Navigating Home Help Services: Care Needs and Everyday Adaptation among Frail Older Adults Who Have Lost Their Only Child

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Abstract: - As family-based care declines, community-based home help services have become increasingly important for older adults. This study explores how frail older adults who have lost their only child perceive and experience home help services in relation to their care needs. A descriptive phenomenological approach was adopted, using in-depth interviews with 11 participants in Chongqing, China, and thematic analysis. The findings show that home help services provide essential everyday support but are often insufficient to meet continuous, complex, or urgent care needs. Participants responded by adjusting their help-seeking practices and care expectations while balancing available support with personal needs. These findings highlight the gap between service provision and lived care needs, and suggest that improving the coordination and responsiveness of community-based home help services may better support this vulnerable population.

Key-Words: - frail, older adults, home help services, care needs, help-seeking, community care.

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1 Introduction

In 1979, the Chinese government introduced the one-child policy to control population growth and promote socio-economic development. Over time, this policy also led to the emergence of a distinct group of older adults. When an only child dies due to illness or accident, and the parents neither have another child nor adopt, they become "childless" older adults, [1], [2]. This group continues to grow in China. It is estimated that by 2035, the number of childless families will increase by about 76,000 each year, reaching a total of 10 million, [3]. Compared with other older adults, they lack stable family support in daily life. They often experience long-term loneliness and emotional distress and face multiple challenges that affect their health and well-being, [4], [5].

Within this group, frail older adults face greater difficulties. Frailty is commonly understood as a state of increased vulnerability caused by declines across multiple physiological systems. It is characterized by unintentional weight loss, exhaustion, slow movement, and reduced physical activity, [6]. Research has shown that frailty is closely linked to adverse outcomes such as mortality, hospitalisation, falls, and functional limitations, [7], [8], [9]. Without family support, frailty further increases reliance on external care. It also makes everyday life more uncertain. At the same time, population aging is increasing the demand for long-term care, while family-based care is changing. In this context, community-based home help services have become an important means of supporting older adults living at home. These services usually include daily care, health management, and routine support. They are designed to complement, rather than replace, family care, [10], [11]. In China, the "home–community–institution" framework further highlights the role of home-based services, [12]. However, this model still depends on family support. For older adults who have lost their only child, this condition no longer exists. The loss of an only child means not only the loss of emotional support, but also a change in available care resources. As a result, they lack a stable source of care in daily life, [9], [13], [14].

Existing research has primarily focused on the psychological experiences [15], [16], [17] and caregiving challenges [4] faced by older adults who

have lost their only child, or explored eldercare issues at the level of the general older population, [2], [18]. Comparatively less attention has been paid to how frail older adults who have lost their only child perceive, access, and make use of home help services in their everyday lives. Additionally, studies on home-based care have identified problems such as unmet needs, fragmented services, and a lack of continuity, [19]. Other research suggests that older adults may reduce help-seeking to avoid burdening others or to maintain independence, [4]. Together, these studies improve our understanding of care needs and service provision. However, much less is known about how frail older adults who have lost their only child experience home help services in practice, how they interpret the support they receive, and how these services become part of their everyday care. This question is particularly important in the context of disrupted family support, where formal services may assume a more central role in daily life. This study adopts a descriptive phenomenological approach. It explores how frail older adults who have lost their only child perceive and experience home help services in their daily lives.

2 Methods

2.1 Study Design

This study adopts a qualitative design to gain an in-depth understanding of how frail older adults experience home help services in their daily lives. A descriptive phenomenological approach was used, focusing on participants' own perspectives and how they perceive and experience these services in relation to their care needs. This approach is well suited to research that aims to describe lived experience and to stay close to participants' accounts, representing their life world as faithfully as possible, [20], [21], [22]. By drawing directly on participants' narratives, this study captures how frail older adults experience home help services in everyday contexts and reflects the diversity and complexity of their care needs. The design remains grounded in participants' daily lives and allows for a clearer understanding of how home help services operate in practice, as well as where their limitations lie. These insights provide an empirical basis for reflecting on social work practice and improving service provision.

2.2 Participants and Sampling

The study focused on frail older adults who have lost their only child. This group experiences both physical decline and the absence of primary family support. They are the direct users of home help services and the primary service users of these services. Participants were recruited from urban areas of Chongqing. Purposive sampling was used. Potential participants were identified through community institutions and local social organizations. During sampling, attention was paid to variation in demographic characteristics and life situations, including gender, age, and marital status, to capture a range of lived experiences. The inclusion criteria were: (i) aged 65 or above; (ii) having lost an only child; (iii) meeting the operational criteria for frailty based on the Frailty Phenotype proposed by [6], in combination with the Comprehensive Geriatric Assessment Toolkit (CGA Toolkit); and (iv) having used or currently using home help services. Individuals with evident cognitive impairment or with severe mental or physical conditions that could affect communication were excluded. In total, 11 frail older adults (FE1–FE11) participated in the study. Data collection and preliminary analysis were conducted concurrently. After the first nine interviews, the main themes had largely emerged. Two additional interviews were conducted to confirm the stability of these themes. No new themes or substantial information were identified. Data saturation was therefore considered achieved, and recruitment was discontinued. The Frailty Phenotype includes five indicators: unintentional weight loss, reduced physical activity, exhaustion, decreased muscle strength, and slow walking speed. In this study, the presence of three or more indicators was used to identify frailty. Although this criterion was applied for participant selection, frailty is understood here as a dynamic state that shapes care needs and reliance on services in everyday life. Table 1 (Appendix) presents the demographic characteristics of the participants and their use of home help services.

2.3 Data Collection

Data were collected through in-depth, face-to-face interviews. All interviews were conducted in June 2025 in participants' homes to remain close to everyday life and to support natural recall and expression. Each participant took part in one interview, lasting between 27 and 62 minutes. Interviews were conducted in the Chongqing dialect and were audio-recorded with participants' consent. The interviews covered three areas: difficulties in daily life, experiences and views of home help services, and unmet expectations and needs in service use. A semi-structured guide was used to ensure key topics were addressed while allowing participants to speak freely about their experiences.

A pilot interview was conducted before formal data collection to check clarity and suitability. Based on feedback, some questions were revised to focus more on lived experience and to avoid unnecessary emotional distress. The question "How did you feel when your child passed away?" was removed, and the focus was placed on current life situations and interactions with services. During interviews, follow-up questions were used to clarify responses and obtain more detail, for example: "Could you tell me more?", "What do you mean by that?", and "Can you give an example?". These prompts helped to better understand participants' views and experiences. In addition to audio recording, field notes were taken to capture facial expressions, tone, body language, and repeated points, providing context not fully reflected in verbal accounts.

2.4 Data analysis and Rigor

The present study is based on the same qualitative interview dataset as a previous publication by the authors [4]. However, the two studies addressed different research questions and analytical aims. While the previous study focused on caregiving challenges experienced by frail older adults who had lost their only child, the present study specifically explores how these participants perceive and experience home help services in relation to their care needs. Accordingly, the interview transcripts were re-coded independently, and a separate thematic analysis was undertaken to address the distinct research objective. This approach is consistent with recommendations that existing qualitative datasets may be re-analysed to address new research questions, provided that the analytical focus and procedures are transparent, [23].

All interviews were transcribed verbatim within 24 hours and anonymized before analysis. Transcripts and field notes were imported into ATLAS. ti 25 for organization and analysis. Guided by a descriptive phenomenological approach, thematic analysis [24] was used to analyse participants' accounts of daily difficulties, experiences of home help services, and unmet needs. The analysis was iterative. The researchers first read all transcripts several times to gain an overall understanding and to identify recurring concerns. Relevant segments were then coded, staying close to participants' own words and avoiding early abstraction. Through comparison across participants, patterns that appeared repeatedly were identified and grouped into sub-themes. These were checked against the original data throughout the process (see Table 2 (Appendix), Example of coding and theme development).

To strengthen the analysis, a social worker with practice experience reviewed selected transcripts and preliminary themes to assess their consistency with real service contexts. Member checking was also conducted. The emerging themes were also discussed within the research team throughout the analytical process. Key findings and selected quotations were shared with participants, where appropriate, to confirm whether the interpretations reflected their experiences.

2.5 Ethical Considerations

All participants received both written and verbal information about the study before participation. They were informed of the study purpose, procedures, and their rights and provided written informed consent. No identifiable personal information was collected. All data were based on participants' self-reports. Audio recordings and related materials were anonymised and stored in password-protected files accessible only to the research team. Ethical approval was obtained from the Research Ethics Committee of the National University of Malaysia (JEP-2025-143).

2.6 Findings

This section draws on participants' accounts of their daily care experiences and use of home help services. The analysis is organised around three themes: relying on home help services in everyday care, experiencing gaps between care needs and available support, and managing care needs with restraint and adjusted expectations (Table 3, Appendix, Overview of themes and sub-themes).

Theme 1 Relying on home help services to cope with everyday care needs

After losing primary family support, frail older adults who have lost their only child need to manage a range of care needs in their daily lives. This theme focuses on how participants access, use, and make sense of home help services. The interviews show that participants describe these services in relation to specific everyday situations. They explain how such support fits into their daily routines and how it is used in practice. Their accounts mainly center on basic support and immediate needs, rather than continuous or comprehensive care arrangements.

Turning to familiar community-based home help for everyday support

In the absence of primary family care, participants often see community-based home help services as the most accessible and realistic source of support. Many described turning first to community workers

when they faced difficulties in daily life. Rather than formal institutions, they relied on people who were closely connected to their everyday environment. Although most participants could still manage basic self-care, they needed support when going out, seeking medical care, or dealing with short-term situations. One participant who was caring for a spouse with dementia explained:

"My wife has dementia and cannot be left alone. When I need to go out, I cannot take her with me. I have no choice but to ask a community worker to come and look after her for a while. I have no one else to rely on." (FE1)

Another participant living alone described a strong sense of reliance on a community worker:

"I live alone now. Whenever I need help, I go to Xiao He (community worker). She is like my daughter. I even told her my bank card password." (FE4)

In participants' accounts, community workers were seen as both accessible and trustworthy. This was especially clear in the absence of family caregivers. For them, community support was not an abstract service. It was reflected in concrete actions in daily life. When they felt unwell, needed to go out, or faced unexpected situations, community workers became the first and most reliable source of help.

Using home help services to meet basic care needs

In practice, participants understood home help services as a way to deal with specific and basic needs. These services were used in selected parts of daily life to reduce physical strain or respond to temporary situations. Common forms of support included daily care, health management, and routine visits. One participant described how a community doctor provided ongoing support:

"My health is not good, and I need to take medicine regularly. The community doctor knows my condition well. He often checks on me through WeChat. When my medicine is running out, he asks whether I will collect it myself or if he should bring it to me. When I am busy, I ask him to deliver it." (FE7)

Some participants also mentioned simple forms of help and regular visits from community workers. These helped to ease immediate difficulties. For example, one participant with limited mobility said:

"I have high blood pressure and had a stroke before. I cannot walk steadily and rarely go out. Staff from the service station come every week to check my blood pressure, tidy my home, and help me get hot water." (FE11)

Support with daily living was also seen as important. One participant described help with food:

"I like to eat buns and rice cakes in the morning. The community worker Xiao Tan knows I am getting older. She told me to let her know when I want something, and she will buy it and bring it to me. I am very grateful." (FE6)

For participants living alone, meal support was repeatedly mentioned as a stable and practical form of service:

"Meal support helps me a lot. I do not need to cook every day. At least I do not have to worry about meals." (FE9)

Overall, participants' experiences of home help services were mainly related to basic support. These services were used selectively, depending on immediate needs, and became part of everyday care arrangements. For most participants, home help services helped them cope with daily care to some extent, but their role remained limited to specific situations.

Theme 2 Experiencing gaps between care needs and available home help services

Participants also described that home help services did not always match their care needs in practice. This theme focuses on the limits and mismatches they experienced in different situations. Their accounts show that these services often could not fully support their needs, especially when care demands were ongoing or when unexpected situations arose.

Experiencing limited and inconsistent support that fails to meet care needs

Although participants recognized the value of home help services in daily life, many noted that these services were often insufficient when needs went beyond basic support. This was reflected in unclear service information, barriers to access, and a lack of continuity. Some participants said that even when they had used services, they did not clearly understand what was available or how to apply. For them, accessing information was itself a challenge:

"Some information is not clear. There are many services, but I do not know how to apply or what is available." (FE9)

Even when they were aware of certain services, they could still face restrictions due to eligibility criteria or procedures. One participant described difficulties related to long-term care insurance:

"I know about long-term care insurance. I wanted to apply for my wife, but we did not pass the assessment. They said it is only for people who are completely dependent. If you can still dress and eat, you are not eligible." (FE1)

Participants also pointed out that community or service station support was often limited in scope and frequency. When their condition worsened, or when they needed hospital care or accommodation, support could not keep up. One participant explained:

"They come to check on me, take my blood pressure, and ask a few questions. But if the illness becomes more serious, or if I need to be hospitalised, they cannot really help. I still have to rely on myself." (FE8)

These accounts show that participants recognized the presence and usefulness of home help services, but also experienced clear limits. When needs became more complex or long-term, support was often difficult to sustain. For frail older adults who have lost their only child, this gap between available services and actual care needs was a recurring part of everyday life.

Lack of immediate support in unexpected and high-risk situations

In addition to daily needs, participants often mentioned difficulties accessing support during unexpected or high-risk situations. These included sudden illness at night, falls, emergency hospital visits, or moments when no one was available to help. Some participants said that although community workers kept in touch during normal times, support was not always available when immediate help was needed. One participant living alone said:

"During the day, it is fine. If something happens, I can contact the community worker. But at night, if I feel unwell, I can only deal with it on my own." (FE4)

For those with declining physical function, this concern was even stronger. A participant with mobility difficulties described constant worry:

"I am not steady when I walk. When I am alone at home, I am most afraid of accidents. The community checks on me, but if something really happens, they cannot arrive in time." (FE11)

Participants who were caring for a sick spouse also faced similar pressure. One participant explained that it was difficult to find immediate help in sudden situations:

"Some things cannot be planned in advance. If something happens suddenly and he cannot be left alone, I really do not know what to do." (FE3)

In these accounts, participants did not blame specific service providers. Instead, they pointed to a broader issue: home help services could not respond quickly in unexpected situations. The lack of timely and continuous support was a common experience in their daily lives.

Overall, although participants were able to access and use home help services, they often experienced gaps in support. When care needs involve ongoing or more complex situations, services are difficult to sustain. In unexpected or high-risk situations, support was not always available in time. Participants repeatedly described this as a situation where services were available but not always continuous. This formed a recurring condition in their everyday care experiences.

Theme 3 Managing care needs with emotional restraint and limited expectations

When home help services could not fully meet their needs, participants also described how they managed care in everyday life. This section focuses on how they coped in specific situations by restraining their own needs and adjusting their expectations of support. Their accounts show a cautious approach to help-seeking and a practical view of care arrangements in the absence of family support.

Restraining care demands to avoid burdening others

Many participants said that even when they faced real difficulties, they tried to minimize help-seeking. This was not a rejection of services. Rather, it reflected a careful consideration of whether they might trouble others. Controlling their own care needs became a common way of coping. Some participants who lived alone or cared for a spouse said they preferred to manage problems on their own, even when they felt unwell or faced difficulties at night. One participant explained:

"I do not want to trouble others. If something happens, my spouse and I try to deal with it ourselves. Only when we really cannot manage do we ask for help." (FE3)

This restraint was also evident in situations that required accommodation or extra support. Although some participants were aware of the difficulties they faced when going out or seeking medical care, they still chose to limit help-seeking. One participant said:

"Going to the hospital is difficult. I cannot manage on my own. I usually wait for my grandson to take me. If he is busy, I do not ask the community. I just wait until he has time." (FE5)

In these accounts, restraint was not described as an emotional reaction. It was presented as a form of self-regulation in daily life. By limiting help-seeking and reducing their own demands, participants were able to maintain a basic level of daily functioning within existing support conditions.

Reframing care expectations in the absence of family support

Participants also described how they adjusted their expectations of care as family support became unavailable. Rather than focusing on whether help could be obtained, they paid more attention to whether they could continue managing their current situation. Based on this, they adjusted their expectations of external support. One participant described maintaining health as a way to reduce reliance on others:

"After lunch every day, I go for a walk by the river with my neighbors. I try to keep myself healthy and manage my life as best as I can." (FE4)

Some participants said that after living alone for a long time, or caring for an aging spouse, they no longer expected continuous or readily available support. Instead, they prepared themselves for possible difficulties and reduced their expectations of help:

"I know very well that not everything can be helped by others. If something can be solved, then it is good. For the rest, I have to find my own way." (FE 10)

In these accounts, adjusting expectations was not described as giving up. It was a practical response to their situation. By redefining what support they could expect, participants maintained a sense of control in daily life despite limited resources and uncertainty.

Overall, participants managed their care needs by restraining help-seeking and adjusting their expectations of support. This approach did not appear to be a clear decision or an emotional response. Rather, it developed gradually through repeated life experiences. By limiting their demands and redefining expectations, they were able to maintain everyday life under conditions of limited support and uncertainty.

3 Discussion

This study explored how frail older adults who have lost their only child perceive and experience home help services, and how these services relate to their care needs in everyday life. The findings show that home help services occupy an ambivalent position. They are both relied upon and yet insufficient. In the absence of family support, participants depend on community-based services to maintain basic daily functioning. At the same time, these services are limited in continuity, accessibility, and their ability to respond to unexpected situations. As a result, they do not fully meet changing care needs. Participants are not passive recipients of care. Instead, they adjust how they seek help and what they expect from support. They continually balance available resources with their own needs.

In practice, home help services were not understood as stable or long-term care arrangements. Rather, they were used in specific situations to address immediate and practical problems. This finding is consistent with earlier research, which shows that community-based home help services often function as complementary support [25], rather than replacing family care, [26], [27], [28]. However, this study also shows that for frail older adults who have lost their only child, these complementary services take on a more central role. In the absence of family care, services that were originally supplementary have become essential. This shift highlights a structural mismatch between service capacity and care needs. The findings also point to limits on how services operate across different care situations. Consistent with studies on unmet needs [29] and service fragmentation [30], [31] participants described difficulties when care needs required continuity, involved complex health conditions, or arose unexpectedly. Unlike studies that focus on systems or service provision, this study draws on user experiences. It shows that these gaps are not always expressed as dissatisfaction. Instead, they are often absorbed into everyday life. This suggests a difference between the availability of services and their actual reliability, [26], [32].

In this context, participants developed ways of coping that were marked by restraint and adjustment. On the one hand, they reduced help-seeking to avoid burdening others. On the other hand, they lowered their expectations of external support**.** In this study, however, this process appears to develop gradually through repeated everyday experiences and becomes part of how participants organise their daily lives. This pattern of coping is difficult to describe as either positive or negative. It is better understood as a form of pragmatic adaptation, [33]. Participants did not abandon support, but they also did not actively seek more resources. Instead, they balanced reliance and self-limitation. This allowed them to maintain a degree of stability in uncertain conditions. At the same time, it reflects ongoing adjustments in how they understand care and its boundaries, [34].

These findings can also be understood through the Convoy Model. This model highlights how individuals rely on networks of family, friends, and social ties to meet care and emotional needs across the life course, [35]. In this study, the care challenges faced by participants are closely linked to changes in these support networks. The loss of an only child disrupts the core layer of family support. As a result, participants lack a stable and continuous source of

care in daily life. Although community-based home help services have become part of their support networks, the support provided is often fragmented and situation-specific. It cannot fully replace the continuity of family care. In this constrained network, participants respond by adjusting their needs and expectations. Through this process, they reorganise daily life within limited resources. This reflects a dynamic process of adaptation within changing support structures.

Beyond individual experiences, the findings also suggest that home help services need to be understood within the wider community care system. Participants' accounts indicate that many unmet needs arose not simply because services were unavailable, but because support from community workers, healthcare providers, social organisations, and informal networks was often poorly connected. As a result, available services did not always translate into continuous or timely support. These findings suggest that improving home help services requires not only expanding individual services but also strengthening coordination across different sources of community support.

Overall, this study does not point to a single issue of service insufficiency, nor does it point to individual coping strategies. Rather, it shows an ongoing process of negotiating care in everyday life. Participants balance what support is available with what they can reasonably expect. This process reflects both individual responses to constrained conditions and the way home help services operate within current systems. Compared with existing studies, this study contributes by bringing together service use and expectation adjustment. It shows how frail older adults who have lost their only child continuously reshape their care needs and the boundaries of support in everyday life.

4 Implications

The findings have several implications for community-based home help services in practice. Participants mainly relied on these services to meet immediate and everyday care needs, suggesting that routine service provision alone is unlikely to meet the needs of frail older adults who have lost their only child. More flexible forms of support are needed to respond to changing care situations, particularly when urgent or unexpected needs arise. Improving coordination between community services may help ensure that support is available when urgent needs arise. The findings further suggest that limited help-seeking is not simply a consequence of service availability. Some participants deliberately reduced requests for help or lowered their expectations of support, indicating that psychological and relational barriers may also influence service use. Service providers therefore need to pay greater attention to these less visible barriers and create more approachable and responsive pathways for accessing support. At the policy level, the findings indicate that home help services are increasingly expected to undertake roles traditionally provided by family members. Strengthening continuity, coordination, and reliability within community-based care systems may therefore help narrow the gap between existing services and the everyday care needs of frail older adults who have lost their only child.

5 Limitations

This study has several limitations. The sample size is small, with 11 frail older adults who have lost their only child. Although data saturation was reached, the findings mainly reflect the experiences of a specific group. Caution is therefore needed when extending the findings to a wider population of service providers or policy actors. As a result, the understanding of how home help services operate remains partial. Future research could include multiple perspectives to provide a more comprehensive account.

6 Conclusion

This study explored how frail older adults who have lost their only child perceive and use home help services in everyday life. The findings show that these services provide basic support, but do not fully meet changing care needs. In the absence of family support, participants do not rely on services in a passive way. Instead, they adjust how they seek help and what they expect from support. They continually balance available resources with their own needs. These findings suggest that care practices in this group are shaped not only by service provision, but also by ongoing adaptation within constrained support environments. Home help services partially compensate for the loss of family support, but their supplementary nature remains in tension with actual care needs. By bringing together service use and the adjustment of expectations, this study offers a more grounded understanding of care among frail older adults who have lost their only child. It also provides an empirical basis for rethinking the role of community-based home help services across different groups of older adults.

References:

[1] Li, Y. (2013). A perspective on health care for the elderly who lose their only child in China. Scandinavian Journal of Public Health, 41(6), 550–552. https://doi.org/10.1177/1403494813490252.

[2] Ning, N., Peng, C., Qi, M., Li, X., & Sun, M. (2022). 'Nobody comes to help us': lived experiences and needs of older adults who lost their only child in China. International Journal of Qualitative Studies on Health and Well-Being, 18(1), 2153424. https://doi.org/10.1080/17482631.2022.2153424.

[3] Wang, N., & Hu, Q. (2020). Loneliness Trajectories: Evidence for staged intervention among Chinese bereaved parents. Journal of Applied Gerontology, 41(1), 134–141. https://doi.org/10.1177/0733464820978808.

[4] Peng, X. J., Alavi, K., Shaari, A. a. H., Li, J., Sun, Y., & Feng, L. L. (2025). Caregiving Challenges among Frail Elderly Who Have Lost Their Only Child: A Qualitative Study in Urban Chongqing. Jurnal e-Bangi, 22(4), 145–158. https://doi.org/10.17576/ebangi.2025.2204.12.

[5] Wang, Q., Ren, L., Wang, W., Xu, W., & Wang, Y. (2019). The relationship between post-traumatic stress disorder and suicidal ideation among shidu parents: the role of stigma and social support. BMC Psychiatry, 19(1), 352. https://doi.org/10.1186/s12888-019-2353-7.

[6] Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., Seeman, T., Tracy, R., Kop, W. J., Burke, G., & McBurnie, M. A. (2001). Frailty in older adults: evidence for a phenotype. The Journals of Gerontology Series A, 56(3), M146–M157. https://doi.org/10.1093/gerona/56.3.m146.

[7] Feng, L., Nyunt, M. S. Z., Gao, Q., Feng, L., Yap, K. B., & Ng, T. (2017). Cognitive frailty and adverse health outcomes: Findings from the Singapore Longitudinal Ageing Studies (SLAS). Journal of the American Medical Directors Association, 18(3), 252–258. https://doi.org/10.1016/j.jamda.2016.09.015.

[8] Hoogendijk, E. O., Afilalo, J., Ensrud, K. E., Kowal, P., Onder, G., & Fried, L. P. (2019). Frailty: Implications for clinical practice and public health. The Lancet, 394(10206), 1365–1375. https://doi.org/10.1016/S0140-6736(19)31786-6.

[9] Tang, K. F., Teh, P. L., & Lee, S. W. H. (2023). Cognitive frailty and functional disability among community-dwelling older adults: A systematic review. Innovation in Aging, 7(2), igad005. https://doi.org/10.1093/geroni/igad005.

[10] Polat, Ü., Kahraman, B. B., Kaynak, İ., & Görgülü, Ü. (2016). Relationship among health- related quality of life, depression and awareness of home care services in elderly patients. Geriatrics and Gerontology International, 16(11), 1211–1219. https://doi.org/10.1111/ggi.12618.

[11] Kousha, A., Lotfalinezhad, E., Nadrian, H., Andersen-Ranberg, K., Freeman, S., Barati, F., Mosazadeh, H., Hashemiparast, M., Jafarabadi, M. A., Sohrabi, A., & Honarvar, M. R. (2024). Effectiveness of an informal home care support intervention program to reduce loneliness and improve quality of life among lonely community-dwelling older adults: a feasibility study. Korean Journal of Family Medicine, 46(3), 185–194. https://doi.org/10.4082/kjfm.23.0269.

[12] Liu, A., Ma, Y., Qiu, K., Qiao, H., & Zhao, H. (2024). Home- and community-based elderly care and the life satisfaction of Chinese elderly individuals. American Journal of Health Behavior, 48(2), 116–125. https://doi.org/10.5993/ajhb.48.2.11.

[13] Hu, Q., & Wang, N. (2023). The experience of loneliness among the Chinese bereaved parents—a qualitative study from the life course perspective. BMC Geriatrics, 23(1), 153. https://doi.org/10.1186/s12877-023-03865-7.

[14] Peng, Z., Luo, Y., Qi, R., Cao, Z., Ge, J., Wu, L., Liu, J., & Zhang, L. (2024). Influencing factors of posttraumatic stress disorder in Shidu parents who have lost their only child: a cross-sectional survey. BMC Psychiatry, 24(1), 612. https://doi.org/10.1186/s12888-024-06059-6.

[15] Wang, N., & Hu, Q. (2019). "It is not simply the loss of a child": The challenges facing parents who have lost their only child in post-reproductive age in China. Death Studies, 45(3), 209–218. https://doi.org/10.1080/07481187.2019.1626941.

[16] Xiong, J., Ma, H., Ma, R., Xu, T., & Wang, Y. (2023). The relationship between perceived stress and prolonged grief disorder among Chinese Shidu parents: effects of anxiety and social support. BMC Psychiatry, 23(1), 714. https://doi.org/10.1186/s12888-023-05206-9.

[17] Yin, Q., Shang, Z., Zhou, N., Wu, L., Liu, G., Yu, X., Zhang, H., Xue, H., & Liu, W. (2018). An investigation of physical and mental health consequences among Chinese parents who lost their only child. BMC Psychiatry, 18(1), 45. https://doi.org/10.1186/s12888-018-1621-2.

[18] Cai, Y., & Feng, W. (2021). The social and sociological consequences of China's One-Child policy. Annual Review of Sociology, 47(1), 587–606. https://doi.org/10.1146/annurev-soc-090220-032839.

[19] Atkinson, C., & Crozier, S. (2019). Fragmented time and domiciliary care quality. Employee Relations, 42(1), 35–51. https://doi.org/10.1108/er-05-2018-0142.

[20] Alavi, K., Nen, S., Mohamad, M. S., Sarnon, N., Ibrahim, F., & Hoesni, S. M. (2013). Understanding the Factors of Children Missing/Running Away from Home in Malaysia. Jurnal Teknologi, 66(1), 1–6. https://doi.org/10.11113/jt.v66.1651.

[21] Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications. ISBN: 978-1506386706.

[22] Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. Nursing Open, 6(3), 733–739. https://doi.org/10.1002/nop2.275.

[23] Ruggiano, N., & Perry, T. E. (2019). Conducting secondary analysis of qualitative data: Should we, can we, and how? Qualitative Social Work, 18(1), 81–97. https://doi.org/10.1177/1473325017700701.

[24] Clarke, V., & Braun, V. (2016). Thematic analysis. The Journal of Positive Psychology, 12(3), 297–298. https://doi.org/10.1080/17439760.2016.1262613.

[25] Qualls, S. H. (2016). Caregiving families within the long-term services and support system for older adults. American Psychologist, 71(4), 283–293. https://doi.org/10.1037/a0040252.

[26] Jiang, F., Jang, W., & Pan, Y. (2023). Interaction design based on big data community home care service demand levels. Applied Sciences, 13(2), 848. https://doi.org/10.3390/app13020848.

[27] Li, H., Sun, S., Bartomeu-Magaña, E., & Wei, X. (2025). Determinants of community-based home care service demand among urban older adults in Shanxi, China: a cross-sectional psychological perspective. Frontiers in Public Health, 13, 1645632. https://doi.org/10.3389/fpubh.2025.1645632.

[28] Mangiacotti, A. M. A., Masotti, A., & Biasutti, M. (2024). The impact of community music therapy intervention in older adults' care home communities: Assessing community music therapists' views. International Journal of Community Music, 17(1), 37–60. https://doi.org/10.1386/ijcm_00096_1.

[29] Leggett, N., Emery, K., Rollinson, T. C., Deane, A., French, C., Nankervis, J. M., Eastwood, G., Miles, B., Merolli, M., Abdelhamid, Y. A., & Haines, K. J. (2023). Fragmentation of care between intensive and primary care settings and opportunities for improvement. Thorax, 78(12), 1181–1187. https://doi.org/10.1136/thorax-2023-220387.

[30] Siljehag, P. A., von Berens, Å., Meinow, B., Liljas, A., & Agerholm, J. (2025). Facing changing needs? A study of older adults' experiences of requiring home care for the first time. European Journal of Public Health, 35(Supplement 4), ckaf161.819. https://doi.org/10.1093/eurpub/ckaf161.819.

[31] Tingvold, L., Ingstad, K., & Devik, S. A. (2026). Social needs in home care for older adults: A qualitative exploration of recognition, expectations and opportunities. Geriatric Nursing, 69, 103979. https://doi.org/10.1016/j.gerinurse.2026.103979.

[32] Xu, Y., Xiao, D., Li, Y., & Hu, L. (2025). Using discrete choice experiments to measure the preferences of older people for home care services in China. Nursing and Health Sciences, 27(1), e70026. https://doi.org/10.1111/nhs.70026.

[33] Lowe, T. A., De Haas, B., Osborne, T., & Meijering, L. (2022). Older adults' adaptations to life events: a mobility perspective. Ageing and Society, 44(10), 2200–2218. https://doi.org/10.1017/s0144686x22001283.

[34] Tough, H., Brinkhof, M. W. G., & Fekete, C. (2022). Untangling the role of social relationships in the association between caregiver burden and caregiver health: an observational study exploring three coping models of the stress process paradigm. BMC Public Health, 22(1), 1737. https://doi.org/10.1186/s12889-022-14127-3.

[35] Antonucci, T. C., Ajrouch, K. J., & Birditt, K. S. (2014). The Convoy model: Explaining social relations from a multidisciplinary perspective. The Gerontologist, 54(1), 82–92. https://doi.org/10.1093/geront/gnt118.

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APPENDIX

Table 1. Characteristics of Participants

Participant ID	Age (years)	Gender	Marital status	Living arrangement	Use of home help services
FE1	76	Male	Married	Living with spouse	Currently receiving
FE2	75	Female	Widowed/single	Living alone	Currently receiving
FE3	66	Female	Widowed/single	Living alone	Currently receiving
FE4	76	Female	Widowed/single	Living alone	Currently receiving
FE5	75	Female	Widowed/single	Living alone	Currently receiving
FE6	82	Female	Widowed/single	Living alone	Currently receiving
FE7	68	Male	Married	Living with spouse	Currently receiving
FE8	65	Female	Married	Living with spouse	Currently receiving
FE9	69	Female	Married	Living with spouse	Currently receiving
FE10	66	Female	Widowed/single	Living alone	Currently receiving
FE11	70	Male	Widowed/single	Living alone	Currently receiving

Note. All participants were aged 65 years or above and met the frailty criteria based on the Frailty Phenotype [6]. Participant IDs are used to protect confidentiality.

Source: Created by the authors.

Table 2. Example of coding and theme development

Data extract (Interview quote)	**Initial code**	**Sub-theme**	**Theme**
"I'm afraid of getting sick because if something happens to me, nobody will take care of me…" (FE3)	Fear of illness due to lack of caregiver	No one to rely on in emergencies	Living with fear of health deterioration
"If I go to the hospital, who will stay with my husband? There's no one else." (FE7)	Avoiding medical care due to caregiving responsibility	Responsibility toward family members	Living with fear of health deterioration

Source: Created by the authors.

Table 3. Overview of themes and sub-themes

Theme	**Sub-themes**
Theme 1: Relying on home help services to cope with everyday care needs	Turning to familiar community-based home help for everyday support Using home help services to meet basic care needs
Theme 2: Experiencing gaps between care needs and available home help services	Experiencing limited and inconsistent support Lack of immediate support in unexpected situations
Theme 3: Managing care needs with emotional restraint and limited expectations	Restraining care demands to avoid burdening others Reframing care expectations in the absence of family support

Source: Created by the authors.