

Institutionalisation Embedded in the Community: Path Construction of Ageing in Place in Rural China

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Enhancing the quality and level of elderly care services in rural areas is one of the core challenges facing China in coping with population ageing. The lack of certainty, standardisation and sustainability in community- and home-based eldercare services has created tensions between “ageing in place” and “being stuck in place”, underlining the need for systematic research and practical responses. This study conceptualises modern rural communities as “hybrid organisations” at the meso level and interprets rural elderly care practices as institutionalised behaviours integrating emotional labour and the pursuit of “internal goods” at the micro level. It constructs an ideal path for rural ageing in place centred around “institutionalisation embedded in the community”. Based on field studies in a typical village from east China, this study also presents the practical manifestations, operational characteristics and logic of this ideal path. Community institutionalisation based on institutional support and community construction rooted in emotional support have transformed the rural community into a “bounded nursing home with no walls”, which is an effective practice for rural China to address the challenges of ageing.

INTRODUCTION

As China’s economy and society continue to evolve, the issue of population ageing has become increasingly prominent and ensuring the welfare of the elderly has emerged as a key social policy concern. How to effectively provide eldercare services in rural areas with significantly lagging infrastructure and limited public service capacity is one of the core challenges.¹ According to China’s Seventh National Census Data, the proportion of the population aged 60 and above was 18.70 per cent and that aged 65 and above was 13.50 per cent in 2020; among them, the rural population aged

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¹ World Health Organization, *World Report on Ageing and Health* (Geneva: World Health Organization, 2015).

60 and above accounted for 23.81 per cent and those aged 65 and above 17.72 per cent, exceeding the urban population by 7.99 per cent and 6.61 per cent, respectively. From these statistics, population ageing appears more severe in rural China.

The “Opinions of the Central Committee of the Communist Party of China and the State Council on Strengthening the Work of Aging in the New Era” in 2021 emphasised developing a two-tiered elderly care service network in streets (towns) and urban–rural communities that relies on communities to provide diverse home-based eldercare services. The importance of community- and home-based elderly care in rural areas has gained attention from both academic and policy circles.

However, unequal service delivery capabilities, unsustainable forms of service delivery, uncertain service content, and a lack of transparency in service quality have altogether created tensions between “ageing in place” and “being stuck in place” for the rural elderly. Existing studies have not yet sufficiently addressed the issues of service certainty, standardisation and sustainability. The lack of systematic integration at the community level poses challenges to effectively resolving the tensions. Furthermore, existing studies have not fully addressed the characteristics and conditions of rural areas. This article therefore seeks to unravel insights by addressing these questions.

Firstly, at the theoretical level, based on the institutional foundation, resource conditions and cultural beliefs in China’s rural areas, what is the ideal path for the rural elderly to achieve ageing in place through community- and home-based eldercare services? Second, at the experiential level, how can the ideal path be translated into reality to address the issues of determinacy, stability and sustainability of service provision, thereby ensuring the well-being of the elderly receiving home-based care in rural communities?

Advancing from their theoretical discussions, the authors and their research team conducted field studies on the development of community-based home care services in various rural villages in district P and district F of Beijing, including village Y, in June and July 2023. The authors and the team collected first-hand data from their discussions with governmental officials and in-depth interviews with village cadres, community-based elderly care service providers, the elderly, as well as from non-participant observations of various elderly care services. In addition, they also collated governmental reports, village committee work reports, news reports and other documentary materials to examine the effective practices in rural China.

This article argues that modern rural communities functioning as “hybrid organisations” with both traditional community and modern institutional logic should integrate emotional practices and pursue “internal goods” in order to institutionalise elderly care services in rural areas. Building on this organisational and behavioural foundation, a core ideal path for rural ageing in place, centred on “institutionalisation embedded in the community”, can be established. Such an ideal path can be achieved via collaboration between village collectives and social enterprises to foster a sustainable environment by nurturing filial piety culture and implementing transparent governance rules. This involves the coordination of three levels of service supply—life-oriented institutional services, institutionalised and expanded services, and supplementary mutual

support services—to achieve the establishment of community institutionalisation based on institutional support and of a caring community based on emotional support in rural communities that become akin to “elderly care homes without walls”. Such is the effective translation of the ideal path into reality, especially for the implementation of ageing in place in east China.

LITERATURE REVIEW

Rural population ageing is a universal phenomenon in global development and also a key issue in developing countries.² A combination of factors like service supply costs, preferences of older adults and cultural factors has resulted in the trend that community- and home-based eldercare services have replaced long-term care institutions—a common phenomenon in many countries including China. Nevertheless, there are core issues that require immediate attention.

How to Achieve Effective Community- and Home-based Eldercare Services: The Concept and Path Exploration of Ageing in Place

John Morley defines “aging in place” as the “ability to live in one’s own home and community safely and independently as one ages”;³ this can be understood in three dimensions. Firstly, the basic “spatial” dimension: ageing in place emphasises the importance of the proper choice of “space” for the elderly. The elderly usually prefer to continue living in the community, rather than in residential nursing homes, and respecting their wishes and choice is the basis for dealing with the ageing problem.

Second, the “functional” dimension, that of security: ageing in place also emphasises achieving well-being in the “right place”, i.e. keeping their lives safe with some level of independence by meeting their welfare needs. Provision of welfare based on family and community is thus essential. Such is the prominent significance attached to the community that ageing in place can even be construed as “aging in the community”.⁴

Third, the “emotional” dimension, of value: ageing in place aims not only to address the needs of the elderly, but also to achieve spiritual comfort for them and to provide “a sense of attachment or connection and feelings of security and familiarization in relation to both homes and communities for the elderly”.⁵ Achieving this depends

² Gary R. Andrews, “Demographic and Health Issues in Rural Aging: A Global Perspective”, *Journal of Rural Health* 17, no. 4 (2001): 323–7.

³ John E. Morley, “Aging in Place”, *Journal of the American Medical Directors Association* 13, no. 6 (2012): 489–92.

⁴ G.M. Pfeifer, “Helping Elders ‘Age in Place’”, *American Journal of Nursing* 116, no. 10 (2016): 20–1.

⁵ Janine L. Wiles et al., “The Meaning of ‘Aging in Place’ to Older People”, *The Gerontologist* 52, no. 3 (2012): 357–66.

on continuous community-building⁶ to maintain a close relationship between the elderly and their original communities.

In this scenario, how can ageing in place be achieved? As a guiding framework, the World Health Organization's Age-friendly Cities⁷ approach has been applied to the building of Age-friendly Communities. This framework consists of "hardware" elements such as infrastructure, housing and transportation, as well as "software" components such as social participation, social inclusion and community support.⁸ The role of natural neighbourhood networks, founded on well-developed physical infrastructure, is emphasised to promote close interactions among neighbours and enhance community cohesion, thereby enabling the elderly to age in place.⁹

The worsening rural ageing situation has increasingly drawn researchers' attention to ageing in place in rural areas.¹⁰ Factors such as local services, social capital and opportunities for community participation¹¹ have shown that eldercare services are to be associated with community development. Firstly, it is essential to enhance age-friendly infrastructure in rural communities. Geographic and spatial factors have a pivotal role in the utilisation of rural healthcare services.¹² Improvements in various kinds of infrastructure, such as convenient and safe pedestrian access for older adults during rural road construction, have helped maintain their health and social relationships,¹³ and also enhance the accessibility, awareness and utilisation of public spaces for older adults.¹⁴

Second, it is vital to strengthen the supply of community- and home-based eldercare services. Effective service supply could extend the duration that older adults

⁶ Camilla Lewis and Tine Buffel, "Aging in Place and the Places of Aging: A Longitudinal Study", *Journal of Aging Studies* 54 (2020): 100870.

⁷ World Health Organization, *Global Age-friendly Cities: A Guide* (Geneva: WHO Press, 2007).

⁸ Lewis and Buffel, "Aging in Place and the Places of Aging".

⁹ Gao Junling et al., "Relationships between Neighbourhood Attributes and Subjective Well-being Among the Chinese Elderly: Data from Shanghai", *Bioscience Trends* 11, no. 5 (2017): 516–23; Andrew E. Scharlach and Amanda J. Lehning, "Ageing-friendly Communities and Social Inclusion in the United States of America", *Ageing & Society* 33, no. 1 (2013): 110–36.

¹⁰ Zhang Yanxia and Zhang Chuanhong, "Practice Models of Rural China's Ageing in Place: From the Perspective of Multiple Collaborative Governance", *China Perspectives*, no. 134 (2023): 9–18.

¹¹ Ilona Matysiak and David J. Peters, "Conditions Facilitating Aging in Place in Rural Communities: The Case of Smart Senior Towns in Iowa", *Journal of Rural Studies* 97 (2023): 507–16.

¹² Thomas A. Arcury et al., "The Effects of Geography and Spatial Behavior on Health Care Utilization among the Residents of a Rural Region", *Health Services Research* 40, no. 1 (2005): 135–55.

¹³ Becky P.Y. Loo et al., "How Is the Neighborhood Environment Related to the Health of Seniors Living in Hong Kong, Singapore, and Tokyo? Some Insights for Promoting Aging in Place", *Annals of the American Association of Geographers* 107, no. 4 (2017): 812–28; Lydia W. Li et al., "Late-life Depression in Rural China: Do Village Infrastructure and Availability of Community Resources Matter?", *International Journal of Geriatric Psychiatry* 30, no. 7 (2015): 729–36.

¹⁴ Zhang Ziqi and Qiu Zhi, "The Usage Pattern and Spatial Preference of Community Facilities by Elder People in Rural Environments", *Journal of Housing and the Built Environment* 35, no. 2 (2020): 661–78.

live in the familiar surroundings of their homes and communities.¹⁵ On the one hand, it is necessary to provide skill and knowledge training for primary healthcare workers who provide services,¹⁶ address staffing shortages and to offer diverse community care services for elderly individuals to age in place.¹⁷ On the other hand, community development is also essential to enhance the role of social organisations and improve the mental well-being of the rural elderly population.¹⁸ In addition, rural elderly individuals' willingness to access services could be limited by their lack of awareness regarding possibilities for the purchase of services and their lower income. Therefore, economic support should also be bolstered.¹⁹

Third, reinforcing informal caregiving based on mutual support networks is essential. Building self-help groups and strengthening social networks for rural older adults could effectively enhance social support for empty-nest elderly individuals and reduce the negative impact of living alone on their mental health.²⁰ China has increasingly emphasised the development of rural mutual care services, and encouraged individuals and organisations to provide mutual support for older adults.²¹ Enhancing trust levels both ubiquitously within communities and specifically towards village cadres could promote the active engagement of the rural populations in mutual elderly care.²²

Fourth, strengthening the effective connection of resources both within and outside rural communities is essential. With the implementation of its rural revitalisation strategy, the Chinese government has improved urban–rural relationships and promoted the integration of urban and rural development.²³ This has resulted in increased

¹⁵ Ernest Chui, “Ageing in Place in Hong Kong—Challenges and Opportunities in a Capitalist Chinese City”, *Ageing International* 32, no. 3 (2008): 167–82.

¹⁶ Joseph Troisi, “Training to Provide for Healthy Rural Aging”, *Journal of Rural Health* 17, no. 4 (2001): 336–40.

¹⁷ Ma Wenjing and Shen Zheng, “Impact of Community Care Services on the Health of Older Adults: Evidence from China”, *Frontiers in Public Health* 11 (2023): 1160151.

¹⁸ Hu Hongwei et al., “Social Support and Depressive Symptom Disparity between Urban and Rural Older Adults in China”, *Journal of Affective Disorders* 237 (2018): 104–11.

¹⁹ Zhang Ziqi and Qiu Zhi, “Exploring Daily Activity Patterns on the Typical Day of Older Adults for Supporting Aging-in-place in China’s Rural Environment”, *International Journal of Environmental Research and Public Health* 17, no. 22 (2020): 8416.

²⁰ Zhang Chichen et al., “Improvement of Social Support in Empty-nest Elderly: Results from an Intervention Study Based on the Self-Mutual-Group Model”, *Journal of Public Health* 41, no. 4 (2019): 830–9; Tang Dan, Lin Zhiyong and Chen Feinian, “Moving beyond Living Arrangements: The Role of Family and Friendship Ties in Promoting Mental Health for Urban and Rural Older Adults in China”, *Ageing Mental Health* 24, no. 9 (2020): 1523–32.

²¹ Tang Xi et al., “Association between Social Support and Mutual-support Needs among the Rural Adults in China: A Cross-Sectional Study”, *Frontiers in Public Health* 11 (2023): 1171046.

²² Liu Beibei and Sun Yongyong, “The Influence of Interpersonal Trust on Rural Residents’ Willingness to Participate in Mutual Aid for the Aged: An Empirical Analysis Based on the Survey Data of Hubei and Henan Provinces”, *Computational Intelligence and Neuroscience* (2022): 2366425.

²³ Liu Yansui, Zang Yuzhu and Yang Yuanyuan, “China’s Rural Revitalization and Development: Theory, Technology and Management”, *Journal of Geographical Sciences* 30, no. 12 (2020): 1923–42.

investment in public services for rural elderly healthcare and the narrowing of the urban–rural gap in elderly care.²⁴ China’s transition to county-level urbanisation has concurrently turned its attention to improving the allocation of public resources at the county-town–village levels.²⁵

Ageing in Place or Stuck in Place: Tensions in Community- and Home-based Eldercare Services in Rural China

Community- and home-based eldercare services in rural China also face complex and challenging issues, which can be summarised according to four aspects. Firstly, the services’ unequal supply capacity is caused by gaps in community infrastructure and resource conditions. In China, the household registration system has shaped the “spatial hierarchy”, and significant disparities exist in resource allocation between urban and rural areas.²⁶ Rural communities rely more on their own circumstances, resulting in significant differences in the availability of care resources for the elderly. Moreover, without effective management and supervision of community resources, providing adequate care for the elderly becomes challenging.²⁷

Second, unstable family caregiving resources lead to unsustainable forms of service provision. The ability of families to support their elderly members has been weakened in recent years.²⁸ With a significant number of rural residents migrating for work, there has been a cultural shift in the practice of filial piety, whereby the older generation fulfils caregiving responsibilities but the adult children may not necessarily assume responsibility to take care of their parents.²⁹ This leaves the rural left-behind elderly to face material deprivation and social isolation.³⁰ The delayed impact of the ageing of the baby boomer generation has further exacerbated the pressures on family caregiving.³¹

²⁴ Dai Baozhen, “The Old Age Health Security in Rural China: Where to Go?”, *International Journal for Equity in Health* 14 (2015): 119.

²⁵ Pan Muzhe et al., “Problems and Strategies of Allocating Public Service Resources in Rural Areas in the Context of County Urbanization”, *International Journal of Environmental Research and Public Health* 19, no. 21 (2022): 14596.

²⁶ Cheng Tiejun and Mark Selden, “The Origins and Social Consequences of China’s Hukou System”, *The China Quarterly* 139 (1994): 645–68.

²⁷ Rachel Winterton, “Organizational Responsibility for Age-friendly Social Participation: Views of Australian Rural Community Stakeholders”, *Journal of Aging & Social Policy* 28, no. 4 (2016): 261–76.

²⁸ David R. Phillips and Feng Zhixin, “Challenges for the Aging Family in the People’s Republic of China”, *Canadian Journal on Aging—Revue Canadienne du Vieillessement* 34, no. 3 (2015): 290–304.

²⁹ Qiu F.X. et al., “Downward Transfer of Support and Care: Understanding the Cultural Lag in Rural China”, *Ageing & Society* 42 no. 6 (2022): 1422–47.

³⁰ Luo Yaling et al., “Children’s Filial Piety Changes Life Satisfaction of the Left-behind Elderly in Rural Areas in China?”, *International Journal of Environmental Research and Public Health* 19, no. 8 (2022): 4658.

³¹ Jiang Lin, “Changing Kinship Structure and Its Implications for Old-age Support in Urban and Rural China”, *Population Studies—A Journal of Demography* 49, no. 1 (1995): 127–45.

Third, the spontaneity of mutual support and volunteer practices leads to uncertainty in the content of service provision. Despite having been emphasised,³² mutual support for elderly care and older voluntarism (both the volunteers themselves and the related organisations) face various challenges related to age barriers, among others.³³ As economic and social development progresses and cultural environments evolve, neighbourhoods may lose their strong cohesion,³⁴ leaving rural elderly individuals less inclined to get involved in volunteering and service co-production.³⁵

Fourth, inadequate supervision of external service provision results in opacity in the quality of service. The home-based services provided by government-endorsed external resources often become mere formalities. Discrepancies in welfare provisions between rural and urban areas have reduced expectations among rural residents regarding government welfare interventions.³⁶ Despite having perceived social injustice, the rural elderly exhibit lower expectations of government welfare intervention, compared to the urban elderly.³⁷ As a result, the rural elderly have fewer avenues of recourse to exercise their consumer rights to supervise external service providers. This directly contributes to the exacerbation of cream-skimming behaviour of service providers and weakens their commitment to eldercare services.³⁸

The aforementioned issues may lead to elderly individuals potentially experiencing negative situations in their original places of residence.³⁹ They may feel trapped and be unable to fully benefit from ageing in their familiar communities. Addressing the

³² Allun E. Joseph and Mark W. Skinner, "Voluntarism as a Mediator of the Experience of Growing Old in Evolving Rural Spaces and Changing Rural Places", *Journal of Rural Studies* 28, no. 4 (2012): 380–8.

³³ Amanda Davies, Leonie Lockstone-Binney and Kirsten Holmes, "Who are the Future Volunteers in Rural Places? Understanding the Demographic Background Characteristics of Non-retired Rural Volunteers, Why They Volunteer and Their Future Migration Intentions", *Journal of Rural Study* 60 (2018): 167–75.

³⁴ Emma Volckaert, Elise Schillebeeckx and Pascal De Decker, "Beyond Nostalgia: Older People's Perspectives on Informal Care in Rural Flanders", *Journal of Rural Studies* 87 (2021): 444–54.

³⁵ Sarah-Anne Munoz et al., "Involving Rural Older People in Service Co-production: Is There an Untapped Pool of Potential Participants?", *Journal of Rural Studies* 34 (2014): 212–22.

³⁶ Han Chunping, "Attitudes Toward Government Responsibility for Social Services: Comparing Urban and Rural China", *International Journal of Public Opinion Research* 24, no. 4 (2012): 472–94; Huang Xian, "Social Cleavages and Preferences for Government Redistribution in Contemporary China", *Studies in Comparative International Development* 54 (2019): 415–50.

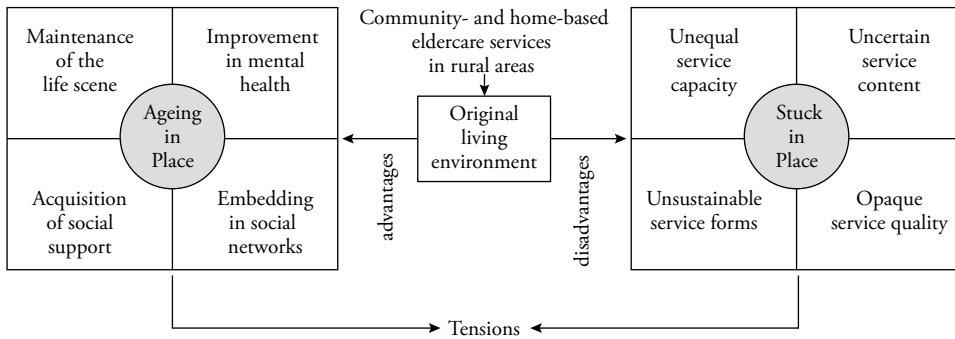
³⁷ Hu Anning and Chen Feinian, "Allocation of Eldercare Responsibilities between Children and the Government in China: Does the Sense of Injustice Matter?", *Population Research and Policy Review* 38, no. 1 (2019): 1–25.

³⁸ Matthias Döring and Sebastian Jilke, "Cream-skimming at the Frontline: The Role of Administrative Literacy", *Public Administration* 101, no. 4 (2023), doi: 10.1111/padm.12900; Sebastian Jilke, Wouter Van Dooren and Sabine Rys, "Discrimination and Administrative Burden in Public Service Markets: Does a Public–Private Difference Exist?", *Journal of Public Administration Research and Theory* 28, no. 3 (2018): 423–39.

³⁹ Andrew Sixsmith and Judith Sixsmith, "Ageing in Place in the United Kingdom", *Ageing International* 32 (2008): 219–35.

tension between ageing in place and being stuck in place (Figure 1) is crucial for ensuring the well-being of the rural elderly.

Figure 1. The Tension between “Ageing in Place” and “Stuck in Place” in Community- and Home-based Eldercare Services in Rural Communities



Based on the analysis of the distinctions between ageing in place and being stuck in place, it is evident that the determinacy, standardisation and sustainability of community- and home-based eldercare services in rural areas are low. While community- and home-based eldercare enables older individuals to maintain social networks and social support, improving their psychological well-being, there are concerns regarding the effectiveness of service provision. Therefore, in addition to leveraging the advantages of ageing in the original home, the limitations of community- and home-based eldercare, compared to professional institutions, need to be addressed. Although existing research has proposed various approaches to community- and home-based eldercare in rural areas, there is little emphasis on achieving standardised and sustainable service provision. The related approaches are fragmented and lack systematic integration, posing challenges to effectively resolve the tension between ageing in the original place and being “stuck in place”. Furthermore, theories and indicators of ageing in the original place based on Western perspectives have limited applicability to developing countries and their rural areas.⁴⁰ Hence, developing elderly care policies that acknowledge the existing strengths and challenges of rural communities is necessary.⁴¹ Resolving the aforementioned issues thus necessitates a comprehensive understanding of the characteristics of rural China and the exploration of feasible conditions.

⁴⁰ Yu Jingyu, Ma Guixia and Wang Shuxia, “Do Age-friendly Rural Communities Affect Quality of Life? A Comparison of Perceptions from Middle-aged and Older Adults in China”, *International Journal of Environmental Research and Public Health* 18, no. 14 (2021): 7283.

⁴¹ Maree Petersen et al., “Negotiating the Care Convoys for a Diverse Group of Older Australians Living in Rural Communities: A Large Qualitative Study”, *Ageing and Society* (2022): 1–21.

INSTITUTIONALISATION EMBEDDED IN THE COMMUNITY: A THEORETICAL VIEW OF THE PATH TO AGEING IN PLACE IN RURAL AREAS

This section discusses the implications of the research gap with regard to ageing in place and also presents a theoretical discussion based on the meso-level organisational and micro-level behavioural perspectives to explain the ideal path to ageing in place in modern rural communities.

The Combination of Traditional Community and Modern Institutions: Hybrid Organisations and the Organisational Foundation for Ageing in Place in Rural Areas

Does the rural community have a foundation to provide standardised and sustainable eldercare services? From the perspective of new institutionalism, each type of organisation (such as the state, companies and communities) has its own institutional logic and each logic follows its own central order.⁴² Organisations strive to comply with these logics to gain legitimacy.⁴³ Traditional villages tend to follow the institutional logic of “traditional communities”, where the rural population forms close community networks based on kinship and geographical location, thus forging a shared sense of identity among community members. These communities establish voluntary mutual support rules, providing support for the daily care of the elderly within the community.

Due to increasingly complex and diverse institutional environments,⁴⁴ some organisations are no longer considered as “pure” and may need to comply with different institutional logics, forming hybrid organisations that incorporate elements from various logics.⁴⁵ For example, many professional institutions are no longer based solely on professional standards or overseen by their professional managers or administrative elites.⁴⁶ Social enterprises, which aim to achieve both public welfare and financial sustainability, and adhere to providing public welfare and business as their dual

⁴² Roger Friedland and Robert Alford, “Bringing Society Back in: Symbols, Practices, and Institutional Contradictions”, in *The New Institutionalism in Organizational Analysis*, ed. Walter W. Powell and Paul J. DiMaggio (Chicago, IL: The University of Chicago Press, 1991), pp. 232–63.

⁴³ David Billis, “Towards a Theory of Hybrid Organizations”, in *Hybrid Organizations and the Third Sector*, ed. David Billis (Basingstoke: Palgrave Macmillan, 2010), pp. 46–69.

⁴⁴ Royston Greenwood et al., “Institutional Complexity & Organizational Responses”, *Academy of Management Annals* 5, no. 1 (2018): 317–71.

⁴⁵ Matthew S. Kraatz and Emily S. Block, “Organizational Implications of Institutional Pluralism”, in *The Sage Handbook of Organizational Institutionalism*, ed. Royston Greenwood et al. (London: Sage, 2008), pp. 243–75; Julie Battilana and Silvia Dorado, “Building Sustainable Hybrid Organizations: The Case of Commercial Microfinance Organizations”, *Academy of Management Journal* 53, no. 6 (2010): 1419–40.

⁴⁶ Kevin T. Leicht and Mary L. Fennell, “The Changing Organizational Context of Professional Work”, *Annual Review of Sociology* 23 (1997): 215–31.

institutional logics, have also become more common.⁴⁷ With the advancement of modern community development, traditional villages gradually acquire the characteristics of “modern institutions” while retaining elements of traditional communities. Since community managers have clearer, well-defined responsibilities and powers, ensuring the provision of standardised services to community members therefore becomes a norm. At the same time, rural communities serve as platforms to attract external resources, to facilitate the implementation of public policies, and to gradually acquire the attributes of modern institutions that guarantee the implementation of rural economic developmental and public service projects. Therefore, modern rural communities could be considered as “hybrid organisations” that balance the institutional orders of traditional communities and modern institutions.

Hybrid organisations could thus serve as external supports for ageing in place in rural communities. Ageing in place can be understood as leveraging the social network of traditional community support for the elderly’s daily lives and exploring the functions of “modern institutions” within rural communities. By adhering partially to the institutional logic of “professional institutions”, the community could provide standardised and sustainable eldercare services.

Integrating Emotional Labour and Institutional Behaviour in the Pursuit of “Internal Goods”: Behavioural Foundation for Ageing in Place in Rural Areas

As micro-level behaviour, both traditional family care and volunteer-based mutual support for the elderly within the community can be seen as forms of “gifts” incorporating emotional elements. Unlike the “market world” with its centre in monetary exchange of goods and the capacity for emotional detachment, the “gift world” operates via continual affirmation of social bonds, based on responsibility, trust, gratitude and the capacity for emotional attachment.⁴⁸ While the increasing integration of everyday activities into the market is seen as social progress⁴⁹ that improves service efficiency, guarantees service stability and ensures the standardisation and transparency of service processes, it could also result in emotional detachment from practice. As Marx highlighted, the means of production in capitalist markets alienates labour and creates a sense of estrangement between workers and their work, tools and products.⁵⁰ Such emotional detachment may reduce the acceptance and satisfaction of services among rural elderly populations. Therefore, the implementation of community- and home-based eldercare services in rural areas should integrate the

⁴⁷ Bob Doherty, Helen Haugh and Fergus Lyon, “Social Enterprises as Hybrid Organizations: A Review and Research Agenda”, *International Journal of Management Reviews* 16, no. 4 (2014): 417–36; Anne-Claire Pache and Filipe Santos, “Inside the Hybrid Organization: Selective Coupling as a Response to Competing Institutional Logics”, *Academy of Management Journal* 56, no. 4 (2013): 972–1001.

⁴⁸ Arlie Hochschild, “Emotional Life on the Market Frontier”, *Annual Review of Sociology* 37 (2011): 21–33.

⁴⁹ Milton Friedman, *Capitalism and Freedom* (Chicago, IL: The University of Chicago Press, 1980).

⁵⁰ Karl Marx, *Economic and Philosophic Manuscripts of 1844* (Moscow: Progress Publishers, 1959).

“gift world” approach, which fosters emotional bonds and endows professional caregiving labour with emotional meaning.

Caring behaviours can also be understood through Alasdair MacIntyre’s theory of moral ethics. Traditional filial piety is associated with “internal goods” and virtues. MacIntyre describes the historical transformation from virtues to morality as the process by which virtue becomes utilitarian and moralised in market institutions.⁵¹ Rural elderly care services should continue to emphasise the pursuit of virtues, aligning with MacIntyre’s notion of “practice”, by combining actions driven by the pursuit of “internal goods” and actions driven by the pursuit of “external goods” such as benefits and prestige.

It should be noted that MacIntyre categorises virtues into three levels, namely “virtues in practices”, “virtues in lives” and “virtues in traditions”.⁵² He upholds communitarianism, believing that the pursuit of virtues should return to the traditional communal way of life and thus expressing a pessimistic attitude towards the compatibility of modern markets and virtues. However, other recent research indicates that the pursuit of internal goods can be applicable to business organisations and can contribute to their better development.⁵³

Therefore, the essence of the traditional community in rural areas can support the pursuit of virtues, while modern business behaviour can also be compatible with it. In short, modern community-based elderly care in rural areas can be understood as institutional behaviour that incorporates emotional labour and the pursuit of internal goods. It integrates emotional elements into the provision of institutionalised care services, embodying the virtues of filial piety and serving as the inherent support for ageing in place in rural areas.

Institutionalisation Embedded in the Community: Constructing the Ideal Path to Ageing in Place in Rural Areas

Based on the preceding discussions, this article conceptualises “institutionalisation embedded in the community” as the ideal path to ageing place in rural areas (Figure 2). The primary objective is to achieve standardised and sustainable modern elderly care services within the original living space of rural communities, building upon the existing resources in rural communities. As a hybrid organisation, the rural community upholds the institutional logic of the traditional community, ensuring that elderly individuals are not detached from their familiar social networks and living environments during the delivery of care services. This allows care services to have connotations of

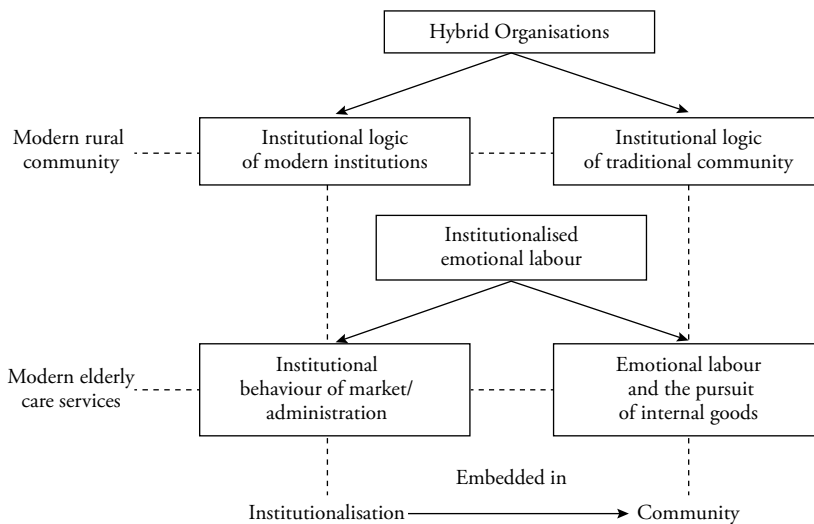
⁵¹ Alasdair MacIntyre, *After Virtue: A Study in Moral Theory* (Notre Dame, IN: University of Notre Dame Press, 2007).

⁵² *Ibid.*

⁵³ Matthew Sinnicks, “Leadership After Virtue: MacIntyre’s Critique of Management Reconsidered”, *Journal of Business Ethics* 147, no. 4 (2018): 735–46; Geoff Moore, “Virtue in Business: Alliance Boots and an Empirical Exploration of MacIntyre’s Conceptual Framework”, *Organization Studies* 33, no. 3 (2012): 363–87.

“gifts” and prevents emotional detachment. In integrating the pursuit of internal goods, the community has adhered to objective rules and embraces the virtues of filial piety, and provides psychological and social support to the elderly population. Meanwhile, the community develops the roles and functions of “modern institutions” by integrating diverse resources from within and outside the community. It oversees, coordinates and participates in the provision of elderly care services in the living environment, ensuring that the delivery of elderly care complies with professional rules and policy requirements, and guarantees predetermined service content, equitable service level, standardised service modes and sustainable service forms. An analysis of a possible ideal path of “institutionalisation embedded in the community” for ageing in place is next presented, based on a case study in rural Beijing.

Figure 2. Institutionalisation Embedded in the Community



CASE STUDY OVERVIEW: BASIC PATTERNS AND CHARACTERISTICS OF ELDERLY CARE SERVICES IN VILLAGE Y

By the “typical cases” approach, the authors chose village Y in Beijing as their research subject for community- and home-based eldercare services. Their research team conducted a comprehensive follow-up survey of village Y to gain an insight into the elderly care situation. By gathering information from various groups, including village cadres, ordinary villagers, community-based eldercare service providers, heads of social enterprises and government cadres, as well as collating public news reports and government documents, the research team was able to systematically grasp the actual situation of elderly care in village Y. The findings indicate that village Y can serve as a typical case for illustrating the practical implementation of the “institutionalisation embedded in the community” approach. Hence, an in-depth analysis and discussion

of the village Y case can contribute to achieving the research objectives. Furthermore, the insights gained from this case have broader applicability, as they effectively utilise the rural environment, address the habits and needs of the local elderly population, engage with multiple stakeholders in distributing responsibilities, and demonstrate effective resource management, which will be detailed in the case description and analysis. As such, the experiences from this case can serve as a valuable reference for other rural communities.

Village Y has a total of 576 households and over 1,100 residents. The ratio of households with agricultural *hukou* (household registration) to households with non-agricultural *hukou* is approximately 3:2. The village has five village cadres (four in active service) and nine community grid administrators (each receiving a monthly salary of over 2,000 yuan funded by the government). The village's population ageing rate has reached 34 per cent, far exceeding the average level of ageing in China's rural areas.⁵⁴ Village Y faces a significant depopulation issue, as most working-age residents migrate to the county seat or other cities for employment. The elderly population above 60 years old is the primary labour force in agricultural production in the village while those with limited self-care abilities struggle to receive effective care from their family members.

Village Y has consistently attached importance to the issue of elderly care and has continuously allocated funds from the village's collective income to ensure that elderly care work operates orderly. The village converted a vacant garage into a "Happiness in Later Life" centre (Xingfu wannian yizhan), which is a nursing home, collocated with the village-level centre for disabled people. It has also collaborated with a social enterprise (company A), which has a large service scale and good organisational reputation in district P, to manage the daily operation of the centre. Currently, there are 17 non-disabled and semi-disabled elderly individuals residing in the centre⁵⁵ and there have been a total of 30 individuals so far. Residents pay a monthly fee of 800 yuan (equivalent to the monthly pension for local rural elderly residents) for full-day dining and care services. The centre has also set up a special dining table to provide free breakfast on weekdays for the elderly who are aged above 60 and severely disabled, and those who are aged above 68 and mildly disabled. The centre also organises occasional public welfare activities open to all elderly and disabled individuals in the village.⁵⁶

⁵⁴ The population data of village Y were provided by local village cadres during the field research conducted by the research team. According to the data from the 2021 China Seventh National Population Census, the proportion of elderly people aged 60 and above in rural China was 23.81 per cent.

⁵⁵ According to policy requirements, disabled and demented elderly individuals are not eligible to reside in the "Happiness in Later Life" centre.

⁵⁶ Village Y is prepared to further cooperate with company A, with the village holding shares in the land, to invest in the construction of a regional elderly care institution that can accommodate 100 beds and provide higher levels of service. This will allow elderly individuals from other villages also to reside there. By doing so, the village can receive dividends and further expand the scale of the elderly meal service. Elderly individuals from the village can also enjoy a 50 per cent discount when they move in.

The centre's care workers and the community grid administrators are responsible for providing home visit services for elderly individuals. Specifically, they visit homes once a week to offer basic eldercare, while rural doctors provide essential public health services to those who have signed up for family doctor services. Many elderly households in village Y have installed "one-click access" (*yijiantong*) devices provided by company A, enabling them to request services such as nursing, home maintenance, accompanying medical visits and emergency assistance in case of sudden illness. Company A also provides one-time subsidies to incentivise and encourage ordinary residents to participate in these services.

To a certain extent, the elderly in village Y have achieved the objectives of ageing in place. The villages' community- and home-based eldercare services offer the following key features. Firstly, the services are deterministic, with designated responsibility holders and well-defined service recipients. Both residents at the centre and the elderly living at home receive equitable care from the centre's caregivers and village grid administrators. Second, the services are standardised, with clear benchmarks and supervisory assessment mechanisms. The service process is relatively transparent and subject to supervision by the village committee and the children of the service recipients. Third, the services are sustainable, given the stable operation of the elderly care centre, meal services and home visit services that are backed by consistent financial support and recognised service rules. Fourth, the elderly care centre, being integrated into the community, fosters an emotional connection for the elderly residents to maintain their social networks and support systems. Service staff have built emotional bonds with the elderly that extend beyond transactional relationships. Fifth, the services exhibit public spiritedness. Village Y has fostered a strong culture of filial piety, recognising that elderly care is closely associated with community engagement and resources, not simply an individual or family affair. The investment of village collective funds in elderly care has gained extensive community support, thus avoiding service uncertainties caused by conflicts in resource allocation. Ordinary villagers have also been effectively mobilised to participate in elderly care practices on a regular basis.

FURTHER ANALYSIS OF THE VILLAGE Y CASE: IMPLEMENTATION PATH OF AGEING IN PLACE IN RURAL AREAS

The operation of community- and home-based eldercare services in village Y can be understood as a three-tier service provision supported by a community platform and a sustainable environment.

Platform Foundation: Platform Construction Supported by Village Collective and Social Enterprise Resources

As the institution providing community-based services, rural communities require resource investment and platform coordination. Village Y has achieved its ageing in

place objectives because of its dedicated attention to the issue and consistent resource investment. Successive village cadres in village Y have also consistently given elderly care a top priority. The village collective invested tens of thousands of yuan in the construction of the “Happiness in Later Life” centre, completing the renovations, equipping it with facilities, as well as paying for daily expenses such as water and electricity. In setting up the elderly dining table, the village collective funds the costs that are not covered by government subsidies, in order to encourage the elderly population to take advantage of the meal services.

However, village Y had faced challenges in coordinating and delivering services independently, due to limitations in self-management and professional service capabilities. Since 2020, through the village’s collaboration with company A, and with the supervision of the village committee, full-time staff employed by the company have been responsible for the care centre’s daily operation and services, expanding services, and mobilising and organising local villagers. Such synergistic cooperation between the village collective and social enterprise has created an effective platform at the community level and laid a foundation for the provision of elderly care services within the community.

Environmental Support: Cultivating a Sustainable Environment based on Filial Piety Culture and Transparent Governance Rules

The community environment has a significant impact on the sustainability of community projects and maintaining the stable operations of a community platform requires environmental support. Village Y promotes filial piety values to ensure the stable community resource allocation of elderly care. Researchers have noted that the intersection of rural citizens and an ageing population creates a “contested rural space”⁵⁷ where resource competition may arise, leading to uncertainty in the availability of resources for elderly care. A civil affairs official from district P shared the following view:

The reason why it [the “Happiness in Later Life” centre] can operate profitably... [is that it] relies on the village committee providing tens of thousands of yuan in annual subsidies. However, some villagers raise objections, questioning why the village committee subsidises the centre, as only a few elderly individuals benefit from it. They even resort to calling the complaint hotlines.⁵⁸

It is challenging for the “Happiness in Later Life” centre and the elderly dining table that rely solely on national subsidies and fees from village residents to achieve financial sustainability. Thus, significant investment from the village collective is essential. During the authors’ field studies, services in several villages were interrupted due to

⁵⁷ Mark W. Skinner and Rachel Winterton, “Interrogating the Contested Spaces of Rural Aging: Implications for Research, Policy, and Practice”, *The Gerontologist* 58, no. 1 (2018): 15–25.

⁵⁸ Authors’ interview conducted with civil affairs official, district P of Beijing, 30 June 2023.

insufficient investment from this source. Village Y has consistently attached importance to cultivating a culture of filial piety by providing birthday cakes (replaced by a selection of 10 pastries since 2017) and 100 yuan in cash to individuals aged 70 and above (500 yuan for those aged over 90) during the Elderly Festival. Additionally, village Y provides a monthly living allowance of 50 yuan to individuals who have reached 60. In recent years, village Y has further improved village regulations and agreements, strengthened projects to protect the legal rights and interests of the elderly, and allocated around 70,000 yuan annually to establish a civic credit system. The system rewards villagers for their filial piety and participation in community services, and gives recognition to exemplary villagers who demonstrate filial piety. These measures reinforce the villagers' awareness of filial piety, cultivate a strong culture of elder friendliness, provide broader social support for the community-based elderly population and ensure villagers' support for continuous investment from the village collective in community- and home-based eldercare services, thereby guaranteeing the sustainability of service provision.

In addition, adhering to transparent governance fosters positive outcomes. Village Y was selected as a national demonstration village for grassroots governance in 2019 and for legal construction in 2022. Village cadres and villagers share a robust relationship and village representative meetings are held regularly. Decisions such as the village collective funding dining expenses for the elderly, collaborating with social enterprises, as well as determining the qualification of elderly individuals to stay at nursing homes or receive meal services are openly voted on and receive villagers' approval at village representative assemblies to ensure orderly service provision.

Platform construction and a nurturing environmental support are required to work in tandem to support the three-tier service provision as described below.

Life-oriented Institutional Services: Integrating Normative Institutional Care into Daily Community Life and Constructing Public Spaces

The first tier of services involves integrating institutional services into the community. Company A, the operator and manager of the "Happiness in Later Life" centre, has established multiple levels of elderly care institutions in district P and has demonstrated strong service capabilities. By hiring professional nursing staff and adhering to standardised care rules, the centre has ensured that elderly residents have access to quality care. Guided by the policies promoting the integration of medical care and elderly care, the centre also collaborates with the village clinic. When elderly residents staying at the centre experience health issues, village doctors provide preliminary medical treatment within the facility. Such an arrangement guarantees that timely health services are rendered and avoids the high costs associated with employing full-time physicians.

To further enhance service quality and transparency, company A also utilises online programmes to protect the customer rights of residents' children. An employee of company A shed light on its service quality:

We have a mini-programme to ensure service transparency. When family members open the mini-programme, they can view what caregivers have done and the physical condition of the elderly. By openly and transparently implementing these measures, we aim to reassure family members and motivate ourselves to maintain high service quality.⁵⁹

The “Happiness in Later Life” centre is located adjacent to the village committee office in the village centre, so that elderly residents continue to stay within a familiar community environment, avoid cramped living spaces and maintain their social networks. The caregivers also work and live in the rural community, establishing strong emotional connections with the residents and local villagers. The chief of village Y recounted the benefits of the centre:

We have a 96-year-old villager whose wife had passed away; he has two sons and three daughters. He would not be happy if his children did not send him [to the centre]. He recently broke his leg. Although he had recovered, his sons would not allow him to return [to the centre]. But he insists on returning to and staying in the centre, saying that he feels more comfortable there than at home...The fact that the centre is built in our village benefits the residents, and these residents are all villagers whom he knows. These elderly residents eat when it is time to eat...take a walk along the street, and, once there is no epidemic, they can return to their home.⁶⁰

Embedding institutions in rural communities involves not just choosing geographical location; it also requires spatial integration to transform embedded institutions into significant public spaces within the community. The “Happiness in Later Life” centre serves as a fixed public place for elderly and disabled individuals in the village to participate in activities such as food preparation and handicraft-making. By engaging in communal activities alongside other members, residents at the elderly care centre can continue to integrate into community life, avoiding detachment from the local social networks. Rural elderly individuals tend to assign significance to a locality based on their personal experiences rather than being influenced by others. Therefore, an elderly care centre embedded within the community living space can be regarded as a “home” by long-term residents, thereby increasing their acceptance of staying at the centre.

Institutionalised and Expanded Services: Routine Daily Care and the Inclusion of Community Members due to the Diffusion Effect of Institutional Care

The second level of services pertains to the institutionalisation and expansion of elderly care services. The integration of institutions into rural communities involves not just the choice of location, but also spatial integration. These embedded institutions become

⁵⁹ Authors’ interview with an employee of company A, district P of Beijing, 12 June 2023.

⁶⁰ Authors’ interview with the chief of village Y, district P of Beijing, 10 July 2023.

important public spaces within the community, breaking down the metaphorical “walls” of institutionalised elderly care homes. As an integral part of the district P’s “four-level elderly care service system” (district, township, village, household), the “Happiness in Later Life” centre not only serves the elderly residents but also provides care services to the entire village. First, a senior dining table was set up within the centre, where elderly people eligible for meal assistance can also have their breakfast. The number of people is regularly updated. For example, in the first half of 2023, 57 people received meal assistance, which increased to 68 starting July 1. Having a fixed number of service recipients allows the centre to efficiently calculate the resources required, facilitate food preparation, avoid food wastage, manage the costs of the senior dining services and achieve sustainability of the operation.⁶¹ Additionally, eating together at the centre creates opportunities for communication and maintenance of the social network among elderly individuals, particularly between those residing in the centre and those living at home.

Second, the centre’s diffusion effect partially compensates for the shortage of personnel in the national basic elderly care service supply. Elderly care services provision in rural communities also requires standardisation and implementation of service providers, content and frequency, etc. Through cooperation with company A, the centre employs care workers to provide home-based services to over 10 households in the entire village. They conduct weekly home visits, providing services such as haircuts, cleaning, basic health monitoring (blood pressure and blood sugar), and maintaining cleanliness of the living environment. On the one hand, the national basic elderly care service can be consistently implemented with clear supervision and assessment mechanisms to reduce uncertainties in service provision. On the other hand, the relationship between the rural population and professional caregivers does have a significant impact on the perceived service quality.⁶²

As society develops, community boundaries become increasingly permeable. Caregivers are actively integrated into rural communities and gradually become part of them, establishing emotional connections and identity beyond market relationships and professional guidelines. This strengthens the elderly people’s level of acceptance of and satisfaction with non-local caregivers. Additionally, community grid administrators play a vital role by visiting elderly individuals in their assigned areas, conducting safety checks, ensuring their homes are clean, and encouraging them to get vaccinated during the COVID-19 pandemic. Strict supervision and assessment of grid workers’

⁶¹ As elderly individuals in village Y enjoy the meal service free of charge, a majority dine in regularly and the fixed service scale has significantly promoted the orderly operation of the elderly dining table. Research has found that one of the key reasons why some villages’ elderly dining tables are unsustainable is that the elderly are required to partially pay for their meals. As a result, they tend not to dine regularly, resulting in fluctuating economies of scale that make it difficult for the elderly dining table to prepare meals, hence leading to food waste and increased operational costs.

⁶² Slim Haddad et al., “What Does Quality Mean to Lay People? Community Perceptions of Primary Health Care Services in Guinea”, *Social Science & Medicine* 47, no. 3 (1998): 381–94.

performance in village Y require them to check in at the village committee daily, fill out logs based on household visits and link their performance to bonuses. This ensures standardised and sustainable service provision by grid workers.

Third, company A's installation of "one-button call" devices in elderly residents' homes has also facilitated regular contact between service providers and home-bound elderly people. In emergencies such as falls, illnesses, or when assistance is needed for repairs, medical appointments or shopping, elderly individuals can use the one-button call to request emergency or routine services, solving the problem of timely access to necessary services for them.

Supplementary Mutual Support Service: Orderly Mutual Support among Villagers and Sustainable Public Engagement Based on the Organisation of the Elderly Care Centre

The third level of services involves supplementary mutual support among villagers, which has a certain voluntary nature. Volunteerism can enhance the well-being of elderly individuals and contribute to community sustainability.⁶³ However, recent surveys have shown a significant decrease in the willingness of villagers to participate in volunteer services, and community elderly associations are also generally not active. Additionally, managing the relationship dynamics between professional service providers and non-professional volunteers⁶⁴ can also affect ordinary community members' participation. Due to limited scale and funding, the "Happiness in Later Life" centre in village Y is staffed by only one manager, two care workers, two chefs and one accountant. Along with the grid administrators, they face challenges in fully supporting all elderly care services in the entire village, especially temporary services such as medical companionship and emergency assistance. To address this, the care workers at the centre have formed a village-level "volunteer" WeChat group. When there are temporary service demands and the care workers and grid administrators are short-handed, they can post requests to the group chat to seek help from ordinary villagers who can provide temporary services and then offer them remuneration. When emergency calls for help are made, nearby villagers are also dispatched to provide immediate assistance. The "Happiness in Later Life" centre manager explained how volunteers are dispatched:

We compensate volunteers for each service they have rendered. Each village has several volunteers. Villages with elderly care centres have fewer volunteers, while those without centres have more...When elderly individuals need to go to the hospital, pick up prescriptions or register at the hospital, volunteers are at hand

⁶³ Amber Colibaba, Elizabeth Russell and Mark W. Skinner, "Rural Volunteer Fire Services and the Sustainability of Older Volunteering in Ageing Rural Communities", *Journal of Rural Studies* 88 (2021): 289–97.

⁶⁴ Mette Kjaergaard Thomsen and Ulrich Thy Jensen, "Service Professionals' Response to Volunteer Involvement in Service Production", *Journal of Public Administration Research and Theory* 30, no. 2 (2020): 220–39.

to accompany them. When we install the emergency call devices for them, their locations are mapped in the system and photos of their doors are also taken. Once an emergency call is made, we will transmit their locations to the group, enabling volunteers to easily find their homes.⁶⁵

Those volunteers who provide paid services are local villagers and they know the service recipients well, thus facilitating communication. Given that there is no direct economic relationship between these volunteers and the elderly service recipients, the services resemble traditional forms of mutual support, to which the elderly recipients are more receptive. The centre's remuneration for volunteers ensures a continuous mobilisation of villagers, avoiding the unpredictability of purely voluntary services and reducing the need to hire full-time caregivers, thus controlling operational costs. When the elderly care centre and the care centre for the disabled villagers hold collective activities, temporary volunteers are recruited to help maintain order and address temporary staff shortages. In addition, the village has set up a filial piety charity hall (*cixiaotang*) to coordinate donations from villagers for the living allowance and assistance of elderly individuals.

Summary

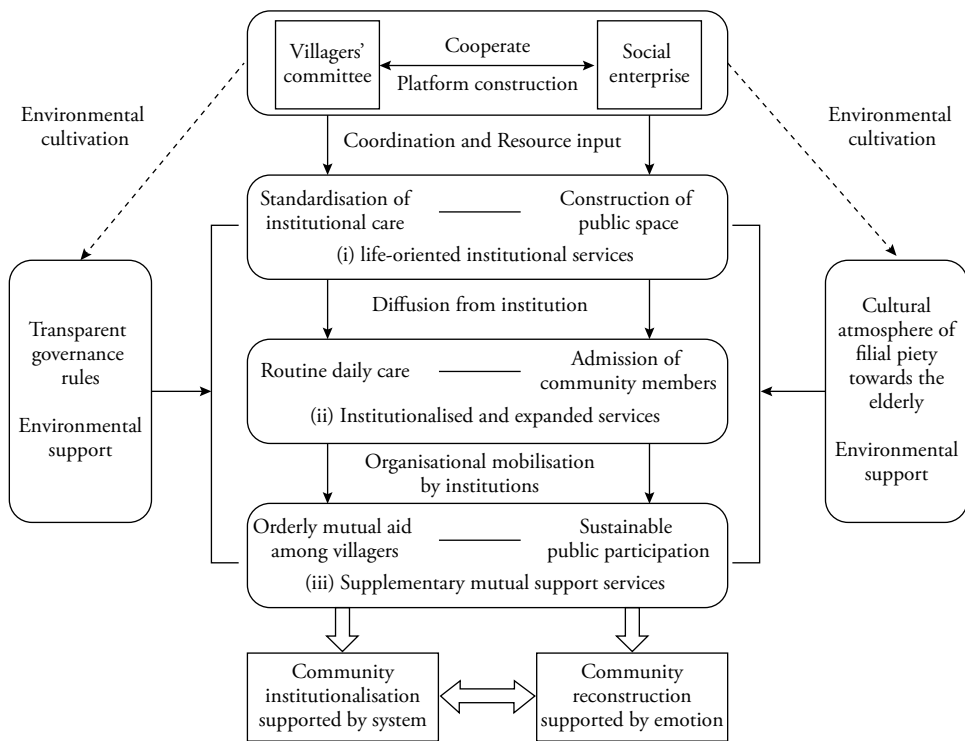
Based on the collaborative platform established by the village collective and social enterprises, and by nurturing a culture of filial piety and implementing transparent governance rules, village Y has accomplished the coordination of its three-tier service provision, namely life-oriented institutional services, institutionalised and expanded services, and supplementary mutual support services. This approach has enabled the village to simultaneously achieve “community institutionalisation” and “community construction”. Community institutionalisation provides support for institutionalisation within the community and it also adheres to the institutional logic of modern organisations. It ensures the provision of resources and construction of a service platform within the community, assesses eligibility of participants, scope of responsibilities and incentive mechanisms, and sets out appropriate service boundaries, standardised service models and timely delivery methods. Such transparent rule designs and effective supervision have ensured senior villagers' effective access to consistent and sustainable care services. Community construction, on the other hand, is supported by emotional connections and aligns with the institutional logic of traditional communities. It promotes the integration of institutions into the community's living spaces, turning institutions into public venues for community activities. Home-based services provided by the institutions are likely to facilitate intimate relationships between service providers and community members, thereby integrating service providers as members of the community. The integration hence breaks down the “walls” between professional institutions and living spaces, as well as barriers between professional service providers

⁶⁵ Authors' interview with the “Happiness in Later Life” centre manager, district P of Beijing, 24 July 2023.

and community members. It promotes emotional involvement in the service process and integrates the pursuit of filial piety into professional care practices. By nurturing a filial piety culture, community members support the allocation of resources for elderly well-being, further addressing service gaps through active public participation.

As is evident, the close and mutually beneficial relationship between “community institutionalisation supported by systems” and the “community construction driven by emotions” has enabled modern rural communities to develop into “bounded nursing homes with no walls”. This approach has also ensured the well-being of elderly individuals in their local communities while avoiding their isolation in their own worlds. Consequently, “institutionalisation embedded in the community” is the ideal path to achieve ageing in place successfully in rural communities (Figure 3).

Figure 3. Implementation Path of Ageing in Place in Rural Communities



DISCUSSION AND CONCLUSION

This article focuses on the tensions between ageing in place and being “stuck in place” in rural ageing, investigating from both theoretical and practical perspectives the feasible paths to resolve the tensions and to achieve ageing in place for rural elderly populations. This article draws the following conclusions.

- (i) “Institutionalisation embedded in the community” provides the ideal path towards rural ageing in place. Modern rural communities are analogous to hybrid organisations that have both traditional communal and modern institutional logics. Community- and home-based eldercare services in rural communities should ascertain the provision of standardised and sustainable services while remaining linked to traditional practices of filial piety and the pursuit of “internal goods”. By developing the roles of “modern institutions” within the community, integrating internal and external community resources, and coordinating service provision, such an approach to service provision follows objective rules while incorporating emotional elements, hence taking into account both the objective care needs and the subjective emotional needs of the elderly.
- (ii) This article offers practical insights into achieving “institutionalisation embedded in the community” through the case study of village Y. The collaboration between village collectives and social enterprises has created a stable platform at the community level to coordinate the allocation of service resources. The promotion of a filial piety culture and the implementation of transparent governance have fostered a sustainable environment. The underpinning support of the stable platform has facilitated the implementation of three-tier service provisions, namely life-oriented institutional services, institutionalised and expanded services, and supplementary mutual support services. Evidently, “community institutionalisation supported by systems” and “community construction driven by emotions” have transformed rural communities into “bounded nursing homes with no walls”.

This article’s theoretical contributions include proposing the optimal path of “institutionalisation embedded in the community” for rural ageing in place, which innovates a meso-level theory, and advancing an age-friendly concept appropriate for rural environment and resource conditions. Currently, the “age-friendly” concept focuses chiefly on urban and industrial contexts and it needs better adaptation to the rural and agricultural contexts.⁶⁶ This article provides a theoretical account that helps connect innovative ideas and standards for elderly care governance with rural realities.

In terms of practical implications, as China’s rural population ages, the demand for rural long-term care services has become more pronounced compared to that in urban areas, but the supply is severely inadequate. This study highlights that the tensions between ageing in place and being stuck in place in rural community- and home-based eldercare services have manifested as a pressing issue that needs to be addressed. The representative case study and practical strategies explored in this article offer valuable references for addressing this tension, and also serve to inspire policymakers

⁶⁶ Wang Yi, Ernest Gonzales and Nancy Morrow-Howell, “Applying WHO’s Age-Friendly Communities Framework to a National Survey in China”, *Journal of Gerontological Social Work* 60, no. 3 (2017): 215–31; Ann Forsyth and Jennifer Molinsky, “What Is Aging in Place? Confusions and Contradictions”, *Housing Policy Debate* 31, no. 2 (2021): 181–96.

and practitioners to develop innovative policies and practices that suit the natural, economic and social conditions of rural areas in eastern China. As ageing in place is a global trend, the paths proposed in this study may also serve as a reference for other, particularly developing countries.

This study also contains limitations. First, it is important to acknowledge the study's constraints, given that rural areas have diverse inherent characteristics.⁶⁷ Factors such as complexity in transportation could hinder the rural elderly's access to services.⁶⁸ This case study focuses on a relatively accessible rural community with a relatively concentrated population, while in some rural areas in central and western China, natural conditions and higher transportation complexity may pose challenges to embedding elderly care institutions into communities and providing home-based services.

Second, the concepts of age-friendly environments and ageing in place have shifted the perspective on ageing from being a burden to an opportunity, given that older individuals themselves also take an active role.⁶⁹ The elderly in village Y have not tapped their potential fully and thus a research focus on this aspect of care services for disabled and low-income elderly individuals in China is opportune. In addition, that the elderly are able to play an active role has not been given sufficient attention. Nevertheless, the "institutionalisation embedded in the community" approach ensures that the elderly remain integrated into the public life of rural communities. For instance, a company ("JK") established a new department to organise the elderly and disabled individuals to participate in hand-weaving activities at the "Happiness in Later Life" centre and the village-level centre for disabled people. The hand-woven products completed there are then sold through the company's platform, hence providing the elderly with a source of income and enabling them to realise their value. These practices should be closely monitored for future reference. With regard to community governance, the village committee has not given the elderly's role sufficient

⁶⁷ Nina Glasgow and David L. Brown, "Rural Ageing in the United States: Trends and Contexts", *Journal of Rural Studies* 28, no. 4 (2012): 422–31.

⁶⁸ Noeman A. Mirza and Wendy Hulko, "The Complex Nature of Transportation as a Key Determinant of Health in Primary and Community Care Restructuring Initiatives in Rural Canada", *Journal of Aging Studies* 60 (2022): 101002.

⁶⁹ Mark Scott, "Planning for Age-friendly Cities", *Planning Theory & Practice* 22, no. 3 (2021): 457–92; Rachel Winterton et al., "Understanding the Influence of Community Characteristics on Wellness for Rural Older Adults: A Meta-synthesis", *Journal of Rural Studies* 45 (2016): 320–7.

emphasis as village grid administrators are already heavily involved in village Y.⁷⁰ Furthermore, village Y's location in northern China contrasts with the south-east region, which retains a relatively intact clan structure and culture. Such cultural difference also limits the role of the elderly in rural governance. These limitations require further investigation and supplementation in future research to develop a more comprehensive and systematic understanding of paths to ageing in place in rural areas.

It would also be useful in the discussion to anticipate potential trends and challenges in the development of the "institutionalisation embedded in the community" approach. Amid China's evolving economy and society, labour outflow from rural communities may increase, further weakening the community structure. Such weakening may underscore the importance of "institutionalisation". In the research team's study of two other villages, village D and village S, the team found that village D lacks the participation of external organisations in community- and home-based eldercare services, and that village cadres are responsible for conducting home visits. However, these visits are seen to be merely symbolic, making it challenging for the elderly to hold village cadres accountable. In village S, village cadres also provide home visit services, but they are employed as "volunteers" by the company JK, which manages and distributes service funds and supervises service implementation. The contrast in service quality between the two villages, despite both having village cadres as service providers, demonstrates that "institutionalisation" can address partially the impact of community weakening and maintain the implementation of some institutionalised services.

However, this does not imply that the construction and maintenance of community can be neglected. Without the support of rural communities, social enterprises cannot provide elderly care services in rural areas, as the chief executive of company JK highlighted. If issues such as neglect from community managers and unstable community capital investment arise due to community weakening, "institutionalisation" would be difficult to construct. Therefore, even when external entities such as social enterprises share the responsibility in rural ageing, it is essential

⁷⁰ It is important to highlight that the ability of elderly groups to fully engage in rural community governance is not only dependent on the implementation of the "active ageing" policy but also influenced by the overall governance approach of the community. China's rural community governance has witnessed various new practices with the advancement of rural revitalisation. These practices can be broadly categorised into two governance approaches. One approach emphasises the strengthening of classified governance at the community level, whereby different types of public affairs are addressed through the establishment of community organisations such as the elderly council, which offers enhanced opportunities for elderly participation in community governance. The other approach focuses on "sinking" governance to the subcommunity level by dividing governance units and appointing grid administrators responsible for dispute mediation, home visits and policy dissemination, among other activities. Given the significant responsibilities of grid administrators, these positions are typically occupied by mature individuals below the age of 60. While both approaches are often employed concurrently in rural communities, the second approach, due to its emphasis on the responsibilities of grid administrators, may limit, to a certain extent, opportunities for elderly participation in community governance, as observed in village Y.

to prioritise building rural communities and encourage community members to participate actively in fulfilling their responsibilities. Community managers also play an integral role in the operation of this model. However, their actions in service provision are influenced largely by higher authorities, particularly in the era of digital management.⁷¹ Strengthening the ties between counties, towns and villages in the development of rural elderly care in China will thus enhance the government's impact on community- and home-based eldercare services. Therefore, the sustenance of the "institutionalisation embedded in the community" approach depends on government support and supervision to ensure the consistent participation of community members and sustainable community resources allocation.

ACKNOWLEDGEMENTS

The authors acknowledge the support of the Social Science Fund of Beijing (grant no. 22SRB007) for the research of this article. They would also like to express their sincere gratitude to the anonymous reviewers for their insightful comments and suggestions.

⁷¹ Wang Di, "Operating Norms and Practices of Residents' Committees: the Consequences and Limits of Management by Numbers", *China Perspectives*, no. 1 (2013); 7–15.