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Transformation and High-Quality Development Pathways for China's Elderly Care System: Challenges and Strategic Solutions

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Abstract: The transformation of China's elderly care system is a critical response to the country's rapidly ageing population. The system has evolved from a traditional model based on family care and welfare support to a more industrialized and integrated framework. This shift is necessary to address the growing demand for diverse, high-quality care services, especially in rural areas. Despite progress, the system faces significant challenges, including fragmented service standards, a shortage of skilled professionals, limited social capital investment, and mismatches between supply and demand. This review discusses the strategic pathways required to overcome these obstacles, focusing on four key areas: (1) the development of a unified care-industry standards framework to improve service quality and efficiency; (2) the establishment of comprehensive talent development programs to address workforce shortages; (3) the integration of digital technologies to enhance service delivery and accessibility; and (4) the promotion of a collaborative governance model that includes the government, market, and society. These measures aim to align service supply with the evolving needs of the elderly, while fostering the growth of the silver economy. Looking ahead, the Chinese government's policy objectives include the establishment of a nationwide elderly care service network by 2029 and the creation of a fully developed, high-quality system by 2035. This comprehensive approach seeks to ensure the sustainable growth of elderly care services, enhance the quality of life for elderly citizens, and contribute to addressing the challenges posed by global demographic change.

Keywords: Elderly care; Population ageing; Industrialization; Digital technology; Collaborative governance

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1. Introduction

China's population is transitioning from moderate to severe ageing, marking a critical juncture in demographic development. According to the National Bureau of Statistics' 2024 data, the population aged 65 and above reached 220 million by the end of 2024. Notably, over 62% of this population resides in rural areas, where the empty-nest

rate is 51.3%, accounting for 15.6% of the total population [5]. The population aged 60 and above has surpassed 310 million, with rural county-level areas representing 25.3% of this group, a significantly higher rate than the 18.7% in urban areas. Together, these groups account for 21.1% of the total national population, with both indicators showing steady increases compared to 2023 figures of 15.4% and 21.1%, signaling the consolidation of moderate ageing. Projections indicate that by 2035, the proportion of elderly individuals in China will rise to 30.9%, marking the country's entry into the phase of severe ageing [6].

Rural areas face particularly pronounced challenges in elderly care, with the elderly dependency ratio reaching 28.13%, nearly 1.9 times higher than in urban areas. Over 50% of rural elderly individuals live in empty-nest households, exacerbating the strain on traditional family-based care systems. This decline in family-based care is compounded by two main pressures: the migration of young and middle-aged workers from rural areas and the persistence of the "88421" family structure, where grandparents care for grandchildren while parents care for elderly parents. In some remote rural areas, this has led to a situation of "unattended care," where elderly individuals lack adequate support.

Simultaneously, the needs of the elderly population have evolved, extending beyond basic daily care to include specialized medical nursing, smart health management, and spiritual and cultural enrichment. According to data from the Ministry of Civil Affairs (2024), there is a significant care gap for elderly individuals with disabilities, estimated at 52.9% [7]. This gap underscores the urgent need for a restructuring of the elderly care service system, which is undergoing a structural transformation from a "decentralized care" model to a more organized, "scaled industry." This shift is not only an inevitable response to the growing pressures of an ageing population but also a strategic move aimed at fostering new drivers of the silver economy and achieving high-quality development in elderly care services [9].

2. Transformation logic and core characteristics of China's elderly care system

2.1. From fragmented to coordinated and integrated elderly care

Traditional elderly care in China, primarily based on family care supported by institutional services, has led to fragmented services and inefficient resource utilization. To address these issues, a three-tier collaborative network is being developed, consisting of "county-level coordination, township hubs, and community implementation." At the county level, institutions for the destitute integrate geriatric resources from local hospitals, creating comprehensive service platforms. For example, a model in Zhejiang counties has improved the efficiency of elderly care and medical resource allocation by 30% [1].

At the township level, nursing homes are being expanded into regional elderly care service centers, with rehabilitation therapy rooms and "15-minute referral pathways" to township health centers. Some townships in Jiangsu have achieved referral response times under 12 minutes [29]. At the community level, embedded facilities provide nearby services such as meal assistance, bathing support, and health monitoring. In cities like Beijing and Shanghai, community care facility coverage exceeds 90%, with Shanghai's 2024 community meal assistance reaching over 98% of elderly individuals living alone [30].

The integration of medical and elderly care is central to this transformation. Over 70% of counties have achieved resource sharing and adjacent construction between healthcare institutions and elderly care facilities. Elderly care institutions are also being supported to establish internal medical facilities with prescription authority, extending services through "day rehabilitation, home-based hospital beds, and door-to-door consultations" [1]. This

integrated approach has led to an increase in chronic disease management rates among rural elderly populations, from 45% in 2020 to 68% in 2024, while reducing disability risks by 12% [5]. This shift represents a movement from reactive care to proactive health management [5], and the embedded elderly care service system in rural communities is also optimized under the digital intelligence environment to adapt to this transformation [23].

The new "three-tiered coordination and integrated medical care" model addresses the resource fragmentation inherent in traditional elderly care systems [10]. By combining medical and care services, it improves service professionalism and efficiency [11], and the necessity and practical path of this integrated model have been verified in previous research [12]. This approach effectively meets the increasing demand for diverse, high-quality elderly care [13], laying a foundation for the system's long-term sustainability, and also provides a new perspective for the reconstruction of farmers' filial piety concepts in the transition period [15].

2.2. From government-controlled to collaborative governance

Traditional elderly care was previously reliant on a government-led safety net, offering limited coverage and insufficient service diversity to meet the varied needs of older adults [16]. This has now shifted to a collaborative governance model, where the government ensures basic provisions, the market adds service variety, and society addresses remaining gaps [17]. Coordination among these three sectors is fostering a more inclusive and sustainable elderly care system [18].

Elderly care services have shifted from a government-only safety net to a collaborative governance model, where the government ensures basic services, the market provides diversity, and society fills gaps [21]. The government supports destitute and incapacitated seniors through measures such as differentiated bed subsidies (over ¥6,000 per bed annually), meal assistance vouchers (monthly subsidies of ¥50–200), and special elderly care bonds (¥50 billion allocated in 2024) [2]. These efforts uphold the basic welfare framework for elderly care. The market sector promotes investment in the silver economy, with state-owned enterprises integrating these investments into their performance assessments and private enterprises expanding chain operations. In 2024, the issuance of elderly care REITs revitalized over ¥8 billion in existing elderly care assets [2], enhancing service variety and supply efficiency. The social sector addresses gaps in spiritual and mutual care support through initiatives like "time banks" (cross-regional volunteer hour exchanges in Beijing), community care advisor schemes (100% coverage in Shanghai), and over 20,000 registered elderly care organizations nationwide [30].

This collaborative governance model—where the government ensures basic services, the market provides variety, and society addresses gaps—overcomes the limitations of the traditional government-only safety net. By leveraging the complementary roles of these three sectors, the model not only meets the basic care needs of vulnerable populations but also accommodates the diverse service expectations of the elderly. Importantly, it strengthens the entire elderly care system, offering institutional support to address population ageing and promote high-quality development in elderly care services [20].

2.3. From basic care to an integrated silver economy: Evolving the elderly care industry

Traditional elderly care services, initially focused on basic daily care with limited industrial development, were characterized by narrow service offerings, low industry integration, and limited economic impact [19]. Today, these services have evolved into a comprehensive silver economy industry chain, including product manufacturing, service provision, and financial support [26], thereby unlocking both the economic and social potential of the elderly care sector through cross-sector collaboration.

Elderly care services have evolved from a focus on basic daily care to a comprehensive silver economy industry chain that includes product manufacturing, service provision, and financial support. The elderly products sector now includes functional apparel (e.g., thermoregulatory garments, fall-prevention designs), age-friendly home furnishings (e.g., smart adjustable beds), and medical-purpose nutritional supplements. Products developed independently are prioritized for inclusion in the "Upgraded and Innovative Consumer Goods Guide," with over 120 elderly products featured in 2024. The smart elderly care sector integrates wearable devices (e.g., heart rate and fall alert wristbands) and intelligent care robots (e.g., mobility and turning robots) in home and community settings [22]. More than 200 national smart health and elderly care demonstration bases have been established [17]. Research shows that Suzhou's demonstration base in Jiangsu Province has achieved over 75% coverage for remote health monitoring of elderly residents. In the rehabilitation sector, products have been upgraded, with expanded offerings for cognitive impairment assessment and disability care devices. The market for rehabilitation assistive devices surpassed RMB 500 billion in 2024 [2]. This integrated development has created a complete industrial ecosystem that spans from product manufacturing to scenario-based services [25].

The development of a comprehensive silver economy industrial chain has transformed traditional elderly care from a "single-care" model. By integrating product manufacturing, service provision, and financial support, it not only meets the demand for diverse, high-quality care products but also stimulates domestic demand and creates employment opportunities. This shift provides essential industrial support for addressing population ageing and driving new economic growth.

2.4. Transition from labor-intensive to digital and age-friendly elderly care

Traditional elderly care has relied on manual services, leading to inefficiency, poor supply-demand matching, and slow emergency responses [27]. Digital technology is now transforming these models, improving service efficiency and addressing the digital divide. A key development is the establishment of a unified elderly care information platform, integrating medical, social security, and community data to reduce "information silos." By 2024, this platform will cover all 31 provinces, increasing elderly care response efficiency by over 40% and reducing emergency response times from 4 hours to 1.5 hours [1]. Additionally, efforts to bridge the digital divide include age-friendly internet adaptations, streamlining government and elderly care app operations to under three steps, and maintaining physical service counters for essential functions. By 2024, over 80% of sub-districts will have digital assistance sites, with elderly smart device usage rising from 30% in 2020 to 55% [7]. This approach leverages digital technology to enhance service accessibility while promoting inclusive care [24].

Digital technology has redefined elderly care service delivery by breaking down data silos through a unified national information platform, improving both service efficiency and emergency response [22]. At the same time, age-friendly adaptations and digital assistance initiatives have addressed the digital divide, ensuring that technology adoption does not exclude any demographic [23]. This dual focus on "efficiency improvement and inclusive coverage" supports the adaptation of elderly care systems to the digital era, helping meet the diverse needs of seniors and fostering proactive responses to population ageing [13,27].

3. International experience and implications for elderly care system construction

Population ageing represents a global demographic challenge, and countries with advanced ageing profiles and mature care systems—including Japan, Germany, and Sweden—have accumulated valuable experience in service

standardization, talent cultivation, social capital mobilization, and digital care implementation, offering critical insights for optimizing China's elderly care system [31–33].

3.1. Japan: Talent-centric and standardized elderly care

Japan, one of the world's most aged societies, has established a robust elderly care system underpinned by a hierarchical talent certification framework and a standardized service delivery mechanism. In talent development, Japan has instituted specialized geriatric care programs in higher education institutions, with a tiered certification system for care workers, senior specialists, and care managers, each with delineated skill requirements and assessment criteria; remuneration and career advancement are tied to professional qualifications and service tenure, enhancing workforce retention and professional identity. In service standardization, the Long-Term Care Insurance Law mandates a 7-level disability assessment scale and corresponding service menus, with third-party evaluation mechanisms to enforce quality standards; digital technologies, including wearable health monitors and cross-institutional data-sharing platforms, facilitate seamless integration of medical and care services [31].

3.2. Germany: Community-based and multi-stakeholder collaborative care

Germany's elderly care system is anchored in community-based provision, with a governance model that synergizes governmental planning, social organization operation, and market-driven personalized services. The government provides policy guidance and financial support, while social organizations manage the majority of community care facilities, and private entities deliver high-end, customized services, balancing public welfare with market diversity. To incentivize social capital participation, Germany offers tax incentives and financial subsidies for community care investments, complemented by stringent regulatory frameworks to oversee private sector operations; unified service specifications and regular professional evaluations ensure service quality, and a digital community care management platform enables full-cycle information tracking of elderly health status and service delivery [32].

3.3. Sweden: Welfare-oriented and digitally enabled care

As a prototypical welfare state, Sweden has built a high-coverage, welfare-driven elderly care system with nationally unified quality standards and advanced digital infrastructure [33]. A dedicated regulatory agency conducts regular assessments of care institutions to enforce compliance with nationwide standards encompassing daily care, medical support, and psycho-social well-being. In talent development, Sweden mandates professional certification for all care workers, with training programs integrating theoretical education and practical fieldwork. Its national unified elderly care information platform enables intelligent matching of care resources to individual needs, and smart devices such as intelligent nursing beds and remote monitoring systems are widely deployed in institutional and home settings; societal organizations and volunteers further enrich service provision through mutual-aid care networks [33].

To intuitively compare the core practices of typical countries and extract targeted insights for China, the key information is condensed in **Table 1**.

Table 1. Core practices of elderly care systems in typical countries and implications for China

Dimension	Service standardization	Talent development	Social capital participation	Digital ageing care
Japan	7-level disability assessment + third-party evaluation	Hierarchical certification; salary tied to qualifications	Long-term care insurance-driven market input	Wearable devices + Cross-organization data sharing
Germany	Unified community norms + regular evaluation	Mandatory certification; theory-practice training	Tax/financial incentives + strict supervision	Full-cycle tracking of the community digital platform
Sweden	National unified standards + regulatory agency assessment	Universal professional certification	Government-led welfare + social/volunteer mutual aid	National Information Platform + Smart Nursing Devices
Implications for China	National unified standards + third-party supervision	Hierarchical certification + university majors	Community network + capital participation mechanism	Establish a national information platform + deploy intelligent devices at scale

3.4. Implications for China's elderly care system

Based on the core practice comparison in **Table 1**, the international practices outlined above yield four core implications for China's high-quality elderly care development: (1) Establish a tiered talent certification and incentive system, with targeted geriatric care programs in higher education and enhanced remuneration for frontline workers to boost industry attractiveness [31]; (2) Strengthen community-based care networks, encouraging social organizations and private capital to participate in facility operation to diversify service supply [32]; (3) Develop a nationwide unified service standard system with third-party supervision to ensure service professionalism and consistency [31,32]; (4) Accelerate digital transformation through a national care information platform and scaled deployment of intelligent devices to realize data sharing and service matching [31,32].

4. Practical bottlenecks in the transformation process and analysis of causes

4.1. Fragmented barriers in care-industry integration

As elderly care services transition from traditional, single-function models to industrialized systems, the lack of standardized frameworks has become a major obstacle to the sector's development [28]. This results in inconsistent service quality, operational risks, and barriers to product compatibility and policy implementation. These challenges manifest in three key areas: service standards, product standards, and cross-departmental coordination.

Firstly, inconsistent service standards, particularly in home-based and community elderly care, lack unified quality assessment frameworks. For example, over 30% of county-level care homes operate outside regulatory oversight for advance fee collection, posing financial risks to elderly residents [7]. Secondly, incompatible product standards, particularly among smart care devices, prevent data sharing across platforms due to protocol differences of up to 60%. This forces care homes to allocate additional operational costs to data conversion, hindering large-scale adoption of smart solutions [22]. Lastly, cross-departmental coordination remains inefficient, with unclear responsibilities among departments like Civil Affairs, Health, and Social Security. This inefficiency is evident in the delays of up to seven working days for approval of integrated medical-care services and the low 65% coverage rate for cross-regional medical insurance reimbursement [8].

The fragmentation of elderly care standards—across service norms, product compatibility, and interdepartmental coordination—has created key challenges: a lack of quality benchmarks, difficulties in product

interoperability, and barriers to policy implementation [14]. This fragmentation increases operational costs and risks, diminishes service quality, and hampers the industry's growth and standardization [28]. Without systematic integration, this remains a core obstacle to transforming elderly care from a fragmented system into a modern, industrialized sector.

4.2. Structural imbalance between industry upgrading and labor supply

The shortage of qualified elderly care personnel has become a major obstacle to the sector's shift from "care provision" to "industrial development." This issue manifests in three key areas. First, there is a significant supply-demand imbalance. As of 2024, over 45 million elderly individuals in China are partially or fully dependent, yet the ratio of professional care providers to those in need is just 1:10. Additionally, there is a shortage of 2 million multi-skilled professionals, with rural areas accounting for over 60% of this gap. Second, there are structural and quality disparities among workers [24]. The average monthly income of elderly care workers is below ¥4,000, significantly lower than in the domestic service and medical sectors. Most workers are rural housewives, with over 60% having only junior secondary education and just 15% receiving professional training in areas like disability care or smart technology operation [4]. Third, high turnover rates persist [24]. Studies show an annual attrition rate exceeding 30% for care workers, with rural areas in central and western China experiencing rates as high as 45% [5]. These challenges—supply-demand imbalances, quality disparities, and high turnover—undermine care standards and hinder the sector's growth and service quality improvements. Addressing these issues is critical for advancing elderly care to a modern industrial model [12].

The combined issues of supply-demand imbalance, quality disparities, and high turnover in elderly care personnel not only undermine service standards but also hinder the sector's growth and quality improvement. These challenges represent a critical bottleneck that must be addressed as the elderly care industry transitions to a modern, industrialized framework.

4.3. Mismatch between social capital participation and market demand

Despite policy incentives to encourage private investment in the elderly care sector, challenges such as low profitability, long payback periods, and low returns limit capital investment. These challenges manifest in three areas: First, high facility investment requirements, with payback periods typically exceeding ten years. In 2024, private capital accounted for less than 35% of elderly care facility funding, far below government contributions [8]. Second, there is underinvestment in rural markets, where capital allocation to rural elderly care is less than 20%. Over 40% of rural mutual-aid sites lack operational services, with some only operating a few times per month due to inadequate funding [5]. Third, limited financing channels, with small and medium-sized providers relying heavily on bank loans, which carry interest rates 2–3 percentage points higher than those for large institutions [2].

These barriers—high investment thresholds, underinvestment in rural areas, and limited financing options—create a "triple barrier" to capital inflows, preventing the full participation of social capital [17,18]. This not only limits market expansion but also worsens supply shortages in underserved regions, ultimately hindering the transition of elderly care services towards marketization and industrialization.

4.4. Mismatch between supply expansion and diverse demand patterns

The expansion of elderly care services has not kept pace with the diversification of demand, undermining the advantages of an industrialized approach. This mismatch appears in three key areas: First, insufficient alignment

with demographic needs. While home-based and community care services show significant health improvements for elderly individuals living with their children, accessibility for rural empty-nest elderly is below 30%, with some rural residents needing to travel over 5 kilometers to reach service points [5,11]. Second, a shortage of services for individuals with functional impairments. The demand gap for services for this group is 52.9%, and specialized care, such as cognitive impairment and rehabilitation nursing, is limited. Many community service points only offer basic services like meal assistance, with professional services covering less than 40% of the need [7]. Third, regional disparities are significant. While regions like Beijing-Tianjin-Hebei and the Yangtze River Delta have developed high-level silver economy parks, rural elderly care centers in central and western China cover less than 60% of the population, with some areas lacking even a single standardized facility [1].

The misalignment of the elderly care service system in terms of group coverage, service types, and regional distribution has resulted in a mismatch between supply and demand. This failure to meet the specific needs of key groups, such as rural empty-nest elderly and those with disabilities, worsens regional service imbalances. As a result, it undermines the precision of service delivery and hampers the achievement of the social goal of ensuring elderly care and security, presenting a major barrier to the sector's transition toward high-quality development [27].

5. Collaborative pathways for high-quality development of China's elderly care system

5.1. Standardization synergy pathway: Establishing an integrated "care-industry" standard framework

Guided by the "High-Standard Navigation Initiative" in the State Council's Opinions on Developing the Silver Economy and Enhancing Elderly Well-being, this approach aims to enhance policy coordination and operational feasibility through three key initiatives. First, comprehensive standards will be refined by 2027, creating a full-chain framework for elderly care services, senior products, and smart applications, addressing issues like smart device interface incompatibility and promoting national mutual recognition of care service standards [2,22,26]. Second, regional coordination will be strengthened, particularly in the Beijing-Tianjin-Hebei and Yangtze River Delta regions, with mechanisms for cross-regional subsidy settlement and resource linkage. The goal, as outlined by the Central Committee and State Council, is that by 2030, every county will have at least one regional elderly care service center and each township will have a mutual aid elderly care site [1]. Third, targeted measures will be implemented based on categorization: government-procured care packages for vulnerable seniors, universal elderly care service packages for low-to-middle-income groups, and market-driven personalized services for high-income seniors, such as luxury retirement living and private health concierge services.

The High-Standard Leadership Initiative strengthens quality by establishing comprehensive standards, overcomes resource barriers through regional coordination, and tailors solutions to meet diverse needs. This approach addresses key bottlenecks in service alignment across standards, regions, and demographics, while enhancing policy implementation with clear timelines and pathways. It offers a structured approach to transition elderly care services from expanding in scale to aligning in quality, ultimately enhancing the well-being of older adults.

5.2. Industrial upgrading pathway: Fostering clustered development for "Care Plus"

Guided by policy support, China's elderly care industry has shifted from fragmented development to clustered, branded operations. This transition focuses on three core initiatives: First, the creation of high-quality industrial

clusters. Ten silver economy industrial parks are being developed in key regions, including the Beijing-Tianjin-Hebei area, the Yangtze River Delta, and the Guangdong-Hong Kong-Macao Greater Bay Area. Each park has a specific focus, such as R&D in smart elderly care systems in Beijing-Tianjin-Hebei, intelligent care equipment manufacturing in the Yangtze River Delta, and cross-border elderly care services in the Greater Bay Area, with over 50 pilot sites planned by 2025. Second, fostering leading enterprises. By 2027, the Ministry of Civil Affairs and the Ministry of Industry and Information Technology aim to designate 50 flagship enterprises with revenues exceeding RMB 5 billion, responsible for expanding rural elderly care services and promoting innovations at events like the China International Import Expo. Third, invigorating the rural elderly care market by exploring the "company + social organization + cooperative" model, with a target of 80% coverage of mutual aid elderly care in rural areas by 2026.

Through policy support, the elderly care sector can transition from fragmented development to clustered, branded operations by establishing region-specific industrial clusters, nurturing leading enterprises, and exploring new models to stimulate rural markets. This approach will help unlock market potential and drive sector growth.

5.3. Talent development pathway: Building a comprehensive "training-incentive-evaluation" system for elderly care

To address the talent shortage in elderly care, a "full-chain coordination" approach is needed. First, expand talent supply by supporting universities and vocational colleges to offer gerontology and elderly care programs. By 2026, every provincial university should provide at least one elderly care-related program, training over 100,000 professionals annually. Concurrently, the "Free Training Scheme for Care Workers" will train at least 500,000 individuals per year, focusing on care skills and smart device operation [4].

Second, improve incentive mechanisms by linking remuneration to skill levels. Frontline care workers will receive monthly subsidies of at least ¥1,000, along with social insurance contributions. A model combining publicly funded training with targeted employment will be considered, offering tuition-free training for graduates who commit to three years of service in rural care facilities. Third, refine the evaluation system by standardizing roles such as elderly capability assessors and cognitive impairment care practitioners, and creating career paths from skilled workers to technical specialists to raise professionalism.

The full-chain coordination approach will address talent shortages, stabilize the workforce with improved incentives, and enhance professional standards, creating a cycle of cultivation, retention, and development. This will drive the sustainable and high-quality growth of the elderly care sector.

5.4. Digital empowerment pathway: Integrating digital technology with elderly care services

Digital technology will be used to balance efficiency and inclusivity in elderly care services, with efforts focused on three key areas.

First, from a platform perspective, enhance the national elderly care service platform by deepening the integration of medical, social security, and community data [26]. New features such as "one-touch assistance" and "intelligent dispatch" will improve service efficiency by an additional 15–20%, building on the existing 40% improvement. The goal is to achieve over 80% user coverage by 2026 [2]. Second, from an age-friendly perspective, continue adapting digital applications for elderly users while maintaining offline services for essential functions like social security authentication and medical appointments. We aim for over 95% coverage of community digital

assistance sites by 2026, with smart device training specialists in rural areas, ensuring at least one specialist per village. Additionally, the smart device usage rate among seniors is targeted to exceed 65%.

Third, from a scenario perspective, integrate digital technology into elderly care settings. This includes promoting smart monitoring and home visit services, with response times not exceeding one hour [29]. In institutional settings, deploy smart care robots and cognitive impairment systems, achieving 70% equipment coverage by 2027. In communities, establish Smart Health Kiosks offering free health screenings to improve service precision and professionalism.

This three-pronged model—improving platform efficiency, ensuring elderly accessibility, and integrating scenarios—enhances both the efficiency and professionalism of elderly care services through digital solutions [27]. It also ensures accessibility for the elderly through age-friendly adaptations, addressing the "efficiency-inclusivity" imbalance and offering a clear pathway for the digital transformation of elderly care [16].

6. Conclusion

China's elderly care system has made significant progress, transitioning from a focus on basic care provision to broader industry empowerment. A foundational framework has been established, including a three-tier service network, a diversified supply structure, a comprehensive industry ecosystem, and digital technology support, which provides a solid base for addressing population ageing. However, challenges such as an incomplete standards system, a shortage of skilled professionals, low social capital participation, and mismatches between supply and demand persist. Overcoming these requires systematic measures involving policy coordination, industrial upgrading, talent development, and technological empowerment.

Future efforts should align with the goals outlined in the *Opinions of the Central Committee of the Communist Party of China and the State Council*, by 2029, establish a nationwide elderly care network that covers both urban and rural areas, with breakthroughs in professional care, smart ageing, and industrial synergy [13]. By 2035, China aims to develop a fully established elderly care system characterized by optimal supply-demand alignment, high quality, and sustainability, ensuring a high quality of life for all elderly citizens while contributing to global solutions for ageing through enhanced care foundations, industrial efficiency, and technological empowerment.

Disclosure statement

The authors declare no conflict of interest.

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