

A Comparative Study of Elderly Home Care Service Support in East Asia - Focusing on Japan and China

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Abstract

This study compared and reviewed the support policies of elderly home care service between Japan and China to get implications on various support methods of elderly home care service performed in Korea. Through care service providers in both countries, this study investigated the contents of home care service, which supports the elderly to provide necessary services in the area where they have lived. This study was conducted on the subject of the small-scale multi-functional home nursing care facilities in Japan, and on the subject of community center services (She qu) in China. The results show first, in terms of structural aspects, Japan has established various service providers to support interconnection services. In the case of China, the development of in-home service has been a recent issue of interest and it was difficult to interconnect the service providing facilities, but the local resources were involved in various ways. Second, service contents tended to strengthen the role of supporting family members while providing basic services necessary for home living in common. Third, in the financial aspect, the tendency of increasing the role and function of local government and increasing dependency on expenditure was found to be high in Japan.

Keywords: Japan, China, Elderly welfare, Home care service, Comparative study

1. Introduction

Today, global aging of the population is especially prominent in Asia. According to the UNFPA report, countries with the fastest pace of aging are developing countries, and seven out of 15 countries with aging population of more than 10 million in 2012 are developing accelerate, with the number of elderly people in Asia rising to 24% in 2050 compared to 11% in countries. In particular, the increase in the elderly population in Asia today is expected to 2012. This is very fast when compared to 6% in Africa, 8% in North America, 9% in Oceania and 12% in Europe (UNFPA, 2012: 12).

In this context, aging population phenomenon of Korea, China, and Japan, which are often classified as "East Asia", also attracts attention in Asia. This is because the growth rate of the elderly population and the quantitative change are meaningful in themselves, but the interest in the introduction and implementation of the social welfare policy in response to the aging society is also increasing. As there are Japan that already has an elderly population of over 14% in 1994, Korea which is expected to reach an aged society in 2017, and China that predicts the same aged society experience in 2026 (Statistics Korea, 2006 Elderly Population Estimation), the three East Asian countries come across a so-called 'compact aging society' that runs at a speed that cannot be seen anywhere else in the world.

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Social policy changes due to aging are also manifesting in a diverse way in these three East Asian countries. For example, the fact that Japan adopted the long-term care insurance system in 2000 and that Korea implemented the long-term care insurance system for the elderly in 2008 is a way of adopting a new system to cope with the problem of caring for the elderly, showing the most comprehensive problem of an aging society. To a degree that the problem of caring for the elderly as seen in both Korea and Japan is recognized as one of the new social risks that emerged in the early social security system of the welfare state, it is the most acute content surrounding the welfare of women, families, and the elderly today.

In addition, the fact that the recent revision of the system of the “old-age insurance (Similar to Korea’s pension insurance) and the revision of the “law for the protection of the elderly’s rights” in recent years in China has modified the contents of the elderly and the family’s care and actively and practically supported the elderly welfare facilities increases the interest in how the response of the three East Asian countries’ social welfare policies to the aged society will show their progress in the future.

Thus, this study pays attention to how different and how similar the elderly home care service support in East Asian countries is when they have similar socio-cultural backgrounds, and attempts to specifically compare and review the similarities and differences between Japan and China. This would be beneficial in examining the current location of elderly home care service in Korea and seeking its future direction. As a method of accomplishing this purpose, this study investigates the actual support organizations in each country, focusing on the small-scale multifunctional service in Japan and the community service (she qu) in China.

2. Elderly home care service in Japan and China

2.1. The elderly home care service in Japan

The elderly home care service in Japan has already experienced the aging society in the 1990s and rapidly promoted service support policies among East Asian countries. And in 2000, the long-term care insurance was established to provide institutional services in earnest. Especially since 2006, home care services have become more diversified in the form of local comprehensive services, to which the small-scale multi-functional home nursing care, community integrated care service center and community care conference belongs. Among them, this study reviewed the elderly home care service focusing on the case of K (small-scale multi-functional home nursing care1) that the current researcher visited and investigated in person.

The small-scale multi-functional home nursing care (hereinafter referred to as a “small-scale multi-functional type”) is a service that supports home-based services 24 hours a day, 365 days a year through integrated day-time use (day care center), staying at night (short stay service), and home visiting(home care service). That is, the day service in which the elderly people use the day-time service and the short-stay service in which the elderly people can live temporarily are combined to form an integrated service conducting in the same place at the same time. Although these services existed in the past, this service is different from the services in the past in that elderly’s stress of the day-time and nighttime movements are solved and the continuity of service is emphasized.

From a structural perspective, the small-scale multi-functional type has a maximum of 29 registered persons, the day service is limited to 1/2 to 18 registered persons, and the short stay service is prescribed from 1/3 of the rated capacity to 9 persons (as of 2015). The size of the facility is designed to have a living room and a dining room, a bedroom for accommodation

(private room or double room based on standard area per person). And according to the staffing standard, based on 3 users one for a care work, one for a home helper, one nurse, one night staff, and one care manager must be mandatorily assigned. It is characterized by the fact that the elderly in the area is provided free of charge in the form of free accommodation if they need to use their day-time, urgent or family circumstances.

The most prominent feature of the second aspect of the service content is that the service is provided whenever it is necessary. In the past, there were cases where the number of services was limited, so some elderly people were not able to be provided with enough services, but this was solved and the service contents were customized to meet the needs and conditions of the elderly. In addition, since the facilities themselves are all located in the area, there are also activities with residents such as bazaars and meals, leisure activities that the connection and participation of local residents is recognized as one of the main activities.

2.2. The elderly home care service in china

In 2013, the elderly population aged 65 or older in China accounted for 113.61 million people, accounting for 9.7% of the total population, passing through the ageing society, and the elderly population aged 60 or older accounted for 13.6%, showing that China is already entering an aged society (Shen Jie, 2014).

To characterize the rapid aging of Chinese society, the first is the rapid increase in the elderly over the age of 80. According to a report, by the end of 2013, there are 23 million elderly people aged 80 or older and more than 50,000 elderly people aged 100 or older (Shen Jie, 2014: 37), which is twice as fast as the early aging population. The second is the “empty nest” phenomenon. The empty nest refers to an elderly person who is living alone or an elderly couple who are not living with their children and it is also referred to as the empty nest family. The percentage of empty nest families is 54.0% in the urban area in 2010 and 45.6% in the rural area, and there is a tendency to continue to increase. Care blank of these empty nest families should be noted in that it is a problem directly related to the quality of life of the elderly (Park Kwang joon, 2014: 40). Today, changes in the situation of elderly people in China require the Chinese government to establish a welfare policy for the elderly.

Among these, the place where the home care service function is called as a community service (center) (“she qu”: hereinafter referred to as a “community center”)² which refers to the local community. As a social life community consisting of people living in a certain area, the size of the community service (center) can be flexibly sized according to the region, but it is made up of about 1500 to 2500 households (Gul Fang, 2014: 106).

Community center is developed in 1990s. After the establishment of the new China, the city government has implemented the unit system (“danwei”) to guarantee the life of the city residents, but after the reform and opening of China, a community service has begun as a new solution as the unit system has collapsed and the social security system has failed to function (Gul Fang, 2014:104). In 1993, the government prescribed it as ‘a social welfare inhabitants service to provide various welfare needs of community persons under the guidance of government,’ and it is described as a place to provide various welfare services to residents by establishing a community service center (Kurasawa, 2007).

Actually, to look at service contents of the community center in charge of elderly home care service in China, this study reviewed a community center in Yanji City³ which I visited and investigated in person and other case studies that I researched through the literary sources(for example, Zhao Bing, 2013;Bi Lijie, 2010).

In the structural aspect, the size of population is 2,046 households, with a total population of 5,473 persons, of which 876 persons are aged 60 or older, 46 persons are elderly persons aged 80 and over, and 270 persons are elderly living alone. In terms of service provision, there are 6 areas in total, and there are three liaison directors such as members of the Communist Party in each district, planning service support in response to the problems and needs of residents in each area. The community center has a total of 22 employees, who are responsible for 15 to 20 elderly people per person, and volunteer workforce is joined (A community center in Yanji City).

In terms of service contents, a B community center in Beijing provides elderly people with 1: 1 support by identifying and managing the current status and living conditions of the elderly in the community center, in which local resources jointly participated, and they run a living expenses lending system for the elderly whose children are unemployed (Gul Fang, 2014: 119). In addition, a C community center in Shanghai performs services such as elderly home care service, meal service, day service, and protector service for the elderly, etc. The home care service supports meals, medicine, bathing and mobility services so that the elderly can receive professional services in a familiar home and community center environment where they live. Day service such as caring and rehabilitation, and protector service for the elderly are mainly engaged in 1:1 volunteer placement, regular counseling, safety confirmation, and other community center volunteer activities (Min Bao, 2010).

3. Analysis and implications of elderly home care service

3.1. Service delivery system

To look at the delivery principals providing the elderly home care in both Japan and China, in the case of China, while there are situations in which the types of elderly welfare services have not been sufficiently developed yet and the types of elderly welfare services are mainly recognized as facility protection services, the community center service has been established. Especially, community center construction is more active in urban areas, so there is a limit to the service of elderly people in rural areas.

In Japan, the small-scale multi-functional home nursing care is being implemented as part of a regional comprehensive care system, which mainly integrates home help, day service, and accommodation (short stay service). In other words, Japan has installed and operated various facilities to support comprehensive care in the region, and it is characterized by emphasizing connection and cooperation among agencies.

What can be found in the common part of both countries is the marketization tendency. In the case of Japan, participation of private profits has already been enough to refer to a long-term care enterprise group, and China also shows a trend of marketization while clarifying the policy direction of utilization of private capital or industrialization of care. It is also a challenge how the national and social responsibility for caring in this process can be secured.

3.2. Service contents and finance

In terms of the content of home care service for the elderly, the common thing is that it is a form that supports the deficiency of the family mainly. Therefore, it supports family support, meal support, bathing and hygiene support, psychological emotional support such as conversation partners, accompanying service for outing support, etc. In other words, even though there have been endeavors to alleviate the fact that the family has been responsible for

the care of the elderly so far, it can be seen that the role of family in the East Asian countries is still strengthened, especially in the support of the elderly.

On the financial side, in the case of China, as the revision of the Elderly Rights Law in 2012 led to the implementation of the policy direction to leave most of the welfare financing necessary for social service operation to the local government, the financial needs of the community center also tend to depend on a number of local government spending. In reality, however, the dependence of local finances on both countries is common, which may lead to a gap in home care service (Park Kwang joon, 2014:37). The tendency of dependence of fiscal burden on local governments is emerging in Japan as well. The financial burden was also emphasized by changing the comprehensive daily support service provided by long-term care insurance to projects of local governments (Oh Young ran, 2016).

In conclusion, while the historical development of elderly home care services has been very different, especially in the context of similar aging and socio-cultural backgrounds in East Asia, both countries are found to have common ground today in policy development such as strengthening their role in family dependence and local governments. It will be a challenge for now to accumulate cases of comparative examinations by constantly exploring how the development of systems in these countries, including Korea, will be implemented in common or very different ways.

4. Footnotes

- 1) The small-scale multi-functional home nursing care, I visited K small-scale multi-functional type facility in Kyoto city in July 2016, and conducted research through interviews with the persons concerned.
- 2) In the 1930s, a community center was a term that appeared in the sociology of China and translated the English community into Chinese by a Chinese sociologist.
- 3) The author, I visited Yanji City in China in August 2014 and interviewed the relevant community center personnel.

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