Narrative stories in Chinese characters: political framing of ageing and welfare reform in China

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This article analyses narrative stories used by the Chinese government to connect the problem of population ageing to welfare reform. The findings derived from semi-structural interviews and key policy documents suggest the unfolding of the narrative stories of power and stories of rising and stories of decline. The narrative stories in the developmental Chinese welfare state are diverse and stem from different processes than those for the mature European welfare states. The Narrative stories also vary for different policy areas. For inequality and health-care policies, under the master narrative of story of power, state depicts ‘stories of giving-to-give’ to support expansion in the traditional ‘old risk’ type of policies to main population, including the elderly. For long-term care, the power narrative of ‘giving-to-shape’ legitimizes the expansionary reforms for a small group of deserving frail elderly. Behind this political framing of long-term care reform lies the story of decline that justifies the modest role of state provision in the organization of long-term care and leaves the responsibility for economic, social and spiritual wellbeing for the society itself. The story of decline in China also gravitates around sustainability of societies rather than around financial sustainability commonly underlining the political debate in the West.
projected to become ‘super aged’ and having 36.5% of its total population be aged 60 or older (UN, 2015, p. 142). Since the turn of the new millennium, the ageing has accelerated rapidly and now the first frostbites of the demographic winter are already felt in China. The long demographic winter is coming to China and in the next decades ageing will impact almost all public domains; from ecology to housing and labour markets and will lead to significant increases in social and health expenditures. Although the ‘silver economy’ provides massive business opportunities for some (for instance real estate firms in building luxury nursing home for the wealthy urban citizens and technology developers), the ageing may potentially question the financial sustainability of China’s public institutions or even the political stability.

Despite the severity of this problem prognosis, the Chinese political debate on ageing is reasonably new and to date very little is known about the Chinese political quest to organize welfare and care for its ageing population (with an important exception Liu & Sun, 2015). This article adds to this debate and investigates how narrative stories are used by political actors in People’s Republic of China (PRC, herefrom China) to connect the problem of population ageing to welfare reform. The insights are derived from a case study utilizing data from document analysis and semi-structured interviews on China’s ageing problem and the country’s expedition to create the sixth social insurance system: Long-term Care Insurance (LTCI); the state answer to population ageing and a part of the new vision of China of how to sustain and progress socialism with Chinese characteristics.

In the Western scholarship, the framing of problems and policy solutions commonly centralizes the economic aspects of ageing. The suggested solutions are generally sought from community-level solutions to spare public spending and improve service delivery (McBride & Merolli, 2013; Pierson, 1998; van Kersbergen, Vis, & Hemerijck, 2014). Da Roit and others (Roit, 2013; Roit, Bihan, & Österle, 2007; Van Den Broek, Dykstra, & Van Der Veen, 2017) have suggested the main political narrative behind this policy shift is the rise of the ‘big societies’ and governments’ aim at replacing the institutionalized care with the community-based provisions. In this vein, the ‘story of decline’ (Stone, 2012) is the leading narrative story unfolding in the western literature. It underlines the urgency of rediscovering the society to guarantee the financial sustainability of the public systems. Moreover, in line with the individualized norms at the west, it empowers the independent living of elderly (see Roit, 2013). Yet, in East Asia, the societal and political context of ageing is very different. In China, the public institutions are still under development. The expansion to safeguard people against the ‘old’ social risks such as pensions, health care and social insurances (like unemployment insurance) is prominent under the Chinese vision on building a harmonious society. At the same time, China is facing a sudden rise of ‘new’ social risks that require a stronger state involvement in policy areas such as reconciliation of work and family and long-term care for the elderly. Although expansion has been the trend in the Chinese productivist welfare state for some decades now (Holliday, 2000; Ringen & Ngok, 2013), it is also evident that despite the double-digit economic growth in China, the country with the largest population in the world will not be enough to pay a construction of an encompassing welfare state with generous benefits and universal access as in many parts of the Northern and Western Europe. Neither do the strongly rooted Confucian traditions – emphasizing family and society – conform Asian countries to emulate these
western models (Ka, 1999). It is, therefore, crucial to understand the framing of this debate in China and analyze how the problem identification of ageing is connected to the specific policy solutions. This analysis contributes to the greater understanding of the narrative stories concerning the ageing debate and provides a much-needed account that adds to the understanding of social policy reform in China.

The article has the following set-up. Section two discusses the theory, section three the methodological considerations, section four presents the analysis, and section five the conclusions.

**Framing through narrative stories**

In the field of political science, framing literature has a long tradition in explaining how ideas and language are constructed into political action (Rein & Schön, 1993, 1996). Following Entman (1993, p. 52) ‘to frame is to select some aspects of a perceived reality and make them more salient in a communicating text’. Through acts of framing, politicians or other public actors select and add salience on ideas. They use it to make favourable interpretations of particular issues advancing their goals. For example, the political framing of the ‘big societies’ and ‘participatory societies’ as a solution to growing complexity of the public wicked problems has become an important political legitimization for shifting responsibilities towards community and individuals (Alcock, 2012; Corbett & Walker, 2013; Dai, 2014). It empowers the third sector and informal care-takers through providing a new policy environment to revive communities and allows the state to step back from some areas of public service delivery (Corbett & Walker, 2013). In its manifestation, the big society presents a community-centred solution to fix the ‘broken society’, the ‘broken state’ and the ‘broken markets’ as Alcock (2012) has argued. Framing helps policy-makers to promote new policies and agendas (Béland, 2009; Kangas, Niemelä, & Varjonen, 2013; McCombs, 1997) and smoothen the opposition during the implementation phase, as the empirical examples from the UK and the Netherlands have indicated (Alcock, 2012).

Derived from the classical work by Rein and Schön (1993, 1996) as well as the recent work by Hulst and Yanow (2016, p. 97–101), framing occurs through three distinctive acts: sense-making, naming and selecting, and story-telling. In the sense-making process, policymakers try to cope with uncertainty and ambiguity and construct a clear problem definition (Hulst & Yanow, 2016, p. 97). In the framing process, actors determine the (unacceptable) normative gap between ‘what is and what ought to be’ (Hoppe, 2002, p. 308). Framing in this problem definition phase is an important part of the political construction of the problem into a public problem, by defining the issue as a problem and locating it at the wider political agenda. The second act of framing is selecting, naming and categorization (Hulst & Yanow, 2016, p. 99). Selecting and naming issues of attention is a political act. It is fundamentally about highlighting some problems, while silencing others. It is about relating certain problems into the socio-political context and politicizing these into public problems that necessitate public intervention. The third act of framing is about story-telling and ‘narrative frames what binds together the salient features of the situation in a particular context’ (Hulst & Yanow, 2016, p. 100). It is conveyed in a large body of public policy research (Béland, 2009; Hajer & Versteeg, 2005; Roe, 1994; Stone, 1989) that suggests that giving meaning to objects and process are of importance to understanding the policy outputs. Deborah Stone’s (1989, 2012,
extensive work suggests that political actors deliberately define and frame problems to gain support (p. 282). Policymakers select problems, constitute narrative stories around the problems, relate these to other actors. Through framing, policymakers attempt to control and manipulate these narratives to advance their agenda and support smooth policy implementation.

At the centre of these narrative stories, a moral of the story is provided. It is communicated as a story that eminently lingers around heroes and villains and puts forward the potential solution (e., e.g. Stone, 2012, p. 138). Stone’s (2012; also Blum and Kuhlmann, 2019) work has provided several plots to understanding public policy narratives. Following Stone (2012, p. 138–144), the storylines may infer storytelling regarding ‘stories of change’ or ‘stories of power’. In the narrative of ‘stories of decline’ an urgency of political action is built up to avoid or manage the real or unreal crisis. Opposite are the narrative ‘stories of rising’ where circumstances for positive expansion are the dominant storyline. The ‘story of power’ gravitates around the agency and depicts the specific situation of control or alternatively helplessness in a situation. As suggested in the conceptual contribution to this Special Issue, depending on problem diagnosis and solutions prescribed, the causal narrative stories for policy expansion or retrenchment may differ for different cases of social policy reform (‘old’ and ‘new’ politic of social risks) (Blum & Kuhlmann, 2019). The constructed causal stories provide actors with causal strategies to justify the suggested policies and foresee their successful implementation.

Considerations for the empirical study

The article adds to the knowledge of how social policy problems and solutions are politically constructed through narrative stories in China. China makes an interesting case study for analyzing ageing. In the next three decades, the median age of the population is expected to rise from 37 in 2015 to round 50 by 2050 (UN, 2015, p. 124). This development is similar to countries with the highest median ages in the World, namely Japan, Germany and Italy. China will be also the country with the largest population aged 80 years or over. The percentage of the oldest old (those aged eighty and older and most in need of care) is expected to rise from 4.3 in 2015 to 15 by 2050 (UN, 2015, p. 27). China makes a particularly interesting case to look at the politics and framing. China is a unitary administrative state with highly centralized policy formulation. The policy design and implementation is exclusively in the hands of state cadres under the Communist Party China’ (CPC) (Chan & Chow, 2007). As Chan and Chow (2007, p. 480) have suggested, this strict governmental control can be explained by modern China being ‘trapped in a pull-and-push process’: the strong legacy of Chinese socialist experience preserves the continuation of a strong state under the one-party rule. In this context party leadership and unitary command and control are accepted. However, the opening of the economic from 1979 onwards has led to a widening of the market economy, and increased demands from the public for the better standards of living. The one-party system, very centralized politics, but also the rising societal demands make China an interesting case for the analysis of framing and narratives of wicked public problems.

This study analyses how the government (state and local governments) have selected and framed the ageing debate and what are the causal stories behind the policies for the
elderly from 2000 onwards. Given the state-centeredness of the Chinese governance, the article focuses on state-level policy-making (as depicted by the CPC) but also on how the state policies are viewed from the local level in urban setting, including interviews conducted in Shanghai and Beijing. Whereas Beijing is the capital and power centre of China, Shanghai was the first city where pilots on long-term care have been implemented since 2001. Shanghai is also considered as the benchmark in China when it comes to organizing care for the elderly.

The data comprised of policy documents and 12 semi-structured interviews among the relevant experts and stakeholders in China conducted in 2017 and 2018. The key policy documents were searched by using the search engines at the government website (www.gov.cn) as well as from Google and the Chinese counterpart Baidu with keywords of ‘Ageing’, ‘long-term-care’, ‘policy’, ‘plan’, ‘central government’. In addition, we used triangulation of data (incl. interviews and scholarly literature) to confirm the relevance of the policy documents found and to discover other relevant policy documents. The selection of key documents included 14 documents such as Five-Year-Plans (FYPs from here) between 2001–2018 (see appendix 1 for list of all policy documents used). The interviewed respondents of all levels refer to the pivotal role of CPC and the CPC’s FYPs (in Chinese Wǔnián Jìhuà) as the key policy documents in problem identification: they denote the foundations and principles of Chinese socialism, define the strategies for economic development, set targets of growth, and communicate major reforms to the 5-year period to come. Moreover, 12 semi-structured interviews were conducted with help of Chinese translator, who also took notes or recorded/transcribed the sessions and later translated these to English. Table 1 lists the interviews. The Chinese data and documents were analyzed by a native Chinese speaker based on defined questions for the documents (on sensing, naming and storytelling) and the Chinese results were discussed between the Chinese researcher and the author. The data in English were analyzed by the author.

Adopting a qualitative content analysis research method (Mayring, 2014), the analysis procedure aims at deriving theoretical assumptions for future study from the observations from this case. The qualitative content analysis requires a step by step research approach. For the analysis, the three distinctive acts of framing as found in the literature (Hulst & Yanow, 2016; Rein & Schön, 1993) sense-making, naming and selecting and storytelling, guide the theoretical differentiation of sub-components of the framing process. The documents and interview transcripts were

| Code | Position of respondent | Organization | Time of interview |
|------|------------------------|--------------|------------------|
| SHA1 | Manager community-care center | NGO, Shanghai | May 2018 |
| SHA2 | Nurse community-care center | NGO, Shanghai | May 2018 |
| SHA3 | High official | Local government, Shanghai | May 2018 |
| SHA4 | High official | Local government, Shanghai | May 2018 |
| ACA1 | Academic expert (LTCI expert) | Academic institution Shanghai | May 2018 |
| ACA2 | Academic expert (LTCI expert) | Academic institution Shanghai | May 2018 |
| ACA3 | Academic expert (NGO expert) | Academic institution Shanghai | May 2018 |
| SHA5 | Manager of NGO working in the home care sector | Company HQ Shanghai | June 2018 |
| BEI1 | Manager of Nursing home | For profit, Beijing | June 2018 |
| ACA4 | Academic expert (public Administration) | Academic Institution, Shanghai | June 2018 |
| BEI2 | Team leader of nursing home | NGO, Beijing | June 2018 |
| BEI3 | Manager of street-level day care center | Local government, street level | June 2018 |
first read to summarize the content and construct first indicative categories. This was followed by the explication and (re)structuring of the data based on the deductive reasoning. The findings from the data were structured to identify the problem identification and the provided solutions. Finally, interpretation of the narrative stories was made. The narrative stories included the understanding of the contextual setting of the reform, the ‘plot’, role of agency in the collective action and the normative context for the policy solution (following Stone, 2012). The qualitative method has the benefit of providing a conceptualized interpretative look needed to analyze the presence of elements with a high symbolic content and/or cultural resonance (Azpíroz, 2014, p. 77). The known downfall of excessive influence of the researcher is being limited by triangulation of data (interviews, literature study) and close collaboration with the Chinese academic scholars during the data collection and interpretation phase.

**Analysis**

**Sense-making**

In the sense-making process, political actors identify and define the problem, as a problem (Hulst & Yanow, 2016, p. 97). Ageing is a cross-cutting challenge that affects various social policy areas. It includes both the traditional ‘old’ social risks, such as pensions, elderly worker’s schemes, and health care. Yet, it also includes new post-modern social risks such as long-term care (female), labour market participation and fertility policy. The Chinese sense-making of ageing and the construction of it as a public problem has evolved over time, yet both the problem definition as well as the policy formulation has remained tightly in hands of the Communistic Party of China (CPC). The scrutiny of the 10th (2001–2005), 11th (2006–2010), 12th (2011–2015) and 13th (2016–2020) FYPs, reveal three different narratives of ageing, each of which echoed by the respondents.

First, for a long time, ageing in China was exclusively framed as a social problem regarding income and health inequality. Since the opening of the country in 1978, the CPC and the FYPs, have strongly prioritized the economic development. An example of this narrative is found in the 10th FYP in 2001, that boldly states of having solved social problems by stimulating economic development. It (2001) states:

> In the face of various social problems, we have always made economic development the central task and adopted effective measures to promote a sustained, rapid and sound development of the national economy, thus providing a foundation for handling other problems properly. Meanwhile, we adhered to the principle of doing two jobs at once and attaching equal importance to each. We increased our efforts to improve socialist spiritual civilization, democracy and the legal system, and this has created a good political and social environment and provided a strong impetus for economic development.

The citation illustrates the narrative that silences the problem. The strong economic growth is posited to have solved the inequality problem of the past and is expected to continue doing so for the future. However, the trickling down economics did not end poverty and income inequality in China (neither it has done so elsewhere as Stiglitz, 2012...
We will build a socialist harmonious society by bearing the overall development concept that combines economic, political, cultural and social construction, and starting from solving the most concerned, most direct and most practical issues to the interest of the people. We will take every possible measure to increase employment, enhance income distribution and reallocation, improve the social security system, reinforce poverty reduction, resolve the issue of limited healthcare resources and expensive medical care, strengthen capacity building related to public security. (FYP2006: Chapter 1)

In retrospective, the 11th FYP is regarded as a ‘revolutionary plan’ that shifted the rhetoric from ‘Getting Rich First’ to ‘Common Prosperity’ (Fan, 2006, p. 708). As seen in the 11th FYP citation above, inequality is portrayed as a pertinent social problem. It is now identified as a public problem, an issue that has caught an eye of the government. The same discourse underlined the 12th FYP (2010) that prominently strived for ‘inclusive growth’ and was committed for ensuring that economic growth benefited society at large. To balance these economic, political and social concerns, the central state pleads in FYPs from the 2000s onwards for countermeasures to fight income and health inequalities. Many of these countermeasures have been materialized through massive investments and political priority programs. These programs affect the elderly but not exclusively them, as discussed further in section naming and selecting.

Second, from 2000 onwards, ageing has increasingly been framed as a physical and biological problem. China became officially an ‘ageing’ society already in 2000 when 10.2% of the population consisted of people aged 60 or older (Liu & Sun, 2015; SHA3, ACA1). The 11th FYP (2006) prioritized basic services for the elderly in the rural area where inequalities were most tangible, but ever since ageing has accelerated in the new millennium it has been increasingly recognized as a biological problem in the cities (12th FYP in 2011, 13th FYP in 2016). In 2018, 33.2% of elderly population in Shanghai is over 60 years: making Shanghai ‘a deep ageing society’ (SHA3). The old age security strategies in the large cities like Shanghai and Beijing are commonly born out of the political realization of the rising number of frail elderly especially with chronic and cognitive diseases like dementia and disability (ACA2, SHA1, SHA2, SHA3, BEI1, BEI2). This realization drives the political recognition of ageing as physical and biological problem in China.

Third, from the 2010s onwards ageing is increasingly viewed (also) as a social (care) problem. Although organizing basic social and health services is a major challenge for a large (and growing) number of elderly, ageing re-emerged on a political agenda in 2010 after the public realization that the traditional safety net for the elderly – family support – is rapidly disappearing (ACA1, ACA2); leaving the frail elderly without the health and social care they need. It has been widely accepted that the one-child policy introduced in 1974 had created a new family structure of ‘4–2-1’. This family structure consists of four grandparents, two parents and one child (SHA3). The nuclearization of the families has become a problem in the traditionally familiarized care culture as that of China. This has been further strengthened by the rapid individualization (Sheng & Settles, 2006) and urbanization (including mass rural-urban migration) leading to smaller families and less families to
live with their (grand)parents. The rapid growth in number of ‘solitary old people’ (dujulaoren) and ‘empty-nest’ (kongchao) households (Zhan, Feng, Chen, & Feng, 2011; Zhang & Goza, 2006) (SHA1, SHA2, BEI1, BEI2) is strongly manifested in the new framing of *ageing being a social (care) problem*. The changes in society have led to a decline of traditional family support, increasing risk of frail elderly left uncared for and the necessity for the government to step in (SHA3; SHA5; ACA1; BEI1; BEI2; BEI3, also FYP 2016).

**Naming and selecting**

Based on the different problem identifications, ‘the government selects the topics for political attention’ (Hulst & Yanow, 2016, p. 99). The narrative that unfolds from the collective sense-making of ageing is one of *urgency and power to expand the protection against mature risks of the welfare state*. Mandated at highest level, President Xi Jinping – such as in his speech of the Political Bureau of the Communist party’ Central Committee in May 2018, has made strong references to the country’s challenge to ‘meet the various needs of the huge elderly population’ and the urgency of top-down action to solving the social problems that ageing population brings to the overall development of the country and welfare of the people. The CPC acknowledges that China’s development model for traditional social safety-net remains inefficient and unequal and in the most recent 13th FYP, the leadership highlight this by stating that ‘The provision of basic public services remains inadequate, income gaps are wide, population aging is accelerating, and the task of eradicating poverty is formidable’ (FYP2016: Chapter 1). Without lingering greatly in the causes, the CPC’s document (FYP2016; Chapter 2) proposes a strong forward-looking master narrative of the government commitment to *upholding the principal position of the people, building basic public services and the leading role of the state to achieve the harmonious state* (similar propositions are also found for the previous terms: FYP2001; FYP2006; FYP2011); in the Chinese ‘translation’ of the functions of the welfare state. These citations illustrate well the political construction of the problem as a public problem that necessitates the governments’ action to intervene.

Our interviews project the similar selection of frames; since the opening of the economy in 1978, the focus of governmental discourse revolves around the *expansion in the traditional areas of welfare state*: the construction of old age pensions and universal health care to improve the basic protection and equality among the citizens. The aged society was one of the ‘deserving’ benefactors of these measures, as the urban and rural pension system were among the first national insurance schemes introduced in 1997 and much of local attention has been devoted to protection of elderly (ACA1). The government’s expansion narrative gravitates around ‘an unified state answer to old age poverty’, which has been amplified in the second term of President Xi Jinping, alongside the use of powerful metaphors like ‘war on poverty’ and ‘a step against poverty unprecedented in human history’ in the national media. Identified as one of the ‘three tough battles’ for economic policy in 2018, President Xi introduced a plan to ‘end rural poverty by 2020’. In a report delivered to the 19th National Congress of the Communist Party of China (CPC), the President Xi makes the pledge ‘to eliminate poverty’ for more than 43 million people in rural areas (with less than $1.25 a day and under the official poverty line set by the Chinese government). A similar kind of frame of expansion unfolds for the basic health-care system aiming at combating health
inequalities. After unsuccessful market experimentations in the late 1990s (see more Blumenthal & Hsiao, 2015) the central government has taken the objective to relieve the financial burden of citizens (FYP2016). In the interviews, the respondents frame that the expansion of basic services is the main narrative of the central government (ACA1, ACA2, SHA1, SHA4, BEI1). Perhaps unsurprising, given that by 2018, one-fifth of the elderly in Shanghai are over 80 years old (SHA3), belong to the category of the oldest old, and are most likely in need of medical and social care.

With respect to long-term care, the expansion frame put forward by the government is visible both in the documents and in the interviews. In the context of rapid biological ageing in the early 2000s, the government is bound to act. Originating in 2006, what in retrospective is considered as the first step in central government acknowledging the problem of long-term care, a white paper on ageing (State Council Information Office, 2006) set an agenda to develop a national eldercare system for long-term care needs of frail older people (see also Peng, 2015). The master narrative here was that government encouraged elderly to age at home. This was done by integrating community resources and services into personal care. Following a 2006 pilot in Shanghai – one of the most rapidly ageing cities (and city of 23 million inhabitant), the proposed system comprised three elements of care provision: family support as the base; community care as the support; and institutions as a supplement (SHA2, SHA3, Shanghai Committee of Ageing 2006). The State Council’s 12th FYP of China on Ageing Undertaking Development (2011a and 2011b) later formalized the threefold support system for the care of older persons nationwide (Chapter 65 on responding to population ageing). Regardless of the state intervention, the expansion was not intended to provide an universal right to long-term care as it had been in case for the other basic social security reforms. Rather the eligibility criteria are strictly defined and assessed (ACA1, ACA2, SHA3, SHA4, see also Lou and Ci 2014).

As President Xi Jinping emphasized when presenting the new plans about long-term care insurance ‘the country should adhere to the traditional virtues of caring and respecting for its elderly’ (Xinhua 2018). The solution, as portrayed already in 12th FYP, is to ‘establish a multilevel elderly care service system based on at-homecare, supported by communities, and supplemented by elderly care institutions’ (Chapter 65). With the 90/7/3 model, elderly in Shanghai, for example, were divided into three groups based on their need for care: 90% of elderly are expected to rely on family care giving, 7% to community-based services and only 3% to institutional care (see also experiences in cities in Lou and Ci 2014; Chen and Han 2016). In Beijing, the consequent rates are 90–6-4 (BEI1). The solution evidently calls upon the responsibility of the society (ACA1; ACA2), and cities (SHA3; BEI2) where the state plays a role in the supplementary provision and as a guardian of basic services. This solution is in line with the ageing policy originating from PRC Law on the protection of the rights and interests of older people (1996). This law ensures social care, health care, information, social participation, learning opportunities and happiness in later life (Steering Committee of the National People’s Congress of the PRC, 1996). This holistic approach to ageing manifests the Chinese philosophy to life, but it also keeps the state out of elderly care. This, in fact, has been suggested by Lou and Ci (2014) and Liu and Sun (2015) to have hindered the actual realization of (state-led) elderly care (BEI2). Traditionally, Chinese public social welfare and social services were targeted to the ‘deserving three NO’s’
people with no children, no income and no caring relatives. In the new frame, deservingsness of long-term care plays an important role, as basic social security systems and basic public services initiated by the central government aim at eradicating poverty and income and health inequalities for all, as discussed above.

Notwithstanding, various policy measures introduced between 2011 and 2018 put forward service models that favour the preservation of home care (SHA1; SHA5; Peng, 2015). Even after being framed as an apocalyptic problem – as Liu and Sun (2015) notoriously call the aging problem, the long-term care of elderly in China is framed to cover the most vulnerable elderly only: elderly with no children and those with severe health problems (SHA3, SHA4, ACA1, ACA2, BEI1, BEI2, FYP2016). The centuries old traditions relating to family responsibilities in social care are deeply ingrained in the social norms but also in legislation and administrative practices. The Chinese constitution states that ‘Children who have become of age have the duty to support and assist their parents’ (Wu, Carter, Goins & Cheng 2005: 37). This family support (filial piety) extends to financial, social care and spiritual support. This is also the master narrative from the local administration: ‘we select the model of filial piety, make promotion of some typical families and characteristics and then rely on them to promote the social atmosphere’ (SHA3). Given the strong obligation of children to care for their parents, residential care homes remained rare in the past, yet in recent decades this industry is mushrooming (SHA1, SHA2, SHA5, BEI1, BEI2). However, institutionalized care is traditionally considered as ‘stigmatized’ (Feng, Liu, Guan, & Mor, 2012: 3, SHA1; BEI1, BEI2). The families bear the responsibility of providing financial and emotional support and daily care to older adults in health and/or ill-health conditions. Even though the public opinion about the institutional care is slowly shifting (SHA5, BEI1, see also Sheng & Settles, 2006), the recent amendment in July 2013 further institutionalized the financial and emotional care from children towards their elders (Steering Committee of the National People’s Congress of the PRC 2012; Standing Committee of the National People’s Congress 2013).

To keep institutionalization of elderly within these margins, a Long-Term Care Insurance (LTCI) was launched in 2018 to empower home care. It was announced as the sixth social insurance system and followed the other five mandatory insurances in China: endowment insurance (pension), medical insurance, unemployment insurance, industrial injury insurance and maternity insurance. Shanghai and 14 other selected cities were chosen to experiment with the LTCI. The LTCI experiment was initiated by the Ministry of Human Resources and Social Security (Wang, Zhou, Ding, & Ying, 2018). Behind the system was the ministerial level narrative framing that the current medical insurance nor the existing elderly care services did not cover personal care for the vulnerable elderly, such as demented and disabled elderly (ACA2). The LTCI is the government choice to control the problem. Currently, 1% of medical insurance fund is directed to LTC and the pilot covers only the elderly with serious need for care (SHA1, SHA2, SHA3, SHA5, ACA1). The future of LTCI is very much open with respect to its form and funding, but its family-oriented approach to financial, physical, psychological, social and spiritual aspects of ageing underlines the central governments’ narrative to ageing (ACA1).

**Storytelling**

The narrative stories provide the causal justification and define the ‘plot’, role of agency and the normative context of the policy in the contextual setting of the
reform (Blum & Kuhlmann, 2019; Stone, 2012). As discussed above, the welfare reforms connected to ageing are constructed in China under a hegemonic narrative of power. The plot around expansion of protection against traditional risks depicts how the state is in control to defeat poverty and inequality. By announcing ‘war to end poverty’ and urging local governments to invest into welfare and care, President Xi and the central government frames a story of rising and play the central role as the heroes (Stone, 2012). The policy documents express the government’s commitment to upholding the principal position of the people, building basic public services and the leading role of the state to achieve the harmonious state (FYP2016: chapter 2). The causal story that unfolds is that the villain to fight against is the inequality itself and agency for action is the state as the guardian of harmonious society. In a specific section on Fighting against poverty in the 13th FYP (2016: Part XIII), the government puts forward the hegemonic narrative: ‘Based on our political and institutional strengths, we will implement the fundamental strategy of targeted poverty reduction, develop new mechanisms and models for poverty alleviation, adopt unconventional measures, and step up our efforts to ensure success in the battle against poverty’ The normative base of the story-telling stems from the socialist laws, norms and values: The inherent socialist model of China strives for achieving a harmonious society and to improve people’s life, regardless that effective macro-economic regulation and economic growth (the driver of rising inequalities) are the notwithstanding priority of the modern China. This requires, as noted in the 12th FYP and by the majority of our respondents, considerable state-led efforts in improving the social welfare system, prioritizing job creation, equal provision of public services and enhancing income distribution system. The 13th FYP (2016: chapter 2) proclaims

Development is of paramount importance but must be carried out in an appropriate way. China is still in the primary stage of socialism and will remain so for along time to come; the basic national context and main social problems also remain unchanged.

City administrations in Shanghai confirm the strong state commitment to policies to protect citizens against traditional risks of welfare. They signal that ‘this problem has already been seen the national level’. [and] ‘the strategic adjustments’ lead to ‘fundamental purposes to meet the needs’ of the elderly (SHA4). At the same time, both local administrators and elderly care providers, however, express their concerns when facing the demands from the government as well as the society (SHA1, SHA2, SHA3, BEI1, BEI4). One of the local government respondents point out ‘we are just getting started and we are still building standards’ (SHA3). Another respondent providing care services in Shanghai argues that

the rapid growth of number of elderly (with potential or real need of daily care) together with a too low number of nursing homes for older persons or community day-care centers is currently strengthening this political urgency to satisfy the needs of the massive older population. (SHA5)

The respondent evaluates that ‘the state priority to encouraging elderly to remain at home with the help of integrated community resources, may not be feasible’ (SHA05). The same respondents also see that one of the main problems in proving long-term care is ‘the absence of professional nursing personnel’. The imbalance between the demand of medical care by the elderly and the lack of medical personnel, especially in the home-care services
(that are currently non-existing) is a grave dilemma for successful implementation of the model. One of our academic respondents refers to institutional weaknesses still ‘although our economic aggregate is very large, in fact, from the institutional perspective, it’s still in an imbalanced state’ (ACA1). An important shared concern that rises from these views is how cities may ensure the social stability and social harmony in a society that is ageing so rapidly (SHA1, SHA2, SHA5, BEI1, BEI2). Although the Chinese government’s legitimacy in the past has highly depended on its ability to foster economic growth, it is increasingly hinging on government’s ability to create an inclusive harmonious society. As one of our academic respondents put it

actually the background of China [for the current reforms] is the increased number of demented and disable elderly. Whether it is medical insurance or current elderly care services, it does not cover the care. Up to now, statistics show that there are about 40 million old people with mental or physical disability in the country. In fact, China’s old age care institutions does not provide service for them . . . medical insurance can’t and is not willing to pay. (ACA1)

In this context, the agency for action, or the ‘hero’ needs to be the government, but also the families themselves need to step up.

As to be expected, the narrative story of power is central in the political design of long-term care for the frail elderly under the new LTCI system. It set out a pledge of firm state commitment to intervention, however the politics of long-term care also construct a story of decline. The problems and advocated solutions are framed to arise from the society itself and its natural ageing. Respondents at the local level commonly refer to ageing as a natural event, or a (biological) fact, that requires solid governmental effort (SHA1, SHA2, SHA5, BEI1, BEI2, BEI3). One of our respondents delivering services for the elderly (SHA4) said that ‘the most important thing is to solve the problem of a specific group of elderly . . . the nursing needs of the elderly disabled and demented . . . This part of people needs the government to protect’. This argument is much in line with Stone, 1989, p. 2012) causal stories building a narrative of a problem caused by an accident or nature where state actors have no other option than to seek solutions to solve the problem. The one-child policy was also sometimes referred to as the ‘cause’ or the ‘villain’ for the current ageing challenge in the interviews (ACA1, ACA2, SHA1, SHA2). One-child policy, once a solution for ending the exploding growth of population, in this view has now created a new insatiable challenge.

In the LTCI reform, central government, supported by local government and party cadres, materializes the state intervention. The solution (LTCI reform as discussed earlier) is to uphold the traditional care and urge communities to step (back) in. At the policy level, this is manifested in the recent administrative reforms. In the report of the 19th national party congress, the elderly care was written under ‘Health China Strategy’, and no longer under the ‘Social Security’ as it had been noted earlier (SHA04). This framing of the elderly care outside of the general targets of improving social security places more emphasis on society rather than the state. This is also reflected in the practices in the local level as our respondent at local administration in Shanghai tells us.

We encourage traditional elderly care in our daily work, which is the loyalty and filial piety of Chinese traditional culture. So that children should respect and take good care of their parents. So, it not appropriate to push the old people to the government and the market, even if we have the insurance . . . this is something really good and something deeply rooted in the traditional Chinese civilization. (SHA3)
In the story of decline, the ‘villain’ is the changing society, and therefore the responsibility for action also lies within the society, under the shadow of the hierarchy of the state (Stone, 2012). The agency for action in this narrative is the family, or extended family including the neighbourhood and communities. The normative base of this solution is ancient, strongly tightly tied into the Confucian tradition of filial piety and supported by the Chinese laws, norms and values.

**Narrative stories in Chinese characters**

This article adds to the knowledge of how social policy problems are constructed and how narrative stories are used by Chinese political actors to connect the problem of ageing to policy reforms. The study coins the relevance of understanding framing in social policy reform. It highlights the importance of the narrative framing to define and promote new policies and establish new reform agendas. It revives the understanding of framing as three distinctive acts as put forward by Rein and Schön (1993, 1996) and recently Hulst and Yanow (2016) and shows how in the political dynamics, the construction of narratives matters to policy outputs. The findings from policy documents, semi-structured interviews, and scholarly work, reveal that the narratives of ageing are diverse and may differ for different policy fields: in this case for the reforms in health care and pensions and reforms in long-term care. The findings of the study portray ageing as a narrative that centralizes a story of power, where the nature’s event of ageing (or more broadly the fact of rise of inequality) is confronted with political action of social policy expansion. This is the master narrative and the storytelling around health and income protection, at the heart of the traditional welfare state regime. Following the models set out in the introduction of this Special Issue (Blum & Kuhlmann, 2019), the narrative of health and income protection unfolds a story of giving-to-give, where central governments’ narratives of reform revolve around expansion of social protection, predominantly in the field ‘old’ social risks, where the eradication of income and health inequalities for the deserving group of loyal citizens require affirmative state action. The findings for the framing of long-term care are different. The narrative story is one of power, but also about decline: it deals with both the decline of family vis-a-vis limited state effort to entangle the apocalyptical problem of biological ageing and physical frailty. The problem is framed as a natural, biological event, and the helplessness is amplified by the fact that family responsibilities are eroding. The demands for social care are to be deemed to be answered by the society itself. Families are both the villains, but also the heroes of the story, who will (need to) step in.

By this, the article makes a novel contribution by drawing attention to different narratives of ageing and contrasting the differences of Eastern public policy reform. The Chinese case shows how the government narrative is forward-looking, and the selected solutions are traditional (or path-dependent) for an Asian country: to harness the strength of the community, under the strong support and control of the central (and local) governments. Unlike in the West, the ageing crisis and shift to long-term care in China is not (yet) framed as a crisis of financial sustainability. The Chinese government’s policy reform narrative is one of ‘story of giving-to-shape’ (Blum & Kuhlmann, 2019 in this Special Issue), rather than retrenchment or cost-containment. The Chinese story of ageing is about expansion, power, and affirmative action to deal with the new social risks by establishing a sixth national insurance
system of long-term care. Yet, in a country with largest population in the world, and one of the most rapidly ageing population, this is a daunting task. Therefore, the Government’s approach is stepwise, and following the advice coined by the former leader of PRC Deng Xiaoping of ‘crossing the river by feeling the stones’, the LTCI targets the most deserving groups (frail elderly).

What is new to the academic debate, is not only the finding that in the case of ageing and LTC, the (Western) aspect of controlling resources and services find resonance in the politics of welfare reform in China, but that the moral narrative from the documents and interviews shed more light on the rhetorical nuances toward sustainability of society, rather than narrating the sustainability of economy. Here the society is both the problem (weakening family care) as well as the solution (community-based care). In the western debate of big societies, the narratives are strongly biased toward economic considerations, rather than societal ones. The findings are contextually embedded: the Chinese government is expected to – and does – play a strong role in legitimation of policies, and as the consolidator of social stability. All this fits with the Chinese collectivist values under one party rule and its commitment to upholding and developing socialism, with clear Chinese characteristics. Ever increasingly, however, the Western world is confronted with questions of sustainability of society, such as in the context of climate change and migration, and more academic debate on social sustainability are bound to rise.

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