The Enlightenment of Long Term Care Service in Developed Countries to China: Take Germany and Singapore as an Example

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Abstract
With the countries all over the world have gradually entered the era of aging, due to the development of medical technology, there are a growing number of elderly people, this large group is object that needs our attention. The care service for the elderly, especially the aged, has been a difficult problem for our country. Early entered into the aging society in Western developed countries, they have accumulated more experience in coping with the problem of aging, the same is also true for the construction of long-term care service system for the elderly. In this paper, we chose the Germany and Singapore two developed countries as an example, through analysis and compared with their advantages and disadvantages in elderly long-term care practice, we sum up some experience, which is in to a reference to the development of undertakings for the aged in China.

Key words: Aging; Long-term care; Germany; Singapore; Reference

INTRODUCTION
According to United Nations estimates that by 2050, in addition to Africa, the proportion of the elderly population aged 65 and over in other continents worldwide will be close to or exceed 20%, and Europe will be reached 30%. With an ageing population is accompanied by population aging, the world’s senior citizens aged 80 and above accounted for aged 65 and over to 20.2% by now. By 2050, the population of aged 80 and older will rise to 390 million, accounting for 26.4% of the population aged 65 and older (United Nations Population Division, 2009). As the world’s first big country, China is facing a more severe situation. Since 1999, China entered the aging society, the aging speed becomes faster and faster, the sixth national population census in 2010 aged 65 and above accounted for 8.87% of the total population, that than the fifth population census in 2000 rose 1.91%. With an increase in the number of older people, especially the medical technology is highly developed, the number of senior citizens is creasing more, this group is an objective need to more take care than the younger elderly people. Thus the problem of Long-Term Care has become increasingly prominent.

About long-term care (LTC, Long-Term Care) concept, scholars have different views, Organization for Economic Co-operation and Development (OECD) defines it as: A series of services to help people who need daily life required activities, it is the combination of social Care and medical Care, and a public service of the combination of formal and informal support. Chen (2003) said: “LTC is for the disabled or dementia, with its function and self-care ability, by provide the different levels of care measures, making them have self-esteem, autonomy and independence or enjoy quality life”. Wang (2012) think LTC refers to the development of community endowment function, promote to help the elderly home endowment of aging industry, community old-age support system, the establishment and development of the elderly health and welfare system, its contents include housekeeping service, sent food to home, family health care and nursing, daily necessities delivery,
daily life assistive devices configuration, housing barrier-free transformation and the emergency calls and other services for the old. Zhang et al. (2012) proposed that: “LTC system is to have the needs of the elderly provides economic support, medical care, daily life care and spiritual comfort of the ‘four in one’ integrated comprehensive service system”. In this paper will be subject to Yun-ying Zhang’s concept.

As Germany and Singapore respectively is a model of Europe and Asia in the response to the aging. In this article, through the introduction of the two developed countries in long-term care services practice, and analyze the pros and cons in order to our country elderly LTC play a promoting role in the development service system.

1. GERMANY LTC SYSTEM

Germany’s aging population is the most serious in European countries, and is also one of the earliest countries to enter the aging society. Therefore, Germany is the earliest country to explore the issue of coping with an aging in EU countries. From the 1970s, the old people, especially the disability elderly care is increasingly becoming an important issue facing the German. However, until the mid-1990s the German government began to adopt and implement national long-term care social insurance schemes. By that time, German has formed a complete social insurance system. The long-term care as a positive measure is set up to deal with aging in addition to health insurance.

1.1 Long-Term Care Social Insurance System

The core of LTC system in Germany is long-term care social insurance system, long-term care insurance can be divided into social insurance, private insurance (i.e. commercial insurance) and the government is responsible for three types. It is the principle of long-term care social insurance binding medical social insurance, and almost everyone enjoys this insurance in Germany.

German law provides that, all citizens who participate in the statutory health insurance (about 92% of all citizens) must participate in the statutory long-term care social insurance. Long term care insurance policy for the social insurance premium is determined by the amount of income, which has nothing to do with the risk of the insured disability (age, health status and other factors). While each of the policyholder’s insurance premiums varies, they have the same rights in the enjoyment of long-term care for the social insurance benefits. At the same time, the non formal work of the insured spouse and children can’t pay the insurance premiums and policyholders have the same long-term care social insurance benefits social services. In addition, the law also provides that: Citizens participating in private health insurance (about 7% of all citizens) must also establish long-term care services for private insurance. It also provides that private insurance companies have an obligation to participate in private medical health insurance underwriting private long-term care insurance, not allow to refuse to be rejected on the grounds of high risk or abnormal, and to maintain the same long-term care service payment and social insurance. The private insurance companies to make profit as the core, but assume more social responsibility in the long-term care insurance.

Germany LTC insurance content mainly introduced from two aspects: Firstly, the financing mechanism. Long-term care insurance is pay-as-you-go system, the ceiling on tax is adjusted every year, the insurance premium is 117% of the gross income, cost sharing between the employers and employees, but employers pay premiums will get a certain amount of compensation. Insurance coverage includes spouses and children in the social insurance system, if their monthly income is too little that can be neglected, and no extra pay insurance premiums are required. But since January 1, 2005, the insurance premium between children and childless employees have difference, namely the childless employees need to pay 125% of the supplement insurance premium, which means that childless employees of insurance premium has risen to 111% of the gross income.

Secondly, the insurance benefits. Insurance payments principle is based on the requirement of the caregivers intensity, according to the strength of demand in three levels: First level(Care level1) by caregivers care needs is mainly in terms of personal diet or daily activities, daily need at least once and a week at least need several times; The second level (Care Level 2) caregivers care demand mainly refers to one day at least three different time of 3 times daily for at least 3 hours and 1 week at least a few times housework service; The third level (Care Level 3) caregivers care needs refers to round the clock care service, and 1 week for at least a few times. Payment forms divided into two kinds: (a) The service time, primary care service time for one day 90 minutes, including at least 45 minutes of basic care services; Secondary care service time is 3 hours a day, including at

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1. The national bureau of statistics web site: http://www.stats.gov.cn/
4. Updatedspeech, held by Dr. Matthiasvon Schwanenfl™ge, L.L. M. Eur., Headofthe Di-rectorate Long-term Care Insuranceat the German Federal Ministry of Health at the occa-sionofavisitinSeou, South-Korea, September 2006, pp.2-26.
5. Ibid.
least 2 hours of basic care services; Tertiary care service time is five hours a day, of which at least 4 hours of basic care services. (b) Cash subsidies. The costs of long-term care for the patients who need to be monitored should not exceed 75%. Since April 1, 2002, for a general monitoring and care needs of patients, generally refers to those who require long-term care for the elderly suffering from senile dementia or mental illness, they can also obtain 460 euro extra care grants. **1.2 Ways of Long-Term Care Services** Germany’s long-term care service model is divided into home service and agency service. But the principle is that home care in preference to institutional care.

1.3 The Supervision System of Long-Term Care Services

Germany LTC’s main management agency is the Federal Ministry of Health, the Central Federal of long-term care...
1.4 German Care Insurance

In the late seventies, Germany’s aging degree could not be ignored. In the 1980s, there were about 70% of the elderly people unable to afford the cost of hospitals or nursing homes. In the mid-1990s, more than 15% of the population aged over 65 years old, 65 to 80 year old age groups have accounted for 5%, and 80 years or older accounted for 20% have care needs. Therefore it is necessary to establish the policy of Care Support in Germany. As is well known, Germany is one of the world’s most developed social insurance countries, and it is also the world’s first implementation of national legislation in the form of social insurance. In 1995 the implementation of Nursing Insurance Law became Germany’s “the five pillars of insurance” after the endowment insurance, medical insurance, accident insurance, unemployment insurance, it has played a huge role in promoting the cause of nursing in Germany.

The implementation of nursing insurance in Germany is the coexistence of medical insurance, that is, all medical insurance policyholders should be attend the nursing insurance. Divided into two stages: The first stage, from January 1, 1995 started paying insurance tax, to April 1 began offering family medical benefits and related insurance payments and services; the second stage, from June 1st to provide provisions medical-related insurance benefits and services (Zhang, 2014).

2. SINGAPORE LTC SYSTEM

Singapore has maintained and respected the traditional family pension. However, with the accelerated pace of the whole world, the family pension has failed to fully meet the needs of the times. Based on this, the Singapore government also launches some new policies and measures timely, it was also said that Singapore is the West economic system and the oriental family values combined with a success of the model.

Singapore elderly long-term care is a systematic process. To this issue, the responsibility is not unilaterally giving the government or individual, but to individuals, families, communities and nation is included in the LTC system construction.

2.1 National Policy Support for Home Care and Institutional Care

Singapore government attaches great importance to the role of family care for the elderly, mainly reflected in two aspects: Firstly, Singapore through the legislative form to strengthen the family responsibility for elderly the care of elderly. In 1994, Singapore formulated a “Cherished Parents Act”, becoming the world’s first country “support parents” legislation; In 1995, Congress passed “Support Parents Law”, the law clearly stipulates: Children should take care of and support the elderly, if the parents are abandoned, they have the rights to sue their children, once convicted, the children can be fined or sentenced; in 1996, Singapore has set up an arbitration tribunal to support their parents, provides: Discrimination elderly, not even assume pension obligations harm or abandonment of the elderly person may be legal sanctions (Zhou & Yang, 2002) on the other hand, the government also issued a series of welfare policies to support family care, providing more ways for the realization of family pension. The main points are as follows: (a) Encourage children to live with their parents. The HDB housing policies encourage Singapore children to live with their parents and in the allocation of HDB flats, family of three generations will be given preferential and priority to price. At the same time, the provisions of young single men and women can’t rent or buy houses, but if you are willing to live with

Figure 3
Germany’s Main Contents of Nursing Insurance
parents or the elderly people over forty, enjoy priority services; the parents’ legacy of the housing can enjoy the inheritance tax exemption preferential treatment, on the condition that there must be a widowed parent live together with children; if taxpayers and parents or siblings with disabilities to live with, the taxpayers are eligible for “parent or sibling disability tax” benefits deductions (Hu, 2003). For children not living with their parents, the government encourages them to live closer to the parents and the children who live in the neighborhood of parents can be given a certain housing subsidies, but also eliminates some residential parking fees to visit his parents for them time. (b) Reducing the economic burden of supporting the elderly. This is mainly to make up for the inadequate funds account for the elderly, in order to encourage their children to fill the provident fund accounts for parents, Singapore government launched a series of subsidy programs. Since 1993 it has launched 12 “provident fund fill plan”, four of which are specialized“elderly care golden” program, which actually accounts for the parents of children to fill the supplementary fund an economic reward. As long as each individual deposits SGD 20-50 in the account, the government will add the amount of SGD100-350. In addition, the government also impose on the preferential taxation, “the three generations bonus” policy provides elderly parents live with the taxpayer enjoys the withholding tax increased to 5,000 Yuan, the grandparents who fill the fund retirement accounts, then tax deduction (Ibid.).

Singapore’s supporting policies for pension institutions are mainly as follows: a) About the construction of facilities for the elderly. The government is the main investment subject, which will basically provide 90% of the construction funds; b) To provide different allowance for the operational cost of pension institutions services; Thirdly, The implementation of “Double Tax” incentives and allow NCSS (National Council of Social) recognized the pension agency for social donation (Zhang, 2006).

2.2 Practice of LTC Service in Community

Singapore always respect family pension, but we also mentioned above, along with the development of the society and the change in family structure, the traditional family pension has been unable to fully meet the care needs of the elderly. For the traditional Confucian culture to the Singapore, neighborhood mutual helping also enthusiastic, so with this social basis, community care services through a flexible manner to enable the elderly can be cared for in a familiar environment of the family and the community environment and loved by the majority of the elderly. In fact, the applicability of community care in Asia even more suitable than that of the individualistic Western Europe. Furthermore, community care helps to reduce the institution’s pressure, and to reduce the government fiscal expenditure of pension institutions, contributing to establish the individual, family, society and government “four in one” on the elderly care problem to bear a shared responsibility mechanism.

Community care and family care have both same points and differences. But for the elderly themselves, both are “in situ care”, that is, elderly people live in the familiar surroundings. But speaking from the geographically, the community care including family and social environment, which is more extensive than family; from the aspect of resources use, community care is mainly to provide external services to the elderly, but family support for the elderly is mainly from the other family members. In conclusion, community care is to enable the elderly to enjoy better service in a familiar environment and the social environment, enjoying their later years. In 2007, Singapore established Ministerial Committee of Population Aging, the committee set up the goal of ageing in Singapore—successful aging (successful aging is to maintain the elderly individuals and the construction of the external world balance or benign interaction, and to maximize the value realization of the old people in the process—from “the sense of worthiness”
to “the old can be used” and then to “the old extent”. At the same time, the whole society to promote productive aging to realize the comprehensive human development, intergenerational fairness, justice and the coordinate development of population and the political, economic, cultural, ecological comprehensive coordinated development), and “Aging in place” is a key way to achieve this goal. Therefore, it puts forward higher requirements for community care.

The following are the specific contents of the above main services are introduced:

(a) Dating Services
Dating services are to improve the emotional and psychological status of the elderly in the community. Usually the trained volunteers go to the community service center to provide services for the elderly regularly, these volunteers also provide the elderly with the other capabilities help.

(b) Caregiver Support Services
According to statistics from related departments of Singapore, there are 85.5% elderly people living together with their families in Singapore, of which 29% of the elderly need to rely on a leading family caregiver providing daily personal care. Long-term caregivers not only consume great physical strength but also withstand the tremendous pressure, the service is precisely to help caregivers take better care of elderly which also greatly reduce the pressure. Caregiver Support Services including: Helping hotline, information dissemination, referral, provides advice, coordination, support team, training, outreach and public education.

(c) Community Case Management Services
This service is social workers or nurses provide professional case management services as a case manage. Firstly, they evaluate the elderly, and then providing the targeted support for the elderly. It is mainly to help old people to actively participate in the society to keep them alive, delaying the time of into the pension agency.

(d) Home Help Services
Home assistance services mainly refer to the elderly people living alone or with another frail elderly or take care of living together with cooking, meals, personal hygiene, washing, housekeeping, medical shuttle and a series of services. Only when the elderly and caregivers are disabled or semi disabled can they apply for the service.

(e) Neighbor Links and Aging Activity Centers
The contact center is a support network for the elderly in the community to provide information and referrals to the elderly. Elderly activity center is built in the community for elderly day association, exercise activity, which will organize older persons to conduct some entertainment and communication projects, strengthens the social sense of participation for the elderly.

(f) Seniors Day Care Centers
This day care center is mainly for the elderly to provide fitness, treatment and other entertainment activities. The Day Care Center in Singapore provides services by social forces and these eldercare organizations provided by community organizations, aiming to provide a dual role of community services activities center and nursing homes. They pay more attention to the health of the elderly.

In short, the Singapore community provides care services for the elderly is extremely clear, but also very perfect. According to preliminary statistics, Singapore has a total of 22 elderly day care centers by the end of 2010, the government has decided to increase the country’s 6 elderly day care centers in the next 5 years.

2.3 The Practice of LTC Service in the Pension Institutions
Institutional pension is a pension mode for the elderly to receive the daily life care and medical care services. Institutional care is different from the community and family pension, which allows the elderly to live in a strange and relatively closed environments, this is a kind of residential pension. From the functional positioning point of view, Singapore’s pension institutions are mainly to provide a transitional accommodation services and long-term care services.

For Singapore, providing accommodation service for the elderly had already begun before independence, formerly known as religious charity establish shelters for the poor old people. Because of this mode of the elderly, which has always been questioned by the social from all walks of life, community endowment generates in this case. Two models of family support for the elderly and community care for the elderly self-care or semi self are a good choice, but the two methods can’t fully meet their needs for those elderly people who unable to take care of

Figure 5
Singapore Community LTC Services Category

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<td>Befriending Services</td>
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<td>Community Case Management Services</td>
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<td>Neighbor Links and Aging Activity Centers</td>
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According to the Figure 6 respectively introduce endowment pension services categories:

Firstly, community hospital. The community hospital primarily provides the elderly nursing care who discharges from the hospital, which is a transitional service between professional hospital and community services. Community hospital is suitable for the elderly people who are still in need of rehabilitation, nursing and respite care after hospital discharge. Singapore’s community hospital are different from China, it is not a simple medical institutions can enjoy medical care and treatment by anybody, but if patients are admitted to the community hospital in Singapore have certain access conditions, the regular hospital or clinic provide related introduces and proof issued, after community hospital review to decide whether to live in a community hospital.

Secondly, nursing homes. When old people lose ability to take care of themselves, they tend to be sent to nurse home. Singapore Nursing homes are divided into general nursing home and nursing home, general nursing home has two types: The government run and private which provide daily ordinary care, nursing service, especially staying in private profit nursing homes also need to provide regular medical report issued by the hospital. Moreover, the nursing home is a special kind of nursing home. It is mainly for the poor physical condition of the elderly to provide higher medical care services. Generally speaking, all the staffs have professional medical knowledge.

Thirdly, hospices. This institution is for the terminal illness elderly who aren’t treated in the hospital, but it needs to maintain the life to provide follow-up rehabilitation and care services. Hospices are divided into three categories: daytime hospice, home hospice and hospice institution services. The daytime hospice are mainly for those early terminally ill, the elderly still can take care of themselves; Home hospice care primarily for the elderly in the family pension provide home health care and nursing service; Hospice institution service is for the elderly remaining life no more than 3 months and can’t be taken care at home.

As can be seen from the above situation, the cohesion between pension service and medical service is very good in Singapore, the division of labor is also extremely clear. Accordance with the health of elderly, self care, Semi self care and lose the ability to care for themselves, then the old people will be arranged from the family to the community and then to the pension agencies.

3. PROBLEMS OF LTC PRACTICE IN DEVELOPED COUNTRIES AND ENLIGHTENMENT TO CHINA

3.1 Problems of LTC Practice in Developed Countries

In the above two parts, the author makes a comprehensive combing of the LTC system for the elderly in Germany and Singapore. Even after so many years of development. However, it remains exposed some problems, now we mainly describe the nursing insurance system.

German nursing insurance system has its own defects. First of all, this insurance lacks of user guide, which is a defective model. Such as the rehabilitation of patients is not reflected in the nursing service, nursing care service is determined by the economic rather than the elderly’ will and needs. This defect is the bottleneck of the development of nursing career; Secondly, the coverage is not comprehensive. Although Germany is a high welfare nation, there are still some people who have requirements haven’t enjoyed the care service, such as the slightly geriatric elderly. Finally, the defects of nursing insurance are without considering the standards of physiological geriatric, such as senile dementia, the Alzheimer’s quality of the care receives less than the actual.

3.2 The Enlightenment to China

Although their practices still have many shortages, China LTC system is in infancy, and these two countries have gone through a long exploration stage, of which have a lot experience to draw.
3.2.1 To Speed Up the LTC legislation and Improve the Operability of the Policy

Firstly, the shortage quantity. China began to speed up the pension services policies formulation from the end of the last century, elderly care related policies and regulations were quite large in comparison with actual demand. Secondly, structural problems. Most legislation is for the city, but very little attention to the rural elderly; Moreover the laws and regulations on family care support is insufficient, but a single-minded focus on social care. Finally, most of the policies and regulations can be poor operability. Our country’s laws and regulations are still lack of pertinence, resulting the maneuverability is not strong. For example, the implementation of the subject, the ways and the effect of evaluation, etc. are not clearly defined, leading to the policy difficult to implement. Facts have proved that many parts elderly care is difficult to sustain.

3.2.2 Building a Comprehensive LTC System

Although the government is the dominant role in the formulation and implementation of social policy, but to rely solely on government in the elderly career is totally inadequate and evidence also indicates that the government does not have the ability to bear all the responsibility. Singapore’s experience has shown that the construction of “Government—Society—Family—Individual” “four in one” of the elderly LTC responsibilities interconnected body. In this system, the government is responsible for the control of the direction, and the family, community and institutional pension services play a role of the main force. In addition, we should learn from Germany’s experience, making our citizens change their ideas, emphasizing personally accountable and preparing for their own pension.

3.2.3 To Establish the System of Nursing Insurance Suitable for China’s National Conditions as Soon as Possible

Although there are still some defects in the nursing insurance, but the advantages of the insurance are still greater than these defects. China needs to set up the legal nursing insurance as soon as possible and the “storing personal service” concept of developed countries to introduce China. Now, the aging of population in China is in the “old before getting rich” stage, how to solve the increasingly prominent conflicts of care costs and increase demand for nursing care, the waste of resources and the shortage of resources according to China’s national conditions.

3.2.4 Establish a Sound LTC Supervision Mechanism and Evaluation System

China has been always existence of the unclear division of responsibilities, cross miscellaneous issues. Similarly, the elderly LTC issues involving the Ministry of Civil Affairs departments, Health departments, the Aging Committee and the Ministry of Human Resources and Social Security department, but elderly services are inseparable. Therefore, China should establish a special supervision and management agency, to build a comprehensive elderly care supervision mechanisms.

Certainly, the quality evaluation system is closely linked with the monitoring mechanism. In view of the LTC quality evaluation system, China hasn’t yet formed a unified standard, which is enormous obstacle to the development of the aged care industry.

REFERENCES