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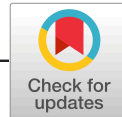
Hybridization in China's elder care service provision

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Abstract

Although the party-state has embarked on a mission to
increase elder care services, evaluating this development
according to different sectors demonstrates certain chal-
lenges. Official statistics do not include sector-specific
information, and while provider websites suggest that elder
care services are largely in public hands, Chinese experts
argue that they are mostly "civilian-run." How can we
explain these discrepancies in data on Chinese elder care?
Drawing on the concept of hybridization and triangulating
quantitative and qualitative data, I argue that the party-
state's efforts to "socialize" elder care provision has resulted
in hybridization within the industry which blurs the line
between care providers and obfuscates the stark role of the
state in elder care service provision. During the implemen-
tation of state-initiated hybridization, providers misclassify
their ownership type to benefit from financial incentives or
circumvent political control, resulting in even greater
hybridization and fragmentation on the ground.

KEYWORDS

China, elder care, hybridization, misclassification, public
administration, welfare mix

1 | INTRODUCTION

The People's Republic of China (PRC) is known as the "ageing giant." Whereas in 2010 there were 177.65 million people aged 60 and over, making up 13.3% of the Chinese population, only 7 years later this number quickly rose to 240.9 million people, which constitutes 17.3% of the entire population.[1] Given the rapidly growing elderly population in China, the Chinese party-state has tremendously expanded elder care service provision over the last decades. Although the party-state has embarked on a mission to increase elder care services, tracing and evaluating this development according to different sectors demonstrates certain challenges. While official statistics list the number of elder care homes, they do not include sector-specific information. And while provider websites suggest that Chinese elder care services are largely in public hands, Chinese experts argue that care providers are mostly "civilian-run" (private-for-profit or run by social organizations). How can we explain these discrepancies in data on Chinese elder care?

This paper seeks to shed light on these questions by drawing on the concept of hybridization and triangulating quantitative and qualitative data on the Chinese welfare mix. As I argue, the party-state's efforts to "socialize" elder care provision has resulted in hybridization within the elder care industry which blurs the line between care providers. To maintain political control, the party-state has set up a "proxy administration" which allows it to outsource state tasks to private and third sector providers while simultaneously integrating them into the state bureaucracy. Consequently, hybridization has obfuscated the stark role of the state in elder care service provision. Nevertheless, during the implementation of state-initiated hybridization, providers misclassify their ownership type to benefit from financial incentives or circumvent political control, resulting in even greater hybridization and fragmentation on the ground.

I will substantiate this claim by first reviewing the existing literature on elder care service development in China so as to demonstrate contradictions in the scholarly literature. After outlining my theoretical and methodological approach, I move on to depicting these data discrepancies in greater detail by examining official statistics, a provider website and expert interviews, respectively. In each of these data analyses, I compare urban elder care service development in three cities (Beijing, Shanghai and Nanjing) to illustrate arising discrepancies and contradictions. I then turn to explaining why these contradictions arise by providing a glimpse into community-based elder care services in practice. The paper concludes with a brief discussion and conclusion of the findings.

2 | ELDER CARE SERVICE DEVELOPMENT IN CHINA

Elder care services have seen a rapid development over the last two decades. While during the Mao era (1949–1976) and the early 1980s, there were only a few means-tested residential elder care homes, catering to the "Three Nos" (people with no children or family support, no ability to work and no source of income) (Wong & Leung, 2012), this slowly began to change in the late 1990s. After the "Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly" was adopted in 1996 (China.org, 2007), the party-state has sought to develop a three-level care infrastructure, providing residential, community-based and home-based care. It has attempted to achieve this goal by devolving care responsibilities to the local government and by fostering the "socialization" of elder care via marketization and incentivizing social organizations to take over care provision (Alpermann and Zhan, 2018). One key strategy to foster this "socialization" has been to promote the establishment of "public-private partnerships" by providing various kinds of subsidies. As Alpermann and Zhan (2018) note, "private investments are encouraged in any form, be it as separate entities or in cooperation with public providers, as joint ventures, stockholders, partners or by leasing public institutions and running them privately" (2019: 360). Since the 12th Five-Year Plan (FYP) (2011–2015) the party-state has further sped up its efforts, seeking to implement a "90–7-3 framework" in which 90% of Chinese elderly are to be supported via home-based care, 7 % of the elderly are to

receive supplementary community-based care and for 3 % care is to be provided in residential care facilities (Strauss & Xu, 2018).

As national statistics demonstrate, governmental efforts have resulted in a marked increase in elder care service providers. Whereas in 1988, for instance, there were only 870 welfare institutions providing elder care for around 46,837 elderly citizens across China (Chen, 1996), this number increased to 33,043 elder care institutions in 2014 (Blue Book, 2017). Scholars agree on the gradual increase of elder care service provision over time (Feng, Liu, Guan, & Mor, 2012), yet scholarly literature has displayed discrepancies in their assessment of the overall development of the elder care sector. First, while scholars have examined the growth and operation of residential care institutions (Cheng, Rosenberg, Wang, Yang, & Li, 2011; Wu, Mao, & Xu, 2008; Zhan, Liu, Guan, & Bai, 2006) and community-based care facilities (Chen & Han, 2016; Wu, Carter, Goins, & Cheng, 2005; Xu & Chow, 2011), their focus has been on service delivery and quality, not necessarily on sector development as a whole. Second, when describing this growth, there seems to be confusion concerning how to differentiate between service providers, in particular in terms of sector. While Zhan et al. (2006), for instance, differentiate among municipal-funded, district-level government-owned, community-owned, enterprise-owned and privately-owned elder care homes (2006: 94), others categorize according to family, the state and private enterprises which include both for-profit and non-profit providers (Shang & Wu, 2011). Again, others differentiate among four sectors: family, state, community and the market, regarding the voluntary community sector as its own sector (Wong & Leung, 2012). Whereas all studies thus include a differentiation between public and private, scholarly categorization exhibits dissimilarities in terms of whether the informal/family sector and third/community/voluntary sectors are included or not, and how to label providers which fall within one sector—as seen in the classification of "enterprise-owned" and "privately-owned" providers in Zhan et al.'s paper (2006).

Finally, even when disregarding the confusing categorizations in the scholarly literature, there appears to be disagreement over the roles and proportions of these different sectors in the emerging elder care service infrastructure. Some studies, for instance, report on the retreat of the state from providing and funding elder care services. Shang and Wu (2011), for instance, argue that today Chinese families largely either provide or purchase their care from the market, while the party-state only assumes the role of the regulator. In contrast, Feng et al. (2012) and Wu et al. (2005) speak of the significant role of central and local governments in driving and financing elder care service development, for instance by providing subsidies or tax levies or contracting out care services to social organizations. While this scholarship sheds light on the roles of different sectors, there appear to be difficulties in discerning how large the role of different sectors—public, private-for-profit, or third sector—is. In fact, instead of focusing in detail on sector-specific developments, most studies remark on the development across the three levels mentioned above: institutional, community-based and home-based care (Chen & Han, 2016; Shang & Wu, 2011) and refrain from making comments on the welfare mix. There thus seems to be either lacking or somewhat contradicting evidence in terms of the size and role of the different sectors in China's elder care service development.

3 | THEORETICAL FRAMEWORK

A common way to describe and assess welfare sector development has been to examine the "welfare mix" (Ascoli & Ranci, 2002; Evers, 1995; Powell & Barrientos, 2004; Taylor-Gooby et al., 2019). This concept is used to conceptualize a given welfare state sector, such as elder care services, along the lines of the different actors involved, as for instance the state, family, market, charities, local communities, employers and the like (Taylor-Gooby et al., 2019). Depending on the role of each actor, the welfare mix changes. While the welfare mix of elder care service provision was historically dominated by the state, more recently across the globe the welfare mix has become more diversified as governments retreated from care financing and provision to let other actors, particularly the market, assume a greater role (Ascoli & Ranci, 2002). These actors are often subsumed under labels such as public, private and third sector providers, or even further differentiated according to the administrative level of their operation. However, as

Evers (2005) notes, this categorization may not be as useful as it seems. As he argues, "There are, however, indications that the traditional clear-cut separation of market based, state-based and civil society bound/third sector-based service units has become increasingly insufficient; instead, one faces service systems and institutions that are shaped simultaneously by all three possible sectors, their values and their steering mechanisms" (2005: 738). He therefore argues to go beyond an analysis of providers and service provision by the state (public) and the market (private) in order to take a closer look at the great variety of providers, particularly at the hybrid character of social service organizations. (Evers, 2005).

According to Denis, Ferlie, and van Gestel (2015) "hybridization" has in fact been going on for decades, particularly since the introduction of New Public Management (NPM) paradigm in the 1980s (Christensen, 2014; Fossestøl, Breit, Andreassen, & Klemsdal, 2015). However, despite the longevity of hybridization processes, they continue to be ill-defined (Denis et al., 2015). While some scholars regard hybridity to be "a mix of two previously distinct principles for governing or organizing, leading to new organizational forms (e.g. 'holistic/integrative public services organizations', public–private partnerships–PPPs)" (Denis et al., 2015), others define it as the "space between two or more original approaches or practices rather than combining into a new one" (Denis et al., 2015). While entire welfare regimes can be characterized as "hybrid" (Tuohy, 2012), the scholarly literature often speaks of "hybrid organizations" which "are multifunctional entities combining different tasks, values and organizational forms, like ministries organized according to different and inconsistent structural principles, or agencies with professional groups that have different cultures" (Christensen, 2014). "Public private partnerships" (PPPs), for instance, are a common example of hybrid organizations as they constitute "working arrangements based on a mutual commitment (over and above that implied in any contract) between a public sector organization with any organization outside of the public sector" (Bovaird, 2004: 199). Hybridization may occur due to various reasons. Whereas large-scale shifts in economic, institutional, technological or ideational developments may create hybridization as a "by-product," hybrid organizations are often consciously created by governments to cope with certain governance challenges (Christensen, 2014)— for instance to finance the growing need for welfare services by mobilizing private capital (Bovaird, 2004).

This article assumes that hybridization may explain why we see these discrepancies in scholarship on elder care in China, complicating the evaluation of the Chinese welfare mix in elder care services. As the Chinese party-state has strongly encouraged the creation of public-private partnerships and other forms of hybridization (see above), it appears as if the elder care sector is experiencing some degree of hybridization that was initiated by the government itself. Yet, as Bovaird (2004) notes, hybridization tends to "dilute the political control over decision-making" (2004, 200) by granting them more autonomy, paving the way for further hybridization, fragmentation and autonomy among organizations on the ground (Christensen & Laegreid, 2011). However, other times hybridization has meant that organizations, particularly in the third sector, have become less autonomous and more dependent on the state (Bovaird, 2004). The discrepancy in Chinese data and accounts of the welfare mix in the Chinese elder care industry may thus be a result of government-initiated hybridization as well as unforeseeable by-products of the same reforms.

In addition to examining the empirical puzzle, this study seeks to contribute to the theoretical discussion on hybridization by studying the development of elder care service organizations in authoritarian PR China. Since the scholarly literature "suffers from a lack of studies into the initiation and implementation of such reforms" (Christensen, Knuth, Lægreid, & Wiggan, 2009: 1004), this study examines to what extent government initiation and by-products of implementation processes may explain the discrepancies in our understanding of the development of elder care service in China.

4 | METHODOLOGICAL APPROACH

Drawing on the notions of welfare mix and hybridization, this study investigates the diverging accounts of elder care service development in greater detail by comparatively examining government statistics, provider websites and

semi-structured qualitative interviews. As elder care services are more highly developed in Chinese coastal industrial cities and underdeveloped in rural areas and in cities of the Chinese inland (Nguyen & Chen, 2017), I conduct a comparative case study of three highly developed cities, namely Beijing, Shanghai and Nanjing. These cities were chosen, first, as elder care service development and thus hybridization will have progressed more in areas where services are more developed, and, second, as there is more data available on these cities.

To conduct this comparative case study, I combine quantitative and qualitative data obtained online and during field visits. Whereas I obtained national and municipal statistics from government websites and official "blue books" on elder care service development, I obtained information on elder care service provider profiles from a popular provider website called yanglao.com.cn. Provider information was integrated into a database which includes provider type (public, private or third sector), level (institutions, community-based, home-based), size in terms of beds as well as service price. Finally, I conducted around 20 semi-structured qualitative interviews in the summers of 2018 and 2019 in which I spoke with experts, care providers and government officials on their perceptions of elder care development in these three cities (Table A1). Interviewees were identified using a snowball sampling technique. They were asked questions regarding how roles of different sectors in local elder care provision have differed over time, what welfare mix is currently prevalent in the city and what challenges they see in terms of elder care service development.

In the following, I first examine these three data sources to provide further evidence of the discrepancies arising in accounts on elder care service development as well as to develop assumptions as to why these discrepancies occur. In a second step, I will attempt to explain the arising discrepancies by providing insight into how community-based elder care in Nanjing—one of the case studies—works in practice. This methodological approach has several advantages: The triangulation of different kinds of data provides a more comprehensive perspective of elder care service development, offering additional insights so far overlooked in the literature. Moreover, it showcases different analytical levels: While the data analyses demonstrate a macro-perspective of elder care service development across selected municipalities, the subsequent micro-level analysis draws attention to elder care service provision on the ground.

5 | CONTRADICTIONS IN ASSESSING MUNICIPAL ELDER CARE SERVICE DEVELOPMENT

5.1 | National and municipal statistical data

First and foremost, national statistical data[2] confirms a marked increase in elder care services. According to the 2017 annual report of the Ministry of Civil Affairs, in 2017 China was home to 155,000 elder care facilities, which demonstrates an increase in facilities of 10.6% from 2016. Among these, 29,000 are residential institutions (*yanglao fuwu jigou*), 43,000 are community-based centres (*shequ yanglao jigou*) and 83,000 are mutual help elder care facilities (*shequ huzhuxing yanglao sheshi*) In comparison to 2009, when the Ministry of Civil Affairs (MCA) reported 40,868 elder care service facilities, the number of service facilities has rapidly increased. However, again elder care facilities are only listed according to level of operation (institutional or community-based), not sector (public or private) or other official classifications.[3] The nature of official statistical data, however, could explain why the scholarly literature more frequently reports data in relation to level of operation, rather than according to sector.

In addition to the nature of official data, there appears to be no consensus as to how to classify elder care providers. When comparing Ministry of Civil Affairs annual reports, different categorizations are used over time, complicating a longitudinal analysis of elder care service development. Whereas the 2004 annual report speaks of "care receiving social welfare work units" (*shouyangxing shehui fuli danwei*), the 2005 report lists the amount of "ageing work institutions" (*laoling gongzuo jigou*) and the 2007 report uses the term "old-age welfare institutions" (*laonian fuli jigou*).[4] As evident in the scholarly literature, a certain confusion thus seems to arise due to different categorizations

used by the same government agency—the Ministry of Civil Affairs—across time. In comparison, the official Blue Book on urban elder care development of 2017 lists and defines six other categorizations, including "old-age social welfare institutions" (*laonian shehui fuliyuan*), "senior citizens home" (*yanglaoyuan*), "senior shared living" (*laonian gongyu*), "old-age care institution" (*hulaoyuan*), "care institution" (huyangyuan) and "old-age care home" (*jinglaoyuan*) (Blue Book, 2017). While official definitions of categorizations exist, it appears as if government documents employ different conceptualizations, making it difficult to discern what the official administrative categorizations of care provider types are and how they are defined.

Moreover, when comparing different data sources across the national and local level, not even the number of elder care homes reported appears to be consistent. For example, while Shanghai's statistical yearbook of 2017 reports that it had 699 "care institutions" (*yanglao jigou*) in 2015 (Shanghai Statistical Yearbook [SHSYB], 2017), national statistics state that it had 630 "care institutions" the same year (Blue Book, 2017). Discrepancies in scholarly literature may thus arise due to three reasons: (a) official statistics report "level-specific" (not "sector-specific") data, (b) lack of consistently defined and employed official categorizations and (c) challenges associated with statistical reporting within Chinese public administration. From an analysis of national and subnational statistics only, it thus appears that it is the nature and quality of statistics, not necessarily hybridization, which may explain the discrepancies in the literature and the differences in accounts of the welfare mix in Chinese elder care sector. Chinese statistics in general have been criticized as unreliable and contradicting by both Chinese (Chen, Chen, Hsieh, & Zheng, 2019) and international scholars (Holz, 2014; Odgaard, 1990). Interestingly, reported reasons for statistical unreliability are shifts in terminology over time and local under- or over-reporting of data (Odgaard, 1990).

5.2 | Provider website: Yanglao.com.cn

In contrast to official statistical data, provider websites such as yanglao.com.cn might shed light on elder care infrastructure development, as care providers themselves register on these websites so as to be found by the elderly and their families when searching for elder care service facilities. On these profiles, providers detail the provider category, choosing from subcategories[5] provided by the website itself, such as "senior citizens home" (*yanglaoyuan*), "old-age care home" (*jinglaoyuan*), senior shared living (*laonian gongyu*), welfare institution (*fuliyuan*), care institution (*huliyuan*)— which in part mirror the officially used categories mentioned above but also contain new provider categories not mentioned in official documents. In addition, the information provided includes: ownership type (public/private/PPP), number of beds, price levels and the elderly's level of capabilities as well as a range of additional information, such as daily care programs. Particularly, the differentiation along ownership type might shed light on the developing welfare mix in China's elder care industry.

An analysis of the provider website yields a number of interesting insights. First, there is a divergence to national statistics. The discrepancy may be due to the fact that the website represents "self-reported" data. Unregistered providers may create a profile on the website or, in selected cases, providers may appear twice. However, the fact that providers create their own profiles does allow for an analysis of how businesses self-report their ownership type. In terms of the welfare mix, it is interesting to note that most providers consider themselves "public" (*gongban*) and not "civilian-run" (*minban*)— a category which includes private-for-profit and non-profit providers such as social organizations. Whereas in Beijing, 61.6% of the listed providers consider themselves as "public" and 33.4 as "civilian-run," in Shanghai the ratio between "public" (57.9%) and "civilian-run" (37.3%) demonstrates a slightly larger role of "civilian-run" providers in the local welfare mix. In Nanjing, however, the ratio was even more skewed towards "public" providers, as roughly 80% indicated they are "public" and 20% listed themselves as "civilian-run." Although the website also offers the opportunity to list oneself as a PPP,[6] only 3% in Beijing and 4.7% in Shanghai reported that they were a "government built-civilian run" (*gongjian minying*) facility, in which the government provided the housing for the civilian provider to operate (see Table 1). On the face of this data, it thus appears as if municipal elder care facilities are largely in public hands. Nevertheless, it might also be that elder care providers have an incentive to list

TABLE 1 Provider profiles according to sector

	Public	"Civilian-run"	Civilian-run, govt. supported	Govt. built, civilian-run
Beijing	582 (61.6%)	316 (33.4%)	18 (1.9%)	29 (3%)
Shanghai	622 (57.9%)	401 (37.3%)	1 (0.1%)	50 (4.7%)
Nanjing	248 (79.7%)	61 (19.6%)	1 (0.3%)	1 (0.3%)
Total	1,452 (62.3%)	778 (33.4%)	20 (0.9%)	80 (3.4%)

Source: yanglao.com.cn, compiled by author.

themselves—falsely—as "public" providers, as elderly customers may have more trust in public elder care facilities or assume that they are cheaper.

When examining the "care homes type" providers select when creating a profile, it is noteworthy that in each city—as in the national statistics—different provider categories appear to be more frequent. Whereas in Beijing, 38.9% consider themselves as "old people's homes," 18.2% indicated they were "senior citizens homes" and 15.3% listed themselves as "senior shared living." In comparison, in Shanghai as many as 59.2% indicated they were an "old people's home," whereas 17.3% state they were a "senior citizens home." Here "senior shared living" only made up 4.6% of the providers, while "welfare institutions" accounted for 7.8%. Finally, in Nanjing 43% registered as "elder care home," 27.6% as "senior shared living" and 16.1% as "senior citizens homes" (see Table 2). This finding, at first, suggests that these three types of facilities—"old people's homes," "senior citizens homes" and "senior shared living"— are the most prevalent care provider types across the three cities. However, the type "old people's home," in fact, is a term associated with rural elder care facilities for the poor receiving the "five guarantees" (Baidu, 2019), not urban elder care, which indicates that many urban care providers use the "wrong" provider type categories. Moreover, 15.9% (Beijing), 7.7% (Shanghai) and 13.8% (Nanjing) of providers registered as "other" (*qita*) on the website, suggesting that they did not feel they fitted in any of the eight category options listed above.

Provider websites may provide additional missing pieces to our empirical puzzle: First, they show that official administrative provider categories are not necessarily used or understood in practice. Second, the findings suggest that there is some confusion about categories for provider types. Officially "old people's homes" are rural elder care institutions and should not be found in urban areas. Moreover, as many profile creators resorted to the miscellaneous "other" category when setting up an account on the website, it appears that providers may not be entirely sure which category to choose. Alternatively, certain categorizations might have been chosen as they are more prevalent in a given geographical region, or because the provider has chosen a certain classification for marketing purposes. There are many potential reasons as to why providers might choose to "self-identify" as a certain provider type. In any case, it however appears that in addition to incomplete data, it is the categorization which hampers a more accurate assessment of elder care infrastructure development. Finally, the analysis of the provider website suggests that the majority of providers regard themselves as belonging to the "public" sector, which is surprising as the objective of the Chinese party-state's "socialization" of elder care has been to increase hybridization within the elder care sector. Yet as the analysis of qualitative interview data shows, this might also be a false categorization.

5.3 | Qualitative interviews

If quantitative data from official sources and provider websites is incomplete and its categorization does not yield any insights, perceptions of experts working on the respective municipal elder care development may yield further insights. However, again the accounts of experts contradict the analyses of the quantitative data above. In a discussion with a well-known academic in elder care infrastructure development in Beijing, the expert indicated that most elder care service facilities in the city were "civilian-run" and that there was in fact only one public elder care home

TABLE 2 Subcategories of provider categories

	Elder day-care centre	Senior shared living	Senior citizens home	Care Inst.	Old-age care home	Health & Care Inst.	Elder care Comm-unity	Welf-are inst.	Other	Total
Beijing	66 7%	145 15.3%	172 18.2%	19 2%	368 38.9%	5 0.5%	7 0.7%	13 1.4%	150 15.9%	945
Shang-hai	2 0.2%	50 4.6%	186 17.3%	26 2.4%	636 59.2%	1 0.1%	6 0.6%	84 7.8%	83 7.7%	1,074
Nanjing	4 1.3%	86 27.7%	50 16.1%	8 2.6%	106 43%	0 0%	1 0.3%	13 4.2%	43 13.8%	311
Total	72 3.1%	281 12.1%	408 17.5%	53 2.3%	1,110 47.6%	6 0.3%	14 0.6%	110 4.7%	276 11.8%	2,330

Source: yanglao.com.cn, compiled by author.

in Beijing (Interview, 27 June, 2019). Similar remarks were made by experts in other cities. In Nanjing, for instance, a local academic who evaluates Nanjing's elder care homes for the local government argued that only two elder care homes were "public." Indeed, as he argued, most elder care service facilities in Nanjing were run by social organizations (Interview, 14 September, 2018). In Shanghai, experts disagreed on the distribution of public and "civilian-run" service provision. While one local academic argued that most elder care facilities are "civilian-run," and that there were very few public providers (Interview, 12 September, 2018a), another local academic stated that their distribution was in fact both around 50%, even noting that there were a few more public than "civilian-run" providers (Interview, 12 September, 2018b).

The interviews and scholarly findings thus strongly contradict the provider website data which reported a major influence of public providers, as expert interviews indicate a comparatively larger role of "civilian-run" providers in all three cities. Indeed, both scholarship (He & Lester, 2001; Zhang, Guo, & Zheng, 2012) and interviewees (Interview, 14 September, 2018), emphasize that due to the very limited number of public providers, there are long waiting lists for public elder care. One Shanghai academic explained, however, that "common people cannot enter public elder care facilities, their number of beds is limited and the demand is very high, so getting into a public elder care home is very difficult" (Interview, 14 September, 2018)— thus implying that only "uncommon" elderly, who have social connections are able to enter public elder care homes.

Analyzing the three forms of data thus demonstrates the difficulties when assessing the welfare mix underlying Chinese elder care service development: While official statistics do not include any sector-specific information, the provider website appears to suggest that service provision is largely public. In contrast, expert interviews suggest that provision is largely in "civilian" hands. In addition to these contradicting accounts, there seem to be issues with the incomplete data and categorization in both official Chinese statistics and provider websites. Taken together, particularly the interviews and "self-reported" provider data suggest that a by-product of the party-state's effort to "socialize" elder care might have been that providers make use of the hybridization to *strategically* represent themselves as a certain ownership type or provider category.

6 | EXPLAINING DISCREPANCIES IN ELDER CARE INFRASTRUCTURE DEVELOPMENT IN CHINA

As all three data sources—statistical data, provider websites and expert interviews—either yield no or contradicting information on the emerging welfare mix in Chinese elder care, I now draw on interview materials[7] conducted with Nanjing-based community-based elder care providers "on the ground" to explain the discrepancies in Chinese elder care infrastructure development.

6.1 | Top-down hybridization

As a part of the party-state's efforts to "socialize" elder care, it has sought to foster the establishment of elder care social organizations—a classic hybridization strategy. While hybridization is associated with greater autonomy due to "diluted political control," the party-state has sought to maintain control via administrative procedures. In China, social organizations are required by law to undergo a "double registration" process, in which they not only register as a social organization with the Ministry of Civil Affairs, but also register with another "supervisory" government body (Hsu & Hasmath, 2014) thus enabling greater state scrutiny. As one Nanjing academic working on social organizations argued, however, in Nanjing social organizations providing social services such as elder care are allowed to only register with the Ministry of Civil Affairs in order to foster the growth of social organizations and to speed up the registration process (Interview, 14 September, 2018). While this finding suggests greater autonomy from the local government, a head of a community-based elder care centre at the outskirts of the city, however, provided evidence

of the nonetheless close relationship between her organization and the local government. As she explained, the government provided the entire funding[8] for staff and running the activities at her elder care centre. Moreover, while she was busy supervising several centres in one district, frequently driving from one to the next, she was in fact "on call" for local government officials. If they organized a meeting or wanted her to stop by, she would need to immediately change her plans and follow suit (Interview, 3 July, 2019). Elder care social organizations in China, while being officially registered, appear to be strongly linked to the local government, to the extent of becoming a mere executor of government objectives. This strong dependence on the party-state has also been mentioned by Tang (2018) and Hsu and Hasmath (2014), who have argued that social organizations in China are co-opted by the party-state instead of being granted autonomy, resulting in a "local corporatist state." This dependence was not only evident in financial and managerial relations to the local government, but also in the physical environment of and daily activities organized at the centre. In all elder care community-based centres run by social organizations I visited, many or all rooms were decorated with large Chinese Communist Party (CCP) symbols and flags, or pictures with local or higher-ranking cadres. Moreover, in each room government regulations were hung up, ranging from regulations on elder care service provision to regulations on cooking in the provided kitchens.

Overall, however, this brief depiction of elder care service provision on the ground exemplifies how, in the case of social organizations, the line between public and third sector providers becomes blurry, leading to a hybridization of the public and third sector even without being formally classified as a "public-private partnership." This finding is further supported by expert interviews (Interviews, 12 September 2018a and September 14, 2018), which reported that local governments frequently transfer the management of existing public elder care facilities to social organizations, thus making it unclear whether the provider is part of the public or third sector. Hybridization may thus explain why so many "civilian-run" providers on provider websites listed themselves as "public"— many providers might appear to "just" be under the management of social organizations although they are strongly affiliated with the government due to their financial and management structure. In relation to the provider website this could mean that for employees setting up provider profiles online, it might in fact not be clear whether their elder care centre is public or "civilian-run."

In contrast, staff members of private-for-profit community-based elder care centres presented a different relation to the local government. As the manager of one elder care centre explained (Interview, 4 July, 2019a), the centre is financed by customers paying for services, which included elderly eating in canteens, receiving medical examinations or in some cases long-term care. Many daily activities such as dancing, singing or arts and crafts, however, were free for elderly in the area. While run on a for-profit basis, the manager also made clear that the centre heavily depended on government subsidies as the private-for-profit sector was just in its infancy. In addition to substantially supporting private-for-profit businesses, the local government moreover steered the development through licensing, for example, by not providing a license to another private-for-profit provider in the area and thus reducing competition. Being located in the city centre, the elder care facility therefore enjoyed an advantageous position to advertise and cater to the more affluent elderly customers in the area. Finally, the physical environment and activities were markedly different to those in the "third sector." The building's interior was designed in a highly modern way, blending Western and traditional Chinese elements.

In the case of private-for-profit elder care centres, the relationship to the local government is more of a cooperation, not co-optation—a finding which was confirmed by expert interviews (e.g. Interview, 14 September, 2018). The government incentivizes private businesses or entrepreneurs to invest by granting various subsidies and preferential access to the market—as outlined in the hybridization literature above. Yet in China the government more heavily steers this development, for instance, through its licensing policy. Due to their close cooperation which limits free and fair competition on the market, the public and private-for-profit sectors thus also appear to be not entirely separate from each other.

In any case, both examples—social organizations and private providers—demonstrate that the party-state is indeed an initiator and facilitator of greater hybridization on the ground, resulting in the diversification and hybridization within the elder care services industry. This finding is in line with, for instance, Francis (2001) who notes that

"China's emerging market system displays a wide range of quasi-public, quasi-private trends and is frequently described with such adjectives as quasi-public, quasi-private, paragovernmental and semiofficial" (Francis, 2001, 276). As she argues this creates a pattern of "proxy administration" in which contracting, licensing and other regulatory measures are used to delegate state tasks to the third and private sectors, which take on "public" characteristics, administratively integrating them into the state bureaucracy (Francis, 2001). Hybridization thus appears to have been a conscious strategy by the party-state to foster elder care provision, yet in a manner that allows for greater political control.

6.2 | A By-Product of hybridization: Strategic misclassification

The party-state's efforts to foster hybridization within the elder care sector has, however, also created incentives and opportunity to strategically misclassify as a different provider type. As Feng et al. (2012) note, for instance, most private-for-profit elder care providers register as social organizations in order to enjoy tax exemption. This is the opposite strategy commonly seen in many other policy fields in China, where social organizations register as private-for-profit businesses to circumvent the "double registration" process, since they have difficulty finding a "supervisory agency" or do not meet all the registration requirements (Lu, 2009). In other cases, as a Shanghai expert on elder care explained, what appears to be a private-for-profit business may in fact be a state-owned enterprise (Interview, 12 September, 2018a). In this case, state-owned enterprises strategically register new elder care homes as private providers to make use of government subsidies, thus engaging in bureaucratic entrepreneurship.

The discrepancy in the scholarly literature and data examined may thus be due not to a lack of or incorrect data only, but as a result of state efforts to promote hybridization. As a by-product, elder care providers appear to use the incentive structure the party-state has created to their advantage. While many providers appear to "trick the system" to make use of financial incentives, the work by Lu (2009) and others (Hsu & Jiang, 2015; Shieh, 2009) shows that strategic misclassification can also be seen as a way to circumvent the state's "proxy administration" and thus obtain more autonomy. Consistent with the hybridization literature, state-initiated hybridization has resulted in even greater hybridization and fragmentation on the ground, explaining the discrepancies in the literature and data.

7 | DISCUSSION AND CONCLUSION

Returning to the research questions—why we find discrepancies in data on elder care service development and thus accounts on the welfare mix—this paper has demonstrated a number of potential explanations. First, as elsewhere, one reason for the discrepancy might be a lack of statistical data. Not only does the officially provided data not include sector-specific categories, there are also general problems with the accuracy of Chinese official statistics. Yet, as further analysis of provider websites and stakeholder interviews demonstrates, the difficulty to discern provider types goes beyond a mere lack of statistical data.

As I argue, the party-state's efforts to "socialize" elder care provision has resulted in hybridization within the elder care industry which blurs the line between care providers. To maintain political control, however, the party-state has set up what Francis (2001) calls a "proxy administration" which allows the state to outsource many of its tasks to private and third sector providers while simultaneously integrating them into the state bureaucracy. Consequently, hybridization obfuscates the stark role of the state in elder care service provision, in terms of steering the sector via financial and regulatory means as well as direct control—as seen in the case of the staff member of the elder care social organization who is constantly "on call" for local officials.

This finding partially refutes claims made in the literature. While the study is in line with, for instance, Zhang and Ong's (2011) argument that the party-state fosters privatization through the use of subsidies and preferential treatment for providers, my findings do not support their claim that this has resulted in limited "new social spaces" which

are controlled by the state's "socialism from afar." In fact, as I argue, the state is not as "far" as it seems. While it has outsourced provision, it remains the most important funder of elder care services in China, and continues to be actively involved in steering and controlling the sector by regulatory means as well as direct intervention in organizational work on the ground. As hybridization obfuscates the strong role of the state in the elder care sector, the state appears to be have provided greater autonomy when it has in fact maintained tight political control and influence.

The state-initiated hybridization processes however have themselves resulted in strategic misclassifications on the ground. While some misclassifications may be due to a lack of coherent and consistent official administrative classification of provider types and may be a common occurrence in a newly developing sector, other misclassifications appear to be of strategic nature. Whereas some providers strategically misclassify to make use of the state's financial incentive scheme, others may use misclassification as a strategy to circumvent or reduce the impact of greater state scrutiny and control. Overall, however, this study suggests that such strategic misclassification makes it even harder to differentiate between the public, private and third sector, thus resulting in even greater hybridization and fragmentation on the ground.

These findings contribute to the literature on hybridization as they shed light on the role of an authoritarian state in initiating hybridization as well as on potential by-products of implementation processes. In contrast to scholars arguing that hybridization is a product of the interaction, values and steering mechanisms of different service providers (Evers, 2005), in authoritarian China hybridization appears to be a conscious strategy of the party-state designed to outsource state tasks to the third and private sectors for the sake of fostering its political legitimacy. However, while democratic governments also initiate such reforms for the same reasons (Burau, Zechnerb, Dahlc, & Rancid, 2017), one-party states such as China "have always had a tendency in practice (though not in principle) to avoid governance-government distinctions, not least because they are teleologically driven" (Goodman, 2009: 432). They moreover tend to pursue more political control through strategies such as "proxy administration" due to their reluctance to grant more autonomy. Due to strong political control, state and non-state actors may seek to develop strategies to either benefit from or circumvent this control to carve out more autonomy. In the case of China, this has resulted in strategic misclassification, which enhances hybridization processes further.

While this study sheds light on hybridization processes in China, and how they have contributed to the discrepancies in material on Chinese elder care service development, many questions remain unanswered. For instance, what are the social costs of the party-state's hybridization via "proxy administration"? Moreover, to what extent do officials in fact know the actual distribution of public, private-for-profit and third sector distribution of elder care services in their jurisdiction? As the scholarship on Chinese elder care as well as the industry itself is in its infancy and continues to develop, there remains much to be learned about this development in the coming years.

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ENDNOTES

[1] See 2017 annual report of Ministry of Civil Affairs (MCA, 2019).

[2] The following national statistical data was taken from annual reports of the Ministry of Civil Affairs. All reports cited can be found on the following website: MCA (2019).

[3]The party-state however has developed classifications of different types of welfare organizations. According to Zhao (2013), the "term 'social organization' (*shehui zuzhi*) is the only officially recognized concept, comprising mainly social associations (*shehui tuanti*), private non-enterprise units (*minban feiqiye danwei*) and foundations (*jijinhui*)". In addition, there are *shiye danwei*, commonly defined as "public institutions" (Zhao, 2013). Tang and Lo (2009) moreover include the category of "service organizations" which are semi-government organizations taking over public functions and fully or partially funded by the state.

[4]See list of annual reports at MCA (2019).

[5]In addition, the website includes the subcategories: "elder day-care centre" (*yanglao zhaoliao zhongxin*), "integrated health and elder care centre" (*liaoyangyuan*), "elder care community" (*yanglao shequ*) and "other" (*qita*).

[6]Public-private partnership (PPP) describe a cooperation between the government and the private sector, in which there is at least one public element such as financing or coercion, and a form of private governance (Sorsa, 2016).

[7]I have conducted interviews with various staff members, including heads of four community-based elder care centres in Nanjing. Whereas three of them are officially run by social organizations, one is private-for-profit. Although this interview material can only be regarded as anecdotal evidence, it does provide some insights into the working mechanisms of elder care facilities on the ground. Interviews were conducted in June and July 2019.

[8]This might not always be the case. In a study by Wong and Jun (2006), for instance, they argued that 16.9% of social organizations were in fact making a profit.

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APPENDIX

TABLE A1 Interview materials

Interviewee	Location	Date
Local academic	Beijing	21 August, 2018a
Local academic	Beijing	21 August, 2018b
Private-for-profit elder care provider	Beijing	27 June, 2018
Elder care business association	Beijing	29 August, 2018
Local academic	Hangzhou	31 August, 2018
Local government official	Shanghai	11 September, 2018
Local academic	Shanghai	12 September, 2018a
Local academic	Shanghai	12 September, 2018b
Local academic	Nanjing	14 September, 2018
Private-for-profit elder care provider	Shanghai	18 September, 2018
Local academic	Beijing	27 June, 2019
Elder care social organization	Nanjing	1 July, 2019
Elder care social organization	Nanjing	2 July, 2019
Local academic	Nanjing	3 July, 2019
Private-for-profit elder care provider	Nanjing	4 July, 2019a
Elder care social organization	Nanjing	4 July, 2019b