

# Application of International Advanced Concepts in Elderly Care Services and Implications for China

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**Abstract:** Against the backdrop of accelerating global population aging, China faces multiple challenges in its traditional elderly care models, including uneven resource distribution and a shortage of professional personnel. This study analyzes international elderly care practices such as the UK's community-based care, the US's PACE model, and Singapore's Central Provident Fund system, summarizing their institutional designs and operational features. Three key implications for China are proposed: strengthen the government's leading role to promote equitable access to basic elderly care services; mobilize social forces to diversify service supply; and explore a "social-commercial insurance" mechanism to ensure the stable operation of long-term care insurance. The study aims to provide references for building a sustainable elderly care service system.

**Keywords:** Aging; Elderly care services; International experience; Community-based elderly care; Long-term care insurance; Social security

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## 1. Introduction

The global population aging process is accelerating. According to the comprehensive report on aging released by the United Nations Department of Economic and Social Affairs <sup>[1]</sup>, the global population aged 60 or over will exceed 1.4 billion by 2030 and increase to 2.1 billion by 2050, as detailed in **Table 1**. China's aging situation is particularly severe. By 2025, the population aged 60 and over will account for 22%, officially entering a moderately aging society. Against this backdrop, traditional elderly care models face multiple challenges, including uneven resource distribution, a shortage of professional personnel, and a mismatch between service supply and demand.

Introducing international advanced concepts and technologies can not only enhance the efficiency and quality of elderly care services but also promote the upgrading of the silver economy industry chain. This study aims to systematically analyze international practices and experiences, providing references for building a sustainable elderly care service system.

**Table 1.** Population aged 60 years or above for the world regions: 2000, 2015, 2030, and 2050

Region	Person aged 60 years or above (million)				Percentage change		Distribution of older persons (percentage)			
	2000	2015	2030	2050	2000–2015	2015–2030	2000	2015	2030	2050
Africa	42.4	64.4	105.4	220.3	51.9	63.5	7.0	7.2	7.5	10.5
Asia	319.5	508.0	844.5	1293.7	59.0	66.3	52.6	56.4	60.2	61.8
Europe	147.3	176.5	217.2	242.0	19.8	23.1	24.3	19.6	15.5	11.6
Latin America and the Caribbean	42.7	70.9	121.0	200.0	66.1	70.6	7.0	7.9	8.6	9.6
Oceania	4.1	6.5	9.6	13.2	56.2	47.4	0.7	0.7	0.7	0.6
North America	51.0	74.6	104.8	122.7	46.4	40.5	8.4	8.3	7.5	5.9

## 2. Development of international elderly care service models

### 2.1. The community care model for the elderly in the United Kingdom

The UK's community care model for the elderly is community-based, rooted in and reliant on community resources, continuously providing services such as day care, short-term housing, and home care for the elderly. It aims to help them achieve a high quality of life and good health levels while respecting their autonomous will<sup>[2]</sup>. This system mainly consists of community care and community support, covering day care, health support, material assistance, and comprehensive nursing, building a progressive, multi-stakeholder, and comprehensive care service network. Funding primarily relies on government budgets, supplemented by donations from industry associations, charities, and social organizations, with a very small proportion paid out-of-pocket by individuals, corresponding respectively to the three pillars of the State Pension, Occupational Pensions, and Personal Pensions<sup>[3]</sup>. The strength of this model lies in its support from a sound legal framework and standardized system, promoting the shift of medical services from hospitals to communities and effectively activating the community's elderly care function. Its weakness is that it is essentially a social welfare mechanism, reliant on a strong financial foundation, and with the slowdown in UK economic growth, this model may pose challenges to the long-term sustainability of social services.

### 2.2. The all-inclusive elderly care service model in the United States

The US government first introduced a comprehensive elderly care model in the 1970s, namely PACE (Program of All-Inclusive Care for the Elderly). This model is based on the community platform, relying on the existing US medical insurance system—primarily Medicare and Medicaid—as institutional guarantees. Through efficient collaboration among social management agencies, commercial insurance institutions, and other entities, it is characterized by teamwork, personalized customization, and comprehensive coverage, providing the elderly with diverse medical, care, and life support services<sup>[4]</sup>. Services provided by PACE cover medical services, rehabilitation nursing, and life support services, constructing a multi-level, all-round health and elderly care service system. In terms of management, this model is supervised by the government, with funding mainly sourced from Medicare and Medicaid, while also absorbing personal savings, charitable donations, and social assistance. The prominent advantage of the PACE model is that the US government, by introducing market mechanisms, integrates and provides diversified services such as medical care, maintenance, nursing, and transportation for the

elderly, significantly alleviating the long-term care pressure on elderly groups with chronic diseases.

### **2.3. Singapore’s central provident fund model for elderly care**

The Singapore government organically integrated Western economic systems with Eastern family values, implementing the Central Provident Fund (CPF) system in 1955. This is a mandatory long-term savings plan emphasizing the vertical accumulation of individual accounts. Contributions to the CPF are deposited by the Central Provident Fund Board into the Ordinary Account, Special Account, Medisave Account, and Retirement Account for unified management and operation <sup>[5]</sup>. The elderly care services provided under the CPF framework are primarily home-based, extended by community care, and supplemented by institutional care, forming a social security system for elderly care involving multiple stakeholders such as individuals, families, communities, and the government. The funds for this model are contributed by both employees and employers according to a certain ratio. The contribution rate is linked to the citizen’s age (higher when young, lower when old) while also considering the citizen’s wage level. This model fully leverages individual responsibility for elderly care and reduces the government’s burden.

## **3. Implications for China’s elderly care service models**

### **3.1. Strengthening the government’s leading role and promoting equitable access to basic elderly care services**

In response to the people’s livelihood expectations of the elderly for “having support in old age and being cared for in old age,” it is necessary to continuously build a basic public service mechanism with wide coverage, a strong foundational nature, and stable operation. The government’s leading role should be emphasized, promoting multi-departmental coordination and collaboration, systematically constructing the basic elderly care service system, rationally planning the infrastructure for elderly care services, promoting age-friendly renovations in urban and rural areas, and providing all elderly people with accessible, regionally coordinated, and relatively equitable basic elderly care services. The focus should be on solving basic living and care problems that are difficult for families and individuals to bear, such as disability care and life safety security.

### **3.2. Mobilizing social forces to participate and realizing diversification of service providers**

Given the certain limitations in the government’s resources and capacity in public services, it is necessary to promote the transformation of government functions, incentivize and support various social organizations, public welfare groups, and individuals to leverage their expertise and participate in providing basic elderly care services, building a multi-party shared responsibility supply system for elderly care services. For foundations and charitable organizations, guidance can be provided to establish public welfare venture capital plans, entrust social institutions with operation, and reinvest the returns into the elderly care sector, creating a virtuous cycle mechanism for public welfare funds. For the public, encourage young people to participate in “intergenerational co-living” companionship services, exchanging a certain amount of time spent accompanying the elderly each month for accommodation discounts provided by elderly care institutions.

### **3.3. Implementing a “social-commercial cooperation” mechanism to ensure the stable operation of long-term care insurance**

Currently, China’s long-term care insurance has not yet formed an independent system, and funds mostly rely on

medical insurance pooling, which not only increases the burden on medical insurance but also affects the long-term stability of long-term care insurance funds. By establishing a mechanism combining “social insurance and commercial insurance,” where the government determines cooperative insurance companies and delegates tasks such as operation and management to market entities through commissioning or service procurement, with the government assuming overall regulatory responsibilities. This model not only helps achieve standardized unification of fundraising, assessment and grading, benefit payment, service provision, and operation management but can also balance the accessibility of care services with the sustainable operation of the insurance fund.

## 4. Conclusion

Against the backdrop of the continuously rising proportion of the elderly population in Chinese society, improving the construction of the elderly care service system has become a core issue in addressing the challenges of aging. By analyzing internationally representative elderly care service practices, summarizing the highlights and shortcomings in their institutional design, and comparing them with several mainstream domestic elderly care methods, this paper proposes the following recommendations: The government’s leading role in the provision of basic elderly care services should be strengthened to promote the equitable distribution of resources; simultaneously, social forces should be encouraged to participate, forming a diversified supply pattern; exploring a development path combining social insurance and commercial insurance to enhance the operational stability of long-term care insurance funds.

## Disclosure statement

The author declares no conflict of interest.

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