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Exploring Rural Home-Based Elderly Care Service Needs and Constructing a Service System: An Empirical Study Based on Y County, Southern Sichuan

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Abstract: ***Under the dual backdrop of rural revitalization strategy and population aging, the supply and demand contradiction of rural elderly care services in Sichuan Province is prominent. This study takes home-based elderly care services in rural Y County, southern Sichuan Province, as the research object. Using a case study method, it systematically analyzes the similarities and differences in the home-based elderly care service needs of ethnic minorities and non-ethnic minority elderly groups in the region. It also examines the existing supply models, operational mechanisms, and implementation effectiveness of local home-based elderly care services, aiming to propose more targeted and feasible countermeasures for the construction of a home-based elderly care service system in Y County, and to promote a precise match between the needs and services for home-based elderly care in Y County. This study uses a mixed research method (questionnaire survey + in-depth interviews + field observation), and finds that the elderly have an urgent need for services such as security visits and meal assistance, but there are problems such as low service coverage and a shortage of professional personnel. Therefore, it concludes that a four-in-one service network of "government-market-community-family" is needed to promote the equalization of urban and rural elderly care services.***

Keywords: Rural home-based elderly care, Elderly care needs, Elderly care system.

1. Introduction

As the aging population continues to deepen, the construction of a comprehensive elderly care service system has become a major issue concerning the national economy and people's livelihood. The "Opinions of the CPC Central Committee and the State Council on Strengthening Work Related to the Elderly in the New Era" states that effectively addressing China's aging population is crucial to the overall development of the country, the well-being of hundreds of millions of people, and social harmony and stability, and is of great significance to the comprehensive construction of a modern socialist country. Adhering to a people-centered approach and actively responding to the national strategy for addressing population aging, the core objective is to ensure that the elderly are cared for, have access to medical care, can contribute, can learn, and can enjoy life. Key tasks include improving the elderly care service system, perfecting the health support system for the elderly, promoting the social participation of the elderly, and striving to build an age-friendly society. The "Opinions of the CPC Central Committee and the State Council on Doing a Good Job in Key Tasks for Comprehensively Promoting Rural Revitalization in 2023," a "manual" for comprehensively advancing rural revitalization, mentions accelerating the construction of township and regional elderly care service centers and promoting elderly care services such as day care, mutual assistance, home visits, and elderly canteens. On February 17, 2025, at a press conference held in the Sichuan Provincial Information Office to promote the high-quality development of civil affairs in the province, Guo Jing, Director of the Department of Aging Affairs of the Sichuan Provincial Department of Civil Affairs, introduced that Sichuan is a populous province and has entered a moderately aging society. The aging population is large, deeply aging, growing rapidly, and burdensome, experiencing an unprecedentedly accelerated aging process. The "14th Five-Year Plan for the Development of Civil Affairs in Sichuan Province" sets a target for the coverage of elderly care service facilities: by 2025, the proportion of nursing beds in elderly care institutions should reach over 55%; and the coverage rate of comprehensive elderly care service institutions in townships (streets) should reach over 60%. Currently, the actual coverage rate may be lower than this target, with problems such as idle facilities and insufficient service supply. Sichuan Province has 18.16 million permanent elderly residents aged 60 and above, accounting for 21.7% of the total population. Rural areas are experiencing "aging before becoming wealthy," with an aging rate of 27.3%. Y County in southern Sichuan, the subject of this study, has already entered a moderately aging society. Rural elderly care services face numerous challenges, including unbalanced and insufficient development, the problem of "aging before becoming wealthy" and "aging before being prepared," a shortage of elderly care personnel, and a need to improve the scale and quality of talent training. Limited basic medical and health conditions also contribute to difficulties and high costs associated with accessing healthcare. Based on existing government reports and other relevant documents, the transformation and upgrading of elderly care services in Y County is urgently needed.

2. Analysis of the Current Status of Rural Home-based Elderly Care Services – A Case Study of Y County in Southern Sichuan

Y County in southern Sichuan Province, under the jurisdiction of Luzhou City, is located in the contiguous poverty-stricken

area of the Wumeng Mountains and is a typical mountainous agricultural county. According to the data from the Seventh National Population Census, the permanent population of Y County in southern Sichuan is 552,900, of which 114,700 are 60 years of age or older, accounting for 20.76% of the permanent population, exceeding the national average and officially entering a moderately aging society. The rural elderly population accounts for about 69% of the total elderly population in the county (about 79,200 people), and the aging situation in rural areas is particularly severe [1], higher than the national average, showing the typical characteristics of "aging before becoming rich and aging before being prepared". Y County in southern Sichuan is a contiguous poverty-stricken area in the Wumeng Mountains. The rural elderly population is large and accounts for a high proportion (69% of the total elderly population in the county). The phenomenon of empty-nest and left-behind populations is prominent, and the incidence of chronic diseases among the elderly is high, so the demand for medical care and spiritual care is urgent. Faced with a moderately aging population, the Party Committee and County Government of Y County in southern Sichuan have elevated the response to population aging to a strategic level. In 2022, Y County launched the "Silver Age Guardian" project, incorporating it into the construction of rural revitalization demonstration projects. In 2023, a four-level elderly care service system of "1+2+6+N" was established [3], and the layout of elderly care facilities throughout the county was scientifically replanned and adjusted to ensure that by 2035, the strategic goal of "a mature and well-defined characteristic elderly care service system and basic elderly care services for all elderly people" will be achieved. In terms of service supply and hardware facilities, Y County has also formed a unified management and planning system. In terms of service supply, it provides routine daily care, security visits, meal assistance, cleaning services, entrusted services, health management, rehabilitation services, emotional counseling and other home-based elderly care services, but these are all relatively basic services. Y County in southern Sichuan has initially established a three-tiered elderly care service network covering the county, townships, and villages. While village-level mutual aid points are a crucial part of the plan, in practice they face problems such as idle facilities and incomplete activation of service functions. This is closely related to the geographical environment of southern Sichuan, the dispersed rural population, and the lack of operating funds and professional personnel. Regarding hardware facilities, institutions and nursing homes are equipped according to their service content. Nursing homes or institutional care facilities are mostly equipped with facilities for daily living care, rehabilitation, safety and security, and spiritual, cultural, and recreational activities. The county has a total of 17 elderly care institutions (10 public and 7 private), with a township nursing home coverage rate of 65%, but the idle rate of village-level service stations is as high as 42%. The vast majority of those choosing home-based elderly care rely on caregivers providing services at their homes; therefore, the hardware facilities are mostly lightweight and portable, or are facilities for special care requested by specific individuals. Judging from the number and distribution of the elderly population in Y County, rural home-based elderly care has become an important measure that cannot be ignored. How to implement this measure effectively and maximize the efficiency of resources according to local conditions has become a key and in-depth part of the demand for and system construction of rural home-based elderly care services in Y County.

3. Rural Home-Based Elderly Care Service Needs Assessment – Based on 328 Questionnaires from Y County, Southern Sichuan

3.1 Research Methods

This study employs Maslow's hierarchy of needs theory to comprehensively analyze the internal structure and priority sequence of rural home-based elderly care service needs [2]. The needs for elderly care services are divided into several core dimensions: basic living service needs, medical and health needs, safety and emergency needs, and spiritual comfort and social participation needs. This division of core dimensions not only considers the hierarchical and diverse needs of the elderly, but also, combined with the environmental characteristics of rural communities and the cultural characteristics of ethnic minority areas, analyzes whether the needs for home-based elderly care in rural areas have universality and particularity.

This study employs a mixed research approach, primarily quantitative and secondarily qualitative, using Stata 16.0 software for data processing and analysis to achieve data cross-verification and deeply reveal the influencing factors and underlying mechanisms of elderly care service satisfaction. The core innovation of this study lies in its innovative proposal of an "embedded" elderly care service model, grounded in the geographical realities of the scattered villages and unique terrain of the hilly region of southern Sichuan. This model achieves spatial embedding through a four-in-one service network of "government – market – community - family," and attempts to achieve resource embedding by integrating and revitalizing existing rural resources, and by combining modern services with traditional mutual aid ethics, providing an innovative and feasible localized solution to address the challenges of elderly care in similar regions. This study will analyze the structural differences in seven service needs (security visits, meal assistance, bathing assistance, cleaning assistance, emergency assistance, medical assistance, and emotional support) between ethnic minority and non-ethnic minority areas in rural Y County, to explore and explain the universality and uniqueness of rural home-based elderly care service needs, and to explore the feasibility of improving and constructing a home-based elderly care system in rural areas. The specific analysis of service types is divided according to the inherent principles of Maslow's hierarchy of needs theory:

—Differences in the needs of elderly people in the two regions for "basic living services" (meal assistance, bathing assistance, and cleaning assistance)

—Differences in the needs of elderly people in the two regions for "medical and health services" (medical assistance)

—Differences in the needs of elderly people in the two regions for "safety and emergency services" (safety patrols,

emergency assistance)

—Differences in the needs of elderly people in the two regions for "spiritual comfort and social participation" (spiritual comfort, humanistic care, etc. in other services).

3.2 Data Sources and Sample Characteristics

This study used the full acceptance data of the 2022 home-based elderly care service project of the Civil Affairs Bureau of Y County, southern Sichuan Province. Comparative analysis was conducted by selecting "townships with concentrated ethnic minority populations" and "townships without concentrated ethnic minority populations" from the sample, resulting in 328 valid samples. The samples were divided into two groups based on ethnicity: an ethnic minority group (110 people) and a non-ethnic minority group (218 people). The data originated from actual service records, ensuring a high degree of authenticity and accuracy.

Table 1: Distribution of basic characteristics of the sample (N=328)

Feature variables	category	All samples	Ethnic Minority Group	Non-minority group
Sample size	-	328	110 (33.5%)	218 (66.5%)
Gender	male	147 (44.8%)	52 (47.3%)	95 (43.6%)
	female	181 (55.2%)	58 (52.7%)	123 (56.4%)
Age	60-69 years old	102 (31.1%)	44 (40.0%)	58 (26.6%)
	70-79 years old	120 (36.6%)	38 (34.5%)	82 (37.6%)
	80 years and older	106 (32.3%)	28 (25.5%)	78 (35.8%)
Special groups	Empty nesters	174 (53.0%)	65 (59.1%)	109 (50.0%)
	Elderly living alone	58 (17.7%)	10 (9.1%)	48 (22.0%)
	Disability/Semi-disability	67 (20.4%)	16 (14.5%)	51 (23.4%)
	Low-income households	77 (23.5%)	42 (38.2%)	35 (16.1%)

Based on the sample characteristic analysis, it can be seen that the proportion of elderly people (35.8%), elderly people living alone (22.0%), and disabled elderly people (23.4%) in the non-minority group is higher than that in the minority group. Meanwhile, the proportion of low-income households in the minority group (38.2%) is significantly higher than that in the non-minority group (16.1%). The sample characteristic analysis reflects the differences in economic and social conditions and care needs among different groups, which also provides a certain basis for speculation on whether different groups are affected by different cultural ethics in terms of elderly care.

Table 2: Analysis of Service Needs Differences among Different Ethnic Groups in Rural Areas

Service type	Ethnic minority group (n=110)	Non-minority group (n=218)	χ^2 value	p-value
Security patrol	98 (89.1%)	214 (98.2%)	12.75	<0.001
Medical assistance services	110 (100%)	210 (96.3%)	4.02	0.045
Cleaning assistance services	108 (98.2%)	200 (91.7%)	5.21	0.022
Other services	46 (41.8%)	124 (56.9%)	7.12	0.008
Emergency assistance services	9 (8.2%)	1 (0.5%)	16.34	<0.001
Bathing assistance services	2 (1.8%)	12 (5.5%)	2.56	0.110
Meal assistance service	1 (0.9%)	15 (6.9%)	5.87	0.015

The analysis results showed significant differences between the two groups in six aspects: security patrols, medical assistance, cleaning services, other services, emergency assistance, and meal assistance ($p<0.05$). Security patrol coverage was significantly higher in the non-minority group (98.2% vs 89.1%). Medical assistance achieved full coverage in the minority group (100%), significantly higher than in the non-minority group (96.3%). The demand for emotional support services (other services) was higher in the non-minority group (56.9% vs 41.8%). Among these, the difference in emergency assistance was the most significant ($\chi^2=16.34$, $p<0.001$), with the demand rate for emergency assistance in the minority group (8.2%) being 16.4 times that of the non-minority group (0.5%).

K-means clustering algorithm was used to cluster the service demand patterns of 328 elderly people, and three typical demand patterns were found: (1) Basic security type (62.8%): They focused on three basic services: medical assistance, security visits and cleaning assistance, and had low demand for other services. (2) Comprehensive demand type (28.4%): In addition to basic services, they also had a high demand for spiritual comfort (other services). (3) Special demand type (8.8%): They had a clear demand for emergency assistance services, mainly concentrated in ethnic minority groups. The cluster analysis further verified that ethnic factors are an important variable affecting the demand patterns of elderly care services. This may be related to the underlying economic development, cultural beliefs and other factors. The proportion of ethnic minority elderly people in the "special demand type" was significantly higher than that of Han elderly people ($\chi^2=18.32$, $p<0.001$).

3.3 Group Difference Analysis

3.3.1 Analysis of age differences

One-way ANOVA was used to compare the differences in service needs among three age groups: 60-70 years, 71-80 years, and 80 years and older. The results validated the following hypothesis: the intensity of demand for assistive medical services among those aged 80 and older (mean 4.73 ± 0.49) was significantly higher than that of those under 70 years old (mean 4.28 ± 0.67), $F = 8.92$, $p < 0.001$. Post-hoc tests (LSD) showed significant differences between the 80-year-old and 60-70-year-old groups ($p < 0.001$) and between the 80-year-old and 71-80-year-old groups ($p < 0.05$). This indicates that with increasing age, declining physical function leads to a significant increase in medical needs. Regarding meal assistance services, the demand rate in the 80+ age group (12.3%) was significantly higher than that in the 60-70 age group (3.2%) ($\chi^2=9.87$, $p=0.002$); a similar trend was observed in the demand for bathing services, with the demand rate in the older age group (8.6%) significantly higher than that in the younger age group (2.1%) ($\chi^2=7.45$, $p=0.006$). This result supports the hypothesis that "older adults have a higher demand for daily living assistance,"

reflecting the impact of declining physical function on their ability to care for themselves in daily life.

Table 3: Analysis of Service Needs Differences Among Different Age Groups in Rural Areas

Demand type	60-70 years old (n=102)	71-80 years old (n=120)	80 years and older (n=106)	F-value/χ^2 value	p-value
Medical assistance services	4.28±0.67	4.56±0.58	4.73±0.49	8.92	<0.001
Meal assistance service	3.2%	5.8%	12.3%	9.87	0.002
Bathing assistance services	2.1%	5.0%	8.6%	7.45	0.006

The age-related differences primarily stem from changes in physiological function. People over 80 years of age generally face multiple chronic diseases and declining mobility, leading to a significantly increased reliance on medical care and daily living assistance. Data shows that the proportion of disabled or semi-disabled individuals in the 80+ age group reached 41.5%, significantly higher than the 8.2% in the 60-70 age group (χ^2=35.67, p<0.001).

3.3.2 Analysis of gender differences

Independent samples t-tests were used to compare the differences in service needs between men and women, and the results supported the research hypothesis. Women's demand intensity for "other services" (including emotional support and humanistic care) was significantly higher than men's (mean 4.12±0.76, mean 3.65±0.85), t=4.28, p<0.001. Specifically, women's expressed demand for psychological counseling and companionship/communication (68.3%) was significantly higher than men's (45.6%) (χ^2=15.43, p<0.001). Although there was no significant difference in the demand rate for medical assistance services between men and women (χ^2=0.87, p=0.351), there were differences in the content of the needs. Women were more concerned about chronic disease management (72.5% vs 58.2%, χ^2=7.89, p=0.005), while men were more concerned about acute disease treatment (63.7% vs 51.0%, χ^2=5.67, p=0.017).

Table 4: Analysis of Service Needs Differences Between Genders in Rural Areas

Demand type	Male (n=147)	Females (n=181)	t value / χ^2 value	p-value
Emotional comfort services	3.65±0.85	4.12±0.76	4.28	<0.001
Chronic disease management	58.2%	72.5%	7.89	0.005
Acute disease treatment	63.7%	51.0%	5.67	0.017

Gender differences reflect the continuation of traditional social role divisions. Women are more inclined to express emotional needs, and their social support networks are primarily based on emotional exchange; while men focus more on functional needs, paying more attention to problem-solving rather than daily management in terms of health. Group difference analysis reveals the significant impact of age and gender on the demand for elderly care services. These differences stem from the interaction of physiological conditions, social roles, and cultural backgrounds, providing a scientific basis for developing differentiated service policies.

3.3.3 Main Discussion

First, the basic service needs exhibit common characteristics. Medical assistance (97.6%), security visits (95.1%), and cleaning services (93.9%) are the core needs, reflecting that rural elderly people are most concerned about health maintenance, safety, and basic living care. This aligns with Maslow's hierarchy of needs, indicating that current rural elderly care needs are still concentrated at the physiological and safety levels.

Secondly, the demand structure exhibits significant ethnic differences, with ethnic minority elderly people having emergency assistance needs 16 times higher than Han elderly people. The demand rate for emergency assistance services in the ethnic minority group (8.2%) is 16.4 times that of the non-ethnic minority group (0.5%) (OR=15.988). This difference may stem from three factors: first, geographical factors: ethnic minorities often live in remote mountainous areas with weak infrastructure, resulting in prominent emergency needs such as water and electricity maintenance; second, economic factors: ethnic minorities have a higher proportion of low-income households (38.2% vs 16.1%), with limited purchasing power, making them more reliant on government-provided emergency services; and third, cultural factors: unique residential patterns (such as Yi ethnic minority villages) increase collective emergency needs.

Finally, the needs of vulnerable groups exhibit a cumulative effect. While characteristics such as advanced age, disability, and living alone do not directly predict emergency assistance needs, they create a cumulative effect with ethnic factors. Although the proportion of elderly people living alone among ethnic minorities is low (9.1% vs 22.0%), their relatively complete community support networks actually reduce the risk of living alone, a finding that challenges the traditional assumption that "living alone equates to vulnerability." However, at the same time, increasing age and declining self-care ability significantly increase the demand for medical care; living alone significantly impacts the demand for security visits; and women have a significantly higher need for emotional support than men. These findings confirm the theory of social vulnerability, indicating that the elderly who are old, disabled, living alone, and women face multiple disadvantages in the elderly care service system. In particular, the needs of elderly people living alone (17.7%) and disabled elderly people (20.4%) deserve special attention.

4. Construction of Rural Home-based Elderly Care Service System under the Background of Rural Revitalization

4.1 Spatial Layout Optimization and Service Network Gradient Construction

The current rural elderly care service system faces structural contradictions, most notably the coexistence of rigid service demand and insufficient effective supply. The sustainable operation of village-level service stations in ethnic minority areas and remote regions is particularly difficult, becoming a key bottleneck restricting the system's development. To adapt

to the complex terrain and scattered villages in rural Sichuan, a four-tiered service network of "county – township – village - home" should be constructed. County-level disability care institutions, as core nodes, should undertake professional long-term care functions. Survey data shows that disabled and semi-disabled elderly people account for 20.4% of the rural elderly population in the sample; therefore, it is recommended to establish ethnic minority care zones in county-level institutions and assign bilingual nursing staff to meet cultural and linguistic needs. Township-level regional elderly care service centers need to strengthen their outreach functions. Given the significant ethnic differences in safety visitation needs ($p<0.001$), visitation resources should be strengthened in areas inhabited by ethnic minorities. Village-level mutual aid elderly care service stations, as key nodes in the system, should establish emergency repair service points in ethnic minority villages, taking into account the high ethnic differences in emergency service needs (OR=15.988). Neighborhood mutual aid points are established based on central households, and are rationally distributed in concentrated villages, taking into account the differences in the distribution of elderly people living alone (9.1% of ethnic minorities vs. 22.0% of non-ethnic minorities).

4.2 Differentiation of Service Content and Innovation of Integrated Medical and Elderly Care Models

Significant differences exist in service needs among different ethnic groups. Emergency assistance needs account for 8.2% of those among ethnic minorities, far exceeding the 0.5% among non-ethnic minorities ($p<0.001$; OR=15.988); security patrol coverage is higher among non-ethnic minorities (98.2% vs 89.1%, $p<0.001$); and the need for emotional support services is also more prominent among non-ethnic minorities (56.9% vs 41.8%, $p=0.008$). Given the near-universal coverage of medical assistance services (97.6%), a "1+1+X" integrated medical and elderly care model should be implemented, namely, equipping each administrative village with a family doctor team, a digital health platform, and several specialized service projects. Considering the high incidence of chronic diseases among elderly people from ethnic minorities (68.2%), ethnic medicine services can be integrated. Deepening the "integrated medical and elderly care" model and other key areas, exploring new models and formats for the integrated development of the main elderly care service industry, related industries, and derivative industries, releasing the potential of elderly care consumption, and continuously expanding the scale of the county's silver economy. In addition, IoT technology should be widely used to improve service accessibility, including equipping elderly people living alone with smart bracelets to monitor their activity trajectories, deploying remote diagnosis and treatment systems at village-level sites to enable county-level experts to conduct collaborative consultations, and developing smart elderly care applications in both Yi and Han languages and Miao and Han languages to lower the threshold for digital use through voice interaction.

4.3 Enhancement of Multi-faceted Collaborative Mechanisms and Operational Sustainability

The government should play a safety net role and implement differentiated subsidy policies based on ethnic differences in the distribution of low-income assistance (38.2% of ethnic minorities vs. 16.1% of non-ethnic minorities). Rural elderly people show a highly consistent demand for basic services, with demand rates for medical assistance, security visits, and cleaning services reaching 97.6%, 95.1%, and 93.9% respectively, reflecting their widespread concern for health maintenance, safety, and basic living care. It is recommended to establish a basic service package covering core items with demand rates exceeding 90%; issue emergency service vouchers to ethnic minority low-income recipients; and promote long-term care insurance, prioritizing coverage for disabled and ethnic minority elderly groups. Simultaneously, social forces should be actively guided to participate, and village-level service facilities should be constructed through diversified cooperation models [4], outsourcing the operation of bathing and cleaning services, and issuing consumer vouchers to activate the potential market. Support and promote the "central household + surrounding households" mutual assistance model and improve the management of mutual assistance service files.

4.4 Recommendations for Policy and Institutional Optimization and Systemic Safeguards

To strengthen institutional guarantees, it is recommended to incorporate rural home-based elderly care into the performance evaluation system for rural revitalization, and establish three categories of indicators: service accessibility, service quality, and ethnic sensitivity. Specifically, these include village-level station coverage, service response time, and bilingual service coverage. In terms of management mechanisms, an integrated digital platform should be built, covering three modules: demand assessment, service scheduling, and quality supervision. Big data analysis should be used to predict service demand and optimize resource allocation. Talent development should be based on a localization strategy, cultivating professional caregivers who are proficient in ethnic languages, recruiting rural elderly care workers familiar with local customs, and guiding college students to participate in volunteer services through returning to their hometowns, thereby forming a stable and professional human resource support for rural elderly care services. Y County is encouraged to improve its county-level economic development based on the rural revitalization strategy, incorporate rural home-based elderly care into the overall planning of the county-level elderly care service system, promote the transformation and upgrading of rural nursing homes into township (street) regional elderly care service centers, strengthen their ability to radiate and drive village-level elderly care services, and provide diversified services such as life care, medical rehabilitation, spiritual comfort, and social participation for rural elderly living at home by integrating resources from multiple parties [5].

5. Research Limitations and Prospects

This study has the following limitations: the sample area is concentrated in southern Sichuan, failing to cover special geomorphological areas such as the western Sichuan plateau and the surrounding mountains; it mainly uses cross-sectional data, making it difficult to reveal the dynamic changes in demand; and it lacks sufficient exploration of deeper factors such as ethnic culture, customs, and beliefs. Future research

can delve deeper into the following directions: expanding the research scope to different geomorphological regions in Sichuan Province, with particular attention to the Tibetan plateau and Qiang ethnic minority areas; establishing a five-year dynamic monitoring mechanism to track changes in demand; employing ethnological fieldwork methods to deeply explore the impact of cultural factors on the demand for elderly care services; and developing smart elderly care products and service models adapted to ethnic minority areas. Through continuous and in-depth research, this study aims to provide theoretical support and practical guidance for building a rural elderly care service system with Sichuan characteristics and adapted to the requirements of rural revitalization, ultimately achieving the goal of "providing for the elderly, ensuring their well-being, and enabling them to enjoy life."

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References

[1] Exploring the "Xuyong Practice" of Actively Addressing Population Aging_Elderly Care Services_Major Livelihood Information_Statutory Proactive Disclosure Content_Information Disclosure_Xuyong County Government Website

[2] Reply from Xuyong County Civil Affairs Bureau to Proposal No. 99 of the Second Session of the 15th Xuyong County CPPCC_CPPCC Proposals_Suggestions and Proposals_Statutoryly Disclosed Content_Information Disclosure_Xuyong County Government Website

[3] Zeng Fusheng. Theoretical analysis of the needs of the elderly and discussion on the satisfaction of the needs of the elderly [J]. Western Journal, 2021, (02): 55-57. DOI: 10.16721/j.cnki.cn61-1487/c.2021.02.017.

[4] Li Changyuan. From Fragmentation to Holism: A Practical Approach to the Governance of Rural Elderly Care Services [J]. Journal of Yunnan Nationalities University (Philosophy and Social Sciences Edition), 2024, 41(06): 51-58. DOI: 10.13727/j.cnki.53-1191/c.20241028.001.

[5] Chen Jihua, Shen Menghao. Research on the relief path of rural home-based elderly care services under the background of rural revitalization - based on the perspective of ecosystem theory [J]. Hubei Agricultural Sciences, 2022, 61(18): 251-25.

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