

Analysis of Types and Implementation Pathways of Elderly Care Models in China

Ying Meng*

Liaoning University of International Business and Economics, Dalian 116000, Liaoning, China

*Corresponding author: Ying Meng, 529359405@qq.com

Copyright: © 2025 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: As China's population aging continues to deepen, the elderly care issue has become a major strategic concern related to the national economy and people's livelihood. This paper systematically reviews the various elderly care models currently existing in China, including traditional models such as home-based care, community-based care, and institutional care, as well as emerging models like integrated medical and elderly care, and smart elderly care. It analyzes the characteristics, target groups, and development status of each model. On this basis, the article focuses on discussing the implementation pathways for different elderly care models, proposing specific strategies such as constructing a three-tier elderly care service network covering urban and rural areas, promoting collaborative participation of multiple stakeholders, and strengthening the support of essential elements for elderly care services. Finally, addressing the challenges facing the current elderly care service system, corresponding policy recommendations are put forward, and future development trends are forecast.

Keywords: Elderly Care Models; Implementation Pathways; Elderly Care Service Network; Integrated Medical and Elderly Care; Smart Elderly Care

Online publication: August 26, 2025

1. Introduction

China is currently in a period of rapid population aging. According to relevant forecasts, around 2035, the proportion of the elderly population in China will peak, leading to an explosive growth in demand for elderly care services. Facing this severe challenge, constructing an elderly care service system suited to China's national conditions has become a top priority for achieving the goal of "ensuring care for the elderly^[1]." In January 2025, the "Opinions of the Central Committee of the Communist Party of China and the State Council on Deepening the Reform and Development of Elderly Care Services" was released. This is the first document on elderly care work issued in the name of the Party Central Committee and the State Council, charting the course for the future development of the elderly care service system. Against this backdrop, systematically analyzing the types and implementation pathways of elderly care models in China holds significant theoretical and practical value for promoting the healthy development of the elderly care service system^[2-7].

2. Main Types of Elderly Care Models in China

Based on differences in service providers, service forms, and service content, elderly care models in China can be categorized into the following main types:

Table 1. Comparison of Major Elderly Care Models in China

Care Model	Service Provider	Main Characteristics	Target Group	Service Content
Home-Based Care	Family primarily, with community support	Elderly live at home, receiving visiting services	Elderly with strong self-care ability, preferring a home environment	Daily living assistance, housekeeping, spiritual comfort, etc.
Community-Based Care	Community service institutions	Elderly live at home, enjoying services provided by the community	Elderly needing daily care but unwilling to leave their familiar environment	Day care, rehabilitation nursing, cultural and recreational activities, etc.
Institutional Care	Professional elderly care institutions	Elderly reside collectively in professional institutions	Elderly with disabilities/semi-disabilities, or lacking family care	24/7 care, medical nursing, rehabilitation services, etc.
Integrated Medical & Elderly Care	Collaboration between medical and care institutions	Integration of medical resources and elderly care resources	Elderly with chronic diseases, post-operative recovery needs, or disabilities	Medical diagnosis/treatment, rehabilitation nursing, health management, etc.
Smart Elderly Care	Technology companies, elderly service providers	Utilizing information technology to provide intelligent services	All elderly, especially those living alone	Health monitoring, emergency calls, intelligent companionship, etc.

2.1. Home-Based Care Model

Home-based care is the most fundamental and traditional model. Built upon family care, it relies on community service resources to provide various services to the elderly living at home. This model aligns with the traditional Chinese concept of “filial piety culture” and helps maintain the psychological security of the elderly in a familiar environment^[8]. With social development, home-based care has evolved from complete reliance on family members to a combination of family care and community services^[9-13].

In recent years, the home-based care model has seen innovations, such as the emergence of “family care beds,” which extend professional institutional care services to the home through home modifications for aging-in-place and the installation of smart devices^[14]. Furthermore, new models like “property management + elderly care services” and “Internet + home-based care” are gradually emerging, enriching the supply methods of home-based care services^[11].

2.2. Community-Based Care Model

The community-based care model uses the community as a platform, integrating various resources to provide services such as day care, meal services, health management, and cultural and recreational activities for the elderly. This model compensates for the lack of resources in family care while avoiding the disadvantage of institutional care, which removes the elderly from their familiar environment, achieving the goal of “aging in place^[15-17].”

Specific forms of community-based care include community day care centers and embedded community care facilities^[18]. Among these, embedded care is a rapidly developing new model in recent years. By embedding elderly care functions within small-scale communities, it forms a “15-minute elderly care service circle,” enabling the elderly to access professional services conveniently^[16]. Research indicates that embedded community care can effectively integrate resources and improve service efficiency, representing an important direction for the future development of community-

based care^[12].

2.3. Institutional Care Model

Institutional care refers to the model where the elderly reside in professional care institutions and receive round-the-clock care services. Based on the target group and facility conditions, institutional care can be divided into three categories: safety-net guarantee type, universal support type, and fully market-oriented type.

Safety-net guarantee institutions primarily serve impoverished elderly and economically disadvantaged elderly with disabilities, fulfilling the government's role in providing basic safeguards. Universal support institutions target the broad middle-income elderly population, offering reasonably priced, quality-assured services. Fully market-oriented institutions meet the diverse and high-quality care needs of high-income groups^[19].

It is worth noting that small and micro rural care institutions, as a special form of institutional care, adapt well to rural elderly care needs through mechanisms like economic embedding, social embedding, value embedding, and emotional embedding, becoming an important force in socialized elderly care in rural areas.

2.4. Emerging Elderly Care Models

With economic and social development and technological progress, various emerging elderly care models have emerged. The integrated medical and elderly care model provides continuous health management and medical services by integrating medical and care resources. The smart elderly care model utilizes technologies such as the Internet of Things (IoT), big data, and artificial intelligence (AI) to achieve functions like health monitoring, emergency calls, and telemedicine for the elderly^[20]. The mutual aid care model encourages healthy younger seniors to serve older seniors with disabilities, forming a good intergenerational support mechanism.

These emerging models do not replace traditional ones but integrate with them to form a more comprehensive multi-level elderly care service system.

3. Analysis of Implementation Pathways for Elderly Care Models

3.1. Constructing a Three-Tier Elderly Care Service Network Covering Urban and Rural Areas

Establishing and improving a three-tier elderly care service network at the county, township, and village levels is an important foundation for implementing elderly care services. At the county level, the focus is on building a comprehensive elderly service management platform to play a demonstrative and guiding role. At the township (sub-district) level, regional elderly care service centers should be constructed to act as hubs. At the village (community) level, embedded elderly service facilities and mutual aid service stations should be developed, forming a service network close to the elderly.

Table 2. Key Points for Building the Three-Tier Service Network

Tier	Main Function	Construction Content	Implementation Body
County	Management coordination, resource integration	Comprehensive elderly service management platform, senior activity centers	County government leading, professional institutions participating
Township (Sub-district)	Service hub, professional support	Regional elderly care service centers, upgrade of gerocomium(respect-for-the-aged homes)	Township government spearheading, social forces operating
Village (Community)	Service provision, demand matching	Embedded care facilities, mutual aid stations, “elderly and child” complexes	Community organizations, resident participation, professional guidance

The construction of this network needs to follow the principle of “connecting points to form a network,” achieving effective linkage between various service facilities so that the elderly can access convenient services close to home.

Particular emphasis should be placed on strengthening the construction of the elderly care service network in rural areas, integrating rural elderly care service facilities into township-level territorial spatial planning, and guiding urban elderly care service institutions to operate rural facilities, thereby narrowing the urban-rural gap in elderly care services.

3.2. Promoting Collaborative Participation of Multiple Stakeholders

Effective supply of elderly care services requires the collaborative cooperation of government, market, and societal forces. The government is primarily responsible for formulating policies and plans, providing financial input, and strengthening supervision and management, especially playing a leading role in safety-net care services. Market entities, through professional and scaled operations, provide diverse and high-quality elderly care products and services. Societal forces, including social organizations, volunteers, and families, participate in elderly care through mutual aid models, volunteer services, etc.

Establishing an “elderly care advisor” system is an effective measure to promote multi-stakeholder collaboration. Care advisors can provide professional consultation and service referrals for the elderly and their families, helping them choose the most suitable care options. Simultaneously, promoting the “time bank” mutual aid model encourages healthy younger seniors to provide services for older seniors with disabilities, storing service hours to exchange for equivalent services when needed themselves, forming a benign (virtuous) intergenerational support mechanism.

3.3. Strengthening the Support of Essential Elements for Elderly Care Services

3.3.1. Financial Support

Improve the financial investment mechanism. Central government budget investments should actively support the construction of the elderly care service system. Accelerate the establishment of a long-term care insurance system and ensure its alignment with policies like nursing subsidies for economically disadvantaged seniors. Innovate elderly care financial products, support eligible care projects in issuing Real Estate Investment Trusts (REITs) in the infrastructure sector, and expand elderly care service trust businesses.

3.3.2. Talent Team Development

Talent is the key guarantee for the quality of elderly care services. A professional technical talent evaluation system for elderly care services should be researched and established, constructing a job appointment system linked to skill levels. Where conditions permit, explore pilot programs for publicly funded training of elderly care majors in vocational colleges, increase vocational skills training for care workers, and allocate social workers reasonably based on the elderly population.

3.3.3. Technological Support

Strengthen the research, development, and application of elderly care technology, focusing on promoting the application of AI, IoT, humanoid robots, and other technologies in the elderly care sector. Deepen national smart health and elderly care application demonstrations, promote smart homes and health products, improve the national unified elderly care service information platform, and facilitate the matching of supply and demand for elderly care services^[20].

4. Challenges and Countermeasures for Elderly Care Models

4.1. Main Challenges

Currently, the development of China’s elderly care service system still faces many challenges. First, the service network is not robust enough, especially the lack of service facilities in rural areas. Second, the three forms of care—home-based, community-based, and institutional—are not well-coordinated, with insufficient resource integration. Third, the development mechanism for elderly care services is imperfect, with unclear role definitions for government, market, and society. Fourth, there is insufficient support for essential elements, including shortcomings in funding, talent, and technology.

Table3. Main Challenges and Coping Strategies for Elderly Care Models

Challenge Type	Specific Manifestations	Coping Strategies
Fragmented Service System	Poor connection between different care models, dispersed resources	Construct a three-tier service network, promote resource integration
Uneven Urban-Rural Development	Insufficient rural service facilities, low service quality	Integrate rural elderly care into rural revitalization strategy, develop mutual aid care
Talent Shortage	Insufficient professional nursing staff, low team stability	Establish professional qualification systems, improve compensation conditions
Insufficient Funding	Inadequate investment in elderly care, sustainability challenges	Establish diversified investment mechanisms, develop elderly care finance

4.2. Coping Strategies

In response to the above challenges, the following countermeasures should be adopted: First, accelerate the improvement of the elderly care service network, particularly strengthening the construction of service facilities in rural areas. Second, promote the integrated development of home-based, community-based, and institutional care, and extend the professional services of care institutions to homes and communities. Third, clarify the boundaries between government, market, and society to form a pattern of complementary advantages and collaborative development. Fourth, strengthen element support, providing strong support in land, funding, talent, and technology.

Special attention should be paid to innovating service models. For example, the “family co-living” care model explored by the Xiangtan Social Welfare Institute effectively solves the elderly care difficulties of special families (e.g., elderly parents and disabled children), achieving service innovation through “shortened physical distance + open care permissions.” Such innovative models are worth summarizing and promoting.

5. Future Development Trends

With economic and social development and technological progress, China’s elderly care models will exhibit the following development trends:

First, the service system will become more integrated. Future elderly care services will break down the boundaries between home, community, and institution, forming a comprehensive system that interconnects and supports each other. Integrated medical and elderly care, as well as integrated health and wellness, will become mainstream trends, meeting the multi-level and diverse needs of the elderly.

Second, technology application will become more intelligent. The application of AI, IoT, big data, and other technologies in the elderly care field will become more widespread. Smart elderly care products and services will continuously innovate, providing more convenient and precise services for the elderly^[20].

Third, service provision will become more personalized. As the needs of the elderly become increasingly diverse, elderly care services will shift from a “one-size-fits-all” approach to personalized and customized directions, meeting the specific needs of different elderly groups^[12].

Fourth, participating entities will become more diversified. The elderly care service system involving multiple stakeholders—government, market, society, and family—will gradually improve, forming a pattern of joint contribution, governance, and sharing.

6. Conclusion and Recommendations

The diversity of elderly care models in China provides multiple options for the elderly, but the effective implementation of

various models requires systematic planning and support guarantees. Based on the above analysis, this paper proposes the following recommendations:

First, strengthen the foundational status of home-based care. Enhance family care functions through home modifications for aging-in-place and the construction of family care beds. Simultaneously, innovate support policies, such as establishing filial piety leave systems and implementing home-based care subsidies, to reduce the burden of family care.

Second, vigorously develop community-based care, creating a “15-minute elderly care service circle” so that the elderly can access professional services in a familiar environment. Particular emphasis should be placed on developing embedded care institutions that provide small-scale, multi-functional, and conveniently located services^[16].

Third, promote the classified reform of elderly care institutions, clarifying the functional positioning of safety-net guarantee, universal support, and fully market-oriented institutions to form a service supply system covering different income groups.

Finally, promote the integrated development of medical care, elderly care, and wellness. Strengthen collaboration between elderly care service institutions and medical and health institutions, establishing smooth two-way transfer mechanisms. Simultaneously, vigorously develop the silver economy, promoting the integration of elderly care with health, culture, tourism, and other industries to meet the diverse needs of the elderly.

In conclusion, building an elderly care service system with Chinese characteristics is a systematic project that requires the joint efforts of the government, market, society, and families to form a synergy. By optimizing the design of elderly care models and improving implementation pathways, China can certainly achieve the goal of “ensuring care, support, happiness, and security for the elderly,” meeting the challenges posed by population aging.

Funding

Evaluation of the Long-Term Care Insurance Security Model and System Optimization in Liaoning under the Background of Population Aging (Project No.: 2024XJLXQN027).

Disclosure statement

The author declares no conflict of interest.

References

- [1] Li Y P, 2025, “Separation of Filial Piety and Care”: Reconstruction of Farmers’ Filial Piety Concepts and Optimization of Elderly Care Models in the Transition Period. *China Rural Survey*, (05): 132-153[2025-09-28] .<https://doi.org/10.20074/j.cnki.11-3586/f.2025.05.006>.
- [2] Bai W J, Ning X S, 2025, The Operation Mechanism and Realization Path of the Property-Embedded Elderly Care Service Model——A Grounded Theory Study Based on Cases. *Social Science Journal*, (03): 65-74.
- [3] Song X J, Huang Y F, Deng Y X, 2025, Research on the Scale Measurement and Implementation Path of the Development of Elderly Care Finance in China. *Financial Regulation Research*, (02): 56-73. DOI:10.13490/j.cnki.frr.2025.02.002.
- [4] Li G Z, 2025, Analysis of Types and Implementation Strategies of Elderly Care Models in China. *Social Science Research*, (01): 109-116. DOI:CNKI:SUN:SHYJ.0.2025-01-011.
- [5] Lin K Y, Bai L, Ge L W, 2024, Questioning and Reflection on the Integrated Medical and Elderly Care Model in China. *Medicine & Philosophy*, 45(20): 26-30. DOI:CNKI:SUN:YXZX.0.2024-20-005.
- [6] Liu Z, Geng T, Liu Y H, et al., 2024, The Logical Rationale, Basic Framework, and Promotion Strategies of the Integrated Sports and Health Elderly Care Model. *Journal of Tianjin University of Sport*, 39(05): 589-595. DOI:10.13297/j.cnki.

issn1005-0000.2024.05.013.

- [7] Wang M X, Chai YL, Fu G Q, et al., 2024, Study on the Demand Status of Elderly Care Services among Rural Elderly under Different Care Models. *Modern Preventive Medicine*, 51(15): 2774-2779. DOI:10.20043/j.cnki.MPM.202403301.
- [8] Liu F W, Wang F H, 2024, Optimization Paths for Promoting Rural Mutual Aid Elderly Care Models under the Background of Hollowing Out. *Agricultural Economy*, (05): 89-92. DOI:CNKI:SUN:NYJJ.0.2024-05-028.
- [9] Liu W, Wang C Y, 2024, Research on the Mechanism of the Integrated Medical and Elderly Care Model from the Perspective of Actor-Network Theory——Taking Julu County, Hebei Province as an Example. *Chinese Health Service Management*, 41(04): 469-473. DOI:CNKI:SUN:ZWSG.0.2024-04-022.
- [10] Cai Y M, Chen G, 2024, Model Innovation of Universal Home-Based and Community-Based Elderly Care Services——Taking the Beijing Elderly Service Consortium as an Example. *Social Sciences of Beijing*, (01): 118-128. DOI:10.13262/j.bjsshkxy.bjshkx.240112.
- [11] Wu Z J, Zhang L, Yu H D, 2023, Research on Innovation of Community Home-Based Elderly Care Service Model Based on Blockchain. *Chinese Public Administration*, 39(12): 153-155. DOI:CNKI:SUN:ZXGL.0.2023-12-019.
- [12] Li Y Y, Liu H X, Qian B R, 2023, Research on the Optimization Path of Embedded Community Elderly Care Model from the Perspective of Embeddedness——Based on the Practice of Embedded Elderly Care Services in Xi'an. *Chinese Health Service Management*, 40(12): 885-890. DOI:CNKI:SUN:ZWSG.0.2023-12-002.
- [13] Sun Y W, 2023, How to Age in Place: Concept, Practice, and Reflection of Aging in Place——Taking the Multiple Models of Aging in Place in City B as an Example. *Journal of University of Chinese Academy of Social Sciences*, 43(10): 74-88+123. DOI:CNKI:SUN:ZSKY.0.2023-10-005.
- [14] Zhang Y H, 2023, Research on the Construction and Guarantee Mechanism of Integrated Sports and Health Elderly Care Service Model in the New Development Stage of China. *Journal of Shenyang Sport University*, 42(05): 76-83.
- [15] Hu M J, 2023, Government-Guaranteed Contracts for Elderly Care Services in the Process of Chinese Modernization. *Contemporary Law Review*, 37(05): 54-63. DOI:CNKI:SUN:DDFX.0.2023-05-006.
- [16] Zhang P, Du P, Yu Z Q, et al., 2023, Service Extension and Stock Integration: Analysis of the Spatial Hierarchy and Renovation Models of Embedded Community Elderly Care Facilities. *Architectural Journal*, (S1): 14-19. DOI:CNKI:SUN:JZXB.0.2023-S1-003.
- [17] Zhang X Y, 2023, Development Trends and Model Innovation of the Elderly Care Service Industry. *People's Tribune*, (10): 62-66. DOI:CNKI:SUN:RMLT.0.2023-10-013.
- [18] Zhong R Y, Wang H Y, 2023, Discussion on the Smart Home-Based Elderly Care Service Model in Urban Communities. *Theoretical Exploration*, (03): 90-97. DOI:CNKI:SUN:LLTS.0.2023-03-011.
- [19] Liu X L, Wang X Y, Yuan M, et al., 2023, Research on Optimization Strategies for Community Home-Based Elderly Care Model Based on AHP-SWOT Model. *Modern Preventive Medicine*, 50 (03): 475-481. DOI:10.20043/j.cnki.MPM.202205538.
- [20] Yang J W, Zhu Y, 2023, Research on the Development Path of the Internet of Things + Smart Health Elderly Care Innovation Model——Taking Jiangsu Province as an Example. *Health Economics Research*, 40(03): 12-14+19. DOI:10.14055/j.cnki.33-1056/f.2023.03.002.

Publisher's note

Whioce Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.