

Community-based Care for Older Persons

Implications from China, Korea and Vietnam

The Sasakawa Peace Foundation

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Implications from China, South Korea, and Vietnam

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Published in 2019 by

The Sasakawa Peace Foundation

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Foreword

How can we care for the unprecedented growing number of older persons in our society?

Population ageing has become a pressing issue for both developed and developing countries across the world. Asia is no exception. Asia is experiencing an unprecedented demographic transition in human history, and the transition is set to continue. The fast pace of ageing in Asia is a particularly great concern not only for caretakers and caregivers but also for policymakers and practitioners in East and Southeast Asia.

This report attempts to look at how older persons live and how they are supported in rapidly ageing countries in Asia from the perspective of community-based activities and active ageing. Our preliminary research has revealed that there is no clear, established definition of formal vs. informal support in Asian countries. Based on this observation, this report has looked carefully at selected communities' situations and practices in China, South Korea, and Vietnam, and has found that community-based activities play a critical role in supporting older persons in the community in collaboration with various stakeholders, such as governments, the public and private sectors, and community members. Moreover, the report highlights a new trend: it is becoming increasingly difficult to respond to older persons' needs due to limited public finances for a social protection system and labor force shortages. And as a result, older persons themselves are playing ever more important roles in caring for other older persons.

We believe that this report offers innovative suggestions that may allow not only Asia but also the rest of the world to develop measures to deal with population ageing and support older populations. Furthermore, we hope that this report will stimulate a dialogue on the further development of care for older persons in Asia and beyond and the instrumental role played by older persons themselves in securing the necessary care and support for our growing number of older persons.

Tokyo, September 2019

A handwritten signature in black ink, consisting of a large, stylized 'R' followed by a horizontal line.

Shuichi Ohno
President

The Sasakawa Peace Foundation

Preface and Acknowledgements

This report is an outcome of research on formal and informal care for older persons in Asia, conducted as part of the Sasakawa Peace Foundation's three-year project "Issues and Implications of Ageing Asian Population" in the period April 2016 to March 2019. Although a great many people kindly offered their support to us and collaborated with us when we were creating this report, we firstly would like to express our deepest gratitude to Dr. Emi Kiyota (Atlantic Fellow, The Global Brain Health Institute in the University of California San Francisco/President, Ibasho USA) for the overall management of the research design and report development.

We also would like to sincerely thank Dr. Xiaoyi Zhang (Professor, School of International and Public Affairs, Shanghai Jiaotong University), Dr. Donghee Han (Director, Research Institute of Science for the Better Living of the Elderly), Dr. Sung-won Kim (Associate Professor, Graduate School of Humanities and Sociology, The University of Tokyo), and Dr. Nguyen Thi Nhu Trang (Associate Professor, Faculty of Sociology, University of Social Science and Humanities, Vietnam National University) for their research and reports on the programs for support for older persons, which illustrate important implications for Asian countries facing unprecedented rapid population ageing. Furthermore, our sincere gratitude also goes to Dr. Yi Wan (Ph.D. Candidate, The University of Tokyo) for coordinating a field study in China, and for providing us with valuable insights on the case study.

We also owe special thanks to a number of experts in Japan, Thailand, and Vietnam who have assisted us in various ways in the creation of this report—Ms. Rei Asada (Ph.D. Candidate, Graduate School of Public Policy, The University of Tokyo), Dr. Taeko Nakashima (Professor, Faculty of Healthcare Management, Nihon Fukushi University), Dr. Takeo Ogawa (Emeritus Professor, Kyushu University/Emeritus Professor, Yamaguchi University/President, Asian Aging Business Center), Dr. Siriphan Sasat (Associate Professor, Faculty of Nursing, Chulalongkorn University), Dr. Yasuhiro Tanaka (Vice President, Ibasho Japan), and Dr. Long Giang Thanh (Associate Professor, National Economics University of Vietnam).

We would not have been able to create this report without their expert knowledge and enthusiastic cooperation.

Tokyo, September 2019
Sanae Hayashi & Nami Yokogi
The Sasakawa Peace Foundation

Introduction

Demographic Transition and its Impacts in Asia

The population in Asia is ageing at an unprecedented pace, with the number of people aged 65 and over expected to more than double from 11.2 per cent in 2019 to 23.7 per cent in 2050 in Eastern and South-Eastern Asia (United Nations Department of Economic and Social Affairs [UN DESA] 2019a: 18). Almost one in four people in this region will be 65 years old and over by 2050 (UN DESA 2019c).

The main drivers of ageing are increasing life expectancy at birth and sharp decline in mortality and the birth rate. The life expectancy at birth increased by 7.7 years between 1990 and 2019 and is projected to increase from 76.5 years in 2019 to 80.8 years in 2050 (UN DESA 2017a: 29). Mortality rate has sharply declined at all ages, adding nearly 30 years to life expectancy at birth since the period 1950-1955 (UN DESA 2017a:13). The birth rate decreased from 2.5 children per woman of reproductive age in 1990 to 1.8 in 2019 and is forecast to remain at 1.8 up to 2050 (UN DESA 2017a: 24). In Eastern and South-Eastern Asia, 12 countries are now low-birth rate countries where women give birth to fewer than 2.1 children on average over a lifetime (UN DESA 2019a: 27).¹

Owing to these three phenomena of longevity, sharp decline in mortality, and decrease in birth rate, this region is ageing more quickly than any other region in history. As Figure 1 shows, while population ageing has taken place relatively late in this region, it is taking place faster than in other regions. For example, it took more than 100 years for the share of France's population aged 65 and over to double from seven to 14 per cent. In contrast, it will take many countries in Southeast Asia less than 20 years to reach the same level of growth.

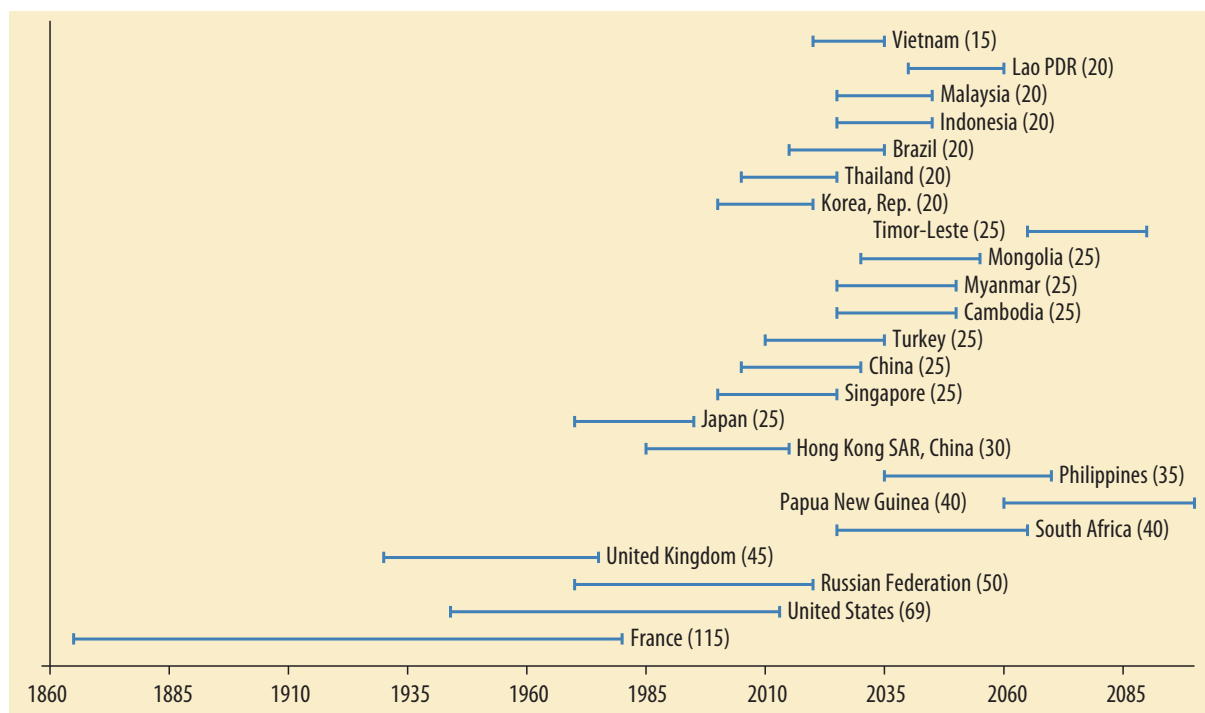
In this demographic trend, population ageing will have a profound impact on the situation regarding elderly care, especially the potential support ratio. As of 2019, East and South-East Asia has five persons aged 25 to 64 for each person aged 65 and over (UN DESA 2019a: 20). In 2050, however, there will be two younger persons for each older person (HelpAge International 2015a: 12; UN DESA 2019a: 16; UN DESA 2019c).

In these circumstances, it appears that the speed of ageing will be too fast to prepare for the financial impact of population ageing. It is true that populations in some countries in this region are still relatively young; the working population aged 25 to 64 years comprises 56 per cent of the population as of 2019 and is growing faster than other age groups (UN DESA 2019a: 16). This condition is expected to bring about an opportunity for accelerated economic growth known as the “demographic dividend” (UN DESA 2019a: 14). However, it is likely that these countries will not benefit from the demographic dividend, on the grounds that, as we have seen, the proportion of the working age population will rapidly fall below 50 per cent by

¹ Low-fertility countries are China (1.69), China, Hong Kong SAR (1.33), China, Macao SAR (1.20), China, Taiwan Province of China (1.15), Democratic People's Republic of Korea (1.91), Japan (1.37), Republic of Korea (1.11), Brunei Darussalam (1.85), Malaysia (2.01), Singapore (1.21), Thailand (1.53), and Vietnam (2.06) (UN DESA 2019b).

Figure 1. East Asian and Pacific economies are aging more rapidly than economies elsewhere

Years to move from 7 to 14 percent population share 65 years and older and the start and end years of transition



Sources: World Bank estimates based on data from UN 2013 and Kinsella and He 2009.

Note: Figure shows starting and ending year for transition from 7 percent (aging) to 14 percent (aged) of population ages 65 and older. Aging and aged thresholds are based on United Nations definitions. East Asia and Pacific economies rounded to five-year increments.

Source: World Bank 2016: 4

2050 due to the sharp birth rate decline (UN DESA 2019a: 16). Moreover, it is assumed that developing countries in the region will have to face an ageing population at the same time as having low levels of income (Asian Development Bank [ADB] 2009: 4), since 71.4 per cent of employment in developing countries in the Asia-Pacific region is informal (International Labour Organization [ILO] 2018: 24). Seeing as only 38.9 per cent of the population are covered by at least one type of social protection in this region (ILO 2017: 149; United Nations Economic and Social Commission for Asia and the Pacific [UNESCAP] 2017b: 8), it would be difficult for these countries to establish a pension scheme before ageing sets in.

Besides sharp declining birth rates and increasing life expectancy, international migration has also contributed to changing the population age structure in the region. In 2017, of the 258 million international migrants worldwide, 106 million were born in Asia. Between 2000 and 2017, the number of international migrants originating in Asia recorded the largest increase: 40.7 million (UN DESA 2017b: 9). Migration of the working age population ends up creating “skip generation households” where children stay behind and are often left in the care of their grandparents (United Nations Educational, Scientific and Cultural Organization [UNESCO], United Nations Development Programme [UNDP], International Organization for Migration

[IOM], and United Nations Human Settlements Programme [UN-Habitat] 2018).² Furthermore, it may lead to a growing number of older persons living alone or without their family.³

Challenges Shared in Asia

It is clear from these points that society's most pressing issue with the ageing of the population is who will help the growing numbers of older persons with their health management and daily routines, such as eating, bathing, and washing.

The family has been the primary resource for provision of elderly care in Asia. The family's responsibility to provide care and their obligations towards older family members are even stated in national laws and action plans in some countries (HelpAge International 2015b).⁴ However, the demographic changes, as we saw in the previous section, make it difficult to sustain the family's capacity for elderly care.

Formal care under government initiatives is expected to become a replacement. As we saw in the previous section, however, this hope may not be realized due to limited public finances.

Clearly, alternatives to family care and the existing public care system must be developed. Such alternatives could be promoting an environment that helps with active ageing⁵, supporting older persons' employment, and strengthening mutual support. In this process, governments, the public and private sectors, and communities need to collaborate to address the relevant issues. Moreover, people will have to start perceiving older persons as service-providers or breadwinners rather than service-takers.⁶

Research Purposes and Findings

The Sasakawa Peace Foundation conducted a preliminary study on the concept of formal care and informal care for older persons in six countries in Asia. Its objective was to understand both concepts more deeply and examine how to integrate informal care for older persons with the currently implemented formal care. Our study revealed that there is no clear and established

² The number of skip generation households is increasing in this region (UN DESA 2018a).

³ We have observed a modest upward trend in older persons living alone in this region with the notable exception of Thailand, where the prevalence doubled between 1970 and 2000 (UN DESA 2018b). Bussarawan Teerawichitchainan, John Knodel and Wiraporn Pothisiri have conducted a study on older persons living alone in Myanmar, Vietnam, and Thailand. Compared with Western contexts, the prevalence of solo living remains low, accounting for less than one-tenth of all older persons in the three countries. Surveys reveal that a substantial proportion of the older persons in one-person households live in quasi-coresidence, with a child living next door or very near by, and over three-fifths of older persons in Myanmar and Vietnam and nearly half of older persons in Thailand have at least one child residing in the same locality (Teerawichitchainan, Knodel, and Pothisiri 2015).

⁴ These countries include Bangladesh, China, India, Pakistan, Singapore and Vietnam (HelpAge International 2015).

⁵ Active aging means the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (World Health Organization [WHO] 2015: 225).

⁶ In fact, many countries in the region have a policy explicitly addressing older persons and work and promote use of the older persons' labour force (HelpAge International 2015b:14-15). The labor force participation rates are high among the older population, especially in low- and lower-middle-income countries, where the economic circumstances often force older persons to work to make a living presumably due to poverty and the lack of social protection (ILO 2018:13).

definition of formal vs. informal care in Asian countries. The two types of care rather co-exist and complement each other.

We also found that community-based care, which is provided through a collaboration between formal care and informal care, plays a critical role in taking care of older persons at home in their own community. To gain intimate knowledge of the current practices, we examined examples of good practice. Our studies have shown that communities have made an effort to develop their own unique care programs and systems, which reflect their situations and needs, in collaboration with various stakeholders.

Report Outline

The report is structured with four selected case studies from China, South Korea, and Vietnam. Chapter 1 discusses community-based care programs in Shanghai city in China. The city has developed a mutual support program called “Si Tang Jian” as a new model of community-based long-term care, in which families, communities, the private sector, and local government, take their own roles in a complementary manner. Through this care service, older persons can enjoy lunch, cultural activities, and consultations. The city has also developed the “Senior Buddy Program” where younger senior volunteers make “buddies” with older seniors, aged 80 and over, who live alone and have limited access to public support. With training and guidance from professional social workers, the volunteers take care of older persons’ daily needs through various services, including home visits and consultations.

Chapter 2 and 3 present case studies from South Korea, which also have established older-person-centered community care programs. Chapter 2 shows the “Elderly-Elderly Care Program” in Yangsan city in Gyeongnam province, which has been developed as a solution to the labor shortages and as a strategy to promote social participation of older persons. Older persons are empowered to be service providers through the training provided by welfare centers in the public sector.

Chapter 3 discusses the “Beautiful Neighbors Program,” which is another interesting community-based activity. In the program, a welfare center, shops, and community people in need all play a part: the welfare center coordinates shops and people in the community; the shops offer their services to the people in the community; and those people in turn contribute to the shops’ publicity and voluntary activities. The benefits are in kind rather than in cash. This program is promising in mitigating the risks related to poverty even in cases where there is scant public financing available.

Chapter 4 shows two programs from Vietnam. One is the “Intergenerational Self-Help Club (ISHC),” which was piloted by the Vietnam Association of the Elderly along with the Vietnam’s Women Union in order to help older persons in social, economic, and cultural activities, with technical and financial support provided by HelpAge International Vietnam. This care model is highly valued by the central and local governments, communities, older persons, and their families to the extent that ISHCs have been officially included in local socio-economic

plans for taking care of older persons. Another is the “Dieu Vien Elderly Home” located in a Buddhist temple in Huong Thuy district. This home functions as if it were a social protection center to provide shelters for the most vulnerable older persons who live alone in poverty.

The report will show three key ideas to ensure the success and sustainability of programs to support older persons and their families in the community: active ageing through economic and social activities, older persons as caregivers, and multi-stakeholder collaboration.

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Chapter 1

Informal Care Program in Shanghai, China

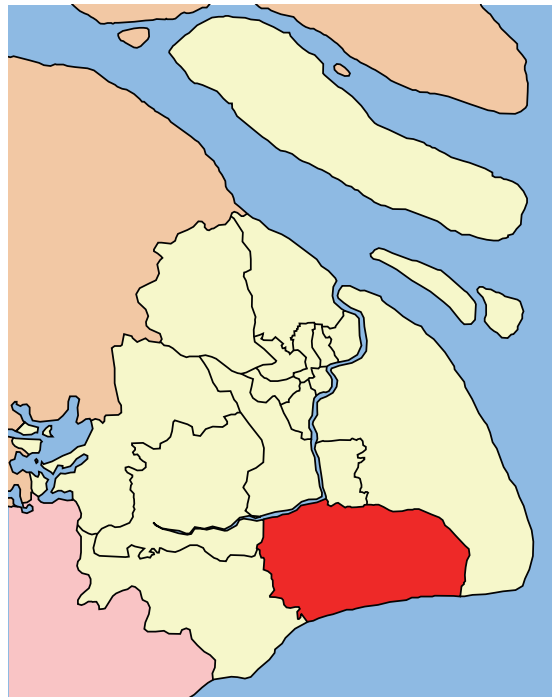
Xiaoyi Zhang

1. Case 1: Si Tang Jian

1.1. Background

At the end of December 2015, the population of those aged 60 and over in the Fengxian district, a south-western district of Shanghai, reached 153,000, accounting for 28% of the total population of the district (Shanghai Research Center on Aging 2016). Among them, 24,000 are over 80 years old, 70,000 are living in the household of older persons, and 13,000 are living alone (ibid.). The total number of beds at old-age care institutions in the whole district is 4,677, and 2,856 older persons are being cared for at such homes while 8,609 older persons are receiving care services at home.

Map 1. Shanghai Fengxian District



Source: Wikipedia

Until recently there was a situation called a “demographic bonus,” in which one older person could be looked after by multiple younger people. However, with the low birth rate, this era has ended, and average family size has been getting smaller. Therefore, it has been

increasingly difficult for family members to provide care for their older family members at home.

Institutional care is a solution that allows families of older persons to reduce their care burden. However, Fengxian district has not developed its institutional care system very well, for two reasons. Firstly, care institutions are not affordable for many older people because their pension is insufficient to cover the costs. For example, the average pension for rural residents in 2015 is only 809 yuan per month (approximately 121 USD), and that for employees is 2,980 yuan per month (approximately 447 USD) (Shanghai Research Center on Aging 2016). Older persons living in an urban suburb also receive a limited amount of money as a pension. Secondly, in rural communities there is still a strong notion that putting parents into a care institution is a sign of an undutiful child or children. Therefore, most older persons tend to prefer receiving home care to living in an old-age care institution. As older persons cannot afford institutional care and are not willing to be cared for at care institutions, there has been little incentive for the care market to grow.

Despite the difficulty in developing institutional care for older people, the needs for older persons' care in the Fengxian district, and the older persons' situation, are changing. One such example is found in the increasing demand for daily care support for older persons, which include dining, personal hygiene, house cleaning, and efforts to keep the older persons safe.

Mental/emotional support is also needed by older persons in the district. According to Zhu Jin, older persons often feel lonely and isolated even though they are physically capable and are able to live independently. The interview conducted with Zhu also revealed that older persons who live apart from their children want them to come and visit frequently, and especially those who live alone want their family members and friends to visit and spend time with them. In addition, demand for mental/emotional support through cultural activities is also rising as well as demand for daily care support. For example, the utilization rate of libraries and activity centers is rising in communities (Zhu 2015), and it is often seen that senior women are dancing in the public square of a rural village. In order to respond to the growing and changing demand for older people's care, the Shanghai municipal government has been implementing an expansion of home care services as a core project since 2004 (Zhang 2011). The Fengxian district takes advantage of subsidies from the city government to develop home care services, and is trying to expand the system of long-term care. One such example is to connect two groups, namely, "those in their 40's and 50's, who are unemployed, retired or surplus workers in rural communities" and "older persons in difficulty," in order to establish the system of care provision from the middle-aged generation. Another example is to address the issue of the rapid growth of the number of applications and number of people who are on the waiting lists for home care services in Shanghai. While it is said that the government's responses are not sufficient to meet users' needs due to limited budget and resources, the Fengxian district government has been trialing a scheme in which the district government procures home care services and provides

them to the citizens for free in two selected areas, Zhelin-zhen and Zhuanghang-zhen.¹ In addition, the district government is promoting a scheme in which healthy older persons provide support to those who are aged 80 and over within the community under Shanghai city's policy.

Moreover, "Si Tang Jian," a social program for neighborhood residents, has been launched as a new model of mutual long-term care services provided by the neighborhood residents. Si Tang Jian means "four rooms": a "dining room" for eating, a "guest room" for socializing, a "study room" for learning, and a "meeting room" for discussion. Some houses in the suburbs of Shanghai have been selected as Si Tang Jian and have been renovated where necessary to provide a place for older persons to get together and use freely. They participate in the activities there when they wish to do so and receive services, such as meals, leisure activities, and mental/emotional support, in a reciprocal manner. This study examines some cases of Si Tang Jian as a successful model of informal care for older persons in rural areas.

1.2. The Government-subsidized Si Tang Jian in Dongfeng-cun

In 2015, the village committee of Dongfeng-cun² in the Fengxian district, as the operational body, invested 59,000 yuan (approximately 8,850 USD) to renovate a house in the village into a facility for older persons, with the result that a Si Tang Jian for the Dongfeng-cun area was established on May 8, 2015.

1.2.1. Service Provision

The main services provided by the Si Tang Jian are lunch, medical support, and health consultations. In order to use these services, three requirements need to be met: the user has to be 60 years old or older, older persons must apply for the services of their own free will, and the older person's family must agree with the older person on their use of services.

Regarding lunch, the cost per meal is 6 yuan (approximately 0.9 USD) per person. The cost was initially split in half between the village committee and the individual user, but as a result of reviewing the operational costs in January 2016, the individual users' payment is now 3 yuan (approximately 0.5 USD) for those aged 80 and over, 4 yuan (approximately 0.6 USD) for those aged between 70 and 79 years, and 5 yuan (approximately 0.75 USD) for those aged between 60 and 69 years.

Other services provided at the Si Tang Jian are free. One such example is medical support and health consultations. On the 5th of every month, a volunteer group for medical/health support, organized by the village committee, visits the Si Tang Jian. They measure older persons' blood pressure and blood glucose level, and keep records of individuals' health data. If any problems are detected, the family doctor is informed, and the older persons can receive medical treatment for free.

Various services are also provided for free by volunteers. For example, on the 15th of

¹ A "zhen" is an administrative unit under a "district."

² A "cun" means village.

every month, the volunteer staff conduct payment services that entail them going to pay water, electricity, and communication bills on behalf of older persons with physical disabilities. On the 25th of every month, a consulting session is held to share information such as preferential policies for local residents, health insurance, and agricultural technology. Also, seasonal cultural and entertainment events are organized by the volunteers.

1.2.2. The Roles of Each Sector for Older Persons' Care

At the Si Tang Jian in Dongfeng-cun, a mutually complementary relationship is expected among families, the community, the private sector and the government instead of placing all the responsibility for older people's care on the government.

Firstly, the family plays an important role. Children who work away from home usually come back home and look after their parents over weekends. Therefore, the Si Tang Jian provides services only from Monday to Friday, and expects families to take care of their older family members on weekends. In this way, families (children and relatives) play an essential role in caring for their older family members.

Secondly, communities also play certain important roles. Residents in the community help each other on a day-to-day basis. In particular, they provide each other with mental/emotional support. When the older persons have psychological and emotional needs due to difficulties in daily life, it is convenient for them to talk directly with their neighbors, as this allows them to get help and support in a timely fashion.

Thirdly, although there is not much participation from the private sector in this particular case compared to the two cases described later, local companies in the area are also making some contributions. For example, one company of the Shanghai Electric Power Transmission and Distribution Group Company Limited donated a TV set to the Si Tang Jian to enrich older persons' daily life. Zhuanghang Town Community Affairs Service Center of Fengxian district donated books and has held cultural entertainment event every quarter.

Lastly, the municipal and the district governments and the village committee play large roles, particularly in providing financial resources. The municipal government provides a 10,000 yuan (approximately 1,500 USD) grant, and the District Civil Affairs Bureau provides a 30,000 yuan (approximately 4,500 USD) grant every year as stipulated in the local ordinances. The village committee provides a fund to cover almost all building-related expenses, and it also bears all operating costs except certain costs of meals paid by the users themselves every month. Since the role of the village committee is to assist the older persons from the outside, it can provide specialist services in an equitable manner. Furthermore, as the operational body, the village committee recruits volunteers in order for the Si Tang Jian program to provide the services mentioned above, such as provision of medical support, health consultations, and utility bill payment services.

1.2.3. Voices of the Users

In order to evaluate the positive effects of the Si Tang Jian project in Dongfeng-cun, the authors conducted interviews with the users of the Dongfeng-cun Si Tang Jian and their families. This section presents users' voices that represent the positive effects of the Dongfeng-cun Si Tang Jian.

First of all, the Dongfeng-cun Si Tang Jian helps address the issues of older persons' diet and nutrition through their lunch service. This helps not only the users, but also their children by reducing the burden of care they must provide for their parents.

Interviewer: How would you evaluate your daily life at the moment? What services are most important to you? How do you feel about spending time together with others at the Si Tang Jian?

User A: I am 75 years old this year and my physical condition has not been good for a long time. Previously, my daughter, who works for a private company, had a very difficult time, as in addition to looking after me in the mornings and evenings, she had to come home to make me lunch. Furthermore, she was worried about me being alone at home and used to telephone me several times a day. This situation has now improved. At the Si Tang Jian, I can eat a hot meal every day and receive free regular medical checks. I am enjoying my daily life now and also feel that my physical condition has gotten better. My daughter also appreciates the services very much because she doesn't have to come home at lunchtime every day anymore.

In addition, by providing various cultural activities, entertainments and consulting services, the Dongfeng-cun Si Tang Jian helps enrich daily life of older persons.

Interviewer: What sort of services do you need most?

User B: I am 68 years old. The only health issue I have is a slightly high blood glucose level. If I have a regular check on my blood glucose level, I feel at ease. My current living conditions are much better than before. Since retiring, I have free time and I want to see local performances. I particularly want to see Huju.³ I was really pleased when the senior theater company visited the Si Tang Jian to perform a while ago.

A local resident said that, "even before the Si Tang Jian opened, my acquaintances and I knew each other and had met regularly, but it was inconvenient as there was no place to get together and hang out." They can now meet each other at the Si Tang Jian any time during the

³ Traditional drama or opera of Shanghai.

day. In addition, because Si Tang Jian is located within the community and is a short distance away from the older persons' homes, even those who cannot go out to distant places by themselves can visit the Si Tang Jian easily.

Interviewer: How does your mother-in-law feel about the activities at the Si Tang Jian?

User's daughter-in-law: My mother-in-law turned 93 years old this year, and she could not go anywhere because she cannot walk well. Since we were busy with our own things, we hardly had sufficient time until recently to have a conversation with her other than as we were so busy providing her daily care for eating and sleeping. She used to sit in front of the entrance of the house every day and spend the whole day looking outside. But, since the Si Tang Jian was established next door recently, I have been taking her there for as long as she wants to stay there. Even though she only sits there and doesn't talk much, I believe she very much enjoys watching TV with other users and hearing some gossip. I feel her mental condition is now much better than before.

1.3. Privately-sector-assisted Si Tang Jian in Lvqiao-cun

In Lvqiao-cun, a house in the village was selected as the Si Tang Jian. The village committee raised a 70,000-yuan fund as building expenses from private enterprises. The Si Tang Jian was officially launched on May 12, 2015.

1.3.1. Service Provision

The major purpose for establishing the Lvqiao-cun Si Tang Jian was to ensure the security of older persons. Special attention was paid to avoiding sudden accidental falls and illnesses among older people in the village. The programs of the Lvqiao-cun Si Tang Jian were designed with a priority on older persons' safety.

One of the major service categories is to meet older persons' basic needs and to take care of their mental/emotional comfort. The Lvqiao-cun village committee encourages older persons to take part in the communal lunch at the Si Tang Jian, which costs individuals 4 yuan (approximately 0.6 USD) and the village committee 2 yuan (approximately 0.3 USD). Having meals with others can promote interaction between older persons. Moreover, it is a convenient opportunity for the village committee to observe and identify the different needs of older persons in the same place during lunch-time. As mental/emotional comfort, the Lvqiao-cun Si Tang Jian designs programs that allow older persons to exchange knowledge. Through conversation on various themes and topics prepared by the village committee, older persons can keep their intellectual capability and gain a feeling of satisfaction.

Another service is the provision of various kinds of training, with the aim of maintaining older persons' physical functions and restoring their skills. Based on the local culture and the

physical characteristics of the older persons, the Lvqiao-cun Si Tang Jian divides older persons into small groups for arts and manual skills training. These programs help older persons maintain or improve not only their physical and mental abilities, but also their self-worth.

1.3.2. The Roles of Each Sector for Older Persons' Care

As is the case at Dongfeng-cun, families, the community, the private sector, and the government are expected to develop a mutually complementary relationship at the Lvqiao-cun Si Tang Jian.

The Lvqiao-cun Si Tang Jian provides older persons with lunch six days a week but does not provide lunch on Sundays. This encourages older persons' families to support them on weekends.

The community plays an important role in caring for older residents in the area, and fosters a very strong sense of mutual help within the community. For example, there is a volunteer group called Ai Xin Mu Qin Tuan (meaning, "love mothers group") established by older females in the community. The volunteers spend time with older females at the Si Tang Jian and offer various services using their own special skills. For example, one volunteer gives hand-knitted caps to the users as presents, and another grows traditional medicinal herbs together with the users, who in turn teach each other and the volunteers about recuperation.

The roles of the private sector and its contributions are clearer than at Dongfeng-cun. In addition to the initial building cost, private companies also cover the monthly expenses of the users. One company has contributed 75,000 yuan (approximately 11,250 USD), and another company has contributed 40,000 yuan (approximately 6,000 USD).

The village committee has largely contributed to fund-raising by identifying benefactors in addition to securing a grant from a higher level of the government. Moreover, the village committee established a project implementation responsibility system, and services at the Lvqiao-cun Si Tang Jian are mainly implemented by the village committee members.

1.3.3. Voices of the Users

In order to evaluate the positive effects of the Si Tang Jian project in Lvqiao-cun, the authors interviewed the users of the Lvqiao-cun Si Tang Jian and their families. This section presents some of the notable voices that represent the positive effects of the Dongfeng-cun Si Tang Jian.

First of all, the services provided at the Lvqiao-cun Si Tang Jian contribute to detecting any problems that older persons have and applying a swift response in emergencies.

Interviewer: How would you evaluate the current services? What sort of services do you need most? How do you feel about spending time together with others at the Si Tang Jian?

User C: I am 75 years old. It has been a long time since my spouse passed away. I do not live with my children, and have lived alone for a long time. Although my children visit me every day to cook, clean, and have a conversation with me, it is still difficult not to feel lonely. Now with the Si Tang Jian, I try to eat there three times a day as much as possible (including the lunch that is provided). Thanks to the service system of the Si Tang Jian, the burden on my children has been reduced. Also, I can live at peace since the staff of the Si Tang Jian can quickly notice whenever I am out of form. For example, when I inadvertently twisted my ankle at home in the morning and came late to the Si Tang Jian, a staff member immediately came over to me. They then informed my children of the accident, and I could go to hospital right away to receive medical treatment. Now my children also feel relieved and I feel happy too.

Secondly, there are positive effects on older persons' mental, emotional and physical conditions.

Interviewer: I heard that your mother-in-law was partially paralyzed previously but has now recovered after attending the Si Tang Jian for some time. Is that true?

User's daughter-in-law: My mother-in-law is 80 years old now. She lived in a long-term care home after her husband passed away. She lived there for over three years, but her physical condition got worse all of sudden in May last year. She became paraplegic and incontinent, so we needed to look after her at home, following the instructions of the long-term care home. We hired a maid to accompany and look after her daily needs, such as eating and sleeping, 24 hours-a-day. Since our house is right next to the Lvqiao-cun Si Tang Jian, the maid started to take her there in a wheelchair every day, and had her join the daily chat and watch TV with other older persons. Then, we applied for their lunch service for her. Two months after she started going to the Si Tang Jian, she came to be able to eat by herself, occasionally stand up from her wheelchair and talk with a certain degree of fluency. Moreover, she is now able to look after plants in a small flower bed at home and take an evening walk outside with some support.

Thirdly, at the Lvqiao-cun Si Tang Jian, older persons can recover their sense of self-worth.

Interviewer: What do you enjoy most at the Si Tang Jian?

User D: After my husband died just after the last Chinese New Year, I was deeply depressed and lost lots of weight. That was when my children took me to the Si Tang Jian. As I socialized with other older persons at the Si Tang Jian every day, I gradually overcame my grief. My weight recovered to the normal level, and my complexion got better as well. So my children were relieved. Then, I started participating in the activities of Ai Xin Mu Qin Tuan where I knit caps and scarves whenever possible, and give them to other older persons and families who are experiencing difficulties. Through such activities, I feel like I am leading a meaningful life and am very much enjoying every day.

1.4. Privately-operated Si Tang Jian in Xixiao-cun

The Si Tang Jian of Xixiao-cun, which is also in the Shanghai Fengxian District, was launched officially on September 8, 2015. Thereafter, in response to a growing demand for care services, another building was renovated as the second Si Tang Jian in the village on December 8, 2015. The initial investment was 60,000 yuan (approximately 9,000 USD) for the construction.

1.4.1. Service Provision

The first characteristic of the Xixiao-cun Si Tang Jian is to ensure basic living services. Similar to the other Si Tang Jian discussed above, lunch is served at the Xixiao-cun. Fees depends on the individual's age: they are free for those who are 90 years old and over, 2 yuan (approximately 0.3 USD) for those 80-89 years old, 3 yuan (approximately 0.45 USD) for 70-79 years old, and 4 yuan (approximately 0.6 USD) for those 65-69 years old.

Secondly, the Xixiao-cun provides cultural activities. For example, it arranges a performance once every quarter. It also organizes various projects, depending on older persons' preferences, such as Shanghai drama classes and social dance classes.

Another characteristic is that some services are provided by professionals. The Xixiao-cun Si Tang Jian organizes a group of retired doctors to provide health consultation services for older persons. This type of professional service meets older persons' needs well.

1.4.2. The Roles of Each Sector for Older Persons' Care

Firstly, there is the role of the family. The Xixiao-cun provides care services from Monday to Friday, and the care responsibility returns to the family on weekends. In the Xixiao-cun village, there is a strong belief that the family should take responsibility for older persons' care. Therefore, they have conducted activities and evaluations on traditional family culture and the roles of the family. There are active interactions between families through these activities, which help them better fulfill their care responsibilities.

Secondly, there is the role of the community. The Xixiao-cun Si Tang Jian is different

from the other two villages because it is open not only to the older persons within the village but also to those who live in the surrounding areas. Through the participation of people from the surrounding areas, the range of the mutual help network can expand.

Private companies have been contributing to the Xixiao-cun Si Tang Jian, too. Both one-off construction expenses and monthly operation costs are almost fully covered by private companies. Among them, one company has contributed 100,000 yuan (approximately 15,000 USD) and another company has contributed 12,000 yuan (approximately 1,800 USD).

As for the government's role, the village committee encourages private organizations and companies to enter the market of long-term care services by procuring their services proactively. For example, the village committee pays 20,000 yuan (approximately 3,000 USD) to private organizations for their administrative costs every year. Also, the government and the village committee actively seek benefactors and raise most of the working capital, and secure a government budget for the operation of the Si Tang Jian. In addition, the village committee plays a key role in providing older persons with a venue for various activities and renovating such venues even prior to the opening of the Si Tang Jian.

1.4.3. Voices of the Users

As was the case at Dongfeng-cun and Lvqiao-cun, interviews were conducted with the users of the Xixiao-cun Si Tang Jian and the volunteers. This section presents some of the notable voices that represent the positive effects of the Xixiao-cun Si Tang Jian.

First of all, the Xixiao-cun Si Tang Jian helps older persons to enjoy a cultural life through arranging performances and various classes of cultural activities.

Interviewer: What do you think about the activities at the Si Tang Jian?

User E: I am very pleased with the many events hosted by the Si Tang Jian. I like singing and dancing, but we didn't have any place like this in the village before, and I couldn't find friends to do these activities with. So, I moved to the Wu Qiao community outside the village and started to take part in "Guang Chang Wu" (Chinese Square Dance) there. Recently, older persons' thinking has changed in the rural community, and they have started to think that physical exercise and training are important. Although we used to have a difficulty in finding a suitable place or platform, various classes and clubs are now available at the Si Tang Jian, and I am very happy with that. That is why I returned to this community recently to live in the village again. Now I can spend more time with my parents while I spend time on my hobbies. The air is clean here, too. Not only my physical health but also my mental health has improved thanks to the regular dance practice. I feel very happy performing in front of everybody, laughing and having fun together.

Secondly, the Xixiao-cun Si Tang Jian provides volunteers with opportunities to apply skills and specialties that they acquired before retirement. Volunteer activities provide not only support for older persons but also opportunities for volunteers to feel self-worth.

Interviewer: How did you end up participating in the activities at the Si Tang Jian?

Volunteer A: I am 69 years old. I worked as a projectionist in the Daye Hwy movie theatre before retirement. After the opening of the Si Tang Jian, the village people asked me to come regularly to show films and so I did. Since I lived all my life with movies and screening is my life, I am really happy to have this opportunity even after retirement. Every time I show films, I do my “homework,” including summarizing movies’ titles and the stories, and putting them in the advertisement column of movie theatres in the area. I try to be flexible about the choices of the films, listening to Si Tang Jian users’ preferences. If they want to gain some scientific knowledge, I choose a relevant film. If some people want to watch a movie on the war against Japan, I choose an old movie that is relevant. If everybody enjoys the film, I am happy, too.

Unlike the cases of Dongfeng-cun and Lvqiao-cun discussed earlier, the Xixiao-cun Si Tang Jian commissions private companies to provide services, which enables it to offer a wide variety of services. Compared to volunteers, private companies own more resources for elderly care services. For instance, private companies can easily involve professionals when they hold events, such as health consultations.

1.5. Program Evaluation

In order to evaluate the Si Tang Jian program, under the author’s supervision, Zhu Jin (2015) conducted a questionnaire survey with 96 older persons who use the Si Tang Jian services and 92 older persons who do not use the services. We received 188 responses (100% response rate) and the number of valid responses was 188.

1.5.1. Evaluation of the Match between Services Provided at a Si Tang Jian and the Needs of the Older Persons

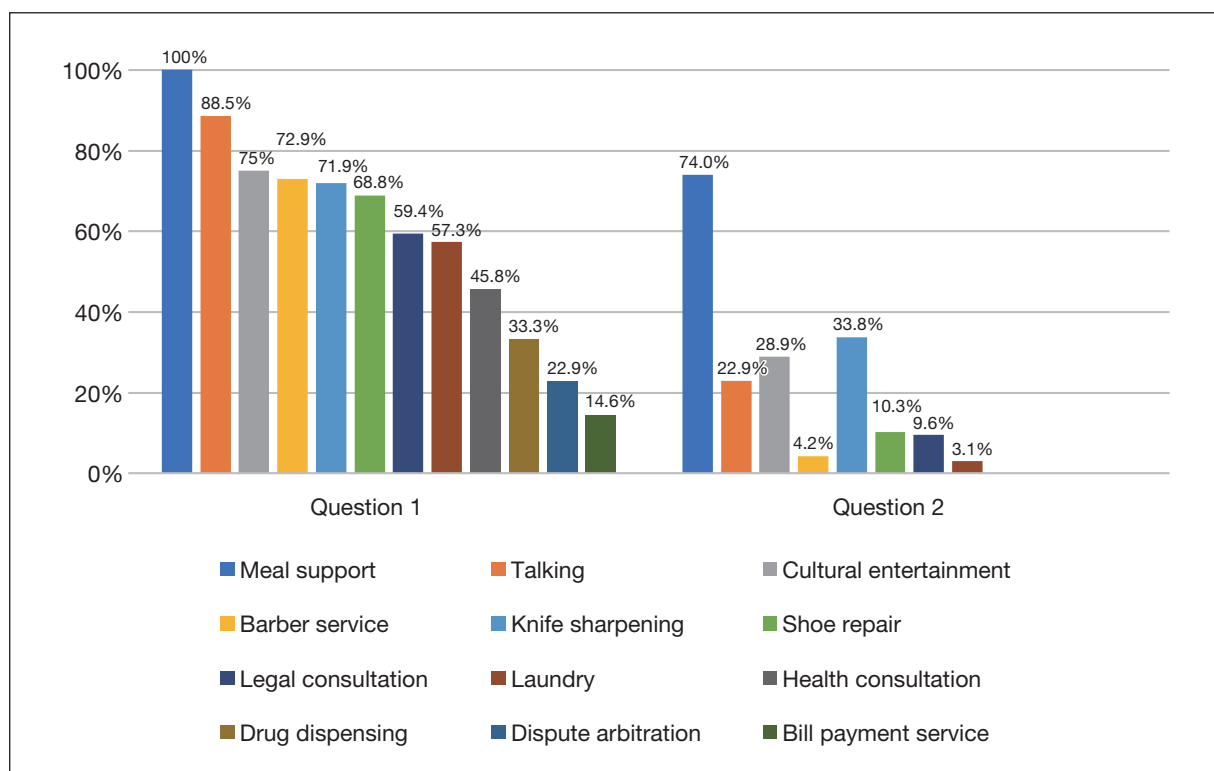
The first question was “What sort of services have you received?.” The most common answer was “meals” (100%), followed by “talking” (88.5%), “cultural entertainment activities” (75%), “barber service” (72.9%), “knife sharpening” (71.9%), “shoe repair” (68.8%), “legal consultation” (59.4%), “laundry” (57.3%), “health consultation” (45.8%), “drug dispensing” (33.3%), “dispute arbitration” (22.9%), and “bill payment service” (14.6%). The answers of to the second question are shown on the left-hand side in Figure 1. Although the services provided differ in each Si Tang Jian, it can be seen that the proportion of the basic daily care support services

is relatively large. The proportion of mental/emotional care provided such as talking, culture entertainment activities, and legal consultation is relatively large as well, indicating that the Si Tang Jian model also takes into account the mental/emotional and cultural needs of older persons.

The second question was “What services do you want most?” The most common answer was daily care support services, namely, “meals” (74.0%), “barber service” (4.2%), and “laundry” (3.1%). The second most common answer was mental/emotional support, namely, “cultural entertainment activities” (28.9%), “talking” (22.9%), and “legal consultation” (9.6%). The third most common answer was repair and maintenance of goods necessary for daily life, namely, “knife sharpening” (33.8%) and “shoe repair” (10.3%). The answers to the second question are shown on the right-hand side in Figure 1.

From the responses above, it can be seen that the services provided at the Si Tang Jian are generally matched with older persons’ needs.

Figure 1. Services used (Questions 1) and most wanted services (Question 2) at Si Tang Jian



Source: Author’s illustration based on Zhu (2015)

1.5.2. Evaluation of Older People's Level of Satisfaction regarding Care Services

Older persons' level of satisfaction regarding care support is illustrated in Figure 2 (Si Tang Jian-users) and Figure 3 (non-users). Firstly, in the category of daily care support, 64.6% of the Si Tang Jian-user respondents are "very satisfied or satisfied" regarding "meals," while only 40.2% of non-user respondents answered the same (a 24.4 percentage point difference). With respect to "cleaning and laundry support," 42.7% of the Si Tang Jian-user respondents and 20.7% of the non-user respondents answered "very satisfied or satisfied" (a 22 percentage point difference). Also, 46.9% of Si Tang Jian-user respondents and 19.6% of non-user respondents said they were "very satisfied or satisfied" regarding "emergency support" (a 27.3 percentage point difference).

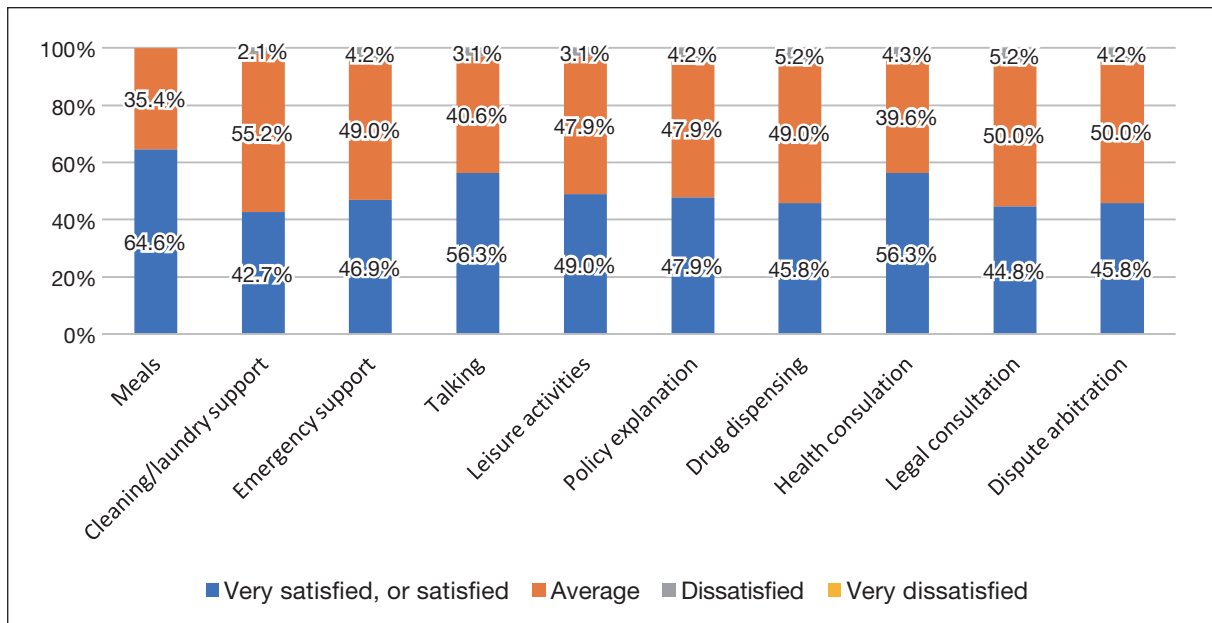
In the category of mental/emotional care, 56.3% of Si Tang Jian-users are "very satisfied or satisfied" with "talking," while the ratio is 32.6% for non-users (a 23.7% percentage point difference). With respect to "leisure activities," 49% of the Si Tang Jian-users are "very satisfied or satisfied" while the ratio is 43.5% for the non-users (a 5.5 percentage point difference). Regarding "policy explanation," 47.9% of Si Tang Jian-user respondents are "very satisfied or satisfied", while only 28.3% of non-user respondents reported the same (a 19.6 percentage point difference).

As regards the medical services, the ratio of the respondents who are "very satisfied or satisfied" with "drug dispensing" is 45.8% for the Si Tang Jian-users and 20.7% for the non-users (a 25.1 percentage point difference). Regarding "health consultation," 56.3% of the service users and 20.4% of the non-service users, respectively, are "very satisfied or satisfied" (a 20.4 percentage point difference).

Finally, as for the services for legal consultation, and dispute arbitration, the satisfaction level is approximately 20% higher for the Si Tang Jian-users than the non-users.

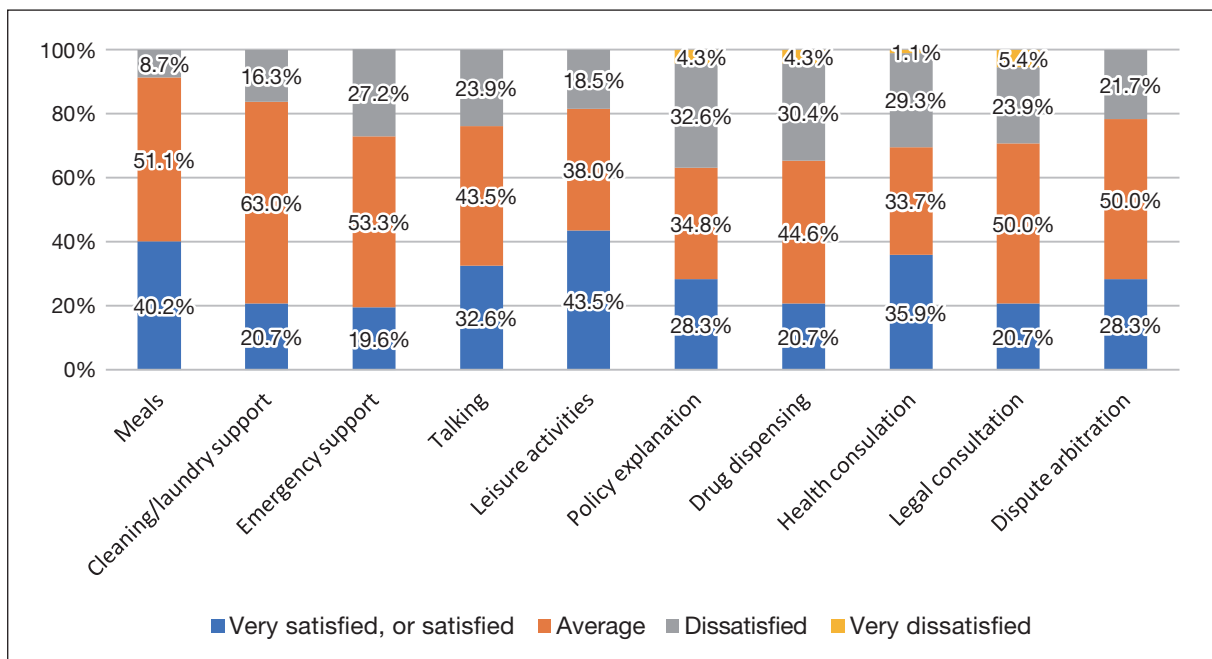
In the survey of the overall evaluation of the Si Tang Jian, 51% and 46.9% of the respondents expressed that they are "very satisfied" and "satisfied," respectively. A small number of the Si Tang Jian-user respondents reported they were "dissatisfied" with the services, which accounts for only 2.1% of the total users. These results reflect the quality of the services, and show that the Si Tang Jian's programs receive a high evaluation from local older persons. Consequently, it can be surmised that using the services of a Si Tang Jian has a certain positive effect in improving the satisfaction with life of the older persons in a rural community.

Figure 2. Si Tang Jian users' satisfaction level on care support



Source: Author's illustration based on Zhu (2015)

Figure 3. Non-users' satisfaction level on care support



Source: Author's illustration based on Zhu (2015)

1.5.3. Evaluation of the Shared Understanding between Service Providers and the Users of the Si Tang Jian

For the question, “Who are the service providers at a Si Tang Jian?,” 100% of Si Tang Jian-user respondents were aware that the “village committee” is one of the providers. Other answers were “community (town) volunteers” (92.7%), “private organizations (groups and companies)”

(14.6%), and “other volunteers” (12.5%). However, for the question that asked “Who is the service provider you appreciate the most?,” 59.4% of the respondents cited “community volunteers,” 35.4% answered the “village committee.” Only a few respondents answered “private organizations” (4.2%) and “other volunteers” (1.0%).

This outcome seems to be a reflection of the living habits and ways of thinking of older persons in rural villages. In rural villages, while many older persons like socializing and hanging out with familiar residents in the neighborhood, they seem not to be used to connecting with private companies. For instance, a female manager at the Xixiao-cun Si Tang Jian was thought by the local residents to be a government employee dispatched by the village committee since she was born locally. However, she was actually an employee of a private company. It shows that older persons are not well aware of private organizations in such a community.

1.6. Challenges

1.6.1. Expansion of the Mutual Help Network

The questionnaire survey was conducted with non-Si Tang Jian-users. Almost all (94.6%) had heard of the Si Tang Jian program and the services it provides. For the question on why they do not participate in Si Tang Jian, the most common answer was “because it is too far from home” (47.8%). This may be because the Si Tang Jian has not been established throughout the villages yet, which consequently makes many older persons reluctant to make use of the services. Other reasons for not using the Si Tang Jian are illustrated in Table 1 below.

Table 1. Reasons for not attending a Si Tang Jian (N=92)

Reasons	Ratio (%)
Satisfied with current self-support	31.5
Services provided not meeting needs	9.8
Too far from home	47.8
High fees	3.3
Opposition from their children	2.2

Source: Author’s illustration based on Zhu (2015)

The survey result also showed that the most wanted service is the meal service and daily care support. However, provision of daily care support, such as the meal service, requires adequate financing. In addition, because an initial investment is necessary to establish a Si Tang Jian, financial challenges limit the expansion of the Si Tang Jian programs. The chief of the Lvqiao-cun village committee also pointed out the financial challenges faced by the Si Tang Jian program in the interview we conducted with him.

Interviewer: Please tell us about challenges you have faced so far in organizing Si Tang Jian.

Chief of the village committee: The difficulties we have faced so far have been mainly related to funding. If only one or two Si Tang Jian are to be established in the village, we wouldn't have many financial issues. However, in Lvqiao-cun, a Si Tang Jian is to be established for every village group and if we were to open a Si Tang Jian in every unit area all over the village, the finances of the village council would be greatly squeezed.

1.6.2. Participation of Neighbors and the Private Sector

The survey results also showed that the ratio of those who actively engage in volunteer activities is not high. When older persons who participate in the Si Tang Jian's activities were asked how often they provide volunteer services to other older persons, their answers were "often" (16.7%), "occasionally" (61.5%), and "never" (21.9%). Although more than 90% of the Si Tang Jian-users are aware that services at Si Tang Jian are provided by community volunteers, the users themselves do not actively participate in volunteer activities.

Participation of the private sector also remains as a challenge, for two reasons. Firstly, older persons are not very aware of the private sector's involvement. For example, in Xixiao-cun, few older persons know that a social enterprise is in charge of the management of the Si Tang Jian. Secondly, support from the private sector is not provided equally between villages, as a collaboration system has not been fully established throughout the district. Therefore, whether the Si Tang Jian can get support from enterprises or companies largely depends on the village committee's efforts. Among the cases presented here, the Dongfeng-cun Si Tang Jian gets the least support from the private sector.

1.6.3. The Capability of Families to Provide Older Persons' Care

The questionnaire survey also revealed that about 12% of the total respondents live with their children in rural villages while the others (88%) live apart from their children. In cases where the older persons live apart from their children, a majority of children come home once every four to seven days to take care of the parents. However, there are also many children who do so less frequently, such as once a half month or once a month. In cases where older persons live only with their spouse of similar age, it is difficult for them to care for each other due to the decline of their physical abilities. Considering these facts, it can be easily assumed that the capability of the family to care for older family members has been shrinking.

1.7. Lessons

The characteristics of the Si Tang Jian program obtained from the three case studies discussed above (Dongfeng-cun, Lvqiao-cun and Xixiao-cun) are summarized in Table 2. In Dongfeng-cun

(Case 1) and Lvqiao-cun (Case 2), families are considered to be the primary resource for older persons' care, but care functions by community residents are more emphasized in Lvqiao-cun (Case 2) and Xixiao-cun (Case 3) than in Dongfeng-cun (Case 1). In terms of utilization of the private sector's resources, private companies actively contribute financially, and work as management bodies in Xixiao-cun (Case 3).

Table 2. Three case studies of Si Tang Jian

Principal parties	Degree of effectiveness		
	Case 1 Dongfeng-cun Government-funded	Case 2 Lvqiao-cun Privately-assisted	Case 3 Xixiao-cun Privately-operated
Family	++	+	++
Community	+	+++	+++
Private sector	+	+++	++++
Government	+++	++	++

Note: Effectiveness is presented by the “+” symbol. More “+” symbols means more effective.

Source: Author's illustration

To summarize, the Si Tang Jian project in the Fengxian district has built a model of informal care for older persons that is complemented by the family, community, private sector, and government. Having the traditional family-based care to some extent and using the community network, the Si Tang Jian project not only has gained support from the private sector, but has also built the foundation of governmental support for informal care services. Although the degree of each sector's participation differs in each case, in every case the expected outcomes are achieved.

The Si Tang Jian project in the Fengxian district was awarded the first prize of Fengxian district innovation projects in 2015, and is now expanding throughout Shanghai city (Shanghai Municipal People's Government 2016). As of the end of 2017, 216 Si Tang Jian are in operation and their number is expected to rise to 500 by the end of the 13th 5-year plan (2016-2020) (Shanghai Fengxian District Government 2018). Expansion of the Si Tang Jian program is becoming the cornerstone of the informal care system, which can make up for the shortage of formal care.

Picture 1. Older persons happily making dumplings at a Si Tang Jian



Source: Du Chenwei and Sun Yan 2019

Picture 2. Consultation session being held at a Si Tang Jian



Source: Shanghai Social Construction Committee Office 2017

2. Case 2: Senior Buddy Program

2.1. Background

The population aged 65 years old and over in Shanghai was 3,176,700 with the population ageing rate at 21.8% as of the end of 2017 (Shanghai Research Center on Aging 2018). The population aged 80 years old and over is 805,800, accounting for 5.5% of the total population

(ibid.). Shanghai city's population is rapidly ageing, and the needs for older people's care have been becoming more diverse than ever. Especially the care for persons aged over 80 who live alone is a crucial issue in the city. In order to respond to the diversified demand for care services for older persons, involvement of younger-seniors and the private sector is thought to be key.

In these circumstances, the city government launched "Senior Buddy Program" (SBP) in July 2012 as one of the city's core projects. With the key principle of the city government, "connecting older persons to society," the program aims to engender a sense of deference to older persons and a passion for public good in society, and to encourage older persons' social participation. Within a short-time period, SBP has developed rapidly with cooperation from the private sector and younger-senior volunteers; as of the end of 2017, 30 private institutions had organized the partnership program, having established partnerships between 40,000 volunteers and 200,000 persons aged 80 and older (Shanghai Old Ages Service Platform 2017).

Map 2. Location of Shanghai



Source: Wikipedia

Table 3 Development and scale of the Senior Buddy Program

year	2013	2014	2015	2016	2017
Service Receiver (Older-senior)	100,000	150,000	200,000	200,000	200,000
Volunteer (Younger-senior)	1,000	1,500	2,000	3,000	4,000
Funds (CNY)	18,000,000	27,000,000	36,000,000	36,000,000	36,000,000

Source: Made by author based on data from the Leqi Social Work Service Agency, 2015.

2.2. Services provision

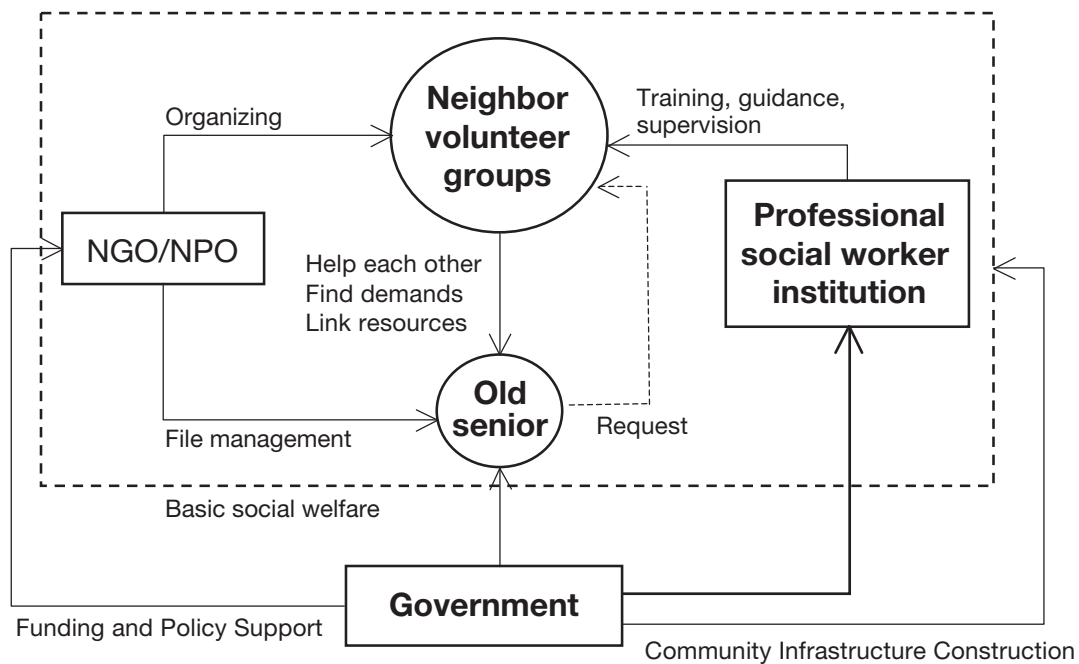
2.2.1. The Operating Mechanism of the Senior Buddy Program

“Senior Buddy Program” (SBP) connects local younger-senior volunteers with older-seniors (80 years old and over), who live alone, by making “buddies” through the community network. The volunteers mentally/emotionally assist older persons through regular home visits, and help them participate in community activities. The volunteer services are expected to prevent older persons from losing their physical capabilities, and to maintain an active and healthy life in the community.

The major characteristic of SBP is the “social worker plus volunteer” operation model. In this model, professional social workers select certain volunteers as the “core volunteers” and provide them with training, aiming to enhance their care skills, and to ensure the implementation of the program. Private organizations are commissioned by the city government to provide such training programs.

With the core volunteers, basic activity units called “Self-Groups” are formed. The Self-Groups consist of one or two core volunteers, nine volunteers, and 50 older-seniors. The social workers guide the Self-Groups to carry out various mutual help activities in the community, and evaluate the effect of the activities. Through the on-the-spot guidance of social workers, the Self-Groups have functioned as self-management activity bodies. The leadership of the core volunteers has also enhanced other volunteers’ self-management ability, and Self-Groups has become a model of bottom-up management for older persons’ care. In this program, older-seniors not only passively receive various kinds of assistance, but also actively participate in the community with volunteers’ support in a newly formed mutual help relationship.

Figure 4. Operating mechanism of Senior Buddy Program



Source: Author's illustration

There are at least four benefits that derive from SBP. Firstly, it can reduce the cost of older persons' care in the community. In particular, the mental/emotional support provided through the program for older persons living alone meets the needs of older persons at a low cost. The second benefit is to identify older persons' needs concerning health, daily living, and social relationships, at earlier stages through regular home visit services. This is valuable in that it enables volunteers to predict various aspects of the future needs of older-seniors. Thirdly, SBP provides at-home services, which have been difficult for existing care services to provide. The services can be delivered to those who were not targeted previously as beneficiaries: older-seniors aged 80 and over who live alone and tend to stay at home. Fourth, the program directly promotes the formation of social care networks, as well as linkages between different community care networks. If SBP's volunteers can record and save time while they help the older persons, the project will play a substantial role in the further exploration of the "time bank" management system.

2.2.2. The Content of the Services

In SBP, younger-senior volunteers provide services to older-seniors. The services include accompanying older-seniors and chatting to them, telephone consultations, daily care, communications with relatives of older-seniors, relationship building with neighbors, and offering and linking resources.

According to the Leqi Social Work Service Agency's survey of four districts in Shanghai (referred to as HP, JS, SJ and YP), the volunteer services vary from district to district, but

providing company by chatting and telephone consultations are always the most important aspects of the program. In general, the volunteers mainly provide mental/emotional support, and the service is rich and diverse, reflecting the function of connecting the needs of older-seniors and social resources (The Leqi Social Work Service Agency 2015).

Table 4. Service content of SBP in four districts of Shanghai

Service Content	HP	JS	SJ	YP
Accompanying older-seniors and chatting to them	75%	74%	100%	100%
Telephone consultations	63%	72%	95%	65%
Daily care	20%	38%	65%	15%
Communication with relatives of older-seniors	55%	60%	95%	62.5%
Relationship building with neighbors	55%	52%	90%	/
Offering and linking resources	32.5%	32%	60%	37.5%

Source: The Leqi Social Work Service Agency 2015

2.3. Survey of the Program

2.3.1. Survey Result—The Case of Yangpu District, Siping Community

In 2015, the Leqi Social Work Service Agency conducted a questionnaire survey, targeting 40 older-seniors who participate in SBP and 40 younger-senior volunteers in Siping community, Yangpu District in order to evaluate the effects of the program (valid response rate on both groups was 100%) (The Leqi Social Work Service Agency 2015). Out of 40 older-senior respondents, 24 were male and 16 were female. The largest age group was 76-80 years old, which accounted for 30% of the total. Many older-senior respondents reported that they had some sort of disease (72%), such as high blood pressure (18%), arthritis (15%), and diabetes (13%).

Among the volunteer respondents, 10 were male and 40 were female. The largest age group was 61-70 years old, accounting for 57.5% of the total, followed by 51-60 years old (32.5%) and younger than 50 years old (5%).

(1) Survey Result from Older-seniors

Most of the older-senior respondents said they receive services once a week (90%). These services include a “home visit service” (44%), “conversation service” (30%), and “accompanying older-seniors to a community event” (20%). A small number of older-seniors receive other services, such as payment of utility bills, shopping assistance and cleaning support. All the older-senior respondents answered that they are “satisfied” with the services provided by the volunteers.

(2) Survey Result from Volunteers

One volunteer takes care of five (85%), eight (5%), or ten older persons (2.5%). For the question on how long they have been participating in the program, the most common answer was three years (60%), followed by two years (22.5%). Their motivations for participating were: “being able to help those in need of assistance” (42%), “being fond of socializing with the older persons” (18%), “being able to utilize their own skills that are applicable to others” (15%), and “being able to enrich their own daily lives by participating in the program” (11%).

Regarding the services that volunteers offer, all volunteers have experienced the conversation service, where they accompany the older persons and have conversations with them. Other services that the volunteer respondents have offered are: telephone consultations (65%), communication with family (62.5%), provision of community resources, accompaniment to community activities (37.5%), and daily care support (15%). The majority of volunteer (73%) respondents have also provided mental/emotional support through a range of services, such as telephone consultations, and 60% of volunteers reported that they have established relationships with older-seniors’ family members, relatives, and friends.

2.3.2. Survey Result—The Case of Jinshan District, Zhujing Town

In the same manner, a questionnaire survey on SBP was conducted in Zhujing town in the Jinshan District, a rural area of suburban Shanghai (The Leqi Social Work Service Agency 2015). Responses were collected from 33 older-seniors and 50 younger-senior volunteers (the numbers of valid responses were 30 from older-seniors and 50 from volunteers.) Among the 30 older-senior respondents, 16 were male and 14 were female, with the age group of 81 to 85 years old being the largest. The major diseases the older-senior respondents reported having were high or low blood pressure (60%), followed by arthritis (55.3%), osteoporosis (33.3%), cataracts (30%), diabetes (20%), and coronary arteriosclerosis (16.7%).

Among the younger-senior volunteer respondents, five were male and 45 were female, and the largest age group was 61 to 70 years old, which accounted for 56% of the total, followed by 51 to 60 years old, those who had retired recently (30%), and those younger than 50 years old, who were early retirees (14%).

(1) Survey Result from Older-seniors

The questionnaire survey found that 94% of the older-senior respondents have been receiving services for more than a year, and 6% of the respondents have been using the services for less than a year. Many of them receive services once or twice a week. The widely-used services are the “home visit service” (86.7%), “conversational service” (73.3%), and “accompaniment to community activities” (50%). The majority of the respondents answered that they are “satisfied” with the services (90%) while the other cited it as “average” (10%).

(2) Survey Result from Volunteers

One volunteer takes care of five (86%), four (8%), six (4%) or ten (2%) older persons. Most of the volunteers have already participated in the program for more than three successive years. Their motivations for participating were: “being able to find a great meaning in the activities themselves” (92%), “being able to utilize their own skills that are applicable to others” (52%), and “being fond of socializing with older persons” (50%).

They provide services including “mental/emotional support” (73%) such as conversation service and telephone consultation, “activities to build friendships among older-seniors’ family members, relatives, friends and neighbors” (60%), and “provision of care resources and daily care support” (35%).

2.4. Program Evaluation

According to the Leqi Social Work Service Agency’s survey in the four districts of HP, JS, SJ and YP of Shanghai, the older-seniors’ level of satisfaction with the volunteers’ services is very high. The satisfaction in the HP and JS districts is 90%, and is as high as 100% in the SJ and YP districts (The Leqi Social Work Service Agency 2015).

There was a question in the survey: “Who are you going to ask for help when you need it?” The answers in each district were slightly different, but the most common answers were “volunteers” and “children or relatives.” The older-seniors seem to prefer to look for help from the younger-senior volunteers, their children, relatives, and neighbors than community social workers or neighborhood committees. The survey result also shows that children and relatives are still the main helpers, but the proportion of those choosing the volunteers was also very high. In some districts like HP and JS, the proportion of choosing volunteers even surpassed that of those choosing children, relatives and neighbors. This indicates that the older-seniors trust the volunteers very much, sometimes more than their own children and relatives. Some older-seniors think the service attitudes of volunteers are very good, their needs can be satisfied by small things, and the efforts of the volunteers make them feel cared for. From the perspective of the functional informal support, the services of volunteers meet the needs of emergency assistance and mental safety.

Table 5. The choice made by older-seniors in response to the question:
“Who are you going to ask for help when you need it?”

HELPER	HP	JS	SJ	YP
Volunteers	73%	83.33%	95%	34%
Neighbors	65%	36.67%	/	11%
Children or relatives	70%	80%	95%	49%
Social workers	50%	53.33%	/	3%
Others	0%	0%	/	3%

Source: The Leqi Social Work Service Agency 2015

2.5. Challenges

SBP has been successful since its introduction in 2012, and nearly 200,000 older people have received services through the program every year. However, some challenges still remain.

Firstly, a system and methods for evaluation have not yet been developed. Since the program managers do not clearly understand the operation of the entire project, there is a discrepancy between the management body and those who actually implement the program in understanding suitable evaluation indicators. Also, under the current situation, the evaluations are mostly done by volunteers. The foci of evaluation are mainly the number and length of time of services provided. Therefore, the evaluation methodology and its validity need to be examined to prove the effectiveness of the program objectively and scientifically.

The second challenge is the volunteers' expertise. As we can see in the "service provision," the services provided by volunteers are mostly non-professional, such as home visit and the conversational service. Most of the volunteers do not have skills for professional and individualized services, such as alleviating physical pain or helping older persons to maintain their memory.

Thirdly, there is not a large range of services and therefore choices are limited for older-seniors. Due to the limitations in volunteers' abilities and their work hours, the services concentrate mostly on mental/emotional support. Most of the volunteers are not able to provide services related to healthcare, rehabilitation exercises, medical guidance, nutrition and diet, which are the major interests of older-seniors. There are also few volunteers who can conduct simple medical tests, such as measuring blood pressure and heart rate.

Lastly, there is no management system that can effectively use the resources of community volunteers. There is no strong connection between the volunteers of SBP and other types of volunteers in the community. The cooperation between volunteer bodies should be promoted and they should share their findings in order to fully mobilize the resources in the community.

Picture 3. Learning activity for older persons



Source: CPC Jinshan District Committee on Political and Legal Affairs 2013

Picture 4. Home visit, part of the partnership program for older persons



Source: Liu Bilong and Gu Wu 2012

Conclusion

China's population is ageing rapidly. Although the government is accelerating the construction of a formal care system, it still cannot meet the needs of all of the older persons in China. In addition, the traditional values of strong family ties and blood relationships in China make older persons prefer to choose informal over formal care. In fact, informal care has functions that cannot be covered by formal care: the first is to meet the needs of emergency assistance for older persons; the second is to meet the needs of emotional communication; and the third is to meet safety-related and psychological needs. However, the size of Chinese families has been becoming smaller and smaller in recent years, and the family's capacity to provide care for older persons has been weakened. Therefore, it is not only necessary but also very important to support and develop informal care among neighbors in China.

This study selected two representative cases in Shanghai. Case 1 reflects the characteristics of rural areas in China. Located in the Fengxian rural district of Shanghai, the establishment and development of "Si Tang Jian" was based on the close relationships that still exist among the neighborhoods. Once there is a "leader" who is enthusiastic and willing to shoulder responsibility, the family, the neighborhood, the civil society and the government work together and reap the synergistic benefits. Then a model of neighborhood mutual help can be formed. The characteristics of the Si Tang Jian model can be summarized as follows: the family is the basic unit, mutual assistance is the means, the support of civil society acts as a complement, and the support of the government provides the driving force.

Case 2 is the "Senior Buddy Program" (SBP) initiated in urban areas, which reflects the characteristics of mutual help among older persons in Chinese urban areas. It is a program that encourages younger-seniors to help older-seniors living alone. As the spirit of volunteerism in

urban residents is widespread, it is easy to obtain the professional support of social workers, thus there is a certain realistic basis for the younger-senior volunteers to take care of the older-seniors.

The operation mechanism is well-developed in SBP, which can be summarized as follows: senior buddy self-groups in the community are established through government investment and policy guidance; under the professional guidance of social workers, younger-seniors pair with the older-seniors living alone to form a “neighborhood self-organizing mutual help group,” and the project funds and resources are used to carry out care activities for older seniors who are living alone. Thanks to this well-functioning operation mechanism, the program has the following features: it stimulates the spirit of volunteers among the younger generation, maximally unearths the advantages and resources of each actor under the guidance of the government's policies, and by so doing provides services for the older-seniors from the bottom up.

From the two case studies in Shanghai, we can draw the following practical implications and conclusions for establishing a system of informal care for older persons:

- (1) Informal community care for older persons requires the establishment of a mechanism that fits the corresponding local culture and customs if it is to be sustainable;
- (2) To improve the efficiency of informal community care for older persons, it is important to utilize the resources and maximize the advantages of multiple sectors such as families, communities, NGOs/NPOs, social workers, and government agencies;
- (3) Government support, including both financial support and policy support, is necessary for informal community care for older persons as well, because it provides a complementary to the formal care provided to for older persons; and
- (4) Inspiring the spirit of volunteerism, establishing a stimulating mechanism, and building a friendly atmosphere in the community will significantly benefit volunteer activities for informal community care for the old persons.

These implications and conclusions may apply not only to other municipalities in China, but also to other Asian countries, which have some features similar to those of China, such as rapidly progressing population ageing, cultural and traditional values with regard to older persons' care, and limited financial resources of the central government for establishing a formal care system. Therefore, the possibilities for adaptation of the implications identified in this study should be explored further in future studies.

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Chapter 2

Elderly-elderly Care Program in South Korea

Donghee Han

Introduction

In South Korea, the number of older citizens reached 7,684,919 (14.9%) in 2019. South Korea became an “ageing” society in 2000, when the percentage of persons aged 65 and over was 7.2%, and an “aged” society in 2017, when the percentage reached 14.3%. South Korea is expected to become a “super aged” society in 2026, when the percentage of older adults reaches 21.4%. The ratio will reach 41.0% in 2060 (Statistics Korea 2019a).

Population ageing comes along with the change in the dependency ratio of older persons, defined as the ratio of the number of people aged 65 and over to the number of working age population defined as those aged 18 to 64. Projections suggest that the dependency will increase from 18.8% in 2017, to 38.2% in 2030, and 80.6% in 2060 (Statistics Korea 2017). The percentage of the population aged 85 and over (when dependency is most common) will increase from 1.2% in 2017, to 2.8% in 2030, and 11.7% in 2060. The percentage of centenarians (people aged 100 and over) will increase from 0.01% in 2017, to 0.02% in 2030, and 0.24% in 2060 (Statistics Korea 2019a). These demographic projections indicate that the need for elderly care will continue to be high and that South Korea should prepare for this situation.

The quality of later life in aged societies is a critical issue. According to the “national survey for elderly life,” the prevalence of chronic disorders among older persons is 88.5% (Ministry of Health and Welfare 2014). Older persons and their families expect a systematic approach for diseases and frailness as well as preventive information and services throughout their life cycles. In this sense, old persons require a diversified care system. Both formal and informal care systems should be established in the community.

Better services and age-friendly care systems need to be developed by harmonizing formal and informal care. However, the insufficiency of both care systems as well as the discrepancies between them have been pointed out. More than 10 years have passed since the implementation of South Korea’s Long-Term Care Insurance system. Currently, most care services under the long-term care (LTC) have belonged to the formal care system. In other words, the LTC takes a responsibility for delivering formal care services. However, there is a gap between policies and related programs and services, as evidenced by the fact that nursing facilities lack medical staff, for example. In fact, before implementing the LTC system in 2008, there were many types of informal care support in the community provided through Social Welfare Associations. A gap appeared between such social support as informal care and the long-term care services as formal care. As to the informal care system, a system of community-based care has been under development. It is partially because the governmental efforts have focused mainly on the

development of long-term care insurance and formal services.

While recognizing the importance of developing both formal and informal care systems, South Korea has faced and will continue to confront issues such as financial and human resource shortages. South Korea's economic growth is expected neither to further nurture the development of social protection and the care system nor to secure income generation for older persons. The projected decline in the working-age population may not change this scenario.

Here, the concept of older persons taking care of older persons has drawn attention. The government has implemented an elderly-elderly care program, aiming to increase older persons' social participation to deliver care services to vulnerable older persons as well as to generate income for them through the program. The premise of this service is that healthy old persons can deliver services to meet the needs of vulnerable older persons, such as nutritious meals, communication, daily life function, cleaning, and reading. This type of concept was initiated by the Korean Labor Force Development Institute for the aged (KLFDI) in 2005. According to research from the National Evidence-based Healthcare Collaborating Agency (NEHCA), this program had positive effects. The majority of participants (83.08%) were female, and the program had good economic and health effects. It is a good example of an active ageing program in South Korea (NEHCA 2015)

Our study examines how care systems for older persons have been developing through the interaction between the formal and informal sectors, with older persons' active involvement in South Korea. We investigate first policy measures and exercises for long-term care insurance, older persons' employment and community-based programs, and then the elderly-elderly care program implemented by the Yangsan City Senior Welfare Center operating in Gyeongsangnam-do. This elderly-elderly care program focuses on older persons' capabilities as social capital for their community. This study will show that the government has attempted to strengthen the combination of older persons' employment, social participation and community-involvement from the early stages of its efforts and that the elderly-elderly care program could be a key to addressing many problems caused by rapid population ageing and human resource shortages, which South Korea and other countries are now confronting.

1. Policy Measures and Exercises

1.1. Social Protection—Long-term Care Insurance and *Dolbom* (care) Services

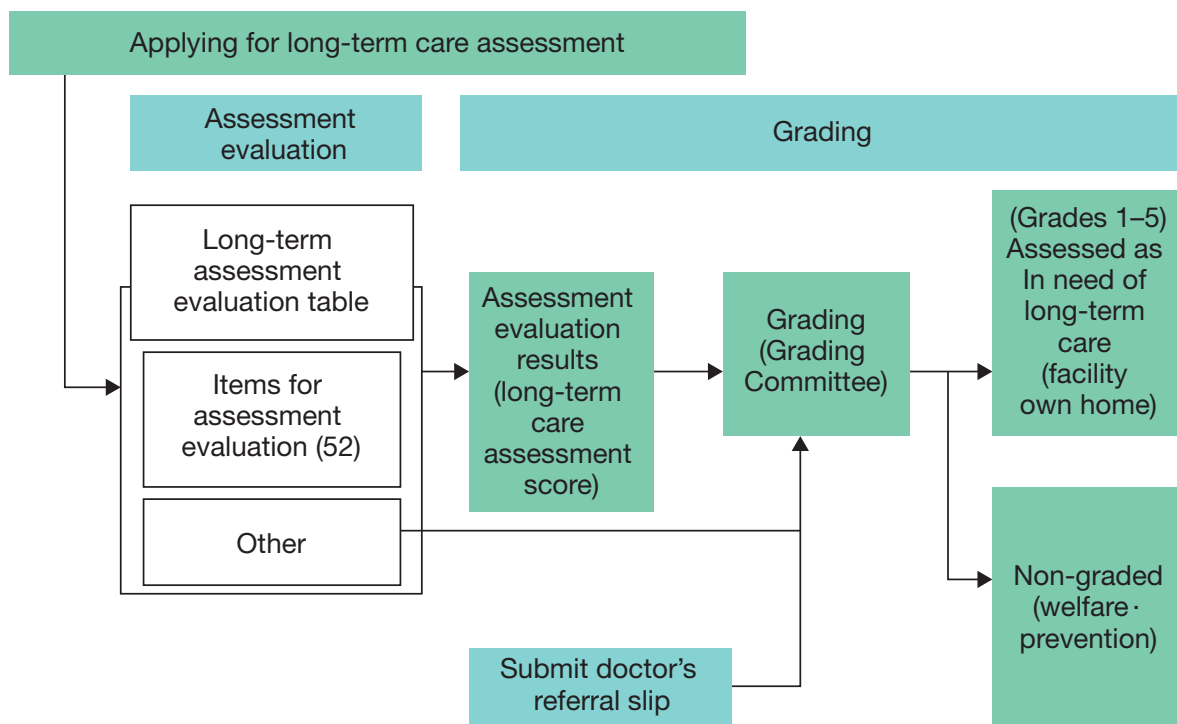
To understand South Korea's strategy for population ageing, it is good to start with the formal care system, which was established in connection mainly to the national long-term care insurance (LTC) programs. The government is in charge of planning and adjusting the basic plan of formal care.

The "Act on Long-term Care Insurance for the Elderly" was enacted in 2007 and came

into force in 2008. The National Health Insurance Service (NHIS) deals with the LTC: it charges and collects long-term care insurance premiums and manages the funds; it manages the qualifications of subscribers; and it manages the grading committees to examine applicants and to determine their care grades. It provides users with an assessment certificate and a standard plan for long-term care. Targeting older persons as well as recipients of medical benefits, it educates them about disease prevention, spreads information about the benefits of the LTC, evaluates home care services and nursing facilities, and pays special cash benefits (NHIS 2016).

In accordance with the “Act on Welfare for the Elderly,” a contract is signed between the LTC programs and the recipients of long-term care benefits. Services are provided and charged to the corporation. The local government makes a detailed plan to exercise the basic plan for long-term care, operates a project to prevent geriatric diseases, and designates institutes to provide long-term care (NHIS 2016). The Long-Term Care Needs Certification Committee, composed of people with knowledge and experience in public health, welfare, and medical services, has been installed in *si* (cities), *gun* (counties) and *gu* (districts). It decides the degree of long-term care needed by an applicant based on the state of his or her mental and physical health. Moreover, the applicant’s difficulty in taking care of their daily life alone for over six months, doctor’s referral slips, and other documents necessary for deliberations are taken into account (ibid.). The assessment process is shown in Diagram 1, and the grading levels are shown in Chart 1. In-home LTC benefits are shown in Chart 2.

Diagram 1. The process of assessing long-term care recipients



Source: National Health Insurance Service 2016: xxvii

Chart 1. Representative states of recipients of long-term care benefits by grade

Grade	Standard
Grade 1	A person with mental and physical disabilities completely dependent on the help of another person to take care of daily life and with a score of over 95 in the long-term care assessment evaluation
Grade 2	A person with mental and physical disabilities in partial need of the help of another person to take care of daily life with a score of between 75 and 95 in the long-term care assessment evaluation
Grade 3	A person with mental and physical disabilities in partial need of the help of another person to take care of daily life with a score of between 60 and 75 in the long-term care assessment evaluation
Grade 4	A person with mental and physical disabilities in partial need of the help of another person to take care of daily life with a score of between 51 and 60 in the long-term care assessment evaluation
Grade 5	A person with dementia whose score of between 45 and 51 in the long-term care assessment evaluation

Source: National Health Insurance Service 2016: xxix

The care worker certification system was set up to assure safe delivery of services covered by the long-term care insurances program. The worker certification system did not start until 2010 although the formal LTC system in South Korea was introduced in 2008. The issues of care-workers, such as social reputation, skill, professionalism, and emotional empowerment, are difficult to deal with.

More than 10 years have passed since the implementation of the LTC system. However, some problems remain unsolved. For example, as the LTC applicants are assessed based on a grade system, precise evaluation is difficult. There are many complaints that some are not given any grade and continually have to apply for one. The government provides *Dolbom* or care services to older persons who are not qualified for an LTC grade if they are from a low-income household and are living alone. However, there are many older persons who are not covered. As a result, they receive only informal care, from their families (Han, Yokoyama, and Park 2018).

Chart 2. Types of long-term care in-home benefits

Type	Content
Home-Visit care	Long-term care benefit of supporting the physical activities and housework of recipients by visiting their home
Home-Visit bathing	Long-term care benefit of visiting recipients at home and helping them bath using bathing facilities
Home-Visit nursing	Long-term care benefit of nursing, assisting treatment, or providing consultation on care or dental hygiene services based on the referral slip of a Western or Korean medicine doctor, or dentist.
Day and Night care	Long-term care benefit of providing recipients with care in a facility for a number of hours a day to support their physical activity and provide training and education in order to help them maintain and improve their mental and physical functions
Short-term Care	Long-term care benefit of providing recipients with care in a facility for a certain period within the scope decided by the Ministry of Health and Welfare to support their physical activity and provide training and education in order to help them maintain and improve their mental and physical functions
Other in home benefits (welfare equipment)	Long-term care benefit of providing recipients with tools they need to support their physical activity or daily life or visiting them at home in order to support their rehabilitation as decided by presidential decree

Source: National Health Insurance Service 2016: xxxi

1.2. Older Persons' Poverty and the Elderly Workforce Project

The poverty rate of older persons aged 65 and over in South Korea was 45.7% as of 2014. This is the highest rate among the Organization for Economic Co-operation and Development (OECD) member countries and is significantly higher than the OECD average of 12.5% (OECD 2017: 134-135). In South Korea, the reason for older persons' poverty is that the national pension system has not fully matured (ibid. 2015:170).

The national pension system began in 1988. It was not sufficient because old persons were not fully covered,¹ with the exception of those in the public sector, such as government officers, soldiers, and teachers.² There was insufficient time to establish a universal pension scheme.

In this context, the government implemented the elderly workforce project. All Elderly Welfare Centers are promoting this project. The project supports the operation of "Senior Clubs," which are job centers for older persons. These are under the control of local communities, thus they can direct the use of their own retiree human resources while simultaneously

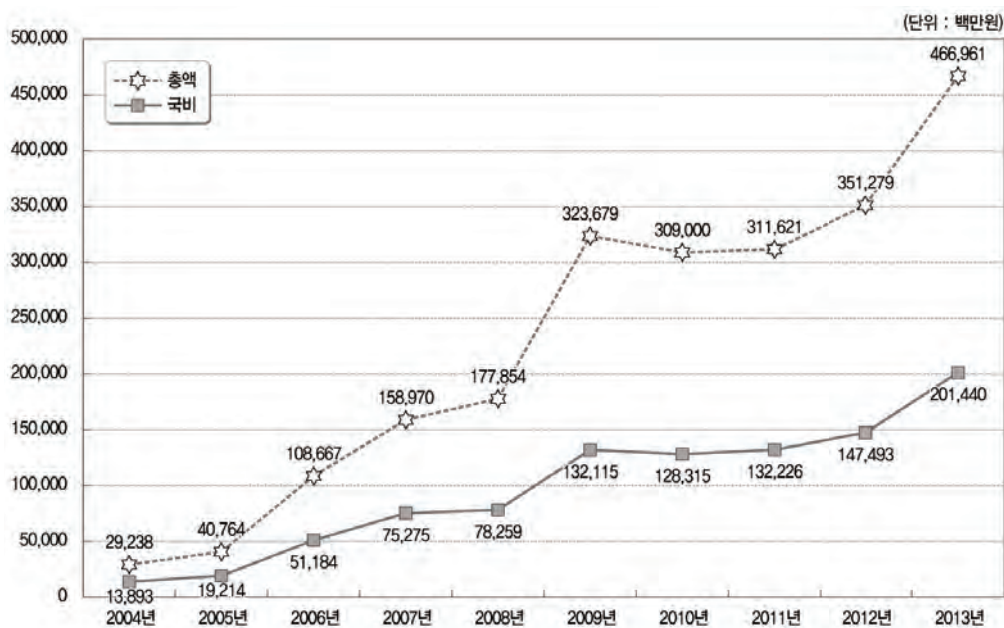
¹ The National Pension Scheme, which was implemented in 1988, covers workers in establishments with 10 or more employees (Moon 2002:3).

² The civil servant pension was implemented in 1960, the military personnel pension was separated from it in 1963, and the private school teachers' pension was introduced in 1975 (Kim 2013:1).

providing jobs to senior citizens (KLFDI 2015).

As shown in Chart 3, the government has continuously financed this project for 10 years. The budget for the older workforce increased from 13,893 million won in 2004 to 201,440 million won in 2013. This budget included investments from local governments and others. It started with about 25,000 older persons in 2004, and led to the creation of 248,395 age-friendly jobs for older persons in 2014 (KLFDI 2015). It is clear that the older workforce is the core of social participation and income generation activities in South Korea. The government has been trying to develop new areas to promote social participation for older persons.

Chart 3. Total budget for the older workforce



Sources: KLFDI 2013; NEHCA 2016

1.3. Older Persons' Employment and Social Participation and Community's Involvement

Since the early stages of developing policy measures for population ageing, the government has sought solutions to the financial limitations by combining older persons' employment, social participation, and the community's involvement, as seen in Article 23 of the "Welfare of Older Persons Act" enacted in 1981. The act stipulates that "the State or local governments shall, in order to expand the social participation of the aged, make efforts to expand the opportunities of community service activities for the aged, to devise the policies to develop and diffuse the occupational categories suitable for the aged, and to preferentially provide the job opportunities to the aged who have labor capacity" (Government of the Republic of Korea 1981).

Before the Long Term Care Insurance Act came into effect in 2008, there were various

types of elderly support activities, such as meal services, communication services, house-keeping services, and health promotion services, provided by the Elderly Welfare Centers and the Korean Senior Citizen Association. The Social Community Welfare Center and the Elderly Welfare Centers had been the core of delivering service for older persons in the community. Since setting up the Long-term Care Insurance in 2008, all services have been controlled by the Act on Long-term Care Insurance for Old Persons (Han 2017).

Community services are divided into social welfare services and health services. The Social Welfare Centers mainly support social participation and social welfare. The Health Promotion Centers deal with health promotion and dementia. The Long-term Care Service Centers are in charge of long-term care services. In spite of having the same purpose for supporting older persons, they work separately in the community. They should be integrated into a comprehensive service system that works in partnership with the community in future.

Currently, there is a gap between these social and health services and the needs of older persons. It is the “elderly-elderly care program” that is expected to play an important role in filling the gap, as we will see in the next section.

1.4. The Elderly-elderly Care Program

As mentioned in the last section, the government has focused on older persons’ employment, social participation, and community involvement. As part of this effort, the government has implemented an elderly-elderly care program through which vulnerable older persons in need receive services from healthier older people, who are thus considered part of the workforce. There are two types of involvement for healthy older adults—as volunteers and as employees. Healthy older persons at a high-income level who do not want to be members of the workforce participate in the program as volunteers. However, the majority of old persons join it to generate income for themselves. The Ministry of Health and Welfare started the program in 2005 through the Korea Labor Force Development Institute for the aged (KLFDI), whose role is to promote the workforce of older persons and conduct related research.³ In 2017, KLFDI changed and now delivers services focusing on the employment of old persons. There are various types, such as market type working groups, manpower dispatch-type enterprises, senior internships, age friendly enterprises, and enterprise-related employment. It has promoted active ageing by activating senior employment and has become a leading organization for senior employment

³ There are six branches. 124 Senior Clubs, which play a key role in providing jobs to older persons, belong to KLFDI. The data regarding number of branches and clubs are correct as of 2014 (National Evidence-based Healthcare Collaborating Agency [NEHCA] 2015). For more detailed information, refer to the Korea Labor Force Development Institute for the aged (KLFDI)’s website: <https://kordi.or.kr/eng/index.html>

that realizes inclusive welfare.⁴ The budget for the program comes from part of the budget for employment assistance for older persons. The funds come from the central government, the Ministry of Health and Welfare and the local governments (Table 1).

Table 1. Breakdown of funds for employment assistance and the elderly-elderly care program

(Unit: Million won)

		2008	2009	2010	2011	2012	2013	2014
Employment assistance	Total	177,854	323,679	309,000	311,621	351,279	466,961	-
	Central	78,259	132,115	128,315	132,226	147,493	201,440	-
	Local	99,595	191,564	180,685	179,395	203,786	265,521	-
Elderly-elderly care program	Total	34,417	55,631	52,970	46,701	48,112	58,720	71,623
	Central	16,092	23,832	23,393	20,672	21,120	26,408	32,978
	Local	18,325	31,799	29,577	26,029	26,992	32,312	38,645

Source: NEHCA 2015

Having older persons take care of older persons is a new concept in South Korea. Certainly, the program is responding to the difficult situation of the shrinking ratio of working-age population to older populations, from 13.5 in 1990, to 9.9 in 2000, 6.7 in 2010, 5.3 in 2017, 4.6 in 2020, 2.6 in 2030, 1.7 in 2040, 1.4 in 2050, and 1.2 in 2060 (Statistics Korea 2017). Seeing that the young population is declining, there is a growing opinion that healthy older persons who are also baby boomers should take part in care work and informal service provision in the community. To solve the shortage of care workers and experts who have been trained to provide care and treatment, older persons are expected to learn in order to become care providers through the program, and systematic training programs must be offered. Healthy older persons may be good at providing care in the community, since they know the older persons the best. Moreover, the program enables older persons providing care services to generate income. Therefore, it can be said that the program serves as a remedy for two issues faced by older persons: income security and availability of care services.

Moreover, elderly-elderly care could be a future-oriented strategy for labor markets. According to the World Health Organization (WHO), the demand for social care and healthcare is growing. Population growth, demographic and epidemiological transitions and the ageing of the existing healthy workforce are projected to fuel the creation of more than 40 million employment opportunities in the caregiving workforce in 165 countries by 2030 (WHO 2016:45). The elderly-elderly care program can function as a model for an effective caregiving workforce.

Most community-based support programs for older persons in South Korea are managed

(accessed on April 15, 2019)

⁴ For more detailed information, refer to its website at: www.kordi.or.kr/eng/content.do?cmsId=247

by the government. The Korea Labor Force Development Institute for the aged (KLFDI) which mainly conducts research, is one of them. On the other hand, the Senior Welfare Centers, which operate the elderly-elderly care program, have made efforts to shape a volunteer model.

In fact, in the past, too, there were many active older persons who were willing to participate in social activities. However, neither the information nor the training necessary for them to engage in such activities were available. The elderly-elderly care program has provided them with this information and training and has succeeded in getting older persons involved.

The program operates as an informal service. It is not a part of the long-term care insurance system. It is designed to provide not only care services but also opportunities for social participation to older persons. Consequently, this program reflects the principle of active ageing.

Moreover, the program adopts the idea of peer support. The service users and service providers are both older persons. Older volunteers and workers provide encouragement, mutual dialogue, spiritual renewal and peer-to-peer understanding. They also bring affection to isolated older persons in the community, and monitor them. It is notable that older persons can find a new meaning of life by themselves through participating in the program.

Many older persons already have participated in the program. According to *Saenuri* System, the web system of KLFDI⁵ that collects data of participants in the elderly-elderly care program, 108,803 people participated in the program between 2007 and 2013. Older persons taking part in the program for one year numbered 61,201, constituting 56.2% of the total number of volunteers, while 20.66% participated in it for two years, 10.51% for three years, 5.87% for four years, 3.72% for five years, 1.92% for six years, and 1.08% for seven years (National Evidence-based Healthcare Collaborating Agency [NEHCA] 2015). Most people participated for just one year, and this point deserves attention. It is necessary to provide continuous support to older persons such that they can keep learning skills and continue to work.

2. Case Study: “Elderly-elderly Care Program” of the Yangsan City Senior Welfare Center Programs in Gyeongsangnam Province

This study examines the elderly-elderly care program operated by the Yangsan City Senior Welfare Center in Gyeongsangnam province.⁶ Even though it has a short history, it has produced many best practices and promoted active ageing in Yangsan city. There are many staff members who helped older persons become leaders in their community. Older persons, who are generally seen as a problem, do their best to transform older persons into social capital for the community.

⁵ <http://www.saenuri.go.kr>

⁶ Space did not permit us to present other interesting programs and so we introduce one of them briefly here. The “Gyeongsangnam-do hot-line services and Gimhae elderly hot-line services” aim to prevent older persons from committing suicide or being isolated. Through the program, older persons visit vulnerable or ill older persons to check the risk factors of suicide, report their safety status, become friends and help to prevent suicide. They also conduct outreach and calling services.

To take care of old persons in the community, they encourage other older persons who can take care of their neighbors in the community.

2.1. Overviews of the Community

2.1.1. Gyeongsangnam Province

Gyeongsangnam province is located in the southeast region of the Korean peninsula and meets Busan and Ulsan metropolitan city on its eastern border and Namhae on its southern border. Its area comprises 10.51% of the territory of the Republic of Korea. The administrative entities are eight cities, 10 *guns*, five *gus* and 315 *eups*, *myeons* and *dongs* (Gyeongsangnam-do n.d.).

The Gross Regional Domestic Product (GRDP) in 2017 in the province was 109 trillion won, constituting 6.3% of the whole country's Gross Domestic Product (GDP). This makes the province's economy the fourth largest among all the domestic administrative divisions. As for the province's industrial structure in 2017, its GRDP can be broken down as follows: 0.1% mining; 38.1% manufacturing; 5.9% construction; and 3.3% agricultural, forestry, and fishery (Statistics Korea 2018b).

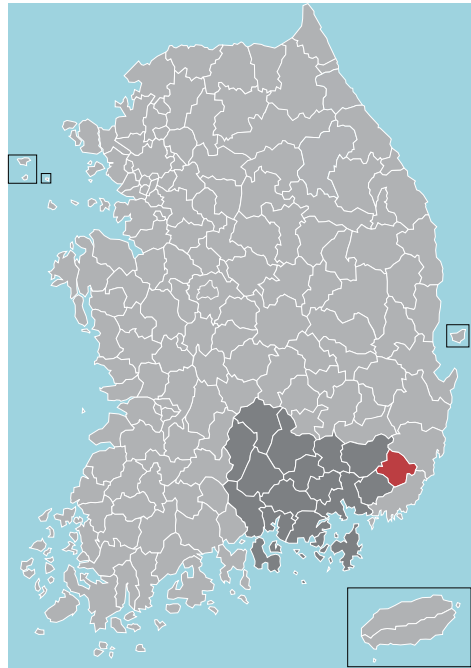
As of 2019, the population of Gyeongsangnam province is 3,441,601, including 73,744 foreigners, with 1,437,460 households (Statistics Korea 2019a). The population aged 65 and over numbers 533,320, accounting for 15.8% of Gyeongsangnam province's total population (Gyeongsangnam-do 2019). Gyeongsangnam-do became an "ageing" society (7.15%) in 1994, an "aged" society (14.47%) in 2017 and it is expected to become a "super aged" society (21.42%) in 2025 (Statistics Korea 2019b). The percentage of older persons in rural areas is high, approaching the level of a super-aged society: for example, the figure for Namhae is 35.3% and Hapcheon 37.5% as of 2019 (ibid. 2019a).

2.1.2. Yangsan City

Yangsan city is located in southeastern Gyeongsangnam province and is bounded by Taebaek Mountain Range in the east, Sobaeksan Mountain Range in the west, and Jeongjok Mountain Range in the north. Gajisan Provincial Park, featuring Yeongchuksan Mountain, boasts the Tongdosa and Naewonsa temples. Yangsan shares its southeast border with Busan, and its western border with Miryang and Gimhae.

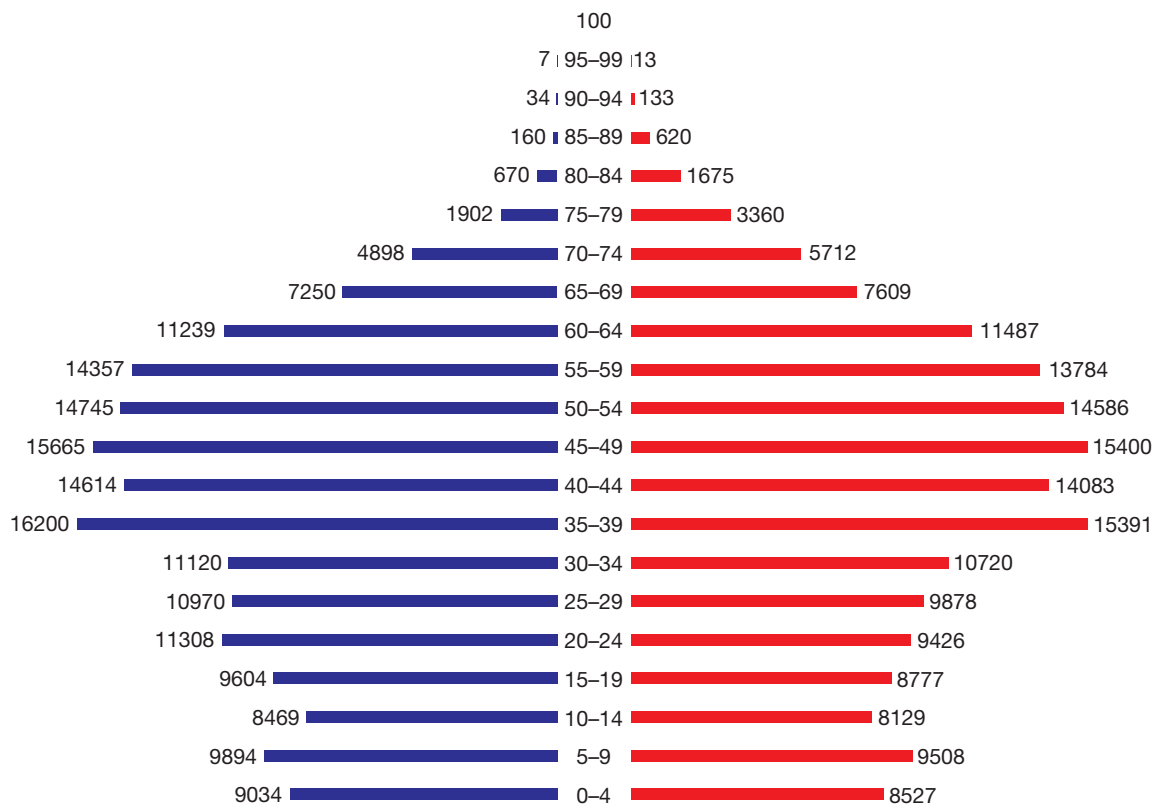
Adjoining Busan and Ulsan geographically and being associated with the latter historically, Yangsan shares these cities' urban functions. It became an independent city structure with the creation of Mulgeum New Town, leading to the expansion of the transport, education, and cultural infrastructures and amenities. It has seven industrial complexes and one agricultural industrial complex. It is home to 2,197 companies and 52 industries, which employ more than 1,000 staff members (Yangsan City Hall 2018).

Map 1. Gyeongnam Province and Yangsan City



Source: Dmthoth 2013

Chart 4. Population in Yangsan City according to age (except foreigners)



Source: Yangsan City 2019

The total population of Yangsan city is 349,763, spread across 143,321 households, according to the information in the registry as of May 30, 2019. The population growth rate is steady at around 3.77% and the city's population is constantly growing. The number of persons aged 50 and over has increased to 123,045 in 2019 (see chart 4). The number of older persons aged 65 and over is 42,847, accounting for 10.34 % of the total population of the district (Yansan City Hall 2019). It is notable that many older persons come to Yangsan from Busan after retirement (Statistic Korea 2019c).

2.1.2. The Budget for Elderly Welfare in Yangsan City

The budget for elderly welfare was 107,664,453,000 won in 2019. It is almost 10% of the total budget of Yangsan city. The social welfare budget is 32.97%. The majority of the budget for elderly welfare is spent on the Basic Pension for the Elderly (79.59%) with the next two largest outlays being on the workforce and social activities (9.28%).

Table 2. The budget for elderly welfare in Yangsan city

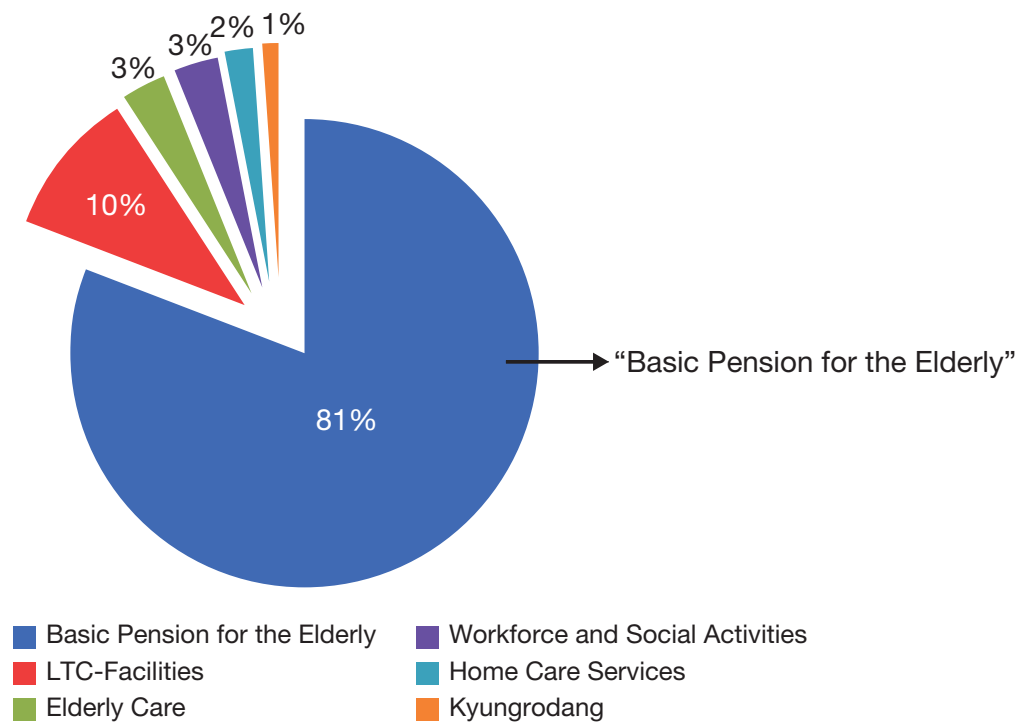
Unit: thousand won

	Contents	Budget	(%)
1	Basic Pension for the Elderly	85,693,230	79.59
2	Workforce and Social Activities	9,995,834	9.28
3	Long-term Care Facilities for Recipients of the Livelihood Program	3,574,490	3.32
4	Home Care Services for Recipients of the Livelihood Program	2,852,933	2.65
5	Elderly Care without Grading of Long-term Care	1,675,928	1.56
6	Kyungrodang (Korean community center for the oldest of the elderly) for the Elderly	1,434,678	1.33

Source: Yangsan City Hall 2019

Note: The total Yangsan city budget for older persons was 107,664,453,000 won in 2019. The six projects listed here are those that use the largest proportion of the budget.

Chart 5. Budget ratio of six priority projects for older persons in Yangsan city in 2019



Source: Yangsan City Hall 2019

2.2. Organizing Body and Users

Yangsan City Senior Welfare Center was established in April 2015 as a focal point for realizing active ageing in Yangsan city.⁷ The center's slogan is "Of older persons, by older persons, and for older persons" and its goal is to build a community where the older persons can live with dignity in the community. Its vision is a community that is happy, respectful and grateful to older persons (Yangsan City Senior Welfare Center 2016a).

The Elderly Welfare Center has 15 staff members, 1,130 volunteers, an advisory committee, and support groups. It has built a network with hospitals, dementia centers, long-term care homes, private companies (an IT company, for example), elementary schools, and women's associations. As of 2019, 50,801 older persons have used this center. There are nine main programs in total as of 2019: lifelong learning, management of a healthy life, counseling, promoting mental health, social participation, the workforce, support in crisis and living alone, human rights, and empowerment of volunteers. The center offers 80 classes under these programs (ibid. 2019).

⁷ Yangsan City Senior Welfare Center's website: <http://yscswc.or.kr>

A volunteer group for older persons named “*SeBaSi*”⁸ was formed in the Yangsan City Senior Welfare Center to offer older persons the opportunity to take part in various activities. The “elderly-elderly care program,” which this study examines, is one of their voluntary activities, as we will see in the next section in detail.

Training and supervision for older volunteers are important. The centers provide training and share information with older persons. This center has been the core of the informal care system while working with older persons.

2.3. Services of the “Elderly-elderly Care Program”

The following four activities are carried out in the elderly-elderly care program: (1) activities for cognitive and communicative functions; (2) foot massages; (3) health promotion activities; and (4) a meal delivery service. (1), (2), and (3) are voluntary-basis activities and (4) is a paid activity funded by the government. All are peer group activities, focusing on active ageing.

(1) Activities for Cognitive and Communicative Functions

The aim of these activities is to help older persons to maintain and improve their mental and cognitive function, communication skills and self-confidence (Picture 1). Older persons living in nursing homes rarely have an opportunity to talk with others due to the shortage of care workers. Even family members sometimes do not converse with older members of their family. *MamJiKi*, or Elderly Teaching Aids Instructors, visit these older persons to interact with them through playing games and leading art activities and supporting them to express their ideas and emotions. *MamJiKi* cannot perform any medical treatments but they can solve older persons’ depression by letting them talk about their issues. They can promote conversation because they are peers of the older persons, and share the same experiences and historical background.

One activity the *MamJiKi* offer involves mental exercises and fine motor skills. One of the features of this activity is that it uses “intellectual toys.” It has been reported that such toys promote improvement in expression and interaction with others, even among those who are depressed and can hardly communicate with their family members. They can thus potentially serve as a supplement to medical treatment.

Before participating in the activity, volunteers take a 10-week training course carried out by the Research Institute of Science for the Better Living of the Elderly (RISBLE). In the course, they acquire skills for living and communication in elderly life and learn the usage of intellectual toys. Almost two years have passed since this activity started and 30 instructors in total have been trained. They visit the Welfare Centers every day, as well as dementia hospitals, long-term care homes, and *Gyung-Ro-Dang*, or senior citizen halls for middle- and oldest- older persons, once a week. As to future developments, the service is expected to expand to serve older persons at home, day-care centers, and other facilities.

⁸ The word means "older persons can make a change in their community."

Picture 1. Activities for cognitive and communicative function



Source: Yangsan Elderly Welfare Center 2015

(2) Foot Massages

In this activity, volunteers visit the facilities, such as *Gyung-Ro-Dang*, and provide foot massages twice a month (Picture 2). Volunteers first acquire the skills in a training course. This activity not only provides direct effects via the foot massages themselves but also promotes information sharing about the community between volunteers and users. Thus, it is beneficial for both parties. The plan is to expand the service to more communities.

Picture 2. Foot massage activity



Source: Yangsan Elderly Welfare Center 2015

(3) Health Promotion Activity

In Yangsan City Senior Welfare Center, there is a space to promote health among older persons. Doctors and nurses are invited to the center to give lectures and training for older persons. They have also prepared various events to promote a healthy life and prevent disease.

In this activity, volunteers visit the Senior Welfare Center twice a week to monitor the health of older persons living in the community and to provide health-related services (Picture 3). Currently, nine health promotion mentors, who have received training on interaction with older persons and bodily functions, take part in the activity. The activity also involves lectures by doctors and nurses, as a result of collaborating with hospitals and universities. The users can gain information about health and receive relevant education. The mentors that provide the information also benefit, as they are able to acquire adequate knowledge of ageing through taking part in the activity. Moreover, building a network with the older persons visiting the center leads to support other than just health promotion.

Life expectancy of older persons is becoming longer but it is not easy to improve their socio-economic situation and health. What is more, the limited numbers of educational opportunities and networks in society have led to older persons becoming isolated. This program promotes networking among older persons as well as providing information on health.

Picture 3. A health promotion activity



Source: Yangsan Elderly Welfare Center 2015

(4) Meal Delivery Service

The meal delivery service serves not only as a support for older persons living alone in the community but also as a means to monitor their health. In this program, the service providers are paid 200,000 won per month for 30 hours of labor. These payments are funded by government subsidies. Although the salaries are low, some data suggest that those who engage in the services are highly satisfied with the work (Lee 2015).

According to a survey conducted by the Ministry of Health and Welfare in 2014, while the utilization rate of *Gyung-Ro-Dang* is 25.9%, utilization of the meal delivery service has remained at 1.6%. Therefore, it is necessary to disseminate information about the service to more people (Ministry of Health and Welfare 2014).

Picture 4. Delivering meals



Source: Yangsan Elderly Welfare Center 2015

2.4. The Key to Successful Program Operation

This case has shown certain conditions to promote community-based support for older persons in South Korea: a collaboration mechanism between the public sector and the community; a change in perception such that older persons are viewed as providers rather than recipients; the introduction of the concept of care into community activities; and employment for older persons. These features are in accordance with the policy measures seen in Article 23 of the Welfare of Older Persons Act enacted in 1981. This program incorporates best practices in community-based activities, such as volunteerism, peer support and opportunities to gain a sense of meaning in life. Here, we will examine these points in turn.

First, the success of the elderly-elderly care program is due in part to the collaborative relationship between the public sector and the community. The public sector creates the foundation for activities, and the members of the community and volunteers develop the activities built upon this foundation. In other words, this program serves as an interesting example where the government supports community activities effectively, playing an important role by providing venues and subsidies for activities.

It is notable that this mechanism not only functions well but also produces a synergistic effect. By establishing the support system in the community through the cooperation between the public sector, private sector, and community residents, the government can cut costs for running the program; private companies can develop new markets; the community can overcome spatial and financial constraints and the shortage of care workers; and older persons can generate income and develop their self-esteem through supporting other vulnerable older persons. The program's effectiveness is proven by the fact that it is being adopted nationwide.

Second, the perception change of older persons as service providers is key to the successful implementation of the program. Conventionally, formal care implemented by the government, including long-term care insurance, based on the premise that older persons are "recipients of welfare" who simply require and use services in a one-way manner. However, in the case of the elderly-elderly care program, older persons are considered as "providers of welfare." In Yangsan City Senior Welfare Center, they succeeded in changing perceptions of older persons through establishing a relevant program. In this program, the role of relatively young and active older persons and that of older persons in need in the community activities are not determined in a uniform manner according to age, but are rather clearly determined in the community through experiencing the care activities. Older persons qualified as instructors or older persons with certain skills, for example, participate in activities and are thus transformed from recipients to providers. This is significant as it could bring about a change in the conventional view of welfare as something government-driven and top-down.

Third, the concept of "care" is explicitly introduced into the community activities. Community activities for older persons often consist of recreational exercises, such as hobbies and games. On the other hand, as its name shows, the elderly-elderly care program has already consolidated the concept of care ever since the program was launched. The program has been carried out with the explicit aim of maintaining and improving the health of older persons. The program has not yet reached a phase in which we can predict how it will coexist with public care services and what sort of synergistic effects it will generate in the future. However, we can expect that this sort of community-based care system will play an important role, especially in preventive care.

Fourth, the program creates job opportunities for older persons who are able to work. The government has set "work for older persons" as the main pillar of policy measures for older persons and promotes their employment. The program also adopts this policy and the government directly pays salaries to those providing the meal delivery service. The salaries are low, but the older persons, who are paid to engage in the services, are highly satisfied with the work.

Fifth, the program's participants benefit from volunteerism, peer support, and finding a sense of meaning in life. Several studies have examined the program's impacts on older persons. They have shown positive effects, including greater interaction between recipients and providers and improvements in physical and mental health. Moreover, the volunteers' life satisfaction appears to increase while attending this program. For example, in Eun-Hyung Lee

(2015), the life satisfaction descriptions were based on interviews with nine senior companion care volunteers aged 65 and over who participated in a volunteer program arranged by a Senior Welfare Center located in Seoul. Their experiences of an increase in satisfaction included feeling that their physical and mental conditions were alleviated by serving others, their self-confidence developed because they were recognized as useful human beings, their humility increased through respectfully serving others, and they gained a new understanding of inter-family relationships (Lee 2015).

We can safely say from these case studies that the program will continuously bring about positive impacts on the aged society in South Korea. There are many other successful activities that could be introduced to older communities.⁹ Finally, it is necessary to raise the community's awareness of the potential of older persons as a resource.

Conclusion

Many older persons stay at home alone in a vulnerable environment. These older persons are eager to feel affection from others, communicate with, and share their life history with someone who can understand their point of view. However, it is not easy for their family and even welfare facilities to meet such emotional needs. On the other hand, about 85% of older persons are likely to be healthy enough to support frail and isolated older persons. Even if these healthy older persons are willing to do so, they cannot do without information and training. The elderly-elderly care program has developed as a way to respond to the needs of both sides.

Many communities have attempted to build a support system for older persons and have faced constraints posed by the shortage of people who are capable of supporting older persons. The working age population that traditionally supports older persons has been declining in South Korea. The growing number of older persons will exacerbate the problems deriving from the shortage of care workers. Communities are concerned about who will take care of older persons and what kind of care services will be needed. In this regard, it is important to understand the lives of older persons and find risk factors in the community, and therefore it is necessary to develop a comprehensive approach to the provision of services.

The elderly-elderly care program could be a key to these problems. It provides older persons with care services while giving opportunities for young older persons, who are often baby boomers, to take care of older persons as volunteers or care workers. It also enables both service providers and recipients of care within this program to have a greater sense of living a meaningful life. The individuals concerned are able to make a connection because they share similar life histories and experience. After taking part in the program, most of the participants

⁹ The Ministry of Health Welfare has implemented a type of reward work for older persons, the "Elderly-Elderly Café," in Hwasung city in Kyungkido. They have opened 44 cafés in Hwasung City where 89 older persons are working as barristers. They have been trained and have learned to provide certain services (Hwasung Senior Club 2010~2019).

are interested to learn more about care skills and gerontology. They look forward to contributing to the community as a kind of social capital and as models of active ageing.

The program has a great deal of potential. Presuming that care markets will grow steadily, the program may turn out to be a strategy for ensuring the provision of care services, employment, and financial gain. Older persons would be able to take advantage of their age, because they can understand the situations of the older persons who are their peers. Hence, they will be a kind of social capital if they receive proper training. What is more, the program could serve as a model of an aged-integrated society for the future. To date, informal care has mainly been provided by the family. However, if the program develops further, it will help older persons to live either with their families, or with care workers in nursing facilities.

The elderly-elderly care program has been implemented in many places and the government has recognized that it is effective in areas such as saving medical costs, increasing social participation and contribution, and generating income. However, the government has always focused more on formal care relating to the long-term care insurance system, and consequently it has not provided enough support for informal care, which is carried out by families, communities, and volunteers. There are only a few training and advocacy programs in the community. The government should increase their support for informal care in order to develop and expand diverse care services throughout South Korea.

Developing elderly-elderly care programs is a promising investment for communities. Certainly, in order to operate the program effectively, it is necessary to establish the foundations and ensure that the staff members of welfare centers are able to perform tasks such as empowering older persons to be volunteers. However, even taking this into consideration, the program is a highly feasible means to realize active ageing in an aged-integrated community.

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Chapter 3

The Wolgye Social Welfare Center's "Beautiful Neighbors" Program

Kim Sung-won

1. Backgrounds: Korean Society and General Social Welfare Centers

1.1. Super Rapid Ageing Population, Undeveloped Social Security System and Promising Community-based Welfare

As of 2018, the percentage of persons over 65 years old in South Korea was 14.8% (Statistics Korea 2018), which is much lower than that of Japan (28.1%) or other developed countries (Ministry of Internal Affairs and Communications, the Government of Japan 2018). However, the country's population ageing rate is increasing faster than anywhere else. It is estimated that, by 2060, the percentage of persons over 65 years old will be 41.0% (Statistics Korea 2019), which will exceed of the figure for Japan (39.9%) (Cabinet Office, the Government of Japan 2016: 8), and Korea will become the most aged society in the world.

Considering this rapidly ageing population, it is easy to imagine that policy measures for population ageing have recently emerged as an important political issue in South Korea. Here, it is important to pay attention to the timing of population ageing rather than its speed, as we will see now.

In many developed countries, population ageing became apparent around the 1960s to 70s. This period corresponds with the implementation of measures for population ageing and the development of social security systems, focusing on pensions and medical care in particular. It is a well-known fact that the rapid economic growth in the postwar period enabled the governments of these developed countries to develop and finance social security systems. This is the period called the "golden age of the welfare state" (Flora 1986).

On the other hand, it was in 2000, when the percentage of the older population comprised 7.2% of the total population, that South Korea became an ageing society (Pyo 2009: 26). In terms of ageing, South Korea is at least a quarter of a century behind other developed countries. In those days, the "golden age of the welfare state" had already ended in most parts of the world, while in South Korea, the rapid economic growth ended and the era of low economic growth began. Experiencing two economic crises of the Asian financial crisis of the late 1990s and the Lehman Brothers collapse in the late 2000s, the increasing fiscal burden of the social security system became a growing concern. Moreover, the instability of the international situation and the global economy since the Eurozone debt crisis in 2010 has fostered further anxiety.

The following words are from Kim Moo-sung, the leader of the then-ruling party, the Saenuri Party, in late 2014. They show the situation around South Korea's selection of policies concerning the social security system.

“As regards whether to have ‘high quality welfare with a big burden’ or ‘low quality welfare with a small burden,’ our nation’s level of welfare is low. However, we should not raise the level unconditionally, since that would deteriorate our financial health and change us to be dependent on IMF support, just like Greece or Portugal. Welfare is irreversible, so there is no going back once we’ve raised the level ... Japan is a typical example in this respect” (Saenuri Party 2014).

It is clear from his words that South Korea cannot simply copy other developed countries’ efforts for population ageing, but rather has to learn lessons from them as negative examples and find a different approach tailored to South Korea. In fact, South Korea has confronted difficulties in operating the pension system to provide a sufficient income for older persons and therefore it has attempted to implement policy measures for a low burden.

Among these various attempts, it is community-based welfare that is worth examining as a new project with a light financial burden. While the government has developed a social protection system to address the rapid population ageing, it often operates at a minimum standard due to financial limitations. To compensate for this deficiency, various private bodies, such as social welfare corporations, non-profit organizations and social enterprises, provide diversified services for older persons as part of community welfare. Among these entities, the most representative are the “general social welfare centers,” as we will examine in detail now.

1.2. General Social Welfare Centers and Informal/Formal Welfare Service

In South Korea where “Confucian” or “filial” ideology is still strong, family members generally care for the older members in their community. Only in cases where such informal care does not work, does the government provide formal care services in accordance with its policies. Recognizing that family functions and/or ties with the community are weak among low-income people, the government has established “general social welfare centers” (hereinafter “welfare centers”) to provide welfare services for older persons, targeting mainly low-income families and communities, since the late 1980s (Kim 2017; Korea Association of Social Welfare Centers n.d.; O and Kim 2017).

The welfare centers have their origins in the Settlement Movement of the early 1900s, but it was in 1988 that they started to gain attention as the main provider of community welfare in South Korea (Kim 2017; Korea Association of Social Welfare Centers n.d. O and Kim 2017). Related laws were enacted, rules were implemented, and the welfare centers were set up nationwide at a rapid pace. It is likely that the government intended to fully utilize the capabilities of local communities and the private sector so as to tackle social issues, including poverty, and to

meet welfare needs while keeping the financial burden low. There were only 35 welfare centers in the country in 1988 but there are 466 as of 2019.¹

The welfare centers operate various programs for not only older persons but also all community residents. However, it can be assumed that a large part of their programs is services for older persons, on the grounds that they target low-income people and that the majority of the low-income group are older people.

It is difficult to identify whether these services are "formal" or "informal." Welfare centers are certainly established and operated with governmental funds and are therefore "formal" providers of welfare services. However, the governmental funds cover only labor costs and some services while other services are funded by the private sector, such as community chests and companies, which engage in corporate social responsibility. From this viewpoint, their services could not be termed "formal." Moreover, some say that it is appropriate to see their services as "informal" since most of them are carried out by welfare centers outside the context of government institutions or policy.

Here, we examine the "Beautiful Neighbors" program implemented by the Wolgye Social Welfare Center in Wolgye-dong in Nowon district, Seoul city. This is a representative example of the various programs for older persons that the welfare centers have implemented.

2. "Beautiful Neighbors" Program

2.1. Overview of the Operation Area

Before examining the "beautiful neighbors" program in detail, we will look at the main features of Wolgye-dong in Nowon district, in which the Wolgye Social Welfare Center is located. Nowon district is located in the northeastern part of Seoul and it comprises 22 dongs in total, including Wolgye-dong. It is mainly a residential area and there are residential facilities, such as apartments and condominium buildings, as well as many commercial facilities, such as old shops and new shopping malls. The population of Nowon district is 571,483, which gives it the second highest population density in the 25 districts in Seoul. The older population is 70,250, which is the highest number of older persons in any district in Seoul. Consequently, it is also the district where the largest number of people receive assistance through the National Basic Livelihood Security System (23,294 recipients, 4.2% of Nowon district). Wolgye-dong, in particular, has the largest number of poor persons in Nowon district (Nowon-gu Office n.d.).²

¹ For up-to-date information, see the website of Korea Association of Social Welfare Centers: <http://kaswc.or.kr/welfarecenterlist>

² For up-to-date information, see the website of Nowon-Gu Office at <http://www.nowon.kr/foreign/eng/index.jsp>

Map 1. Wolgye-dong in Seoul city



Source: Made by author based on Wikipedia 2005

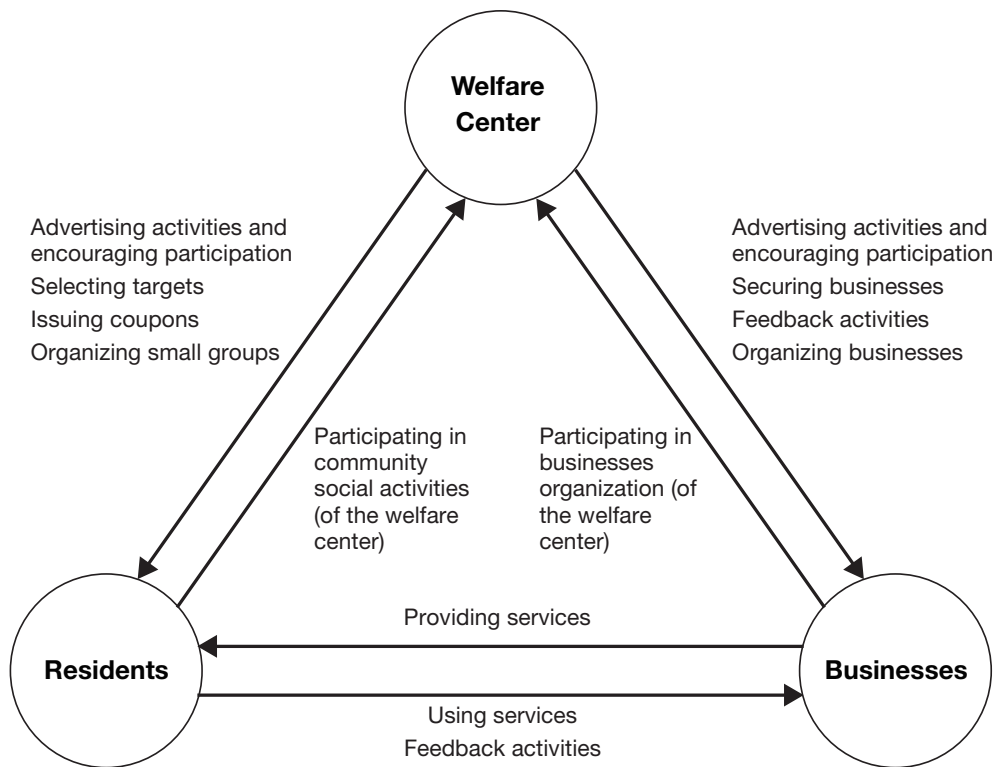
2.2. Mechanism of the “Beautiful Neighbors” Program

The “Beautiful Neighbors” program in this area aims to create a town where local businesses and residents help each other under the management and operation of the Wolgye Social Welfare Center. In the program, local businesses donate goods and services tailored to the needs of the residents and those who receive donations participate in various activities for the community and businesses.

As a welfare center, local businesses and residents play a part in the program, and their roles are as follows.

First, the welfare centers, which are a focal point of the program’s operation, look for local businesses that provide goods or services to the program, select residents as service users and issue coupons, which the users can use to obtain services in shops. Second, local businesses determine the kinds and quantity of services they wish to offer and provide those services to residents who have coupons issued by the welfare center. Third, in return for using coupons to receive services from local shops, the residents take part in volunteer activities, which contribute to the businesses’ publicity and to the community (Diagram 1).

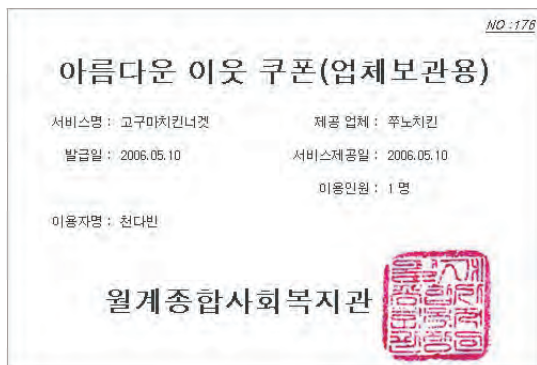
Diagram 1. Collaboration of the three actors



Source: Author's illustration

In Wolgye-dong, where many low-income older persons live, the residents' main needs are food, healthcare, taking care of their appearance, and bathing. The welfare center's social workers visit local shops according to those needs. For example, they go to restaurants and supermarkets for food; hospitals and pharmacies for healthcare; beauty salons and barbershops for their appearance; and public baths and saunas for bathing. They explain the program's purpose to the shop owners to obtain their services. The services may be, for example, a free meal for three persons per day donated by a restaurant and free treatment for three persons per day offered by a hospital. Under the supervision and management of the welfare center, older persons receive services from the restaurant or hospital by using coupons issued by the welfare center. In return, the older persons who receive goods and services contribute to the community through volunteer activities, including advertising activities for the businesses, cleaning, watching road safety, and planning for and participating in festivals for the community, and preparing meals at the welfare center and schools.

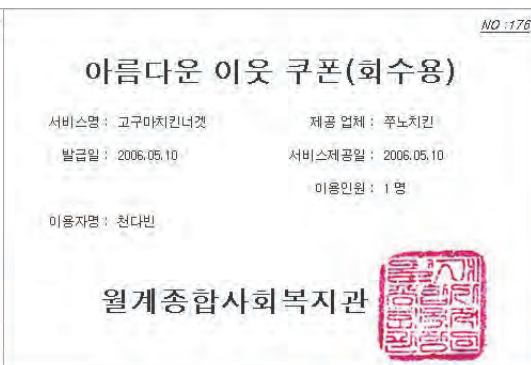
Picture 5: Users receiving services



Beautiful Neighbors Coupon (for shops to keep)

Service name: Potato chicken nuggets
 Provider: Chuno Chicken
 Issue date: May 10, 2006
 Service providing date
 Number of service users: 1
 User name: XXX

Wolgye Social Welfare Center



Beautiful Neighbors Coupon (for collection)

Service name: Potato chicken nuggets
 Provider: Chuno Chicken
 Issue date: May 10, 2006
 Service providing date
 Number of service users: 1
 User name: XXX

Wolgye Social Welfare Center



Source: Wolgye Social Welfare Center

2.3. Development of the Program

The Wolgye Social Welfare Center decided to initiate the program in 2003, reasoning that people may hesitate to donate money, but may be more willing to provide goods and services. It was also aiming to solve a difficult financial situation by fully utilizing local resources. Mr. O Dong Jun and his fellow social workers went around to find cooperative local businesses and were able to gain the cooperation of 10 businesses in Wolgye-dong. The program started with about 100 local residents as service users. Once the innovative program had begun in 2003, it gained the attention of the public and was covered in newspapers, on television, and across other media in 2004 and 2005. In addition, the program's outcomes were awarded a prize at the 1st Excellent Social Welfare Programs Prize competition held in Seoul city in 2005. Since then, the program has rapidly spread to areas outside Wolgye-dong.

In 2005, three dongs in Nowon district other than Wolgye-dong joined the program, and the number of welfare centers implementing the program became four. The number of cooperating businesses reached 41, and the number of users also increased, to 540. In 2006, districts other than Nowon district joined in the program, which grew to have eight welfare centers in five districts, as well as 55 businesses and 1,027 users. The program kept on expanding, covering all districts in Seoul and having 99 welfare centers, 774 cooperating businesses, and 11,410 users in 2008. The 774 cooperating businesses were classified into the following types: food-related businesses, such as restaurants and supermarkets (364 businesses, 47.0%); health-care-related businesses, such as hospitals and pharmacies (143 businesses, 18.5%); hygiene-related businesses, such as public baths, saunas, and beauty salons (75 businesses, 9.7%); and education-related businesses, such as computer classes and cooking classes (58 businesses, 7.5%). As regards the users, older persons constituted the majority (6,617, 58.0%) while children (1,408, 12.0%), and persons with disabilities (1,147, 10.1%) were also numerous (O and Kim 2017).

In late 2008, the Seoul Welfare Foundation, under the Seoul Metropolitan Government, started a new attempt to implement the program in all districts of Seoul city by centrally organizing, supervising, and managing the program, which had up to that point been managed independently in each area (O and Kim 2017). The welfare centers that had been carrying out the program, including the Wolgye Welfare Center, provided the Seoul Welfare Foundation with the information systems for all of the program's components and maintenance and the manuals for publicizing and developing the program, and then they joined the program, which was from then on run by the Seoul Metropolitan Government. The program became a large-scale welfare program, covering all districts of Seoul city. It also changed its name from the "Beautiful Neighbors" program to the "Seoul *Didimdol* (Stepping Stone)" program. As of 2015, the program has spread to areas outside Seoul city and has grown to have 454 welfare centers, 16,090 businesses, and 169,965 users (O and Kim 2017).

3. The Significances of the “Beautiful Neighbors” Program and Suggestions

3.1. The Catalyst for the Program

The “Beautiful Neighbors” program started with Mr. O Dong Jun’s idea. We interviewed him to find out how it all began.

He started to work for a welfare center at the end of the 1990s. In those days, his main assignment was to pick up and drop off the older persons who used the center’s day-care service. Though he was repeating a monotonous routine of driving a vehicle, one day he was given a task by a senior social worker. The task was to talk to the community people in the apartment complex where the welfare center was located at the times when he did not need to drive. It included hearings with 2,000 households, from room number 101 in block 101 to room number 1524 in block 108 in the apartment, which was where the users of the welfare center mainly lived. It took him several months to complete the task. It turned out to be a good opportunity for him to understand the situations of the people in the community, including their various difficulties and needs, and to think carefully about the roles and mission of the center and social workers.

It is true that the welfare center and social workers should deal with the residents’ seriously straitened circumstances and their diversified needs. However, it is also true that they cannot respond to all these needs. Although the welfare centers tried their best to tackle problems in the communities, there were limitations in time, budget, labor force, facilities, and skills. Mr. O Dong Jun contemplated an approach in which not only the welfare center but also the whole community could be involved in the necessary efforts and in which the welfare center could act not alone but rather in collaboration with local businesses and residents to solve the community’s problems. This turned into the “Beautiful Neighbors” program.

3.2. Lessons Learned from the “Beautiful Neighbors” Program

The “Beautiful Neighbors” program is significant in two ways.

First, it serves as a political measure of economizing expenses. It is clear from the interview with Mr. O Dong Jun that the program started with the aim of fully utilizing local resources in order to tackle the residents’ seriously straitened circumstances and to meet their diverse needs in the absence of sufficient financial support from the government. The program is operated such that the welfare center finds local businesses that provide goods and services and connects them to residents who need these goods and services. Here, financial support from the government is almost totally unnecessary. From the government’s viewpoint, it imposes a small burden and is therefore a convenient kind of welfare program.

Besides the financial significance of the program, we should pay attention to its considerable impact on the community. If we look only at the fact that the residents receive goods and

services, the program appears to involve a one-sided relationship. In fact, however, those who receive goods and services, in return, conduct direct feedback activities to improve sales, such as publicizing the shop. Moreover, they contribute to the community through volunteer activities, including cleaning the entire community in which these businesses are located, watching road safety, preparing meals at the welfare center and schools, and actively planning for and participating in festivals. Thus, the community residents in the program are not simply "objects" who receive goods and services, but also "subjects" who participate in various activities for the community. In the context where the residents are "subjects" the businesses, which provide goods and services, are more like the "objects." Here, the relationship could be seen as neither one-sided nor passive but rather reciprocal and proactive. It is the welfare centers that make this kind of program possible. An important role of a welfare center is to organize communities, and organizing communities through operating this program helps to build the community.

Conclusion

We examined the "Beautiful Neighbors" program implemented by welfare centers as part of the various welfare programs in South Korea, a country where the population has been ageing at an extremely fast rate.

Of course, the welfare centers have implemented various other programs. As regards solely their programs for older persons, they offer free meal and lunch delivery services; health consultations; home-visit nursing and care; health checks and treatment by nurses who are permanently stationed at the welfare centers in cooperation with local hospitals; and independent living and self-support services, through providing employment in the local community. They also carry out a number of programs to promote social participation, prevent social isolation, and provide places where people can feel at home. They include services for volunteer activity support, education support, recreation, visiting beauty salons, and going out support.

Moreover, there are other service providers for older persons besides the welfare centers. Throughout the country, *Gyung-Ro-Dang* (63, at 261 locations as of 2015), senior welfare centers (347 locations), and schools for older persons (1,377 locations) provide similar services to those provided by the welfare centers. Moreover, they provide residential care, mainly for low-income older persons. This includes nursing facilities (265 locations), group homes for older persons (131 locations), and welfare housing for older persons (31 locations). Furthermore, for sick, low-income older persons, there are also medical and long-term care institutions for older persons, which provide services for daily activities along with medical treatment and care, such as medical and nursing homes for older persons (2,933 locations) and group homes for older persons (2,130 locations). What is more, there are numerous day service centers for older persons (3,089 locations), which are related to long-term care insurance.

The "Beautiful Neighbors" program, as well as these services provided by the welfare agencies for older persons as mentioned above, are different from cash benefits, such as

pensions and subsidies. They are more like in-kind benefits. In this sense, it is difficult to assess the monetary value of the services. It is also challenging to assess the extent to which the services contribute to the lives of older persons. However, considering the rapid expansion of the program, its importance should not be underestimated. In recent years, the policy tone of the South Korean government has increasingly been oriented towards a “social service state,” focusing on in-kind benefits, which are less financially burdensome than cash benefits, and which are easier to fit into the budget. Given this situation, it may become increasingly important to ensure the secure provision of services through in-kind benefits such that it is possible to support older persons’ lives, not only today but also in the future.

Today, many countries in the world are experiencing population ageing, and policy measures to deal with the situation are becoming important on the political agenda. However, irrespective of whether a country has already become an “aged” society, like Japan and Western countries, or a country is in the middle of the population ageing process, like some Asian countries, it is difficult to develop and expand a sufficient system due to financial constraints. Therefore, to develop policy measures that have a small burden on the state is a common challenge for all countries.

Considering these situations, the “Beautiful Neighbors” program operated in South Korea is potentially an attractive solution, as it can be carried out with a minimal financial burden. Moreover, the program is also significant from the point of view that it enables us to create new types of community through organizing the local community.

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Chapter 4

Model of Care for Older Persons: the Case of Vietnam

Nguyen Thi Nhu Trang

Introduction

Taking care of older persons has not yet become a serious challenge for Vietnam, because Vietnamese culture designates the family as the primary source of support for older persons, and the country is still in a period of “golden population structure” (Tổng cục Thống kê và Quỹ Dân số Liên Hiệp quốc 2016).

In general, Vietnamese older persons, want to live in their own house in their community, as do older persons in other countries (Roy et al. 2018; Đặng Vũ Cảnh Linh 2009; Đặng Cảnh Khanh 2012). In addition, in a country strongly influenced by Confucianism like Vietnam, taking care of older parents is not only motivated by affection but also required by moral norms (Mai Huy Bich 1993; Nguyễn Tài Thư 1993). Therefore, the prevailing living arrangement for older persons in Vietnam is to live with their children, especially with the first son’s family. Even though the rate of older persons living alone has sharply increased, about 70% of all Vietnamese older persons live with their children (Viet Project VIE022 and VNAS research team 2012).

However, the situation has been changing accompanied with the fast pace of ageing in Vietnam. Furthermore, social issues have emerged along with socio-economic development as a result of *Doi Moi* (Vietnam’s economic reforms initiated in 1986), causing many new challenges for the welfare of older persons. For example, a robust process of urbanization, which promotes an increasingly large flow of labor from rural areas to cities for jobs, has contributed to the change of family structure: the number of traditional open families where children and grandchildren stay with and care for their older family members has decreased while the number of nuclear families has increased, resulting in an increase in the number of older persons who live alone (Nguyễn Công Thảo 2017).

In addition, 17% of Vietnamese older persons live in poverty, and many of them meet difficulties in performing physical exercises and the activities necessary for daily life (Project VIE022 and VNAS research team 2012: 90-91). Besides, the increasing income gap between the rich and the poor is making the vulnerable even more vulnerable. The increasing number of vulnerable people has weakened the capacity of the welfare system to meet their needs. While living expenses in Vietnam have steadily been going up, the allocation by the central government of financial resources for social protection has gradually decreased. In fact, the government has recently promoted so-called “universalization” in the welfare system, which promotes greater involvement of the community in supporting vulnerable groups.

As the roles of the family and the government in taking care of older persons are becoming

limited, developing community-based care models for older persons that are scalable and sustainable is a pressing issue for Vietnam. Community-based care for older persons is also important because it increases the chance for older persons to live in their own familiar neighborhood. Le Van Hoi and his colleagues have documented an increasing need for home-based care services for Vietnamese older persons who are willing to pay for professional caregivers that visit and support them at their home, as long as this service is managed by the government or reliable organizations (Le Van Hoi et al. 2012).

Given this situation, this study examines the existing community-based care for older persons in Vietnam. First, it presents general information on Vietnam. Next, it investigates two models of community-based care. Lastly, it discusses the advantages and disadvantages of these two models and shows some suggestions in introducing these models to other places.

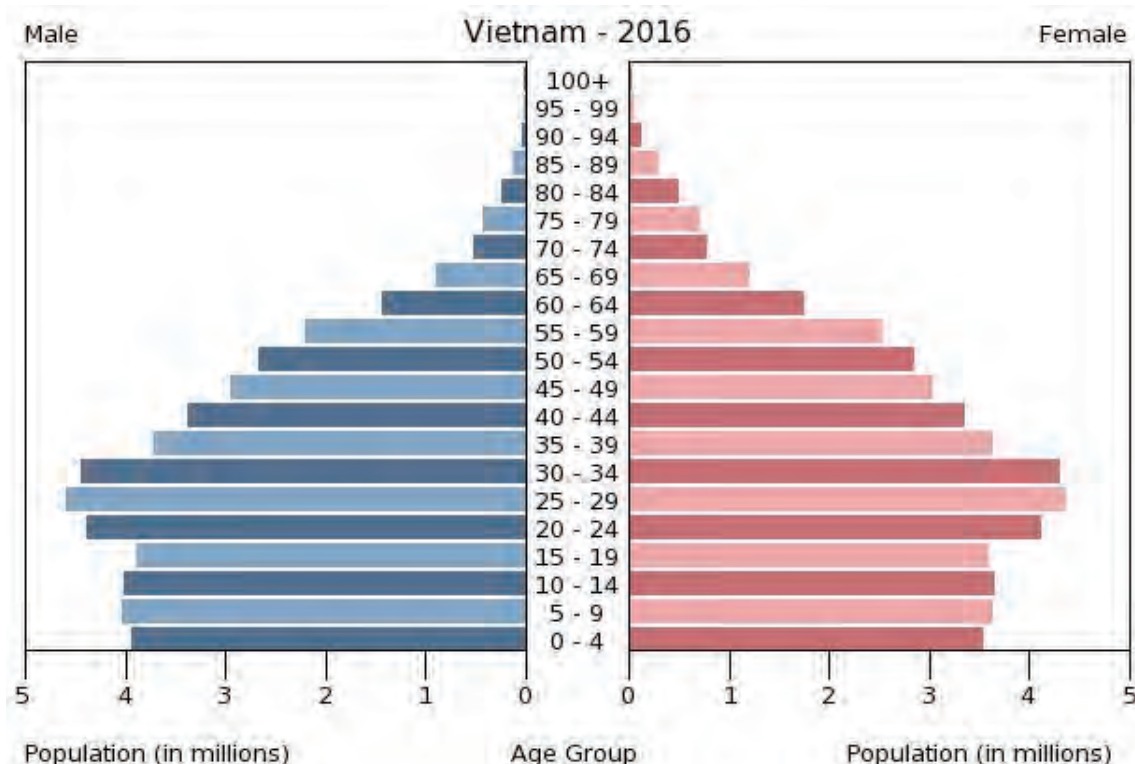
1. Background Information of the Country

Located in Southeast Asia, Vietnam has a total area of 331,210km² with a coastline of 3,444km. It has borders with China, Laos, and Cambodia. Its terrain contains the low and flat delta in the south and north, the central highlands, and the hilly and mountainous lands in the far north and northwest. The climate of the south is tropical and that of the north is monsoon with two seasons, rainy and dry. This climate, especially that of the north, is not favorable for health.

There are 54 ethnic groups in Vietnam, of which the Kinh account for about 86% of the whole population (United Nations Population Fund [UNFPA] 2011). Most Vietnamese people (81.8%) are not official believers in any religion although most would describe themselves as Buddhist as Buddhism is part of Vietnamese culture (Nguyễn Tài Thư 1993; Trần Quốc Vượng 2005). In 2005, the official number of believers in Buddhism was 10 million, followed by Catharism and Protestantism at 6 million, and 1 million, respectively (Nguyễn Quang Hưng 2014: 27).

The Investigation of Population and Housing (IPH) 2014 conducted by the General Statistics Office of Vietnam (GSO) and the United Nations Population Fund (UNFPA) shows that Vietnam still has a golden population structure in which the working age population is two times bigger than the dependent population. However, the ageing index of Vietnam has dramatically increased over the past 35 years. In 1979, there were 16.6 older persons for every 100 children born. In 1999, this index increased by 24.9 (150%). In 2014, it reached 43.3, about three times as high as that in 1979 (GSO and UNFPA 2016a). Among 10 ASEAN countries, the Vietnamese ageing index is lower than only that of Singapore and Thailand (ibid. 2016b).

In addition, the IPH survey shows that the rate of older persons living alone has been increasing in Vietnam, and this rate is higher in rural areas than in urban areas due to the growing number of young persons migrating into cities for jobs. In addition, the rate of older persons living alone and of the lowest Socio-Economic-Status (SES) group is significantly higher than that of the higher SES groups (ibid. 2016b). The IPH documents that 32.4% of



Source: Central Intelligence Agency 2016

older persons aged 80 years and over living alone are poor, whereas only 3.1% of older persons belong to the higher SES (ibid. 2016a). Whereas the rate of older persons living in doubly disadvantaged conditions (being poor and being alone at the same time) is high, the current formal care system for older persons in Vietnam might bypass this disadvantaged group when it focuses on family-based care in the future. The private sector, which generally works for profit, is not concerned with this part of the population either.¹ These disadvantaged older persons are hence left behind both in terms of governmental measures and economic development.

On the other hand, the survey on the Vietnam household living standards conducted by GSO in 2016 shows that older persons in Vietnam are the most attached to their community. Among all the age groups, the immigration rate of older persons is the lowest (GSO 2016: 88-89).² Furthermore, among five income groups of older persons,³ the immigration rate of the lowest income group (group 1) is lowest, whereas that of group 4 and 5 is higher (0.04%, 0.19%, and 0.11% respectively) (GSO 2016: 83). These facts stress the importance of developing more community-based models that can reach the most disadvantaged groups of older persons.

¹ In Vietnam, services provided by the private sector are even more limited because they are mostly located in large cities, such as Hanoi and Ho Chi Minh.

² Immigration rates (by age group) are as follows: 1.22% (25-29), 0.68% (30-34), 0.59% (35-39), 0.39% (40-44), 0.20% (45-49), 0.22% (50-54), 0.17% (55-59) and 0.19% (60+). (GSO 2016: 88-89).

³ GSO divided all older persons who participated in their survey into quintiles by income, in which quintile 1 is the poorest group of older persons and quintile 5 is the richest.

The following session describes two models of community-based care for older persons in Vietnam. Both are organized for non-profit purposes to provide multi-dimensional care for older persons, and have been operational for a long period of time.

2. Two Models of Community-based Care for Older Persons in Vietnam

The models examined in this study are (1) the Intergenerational Self-Help Club (ISHC) #2 located in Dan Quyen ward, Trieu Son district, Thanh Hoa province and (2) the Dieu Vien Elderly Home in Thủy Dương ward, Huong Thuy district, Hue city. The site visit to ISHC#2 took place on October 21, 2016, while that to Dieu Vien Elderly Home took place on October 22, 2016. Semi-structured interviews were conducted with Ms. Tran Bich Thuy, the director of HelpAge International Vietnam, some staff members of ISHC#2, and a governmental official of Trieu Son district, with the aim of collecting data on ISHC#2. To obtain data on Dieu Vien Elderly Home, interviews were conducted with Dieu Dam, the head of the nuns that run the facility, and some older persons living in Dieu Vien Elderly Home.

These two models were selected for this study because they have brought about good impacts and have been sustainable and scalable. ISHC#2 has been active for the six years since HelpAge International Vietnam introduced this model to Vietnam in 2010, being one of the first and most long-lived ISHCs. It has not only maintained its members' commitment and involvement, but also continued to attract new members from both the older and non-older population in the community. ISHC received both financial and technical support for its establishment, and receives regular supervision over its operation, from HelpAge International Vietnam. On the other hand, the Dieu Vien Elderly Home, located in the grounds of a Buddhist temple in Hue city and initiated by its former head nun, has a nearly 50-year history. The nuns plant and sell mushrooms to earn money to sustain the home, besides the contributions from the community people and various organizations.

Another reason for selecting these two models is to make a comparison between them. There are key differences in the socio-economic backgrounds of the older people that are their beneficiaries and the types of care they provide. ISHC focuses on older persons living in the community and mostly with their families. Through its six main activities, ISHC not only promotes practical care for older persons but also empowers them and strengthens their roles in their family and community, thus enhancing their social status and social integration. The Dieu Vien Elderly Home, on the other hand, takes care of homeless older persons and those who are from disadvantaged families that are unable to provide sufficient care for their older members. It provides shared accommodation, health checks and healthcare, and Buddhist funeral services and rituals. In general, the Dieu Vien Elderly Home appears to be a small community of older persons that stay together and take care of each other with the support of Dieu Vien pagoda's nuns.

2.1. Case 1: Intergenerational Self-Help Club #2

2.1.1. Overview of the Community

Intergenerational Self-Help Club (ISHC) #2 is located in Trieu Son district, Thanh Hoa province. Trieu Son district consists of both midland and plains. The climatic conditions and geographical location are favorable for developing agriculture, forestry, industry and services. According to the Socio-Economic Development Plan for 2016-2020 compiled by the People's Committee of Trieu Son district, the economic structure of Trieu Son is changing: both heavy and light industries, such as building, mining, woodwork, and services, especially transportation and financial services, are increasing, whereas agriculture, forestry and aquaculture have been decreasing from 2010 towards 2020. In general, Trieu Son's economy is developing, slowly but stably. The average economic growth rate in the period 2011-2015 reached 12.4%, which is lower than the proposed goal of 15.5% but still high in comparison with other districts in Thanh Hoa province. The gross domestic product (GDP) in 2015 was 1.8 times that in 2010. The gross regional domestic product (GRDP) per capital in 2015 was 1,230 USD, which was 1.9 times that in 2010. The poverty rate went down to 6.5% in 2015, which was better than the proposed goal of 8%. Besides, the quality of health care services in Trieu Son district also improved in the period of 2011-2015. For example, more advanced technology was successfully installed in Trieu Son District General Hospital, and the number of healthcare centers and healthcare staff at the community level has also increased (Hội đồng Nhân dân huyện Triệu Sơn 2016).

It could be assumed that even though the socio-economic development of Trieu Son district in the last five years was not as strong as the Trieu Son district People's Committee had expected, slow but stable socio-economic growth is likely to contribute to mitigating difficulties for families and communities to take care of their older persons and develop an advantageous ground for their care activities as described below.

2.1.2. The Situation of Older Persons in Trieu Son District

The total population of Trieu Son district was 202,948 persons in the first half of 2016, with an annual population growth rate of 0.55% (Hội đồng Nhân dân huyện Triệu Sơn 2016). The Trieu Son district Vietnam Association for the Elderly (VAE) reports that older persons aged 60 years old and over number 25,479 persons, accounting for 12% of the total population of the district (Hội Người cao tuổi huyện Triệu Sơn 2016). This ratio is higher than the ratio in Vietnam as a whole (10.14%) (GSO and UNFPA 2016).

There are no data on the elderly dependency ratio in Trieu Son district. However, given the previously-mentioned ratio of older persons (12%) and the lower population growth rate (0.55%) in comparison to that of the whole of Vietnam (1.05%) (Ministry of Health 2016), Trieu Son district will see an increase in the ageing index and in the elderly dependency ratio in the coming years.

The local VAE and ISHC members and Ms. Tran Bich Thuy, the Director of HelpAge

International Vietnam, state that Trieu Son has two remarkable advantages for elderly care: an active and strong VAE management board and zealous support from the local government. As a result, as many as 97% of older persons participate in Trieu Son VAE, which is a much higher proportion than that in Huong Thuy district where the Dieu Vien Elderly Home is located (60.7%) (Hội Người cao tuổi huyện Triệu Sơn 2016). According to the Trieu Son VAE report, the organization has raised different funds for different activities: (1) *Chân Quỹ*, a fund for taking care of older persons, mobilized by VAE members. It is used to support members who face difficulties like illness. Idle money is invested to make a profit. When a member dies, the entirety of the money that s/he contributed to *Chân Quỹ* is refunded to his/her family; (2) the Caring and Empowering Elderly Persons Fund, mobilized by older persons' families, which is used for organizing activities for older persons in the community; and (3) the Golden Heart Fund, mobilized by older persons in the community to support disadvantaged persons in the community.

2.1.3. Intergenerational Self-Help Club (ISHC)

Introduced to Vietnam in 2010 by HelpAge International Vietnam, there were 779 ISHCs running in 12 provinces in Vietnam at the end of 2014. Besides, hundreds of ISHCs have been established and operated by the community themselves without financial and technical support from HelpAge International Vietnam.

The significance of ISHC for older persons in the community is proven by the fact that new ISHCs are constantly being established. Even without financial support from HelpAge International Vietnam and Project VIE022⁴ the older persons and their community take the initiative to mobilize resources to open new ISHCs.

2.1.4. Intergenerational Self-Help Club (ISHC) #2

In Dan Quyen ward, there are five ISHCs, of which two received both financial and technical support from HelpAge International Vietnam through the Project VIE022. ISHC#2, which this study examines, is one of the two. It was established on July 20, 2010. The other three ISHCs were established with the resources mobilized by ISHC members and their community, and support from the local government.

This club has 61 members. Their gender, age, and socio-economic status (SES) are as follows:

- Gender: Female: 44; male: 17
- Age: 23 members aged over 70: 32 members aged from 55 to 70, and 6 members are less than 55.

⁴ "Project VIE022: Project 'Promoting the rights of poor and disadvantaged older people in Vietnam'" was supported by Atlantic Philanthropies and implemented from 2009 to 2014 in four provinces in the North Central, namely, Thanh Hoa, Nghe An, Ha Tinh and Quang Binh. The HelpAge Vietnam mobilized financial support from this project to support the establishment of some ISHCs in these four provinces (Institute of Social and Medical Studies 2014).

- SES: 4 in the high bracket; 48 in the middle bracket; and 9 in the low bracket

Its management board consists of five older persons, of whom two are female.

2.1.5. Program

ISHC#2 is designed to offer support for its members in the following six areas:

1. Healthcare: In the last 6 years, ISHC#2 has organized 11 free health check-ups and counseling for its members. It also raises funds from the community to provide free medicine for its older members. Weighing and testing blood pressure are conducted at the monthly meetings. Besides, the organization invites doctors to provide lectures for its members to improve their knowledge and healthcare skills.
3. Income generation: The funds come from various sources, but two main sources are Project VIE022 (100,000,000 VND or 4,500 USD) and monthly membership fees. ISHC#2 provides loans to its members at 1% interest per year. The president of ISHC#2 has mentioned that loans are often invested in breeding poultry, pigeons, pigs, and cows and 100% of loans have been effectively used as proposed.
3. Training and sharing experience: ISHC#2 invites experts to conduct training courses for its members to improve their breeding techniques and business skills. Besides, the members who are successful in business share their experiences with other members and offer them practical technical support.
4. Cultural performance and physical exercises: These help to enhance its members' interest in and attachment to ISHC#2. Cultural performances (mostly singing and reciting poems) are organized in the monthly meetings. The older members enjoy these activities and compose songs, plays, and poems by themselves. They perform not only at their monthly club meetings but also at some festivals of the community. Physical exercises, on the other hand, are practiced daily by groups of members living in the same areas.
5. Volunteer activities: Six members are assigned as volunteers to take care of four older persons, who are not ISHC#2 members but have difficulties such as serious chronic illnesses, disabilities or poverty. The volunteers conduct home visits three times a week to help the family to bathe their older family member, to wash his/her clothes, to clean his/her room, and to talk to him/her. Besides, other members also voluntarily carry out community work such as cleaning roads and taking care of the cemetery of martyrs.
6. Rights and entitlements: ISHC#2 cooperates with the local VAE to monitor the implementation of the policy for older persons and to advocate the rights and entitlements of older persons in the community, especially for those who are in difficulty.

2.1.6. The Positive Impacts of ISHC#2

This study observes that participation in the activities of ISHC#2 has improved the quality of life of its older members. The most notable improvement is brought about by its income

generation activities. All poor and relatively poor members have escaped the poverty trap after a few years of participating in the activities of ISHC#2. The income generation activities have not only eliminated poverty but also enabled some members to be remarkably successful in business, with an annual income over 100,000,000 VND (about 4,500 USD). This is a remarkable impact, as poverty reduction has been a considerable challenge for Vietnam for decades, because of several factors such as the lack of natural and financial resources, the occurrence of natural disasters and unhealthy habits, including alcohol drinking.

ISHC#2 strengthens its older members' economic roles and improves their business skills. It is notable that whereas microcredit and even microfinance programs generally struggle to keep themselves viable and sometimes fail, ISHC#2 members who borrow funds always pay back the principal and interest on time, and they make a profit from the loan. This success is achieved because ISHC#2 provides its members with not only loans at a low interest rate but also technical support, and promotes a regular supervision mechanism between its members.

It is important to emphasize that ISHC#2 also helps increase the sense of love and belonging among its members. This is significant since retirement and ageing often push older persons aside from social life, which in turn exerts a negative impact on older persons' physical and mental health (Yen et al. 2012; Cornwell et al. 2008). ISHC#2 brings more chances for the members to develop friendships through regular and close contact with other members and to receive attention and care from the club. Furthermore, as the interviews with older members of ISHC#2 have shown, the experience-sharing activities and the voluntary home-care service improve the members' social status, help them to discover their potential, empower them, and make them contributors to their family and community. Hence, these activities not only meet basic needs but also enhance self-esteem and self-actualization.

In addition, the ISHC model allows older persons, including those who live alone and those who live in poverty, to stay in their community, thanks to the mutual and multidimensional support ISHC members, who are both young and old, give to each other. This is a meaningful contribution as Vietnamese older persons have a strong desire to live in their close community (Đặng Vũ Cảnh Linh 2009; Đặng Cảnh Khanh 2012).

The facts that older members are committed to ISHC#2 and that it still attracts more people in the community are firm evidence for the positive impacts the organization has on its members' lives.

Besides the impacts on older persons, ISHC#2 has also made a significant impact on the local community. As recognized by local government officials, ISHC#2 has not only eliminated poverty and sped up the economic development of the community by boosting the business achievements of many families in the community, but has also ameliorated the living conditions of the community through its activities, such as cleaning the roads and offering cultural performances at the community's festivals. By doing so, it has also enhanced the community's solidarity.

Moreover, ISHC#2 has caused the community to become more age-friendly by providing

practical support for seriously disadvantaged older persons in the community, even including those who are not ISHC#2 members, and by monitoring the implementation of social policies for older persons in order to make the implementation more effective.

ISHC#2 also takes on the role of social guardianship of older persons in the community. It helps to identify cases where older persons are maltreated or neglected, and to intervene if necessary. This is important since Vietnamese culture tends to consider how family members treat each other as a private matter and, as a result, the community often overlooks cases of abuse or neglect even when there are signs of the same.

2.1.7. Challenges

It has been proven that this comprehensive ISHC model has the capacity to meet multiple needs of older persons. However, some gaps remain between ISHC's activities and the needs of older persons. Older persons are not homogenous: they have different socio-economic backgrounds and therefore their needs are different. Consequently, it is difficult for this model to cover all older members' needs completely. For example, the existing activities are designed for those who are old but active or at least healthy enough to go out to participate in group activities. Therefore, it might not be easy for older persons who have difficulties such as chronic illness or a disability to join ISHC. Moreover, although the income generation activities meet the popular needs of poor rural areas like Trieu Son district, those who are not interested in income generation activities might feel left out.

Another challenge is that the membership is limited to 70 persons per ISHC, which is an important factor to keep it effective, thus many older persons in the community cannot join it, even though they want to. Besides, according to the president of ISHC#02, some older-old persons and physically weak older persons who are unable to participate in most of the club's activities, still want to maintain their membership. As a result, ISHC is unable to admit new members although it continuously receives new applications from both older persons and non-older persons in the community.

A further challenge is that the design of ISHC is exceptionally suitable for rural and poor areas where public resources are limited, collectivist spirit is high, and social mobilization is low. In dynamic areas such as cities that represent what Emile Durkheim (1858-1917) calls "organic solidarity,"⁵ it might be difficult for ISHC to be successful. Ms. Tran Bich Thuy, director of HelpAge International Vietnam, also mentions that most of the successful ISHCs are located in rural and highland areas.

Semi-structured interviews with different parties including ISHC#2 members, managers

⁵ Durkheim developed the concept of 'mechanical solidarity' and 'organic solidarity' in *the Division of Labour in Society* (1893). Mechanical solidarity is the social integration of members of a society who have common values and beliefs. These common values and beliefs constitute a "collective conscience" that works internally in individual members to cause them to cooperate. Organic solidarity is, by contrast, social integration that arises out of the need of individuals for one another's services. In a society characterized by organic solidarity, there is relatively greater division of labor, with individuals functioning much like the interdependent but differentiated organs of a living body (Encyclopedia Britannica 2019).

and Trieu Son officials also indicate some challenges for this model as follows:

- Funding: the most challenging factor is money to establish a new ISHC and maintain its activities. To raise the amount of 4,500 USD is normally a challenge for rural areas and especially for poor areas.
- Maintenance of the volunteer team: the volunteers provide the same services as professional caregivers do; it is not easy, especially in cases where the services need to be provided for years.
- Leadership: the success of ISHC heavily depends on the capacity of its leaders.
- Government's involvement and VAE's presence: without attention and support from local government and a strong VAE management board, ISHC might not be very productive.

Ms. Tran Bich Thuy suggests that the volunteer team should be paid for their services from the government fund. However, this solution might not be feasible, given that the national budget is becoming more and more limited. In fact, a self-help basis is more practical. Therefore, as at least a temporary solution, the volunteer role should be rotated among all members of ISHC instead of permanently assigning certain members as they do now.

2.2. Case 2: Dieu Vien Pagoda's Elderly Home

2.2.1. Overview of the Community

The Dieu Vien Elderly Home is located in Thuy Duong ward, Huong Thuy district. Huong Thuy district is an advantageous location. Being at the center of the Thua Thien-Hue area, tourism and services have developed well. Since the whole area of the southeast suburb of Hue city lies at Ta Trach River valley featuring the 32km Ta Trach River, both aquaculture and agriculture have developed. In addition, there are main roads, such as Highway 1A, passing over Huong Thuy district, North-South railway, and Phu Bai international airport, and therefore it is easy to connect and develop businesses with other areas.

According to the Socio-Economic Development Report by Huong Thuy District People's Committee, the population of Huong Thuy is estimated to be 108,000 persons in 2015 with population growth at an average rate of 2.0% per year. The number of people of working age is 57,800, accounting for 53.5% of the entire population.

Regarding the ratio of the older population, Thuy Duong ward VAE committee reports that there are 1,302 older persons in the ward, accounting for about 11% of the entire population (Hội Người cao tuổi phường Thủy Dương 2016). This ratio is slightly higher than the ratio of older persons in Vietnam as a whole (10.14%) (GSO and UNFPA 2016).

2.2.2. The Situations of Older Persons in Thuy Duong Ward

The head of VAE in Thuy Duong ward considers that most of the older persons in this community are taken care of quite well by their families and relatives, and even the lives of those living

alone is generally good.

In the same manner as in other areas in Vietnam, formal care for older persons in Thuy Duong ward consists of health insurance; privileges for older persons in healthcare centers; a monthly allowance for older persons aged 80 years and over who do not have a pension; entitlement for poor older persons living alone to receive support from social protection centers; and visits and gifts from the local government and social organizations in the community on major holidays, such as Lunar New Year holidays.

This assistance, except for the health insurance and privileges in healthcare centers, plays a minor role in the daily life of older persons. This is because their family looks after them as the major caregivers, as dictated by the morals of the Vietnamese cultural tradition. In fact, none of the older persons in Thuy Duong ward have ever been admitted to social protection centers.

In Thuy Duong ward, 790 older persons (60.7%) are members of VAE. The remaining 412 older persons (31.6%) are not members with the most common reason being that as they are still relatively young (60-70 years old) they are still engaging in some kind of work and hence do not have time for VAE activities (Hội Người cao tuổi phường Thủy Dương 2016).

It has to be noted that, compared to Trieu Son district's VAE, the Thuy Duong ward VAE appears less effective, based on the following facts. First, the rate of older persons joining the Thuy Duong VAE is lower than that of Trieu Son (60.7% and 97% respectively). Second, the Thuy Duong VAE makes the greatest investment in physical exercise (which they call "*Kinh Thao Luoc* movement"), according to the Head of Thuy Duong VAE, however, this activity is organized only once a week and is unable to attract many members. Third, an ISHC was established in Thuy Duong but failed and was closed after a one-year trial.

2.2.3. Dieu Vien Elderly Home

Being different from ISHC, the Dieu Vien Elderly Home has a mission to take care of older persons having difficulties such as extreme poverty, sickness, or homelessness. The Dieu Vien model provides a shelter, meals, clothes, and even healthcare to these older persons. It plays the role of an informal social protection center for older persons without any support from the local government. Buddhist nuns operate the facility.

The history of Dieu Vien Elderly Home can be traced back to 1968. During the Vietnam War (1955-1975), many families were broken and already vulnerable persons, including older persons, became even more vulnerable. Especially after the 1968 massacre at Hue, many older persons found themselves alone. When visiting communities to support disadvantaged people, Thich Nu Chan Thong, the head nun of Dieu Vien pagoda at that time, met seriously disadvantaged homeless older persons. To take care of them, she decided to bring them to the Dieu Vien pagoda.

At first, the Dieu Vien pagoda received two to three older persons and then the number gradually increased. It used to welcome both older females and older males although the number of older males has never been more than two given that this pagoda is for nuns. Recently, only

older females have been accommodated since the last male resident left the home in 2015 due to some conflicts with other residents. At present, 23 older females are living in this home.

They started to live in the Dieu Vien Elderly Home for different reasons. Some were, as mentioned above, invited by the head nun to live in the home when she saw their difficult living conditions in their communities. Some of them were homeless and sent to the home by the local government. Some still have their family but they came to the home because their family was too poor to take care of the older member. Some have a family who can afford to take care of them, but they did not get along well with them, and so they moved to the home.

There are no admission criteria. The home welcomes all older persons who wish to live there. However, since space is limited, the home gives priority to those who are in greater difficulty.

Older persons must obtain approval from the local government to live in the home. The procedure is, according to one of the nuns, easy to accomplish because the local government just needs some basic information about older persons for administrative purposes.

2.2.4. The Program

There are 10 nuns taking care of 23 older persons in the Home with Dieu Dam, the head nun. The style of Dieu Vien's care is close to that of a self-help group: older persons clean their room and personal space and wash their clothes by themselves. Those who are in good health go shopping and cook for others. There is a small garden where they grow vegetables for their meals. They befriend and take care of each other.

The resources for living in Dieu Vien Elderly Home come from various sources. Besides the vegetables that they grow in the garden, rice, fabric, medicine, noodles, and other things are supplied by charitable groups. In addition, a local mushroom company regularly provides both materials and technical support for them to grow mushrooms. The income from growing mushrooms is used to buy food. At the times when few charitable groups are visiting the home and when the income from mushrooms is not sufficient, the nuns provide financial support drawn from Dieu Vien pagoda's own budget.

When an older person is sick, the nuns will help her with cleaning and washing. Some nuns who have been trained in Oriental medicine and professional nursing provide medical treatment if the illness is not too serious. If the illness is serious, the older resident is sent to hospital and the nuns take care of her during her hospitalization. The expenses are charged to her family but if the family is too poor to pay or the resident has no family, the nuns call for help. Their Buddhist followers contribute money and other necessities.

As mentioned earlier, the home appears to serve as an informal social protection center, however, there are many significant differences between the home and the government's social protection centers. At Dieu Vien, the nuns take care of older persons in a more zealous manner than the paid professional caregivers at the social protection centers, possibly because they are motivated by their religious beliefs. The nuns also provide some spiritual care for older persons

to help them feel more satisfied with their life, whereas this kind of spiritual care is not a focus at the social protection centers. Besides, social protection centers serve both older persons and children, while the home serves only older persons. Hence, the home is much smaller than social protection centers, and has a family atmosphere. Another significant difference between the two models is that whereas the social protection centers have a quite closed and bureaucratic administration, the home's administration is relaxed and does not impose strict rules. Again, this characteristic makes the home more like a family. In addition, social protection centers have fixed and stable resources, whereas the home relies on charitable contributions, which are unstable. Interestingly, whereas most social protection centers say that they lack resources for supporting the users of the center and that this causes many difficulties in operation, the absence of or uncertainty concerning resources do not seem to be a matter of concern to the home.

2.2.5. Accommodation

Dieu Vien Pagoda is located on a hill and is divided into two areas: the main shrine built on the top of the hill and the home located in the lower area. The nuns who live in the main shrine concentrate on their religious life. The nuns who live in the lower area take care of older persons besides conducting their religious practice.

In 2002, a house was built to accommodate older persons. It has since been extended two times. Now it has 14 rooms: eight bedrooms, each accommodating four older persons; three single bedrooms with a bathroom for those who need special care such as those who have infectious diseases; one healthcare room; and one dining room. The four bedrooms are sometimes divided by partitions when the older persons find it difficult to live with others. Additionally, there is a common bathroom and a kitchen.

Recently, a one-room house with a large Buddhist altar was built next to the home. The residents, who are old and weak, visit this room to worship Buddha instead of going to the main shrine, which is quite far from their living space. When a resident passes away, their coffin is kept in this room for three days while the nuns perform Buddhist rituals for the dead person's soul.

2.2.6. Impact

The most noticeable contribution of the home to its residents is that the residents look good and satisfied with their life in the home. The accommodation and clothes are clean but frugal, and the meals are sufficient but basic. However, they seem to meet the residents' needs. The home provides only vegetarian meals, which is sometimes an issue for older residents. A 76-year-old resident tells us that having three full meals a day is one of the things she loves about living in the home. Being asked whether she would prefer to live in the social protection center or Dieu Vien Elderly Home, one older person in the home immediately said she would prefer the home. In fact, one resident whose family is able to provide her with much better physical living conditions has chosen to live in the home.

Apart from meeting the physiological and safety-related needs of older residents, the

home also cares for its residents' spiritual life and healthy inter-relationships. When a conflict occurs, the nuns help to mediate by teaching the residents Buddhist doctrines and helping them learn how to live with other people.

Taking it into consideration that Vietnamese older persons often prefer living within their community (Đặng Vũ Cảnh Linh 2009) and generally do not want to live in a nursing home (Le Van Hoi et al. 2012), it is safe to assume that the home can be a good model of care for older persons, especially those who are alone or whose families are unable to support them.

Although the home brings about an obvious impact on disadvantaged older persons, its impact at the community level is less likely to be visible. However, considering that the rate of older persons living alone has been increasing and that problems such as loneliness and illness occur more often among vulnerable older persons (VNAS 2011), a shelter along with multi-dimensional support such as that which the home provides is increasingly needed in the community throughout Vietnam. It is also necessary to mobilize resources from the community, as the home does, to support disadvantaged older persons when resources from the central government become increasingly limited. From this viewpoint, the home makes a significant contribution to the community.

2.2.7. Challenges

One of the biggest challenges that the Dieu Vien model faces is the lack of stable funding, which could cause serious difficulty to the home if several older residents were to become seriously ill at the same time. Moreover, the home is not closely connected with the local government and the community. Currently, it communicates with the local government only when newcomers register and with the community only through charity. In other words, this model of care, even though heavily based on community resources, appears to keep older persons isolated from community.

Otherwise, no improvements seem to be required for the home's care model. This does not mean that the model is perfect, but it has done its best to fulfill its mission. Some of its characteristics, such as its relaxed style of administration and heavy reliance on the nuns' goodwill, might be considered as a limitation, but they also could be seen as attributes that should not be changed, lest the model cease to function.

As to analytical or technical methods of examination of elderly care, in order to assess this model properly, a more systematic investigation needs to be conducted to identify to what extent the model meets the needs of its target older persons, how long it can survive and what factors would contribute to its longevity. With more precise analytical tools, it may be possible to discern how the home can meet all the basic needs of older persons, why the quality of care it provides seems adequate, and to what extent the services satisfy even older persons of a middle socio-economic status.

Given that Buddhism's influence is very strong in Hue city, and that many people consider the Buddhist pagoda as another home, the success of the home may be related to the particular religious status of Hue city. Hence, whether or not this model may work elsewhere may depend

on the local religious atmosphere.

2.2.8. Comparison

These two community-based care models for older persons in Vietnam have two characteristics in common: they are both non-profit, and both aim to support older persons such that they can have a better life instead of focusing on a particular need. However, there are significant differences between them. The most noticeable difference between the two is that Dieu Vien Elderly Home is a religion-based model. Although a more systematic investigation of this model is required to understand the interactions between religious belief and practices and secular involvement, it is likely that Buddhism exerts vital effects on the motivation of the nuns and the methods by which they take care of older persons. This makes this model meaningfully different from the ISHC model.

These two models have different missions, as evidenced by the significantly different backgrounds and conditions of the older persons that they target. Most of the members of ISHC are somewhat healthy and active and are of a middle socio-economic status, and hence the organization's mission is to improve their living conditions, empower them, strengthen their social status and their integration into their family and community, and mobilize their potential. On the other hand, most of the older persons living in the Dieu Vien Elderly Home are dependent and disadvantaged. Because of their difficulties, they are unable to live with their family or live independently in the community. As a response, the mission of Dieu Vien Elderly Home is to meet its residents' basic needs by providing them with shelter, clothing, food, healthcare, and emotional support.

Conclusion

There have not been not many community-based care models for older persons created in Vietnam to date. This will be a challenge when the Vietnamese population starts to age significantly.

This study has examined two models, the ISHC model and the Dieu Vien Elderly Home model, which have turned out to offer several suggestions to resolve the current situation faced by Vietnam. The two models are non-profit and aim to provide multi-dimensional support such that older persons can have a better life. ISHC employs a successful model, through which older persons are supported and mobilized in their community. The Dieu Vien Elderly Home also employs a notable model that targets the most disadvantaged older persons and provides them with what they need the most, such as accommodation and food.

Both models make older persons feel less lonely. Although many studies have shown that feeling lonely is a big problem for older persons even when they live with their children (HelpAge India 2014; Ulyssee 1997; Yuchen 2010), care models often do not address this issue. ISHC works on the issue of loneliness by providing social integration activities, while the Dieu

Vien Elderly Home mitigates it by creating a family-like atmosphere for its older residents.

As to the possibility of application of these models, the ISHC model is suitable for rural and poor areas where formal resources are limited but cooperation can be reliably expected. In implementing such a model in cities or developed countries, its design may require some fundamental changes. Meanwhile, the Dieu Vien Elderly Home model is religion-based and so its application may be more restricted.

To further study care for older persons, it is necessary to develop assessment tools to make the evaluation of care models more standardized and comparative. These assessment tools should cover a range of measurements, such as program's sustainability, applicability, coverage and performance. Such tools will enable us not only to evaluate models of care in a more objective manner, either formal or informal, but also to compare different models with each other.

Moreover, our observations suggest that further research should be conducted on different religion-based care models for older persons, for example, the Thien An Elderly Home, which is a Catholic-based model, to see how religion in general may contribute to the development and sustainability of community-based models of care for older persons.

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Conclusion

Families often take on caregiving responsibilities for older persons as if these were moral or filial duties. However, demographic changes resulting from population ageing, fertility declines and migration of the working-age population, make it difficult for families to keep providing care for their older members. Formal care under government initiatives is expected to replace care provided by the family, but this may not happen due to limited public finances. To deal with these pressing issues, alternative approaches must be developed, such as promoting an active ageing environment, supporting older persons' employment, and strengthening mutual support networks. Governments, the public and private sectors, and communities need to collaborate closely to address the pertinent issues.

This report presented four case studies on community-based care programs in China, South Korea and Vietnam. The studies showed that the communities have made an effort to develop their own unique care programs and systems, which reflect their situations and crucial needs. These case studies have revealed that in these programs there are some features in common: the promotion of active ageing through economic and social activities; the change in the image of older persons from service-takers to service-providers or breadwinners; and the collaborations between various stakeholders. These are the keys to the programs' successful and sustainable implementation and operation.

Active Ageing through Economic and Social Activities

The World Health Organization (WHO) defines "active ageing" as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age." Each program has incorporated the concept of active ageing along with older persons' care although its approaches differ depending on older persons' needs, capability, and wills. The programs have explicitly led to improvement of older persons' quality of life, such as economic situations, health status, and life satisfaction.

In Korea and Vietnam, older persons' engagement in economic activities plays an important role in enhancing their quality of life. The economic circumstances are more likely to pressure older persons to work for their survival, presumably due to poverty or the lack of social protection. Many countries in the Asia-Pacific region have enacted policies explicitly addressing older persons' labor and have promoted their participation in the labor force. The case studies from Korea and Vietnam have shown that the communities adapt to those national policies and that through various income-generating activities older persons have escaped not only from the poverty trap but also from low self-esteem.

In China and Vietnam where older persons' loneliness and isolation from society have become an emerging issue, the activities that enhance older persons' participation in their community networks are highly meaningful. Places such as the Si Tang Jian in China, the Intergenerational Self-Help Club (ISHC), and the Dieu Vien Elderly Home in Vietnam, serve not

only to secure older persons' basic needs, but also to nurture older persons' sense of belonging by involving them in mutual support networks in the community.

It is clear that the programs designed to include both the concept of active ageing and that of care have resulted in improving older persons' quality of life, such as their economic situations, health status, and life satisfaction. This has also contributed to changing the perception of older persons, as we now will see as the second common feature.

Older Persons as Service Providers

Society's most pressing question with the ageing of the population is who will help the growing numbers of frail older persons with daily activities at home, such as cooking, dressing and bathing while the impending shortage of caregivers is becoming a problem. A premise of conventional care systems is that older persons are "recipients of welfare," who simply need services in a one-way manner.

However, most of the cases we have seen in this report consider older persons as important social assets that can provide social welfare services. For example, the Senior Buddy Program, one of the programs in China, optimizes opportunities for younger-seniors, who are younger than 80 years old, to serve as volunteers for older-seniors aged 80 and over who are in need. The Elderly-Elderly Care Program in South Korea does not even set an age limitation for recruitment of volunteers. The Intergenerational Self-Help Clubs (ISHC) in Vietnam and the Beautiful Neighbors Program in Korea also provide various opportunities for older persons to participate not only in care-related activities for other older persons, but also in social contribution activities.

The change in the image of older persons from service-takers to service-providers has become a significant driving force in the successful implementation of these programs. Moreover, the communities can overcome financial constraints and shortage of caregivers; older persons can generate income, reduce loneliness or isolation and develop their self-esteem through supporting other vulnerable older persons.

Multi-stakeholder Collaboration

The case studies have shown that the implementation of programs has become effective through establishing a support system at the community level, which strengthens the cooperation between the public sector, the private sector and the community. It is notable that the mechanism of collaboration among multiple stakeholders not only functions well but also produces synergistic effects. Namely, the government can cut the costs necessary for running the program; private companies can develop new markets for elderly care; the community can overcome spatial and financial constraints and the shortage of care workers; and older persons can enjoy a range of activities and services in programs that are designed from a perspective that prioritizes them.

This report has looked at the programs and systems that communities have uniquely developed in the countries experiencing the fastest rate of population ageing in the world. Despite

various difficulties, such as financial limitations, an absence of a long-term care system, and an insufficient pension scheme, the efforts of the communities have created positive impacts on their respective societies. This report has shown that although ageing brings challenges, it also offers opportunities if harnessed cautiously and in a timely manner. It is up to us whether it will turn out to be a crisis or a blessing. We have introduced only some of those efforts, but we hope that our studies will contribute to a further discussion on how to accommodate the impacts of ageing societies.

