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Can Community-based Elderly Care Policies Address the Challenges of an Ageing Population?: A Discussion Based on the Extent of Their Implementation

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ABSTRACT
This paper examines whether community-based elderly care policies can support an ageing society, based on the evolution of China's "90-9-1" elderly care structure, and considering three implementation challenges: spatial differentiation, service mismatch, and resource bottlenecks. Research indicates that the potential of policies to provide a safety net is constrained by structural contradictions such as poor regional adaptability, mismatches between service supply and demand, and insufficient coordination among multiple stakeholders. By deconstructing Japan's long-term care insurance demand-side subsidy mechanism and the UK's integrated care "community-anchored" model, this paper proposes a systemic governance approach centred on institutional dynamic adaptability, targeted resource decentralization, and tiered responses to demand, aiming to shift policies from "formal coverage" to "substantive safety net provision."

KEYWORDS
Community-based elderly care policy; 90-9-1 model; Implementation differentiation; International experience; Systemic governance

1 Introduction

Due to the uniqueness of China's national conditions and cultural background, a distinctive "90-9-1" elderly care framework has emerged, where 90% of the elderly choose home-based care, 9% rely on smart community support for elderly care, and 1% reside in institutional care facilities. This framework establishes a care mechanism centred on family-based care, supported by community services, and supplemented by social care. With the transformation of the economy, society, population, and family structure, the traditional family-based elderly care model has gradually revealed its shortcomings. On the one hand, with the prosperity of the economy and society, the elderly's care needs have become increasingly diverse. The current care model, which primarily relies on informal care, can only meet the elderly's daily living needs and cannot adequately address their medical care and other health-related requirements; On the other hand, due to changes in population and family structure, as well as the accelerated processes of urbanisation and industrialisation, labour mobility and the shrinking size of families have exacerbated the phenomenon of elderly people living alone, inevitably leading to significant challenges for the traditional family-based elderly care model. In response to the current challenges in elderly care, China has successively introduced the "14th Five-Year Plan for the Development of the Elderly Care Sector and the Elderly Care Service System," the "Law of the People's Republic of China on the Protection of the Rights and Interests of the Elderly," the "Outline of the 14th Five-Year Plan for National Economic and Social Development and the Long-Term Objectives Through the Year 2035," the "National Long-Term Plan for Actively Addressing Population Ageing," and the "Opinions of the General Office of the State Council on Promoting the Healthy Development of Elderly Care and Childcare Services," among other laws, regulations, and policies, reflecting the state's emphasis on elderly care issues.

This paper aims to summarise the development experience of community-based elderly care models both domestically and internationally, as well as the development patterns of ageing-related needs; clarify the practical implementation characteristics and challenges of community-based elderly care models; explore and propose methods for community-based elderly care models to address ageing-related issues; ensure that community-based elderly care policies are more precisely aligned with elderly care needs; provide directional suggestions and basis for improving relevant policies; enhance the implementation efficiency of community-based elderly care policies; and enable them to better protect the rights and interests of the elderly and enhance the well-being of the people.

2 Literature Review

Existing literature can be categorised into two main areas based on the research focus: domestic community-based elderly care policies and international community-based elderly care policies.

Among the relevant literature on domestic community-based elderly care policies, scholars such as Jia Qingwen, Gong

Rui, and other scholars analysed the community-based elderly care service capacity and economic coupling coordination degree of China's 31 provinces in their article "Evaluation of Community-Based Elderly Care Service Capacity and Economic Coupling Coordination Degree in China's 31 Provinces" (Health Soft Science, Vol. 38, No. 1, January 2024). They concluded that the coupling coordination degree between community-based elderly care service capacity and regional economies is relatively low in most provinces, It is recommended that, based on the actual conditions of community-based elderly care service capacity and regional economic development in each province, efforts should be made to comprehensively enhance the coordinated development level between community-based elderly care service capacity and regional economic development across all provinces.

Cao Junxue and Wei Xiaoxue, in their paper "A Review of Research on Urban community-based elderly care Issues in the New Era," analysed the current state of research on urban community-based elderly care and identified several issues, including the lack of practical effectiveness in community-based elderly care policies, the absence of research on the integration of community-based elderly care with filial piety culture, significant limitations in research on the identification of community-based elderly care needs, and the lack of detailed research on the design of community-based elderly care service teams.

In relevant literature on foreign community-based elderly care policies, scholars such as Zhang Jingtang and Lu Yu in "Diversified Supply: The Evolutionary Process, Experiential Models, and Practical Implications of Urban Community-Based Elderly Care Services Abroad" (Administrative Science Forum, 25 April 2022), analysed the theory of welfare pluralism. Faced with the weakening of traditional family-based elderly care functions and the challenges posed by the failure of the "welfare state model," some developed countries have explored new models of elderly care services, ultimately forming a diversified elderly care service supply model centred on urban communities and family-based care, while also incorporating government safety nets, market access, and social supplements. This has facilitated the circulation of elderly care resources between different levels of society. The study concluded that the foreign practice of urban community-based elderly care service provision, which is government-led and family-centred while also leveraging market resources and the role of social organisations, is applicable to China.

Currently, research on community-based elderly care primarily focuses on policy interpretation, implementation data analysis, and summarising the development process and experiences of foreign elderly care policies. However, there are still some shortcomings. First, analyses of the implementation effectiveness of domestic elderly care policies lack practicality, fail to keep pace with policy updates, and the recommendations proposed lack specificity. Additionally, there is a lack of comprehensive analysis comparing foreign elderly care policies with domestic ones, as well as an analysis of the advantages of foreign elderly care policies for China's elderly care policies.

3 The Triple Diversification Dilemma in the Implementation of Community-Based Elderly Care Policies

As a key mechanism for addressing the challenges of an ageing population, community-based elderly care policies have exhibited a distinct "triple differentiation" pattern in their practical implementation. This differentiation not only exists across regional spatial dimensions but also reflects structural contradictions in service provision capabilities and resource allocation.

3.1 Spatial Differentiation: Uneven Regional Resources and Service Capabilities

According to the study "Evaluation of the Coupling and Coordination Degree Between community-based elderly care Service Capacity and Local Economy in China's 31 Provinces, " China's provincial-level regions exhibit a regional differentiation in community-based elderly care service capacity, with the east being stronger than the west and the south stronger than the north. In terms of the coupling and coordination degree with the local economy, the overall level is low, with most provinces in a state of imbalance. Taking Ningxia, which has a relatively poor level of coordination, and Guangdong Province, which has a relatively good level of coordination, as examples, in July 2025, the Department of Civil Affairs of the Ningxia Hui Autonomous Region issued the "Implementation Plan for the Optimisation of Elderly Care Service Resource Layout Across the Region," proposing to achieve the preliminary formation of a community-based elderly care service network by 2027, with community day care and elderly care facilities achieving full coverage, and the coverage rate of township (sub-district) comprehensive elderly care service centres reaching 70%, and an overall target of 80% by 2030. In contrast, by the end of 2022, Guangdong Province already had over 23,000 community-based elderly care facilities, with coverage rates of 100% in urban areas and 78% in rural areas. The at least five-year gap in community-based elderly care development between Ningxia and Guangdong highlights the significant regional disparities and spatial fragmentation in the implementation of China's community-based elderly care policies.

3.2 Service Content Differentiation: Mismatch Between Demand and Supply

The core challenge in community-based elderly care services lies in effectively matching policy supply with elderly care demand. Currently, there is a mismatch between supply and demand, with an oversupply of basic services and a shortage of professional care services. Currently, home-based care remains the primary elderly care option for individuals with severe disabilities or cognitive impairments. In July 2025, the Draft Beijing Municipal Regulation on Elderly Care Services stated that over 90% of severely disabled or cognitively impaired elderly individuals in Beijing opt for home-based care. For elderly individuals with disabilities or cognitive impairments, the truly urgent need is for professional care services such as medical nursing and dementia care. However, in practice, community-based elderly care services primarily focus on basic services such as meal assistance, bathing assistance, and visits for emotional support. The draft regulation proposes measures to enhance the care capacity for elderly individuals with disabilities or cognitive impairments by requiring elderly care institutions to increase the proportion of nursing beds. However, this does not align with the current reality where the majority of elderly individuals with disabilities or cognitive impairments choose to age in place at home. This mismatch is partly due to the widespread tendency in policy design to prioritise "hard" over "soft" measures. Local governments often prefer to allocate funds to quantifiable standards such as "facility coverage rates" and "number of beds," while paying less attention to more refined "soft measures."

3.3 Resource Allocation Differentiation: Role Misalignment and Blurred Responsibilities

The efficient allocation of elderly care resources requires the coordinated cooperation of the government, market, society, and family. However, in actual operation, there is a clear "role misalignment and blurred responsibilities" among the various entities. Beijing has taken innovative legislative measures, proposing the development principle of "an active government, an efficient market, a humanistic society , and a responsible family " to clarify responsibility boundaries: the government focuses on foundational safety-net guarantees and institutional design, the market provides professional services, society supplements with volunteer mutual aid, and families assume basic care responsibilities. However, in underdeveloped regions in central and western China, there is a clear phenomenon of "role misalignment and blurred responsibilities," with the government often forced to assume "unlimited responsibility," while market and social forces participate insufficiently. The 2025 Ningxia "Implementation Plan for the Optimisation of Elderly Care Resources Across the Region" explicitly states that, in principle, no new public safety-net institutions will be built over the next five years, and society is encouraged to provide services to the elderly. However, the market and society assuming the role of elderly care cannot be achieved solely through the government's withdrawal. Social capital remains hesitant due to difficulties in generating profits, which will ultimately lead to a gap in service provision.

4 International Experience Suggestions

4.1 Establishing a Diversified Responsibility-Sharing Mechanism Through Legal Rigidity

In 2000, Japan implemented the "Long-Term Care Insurance Act," mandating that citizens aged 40 and above participate in the insurance programme. This established a funding model where individuals contribute 10% and insurance covers 90%. The government provides services tailored to the level of disability: those with mild disabilities receive three home visits per week for rehabilitation, while those with severe disabilities are entitled to 24-hour institutional care. The Yokohama pilot demonstrated that this system reduced medical expenses by 28% while stimulating market vitality—elderly care enterprises in Osaka grew by 47% over three years, forming a competitive ecosystem where "demand-driven, quality-based pricing" prevails. Currently, China's long-term care insurance pilot programmes rely on local government finances, and individual responsibilities are not legally defined. China could draw on Japan's approach to clarify the responsibilities and obligations of businesses and individuals through legislation, thereby addressing the "unlimited liability" dilemma.

4.2 Integrating "healthcare-elderly care-social support service chains" through community nodes

In 1990, the British government enacted the Community Care Act, which began to transfer government functions to the market, which is more efficient, through the purchase of services, while providing higher-quality services through competitive bidding. From an international perspective, purchasing elderly care services from non-profit organisations is a common practice and aligns with the trend in elderly care service development. The aim is to use commercial contracting to break the government's monopoly on public services and enhance the efficiency of elderly care resource allocation. Given China's specific elderly care situation, the government should gradually lower the entry barriers for non-profit organisations while ensuring service quality and increase tax incentives.

5 Conclusion

Community-based elderly care policies have demonstrated significant potential to provide a foundational safety net for the ageing society, but the current release of this potential is constrained by deep-seated "structural bottlenecks." Resource misallocation under spatial differentiation, supply-demand disconnect due to service mismatches, and lack of coordination due to unclear responsibilities collectively form a triple differentiation dilemma. At its core, this represents a systemic governance failure—government safety net responsibilities are overly concentrated, while market and social forces remain inactive due to institutional barriers, reducing the ideal framework of multi-stakeholder governance to a "government-led approach" in practice.

Breaking this deadlock requires not only drawing on international experience but also focusing on building "local institutional resilience" to localise and Chinese-ise international experience. Japan's responsibility-sharing model for long-term care insurance and the UK's integrated logic for community care can only be transformed into sustainable governance effectiveness when integrated with China's family-centric culture and regional development disparities. By leveraging Asian Development Bank loans to mobilise three-tier financing (international capital + government + private capital), and constructing an "institution-community-home" network to decentralise medical and elderly care resources in underdeveloped regions, this represents a new achievement in exploring elderly care models that combine international perspectives with local innovation. This signifies that the core of localisation lies in transforming international experience into dynamic adaptive capacity, achieving precise matching of "demand-resources-responsibility" at the institutional design level.

The core direction for future policy optimisation is to transition from a "whether it exists" paradigm to a "whether it is accurate" paradigm, with the goal of establishing a new systemic governance framework that is precise, dynamic, and collaborative. The core of this transformation lies in establishing a demand-oriented precise identification mechanism, transforming standardised supply into personalised services through a multi-dimensional assessment model; simultaneously constructing an intelligent response system to achieve dynamic matching between policy supply and service demand; and, at a deeper level, clarifying the responsibility boundaries of all parties through institutional innovation to form a collaborative governance ecosystem where the government provides a safety net, the market participates in an orderly manner, and society provides effective supplementation. The essence of this transformation is a shift from an outward-oriented development focused on facility coverage to an inward-oriented enhancement focused on precise service matching, enabling community-based elderly care policies to truly possess the institutional resilience required to address the complex challenges of population ageing. Future policy optimisation should focus on three key dimensions: establishing a precise identification mechanism on the demand side to overcome the limitations of current extensive supply models; constructing a dynamic response system on the supply side to enhance resource allocation efficiency; and improving collaborative mechanisms on the governance side to stimulate the vitality of diverse stakeholders. Only by achieving the organic integration of these three dimensions can community-based elderly care policies be elevated from formal "adequate coverage" to substantive "service delivery to the home," providing a solid foundation for addressing the challenges of population ageing and fulfilling the livelihood expectations of millions of families for "elderly care and support."

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