Article

Marketization of Eldercare in Urban China: Processes, Effects, and Implications

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Abstract

China is one of the most rapidly aging societies worldwide. As eldercare services have only been developed over the last two decades, the party-state has increased its efforts by promoting the marketization of eldercare services. Drawing on Vaittinen, Hoppania, and Karsio's "political economy of care" framework, this study conducts a comparative analysis of marketization processes in Hangzhou and Nanjing to examine local government marketization strategies, their effects on service development, and their socioeconomic implications. I argue that local governments have pursued a "dual-track marketization" strategy. On the one hand, the means-tested public eldercare service infrastructure, which has existed since the Mao Zedong era, has been made subject to the kinds of neoliberal market reforms also found in, for example, European countries, while on the other hand, an entirely new private eldercare service infrastructure is being set up. As the market logic takes over, however, income- and gender-based social inequalities are enhanced.

Keywords

China, eldercare, marketization, political economy, socioeconomic implications

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In recent decades, governments across the globe have been concerned about growing aging populations and their need for social care, triggering a plurality of policy responses to enhance eldercare service supply. In the media, the People's Republic of China's (PRC) aging population has been gauged as "a major threat to its future" (Campbell, 2019) or as a "timebomb" (Branigan, 2012). This hysteria is due to the fact that China is one of the most rapidly aging societies worldwide, with a large absolute number of older people. Although to date those over sixty years old only make up around 16.2 percent of China's population, this translates into an absolute number of 228.9 million persons—numbers that are expected to increase to 35.1 percent and 478.9 million, respectively, by 2050 (United Nations, 2017). This growing aging population is gauged as a major policy challenge since changes in family structures and values have reduced Chinese families' abilities to provide care—a role that has traditionally fallen to women as informal and unpaid labor (Cook and Dong, 2011: 953–54).

In contrast to many developed countries, in China eldercare services have only been developed over the last two decades. Since the PRC's founding, the only eldercare services available were those catering to the neediest among Chinese older people, known as the "three nos" (elderly people with no children or family support, no ability to work, and no source of income) (Wong and Leung, 2012: 573). Since the late 1990s, however, the party-state has increased its efforts to offer eldercare services (Standing Committee of the National People's Congress, 1996), particularly by enhancing privatization and marketization of services. Especially since the Twelfth Five-Year Plan (FYP) (2011–2015), the central government has intensified its efforts to create a market for eldercare services (Du, 2013: 59). Following "top-level design" (i.e., policy determined at the central government level), local governments develop and implement eldercare policies aimed at privatizing and marketizing eldercare services on the ground.

This study examines these local government marketization efforts, with a particular focus on the following questions: First, what are the marketization strategies adopted by local governments? Second, how have these shaped the development of eldercare services over time? And finally, what socioeconomic implications do these marketization processes have for recipients of care and their families?[1]

To shed light on the development of China's urban political economy of eldercare, I conduct a comparative case study of Hangzhou's and Nanjing's eldercare services provision. To evaluate how political decision making has shaped marketization processes on the ground, I apply Vaittinen, Hoppania, and Karsio's (2018) framework of the "political economy of care" as a lens.

This enables me to assess the kinds of marketization strategies used and how they have developed over time.

Based on this analysis, I argue that local governments have pursued a "dual-track marketization" strategy. The "first track" is that in which the means-tested *public* eldercare services infrastructure, which has existed since the Mao Zedong era, has been made subject to the kinds of neoliberal market reforms found in, for example, European countries. The "second track" is that in which an entirely new *private* eldercare services infrastructure is being set up. In line with the "dual-track" systems of the 1980s (Naughton, 1995), one track is thus growing out of its Mao-era design by bringing in market logics (outsourcing, competitive tendering, and so on), while the other track has been created from scratch via full marketization. As the starting point and development strategies differ in each track, I therefore contend that they need to be examined separately. Taken together, however, both tracks have had tremendous socioeconomic implications—primarily that non-means-tested older people, for the first time in history, have gained access to eldercare services that are rapidly growing in number and diversity. As the market logic takes over, however, income- and gender-based social inequalities are enhanced. In what follows, I first introduce Vaittinen, Hoppania, and Karsio's (2018) political economy of care framework before examining eldercare policies at the national level. I then compare marketization strategies in Hangzhou and Nanjing, which feeds into a discussion of the reforms' socioeconomic implications. A brief conclusion summarizes the study's findings and arguments.

Literature Review

The marketization of social welfare services in China has received ample attention in the literature. While during the Mao era social services provision was universal and centered around activities in communes (in rural areas) and *danwei* (in urban areas), this changed with the onset of market reforms in the late 1970s. To reduce the state's burden of financing and providing welfare, public services were in part privatized and marketized during the 1980s and 1990s (Chan, Ngok, and Phillips, 2008: 27–33; Mok et al., 2010: 187; Shi, 2017: 14–15). This marketization process has been called the "dismantling of the Chinese mini-welfare state" (Gu, 2001: 110) or "welfare state retrenchment" (Shi, 2017: 20) along the lines of neoliberal reforms elsewhere in the world (Mok et al., 2010: 192).

However, social welfare provision was once again expanded during the 2000s (Gu, 2001: 109; Shi, 2017) when a "social welfare system with Chinese characteristics" was developed (Chan et al., 2008: 38). The expansion of the

welfare state in many urban areas was achieved by transforming the danwei-based welfare system into an earnings-related contributory system based on social insurance schemes (Gu, 2001), such as healthcare, old-age, and unemployment insurance schemes (Chan, Ngok, and Phillips, 2008: 40). While the state acts as a regulator and provides a safety net for the neediest, under this system the financing and provision of welfare services is "socialized" and shifted to the market (Mok et al., 2010: 192). Scholars (London, 2018; Shi, 2017) have therefore likened this welfare state transformation to a Polanyian "double-movement," in which social self-protection, that is, via insurance schemes, is enhanced to counter market-derived risks. Most recently, these welfare reforms have been further deepened via the top-down policy agenda of the Xi Jinping leadership (Shi, 2017: 20).

While the literature on the marketization of social welfare provision covers many social policy areas, it mostly concentrates on education, pensions, healthcare, social security, and housing (Chan, Ngok, and Phillips, 2008; Mok et al., 2010)—not eldercare services. One reason for this is that unlike many of these policy areas, eldercare was never a central part of the Mao-era socialist welfare state (Wong and Leung, 2012: 573). As such, there was thus no big push for "retrenching" from eldercare services in the 1980s and 1990s. Nonetheless, due to rapid population aging, as Leung and Xu (2015: 125) note, eldercare services, particularly in the form of residential care, have now developed into one of China's major welfare services.

The rapid growth in Chinese eldercare services has caught scholars' attention. First and foremost, many scholars (Feng et al., 2012; Leung and Xu, 2015; Luo and Zhan, 2018) report on the massive increase and pluralization of eldercare services, particularly in the form of urban residential care (Wu, Mao, and Xu, 2008; Cheng et al., 2011; Feng et al., 2012). Most studies are based on an analysis of a particular type of urban or rural eldercare service at a particular moment in time, for instance by focusing on a certain level of care, such as community-based care (Wu et al., 2005; Chen and Han, 2016; Hu et al., 2020) or home-based care (Hong, 2017; Fu and Chui, 2020). Taking a sociological perspective, other studies have focused on intergenerational relationships (Mu, 2009; Du, 2013; Sun, 2013) and factors influencing family members' decisions to purchase care from the market (Cook and Dong, 2011) or care needs and quality, most commonly studying residential homes (Zhan et al., 2006; Cheng et al., 2011).

Like other social policy areas, eldercare services have mainly been expanded via marketization strategies; as Nan et al. (2020) show, this is evident insofar as Chinese policies on aging have increasingly mentioned "marketization" and "services" since 2000. As scholars (Leung and Xu, 2015; Jia, Zhou, and Lin, 2018; Luo and Zhan, 2018) have shown, the expansion of

eldercare services has largely been achieved by encouraging collectives, social organizations, and private businesses to provide eldercare services by charging fees for older people ineligible for means-tested public services under the "three nos" policy.

Although scholars agree that marketization has resulted in the massive expansion in the supply of eldercare services, they differ in their evaluations of marketization processes. Jia, Zhou, and Lin (2018) and Luo and Zhan (2018: 451), for instance, have both claimed that these marketization strategies have created a neoliberal development trend. Luo and Zhan (2018), however, have also argued that this has changed since the 2000s with increasing government subsidies and pilot projects for long-term care insurance (see, e.g., Du, Dong, and Ji, 2021). Consequently, they contend that eldercare services development is neither neoliberal nor social democratic, but that it aims to "break the monopoly of the state providers and the inefficiency caused by its bureaucratic system" (Luo and Zhan, 2018: 453). Leung and Xu (2015), in contrast, argue that the Chinese government is nonetheless following a "residual" welfare approach, which places the responsibility to pay on care recipients and their families—a key feature of neoliberal reforms—which exacerbates social inequalities. The literature thus disagrees on what form marketization processes have taken and what socioeconomic implications they have had. In comparatively investigating local marketization strategies, this study seeks to contribute to this debate by showing that the contradictions in the literature can be reconciled by examining the development of public and private eldercare services separately.

Theoretical Framework

The design and implementation of welfare marketization strategies has a profound impact on families and care recipients. Traditionally, older people across the globe have been cared for by the family, most notably by women. The increase in female labor market participation and changes in familial structures and norms over the past century, however, have prompted developed countries to take over a part of this care work by providing public eldercare services via the welfare state (Warner and Clifton, 2014).

Over the past few decades, governments worldwide have sought to reduce public welfare provision and welfare benefits through "welfare state retrenchment" (Starke, 2006). Following neoliberal policies, they have promoted the primacy of the market in social welfare via fostering deregulation, privatization, a reduction in public expenditure, and an emphasis on individual responsibility (Pfau-Effinger, Och, and Eichler, 2008: 84). In this process, a shift from public sector services provision (or no services provision) is taking

place in which direct provision gives way to cash payments and tax credits for purchasing care from the market (Williams, 2018: 552). How reformers have developed markets varies greatly from state to state. As Gingrich (2011: 3) notes, "markets vary in how they place costs on users and in how they distribute power among (a) the state, (b) users of services, and (c) new producers of services."

While eldercare provision by the market could be regarded as "freeing" women from providing unpaid care at home, feminist scholars have argued that care remains feminized and undervalued as it relies on women to either provide free informal labor or as care workers in the "public patriarchy" of the eldercare sector (Rummery and Fine, 2012: 327). Moreover, others (Bakker, 2007; Rummery, 2009) have noted that the ways in which markets commodify care can intensify social inequalities, particularly between rich and poor care recipients, and rich and poor carers themselves. Finally, the marketization of care is often seen as producing racialized labor, where women from poorer countries migrate to rich countries to provide care (Onuki, 2018).

Building on this critical care literature, Vaittinen, Hoppania, and Karsio (2018) have developed a political economy of care framework, which identifies how marketization processes unfold as a part of (neoliberal) welfare state retrenchment. In contrast to other models,[2] Vaittinen, Hoppania, and Karsio offer a detailed, process-based framework of the marketization of care. They assume that *privatization* of public care services takes place because of the state's retreat. Privatization in this context means "a fundamental process of restructuring, where the public sector is (politically) made to withdraw from the provision of care of the population, as the provision of services is opened to private business actors" (Vaittinen, Hoppania, and Karsio, 2018: 381). Interlinked with this process, care becomes subject to *marketization* that includes "processes where care is governed by market-like mechanisms" (Vaittinen, Hoppania, and Karsio, 2018: 381). Consequently, as a result of marketization, care undergoes *commodification* in which "practices of marketization qualitatively reconstitute care in ways that it becomes understood as a commodity" (Vaittinen, Hoppania, and Karsio, 2018: 381)—in other words, goods or services to be purchased on the market. Overall, the marketization and commodification of care is not only intended to serve the care needs of the populace but also to foster the economic objectives of the state.

As Vaittinen, Hoppania, and Karsio argue, the "handover" of welfare services from the state to the market is shaped by three overlapping marketization stages: In the first stage, the state introduces provider choice and

cash-for-care models into the existing public care system. Private (both for-profit and nonprofit) providers are allowed to provide services to enhance choice, while the state offers older people a personal budget or voucher to compensate for some of the costs. However, as a side effect care recipients are transformed into customers who need to buy care from private providers. Although care is subsidized via personal budgets or vouchers, the financial responsibility is shifted from the state to the care recipient (Vaittinen, Hoppania, and Karsio, 2018: 382–83).

In the second stage, legislation and policy changes introduce market-like mechanisms in the structures of public provision, transforming the state from a provider into a purchaser of eldercare services. First, purchaser–provider models[3] are introduced, which subsequently enable the outsourcing of public services to private providers via competitive tendering mechanisms. Depending on how this process is structured, the focus of decision making can be with the central government or with local governments. On the one hand, this creates "quasi-markets" in which only public agencies operate (e.g., government purchasing of services from public providers). On the other hand, this leads to the development of full "markets" where the government buys services from private providers. Finally, in the third stage, "quasi-markets" and "markets" become dominated by private providers who offer the majority of services, leading to a greater commodification of services (Vaittinen, Hoppania, and Karsio, 2018: 383–84).

Vaittinen, Hoppania, and Karsio's (2018) framework is used in this study as a point of comparison to examine and contrast the development of the eldercare sector in the PRC. The framework can act as a lens, since (neoliberal) marketization strategies are disseminated and applied across the globe (Meagher and Cortis, 2009; Gingrich, 2011), including in the PRC (Luo and Zhan, 2018). However, no eldercare system is the same, as the nature of each care market differs. Therefore, marketization processes differ in their impact on families and care recipients (Gingrich, 2011). As reform efforts are commonly influenced by the preexisting institutional environment and the attitudes of the political party that builds the market (Gingrich, 2011: 6), it is assumed that the PRC marketization process differs from those described by Vaittinen, Hoppania, and Karsio, who examined Nordic welfare states. Chinese marketization processes will be different, first, since they are executed by an authoritarian state whose political economy is influenced by its planned economy past (Naughton, 1995). Second, China's public system of eldercare provision was not influenced by principles and norms around universalism when commencing the marketization processes, so there is no "universal" public care system to retrench from.

Methodological Approach

To shed light on China's development of eldercare services over time, this study conducts a comparative case study of two cities, Hangzhou and Nanjing. The two cities were chosen, first, as they are both well-off municipalities that lie in the prosperous region of China's east coast, the Yangtse Delta (Zhejiang University, 2020). Because of their comparatively large amount of financial resources, their political economy of care is expected to be more developed than in other, less prosperous regions in China. Second, because of their economic development, both cities experienced population aging and changes in family structures earlier than in less affluent regions (Global Times, 2019), allowing for an analysis over a longer period of time. Third, both Hangzhou and Nanjing are provincial capitals and prefecture-level municipalities (Zhejiang University, 2020), and thus are under the close supervision of both their respective provincial and municipal governments, enabling an analysis of the impact of multilevel policy processes on eldercare services development on the ground.

To understand the political approaches to eldercare services development in each city, I used thematic analysis (Riger and Sigurvinsdottir, 2016) to examine national, provincial, and municipal legislation, thereby shedding light on the superordinate (national- and provincial-level) and municipal-level policy environments. To assess the policy outcomes for eldercare services development in each city, I then compiled descriptive statistics using official data[4] on eldercare providers from the cities' civil affairs bureaus, which include information on eldercare services at the time of their establishment.[5] These data allow me to retrace the development of the marketization processes of eldercare services over time. These findings were triangulated with English- and Chinese-language secondary literature and fifteen semi-structured interviews.[6] Interviews were conducted with government officials, eldercare providers, and experts[7] (scholars) in both cities as well as in Shanghai and Beijing in fall 2018 and summer 2019, including questions on the respective municipalities' policy approaches, development of eldercare infrastructure, and perceived outcomes. In this article, I draw on the four kinds of materials (policies, interviews, data, and academic literature) to discuss likely socioeconomic implications of policy designs and the outcomes for families and individuals.

I acknowledge that there are many problems with Chinese government statistical data, resulting in certain limitations of this study (Holz, 2014; Maags, 2020a). I have taken several steps to ensure that potential inaccuracies within the data are considered. First, the study uses these data only to discern marketization *trends*, which (as shown below) are clearly visible even

if there are certain inaccuracies in the data. Second, the data were deliberately chosen as they depict the differences between provider types. In contrast, in most official statistics, Chinese eldercare providers are distinguished as either "public" 公办 or "private" 民办; as "private" includes both for-profit and nonprofit providers, it is difficult to discern what is meant by "private" in these data (Maags, 2020a). The data used for this study, however, differentiate providers as for-profit, nonprofit, and public-private partnerships (PPPs) (of different kinds), thereby removing some of the obstacles associated with the typical Chinese categorization of eldercare providers. While potential misclassifications remain a limitation in this study (as with many other studies based on Chinese statistical data), I have triangulated different sources of data as outlined above to verify my interpretations of the data.

Eldercare in China: The National Level

Eldercare services development in China is a very recent phenomenon. During the Mao era, the Chinese populace received state welfare benefits through their danwei (in urban areas) or people's commune (in rural areas). While the party-state did set up a small number of eldercare homes during this time to meet the needs of the "three nos" in urban areas (and in rural areas as part of its "five guarantees": to food, clothing, housing, medical care, and funeral expenses), eldercare mostly remained within the family (Huang, 2007: 172; Hong, 2017: 71). Most caring activities were conducted as acts of filial piety, commonly by women such as daughters and daughters-in-law (Cook and Dong, 2011). With economic reforms in the 1980s and the introduction of the one-child policy in 1978, rapid socioeconomic changes led to a decline in fertility and familial values, eroding the basis for informal care of older Chinese people (Leung and Xu, 2015: 127).

Alongside economic reforms, many parts of the Chinese socialist welfare state broke down. Eldercare services such as the aforementioned "five guarantees" program became unreliable (Leung, 1997: 90), due to which marketization strategies were developed to restructure public provision of eldercare. As Luo and Zhan (2018: 451) note, in a first phase of restructuring from 1986 to 1999, the party-state attempted to "socialize" eldercare services by reducing government support for welfare institutions and incentivizing public institutions to seek "social" funding through market practices. These included charging fees for public services (Leung and Xu, 2015: 142), selling eldercare services to older persons not fitting the "three nos" categories, and promoting private eldercare homes (with higher fees than public providers) (Luo and Zhan, 2018: 448).

Early marketization strategies followed neoliberal reforms elsewhere in the world that aimed at reducing the state's role in public provision. First, during this time eldercare services development was influenced by neoliberal social policies in the United States and the United Kingdom (Luo and Zhan, 2018: 451; Leung and Xu, 2015: 129). Second, the early marketization strategies chosen were also in line with the first stage of marketization mentioned by Vaittinen, Hoppania, and Karsio (2018), as government funding for public provision was reduced and costs were partly transferred to the care recipient via fees. Both measures constituted a first step toward transforming the Chinese older person from a person with needs to a customer. However, these measures differed from many adopted in European or North American states as the government did not offer a compensation in the form of personal budgets or vouchers. This was because the starting point was different. Chinese eldercare services were never based on a universalist principle obliging governments to support access to care for all (Gingrich, 2011). Instead, the party-state created a very limited means-tested eldercare system. With increasing need for eldercare services, the party-state subsequently opted not to extend means-tested care to all its citizens, but to create an additional track that would enhance private sector services provision for people ineligible for means-tested care. Increasing private sector services provision effectively meant that families able to afford care had an alternative to informal care within the family.

The next turning point in eldercare service development commenced in the late 1990s. Acknowledging the increasing need to support older people in China, the party-state issued the Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly 中华人民共和国老年人权益保障法 in 1996 (hereafter the "1996 Law"), which was to increase public support for older people (Standing Committee of the National People's Congress, 1996). The 1996 Law called for investment from both state and society (Article 5) but—in line with the Chinese tradition of filial piety (Leung and Xu, 2015: 126)—placed the main responsibility to provide and pay for eldercare on families (Articles 10–19). Moreover, the 1996 Law envisioned to support older people through pension and healthcare systems (Articles 20–22, 25–27). Continuing Mao-era eligibility criteria, according to Article 23, only the "three nos" were to receive public provision. However, local governments were to increase public provision through investment in public eldercare services (Article 33) and offer guidance for private enterprises providing eldercare services (Article 34) (Standing Committee of the National People's Congress, 1996). This increase in regulation mirrors the starting point of the second phase in Vaittinen, Hoppania, and Karsio's (2018)

framework, while differing from it in that investment in public provision was to be increased, not reduced.

According to Luo and Zhan (2018), increased state investment in eldercare resulted from the government's realization that "over-marketization" had led to many problems within the sector. Therefore, the central government engaged in top-level design of the emerging eldercare services sector by defining key principles and development models to create a "state-centric approach of marketization" (Luo and Zhan, 2018: 449). Until today, local governments, particularly agencies of the Ministry of Civil Affairs, have been called upon to develop eldercare services along the lines of a three-tier system and according to a "90–7–3" ratio: 90 percent of the elderly are to be supported by home-based care services (such as food deliveries and in-home care workers) and 7 percent are to receive additional support in community centers,[8] so that only a maximum of 3 percent need to be cared for in comparatively more expensive residential care homes (Chen and Han, 2016: 293–95).

While the state attempts to steer eldercare development by top-level design (Alpermann and Zhan, 2019), it uses two kinds of marketization strategy to develop its two tracks of eldercare services: On the one hand, it engages in PPPs and the contracting out of services in order to retreat from public services provision. On the other hand, the state fosters private sector provision by offering subsidies and preferential tax and land policies to private sector providers (Luo and Zhan, 2018: 449). According to Leung and Xu (2015: 134), however, local government support for the private sector remains unreliable. As both marketization tracks are based on extending private sector provision, private sector providers have rapidly increased in numbers, particularly in the form of residential care homes in urban China (Zhan et al., 2006; Wu, Mao, and Xu, 2008; Cheng et al., 2011). As Leung and Xu (2015) note, however, early marketization of residential care did not suit consumer demand. Because of the high fees for private residential homes, older people ineligible for means-tested care were not able to afford residential care, resulting in low occupancy rates in such homes (Leung and Xu, 2015: 131–32).

It was not until the Twelfth FYP was adopted in 2011, however, that the marketization of eldercare services took off because of a strong push by the central government (Luo and Zhan, 2018: 449). With the Twelfth FYP, for the first time in Chinese history, the central government called for fostering eldercare services (Du, 2013: 59), putting more pressure on local governments to enhance eldercare provision. Calling upon local governments to act, Chapter 36 (Part 4) of the Twelfth FYP states as follows:

> In order to reach the provision of thirty eldercare beds per one thousand elderly, we need to speed up the development of eldercare services, build up a stronger eldercare industry, strengthen the establishment of public welfare eldercare services facilities, and encourage social capital to set up eldercare services institutions. (Government of the People's Republic of China, 2011)

The Twelfth FYP plan clearly demonstrated a shift in perception, whereby eldercare services were now regarded as a key industry needing to be developed, for instance, by setting targets for the total number of beds in residential eldercare homes.

The central government's greater attention toward eldercare became evident in the increase in and revision of laws and policies on eldercare services. The Law on the Protection of the Rights and Interests of the Elderly was revised in 2012, 2015, and 2018 (Standing Committee of the National People's Congress, 2012, 2015, 2018). While confirming prevalent practices of public fee-charging by public sector eldercare providers (Article 42) and using financial incentives to attract investors (Article 39), the 2012 version of the law also explicitly stipulated that local governments were to develop aging (Article 51) and eldercare services *industries* (Article 57)—a key change in theme that signaled a move toward regarding eldercare services as a potential contributor to economic development.

In addition to the Law on the Protection of the Rights and Interests of the Elderly, the central government adopted various policies aimed at further regulating and promoting the eldercare industry, such as the 2015 "Opinions on Encouraging Private Capital to Participate in the Development of the Eldercare Industry" 关于鼓励民间资本参与养老服务业发展的实施意见. This policy explicitly calls for introducing "market-like mechanisms" in public provision. Article 1, for instance, notes that local governments are to encourage PPPs to "outsource" public provision for means-tested elderly to private operators. Article 2 further mentions the use of "contracting out" public services via "competitive tendering" to "achieve a market-oriented operation mechanism" (Ministry of Civil Affairs, 2015).

Starting in the 2000s and further consolidated since 2011, the Chinese party-state has thus introduced purchaser–provider models and outsourcing and competitive tendering mechanisms in public provision, and has even gone so far as to call for the establishment of market mechanisms—all three characteristics are described in stage two of Vaittinen, Hoppania, and Karsio's (2018) framework. It has even set a goal of ultimately "turn[ing] social forces into the main bodies that develop the elderly care service industry" (Standing Committee of the National People's Congress, 2015: n.p.), which would complete the marketization of the public sector. Since the Twelfth FYP,

public provision has thus been further marketized by using marketization strategies described by Vaittinen, Hoppania, and Karsio (2018). Private provision, however, was from the start based on creating services that were previously nonexistent. This was achieved via private investment in residential and, to some extent, home- and community-based care, for those who could afford these services.

As is evident in the above discussion of the Law on the Protection of the Rights and Interests of the Elderly, Vaittinen, Hoppania, and Karsio's model (2018) does not entirely fit the Chinese experience. First, the roles of the Chinese state and care providers differ greatly from those of their counterparts in the Nordic welfare states on which Vaittinen, Hoppania, and Karsio's model is based. As Chinese nonprofit providers are closely tied to the state, their autonomy differs from that of civil society organizations in democratic states (Hsu and Hasmath, 2014; Tang, 2018). This reduces the degree of competition in public competitive tendering processes for contracting out services to nonprofit providers, who are mostly providing home- and community-based services (Luo and Zhan, 2018: 451). In contrast, private for-profit providers, particularly real estate developers, cooperate with the local governments, mostly in the more lucrative residential care services sector (Luo and Zhan, 2018: 450). The Chinese party-state has not "retrenched" from *financing* public provision (Alpermann and Zhan, 2019) of the kind seen in many European welfare states (which has reduced costs; see Warner and Clifton, 2014) but has increased financial incentives to develop eldercare services. It has, however, retreated from *providing* public eldercare services, mostly by outsourcing to nonprofit providers.

As a result of this "dual-track marketization" approach, eldercare service provision overall has increased tremendously. While China was home to a total of 40,868 eldercare facilities in 2009 (Ministry of Civil Affairs, 2010), this number had increased to 155,000 facilities by 2017, of which 29,000 were residential institutions 养老服务机构, 43,000 were community-based centers 社区养老机构, and 83,000 were mutual-aid eldercare facilities 社区互助型养老设施 (Ministry of Civil Affairs, 2017). Yet to gauge this development and its socioeconomic implications, it is necessary to examine local governments, which facilitate marketization and directly impact older people's access to eldercare services on the ground.

Case 1: Hangzhou

Hangzhou experienced population aging earlier than elsewhere in China: at the end of 2016, Hangzhou's elderly population (i.e., those aged 60 and older) accounted for 1.59 million people, comprising 21.55 percent of its population

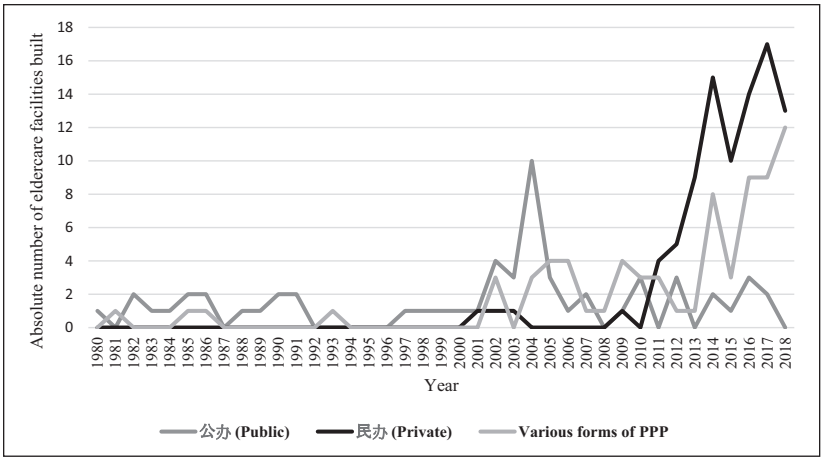

Figure 1. Hangzhou's eldercare infrastructure development along ownership type—absolute number of new eldercare facilities built.
Source: Hangzhou Civil Affairs Bureau 2019, compiled by author.

(Hangzhou Municipal Government, 2017). To support elderly citizens, the city of Hangzhou has promoted eldercare services development over time.

As Figure 1 shows, from the 1980s to the 2000s, Hangzhou's eldercare services were largely in public hands, although a few PPPs also operated. This demonstrates the presence of the "first track" of eldercare marketization—means-tested public provision. The first private eldercare homes, creating the basis for the "second track," were only established in 2000. After the 1996 Law increased local pressure to develop eldercare services, Hangzhou's municipal government increased the number of public eldercare homes between 2002 and 2005, as shown in the dark gray line in Figure 1. In 2009, 62 percent of all newly established eldercare homes were public care facilities, which was rather high compared to other municipalities (Feng et al., 2011: 741). During this period, the number of newly established PPP eldercare homes increased as well, while remaining below the amount of new public eldercare homes. This demonstrates the increased investment in public provision outlined by Luo and Zhan (2018).

During this time, the policy environment was focused on marketizing public provision. Zhejiang's provincial government, for instance, supported the marketization of public provision via PPPs, while calling for local governments to provide eldercare subsidies for the "oldest old" (i.e., above eighty years of age) (Zhejiang Civil Affairs Department, 2010). At the same time,

private providers were receiving more support as well. For instance, social organizations were called upon to provide services for older people who could pay (Zhejiang Civil Affairs Department 2003, 2004). After 2005, however, the number of newly established public eldercare facilities per year declined sharply, while the number of PPPs increased, indicating a shift in focus toward the second track.

With the central government's Twelfth FYP, Hangzhou's marketization efforts were sped up. Hangzhou municipality reacted to superordinate pressure by adopting a municipal five-year plan (2011–2015) for eldercare services development. According to the plan, the municipality's goal was to retreat from public welfare provision. In this restructuring, on the one hand, public services were to be "contracted out, leased or delegated; jointly run with or transferred via the sale of shares to companies, social organizations and individuals" (Hangzhou Municipal Government, 2011a). On the other hand, to foster private provision, the local government increased financial support for nonprofit and private for-profit providers.

In line with the top-level design, Hangzhou's government has sought to move from functioning as a provider to a purchaser of *public* eldercare services, leaving public means-tested and private provision in private hands. To do so, it is introducing market-like mechanisms in public eldercare provision—described in Vaittinen, Hoppania, and Karsio's "second stage" (e.g., tendering, outsourcing)—thereby creating a "quasi-market" and full market for eldercare services.

Hangzhou's marketization strategies are closely following provincial policies.[9] According to Zhejiang's policies, marketization of eldercare services should be promoted by offering cheap loans, tax benefits, and subsidies as well as by setting up PPPs to increase the supply of private services and choice. What stands out in the provincial policies is a clear focus on establishing private for-profit conglomerates and chain businesses (Zhejiang Provincial Government, 2013). Consequently, private for-profit provision in Hangzhou has fostered chains and conglomerates catering to those able to pay (see below).

In line with superordinate policies, Hangzhou has, moreover, prioritized home-based services. Ninety percent of the elderly are to receive home-based services from private providers to support families in providing care at home. Six percent are to receive community-based care purchased by the government, whereas the remaining 4 percent receive residential eldercare. In contrast to the national level, Hangzhou thus follows a 90–6–4 instead of a 90–7–3 framework. To further support "aging in place," in 2011 Hangzhou's Xihu district initiated a program in which families caring informally for a family member can apply for short-term respite care on a free-of-charge

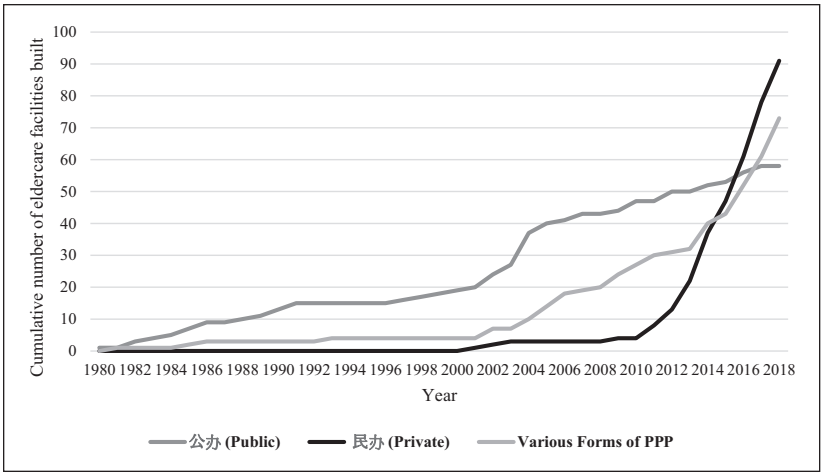

Figure 2. Hangzhou's eldercare infrastructure development along ownership type—cumulative number of new eldercare facilities built.
Source: Hangzhou Civil Affairs Bureau 2019, compiled by author.

basis, to be provided by the private sector (Feng et al., 2018: 144). As with subsidies for the "oldest old" mentioned above, limited government support is available for all citizens.

As Figure 2 demonstrates, despite the policy development and pledges of greater investment in the private sector, in practice the number of private eldercare facilities in Hangzhou did not increase much in the first decade of the twenty-first century. This might have been due to the often unreliable nature of financial support by local governments (Leung and Xu, 2015: 134).

Following the Twelfth FYP, however, the number of private eldercare new facilities in Hangzhou increased rapidly, reaching fifteen new facilities in 2014 and seventeen in 2017 (black line, Figure 1). During this time, as is shown by the light gray line, the city, moreover, experienced a marked increase in newly established PPP eldercare facilities—a key marketization strategy to enhance marketlike mechanisms within public provision. In contrast, the number of newly established public eldercare facilities has remained low, with only one or two established per year, demonstrating the state's greater reliance on a "quasi-market" and full market for eldercare services.

The big "central push" is also evident in the rapid rise in the number of beds provided in eldercare facilities, as demonstrated in Figure 3. While the growth in available beds remained comparatively stable from the 1980s to the end of the first decade of the twenty-first century, with an average of 321 beds

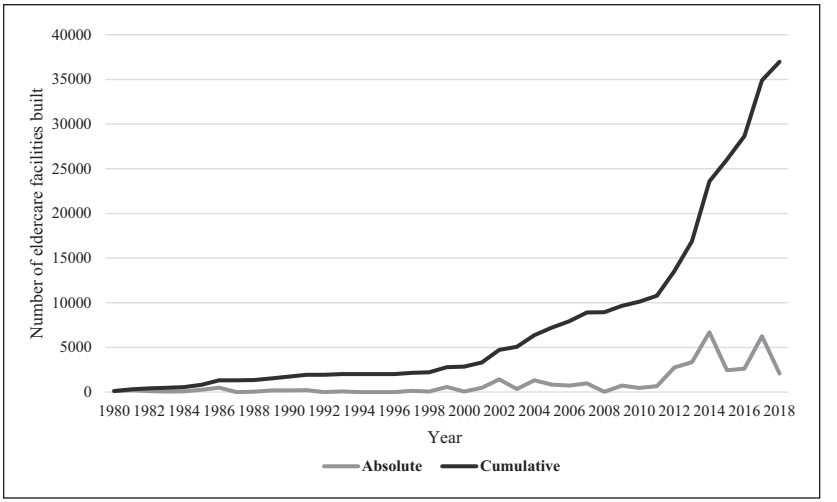

Figure 3. Development of number of beds provided in Hangzhou's eldercare sector.
Source: Hangzhou Bureau of Civil Affairs 2019, compiled by author.

added every year,[10] since 2011 newly established eldercare facilities added 2,000 to 3,000 new beds each year, even rising to 6,690 new beds in 2014 and 6,250 new beds in 2017, respectively. This stark increase in the number of beds in eldercare facilities can be explained by the growing number of eldercare facilities as such. More eldercare homes translates into more rooms and beds for older people. According to these data, Hangzhou's officially registered care facilities now offer 37,133 beds in total, which—on the basis of the demographic data mentioned above—would provide around 2.3 percent of Hangzhou's aging population with a bed. This still falls short of the 3 percent national target set in the 90–7–3 framework.

In addition, as Figure 4 shows, it is also the size of eldercare facilities that explains the stark increase in eldercare beds provided. Among the newly established eldercare facilities we see an increase in very large care facilities—that is, those catering for over 500 people, and in some cases over 1,000 people. Unsurprisingly, large care facilities are predominantly private sector facilities, and their increase reflects Hangzhou's preference for chains and conglomerates mentioned earlier. One example of such a chain is the real estate developer Vanke, which has launched senior housing projects and is currently developing a ten-year expansion strategy in Hangzhou's eldercare sector (Glinskaya and Feng, 2018a: 30). While the average care facility still

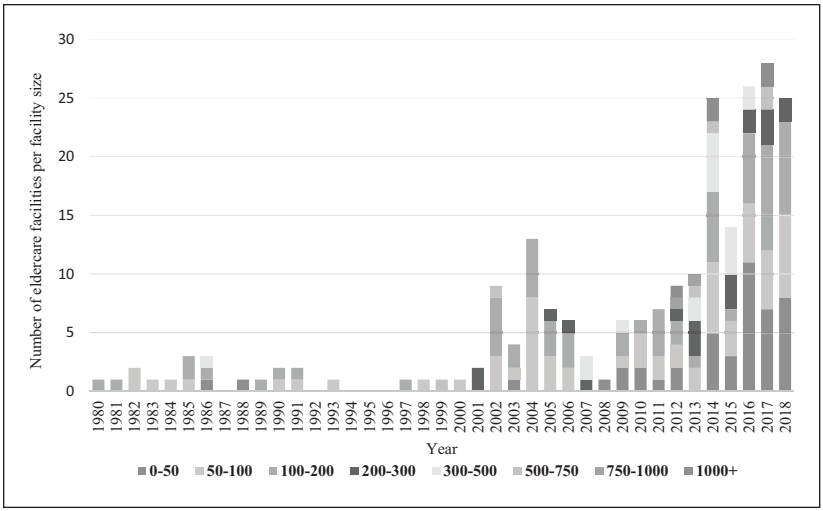

Figure 4. Development of Hangzhou care facilities according to size.
Source: Hangzhou Bureau of Civil Affairs 2019, compiled by author.

has between 50 and 200 beds, the growing involvement of private for-profit providers has clearly resulted in the introduction of very large care facilities that can take advantage of "care economies of scale."

Hangzhou's marketization strategies have thus had the desired effect: there has been a marked increase in the number and diversity of providers, particularly since 2011, enhancing the choice of services for care recipients and their families. This increase, on the one hand, was achieved by introducing marketlike mechanisms in the public provision of eldercare, as evidenced by the large number of PPPs and the contracting out of eldercare via competitive tendering. On the other hand, the increase in service provision has been driven by an expansion of the private sector, offering services for those ineligible for means-tested care. Given that private facilities now outnumber public facilities, it appears as if stage three in Vaittinen, Hoppania, and Karsio's marketization process has been achieved.[11]

Case 2: Nanjing

As in Hangzhou, Nanjing's rate of population aging has been comparatively high. At the end of 2016, Nanjing was home to 1.34 million elderly people, accounting for 20.1 percent of its population (Jiangsu Civil Affairs Department, 2017). In contrast to Hangzhou, however, Nanjing municipality

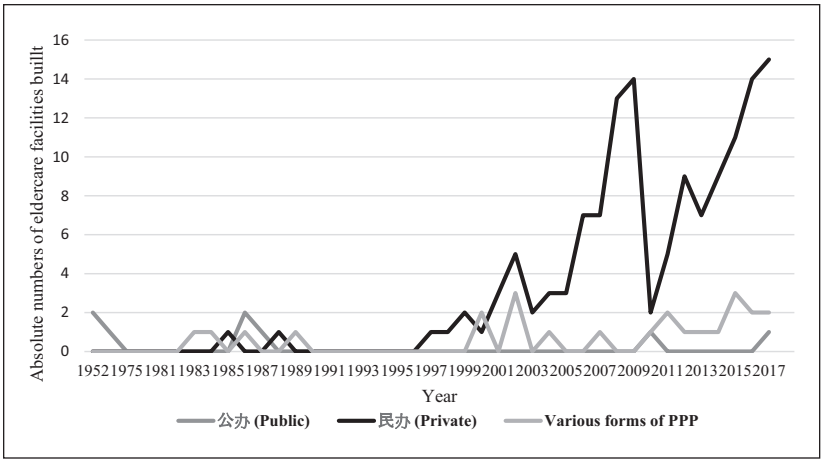

Figure 5. Nanjing's eldercare infrastructure development along ownership type—absolute number of new eldercare facilities built.
Source: Nanjing Civil Affairs Bureau 2018, compiled by author.

implemented a somewhat different approach to marketizing eldercare services, despite being equally pressured by rapid population aging.

The development of eldercare services in Nanjing demonstrates similarities and differences to Hangzhou. As shown in Figure 5, similar to Hangzhou, Nanjing's municipal government developed public eldercare facilities beginning in the 1980s, although it was already home to four eldercare facilities established in the early 1950s and in 1975. In contrast to Hangzhou, however, Nanjing's municipal government has invested much less in the development of public eldercare provision. The city established five new public eldercare facilities between 1980 and 2018, two in 1986, and one each in 1987, 2010, and 2017. Instead, early forms of eldercare PPPs were used to promote public eldercare provision. Whereas two PPP eldercare facilities were set up in the 1980s (1985 and 1988), starting in 1997 the data show a year-on-year increase in new PPP facilities, reaching 25 in 2018. In comparison to Hangzhou, Nanjing thus started the marketization of its "first track" much earlier.

Since the early 2000s, the number of private eldercare facilities has steadily increased, demonstrating a shift toward developing the "second track." As Figure 6 shows, private eldercare facilities witnessed the largest and most rapid increase across the three types included in the data. In contrast, public care provision has only increased slightly, while the PPPs' role in the sector has grown more slowly, particularly since 2010. These figures are

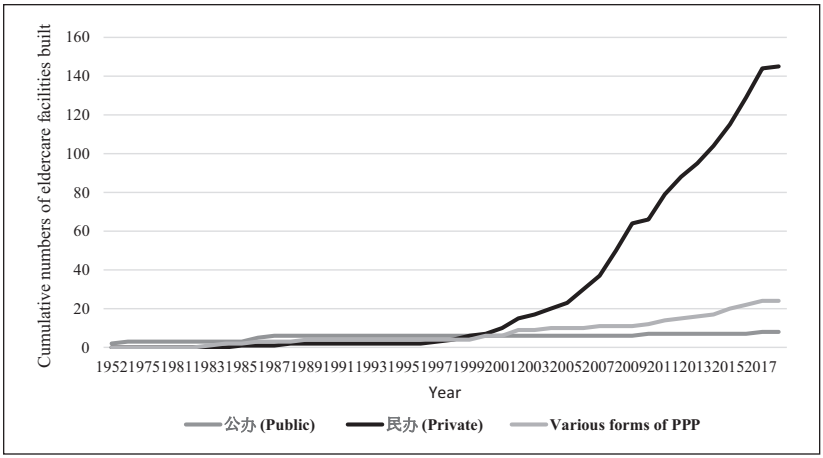

Figure 6. Nanjing's eldercare infrastructure development along ownership type—cumulative number of new eldercare facilities built.
Source: Nanjing Civil Affairs Bureau 2018, compiled by author.

in line with Feng et al. (2018: 140), who note that the proportion of public residential care homes in Nanjing declined from 96 percent prior to 1990 to 23 percent in the 2000s. However, there was a noticeable dip in the growth in newly established private eldercare facilities after 2009 (see Figure 5). This might be explained by a decrease in governmental attention and subsidies for social organizations or private investment in the sector during this time—perhaps because of the global financial crisis of 2008. Nevertheless, private providers have clearly "taken over" public and private provision in Nanjing.

Nanjing's marketization processes were heavily influenced by its provincial government. As Jiangsu's provincial policies suggest, the province was much quicker than Zhejiang to regard eldercare as a commodity to be promoted via marketization. In comparison to Zhejiang, where marketization-related themes only appeared after the central government's Twelfth FYP, Jiangsu's provincial government included themes such as developing "eldercare services" in 2006 (Jiangsu Civil Affairs Department, 2006) and the "eldercare industry" in 2008 (Jiangsu Civil Affairs Department, 2008). Jiangsu's provincial government clearly envisioned an increase in services supply by using favorable access to land, tax benefits, discounted loans, and subsidies for beds and facility establishment to increase and diversify provider types—and this was adopted much earlier than in Zhejiang. These measures reflect Vaittinen, Hoppania, and Karsio's stage one of the marketization

of care, as they increase private provision within the structure of public provision, and transform care recipients into customers (the "first track" of my "dual-track" marketization model). Simultaneously, Jiangsu's approach focuses on encouraging "big business" to develop private eldercare services and products around nursing, recreation, and tourism for paying "customers" (the "second track").

Following the provincial lead, Nanjing municipality put these marketization strategies into practice. As Wang (2013) mentions, Nanjing's local government started to purchase eldercare services for means-tested elderly persons from social organizations in 2003. At the same time, it began to experiment more with PPPs—clearly diversifying and increasing provider choice (Vaittinen, Hoppania, and Karsio's stage one) in public eldercare provision. Because of its rapid marketization of public eldercare services, it was applauded in a national-level official document for "attracting the participation of societal forces," "diversifying capital," and "marketizing the operation of [eldercare] institutions" (Jin and Yu, 2015). This forerunner role might be the reason for its selection as host for an event under the guidance of the national government on the topic of "socializing" eldercare in 2006, which was attended by other provincial officials and experts (Nanjing Gulou District Government, 2006). Consequently, however, the municipality invested less in the development of public eldercare services—a fact that has been criticized in the Chinese academic literature (Huang, 2013).

Since the early 2010s, Nanjing has adopted a variety of policy initiatives that more closely mirror provincial marketization themes. Firstly, it promoted purchasing services from private providers according to "market mechanisms" 市场机制 for means-tested elderly in accordance with the "three nos" and "five guarantees" (Nanjing Municipal Government, 2011). Although increased regulation and the introduction of market mechanisms in public provision mirror stages two and three in Vaittinen, Hoppania, and Karsio's framework, the city has also slightly expanded public provision. Since 2014, cash vouchers and other subsidies of 300 to 400 yuan were introduced to a larger group of means-tested elderly (those with either an income below the poverty line, who are above seventy years old, or those who are childless), which can be used to pay for eldercare services on the market or on informal care by family members (Yang et al., 2016: 1397–98). Nevertheless, as residential care in Nanjing is commonly priced at between 2,000 and 4,000 yuan per month (Wiener et al., 2018: 206), eldercare is still not affordable for many poor Chinese (Yang et al., 2016: 1398).

In addition, investment in private provision was increased as well. The municipality set up special funds to support the development of small and medium-sized enterprises providing eldercare services. As in Hangzhou,

both private for-profit and nonprofit providers were to be financially supported through tax benefits, subsidies, and preferential access to land, while being encouraged to compete for industry prizes (Nanjing Municipal Government, 2011). Subsidies were commonly stipulated for constructing new facilities, mostly residential care homes (80 yuan per bed created), while operational costs were often not subsidized (Wiener et al., 2018: 205–206). After 2011, Nanjing municipality responded to the Twelfth FYP plan by further promoting marketization, particularly via its 2014 "Opinion on Rapidly Developing the Implementation of the Eldercare Services Industry" and the corresponding thirteenth municipal five-year plan (2016–2020) for eldercare services development (Nanjing Municipal Government, 2016).

As an eldercare expert from Nanjing noted,[12] the local government has been very eager to attract as many investors as possible—however, with only limited success so far. In contrast to Hangzhou, the municipality has been more successful in developing the nonprofit sector. As Bai and Zeng (2014) note, social organizations' role in eldercare services provision has increased tremendously, especially in the area of community-based care. As their development was relatively early and rapid, today 83 percent of Nanjing's social organizations (of a total of 21,000) are involved in eldercare services (Bai and Zeng, 2014: 13).

The growth in private (for-profit and nonprofit) providers has resulted in a marked increase in the number of beds in eldercare facilities in Nanjing. Today, Nanjing has 37,203 beds in eldercare facilities, a similar number to Hangzhou. As Figure 7 demonstrates, this increase particularly took place between 2007 and 2018. Nanjing's eldercare sector thus provides beds to 2.77 percent of its elderly population, coming close to the national target of 3 percent. However, as Glinskaya and Feng (2018a: 35) note, the occupancy rate in Nanjing's residential homes has only reached 69 percent in private care homes, and 83 percent in public care homes, indicating a mismatch in supply and demand—either for residential care as such or at the prices offered.

On average, Nanjing's eldercare homes offer 167 beds. Care facilities with 100–200 beds are the most common, closely followed by facilities offering 50–100 and 200–300 beds. As in Hangzhou, the increase in the total number of beds has in part been due to the growth in the number of eldercare facilities and the establishment of large eldercare facilities offering more beds. Yet in contrast to Hangzhou, as is shown in Figure 8, Nanjing has not resorted to building very large facilities of more than 1,000 beds as Hangzhou has. In contrast, it only established one facility with 750–1,000 beds (in 2015) and three with 500–750 beds (in 2011, 2015, and 2016) during the reform period.[13]

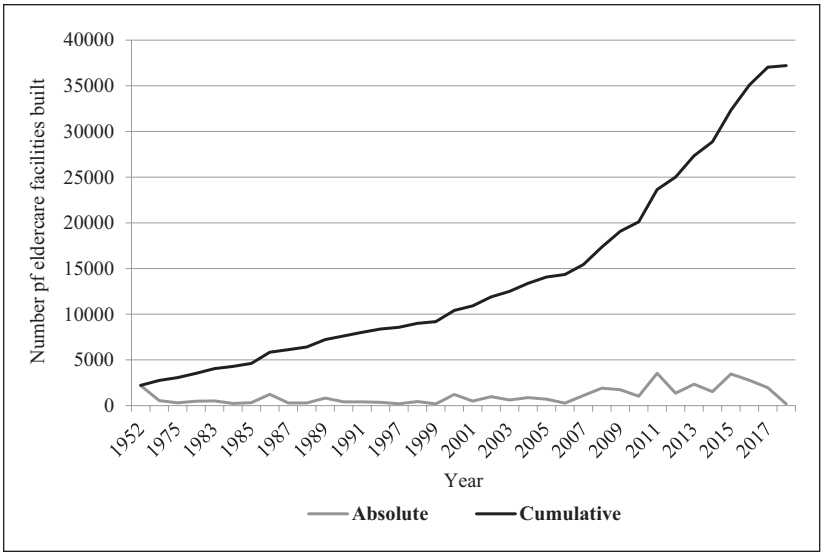

Figure 7. Development of number of beds provided in Nanjing's eldercare sector.
Source: Nanjing Civil Affairs Bureau 2018, compiled by author.

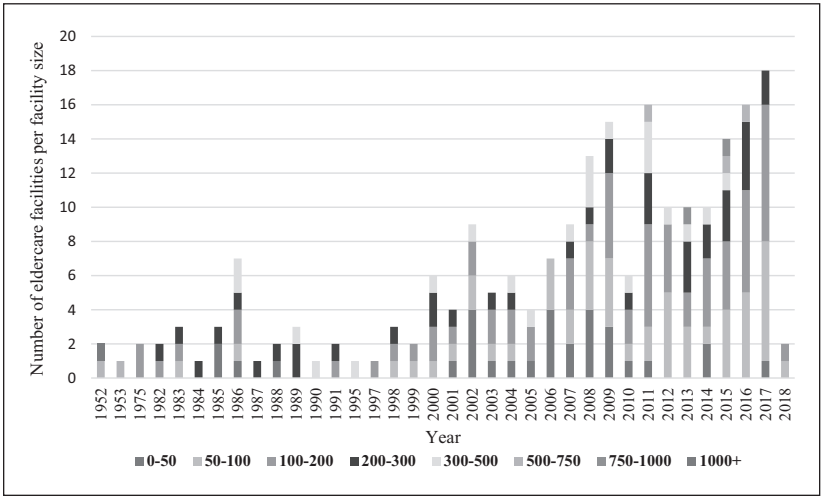

Figure 8. Development of Nanjing care facilities according to size.
Source: Nanjing Civil Affairs Bureau 2018, compiled by author.

However, the more recent increase in larger facilities may point to a shift in strategy in the future.

Overall, as in Hangzhou, Nanjing's eldercare services infrastructure has become diversified in terms of ownership type and facility size. Nanjing appears to have been more successful overall in promoting small and medium-sized eldercare facilities, particularly by contracting out to social organizations. However, as Hsu and Hasmath (2014) note, this often results in social organizations being co-opted by the local government, which integrates them into a local corporatist state. This was confirmed by a local expert[14] involved in evaluating social organizations in the eldercare field. He argued that because social organizations compete for government contracts, they are not only heavily reliant on public funding but also have had to severely reduce their prices, which has increased the financial challenges of running care facilities.

Socioeconomic Implications of "Dual-Track" Marketization

The "dual-track" marketization approach in both Hangzhou and Nanjing municipalities has resulted in a massive increase in eldercare services. For those who can afford the second track—that is, services provided by private providers based on a market price—this increase in supply of eldercare services has created alternative sources of care provision. They now have the "freedom of choice" to purchase eldercare from any provider on the market. This increase in freedom of choice, however, is only available to older people who can afford eldercare services from the market and who have the cognitive ability to make this choice. Although the local government does subsidize the private sector, most financial support is provided for private providers willing to open a care home (Hu et al., 2020: 3), and not for the families who need to pay for these services. As scholars (Mu, 2009; Phillips and Feng, 2015) note, many Chinese older people therefore cannot afford the costs of moving into a home as pension levels are too low and many medical costs are expensive and need to be paid out of pocket. Therefore, many older people depend on family resources to receive care.

In contrast, the "first track" of public eldercare services provision continues to provide care for the neediest in Chinese society. However, as Pei Xiaomei argues (cited in Mu, 2009: 134), "The state has actually minimized its social welfare responsibilities with regard to old persons by strictly targeting areas and groups beyond the reach of family and the market." This is because the "three nos" is in fact a rather limited set of older people—only

those without family and the ability to purchase care from the market receive public support.[15] Consequently, as Mu (2009: 134) notes, in fact, "the state has not increased its investment in welfare for old persons despite increased revenue," alluding to the fact that increased investment has supported the opening of private facilities, not an increase in public welfare as such.

Because of the low income levels of many urban older people, dual-track marketization efforts seem to have developed services that are mostly accessible for either the more affluent or the neediest, leaving many who are unable to pay for public provision or ineligible for public provision "stuck in the middle." This assumption is supported by scholarly studies (Glinskaya and Feng, 2018a: 25; Feng et al., 2018: 140) and by one expert from Nanjing interviewed for this study[16] who reported long waiting lists for publicly subsidized care facilities; on the other hand, there are many empty beds in private for-profit facilities (Liu and Tang, 2014: 135).

Means-tested approaches to eldercare services, however, are not only found in the PRC. Many countries, including Germany, France, South Korea, the United States, and the United Kingdom (Bode, 2007; Zhan and Luo, 2018), have used similar marketization strategies and also operate a means-tested eldercare system. Older people in these countries therefore have similar problems accessing eldercare. A report by the Commission on Funding of Care and Support (2011: 5) in the United Kingdom, for instance, noted that "not everyone will be able to afford to make their personal contribution, and those currently just outside the eligibility for means-tested help are not adequately protected."

Nevertheless, while care provision in these countries is means-tested,[17] they facilitate more universal access to eldercare: first, because their eligibility criteria include a broader set of older people than the "three nos"; and, second, because many countries offer basic support via income-based contributions (e.g., the Netherlands; see Hooren and Becker, 2012: 93) or capped budgets for all care recipients (e.g., Germany; see Bode, 2007: 213).

A key question moving forward is thus whether the Chinese party-state will be extending access to means-tested care beyond the "three nos" category to support those who are unable to pay but are presently ineligible for public support. As the cases of Hangzhou and Nanjing demonstrate, depending on the locality, certain additional support is already available, for example, for the "oldest old." Depending on whether and which model of long-term care insurance is adopted nationally (Yang et al., 2016), additional financial support could be derived from pooling social risks as well, such as by opting for a social insurance scheme.

Furthermore, as in other countries, many older people in China prefer home-based or community-based support to residential homes (Fu and Chui,

2020), which is cheaper than residential care (Chen and Han, 2016: 293–95). As in other countries like the Netherlands (Hooren and Becker, 2012: 93), the Chinese party-state is therefore promoting "aging at home." Its 90–7–3 framework is implemented in municipalities such as Hangzhou, where marketization strategies concentrate on home-based care and reducing the number of older people living in residential care (Hangzhou Municipal Government, 2011b). Although a national home-based and community-based eldercare services strategy was released in 2006, these services have only begun to develop more widely since the Twelfth FYP (Hu et al., 2020) and therefore remain unevenly distributed (Leung and Xu, 215: 141).

Ultimately, income-dependent access to eldercare means that family members, mostly women, continue to care for Chinese older people informally. Again, this is not a Chinese, but a worldwide, phenomenon. In certain EU countries (Zigante, 2018) and East Asia (Maags, 2020b), this unpaid work within the family is at times compensated via cash payments for informal caregivers. This does not unburden women from caring within their families because it commodifies and encourages familial informal care (Lewis and Giullari, 2005). However, it acknowledges informal labor as a form of labor. Nanjing municipality's policy to offer 300 to 400 yuan in subsidies for informal care to a larger group of means-tested older people is a step in this direction but is, again, means-tested. Therefore, Chinese older people who are ineligible for public provision and unable to access private provision will need to rely on their family members to provide care.

However, as Vaittinen, Hoppania, and Karsio (2018: 387) note, "if the market price for care makes unsubsidized care services out of reach for the majority, there is a risk that an informal grey economy of poorly paid care work emerges in private households." Therefore, as in other countries (Bode, 2007: 216), many Chinese families who are unable to either provide informal care or purchase care from the market hire unskilled labor to work in their homes. As Hu (2010) estimates, many middle- and high-income families continue to rely on 10 to 20 million informal care workers from rural areas, who lack training, are underpaid, and most commonly are female migrant workers. These migrant workers also provide care in the newly established eldercare services facilities since—as in the case of Hangzhou—there are not enough trained staff.

If families are unable to hire a *baomu* 保姆 (care worker), female family members need to leave employment or accept lower earnings (i.e., by taking on part-time work) to provide care for older people and children, making them vulnerable themselves when they reach old age due to earnings loss during their working life. Cook and Dong (2011: 961) therefore argue that

> Population aging, in conjunction with the growing emphasis on Confucian values and family responsibility in policy circles, has exacerbated the dilemma for middle-aged, married women who attempt to fulfil multiple responsibilities as income earners as well as caregivers for family members at different stages of the life cycle.

While supporting marketization of eldercare services, the party-state consciously relies on family members to provide care as a means to reduce public expenditure—even if this comes at the cost of insufficient eldercare. This conscious strategy can be seen in gender-differentiated retirement policies that push fifty-five-year-old women out of the labor market to provide care for the old and the young (Cook and Dong, 2011). Yet, as Cook and Dong (2011: 954) note, "Although promoting the Confucian ethic of filial piety may offer a way to free the government from assuming fiscal responsibility for elderly care provision, it is likely to reinforce the traditional familial gender norms, and/or simply leave some care needs unaddressed." Many families—especially women who face the stigma of not being filial—prefer to care for their older family members themselves (Cheng et al., 2011). The state thus perpetuates Confucian traditions and values that stigmatize family members who send older people to residential homes. The perpetuation of Confucian values by the state, however, in part runs counter to its own marketization efforts as they support the stigmatization of using eldercare services.

Although the dual-track marketization strategy has massively increased the provision and diversity of eldercare services, each track seems to cater to a specific segment of the population, thereby exacerbating preexisting income-based and gender inequalities. On the one hand, this is due to internationally disseminated neoliberal reform strategies. Consequently, Chinese marketization efforts have had similar socioeconomic implications as in other European and North American countries. On the other hand, the highly stringent eligibility criteria of the "three nos" and the party-state's strong emphasis on filial piety–related norms are China specific. In addition, as the case studies in this article and the broader academic literature (e.g., Hu et al., 2020) have shown, despite top-level design, local eldercare services provision differs across China, suggesting that social inequalities also differ across space. Should the long-term care insurance scheme be adopted nationally, and local support be enhanced, older people who are "stuck in the middle" will have greater a chance of receiving access to formal eldercare services, thereby reducing the burden on family members to provide care.

Conclusion

Marketization of eldercare services in China has followed a dual-track strategy. The first track is that existing public eldercare provision has increasingly been marketized by using neoliberal reform strategies found in European and North American states; the second track is that private (for-profit and nonprofit) eldercare services operating according to a pure market logic have been added. Together, these marketization approaches have resulted in a massive increase in the number and type of eldercare services provided, which has been termed a "great leap forward" in residential eldercare provision (Luo and Zhan, 2018).

Both cities examined in this article exemplify the dual-track marketization approach: On the one hand, neoliberal marketization strategies were used to slowly outsource public provision to private providers. As the case of Nanjing shows, in certain areas social organizations have taken over public provision almost entirely, which in turn partially shifts financial pressure to provide means-tested care to the nonprofit sector. On the other hand, both cities fostered the development of private for-profit providers. This is particularly the case for Hangzhou, which has encouraged the establishment of large (in some cases, more than 1,000-bed) eldercare facilities profiting from economies of scale and operated by conglomerates and chain businesses. This strategy is similar to that of the United States, where large private for-profit chains are dominating the market (Luo and Zhan, 2018). Consequently, in many places private providers offer the majority of services in both tracks, taking over public eldercare provision from the state and increasing private provision.

Many of the marketization strategies observed in the first track show signs of all three stages described in Vaittinen, Hoppania, and Karsio's (2018) political economy of care framework. In Hangzhou and Nanjing during the 1980s and 1990s, investment in public provision was reduced, while private providers were encouraged to provide public services by charging fees—mirroring the first stage in Vaittinen, Hoppania, and Karsio's marketization framework. In contrast to Vaittinen, Hoppania, and Karsio's framework, however, Chinese older people were not "compensated" for a reduction in public provision through vouchers or cash payments as public provision was only offered to means-tested people under the "three nos" policy. Since the 2000s, local governments were to further incentivize private for-profit and nonprofit providers to take over public services by offering subsidies and tax breaks. Again, the outsourcing (contracting out) of means-tested services via competitive tendering to private providers mirrors the second stage in Vaittinen, Hoppania, and Karsio's framework. Nonetheless, in contrast to this framework, as is evident in the case of Hangzhou, in some places investment

in public eldercare services initially *increased* during this period. Since 2011, with the central government's Twelfth FYP, these marketization efforts have been further deepened, resulting in more private than public providers operating on the market in both Nanjing and Hangzhou (an indication of the advent of Vaittinen, Hoppania, and Karsio's third stage). The party-state has shifted from being a provider to a purchaser (see also Du, 2013) and regulator of public eldercare (Leung and Xu, 2015). While Vaittinen, Hoppania, and Karsio's framework explains the development of Chinese public provision over time, it is not reflected in the development of the second track of my "dual-track" framework—the development of fully private eldercare provision for older people able to purchase care from the market, as this second track was only added during the first decade of the twenty-first century and did not emerge from the exiting means-tested system.

In comparison to many European or North American nations, eldercare marketization processes in China have thus followed a different trajectory. China's marketization process commenced at a time in which only limited means-tested welfare institutions for older people existed. While many European countries saw the need to financially compensate their citizens for the "retreat" of the state by offering vouchers and compensation, Chinese older people never universally received such financial support. Although the party-state's strategy at first mirrored "welfare retrenchment" (Starke, 2006) during the 1980s and 1990s, as expenditure cuts and copayments were introduced for existing public services (Gingrich, 2011), the later *increase* in spending on public provision and top-level design has been a sign of growing state involvement.

The Chinese experience differs because the PRC's socialist eldercare system, and subsequent reforms of it, are not based on a universalist paradigm that obliges it to provide care to all older people regardless of income. Instead, the party-state has used the very stringent eligibility criteria of the "three nos" to limit access to public provision. In addition, the party-state's approach differs from European countries', for instance, because of its perpetuation of filial piety norms. Although taking care of older family members, including material and monetary support, continues to be a strong social norm (Huang, 2011), through legislation the party-state also obliges the Chinese family to take over the financial and care burdens of the elderly *by law*. Finally, in contrast to democratic developed countries, the relationship between providers and the state differs, particularly in the case of social organizations that are strongly dependent on the state.

While some scholars (Luo and Zhan, 2018) speak of an "eldercare system with Chinese characteristics," I argue that this is misleading: First, each nation's welfare state has its own characteristics, including its eldercare

services system; no two systems are the same, and it would not be useful to speak of eldercare systems, for example, with French or German characteristics. Second, in China these characteristics have changed rapidly over time, and differ across localities, depending on when and how local governments have implemented top-level design. Hangzhou, for instance, initially expanded public provision and then focused on promoting chains and conglomerates. Therefore, means-tested public provision is more developed and residential care is provided in (on average) larger facilities. In contrast, Nanjing did not extend public provision and has relied more on social organizations to provide care, because of which residential care is commonly provided in smaller facilities. In any case, as both case studies were selected according to their "similar" features, they are not representative of the even greater variation in local eldercare systems across China.

Because of a top-level design, both municipalities, however, have experienced comparable socioeconomic implications: on the one hand, as public provision is limited and means-tested, most people need to pay for formal eldercare if informal care is unavailable. Yet many are neither "poor enough" to receive public support nor "affluent enough" to afford private provision. On the other hand, the dual focus on promoting filial piety and marketization thus contradicts itself to a certain extent as women simultaneously face increased pressure to generate an income and to care for elderly family members. Moreover, although home-based or community-based care marketization supports (female) family members in caring at home, as Hong (2017) shows, community care is often provided by female migrant workers, who cannot afford to take care of their own parents in rural areas, thereby only redistributing the burden of care among women in different income groups. Consequently, preexisting income-based and gender-based social inequalities are enhanced.

While providing new insights into the Chinese political economy of eldercare and its socioeconomic implications, the study also has its limitations. First, because of this study's research design, only two affluent urban cities were examined, excluding poor urban and rural areas. Second, a more detailed analysis of older people's access to care necessitates an analysis of service prices. However, hitherto no reliable data on service prices are available. Finally, the study's discussion of socioeconomic implications would have benefited from surveys or interviews with family members and the elderly themselves. Future research could thus add to our understanding of marketization processes by linking it to an analysis of these materials. Only when we jointly examine eldercare services supply, demand, and decision-making processes at the macro, meso, and micro levels can we obtain a more

comprehensive picture of Chinese eldercare services and their potential effects in the future.

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Notes

1. The term "socioeconomic implications" connotes the likely effects (Cambridge Dictionary, n.d.) of the marketization reforms. I deliberately do not speak of "socioeconomic impact" as this study's qualitative research design cannot detect correlation or causality.
2. See, e.g., the marketization framework by Anttonen and Maegher (2013), which categorizes marketization processes along two driving forces—competition and privatization—to arrive at an axis detailing the degree of private sector involvement.
3. In such models, the government acts as a purchaser of care services from providers, who may be other government (public) providers or private providers (Vaittinen, Hoppania, and Karsio, 2018: 383).
4. The data for Hangzhou were obtained from the municipal government's map of eldercare services (see Hangzhou Civil Affairs Bureau, 2019). In contrast, Nanjing's Civil Affairs Bureau had uploaded a spreadsheet containing the data (see Nanjing Civil Affairs Bureau, 2018).
5. This information, for instance, includes (1) the ownership type (public, private for-profit, nonprofit, PPPs); (2) type of eldercare facility (home, community center, hospice, and so on); (3) date of establishment; (4) services prices; (5) services provided; and (6) location/address.
6. Interviewees were recruited via snowball sampling. Each interviewee received an information sheet and consented to being interviewed and recorded.
7. Experts include scholars who either research eldercare services provision or support local governments by acting as evaluators of eldercare facilities to improve service quality, or scholars who do both.
8. One early program was the Starlight 星光 Project launched in 2001, aimed at providing eldercare to means-tested older people (i.e., the "three nos") at the

community level (Wu et al., 2005: 52; Wong and Leung, 2012: 573). Again, the increase in public provision thus only targeted the means-tested. However, as Wu et al. (2005) note, only a very small fraction of elderly people (1 out of 800 to 1,000) was eligible for these services, demonstrating the limited reach and success of the Starlight Project in enhancing public care provision.

9. As an eldercare expert from Hangzhou explained, provincial policy pushes have greatly stimulated eldercare services development at the local level (interview, expert in Hangzhou, August 31, 2018).
10. Notable exceptions are the years 2002 and 2004, in which 1,416 and 1,307 beds were added, respectively.
11. However, as an eldercare expert in Hangzhou noted (interview, expert in Hangzhou, August 31, 2018), the rapid speed of these marketization efforts has resulted in some challenges such as insufficient time to train sufficient personnel and how to offer services.
12. Interview, expert in Nanjing, September 14, 2018.
13. During the Mao era, one facility of more than 1,000 beds and two of 500–750 beds were established.
14. Interview, expert in Nanjing, September 14, 2018
15. Some studies (e.g., Glinskaya and Feng, 2018a: 37) and my interviewees have, moreover, argued that many public residential care homes tend to be occupied by mostly healthy upper-class residents or retired party cadres, reducing space for means-tested older people.
16. Interview with expert, September 14, 2018.
17. In many European and North American countries, eldercare for those below a certain income threshold is free of charge as it is seen as a part of social assistance (Bode, 2007; Luo and Zhan, 2018).

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