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Ageing and aged care in the People's Republic of China: national and local issues and perspectives

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China's population is rapidly ageing at a time when former socialist collective provision and provision by the state in all sectors, especially in social welfare, is being radically reduced because of economic reform and financial stringency. The traditional Chinese approach to family care for elderly members is being encouraged but may be difficult because of smaller family sizes and the disruption of migration. This paper discusses some urban responses to pressures for change in care of elderly people, drawing on the example of Guangzhou (Canton) in southern China, which typifies many of the problems of caring for elderly people in times of social and economic change. It notes the development of homes and facilities for elderly people and the emergence of some prestige homes, often occupied by the better off, which have received both local and international investment. By contrast, the bulk of elderly people will not be adequately provided for by a declining public/collective sector. The dilemmas faced by the Chinese authorities attempting to stimulate local provision for all elderly people are identified. © **1997 Elsevier Science Ltd**

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Introduction

This paper focuses on ageing in China and developments to address long term care needs of elderly people. The picture is evolving and there are very few currently available accounts of how the continuing care needs of older people are to be met under conditions of rapid social and economic change. Researchers sometimes neglect that China is a very large and varied country and that national policy directives and directions can often have different expressions in local areas. This paper presents a review of demographic ageing in China and the major policies related to elderly people that have evolved in recent years of economic reform. It then addresses the situation in the urban south of China and focuses on initiatives that have evolved in continuing care in the city of Guangzhou (Canton). In such cities, population growth and economic change go hand in hand; both are rapid and at present often essentially unplanned or uncontrolled, certainly in the sense that they were under the former centralized system (Chan, 1995). The paper is therefore concerned with highlighting emerging issues that have implications for policy and practice in these rapidly changing cities and to analyze the developing model of aged care provision, if a single model can indeed be discerned. Whilst certain national policies have been formulated, it is important to look at the progress in their implementation at a local level, in this case, drawing on the example of Guangzhou. The case study is based on examination of official statistics, policy documents, interviews with policy-makers, government officials and field visits to key examples of aged care provision in the city. The paper also identifies areas for future research into the provision and quality of care for elderly people.

Ageing in China

China is generally still though of as a youthful country and, by Western standards, its percentage of older persons is still only moderate. However, even though 9% of its population is aged 60 and over, China has over 100 million people in this age group—more than that of all European countries combined and a figure roughly equivalent to 40%

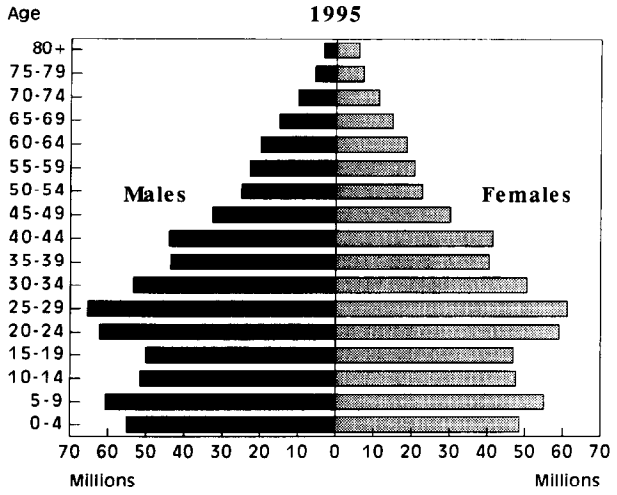
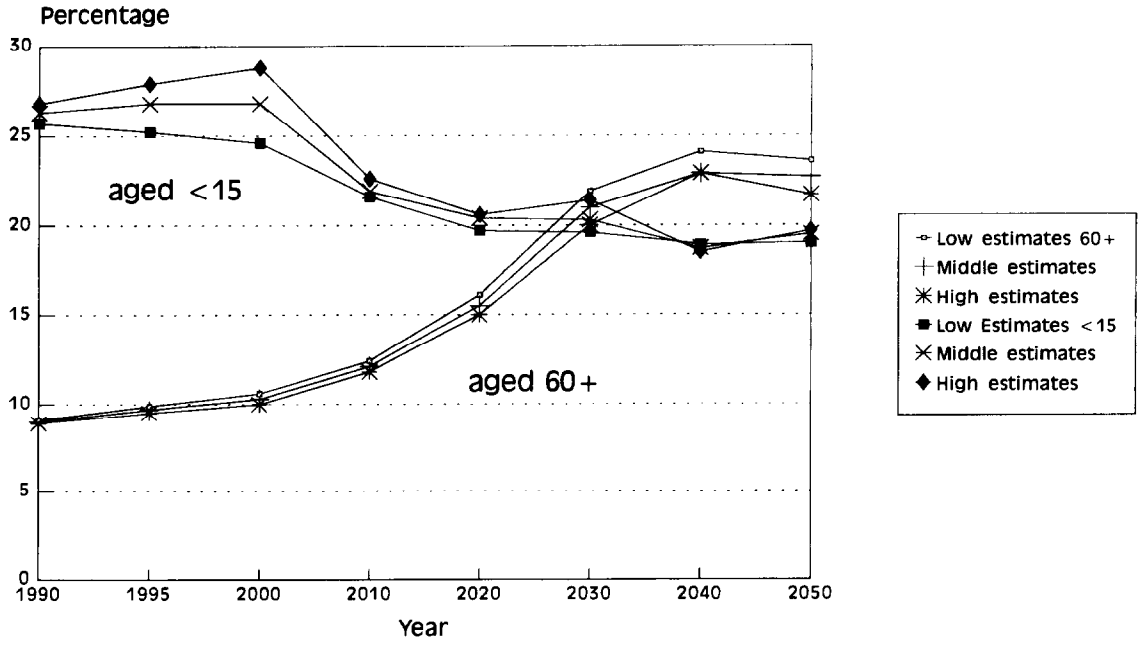


Figure 1. China: population pyramids 1995 and 2025.

of the total population of the USA (Kwong and Cai, 1992; Wang, 1993). In sheer numerical terms, China's ageing is therefore of central national policy concern and, indeed, relatively rapid population ageing in China has been in large part a consequence of its population and health policies. Two major factors underpin the ageing of China's population: fertility reduction following its family planning policy (especially the one-child policy) and increasing life expectancy (Yuan *et al.*, 1992; Harbaugh and West, 1993; Banister and Harbaugh, 1994). Sharp decrease in fertility levels in the 1970s and population growth at a slightly higher but still modest rate in the 1980s and 1990s mean that China will age considerably during the early years of next century. To this may be added the increasing expectation of life at birth which is now in the region of 70 years. Life expectancy has increased on average by more than a third since 1960 (Harbaugh and West, 1993) although it varies between rural and urban areas and there is some debate whether female life expectancy is continuing to rise. It is recognised in China that family planning policies and fertility decreases will inevitably impact on development in general and elderly people's support in particular (Wang and Hull, 1991). However, the speed and scale of the impacts on elder care of population and socio-economic change since the late 1970s are unprecedented.

The consequences of fertility reduction and increasing life expectancy combine to mean that, by the year 2000, China will enter a quickening ageing phase and, by 2025, a super-ageing phase (Harper, 1994). In that latter period, elderly people will make up about one-quarter of the population and persons under 14 will be under one-fifth of the population (*Figures 1 and 2*). By the middle of next century, one in eight Chinese people is likely to be aged 70 and over. This rapid ageing, which will occur over the next three decades, has very important policy implications for provision and care of elderly people, particularly in view of China's family planning policy. In urban areas, the target of one child per family is broadly being achieved although in the rural areas where the



Source: based on data in Li (1992)

Figure 2. China's population ageing. Age composition (percentages aged 60 + and 14 or under).

majority (74%) of people live, two children per family on average is still nearer the norm (Harper, 1994; Banister and Harbaugh, 1994). In some ways more serious for the future of elderly people's care is the changing family context and structure accompanying fertility reduction and increasing life expectancy. In brief, two important aspects stand out. First, there will be fewer children available to provide care and support for the older generations. The potential for a 4-2-1 family structure (four grandparents, two parents and one child) means that, if family care continues to be viewed as the "best option", there will be huge burdens on the one or two children in any family. Second, the custom of patrilocal residence (daughters leaving home to live with and care for their husband's family) and a preference for sons, to an extent jeopardise the family care of rural elderly people who only have daughters. This is perhaps less of a problem in urban areas in which custom and practice are changing and where son preference is now less marked than in rural areas.

An additional feature makes ageing a particularly important topic in contemporary China. This is the lack of comprehensive pension and assistance schemes, particularly for the current post-60 generation. Recent Chinese economic reform which emphasises on private enterprise and the considerable reduction in collective social provision, means that individuals and their smaller families are likely to have to shoulder increasing responsibilities for care of older people in the future. This is particularly problematic in rural areas.

The context of this paper is therefore rapid demographic ageing and changing family structure, but set against vastly changing social contexts. Economic reforms in China over the past one and a half decades have transformed Chinese society to an extent unimaginable in the Mao era. Wong and Mok (1995) note three particular aspects of social change in the face of economic reform and these all have important implications for the future of care for elderly people. First, there has been an intense ideological crisis nationally, a decline in state ideology and a fragmentation of values. Following the economic reforms, instead of a coherent socialist system based on collective provision and the common good, market-oriented values have emerged and competing, ill-defined sets of social values and orientations are developing. Second, there is a distinct lessening of party-state control over the public domain. It was, of course, this control which had formerly defined values, policy and services. Today, the Chinese state has had to evolve a shifting stance in which communities and individuals, often without resources, are encouraged to take more responsibility for welfare and social provision. Third, society has to a considerable extent been destabilized by the rapid rise of private enterprises and the flourishing market economy.

There have been winners but also many losers during the economic reform. Some farmers, many traders and industrialists have made large amounts of money. By contrast, the "floating population" of temporary migrant workers, prevalent in many urban areas, have very insecure incomes and no real entitlement to services or facilities. They are one symptom of how a loosening of controls and destabilization of society and family have combined to undermine the former collective sense of provision. These three important elements of social change following economic reform comprise the backdrop against which evolving forms of care for elderly people should be viewed.

Chinese approaches to welfare delivery

China today is pragmatic and adopts flexibly traditional and modern approaches to welfare delivery drawing on a combination of public and private resources. In most Chinese societies in the Asia–Pacific region, traditional concepts of filial piety under which children are responsible for the care and support of their parents are widely held even if, in many such societies, the practice of filial piety is weakening. In China, families are still principally held to be responsible for their members, a concept enshrined in law although under the constitution of the People's Republic of China (PRC), certain citizens do have the right to material help from the government when they are old. It has been pointed out that flows of social support are not only one way and that parents are increasingly being called on to assist their children (Liu *et al.*, 1995).

There have been a number of national level attempts to address the needs of elderly Chinese, such as establishing an Office of Elderly Health Care in 1984 and the Ministry of Civil Affairs promulgating the need to develop local community social services after the late 1980s. However, China is a huge country with marked regional and local variations. The most basic and evident of these is between urban and rural areas but inter-provincial differentials in rates of population ageing and percentages of elderly people in the population are also considerable.

Social security and services for elderly people

Since the mid-1980s, the Chinese social security and health care systems have been undergoing major changes often as a result of economic reform (Chow, 1988, 1994; Davis, 1991, 1993; Ho, 1995; Grogan, 1995). Many of the changes are analogous to health and welfare sectoral reform noted in former socialist countries of Eastern Europe. It is evident that many of the changes that have occurred during the period of intensive economic

development have been concerned with the general area of provision for elderly people, in part propelled by the demographic ageing and in part by the changes noted above in collective provision and pension availability in urban and rural areas. A series of reforms over the past decade mean that the social security system is moving gradually from one in which responsibility fell principally on enterprises to provide for their workers and families to one which requires workers themselves to contribute. Previously, the system was financed by state-owned enterprises as part of their operating costs which, of course, posed a heavy financial burden on them and made them economically inefficient. It also minimised the investment in infrastructure and maintenance of collective provision such as housing.

Today, it appears that enterprises are no longer individually liable for social security payments of their workers and that there is a pooling of resources at the city and county levels. Resources will come from the state, enterprises and the individual workers. However, it is also clear that a major hurdle to the reform of the Chinese social security system is the lack of resources in the new era of economic responsibility to provide the benefits which workers used to receive from their enterprises (Chow, 1994). In the health care sector, too, it appears that China is moving towards a "prepaid" system. Decentralization of the medical system has led to considerable diversification locally in health care provision and financing. Indeed, differences in quality of and access to facilities and services are to be seen in many sectors in China today. Inequalities in opportunities are becoming widespread and the differences in health care is particularly marked. For example, high-tech, private facilities of more or less international standard are available in hospitals in the major cities such as Beijing, Shanghai and Guangzhou. These hospitals and clinics compete for wealthy Chinese patients and for overseas Chinese from Hong Kong, Macao and Taiwan, as well as foreign tourists, visiting businessmen and diplomats. Smith (1993) provides a good account of the potential for the development of such services and the health consequences of the growth of capitalism in China.

The undesirable impact of economic reform on the lives of many Chinese citizens and especially the poorest, who are excluded from the best quality private services, is becoming an important issue in some contemporary Chinese cities. Smith and Fan (1995) note the growth of health, wealth and other inequalities in Chinese cities. At a local level, the current authors were able to view the private facilities in the First Military Medical Hospital in Guangzhou, where a separate wing provides good quality accommodation and catering facilities for private patients, mainly from Hong Kong and Macau but also from further afield. In urban areas, access to health care is generally better than in rural areas and many residents are still covered by public employees and enterprises insurance schemes. However, individual entrepreneurs, small businesses and others attempting to make a living under current economic conditions in China may decide to cut down or even abandon health care coverage as one alternative to reduce costs in lean times or boost profits (Davis, 1989; Smith and Fan, 1995).

Insurance coverage is undoubtedly becoming more patchy even in urban areas consequent upon the economic reform policies and labour in-migration. In rural areas, the linkage of health care coverage to employment has decreased under the responsibility system and it is estimated that, by the late 1980s, as few as 5% of rural residents were covered by cooperative medical care schemes. With increasing non-agricultural employment, rural areas are becoming more like urban areas in their health care requirements. Grogan (1995) argues that the urban and rural systems should be harmonized. The current employment based systems create problems of small group/firm affordability. It also creates geographical differences in health care and unequal access among groups, particularly the growing band of temporary and migrant workers.

Similarly, the social security system is far from integrated and still falls in two main parts. One is for urban workers employed in state and collectively owned enterprises and the other for needy people requiring assistance (Chow, 1994, 1995). These are administered separately by the Ministry of Labour and the Ministry of Civil Affairs respectively, the latter being concerned with social relief and the assistance of the poor and indigent. The State is very short of resources at the urban level for welfare and the practical delivery system is via the Street Office network. As the State provides very little or no resources for establishing community services, street offices have to look to income generation and, unfortunately, for them the priority accorded to welfare is usually low. The neighbourhood community services are supposed to fill the gaps for those who have no formal sources of care from employment or via the family (Chan and Chow, 1992). Street Offices and neighbourhood residents' committees are responsible for organizing neighbourhood level services for children and elderly persons as well as families in hardship and handicapped persons. Community services focus on three main categories, the first of which is welfare services for elderly and handicapped persons. However, studies in Guangzhou and other major growing cities have identified major gaps in neighbourhood welfare facilities via the Street Offices.

In principle, urban workers are still being provided an array of benefits in cash and kind within their work units. Therefore, it is assumed that urbanites, especially within State-owned units, will have few worries about their welfare. However, enterprises increasingly look to profit and growth rather than collective provision and many State-sector operations are being privatised and/or are very short of funds. Workers themselves as well as enterprises have been pleased by the establishment of community service centres as they are aware that eventually many enterprises will be unable or unwilling to fulfil their welfare activities. In addition, guaranteed employment may be a thing of the past and, indeed, the employment of casual and contract labour removes much of the incentive to provide "lifetime" collective welfare and housing facilities (Ngan and Fung, 1994). The reality is therefore that even many employed groups have to look elsewhere for social services needs.

Urban–rural differences

Many towns, especially those of the booming eastern seaboard, are ageing quite rapidly because of their low fertility which has been below replacement level since the early 1970s. Some of China's main cities are already worried about the consequences of population ageing and have even called for an early relaxation of the One-child policy (Zeng, 1991; Banister and Harbaugh, 1994). Indeed, Zeng (1991) goes so far as to suggest that, if current very low levels of fertility persist in the urban areas, elderly females will in a few years make up 36% of the female population and, of them, 40% will live alone. This is a considerable problem for the future of welfare provision in urban areas, given the reduced role of collective and state provision outlined below and the meagre alternatives to it. Currently, it may only be the rapid influx of rural migrants to the growing urban areas who are providing a pool of labour, but they themselves also create social services problems associated with the "floating population" (Chan, 1995). Nevertheless, some cities are moving gradually towards developing networks of provision for elderly people, particularly those without families.

By contrast, rural areas generally have very little in the way of formal provision since the changes which have taken place in the communal system of agriculture. The decollectivization post-1978 resulted in the breakup of communes/production brigades and the emergence of the "responsibility system" in agriculture, emphasising that farmers were freer to produce and market their goods. This aspect of economic and social change could have various effects on rural elderly people about which researchers are not wholly agreed. Some argue that the household basis of reforms should reinforce Chinese beliefs in filial piety and the value of extended family labour which should enhance the place of elderly members. Others point out that collective provision for elderly people and for rural retirement is now very much limited and the minimum safety net has in some cases been eliminated (Lin, 1995). As a result, elderly people, particularly those without children, will be much worse off today (Gui, 1995; Lin, 1995; Goldstein and Ku, 1993). Therefore, there is likely to be considerable variation in the status of rural elderly residents depending on their household structure, the success of their families in agriculture and business and, geographically, those in some rural areas, especially in the coastal provinces, may be financially much better off than in other areas. In some more prosperous rural areas, rural retirees actually receive pensions from their enterprises; in others, people are thrown onto varied family resources (Harbaugh and West, 1993). Whilst a number of urban elderly people are covered by some form of pension system, the 50 million or more rural residents aged 65 and over still lack any effective old age security provision and only a few are eligible for the "five guarantees" discussed below. Although a rural endowment insurance system has been gradually introduced this decade, this will only provide for future generations of rural elderly people (Wu, 1996). Today, their main sources of care are still their own adult children.

A key feature is therefore the actual availability of children to provide physical care as well as financial support and this can vary considerably from place to place. Mobility is increasing for young people which may be explained in part by the relaxation of the Household Registration System (HRS) in conjunction with economic opportunities in particular parts of China. The HRS was previously the key to access to a range of services; workers were tied to their work site and could not move freely. This system has been in decline over the past decade and is now ineffective and unable to maintain the previously important urban–rural differentiation in China (Chan, 1992, 1995). Many young rural residents have therefore been able to migrate to the cities and particularly to the coastal areas. Most young people and their families clearly regard this outmigration as temporary and they can, if successful in finding employment, remit funds to their parents. However, their physical absence can lead to some rural abandonment of elderly people, for whom there are few family carers left at home and there is no substitute network of official carers (Ageing International, 1994). The extent and impact of this problem does undoubtedly vary both geographically and among different families. Indeed, in many rural areas, even in the relatively prosperous provinces such as Guangdong, it is evident that the one-child policy has been relaxed, or not rigorously

enforced, and that many households still have two or even more children who in the future will be able potentially to provide for their parents.

Those elderly people without relatives or offspring are supposed to receive the "five guarantees"—food and fuel, clothing, housing, medical treatment and funeral expenses (Kallgren, 1992; Bartlett, 1994). Communities are supposed to gather the funds to pay for these but Banister (1990) estimated that, in spite of the rhetoric, only about three million elderly people living in rural areas received the five guarantees and under a million rural elderly received a pension. Official data indicate that even fewer in rural households, about 2.5 million persons, were enjoying the five guarantees in 1994 (State Statistical Bureau, 1996).

In terms of rural care, the amounts spent on social welfare funding has increased considerably over the past decade but the number of individuals receiving relief has fallen in almost every category. This could be explained in part because of the increasing channelling of funds into rural social welfare homes. Since only about 6% of rural elderly received some social security benefits many, especially rural men, have to continue to work into their seventies, albeit in less arduous tasks. The absence of state supported social security benefits for individuals goes to reinforce the importance of the multigenerational family in rural areas (Kallgren, 1992; Goldstein and Ku, 1993; Hayward and Wang, 1993). However, it also points to its potential vulnerability if young family members migrate to urban areas for employment.

Reinforcing a tradition of family care for elderly people

The important tradition that the family should be responsible for providing care is reinforced by the Family Law (1980) which states that spouses, parents, children and grandchildren are legally required to support their relatives who are in financial need. The Family Law is therefore trying to make tradition of family care obligatory. Persons who do not take care of their elderly parents might thus be criticized or even penalized (Davis-Friedmann, 1991; Chan and Chow, 1992; Yuan, 1993). Official state care is felt appropriate for those elderly people who have no family, no means of living and no-one to take care of them (the "Three Nos"). A strict restriction of state care to such people will of course restrict those eligible considerably. It makes sense politically given the few resources available and the decline in collective provision in both rural areas (under the responsibility system in agriculture) and in urban areas.

However, a reliance on family care is not practical when the family is absent or unable to fulfil such tasks and such reliance is increasingly likely to be problematic. Not only will the family planning policy (one and two children) reduce the number of potential family carers, but migration for work as noted above can lead to physical separation between parents and children (Jones, 1993; Phillips, 1995). This is an almost inevitable consequence of a strict population policy and increasing longevity in China. Recent analysis suggests that pressure on the fewer daughters is starting to emerge and will become more evident over the next few decades. For example, in China, in 1990, a 15-year old urban girl would have had on average 1.6 surviving grandparents; by 2030, this will have risen to 2.8 (Lin, 1995). Even if true retirement from work remains rare in China, an ageing population is likely to require increasing financial and care inputs from a relatively declining younger workforce.

The development of residential homes

Many of the above factors have led to the emergence of residential care homes for elderly people in parts of China, although principally in urban areas but also in a number of rural locations. The gradual decline in collective provision, the reluctance and inability of enterprises to be able to guarantee provision for the future and the increasing numbers of elderly people who have no offspring nearby to help them are the main factors underlying this trend. There is a growing and genuine concern for childless elderly people although, as Harper (1992, 1994) points out, it is clear that it is not necessarily such people for whom many of the better homes are catering. Cadres, party elites and other prominent persons are often those able to secure places in homes. The relatively rare high quality homes, too, are clearly waiving or disregarding the "no children" criterion for some residents and there is in effect one law for the wealthier population and another for the bulk of the population.

In residential care for elderly people, a range of types of homes is evolving at the national level. These include small, local street based homes in which conditions and care are meagre. Next come rather larger hostels and, at the apex of the provision, a number of "first graded" and some particularly high quality homes which enjoy both public and private income. Comprehensive national data are hard to come by on the number and distribution of homes and hostels and the situation is undoubtedly fast changing. A 1992 White Paper on the development of China's social welfare provides brief information on the evolution of this form of care. Some homes in existence in the late 1940s were taken over from the pre-Communist Kuomingtang or foreign charities. In the mid-1960s, there were said to be some 819 institutions looking after 111 000 people in urban areas and a further 10 000 homes for the aged in rural areas, caring for 550 000 childless elderly people. The

Table 1. Social welfare institutions in China, 1995

	Homes	Percentage change 1994–1995	Persons accommodated (year-end)	Percentage change 1994–1995	Average number of persons per institution
Total social welfare institutions	43 074	− 0.4	747 240	+ 1.5	17.3
Homes run by civil administration	2182	+ 1.5	133 574	+ 2.9	62.8
Convalescent homes	918	+ 1.0	34 310	+ 0.2	37.4
Urban social welfare homes	1264	+ 1.85	99 264	+ 5.6	78.5
Homes run by urban collective units	17 345	+ 11.6	288 975	+ 14.2	16.6
Homes for disabled veterans	159	+ 8.2	3032	+ 1.6	19.1
Social welfare homes	17 186	+ 11.6	285 943	+ 14.3	16.6
Homes run by rural collectives	23 547	− 7.8	324 691	− 8.1	13.8
Homes for disabled veterans	346	+ 0.9	7979	− 0.3	23.1
Rural homes for the elderly	23 201	− 7.6	316 713	− 8.3	13.7

Source: based on data in *Statistical Yearbook of China* 1996

years of the cultural revolution saw a decline in such provision, the need for which has of course considerably escalated subsequently with the combination of economic reform, smaller family policy, migration of young people and demographic ageing (Ministry of Civil Affairs, 1993).

Official statistics categorise homes for elderly people principally under social welfare provision, identifying them as urban or rural. They are further shown as being run by the civil administration or urban collective units in the urban areas and by collectives in rural areas. The *China Statistical Yearbook* 1996 puts the total number of social welfare institutions in 1995 at 43 074. *Table 1* indicates their distribution across urban and rural areas and by their administration. Whilst the bulk of the social welfare home will cater for elderly people, old persons will also be found in the convalescent homes and homes for disabled veterans (State Statistical Bureau, 1996). Numbers of urban homes have shown gradual if slight increases in recent years from about 750 in 1984 to 1264 a decade later. However, numbers of rural homes appear to have been more static and have even declined slightly in the 1990s. Indeed, the official number of rural homes for elderly people run by rural collectives fell by 2000 (approximately 10%) in the two years to 1995 and 10% fewer residents were accommodated. This rapid reduction in collective provision must be a worrying trend for ageing rural areas where there may also be fewer family members and other sources of social support available. The size of most homes run by collective units in all settings was small. On average, each rural home for the elderly accommodated only 13.7 people whilst each urban social welfare home accommodated 16.69 persons. Homes run by civil administration units were rather larger and accommodated about 63 persons on average.

Provision for urban elderly people: a local view in Guangzhou

As the national pattern of provision for older people and welfare system in general is fragmented, it is instructive to analyse what is happening in one major city as an indicator of future developments. Guangzhou (Canton) is a booming southern town and widely regarded as one of the key centres of social and economic innovation in China (*Figure 3*). Like nearby Shenzhen, Guangzhou is often regarded within China as providing advanced evidence of how both businesses and welfare systems may evolve during economic modernization. It is the administrative centre of Guangdong Province, one of China's most populous provinces. It also has very nearly the national average of elderly people. In 1982, 4.8 million (8%) of Guangdong Province's 59 million people were aged 60 or over. The 1990 census enumerated 5.65 million elderly persons, 9% of Guangdong's 62.9 million population. In 1992, Guangzhou itself was estimated to have more than 6 million of the province's 65 million people. Of these, over 10% were aged 60 + , in total around 700,00 people. The city has a rather higher proportion of elderly people than the province as a whole, which has extensive rural areas.

Local provision of facilities and services for elderly people has become an important topic in Guangzhou during the 1990s. The city's rapid growth and development has been in part a cause of this; it is ahead of many areas in economic reform and it is a major focus for official and unofficial inmigration (the "floating population" of semi-legal migrants may comprise as much as a third of its total). Elderly people are in some danger of becoming further marginalised than is common in China by Guangzhou's economic and

building boom. There are quite marked variations in the abilities of local urban districts to afford welfare provision. Chan and Chow (1992) note that the older urban districts of Guangzhou which have a solid economic base can spare more resources for welfare. In the newer urban districts, welfare development is almost nil as the priority for newly established districts is economic growth. There is still an emphasis on collective and voluntary effort to provide social care and facilities at the neighbourhood level but there is much less mutual involvement in the rapidly-urbanizing newer areas of Guangzhou and other cities. This means that the fast growing new neighbourhoods have yet to develop much "community spirit" and, until this occurs, their collective provision will be slim. The majority of volunteers in the PRC are elderly people so, in the newer areas where fewer elderly people live, there will in any case be fewer volunteers available.

Local organization of care for elderly people

The following discussion is based on field visits to various local providers of services in Guangzhou and interviews with officials and managers in homes in December 1994. In line with national policy to establish various committees such as the China National Committee on Ageing, there is a local Guangzhou Working Committee for the Aged (Bartlett and Phillips, 1995). Senior staff of this committee outlined its responsibilities as principally to coordinate local activities, promote fundraising for elderly services and to popularise work with and for the elderly. It organizes an annual day of respect for elderly people, which has now grown to a "month of respect", during August; with a second period during the Spring Festival.

The city administration have highlighted gerontological issues as a priority in Guangzhou even if

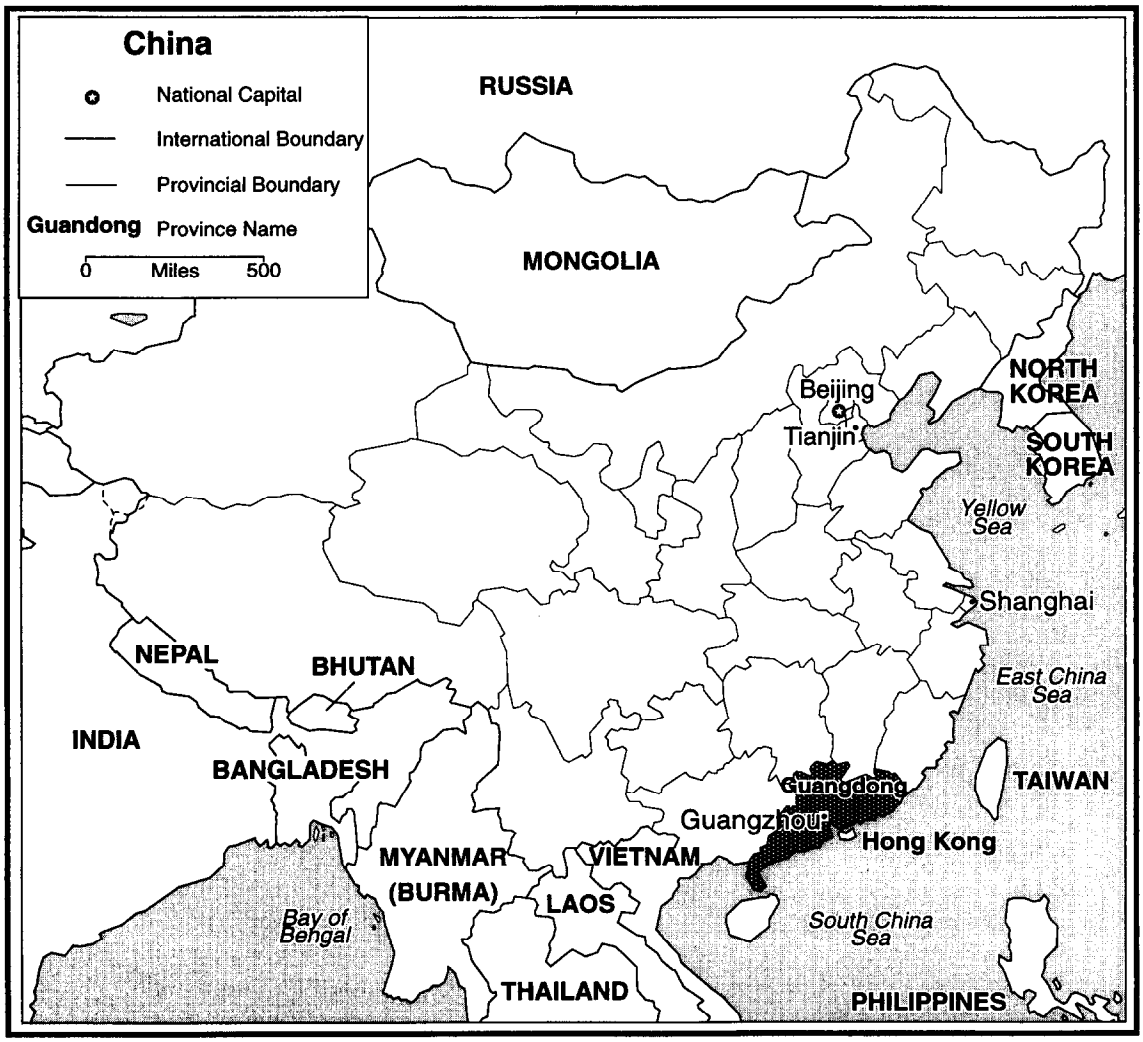


Figure 3. Location map showing Guangdong Province and Guangzhou.

the practical expression of their interest is still lacking. At the city level, two strategies are being developed to provide facilities "by a combination of public and private sources" and "at various levels and through all channels" (Guangzhou Working Committee for the Aged, 1994). Throughout runs the philosophy of gradually developing a *network* of facilities in each zone and district of the city so that what is currently a piecemeal and threadbare provision will gradually become more comprehensive. The philosophy requires collaboration between government run facilities and local, collectively organized ones (principally with private support). "At various levels" implies that each city, district, street and village should organize welfare facilities for elderly people; "through all channels" means that each sector, department and unit should develop their own welfare facilities. Clearly, the potential for a number of fragmented systems exists with duplication as well as gaps in provision and will require careful coordination.

A public–private mix of medical care is emerging in Guangzhou for elderly people as it is already for other age groups. Most hospitals in China have traditionally accommodated the sick of all ages but, in Guangzhou, recent private health care developments have included at least two private hospitals catering for elderly people. There is also a hospital for terminally ill people (Guangzhou I Shou Hospital) and some private out-patients clinics. Taken together with the private initiatives in residential care noted below, such developments suggest that considerable changes are occurring in the previous traditions of public and family care for older people.

The range of local care and welfare provision for elderly people

The first major welfare service for elderly people in Guangzhou was begun in 1981 and, from the activities of a small committee of retired people, has grown to include a nine-storey hostel which includes accommodation for elderly people, exercise and medical facilities and catering provision (Guangzhou Linghai Home). Subsequently, a "University of the Third Age" has developed in 1984 and has just celebrated its tenth anniversary. It now has over 1000 clients attending classes in the main Linghai building and at four other locations in Guangzhou. The university runs cultural and musical programmes for elderly clients. The home was started with city government support but now clearly runs to an extent on fee income from elderly residents. Similarly, the university charges modest fees for the courses.

There is a considerable diversity in the scale and quality of residential care institutions which are being developed. These range from well-funded, exclusive homes such as the Guangzhou Home for Elderly People, discussed below, to smaller street homes of which some 44 exist at present and cater locally for between ten and twenty residents. There is also a quite extensive range of some 350 recreational centres for the elderly, 200 social activity rooms and 48 comprehensive social centres. This is underpinned by Guangzhou's "community service" initiative which began in 1989, under the auspices of the city's civil administration in coordination with other official departments. It is claimed that 87% of streets in the city have now formed a basic community welfare service. This includes 815 community elderly services and 1328 "elderly helper groups" comprising almost 4500 persons.

In addition to these principally communal provisions, the "through all channels" philosophy requires that not only government departments but also district departments and other units should start organizing elderly welfare services. This includes retirement schemes which were first started for senior civil servant but which have filtered down and now many state and private enterprises have their own retirement schemes and recreational centres. The hope is that the combination of public and private provision and facilities will gradually build up a network covering the city. The fragmentation of care and potential for individuals to slip through the net are clear whilst the system is building and is rather fluid.

A prime example of a "prestige" home which is serving as a model for other high level homes is the Guangzhou Home for Old People. A fieldwork visit was made to the home which is situated on the northern outskirts of the fast-expanding city and covers a semi-rural site of some 7500 m^2. This home is unusual not only in its high quality of provision and comprehensive range of residential and medical facilities, but also in that it was started as long ago as 1965. It provides both residential and hospital/nursing home care. The home has grown to cater for 650 residents, including 140 in a hospital section. There are eleven two-storey villa-like residential buildings in which couples and small groups of elderly people live and eat. The home caters in theory mainly for childless retired couples in Guangzhou and includes those from certain business enterprises with which the home has financial links.

The home was initially funded by the Guangzhou civil administration. However, during the 1990s, this has been augmented considerably by individual and corporate donations. In addition, the home runs on site two business ventures, one a leather factory and the other a restaurant open to people from the surrounding areas. Outside the home, there is a further container business venture which has links with a Hong Kong businessman associated with the home. These three businesses provided a revenue

of some 2 million yuan (approximately US$260 000) in 1994, approximately equivalent to that raised from donations and non-government sources. A final source of revenue is fees from residents who are not sponsored directly by the state or the linked enterprises. These include obviously wealthier local residents and, importantly, a number of Overseas Chinese who have retired to the home from Hong Kong and elsewhere. During a research visit to the home, a number of senior administrators were met from Guangzhou and surrounding districts who were being shown what is clearly a prestigious model facility. It is also evident that this home is not providing accommodation only for elderly people who have no family. Rather, the elite and Party members are being allocated places, presumably with the qualification of no children being waived, similar to the picture identified at a national level by Harper (1994). In the Guangzhou area, a second high-quality home has already been opened in a semi-rural area, again with far greater sources of funding than are available to the majority of homes. This too will cater for wealthier locals and cadres, as well as seeking links with Hong Kong and Macau retirees and business ventures.

The future: national and local issues

In any society, gradual demographic ageing of the population is generally thought of positively and to indicate success in both population and health policy. However, when it occurs rapidly and without sustained investments in economic and social care of the older people, it can be problematic. As a result of population structure changes and the context of economic reform, pressures are mounting for care of elderly people in China and many of these are typified in the Guangzhou example. As official sources of funding for welfare programmes are meagre, providers and potential providers are looking to local and wider sources of support. One of the tasks for local committees such as the Guangzhou Working Committee for the Aged is to coordinate funding and to develop local initiatives. However, in visiting what are model facilities and homes, it is easy to gain the impression that Guangzhou and other major cities are meeting the challenge of serving their elderly populations. This may be misleading in that many poorer elderly persons now no longer have the security of collective provision from work units that they might formerly have expected. If they are childless or their children live away, they might be in a very precarious position particularly if living in a street or district with only minimal facilities.

Nevertheless, Guangzhou recognizes the challenge of providing for the more than 10% of its population who are elderly. Prior to the reforms of the 1980s, there was only one elderly care home in the city. Over the past 10 years, a network of various kinds of gerontological facilities has been gradually developing but greater coordination is required. There is certainly some official enthusiasm and energy for the topic and the key appears to be securing joint funding from official and other sources. It is recognized that reliance on government subsidies will be insufficient to develop and run the network. Therefore, the three sources of public funding, sponsorship and general fundraising are being strongly advocated. A crucial element in development of larger facilities is funding from Hong Kong and Macau compatriots and facilities can be named after donors. Local business enterprises, too, particularly those with earnings from foreign ventures, are actively sought as sponsors. A "geography of philanthropy" effect may be suggested, in which the distribution of foreign ventures especially by Overseas Chinese is spatially limited. Many Hong Kong based investors tend to seek outlets in Guangdong whilst Taiwanese can look for opportunities in Fujian. Inland areas, by contrast, tend to attract far fewer such "donations" unless individual wealth people invest in welfare facilities in their place of birth or where their families originated.

Major issues to be addressed in Guangzhou and other huge cities such as Shanghai and Beijing include both quantity and types of care provided and also quality of care. This paper has not addressed these directly as comprehensive data on numbers of facilities are yet to be collected and an evaluation of residential care homes will be very difficult. However, there is a clear need for research into quantitative provision, quality of care and, importantly, the adequacy of the system for caring for the poor and those without family or other advocates. It is also clear that China has a relatively short time in which to set in place an appropriate system of long-term care for its growing elderly population. This will need to be supplemented by practical policies to assist smaller families to retain their elderly members in suitable living conditions, which will require a more comprehensive system of community support to evolve in both urban and rural areas.

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References

Ageing International. (1994) Aging around the world: China. *Ageing International* **XXI,** 4.

Banister, J. (1990) Implications of the aging of China's population. In *Changing Family Structure and Population Aging in China*, ed. Y. Zeng *et al.*, pp. 268–308. Peking University Press, Beijing.

Banister, J. and Harbaugh, C. W. (1994) *China's Family Planning Program: Inputs and Outcomes*. CIR Staff Paper No. 73, Center for International Research, US Bureau of the Census, Washington, DC.

Bartlett, H. P. (1994) Aged care in Beijing. *Hong Kong Nursing Journal* **67,** 33–36.

Bartlett, H. P. and Phillips, D. R. (1995) Ageing and aged care in Guangzhou, China. *BOLD* **5,** 20–23.

Chan, C. L. and Chow, N. W.S (1992) *More Welfare after Economic reform? Welfare Development in the People's Republic of China*. Department of Social Work and Social Administration, University of Hong Kong.

Chan, R. C. K. (1992) Challenges to urban areas: the floating population. In *China Review* 1992, ed. H-S. Kuan and M. Brosseau, pp. 12.1–12.21. Chinese University Press, Hong Kong.

Chan, R. C. K. (1995) The urban migrants—the challenge to public policy. In *Social Change and Social Policy in Contemporary China*, ed. L. Wong and S. MacPherson, pp. 166–187. Avebury, Aldershot.

Chow, N. W. S. (1988) *The Administration and Financing of Social Security in China*, Occasional Papers and Monographs, No. 74, Centre of Asian Studies, University of Hong Kong.

Chow, N. W. S. (1994) *Social Security Reform in China: An Attempt to Build Up a Social Security System with Chinese Characteristics*. Monograph Series "Social Welfare in China" No. 4. Department of Social Work and Social Administration, University of Hong Kong.

Chow, N. W. S. (1995) Social security reform in China—an attempt to construct a social security system with Chinese characteristics. In *Social Change and Social Policy in Contemporary China*, ed. L. Wong and S. MacPherson, pp. 27–49. Avebury, Aldershot.

Davis, D. (1989) Chinese social welfare: policies and outcomes. *The China Quarterly* **119,** 577–597.

Davis, D. (1991) *Long Lives: Chinese Elderly and the Communist Revolution*. Stanford University Press, Stanford.

Davis, D. (1993) Financial security of urban retirees. *Journal of Cross-Cultural Gerontology* **8,** 179–195.

Davis-Friedmann, D. (1991) *Long Lives: Chinese Elderly and the Communist Revolution*. Stanford University Press, Stanford, CA.

Goldstein, M. C. and Ku, Y. (1993) Income and family support among rural elderly in Zhejiang Province, China. *Journal of Cross-Cultural Gerontology* **8,** 197–223.

Grogan, C. M. (1995) Urban economic reform and access to health care coverage in the People's Republic of China. *Social Science and Medicine* **41,** 1073–1084.

Guangzhou Working Committee for the Aged (1994) *Development of the Metropolitan Gerontological Services*. Report (in Chinese) of the Committee.

Gui, S. (1995) A survey report on the life cycle of the Chinese elderly. *Chinese Journal of Population Science* **7,** 45–54.

Harbaugh, C. W. and West, L. A. (1993) Aging trends—China. *Journal of Cross-Cultural Gerontology* **8,** 271–280.

Harper, S. (1992) Caring for China's ageing population. The residential option—a case-study of Shanghai. *Ageing and Society* **12,** 157–184.

Harper, S. (1994) China's population: prospects and policies. In *China: the Next Decade*, ed. D. Dwyer, pp. 54–76. Longman, London.

Hayward, M. D. and Wang, W. (1993) Retirement in Shanghai. *Research on Aging* **15,** 3–32.

Ho, L. S. (1995) Market reforms and China's health care system. *Social Science & Medicine* **41,** 1065–1072.

Hong, G. D. (1996) Aging of population: trends and countermeasures. *Beijing Review* **39**(7), 12–14.

Jones, G. W. (1993) Consequences of rapid fertility decline for old-age security. In *The Revolution in Asian Fertility: Dimensions, Causes and Implications*, ed. R. Leete and I. Alam, pp. 275–295. Clarendon Press, Oxford.

Kallgren, J. K. (1992) *Strategies for Support of the Rural Elderly in China: a Research and Policy Agenda*. Hong Kong Institute of Asia-Pacific Studies, Chinese University of Hong Kong, Hong Kong.

Kwong, P. and Cai, G. (1992) Ageing in China: problems, trends and strategies. In *Ageing in East and Southeast Asia*, ed. D. R. Phillips, pp. 105–127. Edward Arnold, London.

Lin, J. (1995) Changing kinship structure and its implications for old age support in urban and rural China. *Population Studies* **49,** 127–145.

Liu, X., Liang, J. and Gu, S. (1995) Flows of social support and health status among older persons in China. *Social Science & Medicine* **41,** 1175–1184.

Ministry of Civil Affairs (1993) *A Report on the Development of China's Social Welfare Services (1992 White Paper)*. Ministry of Civil Affairs of the PRC, Beijing.

Ngan, R. M. H. and Fung, W. (1994) *Development of Social Security Protection in Southern China: Problems and Dilemmas in an Era of Economic Reforms*. Working Paper in Applied Social Studies, Department of Applied Social Studies, City Polytechnic of Hong Kong.

Phillips, D. R. (1995) A nation of pensioners: 16 years of the one-child policy. *China Now* **152,** 8–9.

Smith, C. J. (1993) (Over)eating success: the health consequences of the restoration of capitalism in rural China. *Social Science & Medicine* **37,** 761–770.

Smith, C. J. and Fan, D. (1995) Health, wealth, and inequality in the Chinese city. *Health and Place* **1,** 167–177.

State Statistical Bureau (1996) *China Statistical Yearbook* 1996. China Statistical Information and Consultancy Service Centre, Beijing.

Wang, J. and Hull, T. (1991) *Population and Development Planning in China*. Allen & Unwin, Sydney.

Wang, Z. (1993) Caring for China's 100 million older people. *Ageing International*, pp. 26–27.

Wong, L. and Mok, K.-h. (1995) The reform and the changing social context. In *Social Change and Social Policy in Contemporary China*, ed. L. Wong and S. MacPherson, pp. 1–26. Avebury, Aldershot.

Wu, F. (1996) Rural endowment insurance system established. *Beijing Review* **39**(7), 18–20.

Yuan, J. (1993) China: improving external environment for family care of the aged. *Congress of the International Association of Gerontology*, July 4–9, Budapest.

Yuan, T. H., Zhang, T., Ping, Y., Li, J. and Liang, Z. (1992) China's demographic dilemmas. *Population Bulletin* **47,** 1–44.

Zeng, Y. (1991) *Family Dynamics in China: A Life Table Analysis*. University of Wisconsin Press, Madison, WI.