



25 October 2022

# The Quasi-Market for Home Care in Urban China

Wenjing Zhang

[w.j.zhang@kent.ac.uk](mailto:w.j.zhang@kent.ac.uk)

ILPN Conference 2022

# Outline



Background – formation of the care market



Methods



Marketisation processes



Quasi-market models

# Background – formation of the care market

## ▶ Dramatic demographic changes

- ▶ Rapid ageing - 12.41% people aged 65+ in 2021 (World Bank, 2022)
- ▶ decreasing household size - 4.43 in 1964 to 2.62 in 2020 (Statista, 2022)

## ▶ Socio-economic reforms

- ▶ Extensive marketisation in urban China since the 1990s
- ▶ rural-urban migration

- Challenge the family-centred care provision
- The market plays an increasingly active role in care provision
- Home care accords with the family-centred sociocultural norms and preferences of the state and older people

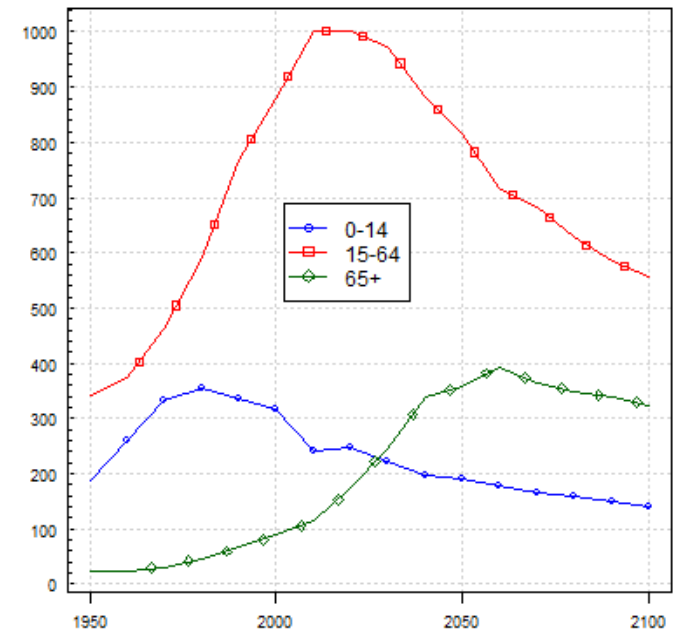


Figure1. Chinese population by age group

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017).

# Qualitative approach

- ▶ **Fieldwork**

- ▶ Shanghai
- ▶ Case study

- ▶ **30 Interviews**

21 care provider representatives; 9 government officials (sub-district & community levels)

- ▶ **Policy documents**

policies and plans (national, Shanghai municipal)

# Processes of the marketisation of care in urban China

## Contracting out

- Service provision programs, care agencies, projects

## Financial support from the state

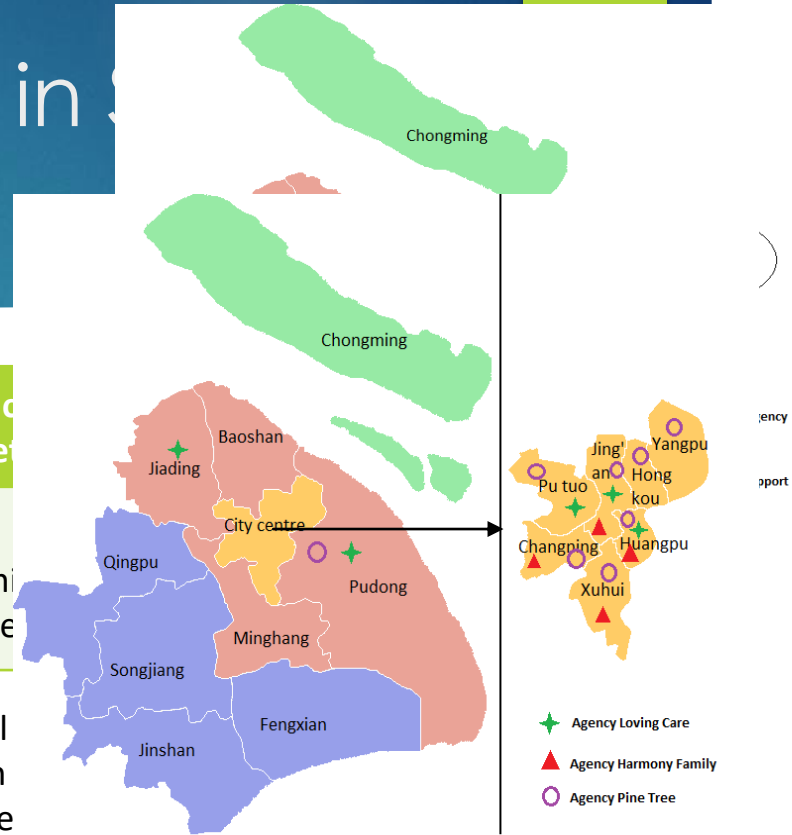
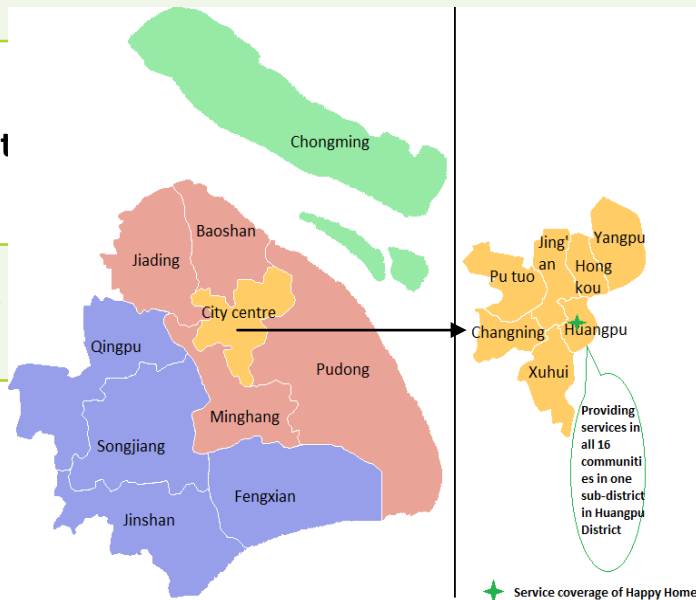
- e.g. subsidy programs to older people, service providers, care workers.
- Purchasing care services through a bidding process

## Direct purchasing

- Older people and their families

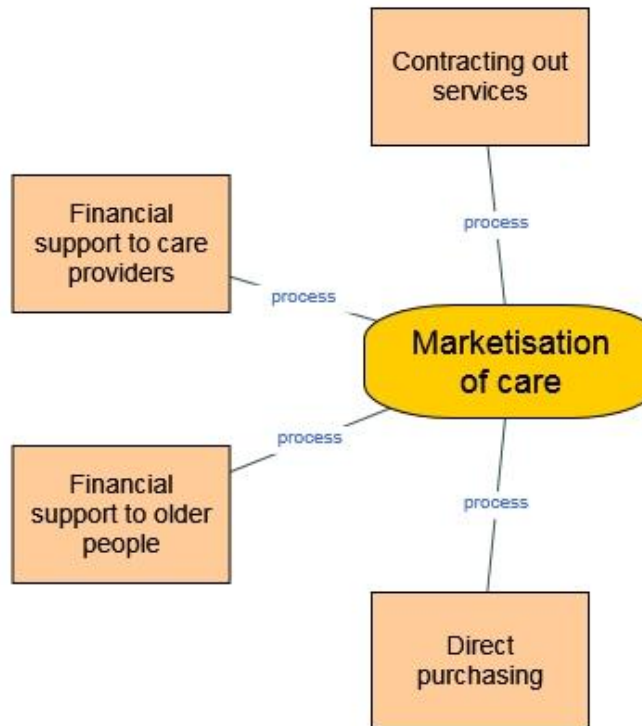
# Models of quasi-market in S

Models	Competition	State control	Government priorities	Contract out me
<b>State-controlled model</b>	Low	High	Local preferences	Pre-determined one age
<b>Limited competition model</b>				General openness
<b>"Free market" model</b>				Open bidding



large for-profit agencies

# Emerging quasi-market in urban China



# Outcomes of marketisation of care in urban China

Increasing but  
unequal  
competition

For-profit  
motivations of  
providers

Under-  
emphasised care  
quality

Inequality of  
choices

Deficient  
regulatory system





# Thank you!

[w.j.zhang@kent.ac.uk](mailto:w.j.zhang@kent.ac.uk)