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Home Care for Elderly People in China:
A Case Study of Shanghai

中国居家养老服务
——以上海为例

Wang Yiyan

王裔艳 · 著



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总 序

中华民族具有悠久的学术文化传统,两千年前儒家经典《大学》即倡言“大学之道,在明明德,在亲民,在止于至善”。其意即蕴含着彰扬学术、探索真理。而《中庸》论道:“博学之、审问之、慎思之、明辨之、笃行之。”则阐释了学术研究的治学精神以及达到真实无妄境界的必由之路。因此,从对世界历史进程的审视与洞察,社会发展、科学昌明、思想进步,从来离不开学术科研力量与成就的滋养与推动。

大学是国家与社会发展中一个不可或缺的重要力量,而科学研究的水平则又体现了大学的办学水平和综合实力,是一所现代大学重要的标志。因此,一个大学的学术气氛,不仅在很大程度上影响和引导着学校的科研状态,而且渗透和浸润着这个大学追求真理的精神信念。这正如英国教育思想家纽曼所言,大学是一切知识和科学、事实和原理、探索与发展、实验与思索的高级力量,它态度自由中立,传授普遍知识,描绘理智疆域,但决不屈服于任何一方。

大学的使命应是人才培养、科学研究和服务社会;高等教育发展的核心是学术和人才。因此,大学应成为理论创新、知识创新和科技创新的重要基地,在国家创新体系中应具有十分重要的地位和意义。上海政法学院是一所正在迅速兴起的大学,学院注重内涵建设和综合协调发展,现已有法学、政治学、社会学、经济学、管理学、语言学等学科专业。学院以“刻苦、求实、开拓、创新”为校训。这既是学校办学理念集中的体现,也是学术精神的象征。这一校训,不仅大力倡导复合型人才培养,注重充分发挥个性特色与

自我价值实现,提供自由选择学习机会,努力使学子们于学业感悟中启迪思想、升华精神、与时俱进,而且积极提倡拓展学术创新空间,注重交叉学科、边缘学科的研究,致力对富有挑战性的哲学社会科学问题的思考与批评,探求科学与人文的交融与整合。《上海政法学院学术文库》正是在这一精神理念引领下出版问世的。

《上海政法学院学术文库》的出版,不仅是《上海政法学院教育事业“十一五”发展规划》的起跑点,而且是上海政法学院教师展示学术风采、呈现富有创造性思想成果的科学平台。古代大家云:“一代文章万代稀,山川赖尔亦增辉”;“惟有文章烂日星,气凌山岳常峥嵘”。我相信《学术文库》的出版,不仅反映了上海政法学院的学术风格和特色,而且将体现上海政法学院教师的学术思想的精粹、气魄和境界。

法国著名史学家、巴黎高等社会科学学院院长雅克·勒戈夫曾言,大学成员和知识分子应该在理性背后有对正义的激情,在科学背后有对真理的渴求,在批判背后有对更美好事物的憧憬。我相信《学术文库》将凝聚上政人的思想智慧,人们将从这里看到上政人奋发向上的激情和攀登思想高峰的胆识与艰辛,上政人的学术事业将从这里升华!

祝愿《上海政法学院学术文库》精神,薪火传承,代代相继!

金国华

(作者系上海政法学院院长)

Abbreviations

ACSAA	Aged Care Standards and Accreditation Agency
ADL	Activities of Daily Living
CHA	Canada Health Act
CHST	Canada Health and Social Transfer
CNWCA	China National Working Commission on Aging
CPC	Communist Party of China
CSCI	Commission for Social Care Inspection
HACC	Home and Community Care
HCBS	Home and Community-based Services
ISO	International Organization for Standardization
LTC	Long Term Care
MDS-HC	Minimum Data Set-Home Care
MLSGS	Minimum Living Standard Guarantee System
NGO	Non-Government Organization
NHS	National Health Service
NPO	Non-Profit Organization
NSSI	National Service Standards Instrument
PLA	People's Liberation Army
SSI	Supplemental Security Income

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PART I



CONCEPTUAL FRAMEWORK AND STUDY DESIGN

CHAPTER 1 INTRODUCTION

In the late 20th century, population aging, the survival and extended longevity of people born with or experiencing significant disabilities prior to old age, and the increase in women's participation in the labor force, have placed new and competing demands on the predominantly informal system of care (Stone, 2000). With the rising living standard, dissatisfaction with institutional care and governments' fiscal pressure, elderly people want to live at home (Chow, 1993; Fast & Kolodinsky, 1998; OECD, 1996). Moreover, a steadfast belief by public officials in the cost effectiveness of non-institutional long-term care settings, has led to a shift toward formal and paid community care options that are financed through public programs and private-sector developments (Burwell, 1999). Thus, the development of home care services has emerged.

Many developed countries developed home care services since the 1980s, including Australia, Canada, the United Kingdom and the United States. These governments have issued related policies such as the *Home and Community Care Act 1985* in Australia (Australian Government Department of Health and Aging, 2007c), the *Canada Health Act* in Canada (Government of Canada, 1984), the *National Assistance Act 1948* (HMSO, 1948) and *Local Authority Social Services Act 1970* (HMSO, 1970) in the United Kingdom, and stipulated their responsibilities of home care such as planning, funding and reporting. According to the government policies and contracts, home care service organizations provide their customers with home care in order to support people in need to live independently in the community (Age Concern, 2006e; Australian Government Department of Health and Aging, 2007a; Health Canada, 1999c; Kane et al., 1994). In essence, home care has

become one of the most important countermeasures for elderly care in institutions in many developed countries (Australian Government Department of Health and Aging, 2007c; Clark, 1996; Commission for Social Care Inspection, 2006b; Health Canada, 2004b; Muramatsu & Campbell, 2002; The Information Centre, 2007; Woodward, 2004).

Home care is seen to be economically rational, as cheaper care in the community might prevent unnecessary institutionalization (Canadian Home Care Association, 2001; Hollander & Chappell, 2002; Keleher, 2003; Kendig & Duckett, 2001; Matteo & Matteo, 2001); it enables thousands of elderly people to remain safe at home when they may otherwise be unable to manage (Commission for Social Care Inspection, 2006b; Kendig & Duckett, 2001; Palmer & Short, 2000); and it has been part of the major initiatives responding to population aging in many developed countries, such as Australia, Canada, the United Kingdom and the United States (Australian Government Department of Health and Aging, 2007c; Clark, 1996; Health Canada, 2004b; Muramatsu & Campbell, 2002; The Information Centre, 2007; Woodward, 2004).

China is the world's most populous country with a population of 1.3 billion in 2008 (National Bureau of Statistics of China, 2009a), which makes up approximately a fifth of the world population (United Nations, 2009). China's population statistics indicate that persons aged 60 or over were 160 million in 2008, which accounted for 12% of the entire population (National Bureau of Statistics of China, 2009b). It is projected that this proportion will rise markedly to 440 million or 22% of the world's aged population in 2050 (United Nations, 2009). Therefore, how to make the Chinese elderly "aging in place" is problematic and needs to be solved.

As most elderly people want to stay at home (OECD, 1996; 2003), especially the Chinese, due to the traditional concepts of filial piety in the Chinese culture, which has been demonstrated by many surveys on Chinese elderly persons living in the community (Leung & Wong, 2002; Liu, 2001; Wang & Yuan, 1999), home care for elderly people (*Jujia Yanglao Fuwu*)

was introduced in the 1990s in China (Ten Ministries and Commissions of the People's Republic of China, 2008).

It is a cooperative program between the Chinese central and local governments (Ten Ministries and Commissions of the People's Republic of China, 2008). The Chinese central government mainly makes the home care policies at the macro level, and the local governments stipulate home care in detailed operation measures and fund home care services in their own jurisdictions (Ten Ministries and Commissions of the People's Republic of China, 2006; 2008). Home care service market has been established with service providers such as social welfare institutions, health institutions and community health service centers approved by the health department, NGOs (non-government organizations) in streets and communities registered at civil affairs departments, and home care companies (Nanjing Aging Working Committee, 2007; People's Government of Hangzhou Municipality, 2007). Part of the elderly people living at home become service beneficiaries and can be provided with home care services such as daily life care, health services, spiritual support, legal assistance, cultural activities and entertainment (Ningbo Aging Working Committee, 2007; People's Government of Suzhou Municipality, 2005; Qingdao Aging Working Committee, 2007; Shenzhen Civil Affairs Bureau, 2007b).

It is a supplement and renewal of traditional eldercare and becomes an important part of the community care and eldercare system in China; a good way to solve eldercare with China's population aging and to improve the quality of life of elderly people; a significant measure to promote harmony between family, society and intergeneration, and an important way to develop the service industry, to boost employment and to facilitate economic growth (Ten Ministries and Commissions of the People's Republic of China, 2008).

However, the current home care cannot meet the increasing needs of elderly people living at home (Huang, 2005; Xie et al., 2007). A survey conducted in Guangzhou showed that home care was one of the top five

services that the respondent elderly persons needed (Huang, 2005). An investigation on the oldest old living alone in the community of Shanghai indicated that some of the home care services should be improved, such as home visits by volunteers and organizing home care service groups (Xie et al., 2007).

What is home care for elderly people in China? What are the differences between China and the developed countries? What can China learn from the developed countries? Or what can the developed countries learn from China? How can home care for elderly people in China be improved in the future? All these questions are worthy of careful study on home care for elderly people in China, which may be highly valuable information for the governments, policy-makers, the key stakeholders (service providers and service customers), and the society as a whole so that they could provide better home care services with higher quality in more efficient ways to elderly persons living at home, which would help them deal with the challenges that the population aging poses and make elderly people “aging in place”.

This study investigates home care for elderly people in China, supported with a case study of Shanghai. In this study, home care in China will be analyzed in a two-level research framework. A macro-level study is on home care for elderly people in China, in terms of government responsibilities, service provision and service utilization; a micro-level study is a case study of Shanghai, which includes the policy implementation of home care for elderly people in Shanghai and individual interviews of related interviewees on home care, such as government officials, service workers and elderly home care beneficiaries. Then, it opens up discussion on home care for elderly people in China and finally draws its conclusion.

In summary, this dissertation has four parts and ten chapters. Part One is the conceptual framework and study design. Chapter One defines basic concepts, highlights the significance of this study, outlines its major objectives and introduces its organization. Chapter Two clarifies fundamental essentials of home care and the international development of home care through

literature review. Chapter Three presents the analytical framework, the research methodology, and the research process of this study.

Part Two is the documentary analysis of home care for elderly people in China. It provides the general macro-background for population aging and eldercare in China (Chapter Four) and home care services for elderly people (Chapter Five). These two chapters aim to give a comprehensive overview of home care for elderly people in China, which systematically analyzes the current implementation of home care for elderly people in China and answers the following questions: why is home care for elderly people needed in China? And what is home care for elderly people in China? Review of home care both in developed countries (Chapter Two) and in China (Chapter Five) will help to generalize similarities and differences of development trends between China and developed countries, and to provide general perspectives and international experiences for further study on home care for elderly people in the future.

Part Three is a case study of Shanghai. In this part, the analysis shifts from macro-aspects of home care in China to micro-aspects in Shanghai. This part includes three chapters. Chapter Six introduces aging trend and home care development for elderly people in Shanghai. Chapter Seven summarizes home care for elderly people in the location of interviews — Pudong New Area. And Chapter Eight reports the findings based on data collected through individual interviews in W Street.

This dissertation makes a discussion and draws a conclusion in Part Four. Chapter Nine discusses the major issues and achievements of home care for elderly people in light of the current implementation of home care services in W Street, Pudong New Area, Shanghai, China. Chapter Ten examines the implications for home care for elderly people in China.