

THE DEVELOPMENT OF RESIDENTIAL CARE FOR THE AGED IN CHINA: FROM SOCIAL RELIEF TO SOCIALIZATION

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Abstract: The rapid growth of aging populations in many countries has led to a new academic and professional interest in gerontology. There is a widespread concern among policy-makers and care professionals about the growing number of older persons in the society and the rising challenges of providing care or services for older persons. The increasing inadequacies of family care, eroding family support and the rising costs of institutional care, are often discussed but insufficiently addressed. The residential homes for the aged has experienced great changes from the role of social relief to supplementary supply of care for the aged on the background of rapid ageing trend and socialization of institutional care for older persons. This study conducts a historical policy review on the change of residential homes for older persons and its impacts on development of caring for older persons in China on the background of transition of population structure and society.

Keywords: Residential care for the aged; Social Relief; Socialization

1 INTRODUCTION

Aging trend in China is so rapid that not only the proportion of the elderly population but also the proportion of the old-old persons increase at a high speed since late 1970s. The 2000 census showed that the number of older persons aged 65 or above was 88.11 million, representing 6.96 percent of total population. And about 9.6 percent of older persons were at the age of 80 or above (National Bureau of Statistics of China, 2001). In the 21st century, China is far ahead in lowering its fertility rate due to the one child family planning policy since the 1980s. Declining birth rate will speed up the aging trend in 21st century. It is recently reported that by the end of 2004 the number of older persons aged 60 or above reached 143 million, representing 10.97 percent of total population[1]. After population growth has been slowed down, the emergent issue is how to provide care to the rising number of older persons.

Traditionally, older persons are cared within the family. Family relatives and friends are main sources of caregiving for older persons. However, with the transformation of the family and society and population migration, great challenges are brought to family caregivers because of smaller family size, more women participating in employment, high migration of youth generation, etc. These factors have led to the increasing demand for formal services, notably residential care for older persons, which has long tended to be the responsibilities of family relatives and friends. There is a widespread acceptance of residential care. Some investigations conducted among older persons show that residence in residential home has been accepted by more older persons in recent years, about 13.22 percent in 1998 [2] and 17.5 percent in 2000[3]. The increasing proportion of older population who are more likely to accept to live in institutions for their later life means that demands for residential care are escalating. It is therefore necessary for the Chinese government to re-evaluate the role of institutional care for older persons. Not only the number of residential beds for older persons increased to 1,467,542 in 2004[4], but also socialization of residential care forms a new pluralistic system of residential homes. Within this system, target groups of residents include both traditional residents-'Three Nos' persons, and fee-paying older residents. Not only government and collectives, but also non-governmental organizations, private organizations and individuals are involved in providing residential care for older persons. Considering the increasing role played by residential care, it is timely to re-examine the development of residential care for older persons from the perspective of historical development and related policy transition.

2 LITERATURE REVIEW

Residential care has been acknowledged to be a complex phenomenon which defies simple explanation. Until now there is no complete agreement on defining residential care. Residential care commands little popular support, and public interest is not aroused. Studies on residential care often concentrate on care delivery or assessment, rather than on defining residential care. Residential care is always explained in terms of regulations and codes of states or countries. In some documents or studies, definitions on residential care are not directly provided. Instead it may be understood through clarification of other related terms, such as residential care facilities, residential services, long-term care, etc. Often, a definition of residential care is explained through the functions, categories, or contents of residential care. Definitions of residential care can be understood through a review on standards of residential care facilities provided by local or national regulations, laws and policies. Official documents defining residential care can be dated back to the nineteenth-century, Poor Law in UK and the associated workhouses, regarded by latter-day social commentators with a mixture of fear and loathing[5]. Currently, with the development of social policy and increasing demand for residential

care, definitions on residential care are always explained or implied in various official documents, including regulations, codes, and laws. However, because legislation and regulation may be different in different states and countries, definitions of residential care may vary. For example, Boulder City Code in the U.S. defines residential care facility which provides social services in a protective living environment[6]; or provides incidental medical services under special care plans, which are also known as assisted living facilities, retirement homes and board and care homes[7]. Although definitions of residential care mentioned above are flexible and broad, and categories of residential care homes may be varied in countries and provinces, some generalization can be made. First, residential care is regulated to provide for specific target groups, who are elderly, developmentally delayed or suffer from mental illness or brain injuries. Second, residential service provides both accommodation and health or social services, although contents of residential care services vary in categories of residential care homes. Third, care delivered sites are accommodation sites where are distinct from resident's own home. The boundaries of residential care are difficult to clarify because of constantly updating social policies and strategies of health care delivery. It may bring changes to definitions of residential care because of the change of social policies and strategies of care delivery. Thus, there still exist gray area in defining residential care because of the dilemma of definition arisen from changes in the nature of residential care itself. To make clear the definition of residential care, reviews should not neglect the context of the policies and services related to it, because categories and contents of residential care may be transformed with the changing social policy. For example, in Hong Kong, the 'continuum of care' has been affirmed as central to the policy on care for the elderly. Under the concept of continuum of care, residential care homes should be provided with the appropriate facilities and staffing, so that they can meet the health care needs of the elderly residents whose health conditions change constantly[8]. Finally, definition on residential care should be learned from the views and experiences of those for whom life in residential care becomes significant: present and potential residents and their carers.

3 HISTORICAL DEVELOPMENT OF RESIDENTIAL CARE FOR OLDER PERSONS IN CHINA

It is accepted that residential care was delivered in 'total institutions' in the early stage of development. Goffman introduced the concept of 'total institution' in his work and defined it as 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead and enclosed, formally administered round of life'[9].

3.1 Social Relief

China has a long history of group living of frail older persons, which may be dated back to about fifth century A. D.[10]. After new China was founded in 1949, social welfare system was delivered through state-owned enterprises or work units on the basis of employment. One main target group of residential care was persons with special needs, specifically, the 'Three Nos', those with no legal supporter, no source of income, and no working ability. 'Three Nos' older persons are cared in social welfare home and homes for the aged for older persons in rural areas[11]. Another major group of target of residential care was disabled veterans or persons who had made contribution during the Chinese civil wars. Both groups of persons were cared in institutions free of charge[11]. These two groups of persons had been the main target groups of residential care until the process of socialization began in the mid-1980s, which attempted to involve all needy population into the target groups of residential care, on the basis of user payment.

In Chinese history, residential care was delivered by many forms of institutions, which had been renamed for many times. Residential care in China was originated from Qing dynasty, historically delivered through institutions called *Cijiyuan*. After new China was founded, residential care was delivered as part of the work of social relief. Residential care facilities included production reformatory, where residents were involved in economic production. Production reformatory was renamed into other names in later days, such as social welfare home, and home for the aged[12]; Honor home, provided residential care for special care receivers in rural areas from the 1950s. Honor home was renamed as home for the aged in rural areas [13], which is still the main form of residential care facility currently in rural areas. The home for the aged in rural area is a type of collective organizations, where economic resources are mainly from collectives and partly from government and society. The initial aim of establishing home for the aged in rural area is to provide care for older persons according to the "Five Guarantees" policy. Honour home is a kind of social welfare institution which collectively provides care to older person who needs special care, according to the special care policy.

3.2 Socialization

Social welfare socialization is developed after the Chinese economy transformed into a mix system of the planned and market economy in the 1990s [11]. Target groups of residential care include the 'Three Nos', special care receivers and all other needy persons who pay service fees out of their pocket. Providers of residential care extend from state and local governments, to collective organizations, non-government organizations, individuals and private enterprises or organizations. Residential care delivery system is described as a combination of state welfare provision and society contribution[14].

In the late 1970s and early 1980s, social welfare institutions for older persons began to provide fee-charging services for all older persons in need. This has been viewed as the first step of socialization. In 1979, The Ministry of Civil Affairs held a national conference on social relief work in urban areas and approved social welfare institutions to admit older

persons if they could pay for their service fees out of pocket.

After 1990s, the reforms of social welfare system proceeded rapidly. Social welfare institutions were well developed in terms of expanding the scope of social welfare. The government decentralized the rights and responsibilities to develop social welfare. Communities, collectives and other organizations in the society were added into the system of socialization of social welfare. Socialization of social welfare institution happens when both the economy and the population are under transformation. Social welfare institutions have changed in the following aspects:

Firstly, the target group of service is expanding. Social welfare institutions are providing services not only to "Three Nos" older persons, but also older persons who may pay service fee out of their pockets. The government subsidies are provided for "Three Nos" older persons to live in institutions. Fee-charging services can also be provided to other older persons who need residential care. The criteria of admitting "Three Nos" older persons is based on the approval of the Ministry of Civil Affairs and local authorities to identify their status of 'Three Nos'. For users of fee-charging services in residential home in China, the admission is based on their own or their family's payment ability. On the contrary, health status is not a main criterion to admit older persons who pay service fee out of pocket.

Secondly, investors for socialized service system are expanded. In the period of the planned economy, the investor of social welfare institutions was the government. After socialization trend of social welfare institutions, investors of socialized service system include government, collectives, non-governmental sectors and individuals.

Thirdly, the policy directions for social welfare institutions providing care for older persons were revised after 1978. In 1978, the policy direction was "care for the aged, through their participation in suitable work, education, and recreational activities, keep older persons healthy, as well as maintaining a good mood, and having a better life in later years". After the Third Plenary of the 11th Party Congress, the policy direction was changed to "care for the aged, good arrangement for their later life." After 1984, the policy direction was "both care and rehabilitation are essential for older residents". Compared with the former policy direction, this policy direction indicates more comprehensively than before. This change is catered for different categories of needs of older persons. Participation in rehabilitation activities and recreational activities will prolong the life of the older persons, as well as keep them healthy. Currently, the policy direction for social welfare institution for older persons is "Five Targets" (to provide caring, medical services, recreation, education and sense of belonging and worthiness for older persons) [15]. Under this policy direction, the function of residential care has changed rapidly from supporting older residents, to rehabilitation, as well as good quality of life. From 1990s, social welfare institutions become an institution which provides caring, medical services, rehabilitation, recreation and education for older residents. All of those services are helpful for older residents to extend life expectancy. The average life expectancy of older residents in institutions was between 70-80[16]. It is shown that older residents may enjoy their later lives in social welfare institutions.

Fourthly, the operational mechanism of social welfare institution is under market orientation. As the reform further develops, the role of the government's plan in the economy is weakened, while market is taking charge of some roles that have been taken by the government under the planned economy. Social welfare institutions are beginning to be managed according to market principles. Social welfare institutions are well designed, managed and operated in terms of principles for operating enterprises. The management plan is designed to get maximum profits, which is different from traditional social services. Both public and private capital investments are accepted in developing social welfare institutions. The economic benefits have alleviated the fiscal burden of the government.

Fifthly, people employed in social welfare institutions for older persons are becoming more professionalized. Carers for older persons are those who provide services and care for older persons who live alone at home, in communities or institutions. Carers should receive professional training before delivering services in order to reduce risks of accidents in caring for older persons.

Sixthly, the management of social welfare institutions for older persons is to be standardized. The promulgation and implementation of policies, regulations and laws on social welfare and social welfare institutions for older persons are viewed as guidelines for developing institutions. Besides some local policies and regulations, laws and regulations on social welfare system contain four levels: 1) laws promulgated by National People's Congress and its standing committee, "Social Welfare Law" clarify the rights, duties and responsibilities of society, family and individuals in providing or receiving social welfare. 2) laws and regulations promulgated by State Council, "Rules for 'Five Guarantees' work in rural areas" standardizes how to provide caring services for 'Five Guarantees' receivers in rural areas, as well as to improve service quality. 3) regulations promulgated by local departments, "Administrative Measures of social welfare institutions" provides guidelines to stipulate the main body of service objectives, responsibilities and service contents. The procedures of application and approval for social welfare institutions is also clarified in these measures. "Basic Rules for Social Welfare Institution for Older Persons" promulgated by The Ministry of Civil Affairs, provides professional standard to serve older persons. 4) The Ministry of Construction and The Ministry of Civil Affairs informs all institutions for older persons to implement the "Code for the design of buildings for elderly persons", which provides standards to build public service facilities for older persons. The implementation of laws and regulations does speed up the development of social welfare by maintaining rights of older persons and standardizing administration of social welfare institutions for older persons. Operation system of administrating social welfare institutions should be based on policies, regulations and laws.

COMPETING INTERESTS

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