

Research on the optimization path of the "home-institution integration" elderly care model based on the analysis of the current elderly care situation in Ningbo

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Abstract: Against the backdrop of accelerating population aging in China and the multifaceted challenges confronting traditional elderly care models, the "home-institution integration" elderly care model has emerged. This model combines the warmth and familiarity of home-based care with the professional services offered by institutional care, serving as a crucial pathway for advancing the transformation and upgrading of elderly care services. Taking Ningbo City as a practical case, this study employs literature analysis, questionnaire surveys, and case studies to systematically examine the connotations, implementation pathways, and optimization strategies of the "home-institution integration" model. Findings suggest that by integrating resources through community platforms and extending institutional services to the household level, this model effectively enhances the accessibility and satisfaction of elderly care services. Ningbo's efforts in policy support, smart platform development, and diversified service pilots provide replicable experiences that offer valuable insights for establishing a multi-tiered and sustainable elderly care service system in China.

Keywords: home-institution integration, elderly care model, Chinese context, optimization path, resource integration

1. Introduction

With the acceleration of population aging in China, the traditional family-based elderly care model has increasingly revealed various limitations: children are often unable to provide full-time care due to busy work schedules; professional nursing is lacking; and emotional support is insufficient. Meanwhile, although institutional care offers professional services, it faces problems such as high costs, unfamiliar environments, and service disparities, making it difficult to meet older adults' expectations for "dignified and warm" care. Consequently, the elderly are raising higher demands and standards for their own care. At the same time, the Chinese government has continuously introduced policies related to elderly care, advocating diversified, socialized, and community-based elderly care service models to alleviate care pressures and supply-demand conflicts. Against the backdrop of diversified development of social elderly care methods, the "home-institution integration" care model has emerged as an important innovation in the elderly care service system.

The "home-institution integration" model integrates the advantages of home-based and institutional care by leveraging community and social service resources. It extends professional nursing services into the homes of elderly individuals, enabling them to enjoy professional, personalized care within familiar environments, thus balancing quality of life and emotional belonging. Based on practical experience in Ningbo, combined with typical community surveys and questionnaire research, this study explores the feasibility of the "home-institution integration" model and seeks optimization paths and promotion strategies suitable for its development. Through systematic research on the social needs, service supply, policy environment, and practical feedback related to this model, the project aims to provide theoretical support and practical references for China's exploration of a new elderly care service system, facilitating the construction of an elderly care ecosystem suited to modern society.

Faced with increasing elderly care pressures and demands caused by population aging, this study aims to investigate the "home-institution integration" model as a novel elderly care approach that blends familial emotional care with professional institutional services. It strives to shift from a single elderly care service to diversified and customized care, thereby enhancing satisfaction and well-being among the elderly. This research is beneficial in alleviating the caregiving difficulties faced by home-based elders and directly contributes to improving their quality of life. It also promotes the development of elderly care services towards personalization and intelligence, thus improving the overall social welfare level.

Academically, this study will enrich the theoretical research system in the fields of community elderly care and social work in China. Practically, the research outcomes can provide feasible plans and implementation mechanisms for promoting the "home-institution integration" model in urban communities, enabling effective transformation from concept to practice. Ultimately, the project aims to establish a more humane and resource-integrated elderly care model, contributing to the building of a harmonious society. This study focuses on the "home-institution integration" elderly care model. The main research contents include the connotation, constituent elements, and current status analysis of the model, as well as obstacles to its promotion and optimization paths. The research methods comprise: (1) literature analysis to review relevant domestic and international studies and policy documents; (2) questionnaire surveys to collect primary data; (3) case studies to conduct in-depth analysis of "home-institution integration" and home care practice cases in various regions; and (4) inductive comparison to extract the model's strengths and weaknesses, constructing a highly adaptable and replicable service framework. Through multidimensional research and analysis, this study aims to provide scientific evidence and practical support for the reform of China's elderly care system.

2. Literature review

2.1. Current status of domestic research

With the increasingly severe population aging situation in China, the traditional family-led elderly care model is facing numerous challenges, such as excessive caregiving pressure on children, insufficient professionalism in care, and the growing inability to meet the spiritual needs of the elderly. Against this backdrop, the government actively promotes the "de-institutionalization" and "community-based" transformation of elderly care services, and the academic community has gradually shifted its research focus to building a diversified and collaborative elderly care service system. Among these, the "home-institution integration" model, which combines the advantages of home-based and institutional care, is gradually becoming a key focus both theoretically and practically.

According to research by Tiantian Gu et al., China's elderly care service system has roughly undergone an evolutionary path of "family-dominated → institutionalization → de-institutionalization → socialization," with service provision evolving from singular to diversified forms, and coordinated participation by government, family, market, and social organizations becoming a prevailing trend [1]. Huilan Zhong and Xiaoyi Zhang, after comparing the market-oriented reform experiences of elderly care services in Sweden, the UK, and Australia, point out that communities play a crucial role in resource integration and service implementation in elderly care. This perspective holds important reference value for China [2]. At the local practice level, Ningbo City serves as an important pilot area for the "home-institution integration" model. Jiangdong District's "365 Must-Visit" service standard effectively realizes the integration of institutional extension, community participation, and personalized services, significantly improving elderly satisfaction with home-based care services [3]. Bo Chen and Xialian Lin also highly praise the exploration in Yinzhou District of Ningbo, asserting that by introducing third-party professional service agencies and community platforms, the model achieves effective linkage among resource integration, service implementation, and government backstop, demonstrating strong potential for replication and promotion [4].

Although the "home-institution integration" model has achieved some practical results, related theoretical research remains relatively weak. On one hand, existing studies mostly focus on policy interpretation and experience summarization, lacking systematic empirical analysis and theoretical construction; on the other hand, in-depth research on the psychological needs, satisfaction, and behavioral intentions of service recipients is still limited. Moreover, key aspects such as service quality evaluation mechanisms, professional training of service personnel, and digital operation of service platforms remain at an initial stage of research.

Therefore, future innovation in elderly care models should further promote in-depth research based on localized data. By employing field investigations, questionnaire surveys, and case analyses, the adaptability and sustainability of the "home-institution integration" model under different socio-economic contexts should be explored, providing theoretical foundations and practical pathways for constructing a high-quality, multi-tiered elderly care service system in China.

2.2. Lessons from international experiences

Against the global backdrop of intensifying population aging, countries worldwide have actively explored diversified elderly care service systems aimed at achieving the care goal of "home as the foundation, community as the support, and institutions as the supplement." Mature practices in developed countries regarding the integrated development of home-based and institutional care, as well as the optimization of elderly care resource allocation, offer important references for the localization of China's "home-institution integration" elderly care model.

2.2.1. Japan: community-based integrated care system

Since the implementation of the Long-Term Care Insurance System in 2000, Japan has promoted the development of a long-term care service system [5]. Building on this, the Ministry of Health, Labour and Welfare proposed the “Community-based Integrated Care System” in 2017, which uses the community as a platform to integrate five major service modules—medical care, nursing care, prevention, housing, and daily life support—to meet the elderly’s need for continuous care within familiar environments [6].

This system establishes “Community Support Centers” as coordinating platforms, facilitating the extension of institutional services into families while empowering family caregivers and promoting collaboration between family and professional care forces [7]. This model emphasizes service continuity, community embedding, and personalized care, providing practical insights for advancing China’s “home-institution integration” model, especially regarding care resource integration, aging in place, and community coordination.

2.2.2. Germany: “tiered care” and “institutional localization” strategies

Germany’s long-term care system emphasizes the “home-first” principle, with over 80% of elderly people choosing to receive care at home [8]. The system supports family caregiving through a dual-track model of “cash benefits plus in-kind services,” and encourages traditional elderly care institutions to transform into community-embedded centers offering flexible home care and outreach services.

Additionally, Germany protects family caregivers’ rights and enhances their willingness to provide care through statutory insurance and caregiving leave mechanisms. This indicates that government fiscal and institutional measures are essential to promote the downward extension of institutional services and strengthen the linkage with family care in the practice of “home-institution integration.”

2.2.3. The Netherlands: “Neighborhood Care” and “self-organizing care” concepts

The Dutch Buurtzorg (Neighborhood Care) model is led by community nurses who form self-managed small teams providing personalized in-home care and rehabilitation support for the elderly. This model emphasizes “decentralization,” “self-management,” and “professional empowerment,” achieving high service quality while minimizing administrative costs [9].

Buurtzorg teams typically consist of 6 to 12 nurses, each responsible for a fixed group of elderly clients. Based on professionalism and personalized warmth, the model organically integrates family, neighborhood, and institutional care. This offers new ideas for staffing and service mechanisms in the “home-institution integration” model, particularly promoting the organic embedding of professional social workers and community volunteers within the home care system [10].

The model also highlights “transferability” and “cross-level linkage” of services, offering insights for China’s “home-institution integration” system design—namely, building a unified access point and tiered service system to ensure smooth transitions and continuity of care across different elderly care stages.

3. Current situation analysis of the home-institution integration elderly care model

3.1. Basic concepts and characteristics of the home-institution integration model

The “home-institution integration” model is an elderly care service approach that combines family-based care and institutional care, aiming to provide elderly individuals with more comprehensive and high-quality services. In this model, “home” refers to home-based care, whereby elderly people receive care services within their own residences; “institution” refers to centralized care services provided by nursing homes and other care institutions. By linking home care with social elderly care service institutions, this model effectively integrates resources, enabling the elderly to enjoy a range of services at home, including daily life assistance, medical care, rehabilitation nursing, and more, thereby achieving high-quality home-based elderly care.

Typically, home-institution integration services are delivered in the form of “institutional extension and social participation,” primarily serving very elderly individuals living alone. The goal of this service is to allow older adults to enjoy professional nursing and care from institutions such as nursing homes while remaining in the familiar environment of their own homes, thus improving their quality of life and sense of well-being.

3.2. Case study of Ningbo practice (based on Ningbo policies and implementation)

3.2.1. Development background of Ningbo's home-institution integration elderly care model

With the deepening population aging in China, traditional institutional elderly care resources have become strained, family caregiving functions have weakened, and the elderly's diversified service needs have grown rapidly. This has driven the elderly care service system toward diversification, community orientation, and refinement. Against this backdrop, the "home-institution integration" model, which combines the advantages of family care and professional institutional services, has emerged as an important exploratory pathway to address the challenges of home care and improve the accessibility and effectiveness of services.

As one of China's first pilot cities for home- and community-based elderly care service reform, Ningbo has long prioritized the construction of its elderly care service system. Since the 12th Five-Year Plan period, Ningbo has piloted the integration of home and institutional care resources in multiple districts and counties, proposing a collaborative mechanism of "family + institutions + social organizations" to shift elderly care services from "single-point provision" to "platform coordination."

As a key component of Ningbo's home care service system, the home-institution integration model emphasizes a home-based foundation, community reliance, and institutional support. It integrates family caregiving and institutional service resources, leveraging digital platforms to accurately match service demands and enable process supervision, thereby constructing a multi-level, wide-coverage, and highly efficient elderly care service network.

Furthermore, benefiting from strong civil affairs resource integration capabilities and government-enterprise collaboration mechanisms, Ningbo has gradually established a promotion framework characterized by "government leadership, market participation, and community implementation," creating a favorable institutional environment and social atmosphere for the development of the home-institution integration model.

3.2.2. Policy and practical initiatives

To promote the implementation of the "home-institution integration" elderly care model, the Ningbo municipal government has established a top-down service system combining policy guidance with practical exploration, forming a locally distinctive development path for home-based elderly care.

First, regarding policy promotion, Ningbo started early. As early as 2011, Jiangdong District took the lead in issuing the "Special Fund Usage Management Measures (Trial)" and the "365 Must-Visit" service standards, focusing on regulating service procedures and ensuring efficient use of funds to drive platform construction. This laid the preliminary foundation for the citywide exploration of the "home-institution integration" model.

At the practical level, various districts have gradually implemented localized service innovations. For instance, in 2019, Yinzhou District introduced six professional institutions and launched an inclusive elderly care project, providing daily care, meal delivery, housekeeping, and other services to over 25,000 residents aged 80 and above within its jurisdiction. This significantly improved service coverage and satisfaction, especially supporting the groups of high-age and living-alone elderly.

Institutionally, Ningbo took the lead in 2018 by promulgating the "Regulations on Home-Based Elderly Care Services," the first local regulation of its kind in the province, legally regulating key aspects such as service allocation, funding guarantees, and operational mechanisms. On this basis, the municipal government successively introduced 13 supporting policies covering medical-care integration, service facility construction, accidental injury insurance, and more. It also stipulated that over 60% of welfare lottery public funds be allocated to elderly care, with more than half earmarked for home-based services. In 2019, the municipal finance invested 102 million yuan in home-based elderly care, forming a relatively comprehensive fiscal support system.

Overall, through a combined strategy of "top-level design — pilot promotion — fiscal guarantee," Ningbo has continuously advanced the institutionalization and normalization of "home-institution integration" services, providing policy support and practical foundations for building a new urban home-based elderly care model.

3.2.3. Preliminary achievements and typical cases

With policy promotion and growing demand, the "home-institution integration" elderly care service model has gradually been explored and implemented across districts in Ningbo, forming diversified and hierarchical implementation pathways. The following summarizes three main service models through typical cases:

3.2.3.1. Digital platform-driven model: Yinzhou District as an example

Yinzhou District relies on the "Yong You An Yang" smart platform to centrally manage elderly individuals' basic information, service orders, demand responses, service records, and other data. The platform integrates modules such as daily life care, home

medical services, emergency assistance, and intelligent security, building a service closed-loop mechanism of “online ordering + offline response + closed-loop supervision.” Since 2019, the district has provided inclusive services to elderly residents aged 80 and above through this platform, annually covering more than 25,000 persons and effectively enhancing service accessibility and satisfaction. The platform also features risk warning functions, proactively caring for elderly individuals who are living alone or of advanced age.

3.2.3.2. Institution embedded in community model: Jiangbei District as an example

Jiangbei District actively promotes “embedded” service institutions in communities, extending original home care services into “near-field care.” Typical practices include setting up micro day-care centers and respite service points, staffed by professional care teams providing short-term care, rehabilitation guidance, and psychological support for disabled, dementia, and high-age empty-nest elderly. For example, Hongtang Street introduced third-party professional institutions to jointly provide “assisted bathing + assisted medical” services within the community, ensuring basic daily care while relieving family caregivers’ pressure and forming a sustainable support system.

3.2.3.3. Family care extension model: Zhenhai and Haishu Districts as examples

Zhenhai District focuses on the construction of family care beds, equipping eligible elderly households with basic care devices such as smart mattresses, call systems, and smoke detectors. Service agencies provide periodic home visits, rehabilitation guidance, and remote monitoring to realize “professional elderly care at home.” By the end of 2023, the district had established over 400 family care beds.

Haishu District emphasizes the path of “medical-care integration,” collaborating with community health service centers to provide comprehensive services such as chronic disease management, health assessments, and rehabilitation training for elderly residents. For instance, Baiyun Street promotes a joint home visit mechanism combining “family doctors + elderly care consultants,” effectively improving elderly health management and their sense of service accessibility.

In summary, Ningbo’s practical approaches to “home-institution integration” can be categorized into three types: (1) promoting service precision through digital platforms; (2) strengthening care radius via institutional embedding in communities; and (3) extending professional services into families to achieve “medical-care integration.” These diversified practices provide a solid foundation for the sustainable operation of the “home-institution integration” model and offer valuable references for other regions nationwide.

4. Current problems in the home-institution integration model

4.1. Insufficient integration of service resources

In the current construction of China’s community elderly care service system, the issue of “insufficient integration of service resources” largely stems from a mismatch between supply and demand. As population aging intensifies, the elderly population’s demand for professional, diversified, and personalized services is rapidly increasing; however, the supply side still primarily provides single, low-level, and fragmented services that struggle to accurately meet actual needs. This disconnection between supply and demand not only causes some elderly care services to be chronically undersupplied but also results in substantial resource duplication and inefficient use, wasting already scarce public resources.

Specifically, higher-level demands such as medical care, rehabilitation services, and emotional support are growing rapidly, yet the relevant resource allocation is scattered across multiple departments and organizations, lacking a unified coordination mechanism. Consequently, services cannot be effectively integrated. Under the “home-institution integration” elderly care model, information barriers between institutional and family ends further exacerbate poor service connectivity. Service provision fails to be tailored and integrated “by individual, need, and locality,” resulting in the paradox of “excess resources but unusable, strong demand but hard to satisfy.” Therefore, solving the resource integration problem hinges on constructing a service coordination mechanism oriented by the actual needs of the elderly, breaking down barriers among various resources, and enhancing service coverage and adaptability.

4.2. Incomplete standardization

The standardization system of elderly care services is a comprehensive framework covering multiple levels and dimensions, mainly composed of foundational standards, functional specifications, implementation details, and management mechanisms, closely linked with supervision and evaluation systems [5]. The improvement and completion of this standard system is of vital

importance for promoting the deepening of the “home-institution integration” model at the community level, directly affecting the improvement of elderly individuals’ quality of life and well-being.

Within the context of “home-institution integration,” elderly care standardization is not only about unifying service details but also a systemic project involving policy support, legal frameworks, talent training, and multi-stakeholder collaboration [5]. Although the state has introduced guiding policies responding to the accelerated aging trend and laid a solid foundation for elderly care service standardization through fiscal investment and policy guidance, practical advancement reveals several prominent problems: slow implementation of standards, uneven effectiveness in enforcement, limited promotion scope, and incomplete updating mechanisms.

Moreover, theoretical research on the standardization construction of the “home-institution integration” model remains weak, with relatively scarce literature resources and no systematic, guiding theoretical framework established. Hence, there is an urgent need to strengthen the interaction between standardization practice and academic research to continuously advance elderly care services toward higher quality and greater normative development.

4.3. Severe shortage of professional talents

With the rapid growth of the elderly population and the diversification of service demands, the need for professionals in elderly care, rehabilitation medicine, psychological counseling, and social work continues to rise. However, China’s elderly care industry has long exhibited a development tendency of “emphasizing facilities over manpower,” resulting in lagging talent cultivation and low occupational attractiveness. Consequently, the supply of services struggles to meet real demands in both quantity and quality.

In integrated elderly care models such as “home-institution integration,” the demand for compound talents is even more urgent. Such professionals are required not only to possess medical and nursing skills but also to understand psychological intervention, information system usage, and interdepartmental collaboration. Currently, however, relevant professional training systems are incomplete, certification standards are lacking, and career advancement mechanisms are inadequate. Many practitioners are low-educated and employed temporarily, causing insufficient professionalism and stability in service delivery.

Therefore, addressing the talent shortage in elderly care services requires comprehensive efforts to improve vocational education systems, optimize career development pathways, and enhance the social recognition of the industry. Accelerating the construction of a reasonably structured and highly qualified professional elderly care workforce will provide solid human resources support for the standardization, informatization, and high-quality development of elderly care services.

4.4. Information technology level needs improvement

Currently, the informatization level of China’s elderly care service system remains lagging, which has become a key factor restricting the high-quality development of the “home-institution integration” model. Insufficient informatization leads to ineffective integration of service resources. Elderly individuals’ demand information, health data, service records, and other data lack a unified platform for collection and analysis, thereby affecting service precision and efficiency. The development of informatization platforms lags behind institutional reforms and service innovation, impairing the allocation of elderly care resources and service coordination. Especially under the “home-institution integration” model, the linkage among home-based services, community support, and professional institutions relies on real-time communication through information systems. However, there is currently a lack of unified data interfaces and standards, making it difficult to track service processes and supervise effectively. To achieve intelligent and precise elderly care services, it is imperative to accelerate the construction of cross-departmental shared elderly care information platforms, promote data standardization, digitize service processes, and implement intelligent supervision, thus enhancing the overall collaborative efficiency and responsiveness of the elderly care service system through technological means.

4.5. Low social awareness

Although the elderly care service industry holds important social value in addressing population aging and ensuring public welfare, it still faces the problem of low social awareness among the public. For a long time, elderly care has been mistakenly regarded as “low-end physical labor” or “a family internal affair,” leading to a low status of the industry in the social evaluation system. Practitioners often lack a sense of achievement and professional identity, while the public has very limited understanding of elderly care models, service content, and industry prospects.

This cognitive barrier is even more pronounced in the promotion of the new “home-institution integration” elderly care model. Many elderly individuals and their families misunderstand the model, equating “elderly care service” with “institutional custody,” which affects service acceptance and the speed of promotion. Meanwhile, the public generally lacks recognition of the diversity and professionalism of elderly care services, overlooking the comprehensive demands for skills in nursing, psychology, and information technology.

To break this prejudice, it is urgent to enhance scientific awareness of the elderly care service industry throughout society through policy guidance, media publicity, vocational education, and other means. Improving the profession's attractiveness and social respect will promote the transformation of elderly care services from a "low-recognition" to a "high-value" industry, creating a positive social atmosphere for sustainable development.

5. Design of optimization pathways for the home-institution integration model based on China's national conditions

5.1. Establishing a multi-stakeholder collaborative governance mechanism

In the development of China's home-institution integration elderly care model, it is urgently necessary to establish a governance mechanism that is government-led, multi-stakeholder involved, and collaboratively managed. In the short term, local governments should take the lead by setting up special coordination teams that clearly define the responsibilities of various departments in policy formulation, financial support, project approval, and other aspects. Meanwhile, regular communication mechanisms among subdistricts, communities, and elderly care institutions should be encouraged to ensure effective integration of service resources and information sharing. Additionally, exploring a "community-institution-family" tripartite linkage mechanism will enhance service coverage and response efficiency.

In the long term, a legalized cooperation framework should be established, introducing third-party social organizations as supervisory and evaluative bodies to promote a flatter and more transparent governance structure. The government can incentivize social capital and non-profit organizations to participate in home-institution integration projects through service purchasing, thereby transforming public service provision from a single supply to diversified collaboration. Moreover, resident self-governance mechanisms should be improved by establishing elderly representative committees or similar bodies, enabling elderly people to have greater voice in governance and realizing genuine "co-governance and shared benefits." Constructing a multi-stakeholder collaborative governance mechanism not only helps relieve governmental pressure but also provides a sustainable and stable foundation for the development of the home-institution integration model.

5.2. Improving service content and standard systems

Currently, under China's home-institution integration model, there are issues of imbalance and lack of unified norms in service content and standards. In the short term, efforts should be made to establish a comprehensive service catalog covering daily care, medical nursing, psychological comfort, rehabilitation training, and more, clearly delineating the responsibilities of institutions and communities at different levels. At the same time, basic service standard guidelines should be developed, especially specifying operational norms concerning the qualifications of home care workers, service procedures, and emergency handling, thereby enhancing service controllability and professionalism.

In the long term, a nationwide unified service quality evaluation system for home-institution integration should be established, constructing monitoring indicators that include service satisfaction, risk warning, and service feedback, combined with informatization tools to achieve real-time supervision and dynamic management. Additionally, local governments should be encouraged to develop differentiated service standards based on aging population levels, fiscal capacity, and regional characteristics, achieving a combination of localized adaptation and universal guidance. Furthermore, integration of standards with market mechanisms should be promoted by setting industry entry thresholds and reward-punishment mechanisms to guide service providers toward higher quality and efficiency. Standardization is not only a prerequisite for the sustainable development of the home-institution integration model but also a vital guarantee for enhancing elderly people's sense of gain and happiness.

5.3. Strengthening the professional talent training system

The shortage of professional talents is a critical bottleneck restricting the quality of home-institution integration elderly care services. In the short term, efforts should begin with vocational education by leveraging existing vocational colleges to offer relevant programs such as elderly care nursing, social work, and rehabilitation therapy. Partnerships between these institutions and local elderly care facilities should be established to achieve seamless integration of coursework and practical training. Additionally, entry subsidies and position allowances should be provided to attract more young professionals to join the elderly care industry.

5.4. Promoting the construction of smart elderly care platforms

The development of information technology provides vital technical support for the home-institution integration model. In the short term, emphasis should be placed on building regional smart elderly care service platforms that enable data interoperability

and resource integration. By consolidating information resources from community health service centers, elderly care institutions, housekeeping service providers, and others, an integrated “person-service-resource” management system can be constructed to improve service dispatch efficiency and precision. At the same time, the deployment of wearable devices and intelligent monitoring systems in elderly households should be promoted to achieve real-time health data collection and risk alerting.

In the long term, a national-level elderly care information standards system should be established, unifying interface standards, data formats, and privacy and security protocols to ensure platform compatibility and interconnectivity. Furthermore, artificial intelligence and big data analytics technologies can be introduced to model and analyze elderly individuals’ behavioral habits, health status, and service preferences, enabling personalized and predictive service provision. The application of blockchain technology in medical record sharing and fund circulation should also be explored to enhance platform credibility and transparency. Smart elderly care platforms not only improve service efficiency but also provide comprehensive protection for the lives of the elderly, serving as a key pathway to advancing the intelligent and precise development of the home-institution integration model.

5.5. Enhancing social awareness and public participation

Insufficient social awareness and low public participation are major factors limiting the widespread promotion of the home-institution integration model. In the short term, diverse publicity campaigns should be conducted through mainstream media and new media platforms to popularize the concept, advantages, and practical cases of home-institution integration, correct stereotypes about elderly care institutions, and increase family acceptance of integrated services. Meanwhile, communities should be encouraged to carry out elderly-friendly education and volunteer activities to foster mutual assistance awareness among neighbors.

In the long term, “aging awareness” should be integrated into the national education system by offering courses on life education and elderly care in primary, secondary, and higher education institutions to cultivate young people’s sense of responsibility and participation in an aging society. Public participation mechanisms should be constructed by establishing resident advisory committees or stakeholder roundtables, giving community residents, elderly people, and their families a voice in service design, evaluation, and feedback. Additionally, incentive policies should be formulated to encourage enterprises and social organizations to participate in home-institution integration public welfare projects, forming a virtuous cycle of nationwide participation and resource sharing. By improving social awareness and public engagement, elderly care can be transformed into a responsibility shared by the whole society, truly realizing the deep integration of the warmth of “home” and the assurance of “institution.”

6. Conclusion and outlook

This study takes Ningbo City as a case to analyze the current status of the home-institution integration elderly care model. It systematically reviews its development background, core characteristics, and typical practices, and combines domestic and international experiences to propose optimization strategies tailored to China’s national conditions. The study finds that the home-institution integration model plays a positive role in integrating family caregiving and institutional service resources, improving the quality of life for the elderly, and can to some extent alleviate issues such as labor shortages, resource fragmentation, and uneven service provision in traditional elderly care models. Meanwhile, diverse integrated approaches have gradually emerged in practice across regions, such as the construction of community-embedded elderly care institutions, extension of medical-care combined services, and support from informatization platforms, demonstrating certain innovations and replicability.

Based on current development bottlenecks and characteristics of China’s social structure, the study proposes optimization strategies from five aspects: establishing a multi-stakeholder collaborative governance mechanism, improving service content and standard systems, strengthening professional talent training systems, promoting smart elderly care platform construction, and enhancing social awareness and public participation. These pathways provide systematic approaches at policy, resource, technology, and public levels to support the implementation and deepening of the home-institution integration model.

However, this study has certain limitations. First, the data sources mainly consist of literature and policy cases, lacking primary survey and statistical data support, which limits analytical precision and empirical strength. Second, the study focuses on Ningbo as a representative region, carrying regional limitations, so relevant conclusions require adjustment according to local realities when promoted elsewhere. Third, the proposed optimization pathways emphasize theoretical logic and experience summaries, and some suggestions may face challenges in policy coordination, resource investment, and implementation costs in practical settings.

In summary, this study provides a reference for understanding and optimizing the home-institution integration elderly care model to some extent, but further refinement and adjustment based on local differences, data support, and policy implementation

conditions are necessary in its application and promotion.

References

- [1] Gu, T. T., Zhang, J. K., & Li, L. Z. (2017). Comparative development process and implications of typical welfare state elderly care service systems. *Economic System Reform*, (3), 158–163.
- [2] Zhong, H. L., & Zhang, X. Y. (2016). From state welfare to mixed welfare: Choices and implications of market-oriented reforms in elderly care services in Sweden, the UK, and Australia. *Economic System Reform*, (5), 160–165.
- [3] Zhu, X. Z. (2017). Study on the “home-institution integration” elderly care service model in Jiangdong District, Ningbo City. *Aging Science Research*, 5(11), 57–62. <https://doi.org/10.3969/j.issn.2095-5898.2017.11.006>
- [4] Chen, B., & Lin, X. L. (2020). Resource integration and social participation: The “home-institution integration” model in Yinzhou District, Ningbo City promotes the development of home-based elderly care services. *Health and Wellness World*, (6), 67–68.
- [5] Campbell, J. C., Ikegami, N., & Gibson, M. J. (2010). Lessons from public long-term care insurance in Germany and Japan. *Health affairs*, 29(1), 87-95.
- [6] Dahl, N. (2018). Social inclusion of senior citizens in Japan: an investigation into the ‘Community-based Integrated Care System’. *Contemporary Japan*, 30(1), 43-59.
- [7] Tsutsui, T., & Muramatsu, N. (2005). Care-needs certification in the long-term care insurance system of Japan. *Journal of the American Geriatrics Society*, 53(3), 522-527.
- [8] Bundesministerium für Gesundheit. (2022). Pflege in Deutschland: Zahlen und Fakten. <https://www.bundesgesundheitsministerium.de/themen/pflege/pflegeversicherung-zahlen-und-fakten.html>
- [9] Verhoeven, I., & Van Bochove, M. (2018). Moving away, toward, and against: How front-line workers cope with substitution by volunteers in Dutch care and welfare services. *Journal of Social Policy*, 47(4), 783-801.
- [10] Scharlach, A., & Lehning, A. J. (2016). *Creating Aging-Friendly Communities*. Oxford University Press.