practice. Central and western regions of China remain underrepresented in such studies, despite facing more acute challenges related to resource constraints, workforce shortages, and service accessibility. This gap underscores the relevance of examining older adult care governance in Hubei Province.

Table 1: Conceptual Comparison: Core Terms and Their Application in This Study

Concept	Working Definition	Authors	Application in This Study
Governance	Coordination of collective action through actor networks extending beyond formal state authority; encompasses processes of rule-making, resource allocation, and accountability across public and non-public actors	Pierre & Peters (2000); Rhodes (1997)	Overarching analytical frame for examining how care responsibilities are distributed and coordinated across state and non-state actors in Hubei Province
Collaborative Governance	Governance arrangement in which public agencies engage non-state actors in deliberative, consensus-oriented decision-making; distinguished by structured participation and joint ownership of decisions	Ansell & Gash (2008)	Normative benchmark against which the study evaluates the quality and symmetry of coordination between government agencies and social organizations
Multi-Party Governance	Governance configuration in which welfare responsibilities are formally distributed among government, civil society organizations, market actors, communities, and families; associated with service purchasing and pluralized delivery	Mok et al. (2021a); Mok & Wen (2022)	Central analytical construct; refers to the governance model formally promoted in China's older adult care policy and operationalized at the grassroots level in this study
Welfare Pluralism	Social welfare provision through a mix of state, market, voluntary, and informal sectors rather than through a single-sector monopoly; raises questions about equity, accountability, and coordination	Daly (2021); Colombo et al. (2011); Pavolini & Ranci (2008)	Contextual framework linking China's governance diversification to international evidence on the distributional consequences of pluralist welfare systems

Theoretical foundations: Social governance and welfare pluralism

Multi-party participation has become a central concept in contemporary older adult care governance. Policy frameworks promote the involvement of social organizations, community committees, volunteers, and market actors alongside government agencies (Daly, 2021; Mok et al., 2021a). The claimed benefits of multi-party participation – flexibility, community embeddedness, responsiveness – are plausible in theory but depend entirely on whether non-state actors have the funding, autonomy, and professional capacity to act on them. Yet most Chinese NGOs lack sufficient funding, autonomy, or professional capacity to fulfill these roles in practice.

Empirical studies show that non-governmental and community-based organizations frequently provide home visits, emotional support, rehabilitation assistance, and social

activities (Wu et al., 2005). Their proximity to older adults enables trust-building and needs identification. Nevertheless, their effectiveness is often constrained by unstable funding, dependence on government procurement, limited professional staffing, and ambiguous accountability arrangements.

Volunteer participation is commonly emphasized, especially in rural contexts (Jiang et al., 2022). While volunteers play an important role in companionship and informal support, research highlights challenges including role ambiguity, burnout, and limited sustainability (Mok et al., 2021b). These findings raise questions about how volunteer-based initiatives can be integrated with professional social work services to ensure service quality and continuity. Market actors have also expanded their presence in older adult care, offering home care services, rehabilitation products, and digital platforms. Although market participation is often framed as a response to service shortages, studies caution that profit-oriented models tend to concentrate in urban areas and among higher-income users. Evidence from China indicates that market-based services have limited reach in rural and lower-income communities, and that welfare pluralism without adequate redistributive mechanisms risks reinforcing existing inequalities across income groups and geographic settings (Pavolini & Ranci, 2008; Yang et al., 2016).

Table 2: Comparison of Theoretical Perspectives Informing This Study

Theoretical Perspective	Core Claims	Authors	Application in This Study
Social Governance Theory	Welfare provision results from negotiated interaction among multiple actors; governance is a relational process shaped by institutional contexts, power relations, and actor capacities; state authority is necessary but not sufficient for effective care delivery	Mok & Wen (2022); Chan & Shi (2022)	Primary framework for interpreting multi-party coordination, power asymmetries, and institutional constraints across urban and rural settings in Hubei Province
Collaborative Governance Theory	Effective governance depends on deliberative, consensus-oriented engagement among actors with differing interests and resources; power asymmetry, institutional design, and face-to-face interaction shape the quality of collaboration	Ansell & Gash (2008)	Provides analytical criteria for identifying where coordination between government and non-state actors in Hubei functions as genuinely collaborative and where hierarchical procurement constrains actor agency
Welfare Pluralism	Mixed provision through state, market, voluntary, and informal sectors can expand coverage and responsiveness, but distributional equity depends on adequate funding, regulation, and role clarity; pluralism without these conditions frequently reproduces inequality	Daly (2021); Colombo et al. (2011); Pavolini & Ranci (2008)	Contextual framework linking China's diversification of care governance to international evidence on the conditions under which pluralist welfare systems sustain or undermine equitable service access

Review of past studies: Evidence from China

Community- and home-based care models have gained prominence as alternatives to institutional care, grounded in the principle of aging in place. Research suggests that these models can enhance older adults' quality of life while reducing reliance on institutional services (Hu & Wang, 2019; Yang et al., 2016).

In China, such models often rely on neighborhood committees, village collectives, and embedded service stations. Innovative practices include mutual-aid arrangements, time banks, and integrated community care hubs. However, their effectiveness varies considerably by context. Urban communities typically benefit from stronger organizational capacity and infrastructure, whereas rural areas face challenges related to geographic dispersion, workforce shortages, and weaker service networks (Chan & Shi, 2022; Wu et al., 2005).

Technological innovation is frequently promoted as a solution to labor shortages and coordination challenges in older adult care. Digital platforms, smart monitoring devices, and information management systems are expected to improve efficiency and service integration (Zhang et al., 2020). Studies indicate that technology adoption is shaped by older adults' digital literacy, trust, affordability, and organizational capacity. Researchers caution against techno-centric approaches that overlook relational and emotional dimensions of care, arguing that technology should complement rather than replace human-centered practices.

Social work plays a critical role in addressing psychosocial needs, facilitating access to services, and advocating for vulnerable populations. Yet in China, gerontological social work remains underdeveloped relative to demographic demand. Social workers operating within multi-party governance systems are increasingly expected to move beyond direct service provision into coordination, advocacy, and policy interpretation – roles that demand specialized preparation (Wu et al., 2022; Xu & Chow, 2011) that current curricula rarely provide (Baikady & Cheng, 2022).

Review of past studies: International comparative perspectives

Comparative scholarship on older adult care governance in other East Asian and European contexts offers useful reference points for interpreting the Chinese case. In Japan, the introduction of the long-term care insurance system in 2000 created a regulated mixed market of public and private providers, generating a governance model characterized by contractual accountability rather than the relational coordination typical of Chinese community-based arrangements (Campbell & Ikegami, 2000). The Japanese experience demonstrates both the capacity of insurance-based frameworks to sustain universal coverage and the tensions that arise when market incentives are introduced into care settings without adequate quality assurance mechanisms.

Western European trajectories offer a further point of comparison. Across several OECD countries, reforms since the 1990s have combined cash-for-care transfers with decentralized municipal delivery, raising enduring questions about the balance between consumer choice, care quality, and professional oversight (Colombo et al., 2011). Researchers examining these reforms note that welfare pluralism, when implemented without adequate funding and regulatory architecture, frequently reproduces rather than reduces care inequalities, particularly for older adults in low-income and rural communities (Pavolini & Ranci, 2008).

Three structural features differentiate the Chinese case from these comparators. First, the governing role of the Party-state apparatus means that NGOs and community organizations operate within political constraints that have no direct equivalent in liberal welfare contexts; their formal expansion does not translate straightforwardly into autonomous civil society participation. Second, the scale of China's urban-rural divide exceeds the regional variation most comparative frameworks assume, so that the same national governance reform generates substantially different service realities depending on local institutional capacity. Third, the pace of demographic transition leaves that of Europe or Japan during any comparable reform. These differences do not render international evidence irrelevant, but they do caution against assuming that governance models developed elsewhere can be transferred without substantial modification to the Chinese context.

Research gaps and conceptual synthesis

Table 3 below synthesizes key studies informing this review, organizing them by context, method, and thematic focus. The synthesis reveals convergent findings on funding dependence, urban-rural gaps, and professionalization deficits, while also highlighting the relative scarcity of empirical work connecting governance arrangements to social work education outcomes. It further confirms that the Chinese context, and the Central China sub-region in particular, remains underrepresented in the international literature.

Table 3: Summary of Selected Studies on Multi-Party Older Adult Care Governance

Authors	Context	Methods	Key Focus / Findings	Relevance to Present Study
Mok et al. (2021a)	China	Document & interview	Government-NGO contracting; state-NGO power asymmetry	Baseline framework for state-NGO power relations in Chinese governance
Chan & Shi (2022)	China	Policy analysis	LTC decentralization; regional variation and local discretion	Grounds the urban-rural governance contrast central to this study
Wu et al. (2005)	Urban China	Survey & case study	Emergence of community-based agencies and NGO service roles	Early empirical documentation of non-state actor functions
Daly (2021)	Europe	Conceptual review	Care concept, COVID governance, relational dimensions of care	Theoretical grounding for the care ethics dimension of governance analysis
Jiang et al. (2022)	China	Longitudinal survey	Volunteering, wellbeing, volunteer sustainability challenges	Evidence on the limits and burnout risks of volunteer-based care delivery
Baikady & Cheng (2022)	Urban China	Qualitative Interview	Social work (SW) education challenges and curriculum gaps	Confirms the SW curriculum gap underlying the workforce-preparation problem this study addresses

Authors	Context	Methods	Key Focus / Findings	Relevance to Present Study
Feng et al. (2020)	China	Systematic review	LTC system overview; institutional gaps and reform prospects	National policy context and structural constraints shaping governance
Campbell & Ikegami (2000)	Japan	Policy analysis	LTC insurance design; contractual governance of mixed providers	International benchmark for insurance-based multi-actor governance
Colombo et al. (2011)	Organization for Economic Co-operation and Development (OECD)	Comparative policy	LTC financing, pluralism, quality assurance across welfare systems	Framework for comparing China's governance trajectory with mature systems
Pavolini & Ranci (2008)	Europe	Comparative analysis	Welfare restructuring; inequalities in pluralist LTC systems	Evidence that welfare pluralism without adequate resourcing reproduces inequality

Despite growing scholarship on aging and social governance, empirical studies examining how multi-party older adult care governance operates at the grassroots level remain limited, particularly in central and western regions of China. Additionally, existing research rarely connects governance arrangements with implications for social work education.

By focusing on Hubei Province and employing NVivo-based qualitative analysis, this study addresses these gaps by providing empirically grounded insights into multi-party participation in older adult care governance and its implications for gerontological social work education and practice.

Methodology

Research design

This study adopts a qualitative design to explore multi-party governance of older adult care in Central China. Qualitative inquiry is appropriate given the study's focus on how governance arrangements are interpreted, negotiated, and enacted at the grassroots level – processes that resist quantitative reduction (Miles et al., 2020).

The study is informed by a social governance perspective, which conceptualizes welfare provision as the outcome of interactions among multiple actors operating within institutional, cultural, and political contexts (Chan & Shi, 2022; Mok & Wen, 2022). Scholars working within this perspective argue that governance arrangements are not imposed from above but are continuously shaped by negotiation, resource contestation, and relational dynamics at the grassroots level (Mok et al., 2021a). This analytical lens aligns with social work's emphasis on systems thinking, relational practice, and context-sensitive intervention.

The study is situated within an interpretivist tradition: knowledge of governance is generated

by attending closely to how participants understand and act within their institutional contexts (Creswell & Poth, 2018). How actors interpret their roles and constraints matters as much as what services are formally provided.

Figure 1 illustrates the conceptual framework guiding this study. It depicts older adult care governance as a networked multi-party system – not a hierarchy – in which government agencies, social organizations, community committees, families, volunteers, and market actors are linked through relational and coordinative roles spanning policy formulation, service delivery, and resource mobilization.

Figure 1: Conceptual Framework of Multi-Party Older Adult Care Governance (Developed by the authors).



Thematic analysis was adopted as the primary analytic method because it allows for the systematic identification and interpretation of patterns across a large and diverse interview dataset without requiring commitment to a single theoretical framework in advance. The analysis proceeded inductively in early stages, building from participants' own descriptions before moving toward higher-order conceptual interpretation. The researcher maintained a reflexive journal throughout data collection and analysis, documenting interpretive decisions and flagging potential sources of bias arising from prior familiarity with the field. This reflexive stance, combined with the inter-coder reliability checks, supports the credibility of the thematic structure presented in the Findings.

Study context: Hubei province

Hubei Province was selected as the research site due to its demographic diversity, socioeconomic heterogeneity, and active engagement in older adult care policy experimentation. Located in Central China, Hubei encompasses major urban centers such as Wuhan as well as extensive rural and semi-rural areas. This diversity provides a valuable

context for examining variations in older adult care governance across different local conditions.

Like many central provinces, Hubei faces rapid population aging alongside uneven service development. Urban districts generally benefit from stronger institutional capacity, higher levels of social organization participation, and better access to technological resources. In contrast, rural communities often experience shortages of professional caregivers, limited infrastructure, and greater reliance on informal support networks. These contrasts enable comparative analysis of how multi-party participation operates across different settings.

Data sources and participants

Participants were selected using purposive sampling to capture a wide range of perspectives on older adult care governance across both urban and rural contexts in Hubei Province. The sampling strategy aimed to include actors directly engaged in policy implementation, service delivery, coordination, and informal care provision, ensuring that findings reflect the full breadth of the multi-party governance network. In total, 50 in-depth interviews were conducted with participants from five sectors: government, non-governmental organizations (NGOs), market/business actors, households, and community organizations between November 2024 and December 2025.

Participant categories included:

- Government officials responsible for older adult care, civil affairs, or community governance (e.g., township and district-level officers)
- Leaders and frontline staff of NGOs and social service agencies, including charity federation officers and project coordinators
- Community and village committee members serving as grassroots governance intermediaries
- Care institution managers and facility administrators
- Volunteer group leaders and active volunteers engaged in home visits and companionship services
- Family caregivers and relatives of older adults, including both urban and rural household members

Participants were drawn from both urban centers (notably Wuhan) and rural communities across Hubei, enabling cross-contextual comparison. Volunteer participants were recruited through community coordination centers and snowball referrals. In Hubei's governance model, volunteers are mobilized through community committees and NGOs rather than operating as an independent tier — a structural distinction that shapes the findings.

Data collection and interview procedure

Data were collected primarily through semi-structured, in-depth interviews. The guide covered five thematic domains: (1) historical changes in older adult care arrangements; (2) current service types and delivery mechanisms; (3) collaborative governance practices and exemplary cases; (4) barriers, constraints, and service gaps; and (5) future development needs and models. These domains were designed to be consistent with the five research questions stated in the Introduction.

While all participants covered the same core thematic areas, the semi-structured format allowed role-sensitive probing: government officials on policy implementation, NGO staff on funding and autonomy, community members and volunteers on coordination at the grassroots level. This enriched the data while maintaining consistency across interviews.

Interviews were conducted in settings convenient for participants, including community centers, organizational offices, and participants' homes. Each interview lasted 45–90 minutes. With participants' informed consent, interviews were audio-recorded and later transcribed verbatim for analysis. In addition to interviews, relevant policy documents, service reports, and organizational materials were reviewed for contextual triangulation. These documents informed the interpretation of participants' accounts but were not subjected to formal coding.

Data management and NVivo coding process

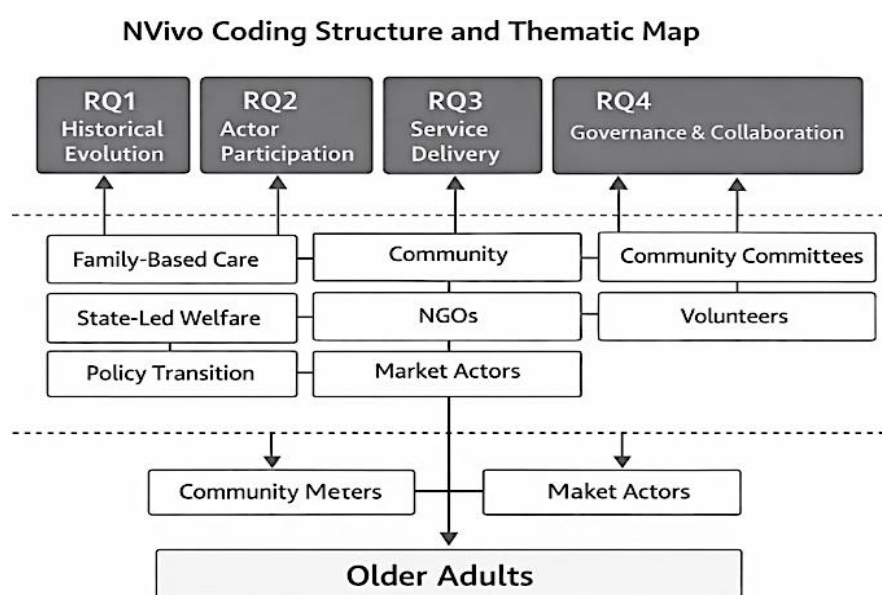
All interview transcripts were imported into NVivo 15 for systematic qualitative analysis. Coding was conducted by the primary researcher, with a second independent coder reviewing a subset of 15% of the transcripts to assess consistency and identify potential interpretive gaps. Where disagreements arose, for example, over whether a participant's comment should be coded under “funding instability” or “governance constraints,” these were resolved through deliberative discussion until consensus was reached, following procedures consistent with qualitative rigor (Miles et al., 2020). This process informed ongoing codebook refinement and strengthened the credibility of the final thematic structure.

The coding process followed three sequential stages:

1. *Open coding*: Initial nodes were created inductively to capture meaningful units of data, including historical change, service delivery practices, emotional support, technology use, volunteer engagement, and funding challenges. Codes at this stage were descriptive and closely grounded in participants' language.
2. *Axial coding*: Related codes were grouped into broader thematic categories aligned with the five research questions, including historical evolution, service diversification, collaborative governance, barriers and constraints, and future models. Relationships among actors, service types, and governance mechanisms were examined more explicitly at this stage.
3. *Selective coding*: Core themes were developed by integrating axial codes into higher-level analytical constructs, ensuring strong alignment between empirical data and research questions. The final thematic structure, reflected in the findings section, was developed through iterative refinement guided by the codebook.

Figure 2 illustrates the NVivo thematic structure, showing the hierarchical relationship between research questions, parent nodes, and child nodes.

Figure 2. NVivo Coding Structure and Thematic Map (Developed by the authors).



Rigor and trustworthiness

Trustworthiness was supported through several interlocking practices rather than any single verification procedure. Extended engagement with the dataset – returning to transcripts across multiple coding passes – reduced the risk of premature closure on early interpretive patterns. Urban and rural accounts were held in constant comparison throughout analysis, with similarities and divergences tracked explicitly in NVivo memos rather than resolved by assumption. Verbatim quotations are used throughout the Findings section so that readers can assess the connection between participants’ language and the interpretations built from it – a practice that keeps the analysis answerable to the data rather than to the researcher’s prior expectations.

Ethical considerations

This study involved the analysis of data collected through interviews and document review. Ethical approval for the study was obtained from the institutional ethics committee of Huachiew Chalermprakiet University, Thailand (Approval No. HCU-EC1486-2567, valid from May 24, 2024 to May 23, 2026, covering the entire data collection period). All procedures were conducted in accordance with relevant ethical guidelines and regulations. Informed consent was obtained from all participants prior to their participation, and confidentiality and anonymity were strictly maintained throughout the research process.

Findings and discussion

Five themes emerged from the NVivo analysis, each corresponding to one research question (RQ1–RQ5). Each section concludes with a brief interpretive discussion connecting findings to the theoretical frameworks introduced earlier.

Historical evolution of older adult care (RQ1)

Older adult care arrangements in Hubei have changed substantially over the past three decades, shaped by intersecting demographic pressures, policy reforms, and shifting household structures. Participants across sectors described this evolution in largely consistent terms: a movement from private family obligation toward increasingly distributed governance, with different tempos and textures in urban and rural settings. This section traces that trajectory chronologically, before examining how the experience of transition differed across the two contexts.

“In the past, there was no concept of social care. Old people depended entirely on their children. If your children were not around, there was basically no support.”

(Community worker, rural area)

“Now young people go out to work; some don’t come back for years. The older adults are left alone. Family care is no longer reliable.”

(Village committee member)

As family capacity weakened, the state expanded its role through community-based care initiatives. Policy emphasis shifted over time from residual welfare provision toward diversified social participation.

“At first, the government tried to do everything by itself, but it soon became clear that this was impossible. There were too many older adults and too many needs.”

(Government official)

The pace and character of this transition differed substantially between urban and rural Hubei: in cities such as Wuhan, formal service infrastructure expanded gradually alongside the decline of family-based care, whereas in rural areas, family support networks had been depleted well before any comparable service network existed, producing what several rural participants described as a genuine care vacuum (see Table 4 for a dimension-by-dimension comparison). Urban and rural Hubei are therefore not simply at different points on the same developmental path; they have navigated structurally different transitions — a distinction that shapes the governance challenges examined in subsequent sections.

Technological innovations featured prominently. Participants referred to cloud-based platforms, wearable monitoring devices, and electronic health records that enable 24-hour supervision. As one interviewee put it: *“We use a Software as a Service (SaaS) platform to manage senior profiles, dispatch caregivers, and generate health records. It makes coordination possible.”* The integration of disability and aging services was also highlighted: *“Aging and disability services are no longer separated. Many elders need both.”*

Table 4: Comparative Overview of Historical Care System Development: Urban and Rural Hubei

Dimension	Urban Settings	Rural Settings
Dominant early model	Danwei-based welfare provision alongside state institutions for the	Family and kin obligation; informal village collective support

Dimension	Urban Settings	Rural Settings
	most vulnerable	
Primary disruption force	Household restructuring, declining fertility, changing norms of family obligation	Out-migration of adult children; rapid hollowing of intergenerational networks
State intervention pattern	Formal procurement contracts, NGO licensing, funded community service stations	Basic welfare provision with delayed formal service expansion
Current dominant service model	Community stations, NGO delivery, digital coordination platforms	Mutual aid groups, village cadre coordination, informal volunteer networks
Technology integration	SaaS platforms, wearable health monitoring, electronic health records	Limited; mobile phones for basic communication; variable internet access
Principal governance challenge	Coordination across multiple actors; professionalization and quality assurance	Service access gaps, infrastructure deficits, workforce shortages

These historical patterns are consistent with social governance theory's account of welfare transitions in state-socialist contexts, where pluralization of care provision follows the exhaustion of state and family capacity rather than a principled redistribution of responsibility (Mok & Wen, 2022). The temporal gap between family-capacity decline and formal-service expansion in rural areas points to a governance deficit that persists despite national policy commitments to multi-party participation.

Non-state participation and service diversification in older adult care (RQ2)

Participants consistently noted that non-state actors play increasingly important roles in older adult care governance, particularly at the community level. Social organizations and NGOs were identified as key service providers, especially in delivering non-medical and psychosocial services.

Participants described NGOs as being particularly effective in providing emotional support, companionship, and social activities that are often neglected in institutional care.

"The government can provide meals and basic subsidies, but emotional care is something NGOs are better at. They have more patience and flexibility."

(NGO manager)

Community and neighborhood committees emerged as central actors in coordinating services and identifying older adults in need. These committees often serve as intermediaries between government policies and grassroots implementation.

"We are the ones who know which older adults live alone, who is sick, who needs help. Without the community, policies cannot reach them."

(Community committee staff)

Volunteer participation was another prominent form of non-state involvement. Volunteers,

including retirees and students, were actively engaged in home visits, companionship, and assistance with daily tasks.

“Volunteers come to chat with them, help clean the house, sometimes just listen. For many older adults, this is the most important support.”
(Volunteer coordinator)

However, participants acknowledged that volunteer-based services were uneven and heavily dependent on individual commitment.

Market actors were mainly involved in service provision through home care services, rehabilitation equipment, and digital platforms. While market participation expanded service options, several participants expressed concern about affordability and accessibility.

“Private services are good, but many older adults cannot afford them. Rural areas are especially excluded.”
(Family caregiver)

Table 5: Non-State Actor Roles in Hubei's Multi-Party Older Adult Care System

Actor Type	Primary Functions	Key Strengths	Key Constraints
NGOs / Social organizations	Emotional support, home visits, case coordination, social activities	Community trust, flexibility, proximity to needs	Funding dependence, limited autonomy under procurement arrangements
Community / village committees	Service linkage, needs assessment, information relay to government	Grassroots knowledge, proximity to older adults	Resource scarcity, staff overload, limited institutional standing
Volunteers	Companionship visits, daily task assistance, informal monitoring	Low cost, local embeddedness, personal relationships	Burnout, high turnover, role ambiguity, lack of insurance cover
Market providers	Home care, rehabilitation equipment, digital health platforms	Innovation capacity, scalability, service diversity	Urban-income concentration bias; affordability gaps in rural areas
Families	Emotional care, financial remittances, informal monitoring	Relational trust, cultural legitimacy, continuity	Geographic distance; declining capacity; mismatch of financial vs. in-person support

A community worker described their setup: *“We opened a small activity room with chess, health talks, and birthday gatherings. It’s simple, but it gives them companionship.”*

Delivery mechanisms range from “home–community–institution” linkage models to embedded village care stations and mutual aid groups. One volunteer leader explained: *“Our model is locals caring for locals. We know who is lonely, who is sick, who needs help.”* Another added: *“We do laundry, clean windows, air bedding, and sometimes just sit and talk.”*

“Urban areas have more resources, more NGOs, better facilities. Rural areas are still struggling.” (NGO manager). A rural respondent was blunt: *“Some villages don’t even have stable electricity, let alone internet.”* (Rural family member)

Urban-rural disparities ran through participants' accounts: urban communities had professional social workers, stable funding, and NGO networks, while rural services remained reliant on volunteers and village cadres — a contrast that reflects uneven local governance capacity rather than simply different stages of development.

The pattern of non-state actor participation documented here aligns with governance frameworks that describe NGOs and community organizations as boundary-spanners translating policy objectives into community-level practice (Mok et al., 2021a). However, the findings extend this account by demonstrating that boundary-spanning under conditions of funding dependence frequently narrows rather than expands organizational discretion.

Challenges, barriers, and service gaps (RQ3)

Before examining what constrains multi-party care in Hubei, it is worth noting what the system actually delivers in practice. Across the 50 interviews, participants described a service landscape ranging from basic daily assistance — bathing, cleaning, meal preparation — to health monitoring, post-hospitalization rehabilitation, psychosocial support, and community activity programming. Most of this is delivered through home visits or community stations rather than residential institutions, which remain largely reserved for older adults with high-dependency needs. The barriers discussed below fall unevenly across this range: funding fragility hits NGO-run psychosocial services hardest, while workforce shortages are most acute in physical care.

Collaboration among multiple actors was identified as both a necessity and a challenge: participants described coordination mechanisms ranging from formal government procurement contracts to informal WeChat groups, but effectiveness often depended on personal relationships rather than formalized systems, and NGOs reported limited autonomy due to financial dependence on government funding.

Persistent challenges include unstable funding, limited access to subsidies for NGOs, high volunteer turnover, lack of insurance and legal protection, caregiver burnout, low societal recognition, and weak career pathways for care workers, as one caregiver summarized: *"We are underpaid, overworked, and not respected. It's hard to stay long-term."* (Caregiver).

Digital access barriers and the emotional absence of distant family members were also recurrent themes — as one participant put it, *"Some families even stop paying after admission. We carry the moral burden."*

Rural terrain, poor infrastructure, and low digital literacy hinder service delivery. Many older adults cannot afford specialized products, and families often struggle with long-term financial planning. Policy implementation gaps and short-term pilot programs further limit sustainability.

Table 6: Summary of Governance Challenges by Actor Category

Actor Category	Primary Challenge(s)	Illustrative Participant Evidence
NGOs / Social organizations	Funding instability; limited autonomy under government procurement	"Everything is project-based"; compliance over service innovation
Community	Coordination overload; lack	Knows which older adult has not opened

Actor Category	Primary Challenge(s)	Illustrative Participant Evidence
committees	institutional standing to escalate known needs into formal care plans	their door but cannot activate formal response
Volunteers	Emotional burnout; role ambiguity; no insurance protection	“The emotional toll is heavy”; high turnover rates across sectors
Care workers	Low wages; absent career pathways; high turnover	“Underpaid, overworked, and not respected”
Families	Geographic distance; mismatch between financial and in-person support	“Children think sending money is enough, but elders need companionship”
Market providers	Urban-income concentration; affordability barriers for rural and low-income older adults	“Private services are good, but many cannot afford them. Rural areas are especially excluded”

The structural barriers documented here point to a governance system that expands participation without adequately resourcing it. This pattern aligns with Daly’s (2021) critique of care governance frameworks that celebrate pluralism while leaving the distribution of care costs and risks unresolved. Project-based funding cycles, absent professional career pathways, and reliance on volunteer labor constitute interlocking constraints: each individually limits the sustainability of care provision; together, they transfer governance costs onto individuals whose contributions are structurally undervalued and institutionally unprotected.

Collaborative governance and best practices (RQ4)

Despite the structural constraints, participants identified a range of governance arrangements and practices they regarded as effective, focusing on multi-party coordination models, complementary use of technology alongside human-centered care, and culturally embedded service delivery.

Strong emphasis was placed on multi-party collaboration. One participant summarized the model clearly: “*The government provides laws and funding; NGOs deliver services; the market brings innovation; families give emotional care.*” Participants also stressed that technology must not replace human connection: “*We keep a tech + human touch approach. Machines can’t replace empathy.*” Government procurement arrangements, technology-supported coordination (e.g., WeChat-based case logs), and culturally embedded, community-driven service delivery were identified as effective practices.

The practices identified as effective share a common feature: they depend on relational trust and contextual knowledge that formal governance mechanisms neither generate nor sustain independently. This observation supports the theoretical argument that care governance cannot be reduced to organizational architecture; it requires sustained attention to the informal and affective dimensions of coordination that operate alongside, and sometimes in spite of, formal institutional arrangements. The Japanese and European comparative evidence similarly suggests that effective multi-actor governance rests on a combination of clear role definition, stable resourcing, and space for relational practice – conditions that remain unevenly established in Hubei’s current governance landscape.

Emerging needs and future-oriented models (RQ5)

Participants identified emerging needs such as long-term care insurance expansion, professionalization of caregiving, user-friendly assistive technologies, integrated data platforms, and stronger emotional support systems. One interviewee stressed: *“Caregiving should be a profession like nursing, with clear career paths and protection.”*

Technology was seen as helpful but limited: *“Technology helps, but frontline caregivers need training, and tools must be simple.”* Another added: *“We need one-touch buttons and medication reminders, not complicated systems.”*

“Eldercare is a system, not a single-actor task,” one participant noted. *“We need community care alliances where everyone sits together and plans.”* A rural leader proposed: *“Village roundtables every month – village head, clinic, volunteers, elders. That’s what will work.”*

“Simplify application processes. Many elders don’t even know what they’re eligible for,” one respondent argued. Another added: *“Assign officials to come to villages and explain policies over the speaker. We can’t read.”*

Future models proposed included family-based care supported by community services, small embedded care units, and platform-based integration. As one participant concluded: *“The future is family care + community support + professional backup. That’s what people want.”*

The future-oriented visions articulated by participants reflect a demand not simply for more services but for governance arrangements that are more responsive, more equitably resourced, and more capable of sustaining the relational quality of care over time. The preference for community-embedded, mixed-actor models—family care augmented by community support and professional backup—echoes the broader evidence from international comparative studies that sustainable care governance requires the active coordination of formal and informal resources rather than reliance on any single sector (Colombo et al., 2011). For gerontological social work, these demands translate into a professional mandate that extends well beyond direct service delivery to encompass governance participation, policy interpretation, and institutional advocacy.

Conclusion

This concluding section synthesizes the study’s empirical and theoretical contributions and considers their implications for gerontological social work practice, policy, and education. By connecting older adult care governance with social work education, the study offers concrete insights for curriculum development, field education, and professional training; although the empirical base is Hubei Province, these implications extend to other societies facing rapid population aging.

From family-centered care to multi-party governance

The findings confirm that family care capacity has declined under demographic pressure and labor migration, but responsibility has not disappeared — it has been redistributed across government agencies, social organizations, communities, volunteers, and market actors. This

redistribution is neither uniform nor stable: it is negotiated at the grassroots level, and in rural areas with thin organizational infrastructure, it remains fragile.

Social organizations as governance intermediaries

Social organizations and NGOs are not simply service providers in Hubei's care system; they are governance intermediaries. Participants consistently identified NGOs as flexible, community-embedded actors capable of addressing emotional and psychosocial needs that are often marginalized in government-led services. This supports governance theories that conceptualize non-state actors as boundary-spanners translating policy objectives into practice.

At the same time, the findings expose the structural vulnerability of NGOs within China's older adult care system. Heavy dependence on government procurement constrains organizational autonomy and reinforces asymmetric power relations. As a result, NGOs often prioritize administrative compliance over service innovation, limiting their potential contribution to governance quality.

Community-based care and uneven governance capacity

Community service stations, mutual aid groups, and volunteer networks have extended service reach in both urban and rural Hubei — but the quality and consistency of what they deliver depend almost entirely on local governance capacity, which varies considerably across settings.

Urban-rural disparities emerged as a defining feature of older adult care governance in Hubei (Chan & Shi, 2022). Rural care in Hubei is not a less-developed version of urban care. It is a structurally different system — one sustained by kinship obligation, volunteer contributions, and occasional government visits, rather than by employed professionals and institutional contracts. Treating it as merely “lagging behind” misreads the problem. These disparities highlight the limitations of policy designs that assume uniform implementation capacity and underscore the need for differentiated governance strategies.

Technology as a complement to human-centered care

The findings contribute to debates on the role of technology in older adult care by highlighting its supportive, rather than substitutive, function. Digital platforms improved coordination and information sharing, yet participants consistently emphasized that emotional companionship and trust-building remain irreplaceable.

That technology is attractive to policymakers is understandable: it offers scalability, data generation, and a modern image. But what participants described needing most — someone who remembered their name and came back — cannot be mediated through a digital platform. That gap is not a design flaw; it is a structural one.

Barriers to sustainable multi-party participation

Despite expanded participation, persistent structural barriers threaten sustainability. Funding

instability, workforce shortages, and caregiver burnout are interlocking constraints that point to a structural undervaluation of care labor embedded in current governance design. What distinguishes these barriers from ordinary implementation gaps is their systemic character: they are not correctable through better management within the existing governance model, but reflect the distributional logic of that model itself. Project-based funding cycles transfer financial risk onto NGOs. Volunteer dependence transfers physical and emotional labor onto individuals with no contractual protection. These are governance choices, even when they are not recognized as such.

Theoretical and empirical contributions

Empirically, this study offers one of the few qualitative accounts of grassroots multi-party governance across both urban and rural settings in Central China – a province underrepresented in existing scholarship. The urban-rural divergence, actor-specific constraints (Table 6), and effective practice accounts together constitute a contribution that the field's concentration on coastal China has not previously provided.

This study was guided by a social governance perspective, which frames welfare provision as the product of negotiated interaction among multiple actors operating within institutional, political, and cultural contexts (Chan & Shi, 2022; Mok & Wen, 2022). The findings both affirm and extend this framework in several important respects.

First, the evidence confirms that older adult care governance in Hubei operates as a distributed and relational system rather than a top-down administrative structure. Governance is enacted through daily practices of coordination, negotiation, and informal trust-building among government officials, NGOs, community committees, volunteers, and families – precisely the kind of multi-actor dynamic that social governance theory foregrounds. Second, the findings draw attention to power asymmetries that existing governance frameworks tend to undertheorize: the financial dependence of NGOs on government procurement, the structural marginalization of rural communities, and the limited agency of frontline care workers. These asymmetries constrain the pluralistic ideal of shared governance and suggest that distributive equity must be considered alongside structural participation. Third, the emotional and relational dimensions of care governance – volunteers' companionship, social workers' ethical mediation, caregivers' invisible labor – point toward an extension of social governance theory that takes the affective and moral dimensions of care as seriously as its organizational architecture. Integrating care ethics perspectives into social governance theory along these lines offers a productive direction for future conceptual work (Daly, 2021).

Implications for practice, policy, and education

As older adult care governance becomes increasingly multi-party and networked, social workers are expected to move beyond traditional direct service roles and assume responsibilities as coordinators, advocates, and policy interpreters (Baikady & Cheng, 2022; Qu et al., 2022). This shift is directly reflected in the study's findings: participants described social workers as critical bridges between government policy frameworks, NGO service delivery, and the daily realities of older adults in both urban and rural communities. These governance roles extend competency requirements beyond clinical or casework skills to include interorganizational navigation, policy literacy, and community engagement (Wu et

al., 2022).

For policymakers, the findings point to two areas requiring attention. Funding mechanisms need to move beyond project-based procurement toward multi-year contracts that give social organizations sufficient operational continuity to build professional capacity and community trust. Caregiver and volunteer support systems — insurance cover, career pathways, and supervision structures — need to be treated as governance infrastructure rather than afterthoughts.

For social work education, these findings point to a need to prepare students more effectively for practice in community and NGO settings, where governance processes are negotiated at the grassroots level. This means expanding field placements in multi-actor care environments, building curriculum content on governance theory and policy analysis, and training students in facilitation and coordination skills for fragmented service networks. The emotional labor and burnout reported by caregivers and volunteers also point to the value of integrating supervision and reflective practice into professional training (Mok et al., 2021b; Peng & Wong, 2008). More broadly, educators should consider how the increasingly porous boundaries among social work, community organization, and policy implementation can be reflected in curricula and field education structures.

Limitations

The empirical base is confined to Hubei Province; findings may not transfer directly to coastal provinces with mature service markets or to western regions with more severe resource constraints. As a qualitative study, the design prioritizes interpretive depth over representativeness, and participants' accounts reflect their own institutional positions and local conditions.

A further limitation concerns the absence of older adults as direct participants. The study accessed their experiences through service providers, coordinators, and family members, but the subjective dimensions of living under multi-party care governance — what it means in practice to depend on a rotating cast of project-funded NGOs and informal volunteers — are only partially captured in this way. Future studies should address this gap directly.

Future research directions

Longitudinal research tracking governance arrangements across reform cycles would clarify whether the constraints documented here persist over time. Comparative work across provinces—contrasting Hubei with Guangdong, Sichuan, or Yunnan— would identify structural conditions that support more equitable outcomes and enable systematic application of the international evidence.

Studies that directly center the perspectives of older adults, particularly those living in rural communities with limited service access, would address the most significant gap this study leaves. The interface between the expanding long-term care insurance scheme and multi-party governance arrangements also warrants dedicated inquiry, as insurance expansion will reshape the resource environment within which social organizations, community committees,

and families operate – with implications that are difficult to anticipate from the current governance baseline documented here.

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