A Study on the Mechanisms for Promoting Pilot Reform Policies in Home and Community-Based Elderly Care Services

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Abstract: China has launched pilot reform measures for community-based and home-based senior care services in recent years. This begs the question: what specific dissemination processes are involved in this pilot change and what logic of policy diffusion supports it? The pilot reform in home and community-based elder care services is the subject of a case study in this research. The results show that the national and local governments' reciprocal relationships lead to the promotion of pilot initiatives. The central government prioritises the expansion of pilot coverage and improvement of service quality, while local governments, driven by dual incentives and 'symbolic evaluations,' continuously learn and enhance public service quality. The conclusions of this study provide a perspective of central-local interactions for understanding policy diffusion and constructing an analytical framework for the motivations and mechanisms at different stages of policy piloting. It also offers practical insights for improving the quality of public services.

Keywords: Policy Diffusion, Policy Piloting, Elderly Care Services, Public Service Policy

1.   Introduction

General Secretary Xi Jinping wrote in the 20th National Congress report that China must 'Implement a national strategy to actively cope with population ageing, develop the elderly care business and the elderly care industry, optimise services for widows and orphans, and promote the realisation of basic elderly care services for all elderly people' [1]. China has declared addressing the ageing of its population a top priority for national development, highlighting the necessity of fortifying the establishment of an aged care system to guarantee that all senior individuals have access to fundamental services. According to the 14th Five-Year Plan, 'the Party and the State attach great importance to the cause of ageing and the development of the elderly service system' [2]. This plan suggests the establishment and enhancement of basic systems of elderly care at the national and local levels, as well as ensuring the quality and accessibility of services through a network of elderly care services that integrate home, community, and institutional care.

The elderly population in China is already large and the increase in its ageing population is occurring quickly. This issue is causing significant problems that require research, for example, despite the structure of their needs shifting from survival to development, the causes of the increase in the elderly population and the uneven and underdeveloped elderly services lack insight. Moreover,

other issues are primarily manifested in the low level of elderly services in rural areas, the lack of high-quality universal services and home-based community elderly care, the lack of professionals (particularly caregivers) and the need to strengthen scientific and technological innovations and products. To alleviate these issues, support must be increased and industry and business synergistic growth must be improved. The work is difficult and demanding, however, the urgency of developing an ageing business and service system that is in step with China's ageing population is becoming more widely recognised [3].

The proposal and implementation of these policies reflect the reality of the growing trend of ageing in China, which can be seen more clearly in additional data. The Seventh National Population Census predicted that by 2020, there would be 264 million people in China aged 60 or older, accounting for 18.7% of the country's total population; this census also predicted there would be 190 million people aged 65 or older, making up 13.5% of the population [4]. In addition, China's National Health Commission estimated that by the end of 2021, there would be 267.36 million individuals in the country aged 60 or older, making up 18.9% of the entire population and 2050.06 million people who are 65 years of age or older, making up 14.2% of the overall population. When it comes to people 65 and older, the reliance ratio is 20.8% [4]. These numbers clearly show the increasingly severe trend of China's ageing population.

The Chinese government is also supporting programs pertaining to the elderly in response to the trend of an ageing population. The number of senior care facilities and institutions (including community-based and elderly care facilities) nationwide grew from 116,000 to 329,000 during the '13th Five-Year Plan' period and the number of beds increased from 6,727,000 to 8,210,000. Additionally, the State is actively encouraging the construction of related facilities to address the needs of the elderly in the community and at home. By 2025, the number of regional elderly service centres at the township (street) level is expected to reach 60% and the centres' services will complement those of community-based elderly care institutions, allowing them to work together to create a 'one-minute-per-hour' circle of services for the elderly at home. This demonstrates that China's ageing population is already a very significant issue and that the government places a high priority on creating policies for senior care, particularly those that are centred on homes and communities.

Studies on elderly policies are also being conducted in academia. These studies have either adopted the new public service theory to analyse the collaboration between the government and the third sector to provide quality elderly services [5, 6, 7] and improve the construction of a service-oriented government in China or they have used the welfare pluralism theory to advocate for the participation of multiple subjects in elderly services [8, 9]. The majority of these studies have looked at the method and content of providing aged care services from the viewpoint of local governments [10, 11]. However, to fully support the development of senior care services in China, both at home and in the community, the elderly care service delivery process has to be supplemented from the standpoint of central-local interaction. In order to extract useful empirical techniques, this study uses the policy pilot theory to examine the policy process in the pilot reform of home-based community senior care services in China.

Currently, there have been policy pilot studies focusing on the relationship between local and central government games and interactions, corresponding to the derivation of different types of policy pilots and in-depth analyses of the differences, strengths and weaknesses of these types of policy pilots [12, 13]. There have also been studies exploring the process of policy pilot expansion and its emergence from the policy process differentiation factors of heterogeneous outcomes as a way to summarise the key policy variables in policy diffusion [14]. However, there are few studies on public goods and public service policy; the majority of the aforementioned policy pilot studies are found in the areas of environmental, economic, health, education and welfare policy. Research on

service-oriented government and government procurement of public services has steadily improved in tandem with reforms to China's government. Moreover, a great deal of practical experience has been accumulated in the supply of public services in the policy practice and academic research on service-oriented government and government purchasing of public services has been gradually enhanced along with the transformation of China's government functions. In addition, China's ageing process is accelerating, making it more urgent to conduct research and promote home-based community elderly care services.

Therefore, in order to expand home-based community care services in China, it is crucial to summarise and analyse the practical experience of these services. The main research question this article explores is: how can public service pilot programs finish the proliferation stage? This is based on the background information and present circumstances mentioned above. In order to determine what stages China's pilot reforms on home-based community care services have gone through, why their policy pilots have been successful, what pilot mechanisms have been able to drive the policies' operation, and what lessons these pilot reforms have provided for the full-scale diffusion of home-based community care services in China, this study will apply the theory of policy piloting to analyse China's pilot policies on home-based community care services from 2016 to the present.

2.   Analytical Framework for Public Service Policy Pilots

The supply-demand connection in senior care is predominantly examined by current research on home and community-based elderly care services using theoretical frameworks such as social support, welfare pluralism and new public service. However, studies focusing on policy piloting for these services from a public policy perspective remain relatively scarce. Existing research predominantly analyses the objectives, models, strategies, progress, outcomes and challenges of elderly care service pilots, aiming to establish unified standards for assessing service demand. While local pilot programs provide valuable demonstration effects, they fail to adequately address a key methodological question: how can the phased diffusion of home and community-based elderly care service policies be achieved? And, more broadly, how can the phased diffusion of public service policies be achieved?

Policy piloting is a distinctive policy tool and theoretical approach in China, designed to mitigate risks associated with policy implementation. Although policy piloting shares common goals with experimentalist governance and policy experimentation, there are notable differences between them. Experimentalist governance emphasises specific peer-review mechanisms. According to Charles F. Sabel and Jonathan Zeitlin, local units in experimentalist governance communicate their development and peer review in reports, thus such mutual learning and accountability are established under the same goals [15]. Zhu Xufeng and Zhao Hui suggested that experimentalist governance is an approach based on top-down approaches where local councils are allowed to try out new things and move them around within a central policy framework [16].

Policy experimentation, on the one hand, relies more on scientific experimental planning if it is implemented in policy. In an article written by Liu Ran, the term 'policy experimentation' is linked with policy practices and scientific experimental design [17]. In 'Policy Piloting: China's Solution,' Ma Liang noted that the majority of developed states actually opt for policy pilot projects which are rooted in behavioural research and evidence-based judging, whereby the credibility of policies is established through randomised controlled trials and causal inference [18].

The concept of policy piloting is perceived by Li Zhuang as a policy innovation producing approach in China's national governance strategy [19]. This is one of the basic forms of 'China metaphor.' At the same time, Huang demonstrated that pilot projects are a means of mitigating the possible negative effects of direct policy by removing the controversy of policy debates and providing China with a needed source for changing public policies [20].

The policy piloting process typically comprises three stages: policy exploration, central adoption and policy dissemination. According to Yang Hongshan and Zhou Xinyu, China's strategy of policy experimentation is an institutional setting that has been changing earliest along through the plans [21]. After establishing a new policy framework, particular locales are selected to conduct field trials. Through ongoing intergovernmental dialogues, the abstract category of knowledge is continuously constructed out of local practices and then included in the logical thought process. Elsewhere, public governance is more flexible as newly found information about the new procedures and arrays of policies is used for the introduction of the framework.

Policy piloting is one of the central arguments that defines the polity and permits government regulation in a more flexible manner, not only at the top but at every level of government. The current discourse on policy piloting is mainly on the following dimensions. Firstly, this discourse is concerned with looking carefully at the interplay of organisations within the context of central-local relations [22 - 26]. The central government, through the use of a framework of 'overall planning, preliminary design, and holistic layout,' selects the regulation of local governments. This process is intended for goal and outcome-oriented governance and gives the local governments a certain discretionary strength to comply with macro-level central requirements. The rational exercise of residual control rights gives local governments the ability to reinvent and change their policies, as they can respond flexibly and act on their own. The smooth management of regulation is what the pilots are going to use as their continuing venture. Policy formulators and advocates of this form use experiments and practices to calibrate policy objectives and tools so as to adapt to the intricate and constantly changing policy environment.

The second area of discourse on policy piloting concerns the specifics of the stage-by-stage processes and the varied results of the pilot operations [27, 7, 28, 29]. Studies have confirmed that it is more strategic to apply policy in public politics, with pilots being at the same time a part of the wider policy enforcement and an instance of innovation in governance. Successful advancement of the pilot requires a close focus on the important elements, like the correct allocation of responsibilities, the amount of funding and the capacity and know-how of those who implement the plans. Because of uncertainties and constraints in policy piloting, issues such as the security of funding, the creation of well-designed implementation plans and the professionalisation of institutions become very important. There are two main phases of the piloting period, the 'pilot before full implementation' and 'expansion from points to broader areas' – which is organised around three key stages: policy exploration, central adoption and dissemination.

The third discourse area surrounding policy piloting concerns policy diffusion. From the academic perspective, it can be stated that the successful initial stage of pilots will transition from the local context to the city level and sometimes to the whole country. For instance, Yang Zhi and Cao Xian pointed out that policy pilots operated strictly from the top level of the government are in danger of falling into formalism or pursuing performance goals only [30]. The inclinations of local governments to stick to the surface and neglect the depth of the ecological effectiveness are the issues easily taken over by the pilots lacking grassroots support and an inability to sustain innovation. Again, policy innovation and diffusion may be hampered due to a lack of attention, as observed by Zhu Yaping [31].

Moreover, policymakers and implementers trying to handle numerous pilot programs may get entangled in their tasks and thereby produce pilots of different quality levels. This diversion of attention reduces the necessity of going deeper into the policy pilot, causing the weakening of the diffusion outcomes. Furthermore, according to Yang Zhi and Wei Shu, the rapid development of policies through the 'policy blast' method could ignore the situation's ability to adapt and therefore cause strong opposition to occur [32]. The fast deployment of pilot policies, often without the necessary experimentations and evaluations, can lead to inefficiencies and resource wastage.

One notable defect in the existing research on public service policy promotion is that the majority of the studies are aimed at the models and mechanisms, while avoiding a thorough insight into policy attributes. This an important oversight as policy attributes show great influence on the applicability of policy diffusion. The primary essence of public services is their public nature. From the process side, public services mainly include actions, activities and processes. From the result side, they also relate to products, services, responsibilities and functions. What this means is that services are supposed to be provided by the government not in terms of forms that need to be accomplished but as the first stage of a process that develops if the goals set by the government are achieved.

Moreover, public services undergo the whole supply-demand process with its providers, delivery agents and recipients. While general economic policies might be pursued to meet the needs of the recipients directly, service provision is not feasible as it needs provider-agent cooperation. Thus, the public service policy pilots become increasingly complex. The result is a specific and unique perspective on the promotion of public service policy from policy attributes.

The goal of this study is to thoroughly examine the spread mechanism of the pilot reform policy for home and community-based elderly care services. The pilot stage, the implementation stage and the dissemination stage are the three phases of policy piloting. The relationship between the national and local governments must receive particular attention across these phases, with a focus on the crucial influencing elements at each stage. This study aims to analyse the promotion process of public service policy pilots and investigate the reasons behind the phased diffusion of policy pilots. Based on these considerations, it proposes an analytical framework and uses the six rounds of pilot reforms in home and community-based elderly care services as a case study.
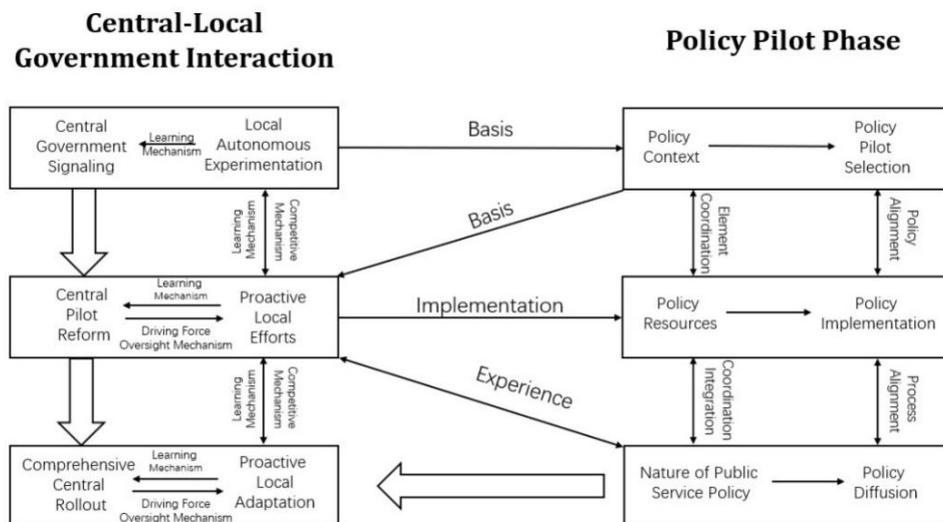

Figure 1: Analytical Framework for Public Service Policy Pilots.

3. Actions by the Central and Local Governments at Various Pilot Stages of Home and Community-Based Elderly Care Service Reform

3.1. First Stage: Central Government's Signal Transmission and Local Government's Independent Experimentation

The general framework of the elderly care service system was first thoroughly described in the 2000 Decision of the Central Committee of the Communist Party of China and the State Council on Strengthening Aging Work, which specifically emphasised that 'family-based elderly care serves as the foundation, community services as the support, and social elderly care as the supplement' [33]. The development roadmap for the elderly care sector was methodically laid out in 2013 by the State

Council's Several Opinions on Accelerating the Development of the Elderly Care Service sector. In order to provide a strong basis for future implementation and revisions, the paper created the policy direction of a 'three-in-one' senior care service system (home-based, community-based and institutional care) [34]. Using special central fiscal funding to assist pilot programs for home and community-based senior care services was first proposed in the Notice on Central Fiscal Support for Home and Community-Based Senior Care Service Reform Pilots in 2016. This effectively alleviated financial constraints on funding [35]. This demonstrates that from 2000 to 2016, the central government's emphasis on home and community-based elderly care steadily increased, highlighting its central role within the overall elderly care service system.

Local governments actively investigated the socialisation of social welfare, especially during the 11th Five-Year Plan era, when plans for the growth of the senior care service sector were developed, demonstrating their proactive efforts. In reality, local governments developed a number of models for home-based and community-based senior care services, including the enterprise-led elderly care service model in Kunming, the comprehensive and standardised elderly care service model in Shanghai and the volunteer service model in Wuhan. A rising corpus of research on government procurement of public services has evolved as a result of the changing activities of the Chinese government.

This research focuses on providing diverse public services through the interaction of multiple stakeholders, including governments and social organisations, with elderly care services being a key component. The idea of equalising public services made significant progress in the growth of China's public service sector over the 12th Five-Year Plan era. Therefore, the pilot models of the tenth through the twelfth five-year plans might be characterised as an 'initiative diffusion model.' Local governments were encouraged to take the initiative under this model, which was directed by the macro vision and value orientation of the central government.

By maintaining relatively modest experimental expenses and implementing a lenient assessment system based on incentives and sanctions, the central government encouraged local governments to carry out autonomous explorations and experiments. This made it easier for policies to move from conventional to experimental methods, which were inherently strongly related to the capacity of local governments to make policies. Local governments leveraged policy guidance as a driving force, geographical advantages as an attraction and technological innovation as a booster, forming a self-driven mechanism for governance innovation at the local level. All things considered, the central government was able to anticipate the possible rationale of home and community-based senior care services thanks to the independent trials carried out by local governments, providing a strong basis for the subsequent stage of policy pilots.

3.2. The Second Phase: Central Pilot Reforms and Local Proactive Initiative

During the '13th Five-Year Plan' period, China's elderly care service system continued to adhere to the principle of 'home-based care as the foundation, supported by community services.' The Notice on Central Fiscal Support for Pilot Reforms in Home and Community-Based Elderly Care Services highlighted that the central government, through dedicated funding, supported selected provinces and cities in conducting pilot reforms for home and community-based elderly care services. The goal was to explore and promote replicable models, laying a foundation for the nationwide construction of the elderly care service system [35].

According to the Notice on Identifying the First Batch of Pilot Areas Supported by Central Fiscal Funds for Home and Community-Based Elderly Care Service Reforms, the first 26 pilot areas were designated, with clear reform goals, tasks, and implementation measures. The outcomes of these pilot programs were intended to serve as references for other regions, accumulating the experience necessary for nationwide promotion [36]. The Notice on Launching the Second Batch of Pilot Areas

Supported by Central Fiscal Funds for Home and Community-Based Elderly Care Service Reforms expanded the scope of pilot programs based on the first batch. New regions were added to deepen the reforms, gradually optimising service models and laying a more solid foundation for comprehensive nationwide implementation [37].

This demonstrates that the central government views pilot programs as a critical step in evaluating and validating policy directions. The pilot reforms primarily rely on a process of application, review, monitoring and evaluation to maintain comprehensive oversight of the progress in home and community-based elderly care service reforms. First, local governments apply based on their specific developmental circumstances. Applications are reviewed by provincial governments and then submitted for central approval. Subsequently, an expert review panel scores and ranks the applicant regions, selecting those with a solid foundation for home and community-based elderly care services as pilot areas.

In the process of competing for pilot program qualifications, local governments are required to take proactive measures to stimulate enthusiasm for their applications. Once selected as pilot units, local governments must accept regular monitoring and evaluations by the central government, cooperate with assessments of the pilot reform progress and adhere to a corresponding reward-and-punishment mechanism. Throughout this process, a positive interactive relationship develops between the central and local governments. Local governments gain legitimacy by undertaking central tasks while continuously refining their policy implementation plans.

The organisational process of the pilot programs can be divided into two phases: preliminary pilots and parallel pilots. The preliminary pilot phase focuses on localised exploration, while the parallel pilot phase expands to broader implementation. During the parallel pilot phase, the effectiveness of the preliminary pilots is influenced not only by the central government's review, evaluation and selection but also by the active engagement and comprehensive governance capabilities of local governments. Therefore, maintaining a positive and interactive relationship between the central and local governments is particularly crucial.

3.3. The Third Phase: Central Comprehensive Promotion and Local Proactive Adaptation

On the basis of significant achievements in the pilot units, the central government conducted a comprehensive evaluation and confirmed the critical value of home and community-based elderly care policies for overall development. Consequently, the decision was made to implement a comprehensive nationwide promotion. For instance, relevant policy documents explicitly stated that by 2020, a complete elderly care service system - 'home-based care as the foundation, supported by community services, and supplemented by institutional care' - should be fully established. The articulation of this goal marked the formal transition of home and community-based elderly care services from the pilot phase to nationwide implementation, addressing the growing demand for elderly care services [38].

In addition, relevant policies set a target that by 2025, the coverage rate of regional elderly care service centres at the township (sub-district) level should reach 60%, forming a complementary relationship with community-based elderly care institutions to jointly build a '15-minute home-based elderly care service circle.' This initiative aims to further deepen and promote the home and community-based elderly care service model, expand service coverage, improve service quality and better meet the needs of an ageing society [39]. It is evident that the comprehensive promotion of central policies is typically based on the phased achievements of pilot units. The systematic evaluation of pilot policies, with in-depth involvement from expert groups, is particularly important to ensure the scientific rigour and feasibility of the policies. This approach enables the policies to better address the growing demand for elderly care services in China.

At this stage, in addition to the local governments that have already served as pilot units, other regions that have not yet participated in the pilot programs are required to adjust and optimise the promoted policies based on their specific local conditions following unified directives from the central government. The core objective is to ensure that local practices of home and community-based elderly care services can meet the needs of an ageing society through diversified service providers and varied service content. Simultaneously, by reforming public service practices, the aim is to continuously enhance national governance capacity and improve government efficiency.

In the third phase of comprehensive promotion, the central government's policy leadership and the adaptive implementation by local governments reflect China's unique political system and policy characteristics. The central government maintains a dominant role in policy implementation, while local governments act as the primary executors. However, considering the diversity across regions in China, central directives also allow local governments a certain degree of discretionary space, achieving a balance between central authority and local autonomy.

4. The Practical Logic of Home and Community-Based Elderly Care Service Pilot Reforms

4.1. Integrating Policy Context and Holistically Considering Pilot Selection

The first step in pilot work is determining the pilot units, with selection methods primarily including application-based approval and central delegation. Regardless of the approach, it is essential to meet the corresponding selection criteria. The central government conducts a comprehensive evaluation of local governments' actual conditions, considering factors such as the size of the elderly population, the level of ageing, economic and social development and fiscal capacity.

From the current distribution of pilot programs, initial efforts were mainly concentrated in the eastern and central regions, gradually expanding to the western regions. Taking Shanghai as an example, data from the Fifth Population Census showed that the population aged 65 and above accounted for 11.5% of the total population of the city [40]. According to the Sixth Population Census, the population aged 65 and above accounted for 10.12% of Shanghai's total resident population [41]. According to the Seventh Population Census, the population aged 65 and above accounted for 16.3% of Shanghai's total resident population [42]. It is evident that Shanghai's level of ageing far exceeds that of other regions, while its economic development also ranks among the highest in the country. More importantly, Shanghai began exploring elderly care service models during the Tenth Five-Year Plan period, demonstrating a solid foundation in public service capabilities.

The examination of factors influencing local government pilot programs is essentially aimed at creating a conducive policy environment for pilot implementation. The effective execution of a policy depends on multiple aspects, including its objectives, organisational structures, technical tools and policy environment. The policy environment, as the foundational condition for policy development, encompasses political, economic, socio-cultural and natural dimensions. These factors collectively form the core components of the policy subsystem during implementation, while the central government's support and authority serve as key guarantees in the external policy environment. Throughout the five rounds of pilot programs, the central government has consistently provided strong financial support to local governments. Special funds, jointly managed by the Ministry of Civil Affairs and the Ministry of Finance, ensure dedicated and exclusive use of these resources to promote the implementation of home and community-based elderly care service policies.

4.2. Integrating Policy Resources and Systematically Advancing Policy Implementation

Once local governments obtain pilot program qualifications, policy implementation becomes a critical phase in the pilot process. According to policy process theory, the clarity of policy objectives plays a decisive role in the selection of policy tools, the modes of policy dissemination and the

effectiveness of achieving intended goals. During execution, policy implementers distinguish between policy types, gradually transforming the experimental nature of policy implementation into administrative execution. At the same time, the dominant factor in policy implementation shifts to a reliance on resources. In the context of home and community-based elderly care service pilot reforms, the transition to administrative execution is not due to unclear policy objectives but is instead determined by the inherent attributes of public service policies. These attributes inherently necessitate a reliance on resources, making such dependence an essential requirement for effective policy implementation.

During the implementation of pilot policies, local governments must clearly define the specific tasks of the current pilot program. The home and community-based elderly care service pilot reforms divide their objectives into routine goals and innovative goals. Routine goals primarily include the establishment of organisational structures, the supply of elderly care services and the refinement of tasks unique to each pilot region. Innovative goals focus on aligning elderly care services with local realities, integrating them with poverty alleviation efforts and addressing the specific needs of vulnerable groups, thereby achieving a more refined and targeted policy framework. This indicates that the pilot reform tasks are a phased elaboration of the overarching goals of home and community-based elderly care services, aiming to comprehensively improve service quality.

To achieve these tasks, local governments must integrate policy resources effectively. The pilot reform for elderly care services requires coordination between central and local government resources to ensure the simultaneous advancement of infrastructure (both physical and digital) and the development of service personnel. For instance, local governments may purchase, renovate or lease older residential areas to repurpose them as elderly care facilities, while also improving the professional capabilities of elderly care service personnel through training and certification programs.

Considering spatial and temporal factors is also critical, as constructing 'elderly care service circles' enables the delivery of convenient and efficient services. For example, some regions have transformed idle properties into elderly care venues or provided community spaces free of charge for social organisations or care institutions. Integrating scientific and technological tools is another essential strategy; smart services can be provided through information platforms. Cities such as Shanghai and Beijing, for instance, have developed elderly care service information platforms to integrate resources, offering convenient information access and service options for elderly residents.

Through resource integration, local governments have achieved a comprehensive alignment of elderly care services, including infrastructure development, spatial and temporal considerations and technological integration. This approach has promoted the sustainable development of elderly care services. For example, elderly care stations, daytime care centres and community hospitals have been integrated, enabling diverse entities to become providers of multi-dimensional elderly care services. However, while pilot reforms have enhanced service capabilities and safety guarantees, there remain significant weaknesses in addressing the mental and emotional needs of elderly individuals.

4.3. Grasping the Policy Process and Gradually Advancing Policy Diffusion

Through the above analysis, it becomes clear that functional positioning, resource allocation and authority structures are key factors influencing the implementation and diffusion of pilot reforms. During the pilot process, the central government not only selects pilot regions and facilitates the implementation of pilot policies but also drives policy diffusion from a macro, system-wide perspective. In fact, existing pilot reforms have already achieved localised policy diffusion to some extent. The central government conducts annual evaluations of pilot performance in local regions, summarising successful experiences and promoting them to other areas, thus establishing a mechanism for policy learning and mutual reference.

The diffusion of pilot programs generally adheres to the principles of feasibility and inclusiveness. Based on the pilot tasks and performance outcomes, pilot regions have completed foundational objectives while developing unique advantages. For instance, Beijing, Shanghai and Liaoning have made significant progress in exploring integrated, refined and high-quality development of home and community-based elderly care services. These regions effectively integrate family and community elderly care resources to provide both essential and personalised services for older adults.

Similarly, provinces such as Hebei and Sichuan have gradually developed basic elderly care services like assisted bathing, meal support and medical assistance. In addition, within some regions, the elderly care service systems have exhibited a gradual development trend. For example, Shanghai not only focuses on building a foundational service system but also strives to enhance overall service quality, fostering diversified elderly care services within the region.

The promotion of home and community-based elderly care services is a process that combines local government strengths and advances gradually. Factors such as local governments' resource endowments, management capacities, neighbourhood effects and pilot experiences all influence the adoption rate of pilot reforms as well as the breadth and depth of policy diffusion.

Therefore, the central and local governments must comprehensively consider the 'clarity of pilot program content, the urgency of the issue, the difficulty of execution, the level of policy support, and the interplay of authoritative pressure' [43]. By reasonably understanding the mechanisms behind policy pilot initiation, the gradual expansion of pilot programs can be effectively promoted.

4.4. The Operational Mechanism of Home and Community-Based Elderly Care Service Pilot Reforms

The advancement of pilot reforms is the result of collaborative interactions between the central and local governments. The central government places a strong emphasis on expanding the scope of pilots and improving service quality, while local governments, driven by dual incentives and symbolic evaluations, continuously learn from advanced experiences and enhance service diversity. As a result, during the process of policy diffusion, incentive factors significantly outweigh restrictive factors.

This study categorises this diffusion model as 'supportive diffusion,' which reflects a policy promotion approach characterised primarily by encouragement and guidance.

4.5. Motivational Mechanism: Dual Incentives Under 'Strong Signal Release'

Before the issuance of the pilot reform policy documents for home- and community-based elderly care services, the central government and various State Council departments had already jointly released several key documents. These outlined explicit directives regarding service providers, service content, and implementation plans, laying a crucial policy foundation for the pilot program. For instance: In 2011, the Ministry of Civil Affairs released the Plan for the Construction of the Social Elderly Care Service System (2011–2015), which clarified the objectives and tasks for the construction of the social elderly care service system during the 12th Five-Year Plan period. In 2013, the State Council issued Several Opinions on Accelerating the Development of the Elderly Care Service Industry (State Council Document No. 35 [2013]), proposing guiding principles, basic principles, and main tasks for accelerating the development of the elderly care service industry. In 2014, the General Office of the State Council released Several Opinions on Fully Opening Up the Elderly Care Service Market and Improving the Quality of Elderly Care Services (General Office Document No. 35 [2014]), emphasizing the full liberalization of the elderly care service market and improvement of service quality. In 2015, the General Office of the State Council issued Guidance on Promoting the Integration of Healthcare and Elderly Care Services (General Office Document No. 84 [2015]), providing guidelines on integrating healthcare and elderly care services. Compared to the

central policy documents during the first phase of pilot projects, these documents were more practice-oriented and carried stronger political signals through their frequent issuance. This demonstrated the central government's high level of attention to the reform of elderly care services. Against this backdrop, local governments actively sought pilot qualifications and proactively innovated in elderly care service models. Why, then, did local governments take the initiative to participate in pilot reforms? Where did their motivation primarily stem from?

Political incentives provide local governments with legitimacy support and recognition of their performance in governance. Pilot qualifications not only serve as an acknowledgement of local governments' past and current efforts but also bolster their confidence in advancing home and community-based elderly care service pilots, thereby improving implementation efficiency. Furthermore, being recognised as an 'excellent pilot region' enhances the local government's reputation and standing in intergovernmental relations.

Economic incentives, on the other hand, provide financial support to local governments, further enhancing policy implementation efficiency. The central government supports pilot programs through lottery welfare funds, while local governments offer financial subsidies, bed allowances and ageing-related allowances. Additionally, they support elderly care services through financial credit, land-use incentives and policies such as reduced water and electricity rates.

Under dual incentives, horizontal competition among local governments inevitably emerges. This competition includes spontaneous competition (such as fiscal competition and institutional competition) and yardstick competition. Yardstick competition refers to the process where supervisors or adjudicators compare the performance of competitors, generating incentives through such comparisons. In this way, the top-down incentive mechanism transforms into an intergovernmental competition mechanism.

The key to local governments standing out in pilot selection and evaluations lies in their comprehensive strength. The advantage of the competition mechanism is that it stimulates local governments' enthusiasm, enabling them to accumulate experience in elderly care services and provide valuable references for both the central government and other local governments.

4.6. Learning Mechanism: Enhancing Service Quality Through Multiple Learning Pathways

In the process of policy pilots, when faced with uncertainties in implementation plans, policy executors adopt approaches such as 'observational learning' to draw on the successful experiences of other regions. This has become an important strategy in China's national governance. Intergovernmental learning within policy pilots serves as a key mechanism for policy diffusion, influencing pilot regions, non-pilot regions and the central government alike.

The scope of learning encompasses various aspects, including the construction of home and community-based elderly care infrastructure, the integration of basic services, and the enhancement of diversified, high-quality services. Firstly, pilot regions, after summarising their experiences, engage in policy innovation by drawing on successful practices from other pilot regions and central policy documents. In the initial phase, pilot regions undertook extensive independent experimentation, while the pilot period served as a time for summarising and refining these efforts. For example, Nanjing released the Measures for Further Advancing Community-Based Home Elderly Care in 2015, which improved its information system. In 2016, it implemented home adaptation projects for particularly vulnerable groups, and in 2019, it explored mutual assistance elderly care services and the 'Time Bank' model. These initiatives all drew on successful practices from other regions.

The core principle of home and community-based elderly care services is 'proximity,' which fully leverages family and community resources to provide convenient and high-quality services for elderly individuals. Nanjing's reform case effectively integrated resources from the government,

communities and families, transforming them into diversified services to continually enhance service quality.

Secondly, non-pilot regions improve their local elderly care services by learning from the experiences of pilot regions. Learning is not mere imitation but involves deeply analysing local issues and absorbing and applying successful practices from other regions. Since not all local innovations are suitable for broader diffusion, local governments must consider the alignment between goals and needs when diffusing goal-based innovations, while also balancing learning costs and innovation costs when adopting tool-based innovations.

Therefore, local governments must prioritise rationality and applicability when selecting references for innovation. In practice, pilot programs have gradually developed into three diverse types: basic elderly care services, integrated elderly care services and high-quality elderly care services. Non-pilot regions can select appropriate models based on their specific circumstances to meet the evolving needs of elderly care service development.

4.7. Supervision Mechanism: Efficiency Improvement Under 'Symbolic Evaluation'

To ensure the smooth advancement of pilot reforms, the central government has implemented a tracking evaluation system to supervise the operation of pilot programs. This system involves quarterly and annual progress reports, self-assessments, annual reviews and third-party evaluations, which are submitted to higher authorities to assess pilot performance. Evaluation results are directly tied to the allocation of central special funds.

In the first year, the central government pre-allocates 60% of the special funds. In the following year, the remaining funds are settled based on evaluation results. Regions that pass the evaluation receive the remaining 40% of funds, while regions with exceptional performance receive an additional 10% in reward funds. Conversely, regions that fail the evaluation may face partial or full deductions of funds based on their scores. The annual evaluation results demonstrate that the central government implements clear reward-and-punishment measures during pilot implementation. Thus, the supervision mechanism effectively becomes a means to incentivise local government behaviour, which can be described as 'symbolic evaluation.'

A comprehensive analysis of six rounds of reforms reveals two primary goals of the pilot reforms: 1. To provide diversified elderly care services. 2. To validate the effectiveness and scalability of new service models. Through the interactive relationship between the central and local governments, pilot programs have successfully explored diverse and high-quality elderly care service models, while also driving the localised diffusion of pilot policies.

Efficiency runs throughout the policy process and outcomes. On the one hand, the selection of pilot regions based on economic capacity, organisational readiness, service quality and population structure enhances both the speed and sustainability of policy implementation. On the other hand, from the perspective of knowledge production, pilot reforms have underscored that the core of home and community-based elderly care services lies in delivering high-quality and efficient services.

In conclusion, when analysing why home and community-based elderly care policy pilots have resulted in localised diffusion, it becomes evident that the operational mechanism of pilot reforms operates under strong economic incentives and weak political constraints. The weakening of rigid constraints has instead released strong incentive signals, indicating that the central government has granted local governments sufficient autonomy to explore and innovate. Therefore, by synthesising political and economic factors, the diffusion of second-phase pilot policies can be characterised as a supportive diffusion model, encompassing three primary operational mechanisms: motivational mechanisms, learning mechanisms and supervision mechanisms.

5.   Conclusion and Discussion

Through in-depth analysis, this study reveals the reasons behind the phased diffusion of public service policy pilots. Local governments laid the foundation for policy pilots during the autonomous experimentation phase, while the central government incentivised pilot implementation through political support and policy constraints. Local governments integrated policy resources based on spatial, temporal and technological conditions, fostering the high-quality development of elderly care services. The key factors driving this process lie in the synergistic interaction of intergovernmental motivational mechanisms, learning mechanisms, and supervision mechanisms. This study categorises this diffusion model as supportive diffusion.

A comparison between pilot regions and non-pilot regions indicates that, while demographic factors serve as the trigger for the development of elderly care services, the political and economic support provided by local and central governments represents the core driving force for the advancement of home and community-based elderly care services. Political support is reflected through funding, material assistance and tax incentives to promote public service development, while service quality improvements depend on enhanced policy support, intervention and oversight.

The diffusion of public service policy pilots can be divided into three developmental phases. The first phase is the encouragement diffusion model, in which the central government releases policy signals but provides limited attention and support. Local governments primarily engage in self-exploration, with minimal central intervention. The second phase is the supportive diffusion model, where the central government releases strong policy signals, demonstrates heightened attention to pilot programs and provides increased financial support and tax incentives. Local governments respond by improving existing services and innovating new models. The central government, in turn, summarises local experiences to enhance policy effectiveness.

The third phase is the developmental diffusion model, in which, based on the policy documents of the second phase, pilot programs are comprehensively promoted nationwide. In this phase, policy attention, support, and intervention are further strengthened, with a focus on expanding the scale of public service delivery and enhancing service quality. Local governments adapt central policy principles to develop service models suitable for their specific contexts.

Reflecting on the three stages of public service policy promotion, it becomes evident that the essence of public service requires policy design to emphasise quality. In the comprehensive promotion phase, pilot policies must focus on ensuring policy continuity, shortening the transformation cycle from policy resources to public services and enhancing supervision over the delivery process and service quality through policy alignment.

Currently, public service supply primarily focuses on meeting the physiological needs of elderly populations, while the supply for spiritual needs remains insufficient. In the future, efforts should be directed at addressing the spiritual needs of elderly individuals while meeting their material requirements. By leveraging the proximity advantage of home and community-based elderly care services, diversified companionship and emotional support services can be provided to enhance the overall quality of elderly care.

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