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# **EU-China Social Security Reform Co-operation Project**

## **for The People's Republic of China**

***Delivering Policy As Good As It Needs To Be***

***The Further Development of Social Care for Older People in China***

***BY Andrea Taylor***



A Co-operation Project jointly funded and undertaken by the People's Republic of China and the European Union

## **Delivering Policy As Good As It Needs To Be<sup>1</sup>:**

The Further Development of Social Care for Older People in China

by Andrea Taylor

### **Introduction.**

This document brings together some ideas from the UK about the care of elderly people, analyses the strengths of the current Chinese system of social care delivery and identifies some areas where policy change might be needed in both the short and long term. The paper goes on to address some key issues for China in moving forward and offers some suggestions for change.

A list of documents used and interviews held is attached. (Annex 1).

Rather than using a statistical base, which is already available in China, it takes an issues approach in order to facilitate discussion.

### **UK Situation.**

For approximately 35 years after the Welfare State was established in the UK in 1948, the State, via its local government structure was the main provider of social care services for children, families, people with disabilities and/or mental health problems and elderly people. It provided services from 'cradle to grave'. Some private services existed (especially in relation to residential care) and there was a significant number of NGOs, all of which were not for profit organisations. Despite the level of services available more than 80% of old people in the UK are looked after by their families.

During the 1970s it became evident that costs were outstripping revenue. Between 1945 and 1974 spending on social welfare (social care, social security and health) in the UK rose from 25% to 62%. It was clear that considerable reform was needed, if services were to continue to be available to those who needed them. This phenomenon was fuelled by:

- Rising concern about the human rights of marginalised groups of people.
- Increasing expectations of quality from consumers of services (alongside the rapidly rising standard of living of the general population).
- The increasing proportion of elderly people in the community.
- Vast advances in medical care which meant that people were living much longer, and that children and adults who might have had short life expectancy because of disability or illness were enabled to live much longer.
- Recognition that mental or physical disability did not necessarily debar people from making a constructive contribution to society.

In the UK, the first evidence based recognition that elderly people were not always receiving the type & quality of services to which they ought to be entitled was work undertaken by the Department of Health in the late 1980s, published as 'Home Life'; followed by 'Homes are for Living In' which developed from inspection work undertaken by the Social Services Inspectorate of the Department of Health. These two together set a blueprint for the improvement of residential care of older people in the UK.

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<sup>1</sup> EU – Draft Joint Report on Social Inclusion (Lisbon December 2001) p81. Report adopted formally by the European Joint Council in March 2004.

They still remain relevant despite their age! The second of these identified 6 principles (privacy, dignity, independence, choice, rights, fulfilment) which should underpin all care for older people, and also gave examples of how to recognise if the principle was being implemented. Sadly this document is not available electronically, but a hard copy has been made available in China via the EUCSS project.

The 6 principles are also consistent with the 10 EU Principles of Social Inclusion, (Annex 2) and the UN Principles for Older Persons<sup>2</sup> (Annex 3). All three documents are important, the EU document outlines the inputs necessary administratively, the UN document deals with outputs, and the UK document tries to measure outcomes, i.e. the results for the user of the services actually received by him/her. These principles underpin all policy and practice developments in relation to social care in the UK.

### **China.**

Using these principles as a frame of reference, the starting points in China for examining the care of elderly people are the Constitution of the Republic of China, the Law on Elderly People and the December 2006 White Paper issued by the Information Office of the State Council "The development of China's Undertakings for the Aged". These documents show clearly that the underlying vision and approach of the GoC is very much in sympathy and consistent with the three sets of principles. The interesting difference between the UK focus and that of China is that China specifies the cultural/social aspects of life as a separate area, whereas the UK considers them as an integral part of certain quality standards. The critical aspect in terms of China's continued development is the issue of how to get from the vision to good practice in the delivery of services, and equality of access for older people to high quality services. In order to achieve this, the national policy framework should give clear direction without being prescriptive.

### **Current situation:**

In his paper prepared for the recent China-EU Round Table, Mr. Wang Zhikun, Deputy General Director of the Department of Minimum Living Standards, Ministry of Civil Affairs, spoke eloquently about the '5 guarantees'<sup>3</sup> for elderly people living in rural areas of China. This refers to financial support for those Chinese citizens. A great deal has already been done in relation to social security (cash payments from public funds), but social care has not developed as quickly. Even within the system of pensions there are significant inequalities between different sectors of the older population. Unless all social care services are free of charge to all users, these inequalities in pension arrangements are difficult to justify, if China subscribes to the concept of equality and of ensuring equal access to high quality services for all its older citizens.

The issue of services for rural elderly has been the subject of considerable thought in China for some time, but provision in the country as a whole remains limited and unevenly spread, with insufficient services provided generally and too low a proportion provided by NGOs, whose presence normally helps to push up standards and encourage innovation. There is already a significant network of services working well, in some urban areas, although coverage is patchy and standards of provision are uneven across the country. Where local government is relatively wealthy, the network functions well, but where local government is poor, services are lacking, and those provided possibly do not meet Chinese best practice standards. How far such a network of services is feasible in more rural areas is difficult to assess e.g. what are the difficulties precisely, other than geographical isolation?

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<sup>2</sup> Developed during the UN Year for Older People 1999.

<sup>3</sup> Food, clothing, housing, medical care & burial expenses.

The issue of training for staff to work in social care has been identified, assessed and is being addressed at present. The Social Security Capacity Building Centre of the MoLSS is beginning to develop its national training plan for social care, for which MoLSS has been accorded the lead responsibility by the Government. The EUCSS project has provided the SSCBC with a number of documents relevant to facilitating this work.

A lot of work has been undertaken in China, much progress has been made, and there is good practice at service delivery level. There is still a long way to go. National policy needs to address the current situation and make proposals for improvements that will ensure an integrated framework for all social care.

### **Key elements of the current situation**

1. 1. Institutional arrangements for the management and delivery of social care are complex. For example, there are (at least) 4 Ministries involved in the actual delivery of residential care to elderly people. The results of this fragmented approach are:
  - Each Ministry sees the priority for social care of elderly people differently: one sees the priority as providing a large scale building programme for the most independent (biggest) group of elderly people; another, the development of support within the user's own community; the National Committee on Ageing is unequivocal that the priority is for nursing homes (homes which provide active medical treatment) for the most dependent group of elderly people without family to support them.
  - there is a high risk of overlaps and gaps in the type of provision available in any particular area,
  - there is a no clear definition of the range of services that might be included in the term residential care (there at least 5 possible different types).
  - Nobody is clear which is the lead Ministry – who is responsible, and accountable.
  - According to the media, some hospitals are turning an under usage of beds into homes for elderly people.
  - There is no real co-ordination at national level.
  - The substantial inequalities in ability to access social care services for individuals are far more likely to be perpetuated than if responsibility lay with one Ministry.
  - There are very many different projects of all descriptions happening across the country with no-one who has a real handle on what they are and how they can be brought together, analysed etc.
2. There is a high degree of interest in the subject of social care, and a political recognition of the need for action which showed itself in the establishment in 1999 of the National Working Committee on Ageing (often also referred to in English as a Commission) with a remit attested by the Chinese President on January 9<sup>th</sup> 1999 as “to strengthen the work on ageing and to develop the ageing cause”. This Committee has a huge task in tackling the above issues.
3. There is a network of interesting, integrated community projects, some of which are ‘one stop shops’. The range of services is flexible and varied according to local need. The quality of the provision is also varied, but the best are very good indeed.
4. There is good practice in China, but local governments visited during the process of this work acknowledged that they were showing their best practice, and that the standard seen was not widely replicated.
5. Elderly people themselves are often actively involved in delivering services (e.g. local radio station; contributing to or leading activities from their own expertise).

6. Service users seemed happy with the services that they received. This is not a cause for complacency however, because it has to be set in the context of what the overall life experience has been of people who are now elderly. People who are now middle aged will have very different –much higher – expectations than their parents have.
7. Local government at Provincial and City levels are accustomed to decision making, but are unaccustomed to managing (as distinct from ruling by procedures) activity within their areas. They recognise this, are keen to address it, using international assistance where appropriate, and are on a fast learning curve.
8. The issue of social care for rural areas is the major concern, even within wealthy and largely urban (in population terms) provinces. The large scale urban migration of the last 10 years means that families are increasingly finding it difficult to meet their obligations under the Law on Elderly People. This particularly raises questions about the realism of that Law.
9. There are many research projects and pilot projects underway across the country, with relevance for social care. These are being undertaken either by Chinese academic and other institutions, or by international organisations. There are many examples of partnership arrangements between Chinese and international organisations.

The development of policies which take only a partial approach to the overall situation would be better avoided: e.g. policies which apply only to one of the current group of pensioners (such as those from the social insurance system), or to only one type of social care service.

Using the brief analysis of current activity above, it has been possible to identify existing strengths which provide an important foundation for future development of policy and practice, issues which require change and /or development and a number of wider issues which require attention if further developments are to be effective..

### **Existing strengths.**

Further development of social care remains a challenge for Chinese Government at all levels. Progress is usually better made if it builds on existing strengths. The most important ones – in terms of future progress – are identified below. They have been drawn from analysis of visits to services, meetings with a number of Ministries, discussions with local Experts and the review of official documents.

In addressing the reforms that it seeks to make, existing strengths are:

- ✓ The status and rights of elders are established in the Constitution & in the Law – Presidential Order No 73.
- ✓ The Constitution is unequivocal about adult children carrying the responsibility to care for their parents. (Constitution, Chapter II, Article 49 & Order 73 Chapter II)
- ✓ There is a central unified group - The National Working Committee [26 Ministries] on Ageing - a committee of the National Council which has the responsibility for driving change<sup>4</sup>.
- ✓ The network of replica Committees established at all hierarchical levels from Provinces down to grassroots level.

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<sup>4</sup> The State Council in its Document of December 2006, “The Development of China’s Undertakings for the Aged”, which gives the functions of the National Committee as “to plan, co-ordinate and guide this work nationwide [the implementation of the 11<sup>th</sup> Five Year Plan for China’s Development of Undertakings for the Aged]. It studies and formulates development strategies and major policies for undertakings for the aged; co-ordinates the relevant departments and guides them to implement the development plans for undertakings for the aged; and leads, supervises and checks the work at local levels.”

- ✓ The culture of China accords a respect to elders which is rare in the West.
- ✓ There are already in place the mutual support groups, informally established at local level, whose capacities could be strengthened and extended, and the Community Support Centres funded and sponsored by Provincial and City governments and others.
- ✓ Existing best practice takes an integrated holistic approach to the individual user's wellbeing.
- ✓ The local government system from Provinces down is very well established and accustomed to accepting/taking responsibility.(Constitution, Chapter I ,Article 30 & Chapter III, Section 6)
- ✓ The right of the individual to complain or suggest is also clearly stated within the Constitution (Chapter II, article 41), although it has not been possible to establish how many complaints are received and whether they are collated, analysed and used to inform the review and updating of policy and practice.
- ✓ Encouragement of voluntary work (Constitution, Chapter 2, Article 42)

These particular points (and others) provide an important and firm base for the further development of the social care system. It is important that whatever path China decides to take, these strengths are reflected in policy, not dissipated or totally lost.

#### **Key Issues for change and/or development.**

Within the overall social care system, there are some significant areas which at present are not conducive to the availability of high quality social care, when needed, to all citizens equally. Change and improvement in these areas would certainly simplify progress, and probably speed it up considerably. Current and new policies need to address these issues courageously while the time is right for change in China:

- Simplifying the institutional structures at Ministry level, including clarifying lines of accountability.
- Reinforcing the strengths at service delivery and practice level.
- Identifying good practice/replicating it/ensuring even coverage nationally.
- Assessing levels of dependency and hence extent of need across the country.
- Developing clear flexible policies & implementation strategies which encourage innovation.
- Preparing staff for work in the social care sector. This includes staff recruitment and selection and all levels of training.
- Ensuring that local government is equipped to manage, as distinct from implementing procedures.
- Ensuring equality of access to high quality services for all elderly citizens.
- Encouraging innovation at service provision level, by public and NGO providers. This requires flexibility of approach rather than many regulations. This will be critically important in the rural areas.
- Developing outcome based quality standards (as distinct from normative& monitoring numerical standards) which assist the development of high quality care, and which underpin the development of licensing and professional quality inspections systems.
- Recognise social care services as a key and growing responsibility and build in recognition of this within the fiscal transfer system.
- Having financial arrangements in place which provide clear accountability, minimise risk of corruption, recognise local autonomy but also allow national government flexibility and funds to

'kick start' innovative service delivery projects (from NGO & local government) and the implementation of new policy initiatives.

## **Wider issues.**

### **1. The extent of need.**

In China, the last 10 years have brought unprecedented change and urban drift. With China's elderly population growing at the rate of 3.2% per year, with the longer life expectancy<sup>5</sup> and rising expectations of services that come with better diet and higher standards of living, and with the 4:2:1 outcome of the one child policy, it is only a relatively short time before China has elderly people caring for elderly people, and one grandchild responsible for 6 elderly people (4 grandparents and 2 parents) on a significant scale.

These changes beg the critical question in relation to Order 73, whether the extensive nature of the family's responsibilities for its members (which is far more extensive than merely providing loving care, including as it does, specific responsibility for paying necessary medical expenses, farming the parental land, maintaining the parental home, caring for siblings in need) is realisable by the average family in today's China, and sustainable in the future. This is one of a number of factors mentioned later in this paper which reinforce the timeliness of the GoC's decision to review the Law on elderly People. This decision was confirmed in a recent meeting with the Vice Director of the National Committee on Ageing. In 2006 a survey of 17 million Chinese households conducted under the auspices of MoISS produced valuable information on the nature of services currently provided, what elderly people wanted and what they were willing to pay. One statistic that seems to have seized the attention of some policy makers is that 11% of the 17 million 'wanted' residential care. What is less clear is whether this answer was based on a limited knowledge of what could be available, if best practice in China was equally spread across the country as a whole. Although the figure of 11% residential care has become a focus and is perhaps in danger of driving the development of new provision, it is not necessarily the 'best' solution to meet China's needs. Neither would residential care be the most consistent with the existing Chinese principles underpinning the whole system. This is especially true when this figure is put in the context of other findings of the survey which indicate that 24.4% do not want residential care. Of this 24.4%, 16% would prefer a carer, but cannot afford it or cannot find the right person (the latter is partly a training issue). The other 8.4% want care in their family & specifically do not want residential care. These figures suggest that a heavy focus on the development of residential care might be misplaced, especially as the other options offer possibilities more consistent with The Chinese Constitution and Order 73.

### **2. Measures of Dependency.**

How far, in China, should the provision of services be a matter of providing for 'wants' (as distinct from 'needs') to be met. Normally some assessment of levels of dependence and need among elderly people would be undertaken before any major development programme began. Many measures of dependency have been developed in Europe, which would be readily available via the internet to act as a basis for discussion in China. Two very different examples are at Annexes 4 & 5. The use of a simple matrix and questionnaire focussed on functional capability could be done over a period of time, integrated with the required annual re-registration for pension purposes. Collated nationally this would give a clear picture of where the greatest concentrations of dependency – and hence need - are.

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<sup>5</sup> Currently according to WHO statistics: Male 71, Female 74.

The Vice President of the National Committee is very clear that care in the family and community remains the priority. Residential care is one priority, but it is specifically care for the most vulnerable (mostly those in the '5 guarantees' group) and dependent, who require active medical input, which should be the focus for the development of residential care. In the UK this would be referred to as nursing home care. Once the active medical need is identified, care is free. The issuing of regular medication is not considered to be active medical care, nor is the need for a regular medical check up. However, if China chooses this path, the first need is for a clear definition of what constitutes 'active medical care'. Next, if this definition becomes the basis for admission to one particular sort of care, perhaps the most appropriate Ministry to have overall supervisory and policy responsibility would be Health and the homes should be called 'nursing homes'.

However, the idea of converting wings of hospitals in to homes for older people should be approached cautiously. Hospitals by and large are unmistakably institutions. This makes them, usually, intrinsically unsuitable to be a HOME for an elderly person who is alone and dependent and quite likely to spend the remainder of his life living there. For older people who are alone and dependent and in residential care the care home is their HOME and every opportunity should be taken to develop a non-institutional atmosphere.

### **Ideas for Developing the Policy Framework.**

#### **1. Legal**

The principles established by the Constitution and Order 73 remain good, but could be discussed further in the light of the 10 EU Principles of Social Inclusion (Annex 3) and the UN principles of Ageing (Annex 4).

Overall China's central administration appears to be commendably light in relation to social care generally, meaning that the delegation of responsibility to local government (Provinces, Cities, Districts) is in line with the principles of subsidiarity espoused by the EU. The delivery of projects at local level via mutual support or community groups is the ultimate example of this principle.

In addition to the Law there is a Statement from the State Council, December 2006, "The Development of China's Undertakings for the Aged". This is a key document:

- it reviews progress and
- usefully reinforces general intent, recognising that there is an 'arduous task' ahead:

"For example, laws and regulations concerning senior citizens require further improvement, and there are still acts infringing on the legitimate rights and interests of elderly people; the social security system is yet to be perfected; elderly people with difficulties in their everyday lives in some urban areas do not have adequate social security; the problem of impoverished elderly people in rural areas is still conspicuous; and a social atmosphere respecting elderly people needs to be further developed."

The National Committee is addressing the need for regulations, and in that process hopefully will make efforts to ensure sufficient flexibility is retained so that innovative ideas can develop and be tested, and that subsidiarity can be maintained..

One example where regulations and guidance are definitely needed is that of the suitability of buildings for the purpose of caring for elderly people. Prescription is not the answer, and purpose built buildings do not always make the best 'homes', but local government does need some guidance, and so do NGOs. One salient point which should never be forgotten is that residential care is also the old person's home, and it should look and feel like a home, with any institutional atmosphere minimised. It should also be safe for the individual resident maximising chances of escape in case of fire, flood or earthquake.

What could usefully be added to this document<sup>6</sup>, is a 'Where next' section, which should identify clearly what the next steps are in progressing the reforms, and offer an implementation schedule. These topics may be covered in the Eleventh Five Year Plan and in the draft policy document due to be issued very soon. Neither of these last two documents were made available to the consultants during the course of preparing this paper.

## **2. Structural.**

China is in the process of the greatest and fastest changes that it has ever seen. This is true in all aspects: social, demographic, economic and financial. This means that some of the central structures which have been in place for some time, are undergoing stringent review. The need for such change is as true for structures delivering social care as it is for those dealing with financial and economic affairs.

At the present time there at least 4 Ministries actively concerned with the delivery of social care to elderly people (Civil Affairs; MoLSS; Personnel; Health – the 'core' Ministries). The outcome of this is that even at the point of service delivery (as well as at every level in between) the work of 4 different Ministries needs to be co-ordinated, there are 4 different administrative systems to be managed and run AND financed! Of the 4 Ministries directly involved in the provision of social care services, none is clearly and formally given the lead responsibility. Civil Affairs is the obvious candidate, as it already carries a responsibility for other client groups as well as for one group of elderly people. MoLSS carries the lead responsibility in relation to training for social care. This seems to be appropriate as MoLSS also carries training responsibilities for other para-professional training in technical and vocational subjects.

The National Committee has a broad remit, but 8 years have passed and the structures remain unchanged. The establishment of the Committee is evidence that GoC and individual Ministries recognised that the existing structures are unhelpful in relation to caring for elderly people. The Committee's remit was made more specific in the December 2006 document referred to above with responsibility to:

- plan, co-ordinate and guide this work nationwide [the implementation of the 11<sup>th</sup> Five Year Plan for China's Development of Undertakings for the Aged].
- study and formulate development strategies and major policies for undertakings for the aged;
- co-ordinate the relevant departments and guide them to implement the development plans for undertakings for the aged; and
- lead, supervise and check the work at local levels.

It is still not easy to discover exactly what the legal powers of the National Committee are, and on its own it is unlikely to be sufficient to achieve the major changes required in the 'core' ministries unless it has clear legal authority to effect cross Ministerial change and is staffed and financed accordingly. The degree of change that China is currently undergoing will not be sustained for ever, and once that period of change tails off, the window of opportunity for GoC to make changes at institutional & administrative level is likely to be lost for many years to come. Having the courage to seize the opportunity now to make the necessary structural changes at central government level would assist the government to achieve equality for its citizens, and a more even spread of integrated services – especially in the rural areas about which concern is highest, At the moment there does not seem to be a financial problem for GoC in financing 4 different strands of administration, (5 if the National Committee Networks are included). As social care expands and the costs associated with it expand (for example in the UK costs of the welfare state rose from

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<sup>6</sup> The development of China's Undertakings for the Aged referred to earlier in this section.

25%(1945) to 62%(1974) of total government spending) the duplication of costs which the current structures must involve will become problematic. However, the recent UNFPA research indicating (inter alia) how far the ageing population is outstripping development suggests that the financial issues will appear earlier rather than later. In addition the 4:2:1 situation will begin to bite much more forcefully than it does at present. Facing the issue of restructuring now when China is in the midst of these widespread changes would be a better option than waiting for it to become a major problem. The recognition within Government of the potential friction caused through the different levels of state pensions paid to civil servants in comparison to those to retirees from the social insurance system adds weight to this point. The media in China (CCTV) has also begun to address the fact that pension levels paid by government are far from equal for all citizens also underlines the need for change. If this task was faced now, in the short term at least considerable funds could become available to be used for important activities such as:

- undertaking some work on the assessment of levels of dependency and need, especially in rural areas and building on the work already done.
- kick starting service providing NGOs
- starting the work to give users a stronger voice.
- identifying, analysing and disseminating good practice.
- encouraging innovation in service provision and delivery at local level. (This might bring forward some interesting and unexpected ideas from the rural areas).
- Funding the development of an appropriate training framework for social care ( practice & management).
- Undertaking an exercise to synthesise the very many pieces of research, investigation and project work which have been and are currently underway in China, so that best use can be made of all this work to inform policy and legal development, and support good practice.

### **3. Users' involvement in decisions which affect them.**

At the moment most organisations providing some sort of service which is used by older people have their own objectives and ways of working. These tend not to be framed with the older person at the centre, i.e. they do not originate with the older person's perceptions. This means that no-one really knows whether those services have achieved the desired outcome, nor whether they meet the needs of older people. So services for elders should really begin from what older people universally need. This is particularly true for a country such as China, where the numbers are so vast that meeting individual need, which is the target of social services in the UK, may be a long way downstream – if indeed it is achievable at all. This means that extra special care needs to be taken when setting up the services to meet universal need, that opportunities for them to be individualised are seized and exploited.

It is also crucial that elderly people themselves are actively involved at every stage of the reforms. In practice this means that elderly people – service users – need to be involved from the initial stages in the government's development of the national policy framework and at all government levels. Although we shall all be old, no-one really knows what it is like to BE old until they have reached old age.

China already has some areas in which it is exceptionally good at encouraging elders to share their expertise and to take an active involvement in the local development and provision of services, for example, running residents' committees in residential care,, (see also point 5 page 3).

However, in a relatively short time in China, the consultant has seen little evidence of the active involvement of service users in the planning and decision making that precedes policy development

and the setting up a service, or that is necessary in the running of a service. During the consultant's assignments and visits to regions there was only one meeting<sup>7</sup> at which there have been representatives of service users (an informal meeting in Chengdu). The task of introducing user involvement is not easy, and often takes repeated efforts, because people are unaccustomed to their views seriously being sought, so do not necessarily know the best way to give them. Users need evidence that their contributions to planning and decision making are influencing these things before they take the issue seriously.

In western society the consultation process tends to be a formal part of all reform programmes, and increasingly elderly people have a voice in decisions which affect them, which is often summarised in a slogan "Nothing about us, without us!!!!"

#### **4. Consultation – process, purpose & outcome.**

Closely allied to the issue of a users' voice, consultation might be defined as 'giving a voice to all stakeholders'. Consultation is far more than preparing a draft and circulating it to a few carefully selected people for comment, although this is frequently an integral part of the process. It is about allowing people to make real contributions to the process of development, and about 'experts' recognising that they do not hold the only or all of the knowledge about any particular topic. It is also about establishing ownership, building capacity, disseminating knowledge and facilitating an adequate spread of information.

Taken together users' involvement and comprehensive consultation processes lead to the 'bottom up' approach which results in wider and more effective ownership of proposed changes and dissemination of information.

The GOC may wish to ask itself is whether these points ( user involvement and consultation) - which are building blocks to a good social care system - are adequately supported by legislation and/or regulation, by guidance to local *executively responsible* government and NGOs and by outcome based quality standards. The last of these serves a number of purposes:

- ✓ acting as a unifying force in terms of equal treatment of service users
- ✓ facilitating the measurement and evaluation of the quality of social care provided.
- ✓ helping to ensure that NGOs and publicly provided services are expected to reach similar standards.
- ✓ improving the quality of services offered.

#### **5. Reinforcing the Strengths.**

Some of the strengths of the current system were identified earlier in this paper. It is important that ways are sought which allow developments which reinforce these. One of the ways of doing this is by the identification and dissemination of good practice. There is good holistic integrated practice in China, which needs to be collected together, described and analysed and published in a user friendly form. At least one annual national platform for this activity is already in place, as the government sponsors a National Conference, which would be an ideal opportunity for this work to begin, and for

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<sup>7</sup> During the course of the work undertaken to produce this paper.

examples of good practice to be recorded according to a given framework, which required not just a description of what the service is, but also an outline of the detailed steps to setting it up, how the budget is worked out, and an analysis of the strengths and problems the service still faced, and future plans for dealing with these. These could then be collated and published, so that 'Good News' and effective methodologies can be made available widely.

## **6. Rural areas.**

This is the area causing the most heart-searching in China, and the problems are huge, just as the rural areas are themselves huge. Much is already under way in relation to cash benefits and pensions. Pensions are not the focus for this paper, but they are relevant because at present in China they perpetuate & reinforce structural & individual inequalities, and have a direct effect on the type, level and quality of social care which be provided to individuals. For example,

- Shandong Province has been sufficiently concerned about inequalities in levels of pensions available to different groups of elderly people, that it has just completed a 3 year scheme gradually to increase the pensions for the poorest people towards those of the best paid (public sector workers). There are no doubt many other examples. The scheme will be repeated over the next 3 years.
- There are a number of care schemes also being tried out in rural areas. E.g. Golden Key approaches education/social care in rural areas for people with visual handicaps.
- Health needs are already being addressed via the rural medical co-operative system.

Other questions which need to be addressed in rural areas, building on work already done include the answers to the following questions: are there many individual homes which are isolated or is it villages which are isolated, or both? Where are the most dependent and needy people clustered – in rural or in poor urban areas? How do the needs of the needy rural and urban elderly differ – if at all? Have cross or interdisciplinary options for service delivery in rural areas been considered, so that economies of scale can be maximised, without sacrificing quality? Could the rural medical co-operative system be extended or replicated for social care?

The 'five guarantees' model for financial assistance to lone elderly people without other means of support might just provide a model which could offer something to social care. It does not appear that any consideration has been given to assessing the feasibility of this.

## **Next steps?**

Although central government has a responsibility to ensure that the country's citizens are cared for, it cannot prescribe one model which will suit all places and all people. Also, in countries where the tradition of local government (the Provincial and City Governments in China) is quite strong, it is more appropriate that even major local decisions are made by those who know and understand the local situation.

Thus central government's role becomes – as indeed it is in China - one of developing policy, drawing up and passing the laws, and providing frameworks within which local government & NGOs are expected to operate. For example, in this model, central government's policy framework would indicate that residential care should be provided to meet the assessed need of those for whom a less total service leaves them vulnerable. Central government may give some statistics and make suggestions about the number of beds which will probably be needed in a particular province, but they

will not prescribe, say 'x' beds must be in retirement villages, and 'y' must be available for respite care, and 'z' must be available in small scale homes to meet the needs of more rural areas.

In relation to the design and structure of residential homes, central government might say that designs must satisfy local planning guidance, but that they can be purpose built or in buildings which are suitably adapted for the purpose. The ultimate aim should be for people not to have to share a room unless they wish to, and for some rooms to be available for couples, for all rooms to be en-suite and for any home or centre with more than one floor to have a lift.

In the UK at least buildings tend to last at least 80 years, many last more than 100 or 200. Politicians of all colours like to build services because they provide visible evidence of their activity. Nonetheless with financial probity in mind, and the very large number of homes China is thinking of building, government needs to think very hard before it provides large numbers of buildings, which may be redundant well before their life expectancy is reached. It is understood that the rising proportion of elderly in the population will peak in about 2050+, so what will happen to all these planned homes then?

There are many options for providing other sorts of care for elderly people which are much less costly and easier to deliver than residential care which is, MOST IMPORTANTLY OF ALL, NOT THE PREFERRED OPTION FOR MOST ELDERLY PEOPLE THEMSELVES. To begin with, what is going to happen in rural areas where there may be only a few people in need of support in a village. The answer should not be to uproot them from all that is familiar to live in residential care kilometres away. In addition, there are many minority groups within China whose needs must be met, and not lost in the vast numbers that China has to care for.

Some concrete activities at practice level might include:

- Seeking innovative ways of bringing together health and social care in rural areas (eg through rural clinics) with a view to economies of scale, and
- In conjunction with the above, considering whether a new socio-medical worker is needed, who has some of the skills of both disciplines, and who understands the basics, and most importantly can recognise where there is need to call in expert help.
- Considering a number of alternatives focussed on using the 'five guarantees' approach which might offer a way forward for the development of social care (as distinct from benefits) at local authority level. (See Annex 6). A feasibility study would quickly show whether this was appropriate.

The answer to the issue of good social care for elderly people may not be the widespread provision of residential care for elderly people, rather it may lie in:

- seeking ways in which the independence of elderly people in their own surroundings (home & community) can be longer supported,
- finding how far services can be developed to support the family in caring for its elderly members, as required by Constitution and Law.
- far more extensive provision of the 'good practice' community centres which already exist in parts of China.
- an approach to residential care that addresses the range of options for different types of housing & residential care provision for elderly people matched to different levels of dependency. This would include respite care, rehabilitative care, short term care, sheltered housing, nursing home care, palliative care, as well as straightforward residential care.

## **Summary of Suggestions.**

This paper has given brief discussion of some of the key issues facing policy makers in China as the country seeks to effect major change in its approaches to caring for its older citizens. (see 'Key Issues' p.2 & 'Ideas for Developing the Policy Framework, Sections 1. Legal & 2. Structural) This discussion leads to the following suggestions for future action all of which would need addressing in national policy.

1. A comprehensive independent institutional review, with external support, of arrangements for the management and delivery of social care in China, which should include:
  - A close examination of the structural and administrative arrangements with a view to their simplification.
  - A clear public statement about which Ministry the lead responsibility lies with for policy development, and for oversight of the implementation of the policy and management and delivery of social care for elderly people, and equal clarity about what that responsibility means, and the responsibilities of other Ministries (if any).
  - A clear statement about the legal powers of the National Committee.
2. This should be followed by the development of a comprehensive national service development plan, with timed implementation schedule. (Annex 7 gives a specimen framework). See Ideas for.....Point 1,p7)
3. The inclusion of a 'Training of Trainers for Social Care'(see separate paper) in the next year of the EUCSS project so that the pilot regions at least have begun on the training process for social care. (See Current Situation p2)
4. The development of national policy which addresses & proposes solutions to the inequalities of benefits under the current state pension systems, which have a serious impact on accessibility and choice in relation to social care. (See Key Elements of Current Situation, p3 & Ideas for.....Point 6 p10)
5. Pilot projects which explore the possibility of providing innovative multi-disciplinary measures to meet need in rural areas, with a view to narrowing the gap between urban and rural communities. (See Where Next p11)
6. The development of a comprehensive consultation system to assist the development of transparency in government, wider ownership and better dissemination of ideas and proposals, and to ensure that users of the services, all stakeholders, and relevant organisations, have a chance to comment and make suggestions before proposals are finalised. (See Ideas for Developing the Policy Framework points 3 & 4 ps 9&10)
7. Funding should be made available for a series of 3 year projects on small scale community social care development in rural areas. These should be managed and delivered by local people with national and international technical support if needed. (See Ideas for .....Point 2 p8)
8. The development of outcome based quality standards which will relate to ALL services of a particular type, whoever their provider. (See Key Issues p 5 &
9. A professional review of a sample of the existing 'community service amenities' (195,000 in 2005) and comprehensive social service centres (8,479 in 2005), (see Ideas for .....Point 4 & 5, ps 9&10) to assist with:
  - the development of outcome based quality standards,
  - the identification of good practice,
  - the development of materials which can assist training of other workers.

### **Conclusion.**

China has already completed much of the basic work needed. However there is a need for a comprehensive, integrated approach to policy development, which seizes the opportunity to review the current structural fragmentation at Ministry and sub-national government levels of the present approach to social care for elderly people. The current system is not and will not be conducive to the achievement of a high quality social care system which all older citizens can access equally. Such a review should lead to the rationalisation and simplification of the structural arrangements. Good practice at service delivery level already exists in China, but needs much better dissemination. Powers of critical appraisal need to be more widely developed and applied to the assessment of progress. There needs to be clarity about the legal powers of the National Committee and the relative accountabilities of the National Committee and the involved Ministries. There is a long way to go before the aspirations of China's Constitution are realised for elderly people equally.

