

INTRODUCTION

Elderly Care Services in China: Exploring an Integrated Approach towards Active Ageing

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Population ageing has emerged as a significant global challenge. The elderly care services in major developed countries are experiencing a shift from institutional care to home-based and community care again. Establishing a positive view of ageing and advancing integrated care services for the elderly to promote healthy ageing have become mainstream trends for countries in response to population ageing. All-inclusive or integrated care models have demonstrated remarkable potential on an international scale, including the integrated health and social care model in Sweden,¹ the Vanguard “New Care Model” in England,² the Program of All-Inclusive Care for the Elderly in the United States³ and the Community-based Integrated Care Model in Japan.⁴

In China, the ageing demographic is characterised by its vast scale and rapid pace, posing even greater economic and social challenges.⁵ Throughout the first half of the 21st century, China is poised to maintain its status as the country with the world’s largest older population.⁶ It has entered a stage of moderate population ageing and is irreversibly advancing towards a deeply aged society. China’s highly compressed

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¹ Monica Andersson Bäck and Johan Calltorp, “The Norrtaelje Model: a Unique Model for Integrated Health and Social Care in Sweden”, *International Journal of Integrated Care* 15, no. S1 (2015): 1–11.

² Richard Q. Lewis et al., “Integrated Care in England: What Can We Learn from a Decade of National Pilot Programmes?”, *International Journal of Integrated Care* 21, no. 4 (2021): 1–10.

³ Lori Gonzalez, “A Focus on the Program of All-inclusive Care for the Elderly (PACE)”, *Journal of Aging & Social Policy* 29, no. 5 (2017): 475–90.

⁴ Mie Morikawa, “Towards Community-based Integrated Care: Trends and Issues in Japan’s Long-term Care Policy”, *International Journal of Integrated Care* 14, no. 1 (2014): 1–10.

⁵ Bert Hofman, Sarah Y. Tong and Zhao Litao, “Introduction: The Economic and Social Impacts of Population Ageing: China in a Global Perspective”, *China: An International Journal* 19, no. 3 (2021): 3–7.

⁶ United Nations Population Division, “World Population Prospects 2022”, at <<https://population.un.org/wpp/Download/Standard/Population/>> [April 2024].

ageing process has accelerated the dual challenges of “ageing before becoming wealthy” and “ageing before being prepared”. In recent years, China has stepped up its active response to population ageing to a national strategic level. This involves the establishment of an elderly care service system that coordinates “home-based, community and institutional care” (*jujia shequ jigou xiang xietiao*). The system integrates medical care with health maintenance (*yiyang kangyang xiang jiehe*), placing community and home-based elderly services at its core. The goal is to provide holistic health and care services to address the multifaceted needs of the ageing population.⁷

Elderly care services in China have achieved some notable progress; nonetheless, providing the elderly with quality, comprehensive and systematic care services remains one of the key challenges facing the country. Despite a growing body of literature that examines China’s various challenges in elderly care services, rigorous studies are still limited and urgently needed. Such studies would provide an updated perspective and in-depth analysis of recent developments, particularly in the pursuit of an integrated and coordinated approach that actively addresses population ageing with Chinese characteristics.

Several important questions, however, remain insufficiently addressed: Has the development of the market economy dismantled China’s filial piety culture and family-based elderly care? How do family and community factors influence the effective demands of older urban residents for community and home-based care services? What is the pathway for rural older adults to age in place within their villages? What are the major factors affecting the health-seeking behaviour among middle-aged and older people in China? What are the impacts of integrating community-based elderly care with medical care on illness-induced poverty among older people? What potential do intergenerational programmes hold in nurturing lifelong learning and strengthening intergenerational bonds in the Chinese context?

In this special issue, the authors present a collection of high-quality empirical studies that rigorously evaluate recent changes in elderly care services in mainland China. Drawing upon some of the latest and most comprehensive data sources available, these studies provide up-to-date empirical evidence on China’s exploration of an integrated approach towards active ageing in multiple dimensions. Collectively, they also provide insights into the development of these services in China, enrich the growing volume of international literature and offer cross-national comparative evidence, thereby informing policymaking and research on a broader scale. This introduction, in essence, highlights the unique contributions of each study/article and of this special issue as a whole. There are six articles, which the guest editors have classified under four section headings.

The article in the first section delves into the intricate interplay between financial considerations and filial piety in Chinese family care, exploring how money and filial

⁷ Wu Yushao and Zhang Yujie, “Zhongguoshi xiandaihua yu yanglao fuwu fazhan” (Chinese Path to Modernisation and Emerging Trends in Elderly Service Development), *Chinese Social Security Review* 7, no. 6 (2023): 26–37.

culture coexist and mutually influence each other.⁸ In the second section, two articles examine the amalgamation of family-based care and community care. They scrutinise how family embeddedness and community embeddedness influence the demand for community and home-based care services among urban older individuals. Additionally, they examine the pathways for ageing in place in rural China.⁹ The two articles in the third section focus on the integration of elderly care and medical care by investigating the factors affecting the health-seeking behaviour among middle-aged and older Chinese people, and the effects of community care and medical care integration on illness-induced poverty among the older population.¹⁰ The article in the fourth section focuses on initiatives aimed at fostering lifelong learning and reinforcing intergenerational bonds. It investigates the awareness, receptivity and expectations surrounding community-based intergenerational programmes within the Chinese context.¹¹

THE INTEGRATION OF MONEY AND FILIAL PIETY

China's rapid social and economic transformation in the past decades has profoundly changed its intergenerational relationship and eldercare provision. It is commonly argued that China's marketisation has undermined the traditional foundations of filial piety and has led to a decline in family care and filial practices. Sun Yongjian and Chen Youhua's article challenges this widely held belief by demonstrating the intricate interplay of money and filial piety in contemporary Chinese families.

Through semi-structured interview data and an analysis through the lens of new economic sociology, Sun and Chen reveal that love and filial piety persist alongside significant monetary transactions in familial relationships. Their study underscores the crucial role of children's financial support as a tangible manifestation of filial piety in contemporary Chinese families. Using Viviana Zelizer's analytical framework, Sun and Chen describe how children navigate their filial responsibilities through various financial means, including ceremonial gifts, regular presents, cash and the purchase of health insurance, retirement funds and care services. Importantly, Sun and Chen's research

⁸ Sun Yongjian and Chen Youhua, "Purchasing Piety: Money and Filial Piety in Chinese Family Elderly Care", *China: An International Journal* 22, no. 2 (May 2024): 10–28.

⁹ Sun Yiwei and Wu Yue, "The Impact of Family Embeddedness and Community Embeddedness on the Demand for Community Home-based Eldercare Services for the Urban Elderly", *China: An International Journal* 22, no. 2 (May 2024): 29–50; Xu Rong and Zhang Yanxia, "Institutionalisation Embedded in the Community: Path Construction of Ageing in Place in Rural China", *China: An International Journal* 22, no. 2 (May 2024): 51–75.

¹⁰ Liu Qin and Lu Jiehua, "Individual and Contextual Approaches to the Determinants of Health-seeking Behaviour of Middle-aged and Older Chinese People", *China: An International Journal* 22, no. 2 (May 2024): 76–97; Li Zhile and Lin Mingang, "Can Integration of Elderly Care and Medical Services in Community Alleviate Illness-Induced Poverty among the Elderly? Evidence from Panel Data in China", *China: An International Journal* 22, no. 2 (May 2024): 98–126.

¹¹ Zhang Yalu et al., "Intergenerational Programmes for Integrated Care and Lifelong Education: Potential Pathways and Practical Challenges in Mainland China", *China: An International Journal* 22, no. 2 (May 2024): 127–48.

illustrates how monetary transactions between generations are inevitably influenced by the cultural ethos of filial piety, while in turn also shaping it.

Rather than signalling a decline in filial piety, the increasing prominence of financial exchanges underscores the evolving nature of familial relationships in response to socio-economic changes. While traditional forms of direct physical care and emotional support may have diminished, monetary contributions serve as a tangible expression of filial obligations in contemporary China. Sun and Chen argue that the interplay between financial considerations and filial ethics highlights the enduring significance of material support in sustaining familial bonds and nurturing intergenerational relationships.

In essence, their findings challenge the dichotomy between money and filial piety, emphasising instead their intertwined nature in the context of eldercare and family dynamics. By recognising the positive sociocultural implications of financial support, Sun and Chen advocate a nuanced understanding of filial piety that acknowledges the role of economic considerations in fostering intergenerational affection and familial cohesion.

THE AMALGAMATION OF HOME-BASED, COMMUNITY AND INSTITUTIONAL CARE

A vast majority of elderly people in China, whether residing in urban or rural areas, prefer to age in place or within their local communities, instead of moving into institutional care facilities. The Fifth Plenum of the 18th Central Committee of the Communist Party of China introduced in 2015 the concept of “establishing a multi-level aged care service system that is based at home, supported by the community, and supplemented by institutions”. Subsequent policy directives have further emphasised this approach. In 2022, the “14th Five-Year Plan for the Development of National Ageing-Related Affairs and the Framework for Aged Care Services” issued by the State Council explicitly promoted the establishment of an elderly care service system that would coordinate “home-based, community, and institutional care” and integrate medical care with health maintenance, thus placing community- and home-based elderly services at its core.

Despite these initiatives, the effective demand for community- and home-based care services remains relatively low, even among urban elderly populations. How do family and community factors influence the effective demands of older urban residents for these services? Sun Yiwei and Wu Yue delve into the intricacies of this issue by examining the influence of family and community factors on the effective demand for these services. Using survey data collected from the 2018 wave of the China Longitudinal Aging Social Survey (CLASS), Sun and Wu adopt an embeddedness perspective to analyse the factors shaping the effective demand for community- and home-based eldercare services.

Their analysis reveals a complex relationship between family embeddedness and community embeddedness among the elderly. While a stronger connection to one’s

family correlates with a lower demand for community-based care services, a deeper involvement in the community corresponds to a higher demand. This tension underscores the need for a more comprehensive approach to elderly care that acknowledges and addresses both familial and community dynamics. In particular, the authors draw attention to the need to enhance the elderly's embeddedness within their communities, which involves deeper integration of the elderly in daily life, social relationships and ethical concepts, as well as building community identity and social trust.

In rural areas, the provision of socialised elderly care services lags significantly behind urban counterparts. Although various practice models of ageing in place supported by the local government and communities have emerged in some pioneering areas of rural China,¹² the contrast between the ideal of “ageing in place” and the reality of being “stuck in place” remains a pressing issue. In particular, the lack of certainty, standardisation and sustainability in these services in the rural setting has gained attention from both academic and policy circles. Feasible pathways for rural older adults to age in place within their local villages need systematic research and practical responses. Xu Rong and Zhang Yanxia's article focuses on exploring feasible pathways to achieve “ageing in place” for the rural elderly from both theoretical and practical perspectives.

Xu and Zhang conceptualise modern rural communities, at the meso-organisational level, as “hybrid organisations” that embody the institutional logics of both traditional communities and modern institutions. They interpret rural elderly care practices, at the micro-action level, as institutionalised behaviours that integrate emotional labour and the pursuit of “internal goods”. They construct an ideal pathway for “ageing in place” centred on the “institutionalisation embedded within the community” and, drawing on case studies in eastern China, further present the practical experience based on fieldwork evidence: the combination of institutionalisation based on systemic support and community-building based on emotional support has facilitated the simultaneous realisation of “community institutionalisation” and “elderly care community-building”, transforming rural communities into “nursing homes without walls”. This promotes the “ageing in place” of the rural elderly population. The pathways explored in this article are particularly suited to the socio-economic conditions of rural areas in Eastern China and may also offer valuable insights for the implementation of “ageing in place” in other countries, especially in developing nations.

THE INTEGRATION OF ELDERLY CARE AND MEDICAL CARE

In the most recent years, China has prioritised the development of an integrated elderly care service system that not only encompasses “home-based, community, and institutional care”, but also integrates medical care with health maintenance, aiming to provide comprehensive health and care services tailored to the diverse needs of the

¹² 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.

ageing population. The third section of this issue features two articles that employ rigorous quantitative methods to offer empirical insights into the integration of elderly care and medical care. The article by Liu Qin and Lu Jiehua examines major factors affecting the health-seeking behaviour among middle-aged and older people in China, expanding upon past research that focuses predominantly on individual-level factors; Li Zhile and Lin Mingang's work—one of the few articles that have appeared thus far that uses empirical testing—investigates whether the integration of elderly care and medical services in community (IEMC) could alleviate illness-induced poverty among older people.

Using the individual and community data of the 2011 China Health and Retirement Longitudinal Study, Liu Qin and Lu Jiehua employ hierarchical logistic modelling to investigate the impacts of various individual and contextual factors on health-seeking behaviour among middle-aged and older Chinese people. Their findings reveal that factors such as the availability of medical institutions, gender, medical insurance coverage, the prevalence of chronic diseases, level of pain reported and self-rated health have significantly affected health-seeking behaviours. Notably, while no significant differences between urban and rural residents were observed in seeking medical treatment, gender disparities were pronounced in that females tended to exhibit higher hospital visitation rates but they utilised comparatively lower levels of medical services. Liu and Lu's study underscores the importance that healthcare policies should address both individual and contextual factors, especially in emphasising the need for a gender-equitable approach to healthcare access and utilisation.

China has actively promoted the integration of the elderly care and medical services in community (IEMC) model into its national development strategy since 2016. However, research that investigates the impact of the IEMC model on illness-induced poverty among the elderly and the related mechanisms is scarce. Using panel data from the Chinese Longitudinal Healthy Longevity Survey 2014–18, Li Zhile and Lin Mingang employ propensity score matching and difference-in-differences methods to assess the effects of IEMC on illness-induced poverty among the elderly and examine the associated mechanisms.

Their findings suggest that the IEMC has significantly reduced the likelihood of illness-induced poverty among the elderly by a factor of 0.316. Such a reduction is attributed to improvements in the health status of the elderly and increased utilisation of outpatient services, along with augmented household income derived from spouses' labour market participation and financial transfers from offspring. Moreover, the beneficial effects of the IEMC are more pronounced among individuals aged 65 to 80, those who were not enrolled in basic medical insurance and those who resided with family members. Li and Lin's article concludes with policy recommendations aimed at enhancing the quality of integrated elderly care and medical services in community, including ensuring precision in service provision, addressing the health needs of elderly individuals who live alone and bolstering home healthcare services.

THE COORDINATION OF INTEGRATED CARE AND LIFELONG EDUCATION

Intergenerational social support service models have shown significant promise internationally, serving not only as platforms for lifelong education, but also as bridges for generational connectivity and solutions to urgent caregiving challenges. These models cater to the needs of “skipped generations”, encompassing both grandparents and grandchildren, and tackle issues such as economic burdens, deficits in social trust and intergenerational disconnections. However, the development of intergenerational programmes in mainland China remains unclear, given the lack of clearly defined strategies and pathways, which consequently lead to uncertain outcomes upon their implementation.

Drawing on the contact theory, Zhang Yalu and colleagues utilise a multiple case study approach, together with a scoping review, to compare global and Chinese models. Their objective is to assess the implementation pathways and effectiveness of intergenerational programmes in promoting lifelong education and well-being. They categorise intergenerational programmes into four types, integrating international experiences with Chinese practices to evaluate the advantages and challenges of each model.

Zhang and colleagues also incorporated data from a pilot survey on intergenerational programmes in mainland China, conducted in southern China, to investigate the awareness, receptivity and expectations of community-based intergenerational programmes among older adults and parents of children aged 0 to 6. They find substantial potential for adoption of intergenerational integration models in China, and this has thus alleviated caregiving pressures and helped older adults navigate the challenges of ageing. Findings have also demonstrated that both older adults and parents of young children embrace positive attitudes towards these programmes, driven by mutual needs in caregiving and education. However, the concepts still elude our understanding. These findings would prove to be crucial for the adaptation and innovation of foreign intergenerational programme models to suit the specific contexts of communities in China and possibly of other regions. By thoroughly examining these programmes, Zhang and colleagues’ study has set the stage for future advancements in the integration of care and education, promoting societal harmony and well-being across generations, especially in the Chinese context.

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