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Providing for Elderly Care in China.

Current Challenges and Future Trends

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前言

在人口结构发生实质变化的现实背景下，人口老龄化是最重要的转变之一，如何应对老年人的问题成为了国际话题中一个备受关注的话题。这是因为它们构成了社会的一个正在显著增长的脆弱而不能自理的部分，因此，拥有较高水平的需要。到目前为止，许多发达国家在相当长的一段时间内经历了人口老龄化的渐进过程。 于是，人们对老龄化的意识提高，再加上这些国家特有的经济财富，都让政府利用广泛的资源来满足老年人的需求；相反，在老龄化进程提前来临且快速增长的那些不发达地区这是不可能的，比如中国。此外，因为在中国的护理制度中 – 部分原因是文化因素 – 家庭一直处于基本地位，所以政府并没有在提供老人照顾服务方面发挥重要作用。然而，由于中国人口结构发生了变化，近年来在这一领域取得了许多进步。虽然目前仍然存在阻碍实现充分和有效的老年护理系统的挑战，但是中国政府跟其它组织正在思考而追求一些创新模型，为的是提高上述系统的水平。通过富裕的苏州城市的例子可以证明。

为了分析中国的老年人护理领域、特点、问题特征以及未来改进的可能性，我们决定将本论文分为四章。

第一章，以发达国家的养老制度为重点，对世界范围内的养老特点进行概述。它旨在说明发达国家在应对老年问题上的一些共同特点，由于人口老龄化而推动这些国家取得的进步。我们有意将重点放在上述国家的护理制度上，因为它们是政府积极参与这一领域的表现，很少有国家例外 (OECD 2005; Daly 2012)。事实上，尽管老年护理系统不足和不充分的特点仍然存在，以及家庭作为主要护理提供者的基本地位，但福利国家的这些地区的公共部门的作用一直很重要。因此，虽然从前老年人并不总是投资和提供服务的主要对象，但是由于福利国家的经验和发展，在那些国家有可能投入大量资源（如资金，基础设施，管理经验）以满足老年人的需求。

随着世界上大多数国家的人口老龄化进程，以及最近发生的其他人口和社会变化，实际上，各地的政府开始对关于老年人的各方面进行考虑，而且越来越关注相关问题。因此，许多方案和倡议都是由政府实施的，为的是向老年人提供服务并减轻其

家庭照顾老年人的部分负担：为应付老年人的需要而采取的主要措施，是给予他们津贴、金钱方面的福利及实体服务（养老院，护理院)(Bettio and Plantenga 2004)。

尽管如此，大多数系统都面临着一些挑战，这些挑战仍然在一定程度上阻碍了它们的良好运转，例如资金不足，缺乏质量标准，以及照顾老人的家庭所承受的巨大压力(Currie 2010; Döhner and Kofahl 2005; OECD 2005)。不过，许多是为了减少或消除这些问题而开展的项目。

随后，创新理念不断涌现，旨在改善老年护理系统 - 主要表现为医疗和社会护理服务的整合，这是为了实现根据不同患者需求制定的护理连续性 - 以及总体而言，为了改进老年人的福祉，用志愿服务活动和代际计划等举措（Davidson Knight 2012; Hatton-Yeo 2010; Gonçalves, Hatton-Yeo, Farcas 2016; Labit and Dubost 2016)。

第二章描述了中国人口状况和人口老龄化过程的特点，因为需要与世界区别地进行讨论。事实上，在上个世纪，国家通过旨在减少人口数量和提高公民生活和健康状况的政策，在塑造人口结构方面发挥了根本作用。这些措施的主要结果是出生人口的急剧减少和预期寿命的延长，导致人口老龄化进程极为迅速，预计未来人口老龄化将进一步增加。由于上述两个因素，近年来出现了具有挑战性的经济和社会后果。最主要的经济挑战是：劳动年龄人口数量的减少，老年抚养比率的不平衡以及养老的公共支出的增加。主要的社会问题有：传统家庭组成的转变和对护理需求的增加。这些具有挑战性的问题可能会阻碍未来中国经济的增长（Dong 2016; Sandhu et al. 2016; Fernandez Lommen 2010)。

第三章的内容构成了本论文的核心主题：中国的老年人护理。由于这个国家的历史和文化背景，老年人护理显示出独特的特征。儒家的孝道原则定义了照顾社会中最弱势群体之一（即老年人)的传统方式，这一直是以家庭的角色为基础（Canda 2013; Wang et al. 2017)。因此，中国所属的所谓家庭养老制度是养老制度体系不发达的主要原因；直到最近才出现了一些导致重大变革的新战略。事实上，不仅医疗和养老保障制度的改革有助于为老年人提供越来越多的机构支持，而且从20世纪90年代起，老年护理部门也经历了相当大的提升(Liu 2009; Feng et al. 2012; Wong and Leung 2012)。这是因为除需要更高水平护理的老年群体的扩大之外，计划生育政策导致现有非正式护理人员的数量减少，他们越来越专注于自己的工作，而且工作也越来越忙，

因而照顾父母对孩子来说是非常困难的。由于这些原因，近年来政府已经制定了多项规范老年人护理的政策，此外，像其他国家一样，中国意识到了在居家护理系统上建立长期护照的重要性。事实上，相比机构养老,居家养老被认为是应对养老难题更经济、更可行的方式。因此，根据国务院《社会养老服务体系建设规划（2011—2015 年）》要求,很多地方制定了“9073”或“9064”(意思是：90% 居家养老，7-6% 社区养老，3-4% 机构养老)的建设目标 (Lou and Ci 2014)。不过，还有许多改进需要做。研究员发现，居家养老服务发展缓慢,很多地方政府仍将养老服务重点放在机构养老服务领域。

另外，中国的老年人护理仍然存在其他大量问题：主要的一个问题是它的覆盖率低，这是因为它缺乏能力，而且最重要的是，覆盖率仅占老年人总数的有限部分(Glass, Gao, Luo 2013; Jia and Heath 2016; Wang et al. 2017)。事实上，福利制度提供的服务主要针对“三无”老人，而私营部门则只是向有能力支付大量资金以接受其提供服务的老年人开放的，意味着整体的一个有限部分。

尽管这个问题和其他挑战干扰了中国的老年护理进程，但政府和别的机构已经找到了一些改善现有制度的方法；近年来出现了适合中国社会、经济和福利制度特点的积极创新模式。特别是私营部门在老年人护理领域的引入而备受肯定，已经发挥了至关重要的作用 (Feng et al. 2012; Glinskaya and Feng 2018)；这是因为它可以扩大这一系统的能力，此外，如果政府给予奖励和补贴以开展服务和活动，私营部门和公共部门的合作就可以将系统的可用性增大到更多需要护理的老年人。

此外，“积极老龄化” 概念以及与之相关的志愿服务或针对老年人的社会活动正在像扎根全世界一样扎根于中国，这可被视为向前迈出的重要一步。这是因为他们可以提高老年人的精神和健康水平，同时也给社会带来显著的好处(FP Analytics and AARP 2018)。

最后一章旨在为读者提供一个实际的例子来支持我们所描述的中国养老体系的实际情况。对富裕和超老龄的苏州市老年人护理状况的分析包括本市人口、经济状况、养老服务模式、存在的问题及近年来取得的进展。在这个城市餐馆的设施的介绍旨在加深整体的愿景：信息的主要内容是：向谁提供服务，向他们提供哪种类型的护理服务，各自的优势和局限性。

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Introduction

In the actual context of substantial demographic changes, one of the most important being population ageing, a topic of great interest in the international discourse has become how to deal with the elders, since they constitute a portion of societies which is growing significantly and which is characterized by frailty and dependence, this resulting in a high level of required need. Many developed countries have lived with a progressive process of population ageing for a considerably long period of time by now; consequently, the growing awareness of it, paired to economic wealth, typical of these nations, allowed to cope with the old age group's requests by means of a wide range of resources, oppositely to regions where such process occurred ahead of time, as against economic development, and at a exceedingly fast pace: this is the case of the country embodying the core of our thesis, China.

The initial focus on developed nations' elderly care systems can show common traits shared by such countries in the way they used to cope with old age and the advancement they were prompted to achieve due to their ageing populations. In addition, the description of care regimes of the above said cluster of countries is useful to understand the active participation of the state in this field, few countries making exception (OECD 2005; Daly 2012). As a matter of fact, notwithstanding the still existing traits of insufficiency and inadequacy of aged care systems and the fundamental position of families in it as main providers of care, through welfare states the public sector in these areas has always been very important.

Since nowadays a significant portion of countries of all over the world is characterized by the process of population ageing, many have been the programs and initiatives conducted recently to deliver services to seniors and to relieve their families of part of the burden of caring for them: the primary measures adopted to cope with the elders' needs are to provide them with allowances, monetary benefits and in-kind services (nursing homes or other institutions) (Bettio and Plantenga 2004).

Even though the majority of elderly care systems used to face a number of challenges which are still partly hindering their complete well functioning, in recent times the growing importance acquired by this field resulted in many undertakings carried out with the purpose of reducing or eliminating the above said problematic features.

Innovative concepts are then emerging with the aim of improving aged care systems - the main demonstration being the integration of medical and social care services to achieve a

continuity of care drawn according to different patients' needs – and, in general, seniors' wellbeing, with initiatives like volunteering activities and intergenerational programs (OECD 2005; Davidson Knight 2012; Hatton-Yeo 2010; Gonçalves, Hatton-Yeo, Farcas 2016; Labit and Dubost 2016).

The overview of aged care systems in developed countries is of considerable importance in view of the presentation of the peculiarities possessed by China, which appear to be very distant to the characteristics of the above said group of nations.

Starting from the discourse on the process of population ageing in this country, it is possible to understand the entity of the existing differences. As a matter of fact, in the last century the state had a fundamental role in shaping the structure of the population by means of policies aiming at lowering the number of people and increasing living and health conditions of its citizens. These had as main outcomes the dramatic reduction of births and the lengthening of life expectancy, resulting in a remarkably fast process of population ageing, which is predicted to further increase in the future. Challenging economic and social consequences have recently emerged from the combination of the above said two factors: among others, the unbalance of old age dependency ratio, the reduction of the number of working age people, the transformation of the traditional composition of families and the increased demand for care (Dong 2016; Sandhu et al. 2016; Fernandez Lommen 2010).

In this demographic context we will analyze - as central topic - the provision of elderly care in China, which shows peculiar features due to the historical and cultural background of this country. Confucian principle of *xiao* defined the traditional way of taking care of one of the most vulnerable groups of the society, namely the aged people, which has always been underpinned by the role of the family (Canda 2013; Wang et al. 2017). The so-called familialistic care regime China belongs to, therefore, is the main reason why an institutional system of aged care is underdeveloped, and only recently some new strategies leading to significant transformations have been pursued. In fact, not only the reforms regarding healthcare and old age security system have helped providing seniors with an enlarging institutional support, from the 1990s also the elderly care sector has undergone a considerable shift upwards. That is because, together with the enlargement of the old age group requiring a higher level of care, family planning policies led to the shrinkage of the number of available informal caregivers, who are also increasingly focused on and busy in their jobs (Liu 2009; Feng et al. 2012; Wong and Leung 2012).

Nevertheless, aged care system in China is still characterized by a high number of problematic features: the main one being its low coverage rate due to both its lack of capacity and, above all, its availability to limited portions of the total group of elders (Glass, Gao, Luo 2013; Jia and Heath 2016; Wang et al. 2017).

Notwithstanding this and other challenges interfering with the course of aged care in China, some possibilities for ameliorating the system in existence nowadays have been searched and found; positive innovative models suitable for the peculiarities of Chinese social, economic and welfare systems have arisen in recent years. Moreover, concepts like active ageing and, connected to that, volunteering or social activities addressed to seniors are taking root in China, as worldwide, and this can be considered a significant step forward (FP Analytics and AARP 2018).

The last chapter is meant to provide the readers with a pragmatic example supporting what we described to be the actual situation of elderly care system in China. The analysis of the state of affairs of aged care in the wealthy and ultra ageing city of Suzhou includes information regarding demography and economics in this municipality, modes of provision of the aged care system, some existing problems and also improvements achieved in recent years. The presentation of the different kind of facilities visited in this city is intended to deepen the vision of the whole.

1

Elderly Care

1.1 Population ageing

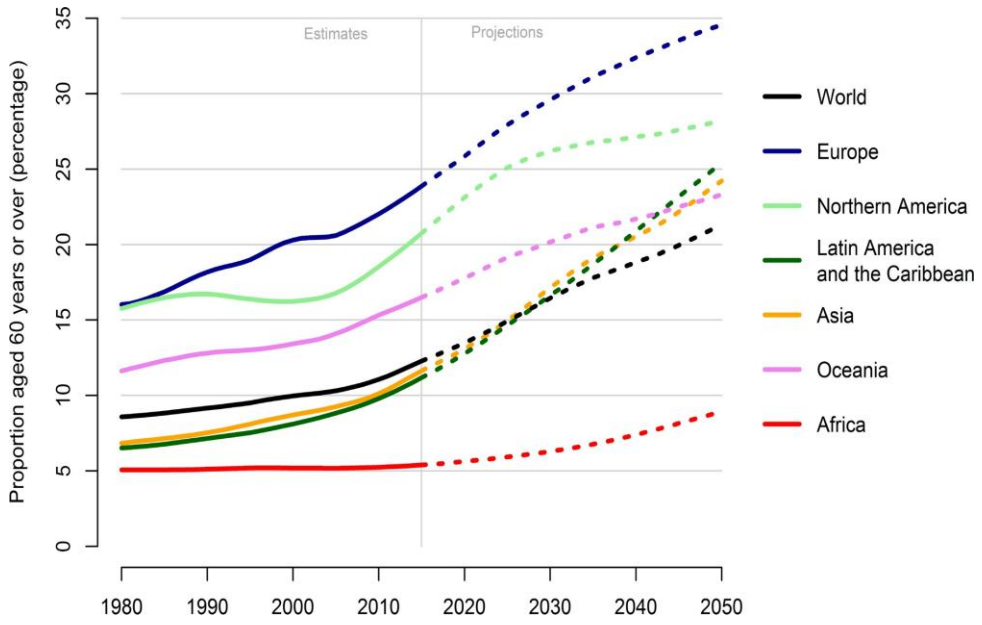
The world's population is facing dramatic changes, one of the main direction towards which it is going is rapid ageing, phenomenon expected to continue and even grow in the near future: the forecasts show that by 2050 in Europe people aged 65 or more will be 30% of the total population, while the USA know their 65+ year-old group will be nearly 20% of their citizens in 2030, five years after such a milestone will be reached in the EU. Japan holds the first position in this context, as its elderly population (over 60) today is already around 30% of the total (K. Firestone, Keyes, Greenhouse 2018). Without going too far in time, according to what reported in the "World Population Prospects: the 2019 Revision" (United Nations 2019), last year worldwide seniors aged 65 and over surpassed the number of below 5-year-old children. Moreover, as stated in the United Nations' report "World Population Ageing 2017", in developing regions the older population is growing much faster than in developed countries and, according to future projections, in 2050 such areas will be home of 79 per cent of the world's population over 60.

The factors leading to this situation are well known: thanks to improved living conditions, life expectancy increased; at the same time, modernity brought, together with economic development, a significant reduction in the fertility rate. As a result, from 1980 to 2017 the number of elderly doubled and it is prospected to double one more time by 2050, when it will reach the peak of about 2 billion (United Nations, 2017). That said, it results to be evident as well how the proportion between older dependent people and working age adults is changing and losing its traditional equilibrium, entailing serious issues (Chand, 2018).

This is why so much importance is finally being given to the topic of dealing with the old age group by governments and organizations of the whole world: a significant increase in national expenditures will be required as the need of care will grow and, consequently, appropriate policies, solutions and investments must be considered carefully. Countries are more and more trying to balance the roles of different actors implied in the provision of care:

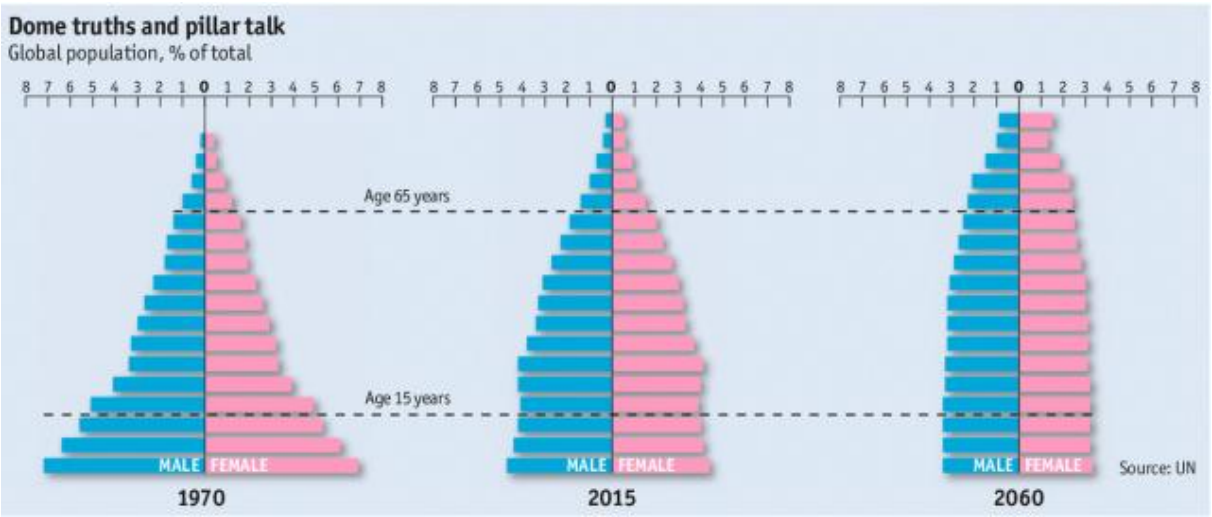
the state, the market, the family and also NGOs, with the aim of arranging effective and high-quality systems, not leaving behind the sustainability of costs (The OECD Health Project, 2005). Innovative initiatives and projects are entering the international policy discourse as well, as new efficient methods will be needed to face the problems carried by ageing populations and may be useful in order to transform them into opportunities.

Figure 1.1.1 Percentage of population aged 60 years or over by region, from 1980 to 2050



Source: United Nations, 2017, World Population Prospects: the 2017 Revision (Web source).

Figure 1.1.2 Demographic changes from 1970 to 2060 (forecast)



1.2 Modes of provision

> "Care is defined as the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out."[1]

As already mentioned, talking about old people, an immediate association is the one to "care", as it is natural that with the passing of time comes along a progressive loss of capabilities and, therefore, of a part or the totality of independence. This fundamental concept, as the quotation above evokes, is made up of two sides: the human one and the one of the regulations about it in public policy. We will firstly focus on the second aspect in order to understand which have been and will be the developments of elderly care in our ageing world, however, since the two before mentioned aspects are strongly interrelated, many will be the references to the societies and the cultures in which they are rooted, namely the human aspect of care.

In developed countries, where welfare systems have a considerably long history, the provision of care and the policy related to it are embedded into them and, as a consequence, are part of economic, employment and social policy (Bettio and Plantenga, 2004; Pfau-Effinger, 2005). We need to keep this statement in mind as this may seem a basic principle for us, people living in the above said countries, however, this is not a common rule for all the nations of the world or, at least, it has not been so for a long period of time.

Nevertheless, given that for what regards care, thus the extent of the provision, national funds and investments directed to it, there is a correlation with some country-specific factors, mainly cultural and historical, consequently, even in developed countries sharing a number of other aspects it is not possible to find a unique homogeneous system of care. One of the above said factors is the nature of the society, which can be "familialistic": here relatives have always represented the principal providers of care to family members in need, therefore this responsibility was entitled to them. In these societies the state has been used to give wide space, and the burden related to it, to its citizens in managing the needs of old people, and children as well. As a result, even if today, due to the current worrisome situation of the growing disproportion between younger and older adults, which is becoming unsustainable for the family members to bear solely by themselves, reforms towards an improved system of support are being implemented, the situation in areas where the

[1] Daly, M., "Making policy for care: experience in Europe and its implications in Asia", *International Journal of Sociology and Social Policy*, Vol. 32: 11/12, 2012, p. 624.

familialistic view underpins the society cannot be compared to countries where the welfare state has always considered care as a fundamental part of its architecture (Hollinrake and Thomas 2015).

An interesting categorization of different kinds of *care regimes* referring to various policy systems in Europe has been provided by Daly in 2002: this may be relevant for understanding not only these cluster of countries but others as well, which either may fall in the classification explained below, as it results to be comprehensive of a variety of cases, or are looking at it trying to build or renovate their specific care system: this might be the case of many Asian developing nations (Daly 2012).

The first group of countries, whose main representatives are the Nordic European nations (Sweden, Norway, Finland), are defined the *caring states*, as here the state ensures a high level of care to the citizens through many services which, thanks to an efficient financing system, are available to the majority of people at an accessible cost: families receive a significant support in such context.

There is, then, the block including the continental European countries (Germany, Belgium, France). Here, the amount of money invested by the state for the provision of care both to children and old people is similar to the Nordic countries' one, however, it is employed in a different way: leaving aside the slight variations among specific nations, the main trend is to address measures that aid families in the liability of delivering care to their relatives, mainly to the elderly.

The third cluster is composed by the United Kingdom and Ireland. They cannot be considered as role models in care provision, especially in children care, as few funds exist for it, due to their liberal welfare states. However, services for elders, though not yet fully satisfactory, have achieved relevant implementations in recent years.

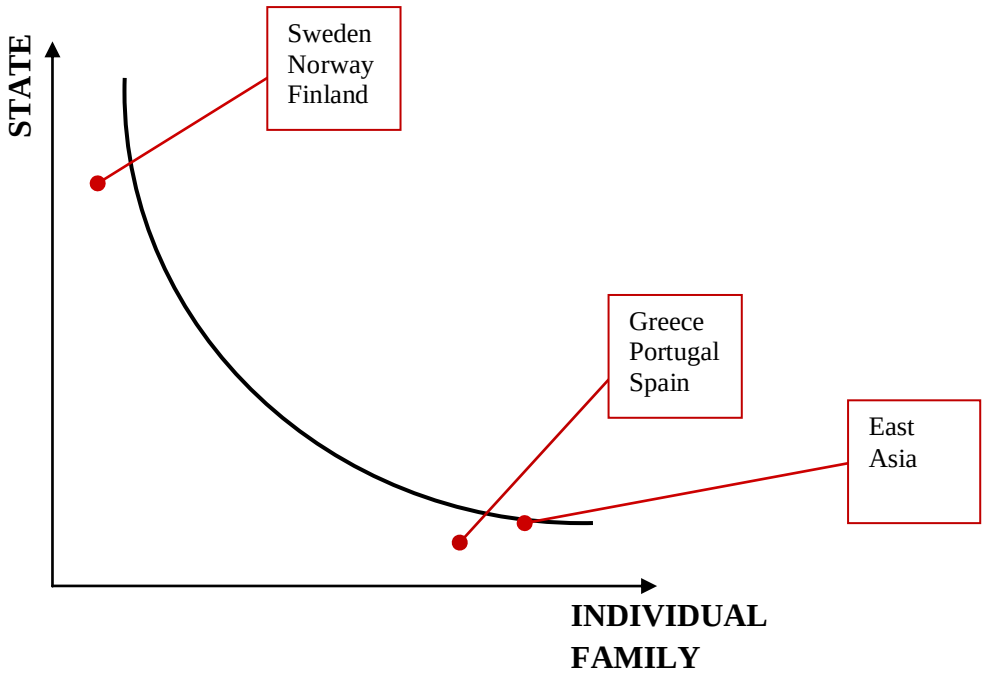
The last group consists of the "worst" providers of care in Europe, called by Daly the *non-caring states*. As the name suggests, here care is not publicly provided, which means families have to bear all the burden of operating and/or paying for care; community and volunteering sectors are not developed, therefore the individual can solely rely on the market for available services. These countries are Greece, Portugal and Spain.

Another system, not included in Daly's classification but deserving attention, is the American one: in the US, the state is the provider of programs (both state-sponsored and state and federal-sponsored) covering care costs for elders; nevertheless, these are mainly directed

towards people who do not possess the means to pay for those otherwise; all the other citizens have to handle the high costs by themselves (K. Davis 2009).

Moving our focus of attention away from the Western developed world, it is worth mentioning a further peculiar care regime, which is the East Asian one. In this area, the state and, beyond it, the traditional culture itself appoint to the family a fundamental role in care. East Asia care system is, therefore, the best example of a familialistic one: the central government does not ensure to citizens an adequate range of care services, as families are used to bear this important task. However, following the demographic and social changes concerning the world and this region as well, attempts to modify and renovate the nature of such care regime and its main features are being pursued.

Figure 1.2.1 Relation between the role of state and individual/family in care provision [2]



Differently from the cluster of East Asia, the description of care regimes of developed countries manifests that, even though to various extent, governments hold a significant position in the provision of care in their countries, the only exception being the group composed by the *non-caring states*; nevertheless, measures adopted to deliver it can either

[2] Only nations characterized by the most unbalanced relation between the state and the individual/ family in the provision of care have been reported in the figure. The other developed countries would be placed around the part of empty segment of the graph according to the care regimes they belong to.

relieve individuals from the liability of caring for their relatives, as in the case of Northern Europe nations, or simply constituting a support to informal caregivers to carry out the activities required by people in need, as in France, Belgium and Germany and many other nations. Therefore, it emerges that, depending on a number of country-specific factors, a society can be characterized by the prevalence of informal provision of care or, conversely, of formal one, even though this case is rare to be found.

Notwithstanding the fact that families still represent the main providers of care in the great majority of nations worldwide, as we have seen, welfare systems hold a fundamental role in elderly care sector too, especially nowadays. Bettio and Plantenga (2004), talking in general about the measures adopted in different *care regimes* when dealing with both childcare and eldercare, distinguish between:

- "provisions concerning working conditions, in particular parental leave, career breaks, reduction of working time, etc.;
- monetary benefits, including family allowances, social security, social assistance and tax allowances, subsidization of domestic services;
- benefits or services provided in kind (e.g. home care services for older people, nursery places for small children)."[3]

The first type of measures does not play a significant role in aged care, as it is mostly related to children care. However, in many countries in situations of "severe illness" of old people, relatives may get some time away from work in order to provide the necessary care.

As regards the second topic, the main source of money provided to the elders, even though systems vary significantly from state to state, is pension: this represents a fundamental benefit for seniors in order to reduce their degree of financial reliance on family members. Moreover, in recent times there has been a trend towards implementing cash allowances directed to old people, in particular those with high level of dependency, as it is seen as a way to support relatives in the delivery of informal care. This can be seen also as an alternative way to lower the need for institutionalization, since facilities are having a hard time meeting the demand of a growing number of older adults in our rapidly ageing world.

In the third point "benefits or services provided in kind" the reference is made to institutional care services addressing elder people everywhere: they can be either physical

[3] Francesca Bettio, Janneke Plantenga, "Comparing Care Regimes in Europe". *Feminist Economics*, Vol. 10: 1, 2004, p. 90.

places such as facilities (i.e. nursing homes) or services delivered directly at home, as many elders are willingly to choose this option rather than the first one. Both of them are mainly related to the provision of long term care (LTC), however, other services including community-based care or daily services offered to independent old people exist as well.

As it represents a pivotal part of aged care, we will now draw our attention on LTC; in order to do that, the study included in the OECD Health Project (2005) will be taken into great account, as it comprises recent policies and trends concerning long-term elderly care of 19 countries[4]. This results to be extremely useful for understanding how elderly care has been managed throughout time, its changes, which have been, are and will be the main challenges to it, how progresses have been made and what are the main current and future trends in order to face the issue of an aging world in a more sustainable and "elderly-friendly" way.

When the need for care becomes prolonged in time, this is referred to as long-term care: a series of services – included medical care - provided to people in need of help for activities of daily life, such as bathing, dressing, eating, moving, and so on, for a period of time which is not of a short length. The amount of provision of long-term care can vary according to the degree of dependency of the elderly, which is based on their ability to carry on both activities of daily life (ADL) and instrumental activities of daily life (IADL) (Wittenberg et al. 1998).

A high number of countries is striving to improve the capacity and the quality of these services, widening the range of options, considering the severe situation of a rapidly ageing population. Systems addressing this cluster of people have been developing for many decades now, at the beginning mainly meant for the elders who didn't have anybody to care for them, then also to relieve informal carers of part or of all the burden of care or, at least, to grant them more choices.

Formal long-term care in OECD countries is mostly managed at the local level but national regulation and legislation determines to various extent its overall structure; services are delivered through: institutional care, home-based care and community-based care. Beside this kind of care system, informal care, both unpaid (provided by relatives or people close to seniors in need for it) and, recently, also paid (delivered by external caregivers, mostly migrants), remains fundamental in the majority of cases (OECD 2005).

[4] The countries included in the project are: Australia, Austria, Canada, Germany, Hungary, Ireland, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Spain, Sweden, Switzerland, the United Kingdom and the United States.

Table 1.2.1 Major public programs covering long-term care in selected OECD countries, 2003

	Type of care	Programme	Source of fund	Type of benefits	Eligibility criteria[1, 2]	Private cost-sharing
Australia	Institutional care	Residential care	General taxation	In-kind	All ages	There is a standard charge plus a means-tested charge based on income.
	Home care	Community Aged Care Packages (CACP)	General taxation	In-kind	Generally 70+ Means-tested	Users are charged according to ability to pay.
		Home and community care (HACC)	General taxation	In-kind	All ages Means-tested	Users are charged according to ability to pay.
		Care payment	General taxation	Cash	All ages Means-tested	–
		Carer allowance	General taxation	Cash	All ages Universal	–
Austria	Home care	Long-term care allowance	General taxation	Cash	All ages Universal	Users are expected to pay the difference between the benefit and the actual cost.
	Institutional care	Long-term care allowance	General taxation	Cash	All ages Universal	Users are expected to pay the difference between the benefit and the actual cost.
Canada	Home care	Provincial programmes	General taxation	In-kind	All ages Usually means-tested	Means-tests vary between provinces.
	Instutitutional care	Provincial programmes	General taxation	In-kind	All ages Usually means-tested	Means-tests vary between provinces.
Germany	Home care	Social Long-Term Care Insurance	Insurance contribution	In-kind and cash	All ages Universal	No cost-sharing required but out-of-pocket to pay for additional or more expensive services than covered by public insurance was on average EUR 130 per month.
	Institutional care	Social Long-Term Care Insurance	Insurance contribution	In-kind	All ages Universal	Board and lodging is not covered (on average EUR 560 per month); plus service-charges in excess of statutory limit were EUR 313 on average; (these private cost can be covered by means tested social assistance).[3]
Hungary	Home care/ Institutional care	Social protection and social care provision programme	General taxation	In-kind and cash	All ages Means-tested	User payment is set by the institution within the range defined by the local governments.
		Health-care insurance fund financed services	Insurance contribution	In-kind	All ages Universal	"Basic quality" services are free of charge. Patients have to pay for "higher quality" services.
Ireland	Institutional care	Nursing Home Subvention Scheme	General taxation	In-kind	All ages Means-tested	Maximum of EUR 26 000 per year on average (depending on home).
		Public long term care	General taxation	In-kind	All ages Means-tested	Users have to pay up to a maximum of 80% (around EUR 5 500 per year) of the non-contributory old-age pension.
	Home care	Community-based care	General taxation	In-kind	Partly means-tested	Community nursing services are not means-tested and are free of charge, but home helps are means-tested.
Japan	Home care Institutional care	Long-term Care Insurance System	Insurance contribution and general taxation	In-kind	Aged 40-64: disabled by 15 ageing-related diseases aged 65+: all disabilities Universal	Users pay 10% of the cost as co-payment.
Korea	Home care Institutional care	Social services for the elderly	General taxation	In-kind	65 and over Means-tested	Recipients of social assistance: free of charge. Others: charge varies according to the level of income.
Luxembourg	Home care Institutional care	Dependency insurance	Insurance contribution	In-kind and cash	All ages Universal	Users are to pay the difference between the benefit and the actual cost of care.
Mexico	Institutional care	Specialised services in Geriatrics	General taxation	In-kind	All ages, all people who are insured	
	Home care	Day centres for pensioners and retired	General taxation	In-kind	Insured pensioners and retired people	
Netherlands	Home care	AWBZ	Insurance contributions	Consumer-directed budget[4]	All ages Universal	Income-related co-payments are required.
	Institutional care	AWBZ		In-kind	All ages Universal	Income-related co-payments are required.
New Zealand	Home care	Carer Support	General taxation	In-kind	All ages, means-tested	
		Home Support: home help	General taxation	In-kind	All ages, income tested	
		Home Support: personal care	General taxation		All ages, universal	
	Institutional care	Long-term residential care	General taxation	In-kind	Aged 65 and over, and 50-65 with early onset age-related conditions Means-tested	
Norway	Home care	Public long term care	General taxation	In-kind	All ages Universal	Home nursing care is free of charge. Home help is based on an optimal user-payment (usually NOK 50 per time).
	Institutional care	Public long term care	General taxation	In-kind	All ages Universal	Residents in institution are charged approximately 80% of their income.
Poland	Home care Institutional care	Social services	General taxation	Cash/in-kind	All ages Means-tested	
Spain	Home care Institutional care	Social care programmes at Autonomous Community level	General taxation	In-kind	Means-tested	73% of total long-term care cost was met privately in 1998 according to an estimate.
Sweden	Home care Institutional care	Public long term care	General taxation	In-kind	All ages Universal	Users pay moderate amount of fees set by local governement.
Switzerland	Home care Institutional care	Programmes at Canton level; health promotion for the elderly by Old Age Insurance	Sickness/Old Age Insurance funds and general taxation	Mix of in-kind benefits and benefits in cash	Means-tested for institutional care	High.
United Kingdom	Home care Institutional care	NHS	General taxation	In-kind (nusirng at home and in nursing home)	All ages Universal	Free of charge.
	Home care Institutional care	Social services	General taxation	In-kind	All ages Means-tested	Users are charged accoriding to ability to pay.
	Home care (cash)	Social Security Benefits	General taxation	Cash benefit	All ages Means-tested	
United States	Home care (in-kind) Institutional care (in-kind)	Medicare	Insurance contributions	In-kind (skilled care only)	Disabled and aged 65+ Universal	Home nursing care: free of charge. Skilled nursing care: up to 20 days USD 0, 20-100 days USD 105 per day, after 101 days 100%.
	Home care (in-kind) Institutional care (in-kind)	Medicaid	General taxation	In-kind	All ages Means-tested	Co-payment can be charged depending on financial status of the recipient.

1. “Means-tested” refers to a test of user’s income and/or assets in relation to receipt of personal care (at home) or home care allowance, or in relation to nursing and/or personal care in a nursing home. Generosity of tests varies widely between countries.
2. “Universal” refers to programmes with no income and/or asset test as defined in note 1 above.
3. Cost-sharing in 1998, according to Schneekloth and Müller (2000).
4. By 1 April 2003, the consumer-directed budget has been changed in a cash payment.

Source: OECD, “Long-term Care for Older People”, Paris, OECD Publishing, 2005, pp. 22-24.

Table 1.2.1 shows the main types of public programs in operation in the countries included in OECD research, their financing modes - which in most countries is general taxation, even though an increasing number of countries is nowadays shifting to a “social-insurance-type solution” - and other specific aspects related to the provision of LTC, such as the private participation in paying for it. As already anticipated through the categorization made by Daly, universal access to care (in this case long-term care) is not provided everywhere, on the contrary, many states make their citizens pay for all the services (“means-tested system”), meaning high costs to be burdened by those whose income is not very low. However, even in publicly funded systems (“universal social insurance systems”), when it comes to institutions, often users are asked to cover a part of the expenses, in particular for board and lodging. Therefore, private funding results significant in LTC provided in institutions, while services supplied at home require less material participation from people: this is one of the numerous reasons why governments are moving huge portions of their investments addressed to care towards the implementation and development of a home-based system of long term care. Other important motivations fostering such type of care services are: the difficulties in satisfying the aging population demand for long term care in designated structures, as their capacity is still not able to cover the high number of people in need; elder people’s willingness to spend their old age at home; the lower cost of home-based care, as it doesn’t imply the establishment of facilities by the state.

An important aspect related to home-based care, which is getting more attention in the this field, in view of an effective and high-quality aged care system, is the integration of the above said type of care with “age friendly communities” providing additional services for the elderly, implying social activities and relations, in order to let them not feel alone and relegated in their houses (Sixsmith et al. 2017).

It has been deliberately chosen to focus our discourse about elderly care in developed countries on the provision of it granted by the public sector since it holds an important role, conversely with the situation that is found in China; however, it is necessary to report that in recent years the private sector has entered this field with the purpose of giving a support to the

insufficient supply available through public systems. A high number of private residential homes and firms providing different kinds of care, mainly home-based care services, has spread worldwide; in addition, collaborations between the private and the public sector turned out to be a valid solution, as it is the case of Sweden, where, from the 1990s, various local municipalities started outsourcing aged care services to for profit organizations, by means of public financing (Takeshi, 2012). Therefore, the presence of an aged care private industry in developed countries is substantial and documented, nevertheless, our overview about the management of old age in the above said cluster of countries will continue to be focused on the public system.

1.3 Challenges

In recent times, elderly care have taken on the role of significant issue in the policy discourse of countries all over the world and, consequently, challenges to the systems have been found and taken into great consideration; policies and reforms are being implemented due to this reason, but problems deserving attention are still present in many contexts.

In general, it is worth noting once again that the combination of population ageing and demographic and social changes, such as the reduction in the availability of informal caregivers, in particular sons and daughters, implies a wider demand for care: as the government is the head of the welfare state, comprising in itself both health and social system, the demand is being posed to it.

A very important topic is, therefore, related to the amount of investments employed for funding elderly care. As previously described, some countries used not to be sufficiently involved in the provision of care for their citizens, however, at a time where an increasingly heavy amount of people is in need of it, this cannot be accepted anymore. In addition, the OECD study on long term care (2005) explains that, as a general assumption, the main portion of national expenditure regarding the elder population is directed to the pension system and acute health care, and:

> "Total expenditure on long-term care in the 19 OECD countries covered in this study ranges from below 0.2 to around 3% of GDP. Most countries, however, are clustered in a range between 0.5% and 1.6% of GDP, with only Norway and Sweden having expenditure ratios well above that level."[5]

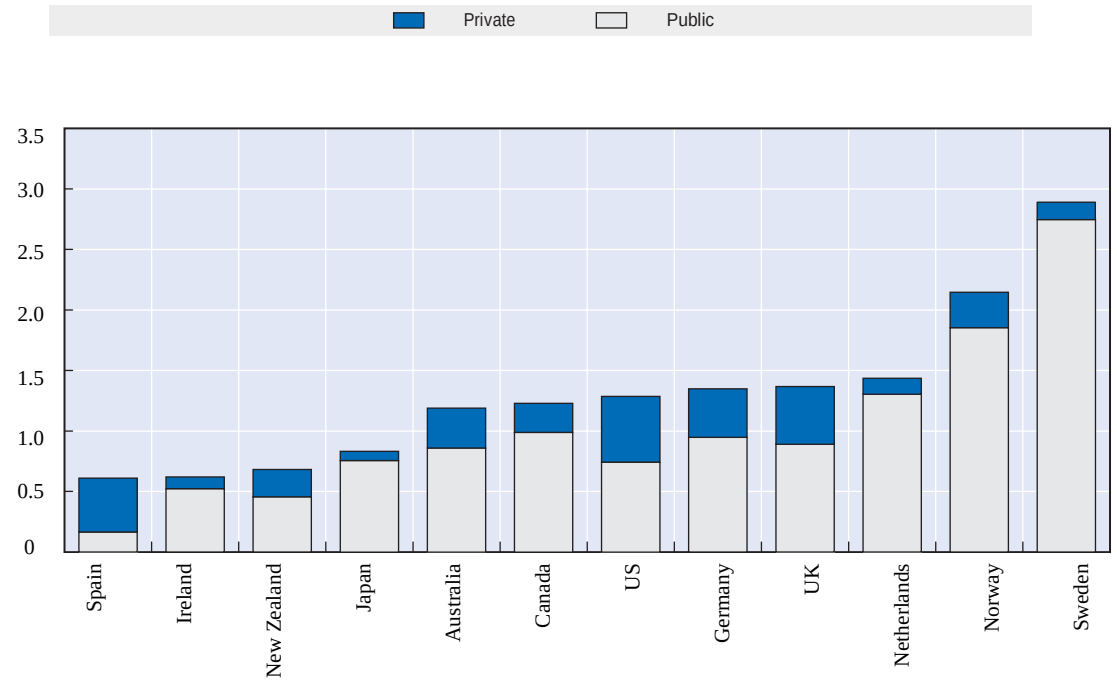
These data represent the situation of 2005, year of the OECD report, and, at that time, projections about public expenditures on long term care showed that they would have increased in the future, however such a low employment of national funds is to be considered a serious challenge for meeting the requests of ageing societies. As a matter of fact, where public support in paying for long term care is not enough and the liability of contributing for it is mostly entitled to users, the costs are documented to be unsustainable for the latter.

Nevertheless, this topic has already gained more attention in the eyes of public authorities of many countries, therefore, even though there are still hints to a not completely

[5] OECD, "Long-term Care for Older People", Paris, OECD Publishing, 2005, p. 25.

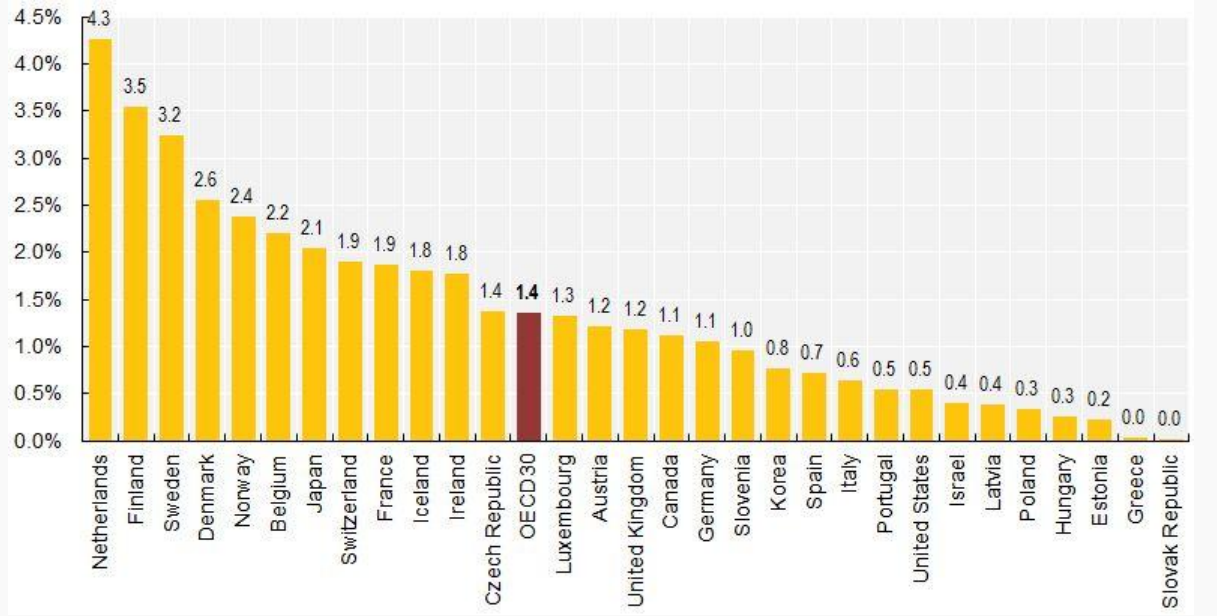
sufficient and adequate system of funding for LTC for the elders, the trend towards a raise of public expenditure for care has been confirmed, as can be seen in figure 1.3.1.

Figure 1.3.1 Public and private expenditure on long term care as a percentage of GDP, 2000



Source: OECD, "Long-term Care for Older People", Paris, OECD Publishing, 2005, p. 26

Figure 1.3.2 Public spending on long-term care (health and social components) in 2014 as a percentage of GDP



Source: OECD Health Statistics 2019, (Web source).

In addition, and connected to the problem of insufficient funding, in recent years it is being increasingly debated the issue of the fragmentation of services provided to the elders, due to the traditional distance existing in many countries between health and social care systems, as cause of inefficiency and waste of money. In the case of England, for example, as explained in the article of Currie (2010):

> "The 'fault-line' has therefore left a legacy of dysfunction: persistent cultural, organizational and political differences between the two systems, different – and sometimes adversarial – models of care, separate management, IT systems and budgets, and – to varying degrees – a collusive mindset of demographic denial."[6]

These aspects make it very complicated to design clusters of services that can be delivered together in a framework of continuity of care. However, in this field as well, a lot of countries have recently been focusing a growing attention, given that solving it would constitute a very useful means to achieve the creation of both high-quality and cost-effective elderly care systems; as a result, many initiatives towards the establishment of an "integrated care" model of care have emerged. In the next section we will draw up an overview of latest developments referring to this issue.

To proceed with the analysis of the challenges elderly care systems have faced and are striving to overcome by means of policies and reforms, in particular for what regards formal long-term care, it is worth mentioning the issue of quality deficits found in the provision of services in different settings. Often this does not solely refer to the inability to satisfy the requests of the aged and their families with deficiencies "such as inadequate housing (nursing homes), poor social relationships and lack of privacy, inadequate treatment of depression, bedsores and the use of restraints […]" (OECD 2005, p. 66), but also to the deeper level of abuse towards patients, which has been widely documented as a serious problem.

Categorizations of what must be monitored in the services for elders have been designed in order to understand the degree of quality of care in an objective way and to fix regulations according to it; the one expressed in OECD study on long term care (2005) results to be an exhausting one as it includes: the quality of *structure*, namely quality and safety of buildings, comfort of housing environment and size of rooms, among others; quality of

[6] Colin Currie, "Health and Social Care of Older People: Could Policy Generalise Good Practice?". *Journal of Integrated Care*, Vol. 18: 6, 2010, p. 21.

process, some examples are: protection of resident rights, efficient transfer and discharge management system and availability of qualified staff; quality of *outcomes*, such as problems of pressure sores, of malnutrition and number of falls.

Quality deficits included in the above classification have been reported especially for aged care services provided in nursing homes, while in home-based care shortcomings appeared to be fewer when considering reviews evaluating the degree of life satisfaction expressed by elders receiving care at home. The main problems observed in OECD countries were related to physical conditions (malnutrition, pressure sores, poor food sanitation leading to health risks, etc.) of the patients, which were found to be interlinked and to have as common causes deficiencies in quality of structure and quality of process of long term care, in particular the lack of qualified staff, the inefficiency of quality assessment and monitoring system and the non comfort of facilities.

Nevertheless, lately also these issues have received a growing consideration in a number of states: many initiatives have been developed in order to monitor and improve the quality of the services provided, either existing regulations were modified or new ones came into being. They often require care providers to meet fixed minimum standards regarding structural elements, such as the quality of facilities and the adequacy and availability of personnel; the trend is now to coordinate these standards at national and international level. Moreover, monitoring procedures have been designed for actually guaranteeing that the conditions are met, by means of the empowerment of consumers in expressing their opinions or complaints as well.

As we mentioned before, however, the major part of care required by old people is still provided at home by informal caregivers, that is to say by relatives or, in some cases, by close friends; this is true especially for Europe, although many other countries, included the US, share such feature. Informal care entails problematic aspects as well, mainly regarding the providers of care, since this task implies responsibilities and a considerable pressure, often resulting in significant consequences in caregivers' wellbeing. It has been documented that people who provide care to dependent family members are likely to be affected by that physically and mentally: many cases of depression, psychological burden, physical exhaustion, pain in arms and legs, and others were reported in the Eurofamcare project - Services for Supporting Family Careers of Elderly People in Europe (Döhner and Kofahl 2005).

In addition, issues related to the economic aspect of care arise, in particular when welfare systems are not able to satisfy the need for elderly care in a comprehensive way (this is the case, among others, of the US); family caregivers, accordingly, either have to contribute in a considerable way to the payment of services or might have to make sacrifices in their careers in order to have the time to provide care to their relatives, as they cannot afford to pay for other types of elderly care (K. Davis 2009).

Consequently, it is of paramount importance for governments and organizations to develop programs devoted to grant support to informal caregivers, such as counseling groups or respite care, with the purpose of relieving them from part of the burden and to "repay" the sacrifices made for providing a service that, we should not forget, is chosen by people in part because of a traditional legacy but also due to the willingness of supporting parents or relatives in need. Moreover, it has already been expressed that giving incentives to this kind of care can be positive for countries from a financial point of view, since less funding is required for it, compared to institutional care.

Even though in some countries discussions about the role of family care have not been so important in policy discourse yet, improvements in this field have already been documented in many cases: payment of cash benefits to elders and their caregivers, the right for the latter of taking leaves from work in specific circumstances and of receiving practical training in caring are all positive examples of the recently emerged attitude in respect of informal care. In addition, the availability of home-based services including meal on wheels, laundry service, and so on, and the presence of day care centers (run by hospital, local authorities, NGOs) result to be of significant help for informal carers (Döhner and Kofahl 2005).

In conclusion, after this rapid overview of the main challenges elderly care systems encounter in their existences, it is possible to state that, because of the increased importance of ageing populations' issue, such problematic aspects in part grew proportionally in size, in part received proportionally augmented consideration by governments and organizations at a national and international level. Difficulties hindering the achievement of forefront and totally efficient elderly care systems have not disappeared yet, but significant steps forward are being made, especially in developed countries with welfare systems holding a long tradition, which are held as role models and imitated by emerging nations, since they are starting to face dramatic demographic changes too.

1.4 How innovative models can address the challenges

CONCEPTS FOR INNOVATIVE ELDERLY CARE	
CONTINUUM OF CARE	Integrated Care for older people Balance of Care Nordic European countries' systems
AGEING IN PLACE	Livable Communities for All Ages
INTERGENERATIONAL PRACTICE	Multi generational houses Intergenerational co-housing Mentoring Volunteering

Table 1.4.1 Concepts for innovative Elderly Care

1.4.1 The Continuum of Care

Speaking about positive directions elderly care systems of many countries have pursued in the last years, a point of departure can be the concept introduced in the OECD study on Long Term Care (2005) under the name of *Continuum of Care*, which is associated to the one known as *Integrated Care for Older People (ICOPE)*, promoted by the World Health Organisation and specifically addressed to old people. At the basis of the general notion of *Continuum of Care*, also referred to as "continuity of care" by Glinskaya and Feng (2018), stands the necessity of providing an efficient system of care, both of health and social nature, to old people by means of meeting in synergy acute, rehabilitative and long-term care needs. Connected to that, the concept of *Integrated Care for Older People* focuses on the availability of adequate services for the elders covering, without fragmentation, all the necessities of the above said group, in different settings and having as targets more aspects, comprising both physical and mental wellbeing (Briggs, Valentin, et al. 2018). This comprehensive approach is gaining a considerable importance in the policy discourse on care

for elders and various are the research, the reviews and the documents about this improved system of care.

In the previous section we made reference to a serious issue regarding aged care embodied by the fragmentation and the discontinuity in the provision of services directed to elders, cause of wide discontent for users and of waste of resources for governments and organizations. This problem is mainly due to the distance between health care system and social care system in a number of countries, as in the past the attention was posed by health care on acute and episodic care delivered in hospitals, while by social care on family problems, this entailing that they were not bound together by a common issue (Currie 2010). Nowadays, as the demographic changes expressed above (increased life expectancy, decreased fertility rate thus availability of children to care for parents) have become more and more relevant, a higher quantity of old people needs care which is prolonged in time and, often, requires the support of social services as well. Consequently, it is fundamental to make the two said systems cooperate in an efficient way: this is what the concept of continuum of care lays stresses on.

In particular, in the OECD report (2005) it is expressed that the two main goals to be achieved by such type of care are: giving to the users the possibility of accessing or receiving the services they need in any moment and, in home-based care, this assumes a paramount importance; being able to adequately handle and control the transitions between services and service settings the elders may need over time (home, hospital, nursing home). In order to get to such aims, the easiest solution would be to concentrate the provision of services (both of acute and long term care) into one single organization, but this is still far from being realized. However, making the different actors who play a role in elderly care have a common strategy in the delivery of services emerges to be a remarkably valid alternative solution; in many countries the above said result is being pursued through the creation of strong connections between those actors, "[…] by negotiating and publishing a strategic framework that sets out agreed national goals and priorities" (OECD 2005, p. 36). This allows as well the receivers of care and their relatives to know more about which are the accessible services and in which contingencies.

Although every country chose its specific method to develop the concept of continuum of care, it is reported that some common aspects arose from it: co-ordination of services, case management and multi-disciplinary assessment; separate funding flows channeled into

transferred budgets; a unique entry point, meaning a bond between services and elders. In addition, diminution of bed days in hospital and of use of institutional long-term care, with some variations related to different initiatives, were documented as well (OECD 2005).

This comprehensive notion of care has gained a growing importance in recent years, as it showed positive and effective results in all the countries implementing it. The World Health Organisation furnished a definition of the project of *Integrated Care for Older People (ICOPE)*, which, embedding in itself the concept of continuum of care, develops an additional innovative point: it considers the "person-centered" approach the best way to meet the requests of people; therefore, rather than designing a care system according to the needs of service structures, the necessities, the preferences and the objectives of old people have to be the main focus (Briggs, Valentijn, Thiyagarajan, et al. 2018). Such program entails as well the issue of "Healthy Ageing", namely social care and health care systems should concentrate on preventing and handling the deterioration of essential capabilities and faculties of old people.

To support with another evidence the relevance obtained by Integrated Care, we may quote also the "Balance of care" model which, having its main applications in the United Kingdom, makes of the above said person-centered approach its strength, consequently

> "Its perspective puts the requirements of the client group – and not the structures of the organisations - at the centre of the planning process. This, in turn, means that the approach also focuses attention on relevant information needs, helps to clarify responsibilities for setting a strategic direction, and provides a framework for effective management of operational services."[7]

What emerges from the description of this newly achieved integration of the two main providers of care in countries – health and social systems – is that improvements are being reached in the field of elderly care thanks to efforts of governments and organizations that join their forces to find efficient ways of meeting the increasing demand of their ageing populations.

There are some countries which managed to realize such an efficient system of care ahead of time, compared to the majority of nations, and these are the Nordic European countries. For example, Swedish government already in 1992, with its Elderly Reform, introduced and brought into life the idea of *integrated delivery systems* (Andersson and

[7] Paul Forte, Tom Bowen, "Services for older people: finding a balance". In Jan Vissers, Roger Beech, *Health Operations Management*, London, Routledge, 2005, p. 282.

Karlberg 2000). This pioneering region, characterized by a high involvement of the state in the care sector, is reasonably looked up to by many countries, which, holding it as a model, are trying to take steps in an analogous direction with regard to elderly care domain.

1.4.2 "Ageing well in the right place"[8]

A further approach shared by governments of the majority of nations lately is, as introduced in the section "Modes of provision" (see Chapter 1.2), to promote the employment of the home-based care system, that is to say encouraging old people to live at home for the longest time, instead of moving into institutions when the provision of services for carrying out activities of daily life is required. By all means, in order to do so, initiatives for implementing the delivery of adequate services at home are of paramount importance, and support to family caregivers must be granted as well; consequently, dealing with old age needs', worldwide governments and organizations are moving towards this direction. As a matter of fact, an important part of public expenditure for aged care in many countries is commencing to be devoted to direct cash payments, benefits and allowances, together with packages of services to old people, which foster them to adopt home-based care.

Moreover, some facts have to be considered as additional positive factors pushing for the implementation and improvement of the above said kind of care, and they are: a very high number of elders shows the preference for aging in their own homes, in their communities; the degree of autonomy and health of old people is growing thanks to better life conditions, making it not necessary for them to move into institutions; living arrangements underwent a shift upwards in their quality, therefore it is possible to receive care there (OECD 2005).

Indeed, the home-based system has to be included in the context of the "continuum of care" as well: when effective, such system allows the elderly to live at home in a comfortable way for as long as possible, but in the moment a problem which cannot be solved, if not in an institution, arises, there must be the immediate possibility of transferring the patient to a different setting where the required and adequate care can be provided. This is what the joint forces of people and organizations having a role in delivering services to old people are striving to realize.

[8] Make reference to: Judith Sixsmith, Mei Lan Fang, Ryan Woolrych, Sarah L. Canham, Lupin Battersby, Andrew Sixsmith, "Ageing well in the right place: partnership working with older people". *Working with older people*, Vol. 21: 1, 2017, pp.40-48.

An important notion linked to home-based elderly care system is that of "Ageing in place". Being in life for many years now, it has been recently analyzed and discussed through a deeper perspective by a number of authors.

As a matter of fact, the traditional concept of ageing in place as the ability of growing old in one's own house may be considered reductive or insufficient in view of the enhancement of a physically and mentally healthy old age. In particular, Sixsmith et al. (2017) pointed out that

> "Simply helping older people to remain in their homes for as long as possible without providing for individual, social and cultural differences or improving housing is likely to leave many in sub-optimal, sometimes detrimental, living conditions. Further, the social and physical community as well as the service landscape needs to be conducive of positive ageing. This locates age-friendly communities as central to the social aim of ageing in place"[9].

Therefore, such comprehensive approach towards an exhaustive and positive idea of ageing in place asks for more than the mere economic support granted by governments to elder people, which is, nevertheless, essential. It focuses its attention on the relevance of integrating the improvements made in home services and settings with communities able to satisfy the additional needs of old people, from practical ones, such as finding shops, feasible streets and other facilities, to the most personal, for example the possibility of establishing relations with people or enjoying pleasant surroundings. The project of Livable Communities for All Ages (LCA) in the US, reported in a paper written by Krone Firestone, Keyes and Greenhouse (2018), stating the indispensable nature of the collaboration between the aging and the planning sectors for achieving valid results, is an interesting example of the advancements that are being carried out in this field in various parts of the world.

1.4.3 The intergenerational approach

Connected with the notion of Ageing in place, as this entails the importance for old people of living in a positive environment made of both one's own house and, possibly, a community around it, is the idea of Intergenerational Practice. This concept, come into existence in the 60s-70s in North America, has lately gained an increasing importance as desirable solution to the worrisome situation of an era where demographic and social changes

[9] Judith Sixsmith, Mei Lan Fang, Ryan Woolrych, Sarah L. Canham, Lupin Battersby, Andrew Sixsmith, "Ageing well in the right place: partnership working with older people". *Working with older people*, Vol. 21: 1, 2017, p. 41.

brought about the loss of some fundamental aspects of human societies, such as the bonds among generations and the sense of community (Hatton-Yeo 2010).

In particular, the intergenerational approach appears relevant in our discourse about elderly care and, more broadly, in the one about health and wellbeing of the elders, as it has been reported to be source of help, gladness and satisfaction for the above said group of people. Among the main positive results, there are reduction in feelings of loneliness and social isolation, further to improvements in mental and physical capabilities (Davidson Knight 2012). In addition, intergenerational practice shows positive outcomes for all the "actors" implied in it: it is documented to be very useful and enriching for young people as well, as, depending on the type of project they take part in, they say they can ameliorate or strengthen some aspects of their personality or achieving the same results in practical features, such as new ways of learning. Interesting programs in Europe with regard to the intergenerational approach can be found, for instance, in Germany, where skilled elders help young people in the transitions from school to work, in particular in the case they leave school early (Schlimbach 2010); in Portugal, where groups of young adults (18-30) and old adults (over 65) learn together research skills in a mainstream university – not, as one might think, in a senior one -, project linked to the notions of "active ageing" and "lifelong learning" as well. In this case, it is also noticed a change of attitude towards the understanding of old age, shifting away from the negative view young people had on it before (Gonçalves, Hatton-Yeo, Farcas 2016).

In addition to the enhancement of intergenerational relationships these projects bring along, concerning instead their impact on fostering the sense of community, another German program can be pointed out. *Multigenerational houses* is a project which receives public funds and establishes "houses" thanks to the involvement of a variety of actors, often in cooperation: public authorities, non-profit- organizations, social centers and other associations. It is seen as a way to solve issues related to the crisis in family and intergenerational relations and to elderly and child care. As a matter of fact, in this kind of places people of different ages can receive and provide, on a voluntary basis, help in a mutual way; moreover, in shared environments there are services they can use, such as: "day-nurseries, homework help for children, family therapy, social centers for the elderly, "rent-a-granny" service, cultural and sports activities, etc." (Labit and Dubost 2016, p.49)

Such idea of sharing communities, spaces, and even houses among different generations is promoted by public authorities in France as well, following the example of Spain, where the notion of *Intergenerational co-housing* was born. The main aims of such program are to cope with the problematic issue of finding affordable accommodations in cities for young students or workers, and, for elders, to oppose the feeling of social exclusion and to help them in daily activities and having interpersonal relations. With the specific name of "student-senior home-sharing" (*collocation étudiant-senior*), is meant the provision by an old person to a young student or worker of a part of his house to reside in, in exchange for intentional aid and good relationships (Labit and Dubost 2016).

Again in the European context, the possibility for old people to take part in volunteering activities and civic engagement has turned out to be very helpful in the amelioration of their wellbeing, in particular in the improvement of physical and mental health, achievement of self-esteem and reduction of social isolation through the establishment of contacts and relations. Moreover, in places where this kind of activities were carried on, it was proved that negative stereotypes and attitudes towards old age reduced significantly, as the contribution elders could give to societies was evident to everybody there. Consequently, through different types of projects[10] the ideas of *intergenerational solidarity* and *active ageing* were – and still are - fostered; in this regard, the action of NGOs and of seniors themselves, supported partially by the state, are of paramount importance (Robertson 2013).

All these examples have been presented in order to show how innovative and creative initiatives, that are designed and managed by organizations and public authorities in a growing number of countries nowadays, can be source of wellbeing and better conditions of old people in a sustainable way, and, at the same time, have positive effects on the other "actors" entailed in them, both physical and not: younger adults, communities considered as groups of people living together sharing the veritable sense of community, and intergenerational networks and relationships.

Therefore, we find it desirable and decisive for the future to integrate the positive directions elderly care systems of developed countries discussed in this chapter are following with such programs, since they can be a source of life quality enhancement not only of seniors but of societies as a whole.

[10] If interested in other initiatives in this field refer to Guy Robertson, "The contribution of volunteering and a wider asset based approach to active ageing and intergenerational solidarity in Europe". *Working with Older People*, Vol. 17: 1, 2013, pp. 7-18.

2

Population ageing in China

2.1 Causes and characteristics

China is today the most populated country in the world with its over 1 billion and 400 million inhabitants, as it is reported in the data collected by the National Bureau of Statistics of China. However, being the PRC a nation where the demographic changes that have taken place in the last seventy years have been, for a great part, the outcome of the solutions adopted by the state, we can say that, indeed, the above said huge number would be much higher if family planning policies had not been enforced.

Starting from 1971, with the *wan, xi, shao* (later, longer, fewer) program, which encouraged people to get married later, to wait a longer time between a child and another and to give birth to fewer children, the aim of lowering the fertility rate was achieved (Chen and Liu 2009). After that, the one–child policy, enacted in 1979, has eventually intensified the process of dramatically slowing down the pace of China's population growth as it was after the creation of the People's Republic of China in 1949, when the population doubled and became a serious issue in the national and international discourse (Sandhu et al. 2016). Although enacted with several local and regional variations, the policy used to encourage through financial incentives, or in some cases even compelled, Chinese married couples to have just one child; this resulted in an impressive reduction of the birth rate with a fall of fertility of 70% in less than twenty years.

Nevertheless, along with the positive aspect of slowing down the trend of increase of the population, the one-child policy brought about some very important negative outcomes. Leaving aside the worldwide argued and discussed ethical side of the above said policy, which is not useful to the aim of this dissertation in this moment, and the disparity generated between the portions of male and female population, one fundamental matter is the stunningly rapid aging of Chinese people, at a speed never seen before in the whole world. While in Western countries the process of population aging began in the past and developed throughout a quite long period of time, giving those countries the possibility of dealing with it gradually

and in a “situation – conscious” way, developing countries, mainly in Asia, facing the above said process in recent years, are experiencing it at a very fast pace. We can understand it from the fact that France had 115 years for completing the transformation into an aged country (from 1864) and the United States 69 years (from 1942); on the contrary, it took only 18 years to South Korea (starting in 2000) to reach the status of aged nation and 24 years to Japan (starting in 1970) (Sandhu et al. 2016). China is, of course, a member of the second group and its transition to an aging society was completed in less than 30 years.

As a matter of fact, in part due to the family planning policy, starting from some years after 1979 the fertility rate fell under the replacement value, meaning a significant increase in the aged population compared to the young one. This resulted in the fact that from 2000 China has become an aging country, in line with what the United Nations defines as such, that is to say: when the population aged 60 and over reaches the numeric value of 10% of the total, and the population aged 65 and over the 7%, the population is aging (Fernandez Lommen, 2010). China has already exceeded this threshold significantly; the data collected by the United Nations and reported in the World Population Report of 2017 show that the percentage of people aged 60+ is 16.2 % and it is predicted to get to the sum of 35.1 % in 2050.

Figure 2.1.1 Demographic pyramid of China (1950)

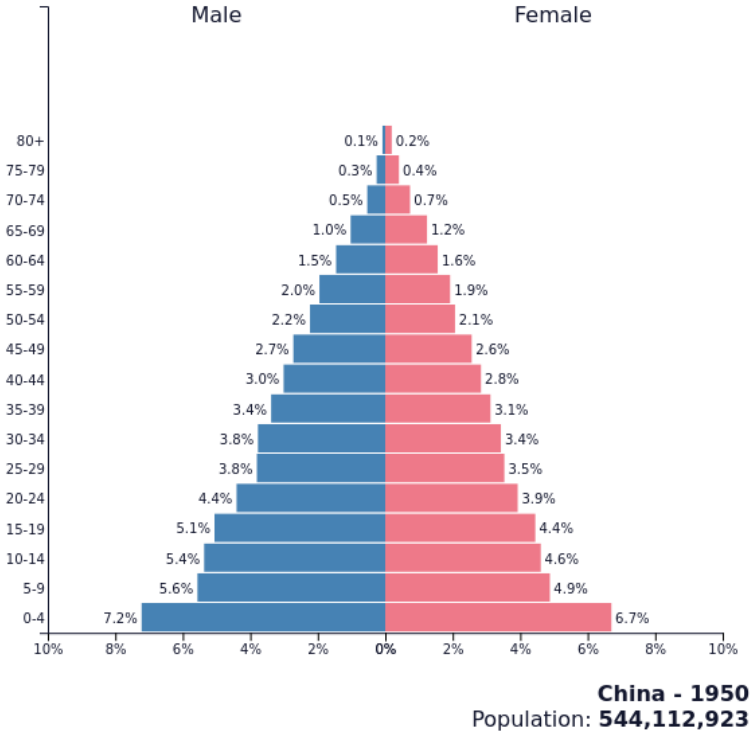
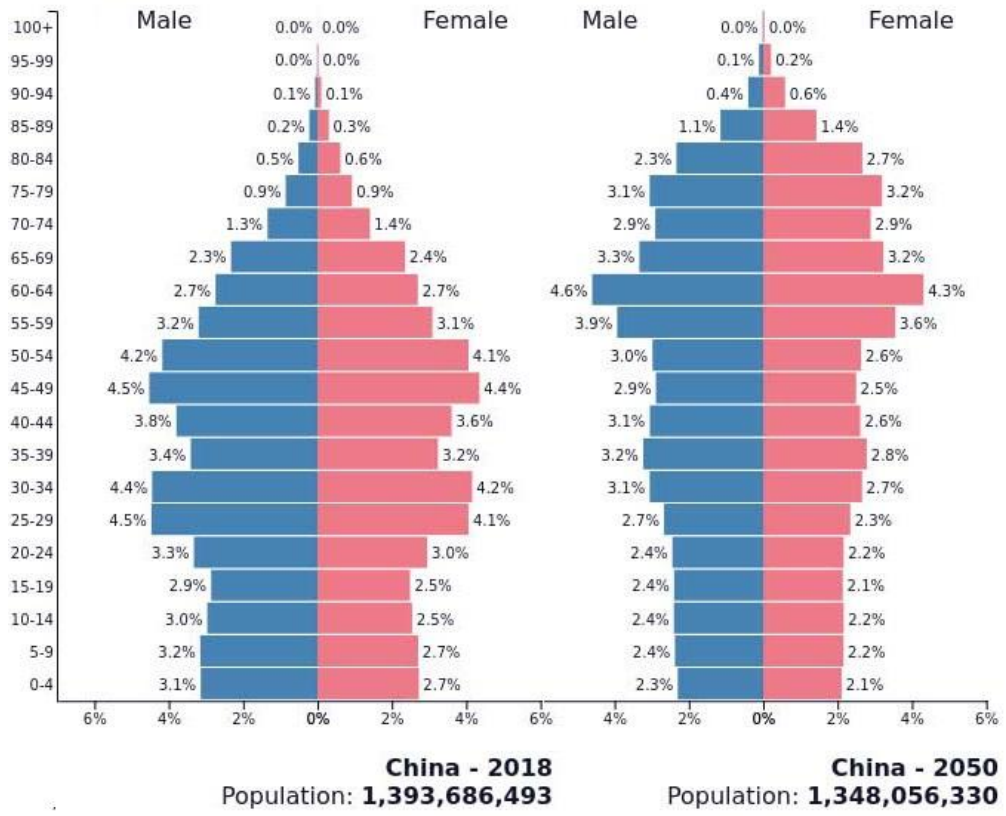


Figure 2.1.2 Demographic pyramids of China (2018 – projection of 2050)



Source: Populationpyramid.net, 2018

The figures above represent in an evident way how Chinese demographic structure has changed throughout time, having its shape transformed in less than seventy years from the one typical of fast growing populations into a 'constrictive' pyramid, which means its bottom (the younger population) is narrower than the upper part; the last pyramid, then, shows that the predictions for the future are even more worrisome: people aged 60-64 will be the most consistent group in 2050, while birth rates will remain stable at a very low level.

Starting from the situation of having the average age fixed at 24 in 1950 and a young and fast-growing population, China in the last twenty years saw a massive alteration upward of the age of its inhabitants: the median age in 2017 was 37 and it is projected to reach almost 50 by 2050 (United Nations 2017).

Another troublesome issue entailed in this new demographic structure is the dramatic shift of old age dependency ratio, namely "the number of individuals aged 65 and over per 100 people of working age defined as those aged between 20 and 64" (OECD 2017, p. 122-123). The specific case of China shows that from the proportion of 13 dependents per 100

working age people, there will be an increase up to 45 per 100 in the future (by 2050), meaning an amount of 480 million seniors. Moreover, the portion of people aged 80 and over is growing even faster: from less than 20 million in 2010 to almost 100 million in 2050, as the projections manifest (Feng et al. 2012).

It goes without saying that many old people are not anymore able to carry out activities of daily life, requiring assistance from others; the enormous growth of the number of the above said group of people will lead to an analogous increase in long-term care needs and costs. We will deal with these heavy challenges to the country's social and economic systems in the next section.

It is also worth mentioning the fact that the release from 2013, then the total abolition in 2016, of the one-child policy in China has not seen - as it was, instead, expected - a significant rise in the number of births. In fact, even though the renewed policy grants married couples the permission to have two children, the trend has not changed yet; generally speaking, Chinese couples decide to give birth to less children and to postpone the time for that because of several reasons: the costs required are high, there is a lack of services supporting parents in taking care of children, job ambitions for both men and women have become more and more important. All of these are aspects recently born in Chinese people's traditional mindset and they foster the continuation of the processes of declining and aging population (Colarizi 2018).

In addition, if family planning policies have been a peculiar Chinese way of shaping the demographic structure and changes, there has been another important factor which, instead, concerned the majority of world nations throughout time, contributing to the current situation of aging society: the improved conditions of life played a significant role in the extension of life expectancy and on the fall of mortality rates. The difference for China, though, was that this occurred in a particular context of "poor and non- industrialized economy within a short period of time", as Chen and Liu (2009) state. As a matter of fact, starting in the 1950s, the government made huge investments in the health system with programs for the eradication of infectious diseases, the improvement of vaccinations and immunizations, the purification of the environment and so on. The main outcomes were an impressive reduction in mortality, also among infants, and an increase in life expectancy at birth; however, this was not associated to industrialization and development of the nation. Despite the partial abandonment of such investments by the government in the following

years, the mortality rate continued to decrease at an average rate until reaching the current situation, similar to one of the "old" developed countries (Chen, Liu 2009), with life expectancy fixed at about 76 years old and projected to get to 80 in 2050.

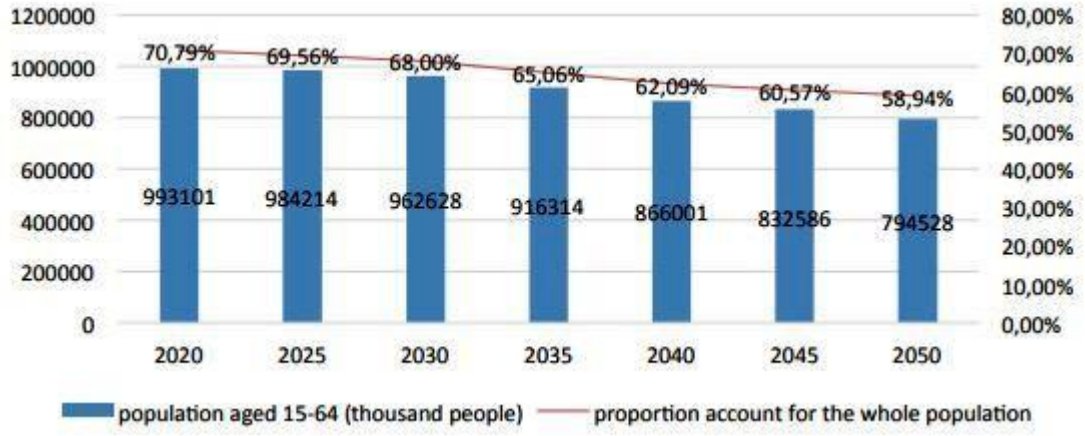
Due to the above said efficient system employed with the purpose of ameliorating life conditions and to lengthen life expectancy of people in a period of poverty, or at least not of economic wealth, population aging in China has emerged as different from those of the majority of countries of the world. In history, population aging occurred as a consequence of improved living standards connected with the increase of salaries in family units who, therefore, decided to have less children; China, on the contrary, embodies the notion of "getting rich after getting old": the population has aged and is aging but at a low level of per capita income. Notwithstanding the aim fixed by the government for the country per capita income to reach in 2020 the high–income level of almost 13,000 US dollars, in 2014 it was still under 8,000 (Johnston et al. 2016). That is to say that, for China, population ageing may represent an even more arduous challenge than for other countries which got old after getting rich and, consequently, possessed a larger range of resources to face the situation.

2.2 Consequences and challenges

The demographic trend of Chinese society, as we have already mentioned, has been narrowly defined and imposed by the decisions the government made starting from the 1950s, when the necessity of improving health conditions led to the achievement of this goal and, consequently, to the impressive reduction of mortality; following, as the problem of the population at that time was its exceeding size, from the 1970s, family planning policies began to be enacted, in order to control the number of citizens. The objectives and expectations of reducing drastically the volume of the population have been completely fulfilled, satisfying the desires of the political leadership in terms of getting more possibilities of economic growth; however, what probably had not received the proper attention in those years was the possible or, actually, almost sure main consequence of such resolution: population aging (Liu 2009).

Among the major challenges every aging or aged country face because of their demographic structures there are those of economic nature. These problems, then, can take slightly different directions according to the peculiarities of each state and its economic system. In a country where the economy is mainly based on "labor-intensive low-value added manufacturing" (Fernandez Lommen 2010) as China is, it is more than evident how the reduction of the number of the population in the working age, compared to the old age one, can represent an arduous challenge.

Figure 2.2.1 Projection of the number and percentage of working age population (2020 – 2050)



Source: United Nations, Department of Economy and society Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

According to the data collected by the National Bureau of Statistics (2015), from 2012 the Chinese labor market has started its decline, and this will continue in the following decades, meaning a rise in labor costs and, therefore, a reduction of competitiveness for China in this field. Moreover, it is obvious that, due to the progressive reduction of the number of young workers, it will not be possible to improve productivity to create wealth enough for giving support to the growing number of dependent elders (Sandhu et al. 2016).

To continue with that, we can make reference to the numbers reported in the previous section about the old age dependency ratio; these are very meaningful in telling us how far population aging has gone in unbalancing the equilibrium of a "well functioning" state where, for lots of working people, there are only some old age people to be taken care of, both from the "human" and the financial perspective, making it possible for everybody to get along without problems. As a matter of fact, the predictions on old age dependency ratio in China are more than worrisome given that within 2050, with a ratio of about 45, there will be almost one dependent person per working age people couple, signifying a heavy weight to be burdened. Sure enough, it will be unsustainable to bear such burden solely by citizens themselves, therefore the state will have to contribute in a significant way to this situation, meeting high costs (Feng et al. 2012).

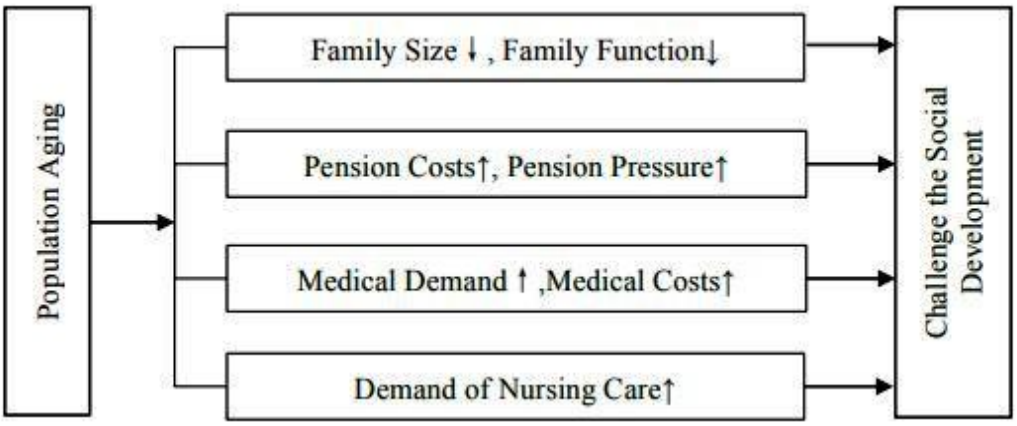
In particular, some pieces of research have been conducted and they show that the public expenses addressed to the elders in China will raise from less than 7% of the GDP in 2015 to more than 20% in 2050, which can be considered a positive and necessary achievement in view of a more efficient and adequate system of provision of services and care for old people, however, it may represent a considerable effort for the economic system.

Connected to that and, in general, to the demographic structure of an aging country, is the fact that in this context technological progress, which constitutes a useful means to foster productivity and development, cannot make its course easily. Indeed, young and middle-aged people are more capable subjects to use and innovate technology than elders, therefore, in a situation of aging population and of reduction in the number of working age people, the optimal conditions for promoting, strengthening and modernizing technology lack. Moreover, the employment of an enlarging part of resources and investments for the elderly will go to the detriment of the above said technological progress (Dong 2016).

Changes in the demographic structure of a country surely entail the occurring of consequences also from the point of view of the society as a whole; population ageing makes

no exception. In particular, the composition of families, many aspects of social policy, intergenerational relationships and other points are deeply influenced by such transformations.

Figure 2.2.2 The mechanism of the influence of population aging on society



Source: Dong, K., "Population Aging and Its Influences on the Economy and Society in China". *Assessment reports (EU China Social Protection Reform Project)*, 2016, p. 30.

The configuration of the family unit in China has undergone significant changes, like developed countries with modernization and progress, but also in a singular way because of the policies enacted by the government in the last four decades. The outcome of all of that has been the 'miniaturization' of the family, in the sense that today the typical one has a smaller size than in the past, and this trend is going to be confirmed in the future, according to what researchers state (Dong 2016). Population ageing is connected with that as the shrinking age group in families, and in the whole society, is the young one, and this means that, in terms of support given by family members to the elderly, the situation is getting worse. Moreover, the Chinese family structure model of "4 - 2 - 1" (4 grandparents, 2 parents, 1 child) has become the regularity and it implies several problems both for the only child, who have to bear the pressure of taking care of the elders all by himself, and for seniors as well, because empty nests will be more and more common, heavily modifying the traditional way of living and being cared for.

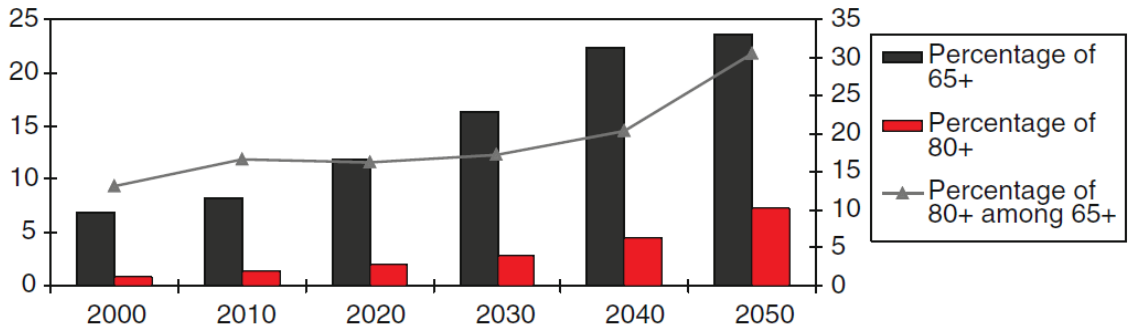
The ageing of the population raises challenges in the field of social policy as well. The first thought is about the source of money people are entitled to obtain in later life: pension. It goes without saying that, as a consequence of the enlargement of the portion of people to whom this money is directed, there will be an impressive increase in the utilization of the

pension fund in the following years, which will exceed the levels of financial sustainability of the country. This situation is then particularly difficult in China considering that the retirement age in urban areas is very low: 60 for men and 50 or 55 for women. A different discourse should be made for rural areas, where the pension system is still not well developed and people need to work longer and in poorer life conditions.

Another sector of social policy deeply affected by population ageing is healthcare. As a matter of fact, the elders are the primary users of the healthcare system and, again, following their spread in number, the demand for care will raise proportionally. Besides, together with development and modernization of recent times also in China, the above said sector made significant steps forward, implying, though, higher costs compared to the past. Therefore, the combination of the two before mentioned factors (growing number of elders and increasing medical costs per capita, in particular of the aged as they usually need more expensive and long-term treatments) leads to a considerable enlargement of the healthcare costs for the country as share of GDP. To make this situation even more serious, comes a peculiar aspect of Chinese population ageing, which refers to the group of the 'oldest old', that is to say people aged 80 or over (Liu 2009). This is the portion of seniors which is growing at the fastest speed and such pace is projected to further accelerate. Liu (2009) reports that if the group of 65 and over years old people will see an augmentation from 6.8% to 23.6% between 2000 and 2050, the proportion of the oldest old will increase from 0.9% to 7.2% in the same period of time (Figure 2.4).

The problem entailed in such a context is that people aged 80+ have, as a general and well known assumption, more chances of falling chronically ill, having serious limitations, both from a physical and a mental point of view, meaning they are weaker than the younger old. This results in a wider request of assistance and care, from their relatives or, when not possible for a variety of reasons that are becoming more and more common nowadays, from providers of healthcare and social services. Indeed, China is recently making relevant advancements in this field, however many more improvements will be needed in order to keep up with such situation.

Figure 2.2.3 Projection of the proportion of the population aged 65+ and 80+ in China (2000–2050)



Source: United Nations (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat) "World Population Prospects: The 2004 Revision Population Database", 2005. http://esa.un.org/unpp/.

As the demand of elderly care in a country characterized by an accelerating population ageing necessarily gets bigger, this associated with the changes in the family structure and the consequent reduction of support provided by it, the costs of nursing services are destined to raise significantly as well. More expenses for infrastructures, for the training of the personnel, and others, all in view of providing adequate services to the elders, will be necessary. We will focus on these very important aspects in the following section.

What has to be noted, in the end, is the fact that to make the supply meet an expanding demand related to fields not yet sufficiently experienced and developed in a country like China can constitute a serious challenge for the whole system of the state; moreover, the economic consequences of the situation described can be very arduous, however, valid opportunities can be found as well.

3

Old Age Welfare in China

3.1 Institutional support to the elders: background and evolution

China's economic and welfare systems have undergone an impressive change in the last seventy years as, with the foundation of the PRC in 1949, a strict planned economy became the reality of the country, then, with the reform era beginning in the late 1970s, the transition to a market economy occurred. Surely, each type of economy entails a determined welfare state and social policy, therefore with the transformation of the economic system, many differences appeared in the new way of managing the society. This is significant in our discourse about the elderly especially as regards the alterations in the services of support given to them by the government, first of all in healthcare.

As a matter of fact, in the planned economy the above said sector was an essential part: in urban areas, the state was the owner and the administrator of the majority of healthcare suppliers, employees were all state workers and, at the same time, almost all Chinese urban citizens had free healthcare services provided by the workplace. The so-called "work unit" (单位 'danwei') had the function of a miniature welfare state which used to give to its workers a lot of non-salary benefits, included free healthcare. Also non-government owned enterprises operated in the same way with their employees, the only difference being the funding of benefits were not provided by the state but by the enterprises themselves. Indeed, the advantages just described were not enjoyed by the whole population; nevertheless, a considerable part of the citizens were used to such system.

However, this type of socialist healthcare regime, which was similar to those of Eastern Europe and Soviet Union countries, started to be considered unsustainable because of the reduction in revenues of the government during the first stages of the economic reforms, and, in the following years, not in line with the major goal of economic development; besides, it revealed problems related to its quality and efficiency as well. That is why from the 1980s the system was subjected to substantial transformations (Liu 2009; Yip and Hsiao 2008). To simplify, free healthcare service provision was abolished and it was not until the mid 1990s

that a social health insurance system began to be designed in order to take the place of the previous free healthcare system bound to work-units. Unfortunately, this new kind of financing healthcare took a long time to become effective and the outcome was that a high number of people was not covered by health security. Moreover, changes occurred also on the side of delivery of care: providers of care became financially independent in the late 1980s, this resulting in their attempt to get the maximum profit from the healthcare marketplace; from the late 1990s, following the decision of the state, the privatization of many public healthcare providers, which were transformed into non-profit organizations, began, but the process was sluggish as well (Gu and Zhang 2006).

An analogous change took place in the countryside: before the economic reforms, healthcare was based on the so called CMS (Cooperative Medical Scheme) that, raising money from households and communes and gaining just some allowances from the central government, managed to cover more than 90% of rural workers through an efficient system of health facilities and provision of basic care. In the late 1970s, following the forced end of the collectivization of agricultural production, the CMS started to fail; as a result, the coverage rate fell dramatically, medical costs became unbearable for many rural residents and living conditions worsened significantly. The government did not take valid and effective initiatives for a long period of time, leaving the population of the countryside mainly relying on themselves for healthcare, until 2003, when the New Cooperative Medical Scheme was set up and gradually made progress in the following years (Liu 2009).

Thence, the transition of healthcare system from a socialist to a market one represented a heavy challenge for many Chinese citizens in terms of access to care and costs; besides, as we stated previously, old people are those who need medical care the most, therefore such changes implied even more significant troubles for this group. As Liu (2009) reports, in the years 1980-2002 there has been an increase from 3.2% to 5.4% of GDP in the total health spending and a decrease in the public expenditure for healthcare from 1.1% to 0.8% of the gross domestic product: this is an evident proof of the fact that people had to rely much more on their own money to pay for medical services. Indeed, in recent years the issue of population ageing made it necessary for the state to increase the share of healthcare expenditure in order to cover a higher number of people with social health insurance, not being possible for citizens, and especially elder citizens, to bear the whole burden by themselves. As a matter of fact, healthcare insurance for workers raised its coverage up to

about 90% in 2011, thanks to the Basic Medical Care Insurance for urban residents and the New Rural Cooperative Medical Care Insurance for rural residents (Zhang et al. 2012; Glinskaya and Feng 2018).

Another topic needs to be analyzed through its course in time as it represents one of the main means of support provided to the elders by the state, in China as worldwide: the old age security system or pension system. In this field as well, given that the ageing of the population made it impossible for the elders who used to rely financially on their families to carry on doing so, reforms have recently been considered and realized.

The pension system in China has been in life since the 1950s, when the central government established it in order to provide with a coverage its personnel and the employees of state-owned companies in urban areas. Already during the Cultural Revolution, in the decade between 1966 and 1976, the above said system underwent major changes, as pensions were no more provided through regular government funds, but by enterprises themselves, consequently wide variations among contributions and pensions of different companies were present. Later, with the period of economic reforms which started in the late 1970s, the old age security system was heavily influenced by the fact that companies became financially autonomous and, as a result, faced many problems in undertaking the task of paying for retired employees' pensions; moreover, the unemployment rate increased in that period, causing a lot of early retirements and meaning a further difficulty for the pension system. Therefore, adjusting the above said system by means of reforms became an issue of paramount importance for the leadership.

From the 1990s, the government determined that the new old age security system had to be funded by the state, companies and individuals jointly and that all urban citizens had to be covered by it. Although it took a long time for this plan to become reality – as Liu (2009) points out, a report by the National Bureau of Statistics states that in 2004 only 46% of urban workers were covered by pension – nowadays the rate of coverage has increased considerably. Zhao and Mi (2019) states that: "By 2016, the total number of insured people has reached 379 million, which was three times that of the total number of the insured when the system was established in 1998 (p.4)."

A different discourse has to be made for rural residents, who, after some flimsy attempts of establishing a social insurance from the 1980s to 2000s which could cover only about 12% of the total rural workers, began to be properly included in an old age security

system just from 2009, with the establishment of the 'rural and urban resident pension scheme' (Glinskaya and Feng 2018; Zhao and Mi 2019).

In conclusion, it is clear that significant achievements have been recently made in this field, nevertheless lack of equity and of sustainability are still strongly present problems which need to be solved promptly.

We come now to introduce the historical background of the main topic of our discourse about old age in China today, which is elderly care, a sector gaining more and more importance in this country since its context of evident demographic changes in general and of ageing population in the specific requires a growing employment of different resources in it; many changes have occurred in this field as regards the role of the actors entailed in and the entity of the need for it.

As for elderly care provided by institutions, the country has not a long and solid tradition compared to Western nations because, differently from those, the number of old people in the past has always been balanced and proportioned to the one of younger adults who wished to and could care for their parents and grandparents easily, not considering this task a burden to be borne. Moreover, in the classification of care regimes described in the first chapter (See Chapter 1.2), China belongs to the last group of 'familialistic' systems, meaning that the state used to make the citizens undertake the liability of caring for their relatives, providing a moderate support for that (Fisher, Zhang, Alston 2018); this feature is strictly related to the cultural aspect of filial piety as well, which we will analyze in the next section.

The first elderly care institutions were built by the government in the 1950s - mainly in urban areas - in order to shelter old age people with no children or relatives alive, no earnings and no work because of physical insufficiency: the so called "Three-No" elders. Following the reform era and the increase in life expectancy of seniors which led to a wider request of care, starting from the late 1970s nursing homes were opened also to old people not included in the group of the "Three-No"; however, these 'social welfare institutions' used to host together elders without children, those with mental problems and orphans. Consequently, it was not seen as a positive, neither acceptable, solution for old people to be institutionalized (Zhan, Feng, Luo 2008). Moreover, welfare facilities were less than 900 in the late 1980s in China and they nursed around 47,000 residents in a population of 1 billion people. "Three-No" elders were the only group who could live in institutions without paying for anything; all the others, on the contrary, had to rely solely on their financial means and on their children.

Nevertheless, in urban areas after 1949, similarly to what they used to do for healthcare, and partially for pension, work units had a role in delivering to their retirees some benefits in old age also as regards elderly care, representing a support for families in some circumstances. The houses provided to the members of the work units were not taken away from seniors after they retired, conversely they could continue to live there for free or paying small amounts of money; in some cities, work units committees organized services such as visiting their elderly retirees, directing some people to go helping informal caregivers in the daily needs of the elders, and even sustaining families with the funerals and after the death of their relative (Wu et al. 2005; Tang 2017).

As for healthcare and old age social security system, the economic change influenced dramatically this system – which lost its validity and function - and welfare institutions as well: for these, reduction in the funds provided by the government was the first problem since they had to rely on themselves financially and, as a consequence, to look for new ways of raising money. This change was referred to as 'socialization of social welfare', where, thanks to different financing sources and providers, added to public users who paid fees, it was possible to achieve diversified services (Wong and Leung 2012). Many welfare institutions were transformed into social service institutions as this was seen as a possibility of business and the financing started to be mainly conveyed through "government funding, community funding, business donations, and payments from individuals and families (Zhan et al. 2006, p. 88; Zhan, Feng, Luo 2008, p. 548)." Starting from the mid 1990s, then, a number of elderly care institutions, also of private nature, were established.

Nevertheless, due to the cultural values mentioned above, the ratio of people leaving in elderly care institutions in East Asia used to be very low; according to reports published by China National Research Center on Aging and China National Statistical Bureau, until 2003 the rate of people over 65 living in nursing homes was less than 2% of the total and around 1% for people aged 80 and over; among those, just 15% did not belong to the group of the "Three-No" elders, meaning a very low proportion (Liu 2009; Sandhu et al. 2016). Just in recent years, because of the impressive enlargement of the number of seniors and the shrinkage in family caregivers' availability and function (motivated both by their declining number, migration and their being busy and ambitious in jobs), the institutionalization of elders is becoming more common and accepted in Chinese people's mindset, although other kinds of care services supported by the state or by private organizations are preferred by the

group in question and their families, such as home-based and community based care. An in-depth analysis on the latest developments of those will be provided in the following sections.

Table 3.1.1 Evolution of institutional support to the elders from a planned to a market economy

	HEALTHCARE SYSTEM	PENSION SYSTEM	ELDERLY CARE
1949 **Planned economy**	Urban areas: work – unit based; Rural areas: CMS (Cooperative medical system)	Urban areas: government provided coverage to its employees; Rural areas: (almost) none	Urban areas: Work-unit support; First nursing homes for "three-no" elders; Rural areas: none
1979 **Market economy**	Urban and rural areas: privatization of healthcare system; coverage rate fell in both urban and rural areas until recently	Urban areas: privatization of companies, coverage rate fell; Rural areas: first flimsy attempts (coverage rate: 12%)	Collapse of work-unit support system; Opening of nursing homes to non "three-no" elders; 1990s - Urban areas: decentralization of welfare institutions; new private elder homes Rural areas: none
No options replacing the work-unit based aged-care welfare			

3.2 Filial piety and Informal care throughout time

Even though the care of elders by family members, especially children and grandchildren, has been a normal practice since a long time ago in many countries and cultures all around the world, East Asia probably retains the strongest tradition of such practice, as it was precisely and carefully designated by an important philosophical, ethical and political ideology, namely Confucianism, which is described as:

> "the way of life propagated by Confucius in the 6th–5th century BCE and followed by the Chinese people for more than two millennia. Although transformed over time, it is still the substance of learning, the source of values, and the social code of the Chinese." [11]

This definition stresses the fact that, notwithstanding the passing of time, for Chinese people – and for the inhabitants of the other countries where Confucianism spread in the past, such as Japan, Korea and Vietnam – the teachings of this doctrine are still the underpinning of the way of behaving, acting and thinking both in society and in private life.

The concept of 'filial piety' (*xiao* 孝) includes in itself the above said use of caring for elders and, although it sees its origin even before Confucianism was born, it was with this doctrine that it gained a fundamental role among the traditional values to be respected and pursued with intense dedication by Chinese people. Confucius and Mencius were the two most important teachers who considered filial piety as the basis of all the social and family relations characterized by harmony and benevolence, fundamental for the well functioning of the state (Canda 2013). Filial piety is a moral value which entails honoring and obeying parents and old people as a necessary part of the life of a person and, as Canda (2013) also states, it represents the wider aspect of "prioritizing family harmony, interdependency among members, mutual care, and the pooling of resources" (p. 215). Since children receive from their parents the most valuable gift of life and are cared for by them in the first years of their existence, they should spontaneously be thankful and respectful to them in every moment and, consequently, they have to provide support and care to their parents whenever they are in need; as we know, later life is very likely the period when the most consistent entity of need arises. A common Chinese proverb stating "*Yang Er Fang Lao"* (养儿防老), which means

[11] Tu Weiming, *Confucianism*, 2019, in "Encyclopædia Britannica". (Web Source: https://www.britannica.com/topic/Confucianism)

"Raise children to ensure old-age support", is the clear evidence of this last aspect: according to the traditional Confucian ethical value of *xiao*, it is fundamental that sons and daughters assume the responsibility of looking after old parents by means both of tangible assistance, that is to say financial support, co-residence, aid in daily life when physical abilities decrease, and intangible supports, therefore by honoring and respecting them. In particular, traditionally this task had to be borne mainly by the oldest son and his spouse; the couple used to live together with the husband's parents and the wife was the principal caregiver, because of the fact that men used to take on duties outside the house, while women inside it (Liu 2009; Canda 2013; Wang et al. 2017).

In the system of life imposed by Confucianism, family has a pivotal role: it is where young people receive nurturance and education – here they train in order to get ready for entering the society as reliable adults - and elders are cared for; it also operates as the model for different relationships outside it; it symbolizes the essential unit of society. Consequently, any concept related to it, such as the most significant of filial piety, results to be of paramount importance in the whole human environment.

Indeed, this is true for common people but also for governments, which can choose their own way to interpret the fundamental notion of filial piety. It could mean, transferring it from the tiny unit of the family to the global national system, that the people holding the power have to care for their citizens in the same way as parents take care of their children, establishing, as a consequence, a relation of 'mutual care' where people respect and obey the state to repay it of its contribution. This happens in some East Asian countries that invest in providing residents, in particular the aged and the infirm, with support systems in the name of filial piety. On the contrary, many others governments, like the Chinese one has done for a long time, use the value of *xiao* - in the narrow and simplistic view of the duty of children to care for their parents - in order to assign to families the liability of bearing all by themselves the task of caring for the elders, both through non material support and through physical and financial aid, not considering the difficulties some households have to face for doing so, such as insufficient earnings, inadequate housing and lack of medical knowledge. All of those are not taken into account by the state which makes the choice of overburdening families rather than employing its funds to sustain an efficient system of elderly care.

In China, the evidence of that appears also in the legal system: in 1979, with the Criminal Law, it was agreed that for the refusal of providing care to an elder member of the

family, the punishment was five years of prison; the Constitution of 1982 eventually stressed the necessity of mutual care in families, as the Confucian theory taught, therefore both the obligations of parents towards their children and of adult children to elder parents were reinforced (Zhang, Goza 2006; Liu 2009; Feng et al. 2012). Moreover, even very recently, with the implementation in 2013 of the law called "Protection of the Rights and Interests of Elderly People" the duties of children were expressed again, by defining that they have to support their elder parents' "spiritual needs" especially by means of frequent visits.

The cultural value of *xiao*, even strengthened by the state through the law in the last years, has been the driving force of elderly care for a very long time, as Levin (2008) states in his article, operating as 'China's Medicare, Social Security and long-term care'. Indeed, informal care provided by family members has always represented the main or only way to care for the elders and this has worked without obstacles until few years ago, when economic and demographic changes led to an unsustainable pressure to be endured by many Chinese families.

In the past, the majority of households were multigenerational, with the couple of parents, the eldest son, his wife and their children living together, so that the elders could be cared by the daughter-in-law and the children by their grandparents. The arrival of industrialization and urbanization transformed this family structure into a nuclear one (Liu 2009; Wang et al. 2017): children grow and have to study and work a lot in order to achieve the new fundamental goals of success and wealth and, for doing so, they often move out from home to go studying or working in other cities and, as a consequence, the family is divided into little parts; similar to this is the phenomenon of young couples who migrate from the countryside to cities and that, in order to make money to sustain the family, leave their parents and children behind. In both cases, it is evident how the liability of providing care to the elders becomes more and more a problem for adult children.

In addition, due to the enforcement of the one-child policy, the generational pattern which is becoming the most common is the so-called 'sandwich generation' or 4-2-1 structure, where the married couple has to take care of their parents and their child, and, in the near future, an only-child will have to nurse his parents and eventually his four grandparents.

In addition to that, in contrast with the old days, work is gaining a fundamental importance not only for men but also for women, who used to be the primary caretakers of elders (Liu et al. 2010), because, as Wang et al. (2017) state: "Work can be very important to

caregivers – it provides an income, a sense of identity other than being a caregiver and helps to maintain important social connections (p. 213)". That is to say that Chinese citizens decide to work even if they feel the duty of caring for their older relatives and they want to continue carrying out both the role of worker and caregiver, however, this results in being a source of stress and of mental and physical problems, as the pressure is impressively high. Surely, provided that their work allows them to have enough time to care for the elders without an unsustainable effort, the situation is less arduous; however, if a system of adequate institutional support to the delivery of care by family members is not enforced on a general basis, given also the growing ambitions in the job field for people, who may not be willing to lose time and opportunities of work for the sake of nursing their elder parents, the number of informal caregivers will lessen dramatically.

Nevertheless, this does not mean filial piety is being totally deprived of its strength, on the contrary, the moral value it embodies is still intensively felt by the majority of adult children who find themselves split between that and the modern objectives of independence, success and wealth, but would never 'abandon' their parents in need (Glass, Gao, Luo 2013). Sure enough, because of all the reasons we mentioned above, today the way the concept of *xiao* can be put into practice requires an adaptation to the newly established economic, demographic and social situation in China.

For instance, as Liu (2009) explains in her chapter on aging in China, the tradition of multigenerational households, where married couples lived with the husband's parents, is becoming weaker as a result of urbanization, industrialization and migration from rural to urban areas, nonetheless this is not to be considered - in a simplistic approach - an evidence of lack of filial piety. As a matter of fact, relationships among generations do not have necessarily to take place in a context of co residence as it used to be, given that work often keep children far away from their parents and nuclear families are becoming the normality. Even in such a context, however, according to the results of some pieces of research reported by Liu (2009), many adult children "often lived close by, maintained a high level of contact and provided regular help to their parents, suggesting the emergence of a "modified extended family" or "network" family (p. 164)". In the case of children not living close as well, at least the provision of financial aid and support is almost sure, meaning filial piety is not weakening in people's mind and set of values.

What emerges also, again, is the fact that it will become harder and harder for adult sons and daughters to care for their parents in the years to come as the dramatic growth in the number of elders compared to the one of working age people will make it almost unsustainable for caregivers to bear all the liabilities towards old people, especially from an economic point of view. By now, rural areas are the places where the most arduous situation can be found. Together with the problems caused by the changing old age dependency ratio, the importance of work for adult children here implies for sure the migration to cities, which means that parents are left behind and alone in the countryside, where an alternative system to familial care is still in its very infancy, therefore it cannot meet the needs of the elders, who find themselves with no means of support and care (Zhang and Goza 2006; Liu 2009).

Although it is evident that often a welfare state of a country where Confucianism is the main determinant of the culture, and keeps its strength throughout time as well, tends to give to the family a fundamental role compared to the one of the state (Wang et al. 2017), this resulting in a lack of support from the government in elderly care in the name of an oversimplified vision of filial piety, the above said welfare state should instead make reference to the more comprehensive meaning of such moral value, which clearly bolsters the role of the leadership in providing help and sustainment to the elderly and all the people in need in the society (Canda 2013).

Even though this assumption has probably not been the real driving force leading Chinese government to increase its action in the field of elderly care, however, in recent years, as the process of population ageing has dramatically accelerated its pace and has brought about the troublesome situation we discussed, the government has started considering and enforcing a number of reforms and initiatives in order to integrate with its support the still fundamental role of families: nursing homes, community-based and home-based care services are relieving adult children of a part of the heavy burden determined by the strict, traditional and exploited view of *xiao* and are also starting to be considered by elder parents an alternative way through which the moral value of filial piety can be fulfilled by their sons and daughters, who may not be able to provide them with direct physical care anymore, but keep a strong sentimental and economic dedication and involvement (Zhan, Feng, Luo 2008).

3.3 Institutional Elderly Care: modes of provision

Table 3.3.1 Development and Characteristics of Long-term Care (LTC) in China

Year	Major Features of LTC	Funding and Services Provision
1949 to early 1980s	Limited institutional care targeting the *three nos*	Local government as the sole service provider, free of charge for *three nos*.
1980s to 1990s	"Socialization" of residential and community services. More diversified services, emergency of private-operated homes	Pluralistic service system (government, semi-government and private sector). Government allocation, public donation and fees-charging. *Three nos* were still taken care by local government.
Since 1998	The emergency of nongovernmental organization sector (*minbian fei qiye)* and the introduction of standards and regulations for elderly homes.	In addition to the previous attempts, some local governments started outsourcing some of their services to NGOs (usually in small scale and unstable funding). A variety of experimental projects initiated by local governments.
Since 2001	Introduce community-based social services (Star Light Project). More regulations and standardization since 2008	Financed by welfare lotteries. MCA assisted local government to set up community-based home care facilities providing home-help, escort, health care services, etc.). Government provides subsidies, users pay fees, and some cities issue means-tested cash vouchers.

Source: Wong, Y. C., Leung, J., "Long-term Care in China: Issues and Prospects". *Journal of Gerontological Social Work*, Vol: 55:7, 2012, p. 575.

Since informal care, due to the reasons mentioned above, is facing heavy difficulties nowadays, we will put the focus of our discourse about old age in China on the relatively newly emerged field of formal or institutional elderly care, that is to say the care provided to the elderly by the government, organizations and private actors, as it is becoming more and more a solution both for previously expected informal caregivers (children or family members) and for old people as well, who are starting to understand the entity of the burden they can represent for their sons and daughters in current times. Moreover, although the portion of elders living in nursing homes is still restrained - 2% in 2010 (Glass, Gao, Luo 2013) -, an increasing number of them is considering this option, as it results to be finally acceptable also in people's mindset; besides, other means through which aged care is delivered are

developing, such as community-based and home-based services, and these constitute additional choices for the elderly and their families. Therefore, the classification and explanation of the range of services provided by the government or by other actors, mainly in urban areas, since in rural ones the situation is still quite weak and backward, is the content of this section.

As already anticipated, before the 1990s care for the elders was provided through government-funded welfare institutions to the elders who had no children, no income and no job; on the contrary, except for the partial support given by work-units to their retirees, in the case of presence of sons or daughters, no matter what the economic conditions of the family were, it was responsibility and duty of those to nurse their parents in the old age, physically, psychologically and financially. Afterwards, with the process of 'socialization' of welfare institutions in the mid 1980s, which is described by Wong and Leung (2012) as:

> "a shift from a welfare model, which was predominately provided and funded by work units and governments for their own employees and the destitute in community, to one that promotes diversified funding sources and service providers, and attracts public service users"[12],

a new possibility arose, as an industry for the provision of services addressed to the elderly was established and began to develop. In particular, these services were delivered through facilities, which renewed the concept of "Homes of Respect for the Elders" open only to childless and dependent seniors before the 1980s; the new institutions accepted dependent and independent elders who had children as well. The necessary condition to enter such facilities, though, was that they – or they relatives – could afford to pay the living and medical fees. This occurred because, although some of these institutions still received some funding from the government, they had to rely also on other sources of financing :"government funding, community funding, business donations, as well as fees paid by individuals and families" (Zhan et al. 2006, p. 88); moreover, in this period also a number of private nursing homes was set up and nongovernmental organizations (NGOs) commenced to be included in this field.

As a matter of fact, from 1998, following a direction enacted by the central government, the non collective (非集体户 *fei jitihu*) sector, non enterprise units (民便非企业 *minbian fei qiye*) - comprising private actors -, NGOs (非政府组织 *fei zhengfu zuzhi*) and

[12] Wong, Y. C., Leung, J., "Long-term Care in China: Issues and Prospects". *Journal of Gerontological Social Work*, Vol: 55:7, 2012, p. 573.

individuals were officially allowed to engage in non-profit social welfare services[13] (Wong and Leung 2012; Jinfeng and Hao 2013).

Starting from the end of the 1990s, regulations regarding the aged care sector were issued on a national basis for the first time. 1999 was the year of the promulgation of two legal acts: the "Provisional Measures for the Management of Social Welfare Institutions" by the Ministry of Civil Affairs, which was the first attempt to standardize and coordinate all welfare institutions of the country, included those addressed to the elderly, and the "Code for Design of Buildings for Elderly Persons", by the Ministry of Construction (now Ministry of Housing and Urban-Rural Development) and the Ministry of Civil Affairs together, "applicable to all city and town residential buildings and public facilities that cater exclusively to the elderly" (Feng et al. 2012, p. 6). In 2001, the "Basic Standards for Social Welfare Institutions for the Elderly" fixed the required standards for such institutions in order to satisfy the needs of old people living there, consequently, types of services, equipment and performances were all defined. Indeed, it was not a complete and strong regulation yet, however, it represented a significant step forward.

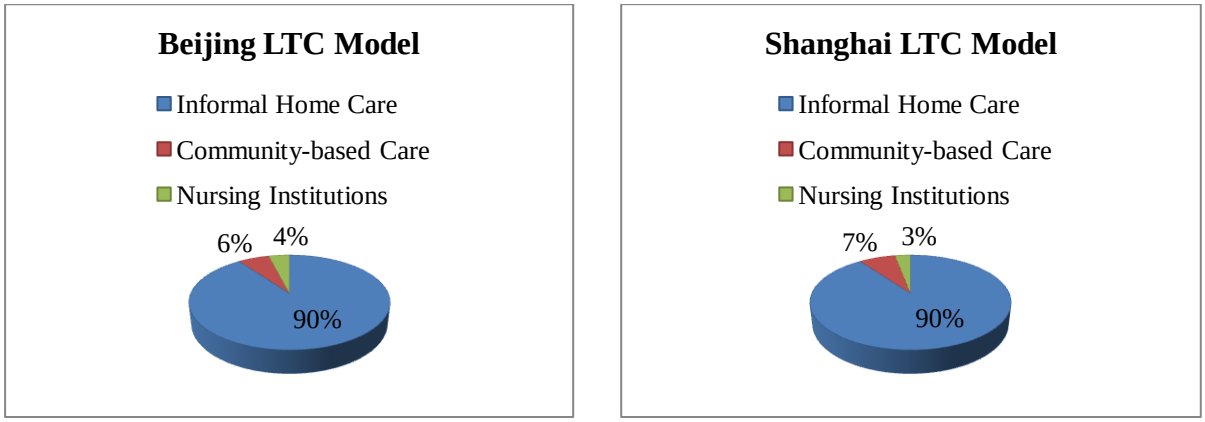
Besides, the "National Occupational Standards for Old-Age Care Workers" was released in 2002; unfortunately, many are the pieces of evidence that the conditions delineated in this documents have not been taken into great consideration for a long time, until very recently (Feng et al. 2012; Wong and Leung 2012).

In 2006, presumably due to the fact that the process of population aging was already becoming very evident, for the first time the topic of long-term care for the elderly entered the legislative discourse as well: on which pillars and of what nature to develop a national system of LTC were the contents of the report issued by the state council. Home care was considered the foundation, community care a support of the former and institutional care a supplementary element to those (Feng et al. 2012; Fisher, Zhang, Alston 2018; Wang et al. 2017). Moreover, the local governments of some cities – two pivotal examples being Shanghai and Beijing - designed specific models in concordance with the above said directives. Shanghai enforced

[13] Beside public social welfare institutions or other government owned and operated nursing homes (which are completely publicly funded), non-profit and for-profit facilities exist in China. They can be described as follows: "non-profit pension agencies are registered as non-enterprise units in civil department, mainly referred to civilian-run government-supported pension agencies; profit pension agencies are registered as enterprise legal persons in industrial and commercial administration departments and tax departments, mainly referred to private and public-to-private pension agencies." (Jinfeng, G., Yong, H., "Research on Chinese Preferential Tax Policy about Private Pension Institutions and the Improving Suggestions", *International Journal of Business and Social Science*, Vol. 4: 17, 2013, p. 195).

the ‘9073’: 90% of seniors relying on informal home care (provided either by relatives or by paid caregivers), 7% making use of community services and just 3% residing in institutions; Beijing designed the ‘9064’, analogous to Shanghai’s one but with the percentages being 90%, 6%, 4% (Lou and Ci 2014).

Figure 3.3.2 Beijing and Shanghai Long-term Care Models



Afterwards, as Wang et al. (2017) recount, in the “Five Year Plan for China on Ageing Undertaking Development” (2011-2015) a stress was put on the establishment of “health service networks for elders within the community, and the building of local geriatric clinics and hospitals (p. 216)”; and the “Social Care Service System Construction Plan” for the same years fostered an enlargement of the capacity of the care provision and pushed elders who did not suffer from physical or mental disease to opt for services delivered through the community rather than going into institutions.

A classification of institutional care facilities for elders in China can be drawn, as Chu and Chi (2010) show, starting from a basic distinction between the medical and the social system, which are the two providers of such kind of care in general. The former includes “geriatric and psychiatric hospitals and rehabilitation wards (p. 239)”, while the latter, the most significant in our discourse, is the one delivering also long term care services, by means of public social welfare facilities (社会福利总院 *shehui fuli zongyuan*) , nursing homes (护理院 *huliyuan*) – where medical treatments are provided - and apartments for the elders (老年公寓 *laonian gongyu*). A further distinction among these is to be made with regard to their ownership: they can be government-built (政府建 *zhengfu jian*) and government-operated (政

府经营 *zhengfu jingying*), government-built and privately operated (私人经营 *siren jingying*) and privately built (私人建 *siren jian*) and privately operated facilities (Glinskaya and Feng 2018).

Even though in the past the majority of institutions used to be the publicly owned and operated, in recent years, due to the increasing demand for social services addressed to seniors, the government had to strengthen its efforts in view of the fostering of nursing homes' establishment and operation conducted by non government organizations (NGOs), overseas and private companies (Chu and Chi 2008); consequently, the number of such facilities have grown, constituting a valid support to the insufficient entity of public sector supply. As Glinskaya and Feng (2018) report, the number of beds in facilities for the aged in China raised from around 3.15 million in 2010 to 5.78 million in 2014, meaning, in relative terms, an increase from 17.7 to 27.2 beds per 1000 elders (aged 60 and over) over a period of five years. In line with what has been asserted by now, Feng (2012) states that in developing a long-term care system, the Chinese government opted for the appointment of a role of growing importance to the private sector:

> "[…] a series of national policy directives have been issued to speed up private-sector development of institutional social services for the aged. Multiple strategies are in play, ranging from state-built and privately run facilities to privately operated facilities with government support and subsidies for construction and operations."[14]

In 2000 a project launched by the Ministry of Civil Affairs called "Star Light Program", intended mainly for the establishment of community-based care services for elders thanks to the employment of a part of social welfare fund, included also investing more money in order to build new nursing homes. However, on the basis of Chu and Chi's (2008) words on this topic, the services delivered through such program are directed to seniors who comply with strict eligibility criteria: they must be "(1) in extreme poverty, (2) with no regular income, (3) with no children, (4) with no former work unit, or (5) are a retired public worker with a great contribution to society." (p. 239)

A similar result was achieved through the "Beloved and Care Engineering" project conducted from 2005, whose objective is, together with enlarging the quantity of institutions, improving the quality of those with the help of a foundation for the elders sponsored by the

[14] Feng, Z., Liu, C., Guan, X., Mor, V., "China's Rapidly Aging Population Creates Policy Challenges In Shaping A Viable Long-Term Care System", *Health Affairs,* Vol. 31: 12, 2012, p. 2768.

government. Unfortunately, notwithstanding these initiatives which brought an effective expansion in the capacity of elderly care services, the demand remains much higher than the supply.

Social welfare institutions, which are government-owned or –sponsored and operated, as already mentioned, used to be available solely to the "Three-No" elders; nevertheless, in recent years a high number of these has began to serve also seniors who can afford to pay for residing there. The range of services delivered in this kind of facilities varies according to the level of government which possesses and manages it (Glinskaya and Feng 2018).

Privately-built and owned nursing homes have always been characterized by the fact they do not demand their users to meet any conditions if not to be able to pay the monthly fee. All of this turns out to be an arduous situation for a huge number of people in need of care, who may not manage to afford private or public nursing homes requiring costs, but are not eligible for entering social welfare institutions free of charge.

In order to cope with this problem and considering the fact that in the future it may very likely become even more significant, China is trying to built a system of long term care insurance (LTCI), sustainable for the country and efficient for the elders, which would be the most advisable and profitable means to finance long term care. Examples of commercial insurances in this field are already present and, in 2016, in the context of the thirteenth Five Year Plan (2016-2020), where the exploration of the issue of long term insurance funding was fixed as a primary goal, a project to establish LTCI in some pilot cities has been launched. Following the example of these areas, China has the intention of officially defining LTCI policy framework by 2020. In the pilot cities, though, eligibility criteria are quite narrow, as the people who can be covered by the insurance are only urban workers who enjoy the basic medical insurance addressed to them; the funds for it, in fact, are taken from the adjustment and the transferring of funds related to such Urban Employers Basic Medical Insurance. However, the goal of expanding the coverage and relaxing the conditions is being imposed to those cities for the next years, in concordance with their own possibilities. In addition, according to a study conducted by Wang et al. (2017), the entity of the demand and the willingness to pay for LTCI of Chinese people, especially for the 'old people-to-be' is considerable. Consequently, even though it is still in its early stages, the establishment of a system for funding such insurance symbolizes a significant step forward for copying with the

troubles of a long term care system of a country which is not ready to meet the increasing demand in such sector yet (Guo et al. 2015; Tan 2017; Wang et al. 2017).

Another kind of facility included in the boundaries of the social system is the apartment for the elderly or home for the aged. The main difference with nursing homes is that here no professional medical treatment is provided, unless it is set in a community delivering daily medical care; therefore, old people living here are independent and characterized by good health. The main reasons why they chose to live here are because they would otherwise live alone or because housing and renting conditions are very difficult.

As Wong and Leung (2012) report, thanks to the data collected in an analysis done by the China National Committee on Aging,

> "the major reasons for older people to seek institutional care were as follows: children unable to provide care (44%), living in homes for the aged is better than at home (39%), and not wishing to cause trouble to one's children (16%). In choosing homes for the aged, the major criteria include affordable fees (50%), quality services (24%), good living conditions (18%), and closeness to home (8%)"[15].

Besides public elderly apartments, many are the facilities built recently by private investors, who can find in this sector attractive possibilities of business and have been allowed and even encouraged to do it also by Chinese legislation in the last years. In fact, in the 11th Five-Year Plan (2006-2010) period the program for the development of elderly care industry was fixed by the government and in the following Five-Year Plan it was incentivized the engagement of private capital in such field.

Homes for the aged (registered as for-profit units) built and managed by private actors, mainly real estate developers and providers of services for the elders, usually submit to high quality standards, their fees are not affordable for many and are charged through different systems, for instance by paying a deposit and a monthly rent or by buying an insurance which covers the costs of living there.

Private investors started also to insert this kind of apartments in retirement communities which include a variety of services: recreational activities, canteen services, daily medical care delivered in specialized centers or hospitals inside the community, and so on.

[15] Wong, Y. C., Leung, J. C.B., "Long-term Care in China: Issues and Prospects". *Journal of Gerontological Social Work*, 2012, Vol. 55, p. 576.

Moving away from care services provided in dedicated facilities to the elders, what should be another fundamental component of long-term care in China is community-based care.

The highest number of communities where the elderly can enjoy daily assistance and support is financed and operated by governmental actors: the directives and some funds are provided by the central government, while the proper administration and management is entitled to local ones, unless they own enough financial resources to be able to outsource the delivery of public services to a third party, mainly non-profit organizations (Tang 2017).

Also private entities deliver broad ranges of community-based care services nowadays, however they are available solely to elders who can afford to pay for those (Glinskaya and Feng 2018).

Community-based care and the recently developed neighborhood aged care are considered an important part in the provision of services for the elderly in China as they can give a significant support to the role of the family in this field; Wong and Leung (2012) report that, according to the data contained in the "Annual Report of the Ministry of Civil Affairs", community service centers, available to local citizens, therefore also to old people, were 175,000 in 2010. Moreover, as mentioned above, after 2000 the government invested notable amounts of money to launch some programs (i.e. "Star Light") aiming at increasing the number of community welfare facilities for the elders, which provide daily support, including house cleaning, meal delivery, psychological aid, and medical services, recreational activities, emergency assistance (Chu and Chi 2008; Wong and Leung 2012). According to Glinskaya and Feng (2018), in 2014 community-based centers providing day care extended to almost 50% of cities, while only 20% of rural communities.

The main advantage of making use of services within the community is the fact that they can be found close to seniors' houses, entailing the possibility of aging at home with a partial support provided in the neighborhood; indeed, elders who choose community based daily care are for the major part characterized by good health, autonomy and, usually, they do not belong to the group of the oldest old.

Conversely, another kind of care which is provided in the context of the community care but is addressed also to people who are not able to carry out daily activities by themselves is home-based care, that is to say services delivered by professionals in elders'

homes. In particular, they provide social services, namely support in daily living, and medical care services, such as nursing and rehabilitation (Glinskaya and Feng 2018).

As previously stated, home care has been determined by the government to be the foundation of elderly care system, in consistence with the traditional way of caring for the elders, meaning informal care provided by family members or, more recently, for those who can afford it, hiring a paid caregiver. Even though the unmet need documented in this sector is very high – until 2008 only 16% of need declared by urban elders could be satisfied (Wong and Leung 2012) -, and improvements are still undoubtedly needed, home-based community care services have been gaining an increasing importance in the policy discourse; in fact, in 2009 additional instructions were given by the China National Committee on Aging in order to foster this kind of services.

Feng et al. (2012) describe the Virtual Elder Care Home model, born in 2007 in Suzhou and spread to many other areas, which is the result of the combined activity of an information and service center sponsored by the local government and home care agencies delivering different services: the former receives phone calls from the residents in need and then addresses to their houses a competent service provider. The eligible users of such services are mainly frail or "three-no" elders since the government reimburse all the costs.

Indeed, the development of an efficient system of community based home-care would be a extremely desirable achievement in consideration of the facts that it is the preferred option for many elders and, if well functioning, it requires a smaller employment of resources compared to institutional care; nevertheless, very important will be also to integrate it with the improvement of the quality of houses and communities, in order to give the elderly the possibility of aging well in "accessible and enjoyable" environments, as discussed when speaking of elderly care in general.

3.4 Challenges

Following the previously described troubles informal caregivers have to cope with nowadays, elderly care provided by institutions in China have made significant steps forward in the last years, trying to keep up with the process of population aging and the needs and requests arising from this situation. Nevertheless, the fact it is a sector in its early stages causes the permanence of a series of problems and challenges still to be faced and solved.

All these challenges are manifestations of the inefficiency and weakness thus far characterizing institutional elderly care in general and long-term care in particular.

One of these is the lack of capacity of residential facilities for the aged, especially nursing homes; the rate of unmet need, notwithstanding the improvements in this field, is still very high. According to Wang et al. (2017), institutions for elders cover a portion of the total aged population equal to 1.2% or below, while in developed nations the percentage is 8%. The situation in China is even worse for old people affected by dementia and other psychological or chronic diseases, who are a considerable amount among the elderly, as there are not many facilities providing efficient and professional care for this group. About this issue, Glass, Gao and Luo (2013) report that only one million out of ten million elders suffering from the severe illnesses mentioned above get support from the government or the community and they constitute less than 25% of the elder adults in institutions. Moreover, often not much consideration is directed towards health conditions in general by formal caregivers in residential facilities for the elders.

If currently the problematic question of unmet need is of a considerable entity, the predictions for the future are even more worrisome: the growing demand for long term care could result in an unmet need of 16 million old people in 2050 whether no significant progress is achieved in this field by social care system (Jia and Heath 2016).

This lack of supply compared to the demand of the elderly makes many of those still rely on their children to be cared for or to get support; however, there is a group of older adults who cannot enjoy such opportunity as their only children died, living them without any means of assistance and aid: physical, psychological or financial. Differently from seniors who never had children and belong to “three-no” elders, getting support from the national welfare system since the socialist era, *shidu* (失独: “losing an only child”) parents lost their only son or daughter and are not able to give birth to another one either because too old or

because they don't have enough money to raise a child, nevertheless the government has never addressed some kind of help to them. From the data collected in the 6th National Population Census in 2010, it is calculated that *shidu* families having lost their children in the age 15-30 years old were about one million, while those whose children died also before being 15 were almost two and a half million. Very often these families are characterized by: economic problems, in many cases because they had to cover huge medical costs for their ill child, or also just as a result of the unavailability of their children's financial support; severe psychological problems, caused by the pain for the loss; isolation from the community, as traditionally to lose a child is considered a source of bad luck. The first relief policy having a minimum validity for this disadvantaged group was designed in 2007 and entails the provision of a subsidy – quite low - to *shidu* families who, however, have to meet specific criteria to get it. It is evident that such measure is not enough for giving a substantial support to these people in their old age and it is a problem to be added to the challenges elderly care in China is still unable to face successfully (Song 2014).

Related to and making even more serious the described issue of nursing homes' shortage is the low quality characterizing them, due to the absence of clear and strong regulations, and their ineffectiveness, on standards in China and the insufficiency of funds directed to those, topic that will be analyzed afterwards.

The institutional body holding the main role defining and targeting elderly care services is the Ministry of Civil Affairs, which issues dispositions and directives on a national basis that have to be carried into effect by provinces and then adjusted by local governments of cities. The first problem arising from this system is that if specific regulations about quality standards or directions to be taken in practice are not provided from the "top" to nursing homes, it is arduous for those to reach a high status, since no experience in this field has been made before and local bodies find themselves without any means and, as a consequence, in difficulty; unfortunately, notwithstanding the previously mentioned (See Chapter 3.3) policies implemented from the late 1990s in order to guide and coordinate elderly care, precise and comprehensive directives to be followed by residential facilities for elders are still missing. In addition to that, even for the existing "general" regulations issued at the national level, which should be abided by local authorities in concordance with the features and peculiarities of the cities so as to they turn out to be suitable to those, challenges emerge. As a matter of fact, the main obstacle found in operating regulatory supervision is, besides the just mentioned

absence of specifications and accuracy in policies that do not provide useful data to be used in order to evaluate the quality of facilities and services, the dramatic shortage of competent inspection officers (Chu and Chi 2008; Feng et al. 2012). Even more arduous results to be the situation for community- and home- based care, as the quantity of services and the settings where these are delivered are larger and different, therefore quality assessment requires a further and stronger effort (Glinskaya and Feng 2018).

An additional problem in the quality of elderly care institutions, as Feng et al. (2012) report for the case of Tianjin – and, very likely, can be met in many Chinese cities – is managing to achieve the conformity of facilities to the regulations fixed about the building standards. Such issue is of considerable entity as it collides with the need for a greater capacity of nursing homes. A quite high number of these, in fact, are reorganized factories, schools, residential buildings which have become elderly care institutions in order to meet an increasing demand of beds by older adults; however, often these facilities are not in compliance with the conditions fixed in the regulations.

It is of paramount importance, then and therefore, in order to improve elderly care quality level, that the government, which is already directing more and more attention to this sector, increases its effective power in regulating, defining and supervising various kinds of services, their quality and specialization degree, in concordance with the care needs and demands of elders (Zhan et al. 2006; Glinskaya and Feng 2018).

Connected with this is another problematic issue characterizing institutional care for the elders in China, which is the shortage of trained and qualified staff working in the field of long-term care. Indeed, this is an additional important impediment to the enhancement of quality level in care services and facilities directed to elders by institutions. As stated in the previous section, even if a regulation about workforce for elderly care has existed since 2002, namely the "National Occupational Standards for Old-Age Care Workers", it has been hard to respect it properly at the local level. Moreover, because of several reasons, common in many countries around the world, and listed by Glinskaya and Feng (2018) - "demanding working conditions, low wages, low job prestige, few fringe benefits, and limited career options and career paths" (p. 63) – this sector presents a high turnover rate, difficulty to find and retain skilled workers and job discontent. The amount of care workers required for elderly care in China is appraised to be around 10 million, mainly in nursing homes or other institutions, however, the actual number in 2015 was just 1 million and, of these, only twenty thousand

received formal training. The seriousness of the situation is evident; as a matter of fact, according to the data collected by Chu and Chi (2008) in a survey conducted in Beijing, older adults living in residential facilities there recognized as a problem the shortage and the incompetence of the staff, either in interpersonal relations and in the aspect of care. This is confirmed by the fact that care employees in China are mainly middle-aged women characterized by low degrees of education, rural provenience and tendency to move often to different places; in many cases they did not receive training for caring disabled elders, consequently they are able to carry out basic personal care duties and support activities for the elderly, but do not know how to deal with people requiring specialized care. In addition, in residential facilities for elders a sufficient quantity of qualified social workers and health care professionals cannot be found yet, which result to be a considerable challenge.

Moreover, similarly to the question of quality assessment, home- and community-based services are given a low consideration in the aspect of recruitment of skilled workers as well; the majority of these, in fact, are directed to elderly care institutions, leaving to untrained workers the liability of the greatest part of home and community services, while medical care is often to be looked for in centers within the communities, in many cases inadequate. Rural areas witness an even worse situation, as also elderly care facilities are hardly ever provided by qualified and trained care workers there (Glinskaya and Feng 2018).

What emerges, consequently, is that governmental bodies should place this issue on a more important level in their agendas, as this is fundamental to improve elderly care quality; and, as Feng et al. (2012) state as well, "professional clinical and management staff are also needed to ensure a transition to a modern, information-based long-term care delivery system" (p.2760).

At the basis of the weakness and ineffectiveness still characterizing care for the elderly in China nowadays is the insufficient funding directed to this system. Even though precise data regarding the total cost of elderly care in China are not widely and clearly documented, it is reported that in 2015 public expenditures for long-term care accounted for around 0.2% of GDP (Glinskaya and Feng 2018; Li and Otani 2018), while, according to He (2014), in 2010 the cost of informal care provided by family members to dependent elders was between 0.7 and 0.9% of GDP, representing a considerably higher amount compared to the previous one.

In addition, the major part of the public spending in LTC is addressed toward the establishment of new nursing homes, since this implies a significant quantity of money required and, as described before, the lack of capacity of the existing ones is still considerable.

Another reason why a great amount of money is geared to residential care homes is that public subsidies are connected to nursing homes' beds in a direct way. However, the funds targeting the institutions often are not transformed into optimal results: services may increase in number, but their quality and performance are not necessarily improved; moreover, since funding is mainly directed towards care in institutions, home- and community- based care, notwithstanding the fact they should represent the foundation of elderly care and they are preferred by older adults in the majority of cases, receives little amounts of financing and are not fostered in a consistent way. Related to it could be an additional problematic aspect, that is to say the fact that even if the number of those has raised in recent years, a part of residential care beds remains empty, in public and, especially, private nursing homes: the latter, in fact, are often considered too expensive, not provided with enough services and characterized by low quality of care. Elder people who prefer to age at home should be given the possibility of doing so by means of an adequate and efficient system of services delivered at home and within the community, so that they could live in their houses independently and longer, abstaining from or postponing institutionalization. If well managed, this would be a valuable method to decrease costs in long-term care for elders.

An additional explanation of why the phenomenon of empty residential care beds happens is one of the most serious challenges regarding elderly care in China: the existence of a huge group of seniors that cannot be included in the provision of care services as they belong neither to "three-no" or "five nil" elders, who constitute barely 2.5% of people over 60 and for whom elderly care is totally financed by the welfare state, nor to those who can afford to pay the fees by themselves. Even though old age social security system (pension system) has been ameliorated and its coverage increased significantly in recent years, a lot of elders obtain pensions which are overly low compared to the costs required for long-term care; therefore, in high quality nursing homes with ability to pay fees as main eligibility condition, only wealthy seniors can be accepted.

It is evident, therefore, that the demand for long-term care do not correspond to the need for it, since the former is notably more limited than the latter, and that, if the government will not find a way to better finance elderly care system, the majority of middle class seniors

will be excluded from such system that would, therefore, result useless; this would still result in the family still be the only source of care, but such option, as already reported, is not sustainable anymore.

In order to achieve the goal of a wider and, consequently, available for more people aged care, together with improving the funding system through the development of the existing project for long-term care insurance (See Chapter 3.2), the government should promote market advancements in this field, as Glinskaya and Feng (2018) suggest, "by subsidizing services more broadly to allow for a broad consumer base. The key is to design and administer subsidies that are efficient and equitable (p. 2)". Moreover, incentives and a clear regulation for establishing private nursing homes would be a desirable means to be able to deliver care to people in real need for it, as public welfare institutions are accessible solely to welfare recipients ("three-no" and "five nil" elders), who may even not have health problems but do not possess a home or somebody who can care for them, and recently are open to those who are willing to pay and, in many cases, are healthy and autonomous. The most disadvantaged group, that is to say the disabled and poor elders, still lacks the possibility of receiving an adequate level of care by institutions, as the majority of these providing medical services are private and often costly. Luckily, in the last years there has been a tendency to enlarge the cluster of people benefitting from public subsidies incorporating also older adults suffering from severe physical and mental illnesses and the oldest old, however, many more effective initiatives still have to be carried out (Glinskaya and Feng 2018). As a matter of fact, the direction toward which elderly care in China should go is to be available to seniors who really are in need of it because of severe health conditions and arduous economic situations, rather than to be accessible only to those who can afford to pay for it (Wong and Leung 2012).

A further negative aspect characterizing aged care in China is the fact that integrated care is still very far from being achieved. A pivotal role was assigned to this concept in the first chapter dealing with recent positive developments in care for the elders throughout the world and, even if it results to be fundamental to get to effective improvements in the provision of care, both medical and social, and some initiatives addressed to establish such a system have been taken in some pilot cities in China[16], many are still the challenges impeding

[16] If interested in projects for coordination of care see Glinskaya, Elena and Zhanlian Feng, Editors. 2018. *Options for Aged Care in China: Building an Efficient and Sustainable Aged Care System.* Directions in Development. Washington, DC: World Bank. doi:10.1596/978-1-4648-1075-6; p. 276.

its growth. As a matter of fact, even though the government released in 2015 directives on a national basis for the achievement of integrated care with the goal of providing all residential facilities for the elders with health care by 2020, indeed this hoped outcome was implausible considering the backwardness of this project at that time.

There are a series of combined factors hindering the success of the integration of medical and social care for the elders in China: the first one is that, notwithstanding the improvements seen in healthcare system after the 2009 reform program issued for this sector, it is not characterized by continuity of care yet, which is the main principle of integrated care, because, as Glinskaya and Feng (2018) state:

> "Competition among hospitals for revenues provides few incentives to coordinate care with primary care units or other hospitals, contributing to "disintegrated" behaviors, such as lack of referrals and follow-up care".[17]

Consequently, in this context combining healthcare and social care results to be even more difficult than in systems where the coordination of services and forces in medical care is the reality. Moreover, as previously explained because often happening also in other countries, the social care system and the healthcare one do not belong to the same regulatory bodies, which in China are the Ministry of Civil Affairs for long-term care and the National Health and Family Planning Commission for healthcare, this resulting in different aims, source of funding, operating methods, and so on, obstructing the success of the integration.

Since the meaning of integrated care with its principle of continuity of care have already been explained, it is useful mentioning solely what the lack of this result implies for seniors, as it is in China so far: quality of care remains low, cost-effective and joint systems are not created and, on the contrary, they still turn out to be differentiated and separated, consequently not providing sufficient and adequate "person-centered" services to elders.

In order to achieve integration and continuity of care for the elders in long-term services many steps still have to be taken in the country, such as designing coordinate policies and regulations for the different actors entailed in the process and developing a comprehensive information and evaluation system, taking also into account the experience of

[17] Glinskaya, E., Feng, Z., "Options for aged care in China. Building an Efficient and Sustainable Aged Care System. Directions in development", Washington, DC: World Bank, 2018, p. 275.

the elderly, with the purpose of creating harmonized, efficient and widely available services focusing on their needs (Glinskaya and Feng 2018).

Last but not least, elderly care is characterized by the typical gap existing in China between urban and rural areas: as a matter of fact, even though our discourse deliberately focused on the evolution and the features of care for the elders in cities, it is of paramount importance to note and to know that the situation in the countryside is much worse. As in other sectors, public expenditures for these areas have always constituted a lower amount because the government targeted to urban regions the main part of its attention and consideration, as we can see also from the evolution of healthcare and old age security systems. Indeed, the current problematic context of aging population has led to recent developments carried out in rural areas as well, such as the emergence of long-term care systems in some regions, however the path to be covered through policies and initiatives in this field is still very long (Wu et al. 2009; Li et al. 2013).

Table 3.4.1 Institutional Care: China versus Selected Economies

	United States	*United Kingdom*	*China*
Introduction	Institutional care has been well developed. Scope of services depends on individual needs for care. It ranges from minimum level of living assistance for independent elderly to assistance with daily living to nursing care for fully dependent elderly.	Institutional care has been well developed. Scope of services depends on individual needs for care. It ranges from minimum level of living assistance for independent elderly to assistance with daily living to nursing care for fully dependent elderly.	Institutional care is under-developed. The ratio of nursing home beds to elderly is 1.59%, much lower than that of developed countries (7%) and developing countries (3%).
Financing model	Seniors enjoy Medicare and Medicaid insurance. Medicare is for all seniors but does not cover long-term care, while Medicaid is means-tested and only covers the poor. However, private insurance can help seniors pay for mid- to high-end care services.	Majority of seniors' needs for long-term care and medical care are addressed by the public sector through the National Health Service (NHS) and local government budgets.	Majority of elderly depends on a mixed funding model of out-of-pocket payment and pension, as the pension is not sufficient to cover long-term care expenses. There is also public support for welfare recipients even though it is very limited in scope of coverage.
Services and levels of care	Assistance with daily living includes: bathing, dressing, shaving, toilet and incontinent care, around-the-clock monitoring, and transportation and companionship when necessary. Specialized care: administering medication, rehabilitation therapy, skilled nursing, respite care, hospice care.	Assistance with daily living includes: bathing, dressing, shaving, toilet and incontinent care, around-the-clock monitoring, and transportation and companionship when necessary. Specialized care: administering medication, rehabilitation therapy, skilled nursing, respite care, hospice care.	Institutional care in China typically includes accommodation and assistance with daily living. Specialized care is limited. Few institutions accept seniors with memory loss, and few are able to provide the full range of nursing care or rehabilitation.
Basic nursing or skilled nursing when required	The full range of nursing care is provided.	The full range of nursing care is provided.	Most elderly homes can only provide basic services (such as domestic services, accompanying, and other non-medical services), while very few can provide specialist nursing care.
Special needs care (e.g., memory care)	Relatively commonly provided.	Relatively commonly provided.	Few institutions have the capacity or interest to take in residents with memory problems.
Planned social and recreational events	Widely provided.	Widely provided.	Still developing to provide social and recreational events.

Source: Glinskaya, E., Feng, Z. (Eds.), "Options for aged care in China. Building an Efficient and Sustainable Aged Care System. Directions in development". Washington, DC: World Bank, 2018, p. 176-177.

3.5 Possibilities for the future and innovative models

Even though nowadays a number of problematic aspects still characterize elderly care in China and solving those is fundamental for achieving a significant shift in the right direction, it is worth mentioning some positive aspects and trends in managing the old age in this country which either are emerging or have already gained more importance .

First of all, the previously mentioned encouragement of the private sector to enter aged care constitutes for the government a possible solution to the numerous difficulties existing in the system and is being given increasing consideration recently. As a matter of fact, policies have been revised in order to incentivize the development of a market for the care of elders by overseas investors and companies. In the context of the 12th Five Year plan period (2011-2015), for instance, the "Policies for Developing the Elderly Care System" included some documents regarding the private sector: among others, "Opinions on Encouraging and Guiding Private Capitals into the Elderly Care Sector" in 2012 and "Announcement on Encouraging Foreign Investors to Establish for-Profit Institutions Engaged in the Elderly Care Services in China" in 2014 (Glinskaya and Feng 2018).

Differently from what can be covered through the low amount of public funds addressed to elderly care by the state, the private sector could be fundamental for dealing with the previously discussed current problems, as it is potentially able to deliver services to each segment of the market (low, medium, high). By doing that and with precise and accurate regulations and directives, together with adequate incentives given by the government, the supply and quality of aged care services can be promptly raised by private actors.

As previously mentioned, two types of private entities exist and can be chosen in China: for-profit and non-profit organizations, which differ in their goals and target markets. The former focuses on getting large revenues from the delivery of high quality services to high and medium segments and the latter, mainly "civil society, faith-based organizations, and community-based organizations" (Glinskaya and Feng 2018, p. 156), aims at providing affordable services to seniors, not to generate profit, which often are quite low.

Since, according to the directives given by the government in the last years designing the intended structure of long-term care, home-base care should be the primary source of it, but public funds do not result to be enough for its effective development, the private sector could support in a significant way the growth of such kind of care. The Ministry of Civil Affairs, in fact, aware of this aspect, in 2012 fostered the presence of the private sector into

home- and community-based care through the delivery of subsidies. The system at the base of it would consist in the purchase of the services by the government at the community level, the provision of support for coordination and the development of standards on a national basis. It is also projected that home-based service market will reach the value of 500 billion RMB in 2020, from the 130 billion employed in 2010, therefore gaining a fundamental role for its size both in the market and in the provision of services that could cover 34% of elders. In conclusion, the importance of continuing to promote the private sector for improving elderly care conditions in China is evident, and significant steps forward have already been made (Glinskaya and Feng 2018).

Talking then of another significant achievement in the field of aged care which, however, has developed solely in some big cities so far, Shanghai system of community-based care services will be introduced, since it deserves high consideration in this discourse. As previously said, community- and home- based care in China, as a general assumption, are still far from acquiring the status of valid and efficient systems of care and this results to be a problem both for elders who would choose them as preferred means for receiving care and for the state itself, as those should be the foundation of the whole long-term care system but remain underdeveloped and weak. The exceptional case of Shanghai, on the contrary, shows that it is possible, in this country as well, carrying out actions and initiatives leading to positive outcomes in a sector which is at its early stages and still faces many challenges. Moreover, the specific example of Shanghai can be taken as a model by other areas with the purpose of raising the quality and effectiveness of community- and home- based care services.

Shanghai has started establishing its community service centers in 1990, when the Municipal Civil Affairs Bureau made all the street station committees build one: by 2005 almost all of them have built such centers which are the results of the joint forces of the Civil Affairs Bureau and local street station committees, the former funding those and the latter providing facilities and equipment. Service centers' can deliver different kinds of services, mainly "long-term care, shopping, home maintenance, and information and referral services", however in some cases also "psycho-logical or legal counseling" is present (Wu et al. 2005, p. 41), not only addressed to seniors but also to their families. Also for the elders characterized by severe disabilities or higher need of care some actions are taken through directing them to organizations who can provide caregivers, even though these are usually hired by the families.

Moreover, government funded elderly care institutions, that can be found in almost all street station committees, recently began to deliver community-based services to older adults and their families (Wu et al. 2005; Wang Zheng Ling 2019).

Zhang and Goza (2006) also report that the role of neighborhood committee volunteers is of paramount importance in Shanghai's community-based care system, as this implies low quantities of money to be employed and can also be a means to strengthen interpersonal relations, paired with the provision of a wide range of services to elders. Therefore, together with the accurate and efficient design of such system, this optimal usage of money definitely represents a very valid example to be followed by other cities in China.

Some local governments throughout the country are trying to take initiatives to build their own systems of community-based care, such as those of Fuzhou, Beijing, Guangzhou[18], which, indeed, are all wealthy cities able to sustain considerable amounts of costs, however this can be interpreted as an existing positive trend for the future and could constitute a hint for others to make a larger effort in this direction.

A concept which is gaining increasing importance in recent years in China and in other countries around the world (See Chapter 1.4), since the demographic situation is making more people confront with longer existences and solutions are needed in order to raise the quality of later life, is *active aging*, which sees its main manifestations in social activities addressed also to elders and volunteering.

As a matter of fact, including older adults in activities organized in the communities is a valuable means for supporting their involvement in the society, therefore creating relationships which help them not feeling alone and "useless" but, on the contrary, can enhance their mental wellbeing, satisfaction with elder life and happiness. Recreation centers and schools for seniors already exist in many cities and the rate of usage of those is quite high, as a lot of elders appreciate these. In recent years, they have grown in number, the former in 2015 were documented to be 17% more than in 2006, the latter from 2004 to 2015 increased of 49%. Unfortunately, these facilities are available almost only in urban areas.

[18] For detailed information about Fuzhou Jin Tai Yang community center see Glinskaya, Elena and Zhanlian Feng, Editors, 2018, *Options for Aged Care in China: Building an Efficient and Sustainable Aged Care System*, Washington, DC: World Bank, pp. 157-162. For detailed information about Beijing "Senior Care Station" see FP Analytics, AARP, 2018, *Age Competitiveness Report*; p. 8. For detailed information about Guangzhou neighborhood aged-care system see Tang, Beibei, 2018. *Neighborhood Aged Care and Local Governance in Urban China*, The China Journal, vol. 79, pp. 84-99.

Active aging has been promoted by the government also through activities of volunteering for the elders: one of the most important was a program launched in 2003 in China, called the "Silver Age Action Initiative", which consisted in giving to older adults who recently retired the liability of using their professional knowledge and abilities to aid local economic and social progress in western and underdeveloped areas, where the project took place. It is evident how much this initiative can be useful on more than one front: not only the help given by seniors positively affects the interested areas, but also it is a means for the elders to see their merit and qualities realized also in later life. The "Silver Age Action Initiative" has then spread to many regions, including 31 provinces and creating a network of partner cities, both in urban and rural areas. Volunteer activities, therefore, is becoming a reality also as regards the fields of culture, education and agriculture, expanding the initial center of attention of medical and health care in public contexts, as exemplified by Shanghai community system. It was estimated that the number of professional older adults that had taken part in the above said kinds of activities was around 5 million, in the interest of 300 million people (FP Analytics and AARP 2018). Other numbers were reported in the First Meeting of the North-East Asian Forum on Population Ageing held in 2015 and say that existing volunteering associations of seniors delivering services of various type were almost 480 thousand in 2014 and these covered few less than 70% of rural villages and 80% of urban communities.

In the above mentioned forum also a further volunteering program was presented: "Caring for the Young People". It was started in 2004 and was directed to younger and healthy seniors who had the task of operating activities for children in arduous conditions, namely rural children, those left-behind or with poor families. The intention was to enhance children's quality of life and wellbeing by supporting them in different problems related to education, psychology or existence in general. The extension of such program, however, was limited: solely one hundred cities were covered by it.

In the first chapter an additional topic was found to be very useful and positive for the wellbeing of elders and of societies as a whole and this was the intergenerational approach, which have valid manifestations in many countries; unfortunately, in China the government has never supported this kind of practices systematically, therefore not so numerous are the examples of it. Indeed, in the traditional family system intergenerational relations have always been of paramount importance; however, with the described transformations in Chinese

demographic and household structure occurring in recent times, this approach should be encouraged more through policies and initiatives.

In addition to the previously mentioned volunteer project of "Caring for the Young People", which entails the concept of intergenerational approach, a recently published article on Sixth Tone documents the existence of a facility where young and old people spend together part of their days. The residential building was established in 1996 as a private nursing home for elders in Guiyang, capital of Guizhou province, hosting around eighty seniors; then, in 2014 the project of transforming the ground floor into kindergarten classrooms became reality. Even though at the beginning this arrangement was not considered as a good solution for children by many parents and only one pupil was sent to the kindergarten, after a short period of time the situation drastically changed thanks to positive recommendations of people who had experience of it and the number of children grew up to cover all the available places. The founder of Xiyanghong reports to the newspaper that to benefit from the environment created in her facility are not only the elders, who, because of the presence and the interactions with the children, see their mental and physical health largely bettered, but also the younger mates who can enhance their learning and social behavior. The two groups of people have separate rooms for the majority of the activities during the day and different entrances to the building, however shared moments can occur in a spontaneous way. Notwithstanding the rate of satisfaction of the residents and the validity of such initiative, challenges to the development of this kind of undertaking are still strongly present: one is the fact that public subsidies provided are not enough to attract private investors in this field and makes it arduous for the existing ones to carry on their businesses; moreover, as reported in the article we are making reference to, some people still thinks that to make two fragile clusters of people stay within the same facility is not desirable because: "It's not in line with China's national conditions and people's mindsets". However, this common idea contrasts with the extremely positive results achieved in the case of Xiyanghong nursing home, which represents the real and practical manifestation of an approach that, if nurtured and expanded through government initiatives, could give benefit to different groups of people.

We consider these topics all positive models and trends for the future that could and should be followed and pursued on a national basis for achieving better outcomes in elderly care and in the enhancement of seniors' wellbeing in general in the years to come in China.

4

Elderly Care in Suzhou

4.1 Demographic situation

Suzhou is the capital city of Jiangsu province, located on the eastern coast of China, and it is about 50 kilometers far from Shanghai. Since II century, when it became one of the biggest cities in the world because of a huge migration process from the North of China, Suzhou has held a very important role among Chinese cities; during Ming and Qing dynasties, it was already a flourishing economic and cultural center, however the period entailing the most significant and quick development has began in the 1950s and it is still going on nowadays. In the last two decades, in fact, its economy has been growing and expanding at an astonishing pace, comparable to only few other Chinese cities' one; consequently, Suzhou also emerged as one of the most often chosen areas for foreign direct investments. A commonly used statistic called "Human Development Index", composed of data about income, education and life expectancy, ranks Suzhou approximately at the same level of a developed country (BBC 2015). As a matter of fact, together with economic progress, Suzhou managed to achieve considerable results in employment rates and in living conditions: financial wealth and physical wellbeing are presumably the main reasons why it entered the stage of aging city in 1982, eighteen years earlier than the national average.

According to the latest records published by Suzhou Civil Affairs Bureau (2019) about the population of the city, the total number of registered residents by the end of 2018 was 7,035,439; among these, seniors, namely older adults aged 60 and over, constitute 26%, accounting for over 1,800,000. A half of this group is made by people aged 60-69, which means that in the near future an increasing proportion of population will belong to the group of the oldest old, that nowadays is made up of less than 300,000; as it is known, being this the group requiring the most considerable entity of care, such prediction symbolizes a challenge to be promptly taken into account in order to have the possibility of adequately copying with it when the moment will come.

Already in 2016, except for the recently established districts of Suzhou Industrial Park and Suzhou New District, all the other areas in the Greater Suzhou had an elderly population representing 21% of the total, meaning that this city started to be considered as a super-aging society, situation occurring when people aged 60 and over constitute the 20% of the whole. In 2009 Taicang, one of the cities under Suzhou jurisdiction, was given the award of 12th 'City of Longevity of China'; in fact, thanks to beneficial and positive living conditions, here the percentage of elders is the highest in this area: in 2016, people aged 60 and over were 31% of all residents, accounting for 147,500. Taicang is closely followed by Changshu city and Gusu district (Suzhou old town), where the elders were 29% of the population in 2016: in numbers, over 300 thousand and 200 thousand respectively.

In the last years, the amount of older adults has increased of about 50 thousand every twelve months; in concordance with the words of the chief of the Office on Aging of Municipal Civil Affairs Bureau, Liu Guixiang, the projections for the future show that the older adults living in Suzhou will be more than 2.5 million by 2030, which signifies 37% of the entire population at that time.

Mr. Liu also emphasizes the consistent increase in expenditure for the elderly, to be borne both by households and by the public sector, required by such a dramatic enlargement of this demographic group; families will raise their spending in medical care and long-term care, or in the insurance covering those, and the local government will have to cope with the insufficiency of supply of services present on the market compared to the entity of the seniors' need for care, which, as previously discussed, will eventually grow due the fact that a significant proportion of those elders (around 80%) will be parents of only children who will not be able to nurse them. As a consequence of this prospected situation, also the welfare and pension system of Suzhou will have to face an expanding demand, notwithstanding the difficulties of doing so (苏州市人民政府 2017).

Even though this municipality, thanks to its economic and "social" wealth, potentially possesses the resources to establish a system able to meet successfully the requests of the aged population and, as we will point out, it already shows positive signs in this direction nowadays, considerable efforts will still be needed in order to translate this wished possibility into reality.

4.2 Provision of care services

As introduced above by saying economic development in our city of interest has been impressive since the latter half of the last century, Suzhou has been placed among the ten wealthiest Chinese cities in 2010 in the ranking published on China Briefing Magazine, based on per capita disposable income and gross domestic product, right after Beijing. As a matter of fact, thanks to its closeness to Shanghai and its low operating costs compared to this rich neighbor, Suzhou has become one of the most important locations for setting up foreign direct investments, making it the biggest industrial city in China, next solely to Shanghai. In 2013 its GDP grew of almost 10% from the previous year, reaching the value of 1.3 trillion RMB (Yao 2014). The city has also been included in Chinese Cities of Opportunity report[19] (2018) holding the 9th position but estimated first in the section of ease of doing business. All these pieces of information result to be of a considerable importance in our discourse about aged care; in fact, such a significant degree of wealth can mean more opportunities of developing a network of care services for elders by means of an increasing role of private investors, that, as we have explained in the previous section, represents a positive trend for the future. Thanks to the fact that it can expand the supply of provision and address different segments of the market, availability of services to a larger number of people may be achieved in a easier way in the future.

A useful tool in order to set up a classification and a measurement of elderly care institutions in Suzhou, like in all main Chinese cities, is the website Yanglao (养老网), which provides information and supporting services for free to the users, both seniors and their families, who may need to choose among various options on the basis of level of care needed, price they can afford, position of the facility and other features of it. Continuously updated, it shows detailed data about the institutions, such as capacity, fees, characteristics of the structures and so on, moreover it directs to their websites, if existing. Other information regarding occurrences or news in the field of aged care or old age in general can be found here as well. Consequently, the aim of the website, that is to connect seniors and facilities in a

[19]The *Chinese Cities of Opportunity* report is issued by the China Development Research Foundation and PwC and "focuses on the industrial development, innovation potential, coordinated regional development and the synergetic development of people's life and ecological protection in China's key cities (PWC 2018)."

simple and clear way, giving them the opportunity of communicating and interacting, is directed towards the improvement and strengthening of the network which should be in place with the purpose of relating care provision and people requiring it.

Beside the usefulness of this digital instrument for the elders and their relatives, its validity stands in the fact that, as above mentioned, the overall number of institutions in a city can be obtained - indeed if associated with further investigation both on the internet and on the "field" - and, together with it, also the main characteristics of those, in particular their range of services delivered and their being publicly or privately owned. According to the data provided on Yanglao, therefore, we can state that in Suzhou registered residential facilities addressed to aged people today are at least 260[20].

In line with the classification included in the previous chapter (See Chapter 3.3) about modes of provision of institutional elderly care in China, Suzhou and the county level cities under its jurisdiction present all the described main kinds of institutions for seniors, with their specific features. Moreover, it is important to mention that, being this city characterized by an extremely high proportion of older adults and by favorable economic conditions, the sector of aged care here has made significant steps forward in recent years.

For instance, structures established and owned by the local government but privately operated have been set up in the last years, one in 2016 and two more in 2018. These institutions provide housing, a wide range of medical care services, support in daily living, canteen and a lot of recreational activities, all inside the center. They address both healthy autonomous seniors and disabled dependent ones: the former can enjoy here a sort of community life full of activities to carry out with other elders, the latter can stay in comfortable environments as they were in their own homes receiving aid and care whenever they need. Being publicly owned, these structures should have the opportunity of charging fewer amounts of money to the users since the costs for the establishment had been borne by the public sector, however, even though not overly expensive if compared to totally private institutions, a huge portion of elders cannot afford to pay such fees.

As regards privately owned and operated nursing homes, Suzhou possesses a high number of these; as a matter of fact, recently, large private companies or corporations have decided to invest in the sector of aged care in this city, leading to the establishment of long-

[20] Such number should be further investigated in order to ascertain its accuracy. One existing institution cannot be found on the platform and one is still reported with its former name, even though it changed with the new administration of it.

term care facilities for elders in most of the areas under Suzhou jurisdiction. What is important is that these institutions are open also to elders who need intensive care such as advanced palliative treatment, patients with chronic diseases and those who cannot take care of themselves, differently from welfare nursing homes, where solely independent seniors – willing to pay - are accepted, the only exception being the "three-no" elders. Therefore, as mentioned before, if clearly regulated and defined, the private sector can represent a considerable support to the public one in aged care, in particular if it manages to target also the low segment of the market, composed by people requiring care but unable to compensate high costs. However, notwithstanding the widening of the range of services available on the market and the number of institutions delivering these, unfortunately, the prices are still too expensive to be burdened by a consistent portion of the elder population and not always quality standards are met by such facilities.

Beside "common" nursing homes, mainly addressed to seniors who are not independent anymore and the level of care they require cannot be provided to them by their children or relatives and, therefore, are often forced to choose to live there, in recent years actual private retirement communities have been established. They are often centers covering large areas which, like the previously described group of publicly-owned and privately-operated institutions, provide all types of services needed, including medical care and recreational activities. Private retirement communities are usually composed by high quality and pleasantly furnished apartments with nice surroundings and areas dedicated to various activities at short walk distances within the center, that is why the majority of users voluntarily decide to spend here their later life because comfort and company are assured, even though they are independent and do not need daily care; some of these estates also comprise proper nursing homes, where dependent seniors in bad health conditions can be looked for. Indeed, given that the quality of facilities is very high, the range of services provided significantly wide and no subsidies from the public sector are granted, few people can bear the expense of choosing this option as a solution for their old age life.

Talking about the public sector, in Suzhou many are the social welfare institutions, as they are at least one for each district and county level city belonging to the main one; in accordance with the dimensions and, above all, the number of registered residents in the area of reference, the welfare institution has a proportioned size and capacity. What emerges by looking on the website Yanglao is consistent with what Glinskaya and Feng (2018) state in

their book, that is to say, beside "Three-No" elders who benefit from welfare subsidies which cover all the costs of living in institutions, only independent seniors who do not need intensive care can be allowed inside these facilities. The latter have to pay a monthly fee which, however, is much lower than the private facilities' average one. This result to be unfavorable for those older adults who need a high level of care at a low cost.

Indeed, leaving aside the discourse on long-term care, local government presence is documented in community-based daily care as well. Even though quality of services may not be compared to those of private retirement communities introduced before, as it is common in all Chinese cities, each district and county level city possesses services addressed to its registered elderly residents by means of day care centers, nursing stations, and so on.

As regards this kind of care directed to seniors, there is a new "model" getting importance in Suzhou, and in particular in Wujiang district since 2011, reported by Tang (2017): the purchase of different community services by the local government, extended then to include neighborhood aged care services as well. Helping old people by providing them with meal delivery, laundry, cooking, cleaning services was soon achieved; following, a proper neighborhood elderly center was established in 2013 in the old town center, close to many residential communities there in order to be easily reached by elders, who, since its opening, everyday are around 200 there. In a government-owned building, the center offers a variety of rooms for recreational activities, services such as hairdresser, gym and canteen and even a school for seniors; in addition, also nursing day care can be provided here. However, the eligibility criteria for the center are to own local household registration (*hukou* 户口) and to be over 60; such a facility, though, is addressed to independent elders, mainly not belonging to the group of the oldest old.

The concept of purchase of services by the government implies the fact that its direct role in the provision of social care services will be progressively displaced by a third-party service deliverer, in fact:

> "The Wujiang center remains under the management of government personnel, but a property management company that is now also registered as an aged care service company has been hired to look after the daily operations of the center." [21]

[21] Tang, B., "Neighborhood Aged Care and Local Governance in Urban China", *The China Journal*, Vol. 79, 2018, p.94.

This initiative represents a significant improvement in the field, as it gives dedicated agencies the liability of controlling the quality of the offered services; however, being the program in its initial stages and the role of the government in it still very important in this context, other social service organizations are not sufficiently competent and experienced yet to be at the head of these projects autonomously, therefore no perfectly effective functioning can be achieved; moreover, further factors hinder the complete success of it: the lack of professional nursing staff, not enough in number, and the fact that Wujiang center is the only one in the district, meaning it can cover solely a minimum portion of the elders in this area. Nevertheless, this kind of program - if adequately improved and arranged in a similar way to, for instance, the analogous system of Guangzhou, where the third party is entitled by the local government of comprehensively managing the neighborhood aged care services - symbolizes a fundamental point of departure of a innovative and efficient system that should be taken as a model and spread in all the other districts in Suzhou.

Another demonstration of the advancements made in community-based care in Suzhou is given by the county level city of Changshu, as reported in some articles published on the website of Suzhou Civil Affairs Bureau (苏州市民政局 2019). As a matter of fact, here the effort put in enhancing community aged care has been significant in recent years: in order to increase the number of facilities addressed to day care services, integration of resources have been pursued and achieved thanks to innovative ideas such as the full use of idle spaces owned by the old village committees and their adaptation into elderly care centers or the renovation and expansion of facilities by retrieving collective rental houses. Social forces are encouraged to hold a role in the management and operation of services for seniors with the purpose of increasing quality and availability of those; the local government in this context carries out community-based welfare projects. In December 2017, the first nursing station in Changshu was established and started to operate in the municipal day care center; to the original basic services, professional nursing services such as basic nursing, clinical nursing and rehabilitation training were added, constituting an integration to community-based services for the elderly already existing.

It is also worth mentioning that thanks to the collaboration between the Civil Affairs Bureau and an organization called the ‘Association for the Aged’, many public welfare projects have been carried out with the purpose of mobilizing community resources, integrating social resources, building a platform for participation, and exploring the

community as a unit to establish a “mutually beneficial and happy old-age model”. Cultural and volunteering activities can be found, among these the program where young and healthy seniors pair up to help the older in daily activities or in organized and shared ones.

Although problematic aspects in this “community for the elderly” still exist, such as the fact that a comprehensive support to a high number of elders has not been achieved yet, funding is insufficient and quality not high enough, it can be considered as a positive example of improvements gained in this field (苏州市民政局 2019).

Speaking then of a further kind of care directed to elders in Suzhou, included in the list of institutions inside Yanglao database as well, we can mention the existence of at least one private entity delivering services through a “virtual nursing home” model: this does not physically host seniors in a dedicated facility but provides services directed to them in their homes. Such type of aged care mode of provision was introduced in the previous section (See Chapter 3.3) under the name of ‘Virtual Elder Care Home’ model and it is considered a useful and valid means to allow old people to continue their lives at home, where they are willing to be, with the help of external caregivers in some daily operations they cannot carry out solely by themselves. This service is in part provided through local government support especially to disadvantaged elderly or to the group of the oldest old, as we explained before, however, also many private aged care service companies have started delivering it recently.

As a matter of fact, professional and specialized associations addressing various kinds of services to elders are increasing in number and expanding their range of offers in big cities as Suzhou: within the scope of a company, nursing homes, apartments for the elderly, community centers and home-based care are all comprised.

From the description of the variety of care services addressed to seniors available in Suzhou, it is possible to see that, besides its being in line with what previously discussed to be the main services for elders existing in China, this city can be considered at the forefront for establishing an efficient system of elderly care, since it already embodies some of the advisable possibilities and trends to be pursued in the future, such as a high presence of private investors in the field and a joint effort between them and the local government.

4.3 Visited Facilities

4.3.1 苏州申丞护理院 - Suzhou Shenchen Nursing Hospital

Address: No. 65 Nanhuan West Road, Canglang district, Suzhou
(苏州市沧浪区南环西路 65 号)

Type of institution: nursing home
(护理院)

Institutional nature: private
(privately- built and owned; presence of public subsidies)

Area: 3,000 square meters

Number of beds: 138

Users' conditions: half-care; full-care; special care

Figure 4.3.1 苏州申丞护理院 - Suzhou Shenchen Nursing Hospital: Basic Information

Suzhou Shenchen Nursing Home or Nursing Hospital is located in the city center, in Canglang district, not far from the Old Town (Gusu district), and it is surrounded by residential and commercial buildings, making it not properly straightforward to reach the place. It is a private institution belonging to the group of facilities established in different

cities by the limited liability company of Shanghai Shenchen Medical Investment Holding (上海申丞医疗投资控服有限公司); in 2016, Shenchen begun its business replacing the previous Chunhui Nursing Hospital owned by the Jiangsu New Asia International Trade Group which used to provide the same kind of services in the same building before.

According to what reported by the head nurse Ji Ai Hong, even though privately owned and managed, the nursing home receives subsidies from the government which are delivered in proportion to the number of beds for the elderly in the facility. To date such number amounts to 138 as restructuring works are been carried out and a part of the facility is unavailable at the moment, therefore the previous number of 168 is temporarily reduced. The rate of usage is 98%, therefore very high and in contrast with what in the previous chapter was stated to happen in many cases, namely the phenomenon of empty beds (See Chapter 3.4).

In line with the classification of Chinese elderly care institutions presented before, Mrs. Ji explained that the fundamental characteristic of a nursing home (护理院) is the provision of medical care services, differently from homes for the aged (养老院), which are often found under the name of elderly apartments (老年公寓), where the users are mainly autonomous seniors with good health conditions.

This nursing home mostly hosts and delivers long-term care to seniors who are not able to take care of themselves independently, patients with chronic diseases and mental illnesses; it provides hospice care, rehabilitation services and life care as well. Infectious, surgical and acute diseases are not treated here, though, as solely specialized hospitals deal with those. As reported by the staff and one interviewed senior, the majority of elders living here, because of the above said difficult conditions, cannot receive adequate care at home by their relatives, who may not be able to provide it or are not willing to because of various reasons, therefore decide to turn to this solution. Medical costs are covered by the medical insurance system, while nursing and living expenses, which monthly amount to around 6500 RMB (equivalent to 913 US dollars), are paid by patients and their families. This is said to be the average price of many nursing hospitals in Suzhou; indeed, this is a price only a moderate proportion of the elderly can afford.

As regards the nursing staff, in Shenchen Nursing Hospital the quantity of workers results to be enough, however, besides doctors and professional nurses, many are the ‘nursing staff members’ (护理员) who did not undertake any professional training but only a sort of

brief introductive program to perform their job, resulting in line with what expressed in the section about challenges of aged care in China.

A positive aspect is the intention of expanding in the near future the facility so as to include also a day care center for elders; moreover, in Shenchen Nursing Hospital, currently activities for the residents are often carried out, for example in collaboration with Suzhou University students.

4.3.2 瑞颐 · 椿熹里精品创新养生社区 – Ruiyi Chunxili Innovative Boutique Retirement Community

Address: No. 1190 Wuzhong Avenue, Wuzhong district, Suzhou
(苏州市吴中区吴中大道 1190 号)

Type of institution: apartments for elders (+ nursing home; hospital)
老年公寓 (+ 护理院 ;医院)

Institutional nature: private (privately- built and owned)

Area: 72,000 square meters

Number of beds:
1000 (apartments' beds)

Users' conditions: self-care; semi-self-care; intermediary assistance

Figure 4.3.2.1 瑞颐 · 椿熹里精品创新养生社区 Ruiyi Chunxili Innovative Boutique Retirement Community: Basic Information

Established in 2013 by Wuzhong Group, a subsidiary of a wide corporation of Jiangsu province which deals with health and elderly care, Ruiyi Community is the perfect example of high quality private retirement community for the elderly we described in the former section. It is located in the district of Wuzhong close to Shiyu Lake at the feet of Shangfang mountain in the South-West of Suzhou; its position in a relatively natural and green area is therefore attractive for many elders. In addition, the outside environment is transferred into the large estate made for 40% by green areas and with numerous ponds, the whole conveying a relaxing and harmonious atmosphere.

The project of Ruiyi Chunxili Community includes 600 apartments (老年公寓) of different size and arrangement of spaces, characterized by high quality, width and barrier free access in the entire area. Autonomous and good health elders here can enjoy a huge variety of services: among those, the emergency call service, by means of which they can receive support and aid in every moment, canteen, cleaning and laundry services, the organization of recreational activities both in the several spaces of the facility – library, ceramics room, playing room, gym, cinema, and so on – and outside, as tourism trips. The apartments can hold about 1000 seniors, but currently residing people are around 300, this entailing a high number of empty rooms. The reason why this happens could be because even though this choice for one's later life is a very desirable solution, as the living conditions here are optimal, however, the costs are unaffordable for the great majority of elders. In fact, the amount of money required to each resident as a deposit is considerable: depending on the kind of contract chosen it can go from 100,000 RMB (around 14,000 US dollars) to 1,500,000 RMB (210,800 US dollars); the higher the initial deposit, the lower the monthly fee, which is in general not excessive - the maximum is under 10,000 RMB (1405 US dollars) but many options can be found for less than 5000 RMB (702 US dollars) – but cannot be sustained by many average Chinese elders.

The apartments are not the only institution addressed to seniors in Ruiyi Chunxili center; as a matter of fact, a nursing home and a hospital are included in the estate. The capacity of the former is 170 beds and, as expressed before for nursing homes in general, complete care is provided to elders who often suffer from severe health problems and require intensive support. The hospital is considered among the primary elderly hospitals in Suzhou thanks to the wide range of medical services comprised and the high level of technology and innovation. Among the others, orthopedic and rehabilitation centers are present.

Ruiyi Chunxili Retirement Community is not the only private estate embracing this variety of services directed to seniors in Suzhou; as a matter of fact, many are the cases of large companies or individual investors deciding to engage in aged care through the establishment of extended centers delivering a complete set of care services for elders, constituting sort of tailored cities for this group of people. Nevertheless, the segment such kind of institution targets results to solely cover a limited portion of people who, indeed, turn out to be satisfied and delighted in their choice. Therefore, it would be an improvement of paramount importance to create centers of this type affordable to a wider section of elders, both by means of support granted to private investors by the government and by the possibility of including the costs for enjoying it in a long term care insurance.

4.3.3 苏州市社会福利总院 – Suzhou General Social Welfare Institute

Address: No. 700 Xinfu Road, Tangqiancun, Xiangcheng District, Suzhou
苏州市相城区唐前村新福路 700 号

Type of institution: social welfare institute 社会福利院

Institutional nature: public (government- built and operated)

Area: 83,000 square meters

Number of beds:
450 (for elders)

Users' conditions: self-care; semi-self-care; full-care

Figure 4.3.3.1 苏州市社会福利总院 Suzhou General Social Welfare Institute: Basic Information

Suzhou Social Welfare General Institute belongs to the important project launched in 2010 by Suzhou Civil Affairs Bureau for the purpose of fostering the social welfare undertakings of the municipal party committee and of the local government so as to accelerate the development of welfare system services addressed to elders, orphans and disabled people. With a public investment of almost 430 million RMB, it came into operation in 2013 in the district of Xiangcheng in North-East Suzhou, substituting the historical General Social Welfare Hospital located since 1710 in Tiger Hill district.

It covers a huge area filled with green zones, rockery ponds and pavilions and comprising five building units: “Suzhou Psychiatric Welfare Hospital”, “Suzhou Child Welfare Hospital”, “Suzhou Old Age Welfare Home”, “Suzhou Disabled Welfare Home”, "Suzhou Child Welfare Guidance Center" and "Suzhou Minkang Hospital". This renewed institute combines medical treatment, education, learning and skill training, rehabilitation and nursing; moreover, it was established giving high consideration to quality, accessibility and harmony of the facilities as fundamental aspects of the efficient functioning of the program.

Since it represents the main social welfare institution in the whole area of Suzhou, the total number of available beds here is 1,500 and, among these, 450 are addressed to seniors. As extensively explained before, the major part of elders residing in this kind of institutes still fall under the “Three-No” condition and can autonomously carry out daily life activities.

However, on December 1st of the year 2016 the "Provisional Rules for the Admission of Social Elderly People in Suzhou General Social Welfare Hospital" were implemented by such institute in view of the low utilization rate of beds and facilities in the Old Age Welfare Home. This directive made it possible to achieve the goal of expanding the scope of accommodated subjects by releasing eligibility criteria for the elderly in social welfare centers in some districts of Suzhou. As reported in an article published on the website of Suzhou Audit Bureau (苏州市审计局 2017), the newly introduced requirements decrease to 60 the age previously fixed at 80 for seniors in possess of determined conditions to be accepted into the institute. In particular, targeted people are those who hold specific certificates of residence of the city of Suzhou which document either severely problematic economic conditions or

disability/ semi-disability; seniors who lost their only child, namely *shidu* (See Chapter 3.4) and are characterized by various forms of disability are comprised as well. Infectious diseases and mental illnesses are, on the contrary, not accepted, but preferential treatments for additional groups of older adults are being considered. Such regulation represents a significant improvement in dealing with elders in China, considering that one of the most arduous challenges in aged care sector is the presence of a wide portion of disadvantaged seniors who cannot access elderly care services because unaffordable for them. This attempt of expansion of social welfare services' coverage is a step ahead toward the partial resolution of the problem; unfortunately, these requirements not only are not applied to all social welfare institutions in Suzhou, but also many Chinese cities have not taken such kind of initiatives so far. Indeed, in the case of availability of financial resources as it is for our institute, it would be desirable to enforce analogous regulations.

Built in concordance with the conditions fixed by the "Basic Standards for Social Welfare Institutions for the Elderly" mentioned earlier (See Chapter 3.3), the welfare institute for seniors shows a pleasant and well designed living environment and it comprises a geriatric hospital, which is one of the designated medical institutions of Suzhou Medical Insurance, an elderly care center and one elderly recreational center. The latter operates also as a neighborhood center where a variety of leisure activities can be carried out by elders, such as handicraft, reading, painting, games, and also psychological support is provided. The existence of common areas, supermarkets and salons permit to users to feel part of a lively and cheerful community.

Conclusions

The majority of the world nations is nowadays characterized by ageing societies: such situation ensured that in recent years topics regarding the elderly wellbeing and requests gained increasing attention in the international discourse. Since in many developed countries the process of population ageing has taken place progressively and over a considerably long period of time by now, the growing awareness of it, paired to economic wealth, typical of these areas, allowed to meet the old age group's needs by means of a wider range of resources, compared to regions where such process occurred ahead of time, as against economic development, and at a exceedingly fast pace, how it happened in China.

The content of the first chapter, that is to say the overview of worldwide elderly care characteristics, focusing on developed nations' systems, could show some common traits shared by such countries in the way they used to cope with old age and the advancement they were prompted to make due to their ageing populations, requiring an increasing attention on this issue (OECD 2005). By deliberately focusing on care regimes of the above said cluster of countries, we could demonstrate the active participation of the state in this field, few countries making exception. As a matter of fact, notwithstanding the still existing traits of insufficiency and inadequacy of aged care systems and the fundamental position of families in it as main providers of care, through welfare states the public sector in these areas has always been very important. As a consequence, even though elders have not always been the primary target in terms of investments and provision of services, thanks to the advantage of experienced and developed welfare states, in the above said countries it was possible to direct growing amounts of resources (such as funding, infrastructures, management experience) towards the needs of the aged (Daly 2012).

Following the process of population ageing concerning most countries in the world, together with other demographic and social changes going on lately, in fact, governments everywhere began to consider the various aspects regarding old age people with an increasing mindfulness and attention. Many, therefore, have been the programs and initiatives conducted by those to deliver services to seniors and to relieve their families of part of the burden of caring for them, such as allowances, monetary benefits and in-kind services (nursing homes and institutions) (Bettio and Plantenga 2004).

Nevertheless, most systems used to face a number of challenges which are still partly hindering their complete well functioning, such as insufficiency of funding, lack of

compliance with quality standards and high pressures on informal caregivers, even though, several undertakings have been carried out in order to reduce or eliminate those.

Innovative concepts are then emerging with the aim of improving aged care systems - the main demonstration being the integration of medical and social care services to achieve a continuity of care drawn according to different patients' needs (OECD 2005; Briggs, Valentin, et al. 2018; Currie 2010) – and, in general, seniors' wellbeing, with initiatives like volunteering activities and intergenerational programs (Davidson Knight 2012; Hatton-Yeo 2010; Gonçalves, Hatton-Yeo, Farcas 2016; Labit and Dubost 2016).

All of this represented an introductive discourse useful for giving a comparative term to the specific case of China. Here elderly care shows peculiar features due to the historical and cultural background of this country: Confucian principle of *xiao* defined the traditional way of taking care of one of the most vulnerable groups of the society, namely the aged people, which has always been underpinned by the role of the family (Canda 2013; Liu 2009; Wang et al. 2017). The so-called familialistic care regime China belongs to, therefore, is the main reason why an institutional system of aged care is underdeveloped and, only recently, some new strategies leading to significant transformations have been pursued. As a matter of fact, not only the reforms regarding healthcare and old age security system have helped providing seniors with an increasing institutional support, from the 1990s also the elderly care sector has undergone a considerable shift upwards (Liu 2009; Feng et al. 2012; Wong and Leung 2012).

Indeed, it is still characterized by a high number of problematic features: the main one being its low coverage rate due to both its lack of capacity and, above all, its availability to limited portions of the total group of elders (Glass, Gao, Luo 2013; Jia and Heath 2016; Wang et al. 2017). In fact, services provided by the welfare system are mostly addressed to the "Three-No" elders, while the private sector is opened solely to seniors who can afford to pay considerable amounts of money for receiving services delivered by it (nursing homes, retirement communities or other community-based services), meaning a restricted part of the whole.

Notwithstanding this and other challenges interfering with the course of aged care in China, some possibilities for ameliorating the system in existence nowadays have been searched and found; positive innovative models have arisen and are expected to be further enhanced in the future, the main one being the introduction and affirmation of the private

sector in the field of elderly care (Glinskaya and Feng 2018). This option has gained a role of fundamental importance, as it can enlarge the capacity of such system and, optimistically, it may be asserted that, if in collaboration with local governments granting substantial amounts of incentives and subsidies to carry out services and activities, private actors could also expand the availability of the latter to a higher number of seniors that need care; unfortunately, on the basis of our experience on aged care in China, by now no significant achievements in this last direction have been proved yet and this remains only a desired possibility for the future.

Indeed, the pivotal role private investors could assume in supporting the public one is consistent with the peculiarities of the care regime owned by China that makes it very arduous, at least in the near future, for the state to start operating as the only provider of a comprehensive system of care, considering that it possesses neither the experience nor the intention of employing enough resources for doing that, even though some advancements have been achieved recently. Therefore, it emerges that the country is striving to pursue the objective of improving its elderly care system – and seniors' wellbeing in general - following two main directions: one is to take as models developed countries that have familiarity with this field (as for the policies carried out in order to establish a long-term care insurance system from the examples of, among others, Japan and Korea); a further one is to opt for solutions that best fit the characteristics of Chinese welfare system and care regime (liabilities to the private sector and expansion and development of the community based system with the commitment in it of NGOs and volunteer teams). Moreover, concepts like active ageing and, connected to that, volunteering or social activities addressed to seniors are taking root in China, as it is happening worldwide, and this can be considered a significant step forward (FP Analytics and AARP 2018).

In order to provide a manifestation of the assumptions pointed out in our thesis, the presentation of the way the aged care system is managed and operated in a Chinese city we had experience of, namely Suzhou, was seen as a valid method. Considering that Suzhou is among the wealthiest and most developed municipalities in China, it showed almost all of the positive achievements we described in the previous sections; however, as we cannot deny in our discourse about how old age in China is dealt with nowadays, a number of challenges are still impeding the outcome of an efficient and adequate system.

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