

Service Provision for Older People in China: Lessons from Model Community Centers

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Abstract

*This paper examines the concepts, models, implementation, challenges and successes for good practices in care for people aged 60 or older, with a focus on two award-winning adult day care centers found in a rural and urban setting of China. It is based on a field study that used participant and non-participant observation, key informant interviews and in-depth interviews of the elder members and staff of the centers. Two award-winning adult day care centers for older people were purposively selected for study in 2013-2014: the **Home Care** facility in Jing'An District, Shanghai, and the **Xin Jia Yuan** or **Spirit Home** facility in Chengdu, Sichuan. The study identifies seven attributes of the model centers that help to account for their success. These are service mindedness; regulations and standards; setting; giving priority to the needs of older people; providing appropriate activities; home visits; and sustaining care for older people in the host community. The array and style of activities of a given center vary with the local context and origin of the center. Despite some negative consequences resulting from shrinking family size in China, new benefits may emerge for those communities that work together to assist the older people in their midst. An example is the cadre of volunteers who conduct home visits to those who are confined to their homes. The elements of the two successful adult day care centers can be applied as a model for building a system of care for older people that achieves full coverage and quality of life for all.*

Keywords

Adult day care service provision; adult day care center; community services for older people; China

Background and Significance of the Problem

At present, China is transitioning into an aged society; those age 60 years or older constituted 15% of the total population of 1,401.6 million persons in 2015 (United Nations, 2013). The speed at which China reached this demographic milestone is, in part, the result of the one-child policy that has been implemented continuously since 1972, and which has radically altered the structure of the average Chinese family (Chen, 1985). These changes in family structure include delayed marriage, delayed childbearing, fewer and healthier births (Hu, 2006), and the emergence of a 4-2-1 family structure where one child commonly has two living parents and four grandparents (Chen, 1985; Joseph & Phillips, 1999). But also, reduced fertility and the social norm for youths of migration to urban areas for work means that many older people in China live by themselves, without a younger relative as caregiver. This situation has caused the Chinese government to give higher priority to care for older people

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in view of the fact that, by 2040, the proportion of the Chinese population who are over age 60 will rise to 28% (United Nations, 2013).

The persistence of filial piety and parental care is a central value in traditional Chinese culture, even though these trends in family structure point towards their decline (Bartlett & Phillips, 1997; Joseph & Phillips, 1999). This is a significant issue of cultural influence for the Chinese family. In July 2013, the Chinese government declared a new law which states that the offspring of parents older than 60 are to visit their parents 'frequently' and make sure their financial and spiritual needs are met (China Human Rights, 2013). However, this law may not always be practical; children are often unable to take care of their older parents because they have migrated far away from them for work. Most Chinese migrants have only about 10 days to spend with their parents and have one holiday a year, at Chinese New Year.

The social changes that are occurring in the midst of these population changes have prompted the Chinese government to consider various models of care for older adults. These models include socio-economic support, as well as support across the psychosocial dimensions, to accommodate the increasing number of older people who are in need. There are several care models that are promulgated for older people including community care and institutional care (Republic Of Korea-ASEAN Cooperation Fund, 2011). While the government would provide care for all older people, only those who fall into the category of 'three nos' – no family, no working ability and no source of income – can be admitted free of charge (Republic Of Korea-ASEAN Cooperation Fund, 2011; Xu & Chow, 2011). One of the preferred models of care that the government is developing is the aged-care community service model. This model includes a home care service center, day care center with meals and home visits for those who cannot come to the center, aged care residential facilities and those with other features (Wu, Carter, Goins, & Cheng, 2005; Zhang & Fisher, 2011). Currently, both the public and private sectors are increasing welfare services for older people through a variety of mechanisms depending on the local context (e.g., resources, geography, local motivation and budget) (Zhang & Fisher, 2011). Many older adults in China have access to residential home care and adult day care. Some of these models of care are effective and can be used as good practice examples.

The adult day care center is one such model. It is designed mainly for those who can commute back and forth to the center for their care and psychosocial needs, but who can maintain their home residence. The goal of these centers is to increase the quality of life of older people through peer friendship and emotional support from other center members, plus staff who provide total loving care to older clients. These centers are especially important for older people who live alone or only with their spouse, so that they do not feel abandoned. They offer group activities on a daily basis and provide primary health care from a trained clinician. In addition, staff from the day care center conduct home visits to group members who cannot visit the center. At present, the number of centers has increased widely and they now cover almost all of the sub-districts in China. The centers can be classified into three types of services: care and social services, health services, and integrated health and social services (Kirwin & Kaye, 1993). There are different degrees of implementation of these three types depending on budget, other support agencies in the locality, and whether the centers are public, private or community managed.

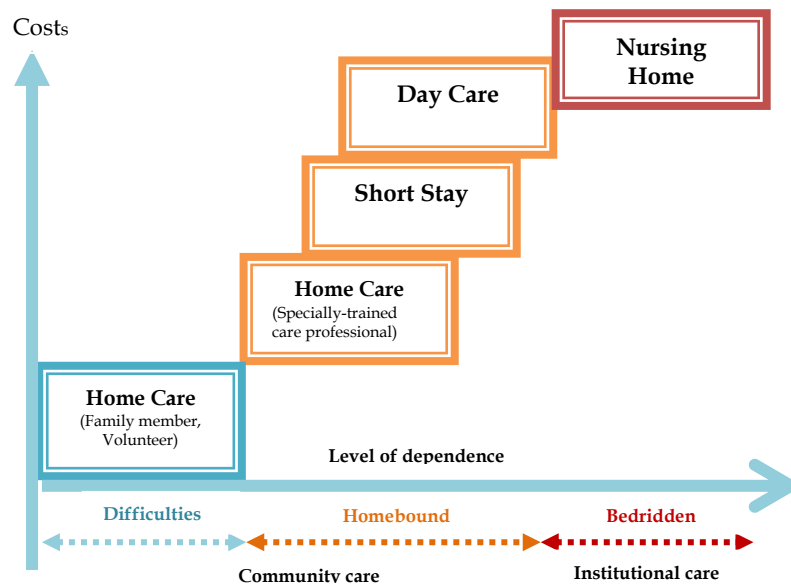
This study of model care centers for older people in China reviews the concepts, implementation, models, challenges and successes in providing care for older adults who need it. The findings can serve as a model for other countries transitioning to an aged

society, and demonstrate how to tailor these models to suit different cultures and environments.

Models of Care for Older People

Older people who need care can be classified into three groups: (1) those with social needs who can attend to their own personal needs; (2) those who have restricted movement, but are still living in their own homes; and (3) those with chronic conditions who require institutional care. Thus, models of care for older people can be viewed as a step-wise continuum depending on the degree of need (see Figure 1). In the first stage, or step, care will be provided by family members or home care volunteers who are not related to the older person and do not charge a fee. In the second stage, a specially-trained care professional is needed to provide care at the home of the older person. The third stage includes the day care center approach, described in more detail below. Older people who receive services at this level are strong enough to commute or walk to and from the center on a daily basis and can generally take care of themselves, or are homebound and can be seen by outreach visits as needed. In the fourth stage, older people spend short overnight periods of time in a care facility, or have a short-stay home care aide. The fifth or final stage is residence in a nursing home. This is typically for older people who have chronic illnesses, and the care providers are gerontologists.

Figure 1: A step-wise continuum based on degree of need for older people



Source: Adapted from Republic Of Korea-ASEAN Cooperation Fund, 2011.

Adult day care centers play an important role in the community services for older persons (Baumgarten, Lebel, Laprise, Leclerc, & Quinn 2002; Dabelko & Zimmerman, 2008; Kirwin & Kaye, 1993; Weissert, 1976). These services can be divided into three models: the medical model (day hospital, nursing home), the social model and the combined model. The objectives of adult day care services are to increase social and psychosocial activities, improve social life skills and activities of daily living, help families in reducing caregiver burden and stress, and decrease feelings of loneliness (Baumgarten et al., 2002; Iecovich & Carmel, 2011). Adult day care centers provide support and respite to informal caregivers by

allowing older persons to remain in their homes and by increasing opportunities for social activities (Baumgarten et al., 2002; Iecovich & Carmel, 2011).

Several countries have established community services for older people to support the rapid increase in the size of the older population. In Canada, as in United States and Israel, adult day care as part of aged care community services has a major role in improving the quality of life for older people. However, the services in each country differ depending on the program provision. China does not have a health insurance program such as Medicare to provide financial support for medical expenses or long-term care for the older population (Zhan, Luo, & Chen, 2012), and the Chinese government is convinced that the family should be the main resource to provide care (Leung & Wong, 2002). However, the Chinese government provides residential care for older people who face the 'three nos': no family, no source of income and no working ability (Leung & Wong, 2002). Since 2004, community services caring for older people have been a priority for city and local governments. These services started in Shanghai in 2000 as small pilot programs; by 2005, all areas had some community services (Zhang & Fisher, 2011).

The model of community services care for older people in China is evolving and is becoming more important for this population. All districts offer community services in both urban and rural areas provided by government, the community or private operators (Bartlett & Phillips, 1997; Zhang & Fisher, 2011). The Chinese population age 60 years or older is eligible for these services. Most services charge a fee depending on income level. Those with low incomes often pay a small fee, while people with higher incomes must purchase services from the private market. However, services are available free to older people without any income support. As a result, community services that care for older people have rapidly grown in China, but not at a sufficient pace to cover the increasing number of older people who have no one to care for them. Therefore, the types of aged care community services are limited to older people in some communities.

Methods

This field-based study of good practices of care for older people in China used participant and non-participant observation, key informant interviews, focus group discussions and in-depth interviews to collect information about the centers. Twenty community members aged 60 and older and 10 staff members from two adult day care centers were interviewed for the study. Two researchers who can speak Chinese conducted the interviews. One researcher conducted the interviews while the other one translated from Chinese to Thai and Thai to Chinese. Before the interview, the interviewer explained the interview process and asked for permission to record and take photos. The interviewee was free to answer or not answer any questions if they were uncomfortable. The recordings were kept confidential and were deleted when data analysis was completed.

Two award-winning adult day care centers for older people were purposively selected for study. Data collection took place between September 2013 and February 2014. The two sites for the study were the Jing'An district in Shanghai and Sichuan province in Chengdu city.

The Shanghai center, an example of an urban facility, is *Home Care* in 乐龄家/Le Ling Jia Yuan, 南京路/Nanjing Road. The number of people age 60 and older in Shanghai has reached 3.67 million, accounting for more than a quarter of the city's population; and this has created

a large market for care services (Leung & Wong, 2012). Jing An district of Shanghai had the highest number of people 60 and older: more than 83 thousand out of a total population of 300 thousand. Formal aged care community services started in Shanghai in 2000 as a small pilot program (Zhang & Fisher, 2011). Shanghai has a higher level of out-migration than many parts of China, resulting in a high proportion of older people living alone or with a spouse.

In 2010, the government entered into an agreement with the Shanghai Municipality to develop the Jing'An neighborhood as a model for care for the aged and to construct a center to serve older people as a pilot in the Sam Peoy village. One of the goals was also to create a health database on the older people in the community. In 2011, Jing An was one of 13 communities in Shanghai which received a good practice award for care services for older adults. The services of *Home Care* include daytime activities, personal care and provision of meals. Services are available to all older people aged 60 and over. Fees are low and are free for the 'three nos' population. Home visits are provided to those who are disabled.

The second center in the study is an example of a rural-based center called *Spirit Home* or Xin Jia Yuan. This center was set up by a public, not-for-profit organization established in 2008 and relies on a cadre of volunteers to conduct activities. The organization is registered with the Department for Local Administration of Chengdu. *Spirit Home* was established in July 2011, and encompasses an area of 130 square meters, 70 square meters of which are devoted to care for older adults. The center serves older members of this locality who were farmers before having their land reclaimed by the government, and who became unemployed as a result. The goal is to provide their life with meaning and happiness in their later years. *Spirit Home* was recognized as a center of excellence in 2012 by the Chengdu administration, and this has led many other organizations to visit *Spirit Home* in order to study how to replicate their successful methods. The aged care services of *Spirit Home* are similar to *Home Care* in Jing An, but daytime activities at this center are more varied; activities change every week and include painting, watching movies, playing chess and card games and fitness activities among others.

Results of the Research

The research identified seven key features of these model centers:

1. *Service-mindedness*

Providing services from the heart is a central component of these model centers in making the clients happy, and has indirect effects for better physical and mental health as well. The care providers work selflessly without expectation of extra financial compensation. They also have a good understanding that many older people in China today are living alone or only with their spouse. The factors behind this service-mindedness include the following:

- The staff who are recruited to work at the center are tender-hearted, focus on their tasks, and are devoted to the goal of helping clients experience happiness, as if they were their own parents. They do not feel that their work is a burden in any way.
- The staff had prior experience in caring for older adults or young children.
- The staff live far away from their own parents and feel that promoting loving care for older people in these centers is a way of spreading such care generally in society; and that promoting this model will help to reach their parents as well.

I just graduated in this field of study and started working at the center. I love this kind of work and feel that these people are like my own parents. If I provide good care for them, it is equivalent to caring for my own parents. In this way, I hope that the standard of care we provide here will spread throughout society and reach my parents.

(Female staff member, rural center)

I love working in this center. Before retirement I was a nursery school teacher. I love young children and older adults. I started working here in 2010 and love the work. I like listening to the older people talk.

(Female staff member, urban center)

2. Regulations and standards

The regulations for accepting someone as a member of the adult day care center include an initial screening process, which helps to preserve order in the center and emphasizes that the target population of the center is older adults only. In addition, only those with needs that can be fully met by the center are accepted. Both the centers in this study only accepted members who were age 60 years or older and who lived in the surrounding neighborhoods. Other older people from farther away can use the centers when the centers have the capacity to accommodate them, but it is important to maintain an appropriate limit on the number of center visitors in order to ensure comprehensive care for all. These two centers have approximately 70-80 members each. Members have average age of 80. Older adults in need of care who are unable to visit the center are visited at home by staff or volunteers to provide care as needed. An important problem faced by these centers is the shortage of care providers (only two or three per center) while the growing older population creates the potential to reach 100 persons per center in the near future. The home visits and greater use of volunteers is one strategy to limit crowding and overwork of the staff at the centers.

I am not sure how to solve this problem. The center has only this limited capacity. Thus, we have to conduct home visits for those who cannot come.

(Female staff member, urban center)

Clearly, the success of an adult day care center for older people is dependent on the quality of the staff who care for the clients. The staff need to be professionals with expertise in the care of older adults, and the successful centers have standards of good care. The staff of the two centers in this research have educational degrees related to care of older adults, such as social work, or are staff who have had training in care of older people before joining the center. The city government in Shanghai has made requests to universities to train professional social workers as community workers (Leung & Wong, 2002).

All of us staff have completed course work in care for older adults. Thus, I am confident that we can provide good care for our clients.

(Female staff member, urban center)

3. Setting of the center

Even though their contexts differ, these two model centers are situated in the center of the communities they serve, and access to the centers by the members is convenient and safe. For example, the *Home Care* facility in Jing An (Shanghai) is a concrete building in a congested area, similar to row houses. By contrast, the rural-based *Spirit Home* resembles an office managed by a non-profit organization where it is quiet and peaceful. There are no cars rushing by, and this makes it more convenient for the members to walk to the center. Regardless of setting, a successful center has to have safe and convenient walking access since most of the clients will travel to the center on foot. Some members go to the center in the morning, return home for lunch, and then go back to the center in the afternoon. Thus, the center needs to be centrally located to accommodate this coming and going and to create a sense of familiarity of the center as an integral part of the neighborhood that is not far from home. This is analogous to how, during their youth, the members went to the local school, saw their peers, and did activities together, but then returned home in the evening to be with family. The day care center approach is most appropriate for older people who wish to stay in the home community, and can view the center as a home away from home, socializing with their peers, and experiencing happiness and quality of life.

Most of the members like to come to the center in the early morning. They walk here and, at noon, they walk back to their homes for lunch. Then they return to the center around two p.m. and return home for the day at about five p.m.

(Female staff member, urban center)

Some members come in the early morning and have lunch coupons to receive the center-subsidized meal. Most of our members eat lunch here.

(Female staff member, rural center)

One problem that was observed was the congested surroundings of the *Home Care* center in Jing An. This is difficult to address since the center is a government-assigned facility, and extensions are not allowed to be built. The only solution is to move the center to another location, further away. But that would then discourage some clients from walking to the center and, thus, require more home visits by staff.

4. Giving priority to the needs of older people

Both model centers use client-centered approaches to care for their members, regardless of whether they visit the center daily or periodically. The clients can choose which day to come depending on the activity of that day since participation is totally voluntary.

We never force or pressure the members to participate in the activity of the day. It is totally up to them. We have a schedule of activities posted so they can choose.

(Female staff member, rural center)

The ultimate indicator of success of a good center is the happiness of the clients. When the members derive happiness from seeing their peers and doing group activities, it helps to improve their physical, social and mental health. The activities and care provided by the model centers place the needs and interests of the members as the top priority.

*Visiting the **Spirit Home** helps members make new friends. There is a wide range of activities for center visitors, and the members are happy and expanding their social network.*

(Male member, rural center, age 80)

Coming here helps us make new friends and have a social life and share thoughts. This is far better than sitting at home alone without any peers to talk with. We are happy being at the center.

(Female member, urban center, age 75)

5. Provide activities that are age-appropriate and meet the needs of older adults

These two centers offer an array of activities which are appropriate for older adults. In addition to providing the care services for members, the staff of the centers also facilitate group recreational activities for entertainment and to promote physical and mental health. There are also learning activities and training in new skills. The members can choose which of many options to partake in. The activities at the **Home Care** center in Shanghai include full group activities for the 50 or more members who come on a given day. The members eat lunch and have tea together, chat, watch TV, sing songs, play cards and take naps or showers. The center staff make efforts to monitor the members who live alone out of concern for safety issues, and to provide support for meals for those with low pensions. The home visits to older adults who cannot come to the center is one of the outstanding features of this urban care center.

*It's better to do activities together rather than being alone and lonely. The children and grandchildren won't have to worry about us so much and can focus more fully on their jobs. I get up at about six a.m. and go for a walk in the garden. Then I have breakfast a bit later and go to the **Home Care** center to chat with friends. I also read the newspapers and watch TV since I can no longer do very physical activities. I may go back home for lunch or stay and play cards. Some go home for naps and come back for an evening meal while others dine with their children after they get home from work.*

Ever since arriving here, this center is something I must do. I have never been sick or ill, and I think that is because I am happy, which helps make me healthy and strong.

(Female clients of the urban center, aged 82-90 years)

In the rural-based **Spirit Home**, in Wern Chiang District of Chengdu Province, there is more diversity of activity than **Home Care** in Shanghai. This is due to the larger area of the center and, each day, center visitors can voluntarily choose from a variety of activity options. The activities are appropriate for older adults and include rehabilitation and health maintenance, exercise and fitness, basic computer lessons, and how to use cell phones. In addition, there are specific corners for relaxation, books and reading, a video film room, a lunch room, counseling services and legal assistance.

I like the fact that I can choose from a variety of options each day. There is no pressure to join one or another activity. There are many choices, all voluntary. I also have a chance to chat with friends, so that eliminates any feeling of loneliness.

(Male member, rural center, age 82)

It can be seen that the social activities for older adults in China can be wide and varied to suit individual tastes and needs. Having enough public space to conduct recreational activities is very important to encourage participation. Also, having peers and friends involved increases motivation to participate and helps members feel socially accepted, happy and not lonely.

6. Home visits

Home visits to older adults by staff or volunteers are a key component of center success by ensuring that even those who cannot attend the center receive care. These two model centers give high priority to the home visits, and prepare a table and schedule of homes to visit to ensure full coverage of the population in need. Both centers also deploy volunteers from the community to help with the home visits. Each week, the centers draw up the schedule for home visits. For example, the urban-based *Home Care* will conduct home visits two days a week, on Tuesday and Wednesday afternoons. *Spirit Home* conducts home visits in the afternoon of Tuesday each week. Most of the older adults receiving home visits have a chronic illness or condition which restricts their unassisted movement. The volunteers range from youth to working age and fit older community members themselves, who are compassionate toward those who cannot attend the center services. The center staff first conduct a community survey of needs, and may visit the same persons repeatedly in order to conduct the appropriate set of activities to meet their needs. Often, the home visit includes casual conversation to ease loneliness, assistance with house cleaning, conducting recreational activities or providing counseling.

We arrange activities during the home visits in accordance with the needs of the particular person. Only after several visits to the same person can we be sure we have the right set of activities that meet their needs. One person may like to sing songs with us, and this makes them and us happy. You can see their joy by having visitors to talk with.

(Female staff member, rural center)

7. Sustaining care for the older people in the community

A sustainable model of care for older adults requires community participation. These two model centers in China recruit volunteers from the host community to assist with care and activities in the center and with the home visits. The use of volunteers boosts community solidarity, increases social networking, promotes a compassionate society, facilitates mutual support, and spreads love and caring for others. This strengthens and sustains a sharing community. If for any reason the center is closed, then the volunteers can continue to conduct the care activities on their own. Thus, the cadres of community volunteers are an essential ingredient to the success and sustainability of the care center concept.

Summary and Discussion

The transition in China from large extended families to small nuclear households is a partial result of the one-child policy which began nearly two generations ago. Now, many households – rural and urban – contain only older people, living alone or with a spouse. This sociodemographic phenomenon is not unique to China; it can be seen in many parts of Europe and North America. Other countries in Asia are also progressing toward or have reached ‘aged society’ status. Thus, various models of community-based support for older people are becoming increasingly important, either through day care options or institutional living.

Other aging countries in Asia still haven’t developed the model of adult day care centers for older people that China is implementing. Some of these societies may still expect the extended family to support their aged parents out of filial piety and veneration of the older members of the household (e.g., Thailand). Placing one’s parents in a home for older adults might be seen as abandonment by these societies. Thus, the Chinese model of adult day care centers, in which the members go home to their families each day, could be a compromise approach that is acceptable to the more family-oriented societies in Asia.

To re-cap, the seven attributes of the two model Chinese adult day care centers found to contribute to their success are service mindedness; regulations and standards; appropriate setting; giving priority to the needs of older adults; providing appropriate activities which meet the needs of older adults; home visits; and sustaining care services in the host community.

The array and style of activities of a given center will vary with the local context and origin of the center. For example, members of the urban-based center had a greater need for meals at the center, whereas more of the members at the rural-based center went home at noon for lunch. This could be related to the difference between an urban and rural environment. In the urban setting, with busy vehicle and pedestrian traffic, it might not be as convenient to walk back and forth to/from home during the day. By contrast, the rural-based center has quieter streets and is more amenable to walking distances. As a result, the location and style of adult day care centers can be problematic. To find an appropriate space for locating the center is difficult in the city of Shanghai because of the cost of land, while another adult day care center in Chengdu has not any problems. However, this problem is solved by home visits for older people who need assistance.

Other differences between the two centers may be attributed to the differences in the operator as well as in some aspects of care. *Home Care* in Jing’An district of Shanghai is a government center, and has been recognized by the Chinese government as a model of success; *Spirit Home* of Sichuan province in Chengdu city was set up by a public, not-for-profit organization. The human resource management of the two centers is different as well. The main caregivers for the clients in *Home Care* of Jing’An are staff who have educational degrees related to care of older adults. In contrast, staff in *Spirit Home* of Sichuan province consist of social workers and volunteers who had training in care for older people before joining the center. These differences are related to the problems and the obstacles found in caring for older adults. A shortage of caregivers is found in *Home Care* of Jing’An district while *Spirit Home* is not able to cover every older person in the community because of their high numbers. Volunteers from the host community help to make up this shortage with care and activities both in the center and through home visits.

Despite some of the negative consequences of shrinking family size in China, there may be new benefits for those communities which work together to assist the older people in their midst. These communities can become more friendly, compassionate, sharing and strong as a result of the need to protect and aid its older residents. This could be a way of sustaining the adult day care center operations if funding disappears for some reason. This is especially important in terms of the cadre of volunteers who are conducting home visits to those who are confined to their homes.

Staff of both the model centers clearly felt genuine love and compassion for their clients and did not view their work as burdensome. Many viewed this work as symbolically carrying for their own parents who lived far away. All the staff had some prior experience in assisting older adults or young children, which suggests that there is a common element in these two functions that produces success. Many also had graduated with courses in gerontology which contributes to good service and professionalism.

An aged society refers to a society in which there is a larger proportion of the population in the advanced ages. This transition does not have to lead to a care crisis if the government can implement a system of services to protect and care for the health, economic, social and domicile welfare of older people. This study of two successful adult day care centers in a rural and urban setting of China has highlighted many elements which can be applied as a model for building a system of care to achieve full coverage and quality of life for all. Although the increasing number of older people seems to create a burden for family and for the government sector, it also leads to the emergence of an industry serving older people in the future. Concern about caregivers for older citizens must be a priority not only in China but in every country where an aging population becomes a national issue, and where social changes mean that care provided by family members is less available and older people tend to live alone. This study of care services in China can be taken as a lesson for other countries that will be supporting an increasing number of older people in the future.

From the findings of this study, many suggestions can be made about ways to those who are interested in this particular to look into these two models of adult day care centers. Because the populations of Thailand, China and several other Asian countries are aging very rapidly, many programs concerning older people's quality of life have been proposed. The adult day care center is one of the aged care community services for those who need care near their home, and provides support to family caregivers. Thus, the community context of older adults is very important to manage the most appropriate services for older people who wish to stay in their home community. Furthermore, governments should consider the possibility of establishing an adult day care center for older community members managed by community services. This model of care creates a network of support for people in the community that is sustainable, and thus is prepared to take on the challenges of the future.

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References

- Bartlett, H. & Phillips, D. R. (1997). Ageing and aged care in the People's Republic of China: National and local issues and perspectives. *Health & Place*, 3(3), 149-159. doi: [http://dx.doi.org/10.1016/s1353-8292\(97\)00008-7](http://dx.doi.org/10.1016/s1353-8292(97)00008-7)
- Baumgarten, M., Lebel, P., Laprise, H., Leclerc, C. & Quinn, C. (2002). Adult day care for the frail elderly: Outcomes, satisfaction, and cost. *Journal of Aging Health*, 14(2), 237-259. doi: <http://dx.doi.org/10.1177/089826430201400204>
- Chen, X. (1985). The one-child population policy, modernization, and the extended Chinese family. *Journal of Marriage and Family*, 47(1), 193-202. doi: <http://dx.doi.org/10.2307/352082>
- China Human Rights. (2013). *Care for senior citizens: Visiting parents*. Retrieved from <http://www.chinahumanrights.org/Messages/feature/2013/52/index.htm>
- Dabelko, H. I. & Zimmerman, J. A. (2008). Outcomes of adult day services for participants: A conceptual model. *Journal of Applied Gerontology*, 27(1), 78-92. doi: <http://dx.doi.org/10.1177/0733464807307338>
- Hu, J. (2006). Effects and social implications of China's one-child policy. *Journal of Population and Social Studies*, 14(2), 77-100.
- Iecovich, E. & Carmel, S. (2011). Differences between users and nonusers of day care centers among frail older persons in Israel. *Journal of Applied Gerontology*, 30(4), 443-462. doi: <http://dx.doi.org/10.1177/0733464810372771>
- Joseph, A. E. & Phillips, D. R. (1999). Ageing in rural China: Impacts of increasing diversity in family and community resources. *Journal of Cross-Cultural Gerontology*, 14(2), 153-168. doi: <http://dx.doi.org/10.1023/a:1006658706496>
- Kirwin, P. M. & Kaye, L. W. (1993). A comparative cost analysis of alternative models of adult day care. *Administration in Social Work*, 17(2), 105-122. doi: http://dx.doi.org/10.1300/J147v17n02_07
- Leung, J. & Wong, Y. C. (2002). Community-based service for the frail elderly in China. *International Social Work*, 45(2), 205-216. doi: <http://dx.doi.org/10.1177/00208728020450020301>
- Li, N. & Wong, L. (2010). *Changing institution and evolution of Chinese welfare NPOs: Cases from urban old age homes in Shanghai*. Paper presented at the 7th EASP Conference: Searching for New Policy Paradigms in East Asia: Initiatives, Ideas and Debates, OECD Korea & Sogang University, Seoul, South Korea.
- Republic Of Korea-ASEAN Cooperation Fund. (2011). *Community-based home care for older people in South East Asia*. Korea: HelpAge Korea.
- United Nations. (2013). *World Population Prospects: The 2012 Revision, DVD Edition*. Department of Economic and Social Affairs, Population Division: United Nations.
- Weissert, W. G. (1976). Two models of geriatric day care: Findings from a comparative study. *Gerontologist*, 16(5), 420-427. doi: <http://dx.doi.org/10.1093/geront/16.5.420>
- Wu, B., Carter, M. W., Goins, R. T. & Cheng, C. (2005). Emerging services for community-based long-term care in urban China. *Journal of Aging & Social Policy*, 17(4), 37-60. doi: http://dx.doi.org/10.1300/J031v17n04_03
- Xu, Q. & Chow, J. C. (2011). Exploring the community-based service delivery model: Elderly care in China. *International Social Work*, 54(3), 374-387. doi: <http://dx.doi.org/10.1177/0020872810396260>
- Zhan, H. J., Luo, B. & Chen, Z.Y. (2012). Institutional elder care in China. In S. Chen and J. L. Powell (Eds.), *Aging in China: Implications to social policy of a changing economic state* (pp. 221-235). New York: Springer. doi: <http://dx.doi.org/10.1007/978-1-4419-8351-0>
- Zhang, X. & Fisher, K. R. (2011, August). *Evaluating the elderly care community services in Shanghai*. Paper presented at the International Conference on Management and Service Science (MASS), Wuhan, China.