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# Exploring the community-based service delivery model: Elderly care in China

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## Abstract

In response to the rapidly growing need for social services among China's population, particularly for older people, the government has begun to explore the community-based service delivery model. Using the recent developments in China's care of older people as a case study example, this article documents the progress of community-based service delivery for the aged living in the community, and explores the community's evolving role in China's social service delivery system. China's model – a horizontal–vertical mixed model – presents a new perspective of defining service delivery and community practice, which has various implications and broadens the view of Western social work practice.

## Keywords

China, community service, care of older people, service delivery model

In response to the population's rapidly growing need for social services, the government of China has begun to adopt a community-based service model that is well established in the West. To implement such a model successfully, China must confront some significant challenges in addressing such questions

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as: (1) How can a model of community-based service delivery be developed that incorporates China's unique social, cultural, economic and political characteristics? (2) How best can the central government and the community share the responsibility of providing services to those in need while supporting and utilizing the family's traditional obligation to care for its members? (3) Can the community-based model provide the quantity and quality of services needed in China's diverse urban and rural communities? (4) To what extent is the Western community-based service delivery model applicable to the context of China? These questions have generated much interest among researchers in the East and the West.

Historically, the concept of 'community' in China can best be understood as a kinship network in which extended family members live within a geographic area and care for each other, particularly in times of need. Under the socialist regime, from the early 1950s to the late 1980s, the employment units (*Dan Wei*) functioned as urban people's community (Ruf, 1998). However, neither the family-based kinship network nor the employment-based *Dan Wei* was locational; they lacked a psychological meaning that a geographic community could provide (Guan and Chow, 2003/2004). To deliver social services in the community setting in modern China, the state has launched initiatives for the development of 'grass-root' community groups, volunteerism and community participation projects. Using the recent developments in China's elder care as a case study example, this article documents the progress of community-based service delivery for older people living in the community, and explores the community's evolving role in China's social service delivery system.

## Background

Older people (60+) comprised approximately 11 percent (~144 million) of China's 1.3 billion population in 2005 (State Council of the People's Republic of China, 2006). It is estimated to grow to 25 percent in 2050 (Chen, 2006). The increase in the older population has not only occurred rapidly nationwide but it has increased most in China's worst economically disadvantaged rural areas: nearly 60 percent of China's older people live in rural areas (China National Committee on Aging, 2006). Unfortunately, China was not adequately prepared to care for its elders.

Traditional care of older people in China is rooted in Confucianism, whereby parental devotion (filial piety) and ancestor worship, and care for older family members has been a normative family duty (Wu et al., 2005; Zhan and Montgomery, 2003). Care of elders has traditionally been provided at home by spouses, children, in-laws (particularly daughters-in-law) and extended family members. The Chinese proverb, 'Having a son makes one's

old age secure', effectively describes China's expectation of and obligation to Chinese parents. Both families and the government turn to nursing homes and other institutional care only as a last resort. Today, family responsibility for elders continues to be a cultural and legal norm, and is written into various Chinese laws and policies, including the PRC Elderly Rights and Protection Law (1996).

The political, social, and economic changes that took place in China since economic reforms began in the 1980s have weakened the traditional family care practices. These reforms and the tremendous growth in China's manufacturing sector have prompted millions of people to leave their hometown for work in large cities, thus fracturing the extended family structure. In addition, China's family planning policy (the One Child policy) initiated in 1979 has strained traditional extended family caregiving networks that had enabled older people to remain with their families in their homes (Poston and Duan, 2000). While extended family members living under one roof remains the norm today, this arrangement is declining, as the average household size has steadily decreased since the 1980s from 4.4 members in 1982 to 3.13 in 2005 (National Bureau of Statistics of the People's Republic of China, 1987, 2006). Consequently, the number of empty nest households (older parents living by themselves) has increased dramatically. For example, in Zhejiang province in 2006, about 35 percent of older people lived by themselves (National Bureau of Statistics of the People's Republic of China, 2007). Based on the demographic estimates, the elder care problem will intensify, making it a major challenge for the nation to care for the upcoming generations of older people.

While there is no primary model to replace traditional family caregiving in China's new socio-economic context, the government attempts to fill the gap by promoting institutional care for older people. Because institutional care requires significant amounts of capital investment, the government has endorsed various approaches to mobilize social resources (particularly from the private sector), and promulgated several models for care institutions, such as state-built and privately managed institutions, and private nursing homes supported by government subsidies. As a result, institutional care has rapidly grown in China. For example, the city of Tianjin had only two government-run homes from 1950 to 1988, but by 2001 it had 300 private and community-based homes (Zhan et al., 2006).

Despite the tremendous increase in elder care institutions, the proportion of older people in them remains small compared to the number who need it. Approximately 12 percent of China's older people reported preferring to live in an elder institution. However, only approximately 0.8 percent of older people are able to do so (Dong, 2009; He, 2001). Several factors likely account for the discrepancy: (1) a lack of affordable care institutions;

(2) family financial constraints (institutional care is more expensive and less accessible than family care); (3) concerns over the quality of care provided by institutions; and (4) family feelings of responsibility and the related guilt for placing one's parents in an institution (Zhan et al., 2006).

### **Care and service delivery in the community**

Another option for the care of older people – community-based in-home care – has been developing rapidly in China, particularly in urban areas. While family members remain the primary caregivers, community-based services provide older people and their families with supplemental care and offer respite care and other needed supports that many adult children who work and/or live in distant cities cannot provide. In doing so, older people are able to live at home on their own, or with their children, grandchildren or other relatives, a solution that many believe suits China's rapidly aging population and respects its cultural traditions. Clearly, the lack of adequate affordable elder care institutions and the weakened traditional family caregiving system have made community-based in-home care an appealing option. Thus, China's community-based in-home care is designed to care for people in a wide range of situations and needs. For instance, there are the very old (age 80+), people with disabilities and chronic diseases, those living alone without adult children or family members nearby, those living in poverty, and older people in more developed rural areas, to name a few (Ministry of Civil Affairs of the People's Republic of China, 2008).

Since the 1990s, a series of government policies have prompted the development of new social service programs, increased local governmental input into them, and strengthened the community's role in service provision and delivery for older people. Today, community-based services in China include both government-funded public welfare assistance (such as low-income family benefits), and community-oriented, semi-governmental funded self-help initiatives (such as day care programs and community kitchens). China's Ministry of Civil Affairs launched the Star Light project in 2001, which aimed to build a physical infrastructure, including day care centers and nursing homes in communities nationwide (Leung and Wong, 2002). Between 2001 and 2004, the Chinese government invested a total of ¥13.4 billion (~ US\$1.9 billion) through ear-marked lottery income in the Star Light project, which helped build 32,000 Star Light Centers for senior citizens; these centers have hosted a variety of community-based service programs such as home visits, emergency aid, day care programs, health and wellness clinics, and recreational activities that could benefit over 30 million older people (State Council of the People's Republic of China, 2006).

Since then, social services delivered in China's communities have evolved into a unique mix of vertical and horizontal structures. Services delivered in the vertical mode are funded directly by municipal governments and most services are free or with minimal fees. For example, community-based healthcare centers had been primarily responsible for family planning and health education; today they provide services such as free basic medical care for the poor, and other primary healthcare that older residents can easily access, along with special programs such as chronic disease treatment (Fu et al., 2003), and rehabilitation services for the disabled (Xinhua News, 2006). Nearly all services are funded by local public health departments and offices of disease and/or drug control, and provided by professionals associated with local state-owned hospitals (Xu et al., 2003). This vertical service delivery, although based in the community, differs from other community-based services due to direct government funding, a low level of community participation and minimal assistance from community organizations and volunteers. Similar community services for older people that are also delivered in the vertical mode are public assistance services offered by local Civil Affairs Departments for poor and frail individuals (Leung and Wong, 2002).

Many community-based services such as day care centers, in-home care, community-sponsored meal programs, community kitchens, recreation centers, and mutual aid networks (Wu et al., 2005) are developed in a horizontal mode. They are funded by multiple community and governmental sources, including resources donated by individuals, local business owners, corporations, organizations, schools, hospitals and other social entities (Association of Community Services of China, 2007). Many of these services are delivered by community organizations and volunteers, which are funded and staffed by private service providers, with or without resources from the local government or community. Services provided in the horizontal model are geared for elders who can afford to pay for services. The number and quality of these services vary significantly depending on local funding, the needs of residents, and a community's resources and capacity to deliver services. This type of service delivery requires local community initiatives, a high level of community participation, and deep involvement of community organizations and volunteers.

A unique model of community-based services in China is evolving, with the following characteristics: (1) delivered in a mixed vertical–horizontal structure instead of the social services agency-centered model adopted in the West; (2) managed and/or organized by quasi-governmental community organizations instead of non-governmental social service organizations; and (3) provided primarily by private small business service providers and/or volunteers rather than professionals.

## **A China model in the making: The state as a variable**

The development of social service programs and consequently the growing number of services delivered in the community have largely been shaped by China's post-reform social welfare system, which focuses on a shared responsibility among individual, family, (geographic) community, private sector and government (local, provincial and national). The shared responsibility orientation is aligned with the country's economic reforms that have been gradually transforming China's socialist economy into a market economy, mimicking the welfare pluralism practiced in many capitalist societies (Laczko and Victor, 1992; Mishra, 1990; Ngan and Leung, 2001). Since 1995, the central government has called for 'transferring family care to social care', even though 'social care' is not clearly defined.

Fairly apart from its socialism doctrine, China's post-reform welfare system is considered inadequate for the population sector most in need of care – older people. China's new pension system, which has three separate programs – for public employees, urban workers and rural residents – covers about 50 percent of urban residents and very few rural workers (all three are contributory programs, and the pension program for rural residents is voluntary) (Woo et al., 2002). Meanwhile, China lacks a universal healthcare program for older citizens. As healthcare is gradually changing from a public entity to a government-subsidized system (Zhu, 2002), older people are paying more for healthcare, making it difficult for many to afford it. The average pension for older people in urban areas is about ¥1000 a month (~US\$146), and to put this in perspective, outpatient treatment for a common cold costs about ¥150 (Woo et al., 2002), 15 percent of a month's pension.

In addition, direct funding from the central government for care is limited, as income security has been the policy priority for older people. The rationale is that older people who have adequate financial and social resources could receive care and support from their adult children and/or purchase necessary services from the community and free market. Alongside its 'social care' initiative and funding priorities, the central government has continuously instituted policies, laws and regulations prescribing family obligations in order to reinforce the family's traditional obligation to care (Leung, 1997). The PRC Elderly Rights and Protection Law (1996) mandated that adult children take responsibility for their elderly parents' care, including financial responsibility for their medical needs and for maintaining decent housing for them (Articles 12 and 13, respectively).

Overall, the government's broadly promoted initiative of community-based services over the past two decades is in response to its desire and fiscal need to spread out social service responsibilities, including program funding

and service delivery, from the central government to the provincial and local governments down to small towns and communities and families. Developed in the era of ‘social care’ for the country’s growing number of older people, social services in communities are aimed to *supplement* traditional family care and to fill in the gaps between needs and the care that the government is unwilling and the family is unable to provide. China’s community-based service delivery model reflects deliberate efforts made by the central government, local governments, communities, corporations and non-governmental organizations to create a sense of ‘social care’ among multiple stakeholders.

### **The uniqueness of China’s service delivery model**

One unique aspect of China’s service delivery model is the role that community organizations play. All services and programs that are delivered in the community setting share a common feature – they are administrated by and/or collaborate with the Urban Residents’ Committee or Rural Villagers’ Committee (the Committee hereafter). The Committees are neighborhood-level, quasi-governmental organizations that the central government has mandated in all cities, towns and rural areas across China, and they are considered to be the most basic and lowest unit in the political hierarchy, although these Committees are autonomous entities according to the China’s Urban Residents’ Committee Organizing Law (1989) and the Rural Villagers’ Committee Organizing Law (1998). The role of the Committees in the care of older people has been well established since the Ministry of Civil Affairs set forth the following definition of community service in 1995:

[Community services are] welfare services for residents that are established by the government with its financial support and aimed to meet the multiple needs of residents in the community, based on street, township and the Residents’ Committees that organize and provide services by mobilizing various community resources. (Ministry of Civil Affairs of the PRC, 1995: 12)

Thus, these Committees provide the structure and input to community-based social services that are delivered vertically, particularly during program implementation and in recruiting community volunteers for service delivery; and have been instrumental in designing and delivering (horizontally) necessary services and cultural activities in communities as a collective response to meet special needs. The Committees listen to and act on older residents’ suggestions and problems, pool community resources and organize

social events and activities such as English and computer classes, inter-generational activities, and community celebrations and events to enrich community life (Xu et al., 2005).

The essential role played by the Committees in service delivery is primarily due to China's political control over local activities; 'social care' does not mean that the government will relinquish its control. Over the last two decades, the government issued about 200 laws, policies and regulations concerning older people's well-being, healthcare, education, entertainment and rights (State Council of the People's Republic of China, 2006). The face of community in today's China is changing: dissolving traditional *Dan Wei* communities in urban cities, greatly strained kinship network communities in rural villages, and emerging geographic communities where residents often share little in common (a result of China's aggressive housing and major construction projects, and widespread labor migration). Given these changes, both central and local governments have to rely on a strong community organization; one that the central government can trust to maintain a certain authority in the community, and one that has a long-term history of working with residents to meet their variety of needs.

Neither the Urban Residents' Committee nor the Rural Villagers' Committee is a stand-alone community organization by Western standards. However, in the context of China's political and social systems, these quasi-governmental grassroots Committees are essential to the success (and even existence) of community-based services and delivery for older people. They function as the government's representatives in the community, monitor family planning compliance, maintain household registry rolls, and conduct all governmental assigned duties; they also implement and facilitate government-sponsored service programs (Derleth and Koldyk, 2004). Over the past two decades, these Committees have been gradually taking on new responsibilities, pooling community resources, developing and implementing a wide range of service programs by themselves.

The existing service delivery model in China unfortunately encompasses a significant weakness (or threat to the quality of services). Coordinated by the Committees, services for older people are primarily delivered by community volunteers or for-profit, small business private providers. The lack of professionally trained service providers and social service organizations is the result of China's long history of controlling the non-governmental sector; various Chinese laws make it difficult to operate a non-governmental organization. Two 1998 central government regulations – 1) Registration and Administration of Social Organizations and 2) Registration and Management of Private Non-Profit Organizations – require that all civil organizations register with the Ministry of Civil Affairs; and simultaneously, in the case of

elder care, be supervised by the National Work Committee on Aging or its local branches. These legal requirements and layers of governmental bureaucracy have hampered the development of non-governmental organizations (NGOs); many community service delivery groups and/or organizations are too small and have too few resources to meet these registration requirements (such as minimal funding and a permanent office space).

Meanwhile, the central government has been promoting volunteerism, beginning with its 2005 milestone policy, 'Opinions on Promoting the Development of Community-based Volunteer Services in Response to New Situations', issued cooperatively by major central government agencies and government-backed NGOs. This policy emphasizes that the growing aging population, combined with China's smaller families and increased socio-economic stratification, has created greater demands for social services, and that volunteers can help fill the gap. While it is too early to evaluate the impact of this policy, it is expected that many of the 'younger old' will become volunteers for their peers, a practice where the 'young old' takes care of the 'very old' (Chan, 1993; Zhang and Goza, 2005).

## When East meets West

China's model departs from certain Western principles, such as the primary role that non-governmental social service organizations play, the necessary connection between community service and sense of community, the importance of community participation, and the importance of having well-trained professionals to assure quality of service. Our observation is that these basic Western assumptions might not serve well as China's community service delivery framework because of the different political and social contexts and traditions between the East and the West.

The popularity of community-based services is driven by the desired goal of decreasing cost in service provision and improving the quality of care. In Western societies, community programs for older people such as day services, in-home care, meal programs, housing, transportation, and safety education are often publicly financed at the federal, state, and/or local levels (Jette et al., 1995). Older people can choose to live in assisted living homes, retirement communities, or by themselves. As an innovative practice method that diverges from traditional institutional care, community-based services are valued for their promotion of independence, quality of care, financial efficiency, and program effectiveness (e.g., Anderson et al., 2003). Unlike in the West, the primary motivation of China's community-based services is to fill a service gap, to *support* family caregiving and, if necessary, to *substitute* it when the family is unable to care (or if there is no family). As the role of

family remains the cornerstone in China's caregiving system, community-based services have been developed so that the family, community, the private sector (i.e. the market system) and the government can share funding and caring responsibility for the older people.

The Western community-based service delivery model is primarily organization centered, where service providers independently design and develop programs; apply for funding from the public sources and/or private foundations; recruit volunteers; hire and supervise workers; seek community input, funding and participation; and subsequently direct the organization's services to the community (Weil and Reisch, 2005). The Western model depends heavily on professional providers to assure the quality of care, working with the community to better reflect a community's demographics and needs (Scheyett and Drinnin, 2005), and a well-developed political-social system that supports the work of social service organizations. In China, there is a lack of mature non-governmental social service organizations. Thus, the quasi-governmental organizations in urban neighborhoods and rural villages have been filling in the gap. Essentially, the future success of China's service delivery in communities links closely to the transformation of quasi-governmental community organizations.

While China's model raises the concern about the quality of care, as services are delivered primarily by non-professional volunteers and/or private service providers, this model in fact has been viable to meet the myriad needs of the enormously large population of older people. China's elders have diverse needs based on where they live (e.g. rural versus urban and wealthy versus poor provinces, as China's 32 provinces vary greatly in terms economic resources), along with their own and their family's financial and manpower resources, and the strength, commitment and availability of their extended families. These vast differences may not have been easily met by formal, uniform state-run programs, but could be better served by flexible user-driven, community-based services that support China's well-established family care system. Despite its limitations, the current community-based service delivery model in China offers older people and their families a sense of control over the care that they need and/or can afford.

## **Implications and conclusion**

Similar to most other developing countries, China is facing a dilemma of how to address mounting service needs with limited social resources (both monetary and a social welfare infrastructure) and in a young, developing civil society. China's increasing social service programs and its emerging community-based service delivery model evolved from the central government's

need to balance its capacity constraints and address the pressing needs of older people, for the time being. As China only has limited years of experience providing social services (neither social service nor social work services even existed in the pre-reform socialism China), its community-based service delivery model is still unfolding, and could change course as the country's social, economic and political systems progress. In developing community-based services, communities in China still face numerous barriers. An inadequate sense of community cohesiveness could make it difficult for communities to sustain the necessary level of service delivery over time.

While professionalization is likely the direction that will follow to ensure service quality and ultimately improve people's well-being, it remains unclear how other segments of China's community-based service delivery model will evolve. Might China move in the direction of India and Singapore, where, with the development of a civil society, non-governmental non-profit service organizations have flourished (Koh and Ling, 2000; Tandon and Mohanty, 2003)? However, moving in this direction could be difficult or almost impossible for China, given its social-political context. Very likely, China will keep its current community-based service delivery model, in particular the central role played by quasi-governmental community organizations, the Urban Residents' and Rural Villagers' Committees, which indeed are uniquely 'made in China'.

In this sense, the development of China's social service delivery system opens the opportunity for community education and participation in democratic practice. For example, social work practice – through increasing community involvement and sharing decision-making, as well as building community capacity by bringing organizations together (even when these efforts are led by the quasi-governmental community organizations) – will make China's model more efficient, less bureaucratic and more sustainable. A new sense of community on healthy aging may help foster community members' willingness to work with older people in the community.

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