

Ageing in Place in China:

Small Facilities, Community-family Care Integration, and Governmental Coordination

I SHIUFAL WONG

is Associate Professor, Faculty of Humanities and Social Sciences, Macao Polytechnic University, R. de Luís Gonzaga Gomes, Macao (sfwong@mpu.edu.mo).

In the year 2000, China met the United Nations' criteria for being considered an ageing nation, as 7% of its population was aged 65 and above (Lu and Liu 2019).¹ Since then, the country has experienced an increasing demand for elder care and has suffered an insufficiency of public health services, institutional care, integrated medical and care systems, long-term care insurance systems, and a physically and socially age-friendly environment (Han et al. 2020). The significant drain on public resources imposed by its ageing population has prompted the Chinese government at different levels to seek immediate solutions to the deterioration of older adults' health and early admittance into nursing facilities. As the ecological theory of ageing is one of the most striking ideas presented by Lawton and Nahernow, who conducted a study of dynamic connections between housing conditions and the physical capacity of older adults "to maintain themselves in the community" (1973: 619), China has been keen to incorporate this idea into its policy agenda as part of a long-term elder care strategy in the name of ageing in place (AIP), aiming to make living environments more autonomous, pleasant, safe, and cost-effective for older adults, without depending on public amenities.

However, attaining such living environments through urban renewal requires a long time to plan, design, and construct. The Chinese government started incorporating barrier-free design elements into the indoor and outdoor spaces of residential areas in the 1980s.² This endeavour aimed to enhance safety and accessibility for older adults and individuals with disabilities within the city. Despite decades of preparation, it was not until the early 2000s that AIP gained global recognition as a new paradigm in elder care policy as indicated by a significant rise in the number of AIP publications (Vasunilashorn et al. 2012). In line with this worldwide trend, China also embraced the introduction of AIP programs starting from the mid to late 2000s, serving as an alternative to traditional nursing homes for its elderly citizens.

At the beginning of policy implementation, China treated AIP as a straightforward concept to encourage older adults to continue living at home. The policymakers conjectured that, with indoor and outdoor environmental quality and facilities improved to bring convenience, comfort, and safety, older adults would feel both physical and psychological well-being as they live without needless

obstacles and in a familiar home and neighbourhood. Yet, due to physical and cognitive decline, older adults who age at home increasingly need third-party physical, health, and/or social care. In other words, AIP can allow older adults to comfortably age at home or in place, provided that they can receive proper care and support supplied by an unaffiliated person, company, or entity such as ageing under home or community care (Stewart et al. 2014; Fernández-Carro 2016; Konstantinidis et al. 2019), or ageing in serviced studio apartments or senior cohousing (Thang and Hong 2015; Greig et al. 2019; López Gómez, Estrada Canal, and Farré Montalá 2020). To achieve this, privatisation and/or grassroots community participation are the usual prescriptions, as they can create a momentum to drive supply of AIP care³ (McFadden and Lucio 2014; Hodgson 2022).

Numerous problems in China have driven its AIP care toward negative or unsatisfactory outcomes. For example, the following problems pose a threat to China's AIP care: (1) age-unfriendly urban development (Chui 2008); (2) poor geriatric nursing support (Li and Yang 2012); (3) lack of home-based care (Fang et al. 2015; Liu et al. 2015); (4) low social trust (Jiang, Lou, and Lu 2016); (5) significant social inequality (Yu and Rosenberg 2017). Among all these problems, Han et al. (2020: 14) maintain that from the perspective of public health, the working conditions of migrant or laid-off AIP workers, who are usually inexperienced, less educated, poorly paid, inferior in social status, and lacking in professional identity, are the main cause of the shortage or loss of the nursing caregiver workforce for older adults in China.

It can be observed that the four characteristics below are critical factors in China's botched first attempts at resolving its infrastructural,

1. United Nations, Department of Economic and Social Affairs, Population Division, 2019, "World Population Prospects 2019: Methodology of the United Nations Population Estimates and Projections," <https://population.un.org/wpp> (accessed on 14 September 2023).
2. The State Council Information Office of the People's Republic of China, "China Aims to Enhance Barrier-free Living Environment through Legislation," 26 April 2023, www.english.scio.gov.cn/chinavoices/2023-04/26/content_85254964.htm (accessed on 17 August 2023).
3. Debbie L. Miller, "'Good Neighbours of Park Slope' Helps Residents Age in Place," *Nextavenue*, 3 May 2018, <https://www.nextavenue.org/good-neighbors-park-slope-age-in-place> (accessed on 15 April 2021).

social, and particularly its workforce and professionalism problems. First, because of family-oriented culture and the serious understaffing of public nursing homes (Li 1988; Chu 2003; Chen 2019), China's AIP care providers are keen to explore other possible forms of nonprofessional, noninstitutional care such as care by family members (Zhang 2018; Zheng, Wong, and Hickson 2023). Second, since China has a more diverse economic structure and ethnic population than many other countries, its AIP care has difficulty adapting to diverse elder demographics with a one-size-fits-all approach. For instance, China's ethnic diversity with various environments, communities, and specific contexts may require a variety of AIP care systems. The existence of state efforts to provide AIP care in addition to local caregivers or family members results in the bureaucratic inclination to organise the workforce into a horizontal rather than a vertical structure and provide more general than specific care services. Third, given the dense population of Eastern Chinese coastal cities, where labourers from rural areas and poor provinces flock to find jobs, scarce land in the urban areas is used to cope with rapid urbanisation. Chinese older adults residing in urban areas with a population density of 147 individuals per km² face challenges in terms of their ability to choose ageing arrangements such as living in detached single-family residences or spacious retirement communities. This contrasts with countries such as Australia, with a population density of three individuals per km², or Canada, with a population density of four individuals per km²,⁴ where such options are more feasible. Fourth, instead of using public funds to sustain AIP programs or subsidise grassroots communities that run their own projects, Chinese authorities, especially in large poor rural areas, have tended to commercialise elder care services. Since 2013, foreign and private investors have been allowed to invest in the elder care market. China's State Council has vowed to transform this sector into a "sunrise" industry.⁵ Yet, despite the growing presence of private sector participation, the public sector remains indispensable in providing aged care services. Collaborative endeavours between the public and private sectors have expedited the development of home and community-based elder care due to the implementation of different forms of public-private partnership (Zhang and Chan 2023). In short, these four characteristics have greatly influenced the onward revisions and performance of China's AIP care.

Despite being overshadowed by its early floundering experiences, the Chinese government has learnt its lesson and has adopted a range of new measures to address its infrastructural, social, and particularly workforce and training problems. Taking account of the four characteristics, China has managed to hammer out the following measures to deal with the problems. While the WHO Centre for Health Development⁶ has remarked that "aging in place is designed to prevent or delay more traumatic moves to a dependent facility, such as a nursing home," China has constructed a large variety of partially dependent or semi-independent satellite-constellation-like small facilities in close proximity to the older adults they aim to serve. For example, while New York has established around 300 older adult (or community and senior) centres to serve 4.6 million New Yorkers aged 65 and over with traditional leisure activities, healthy meals, classes, fitness programs, and social services,⁷ Beijing has installed four times (1,201) that

number to provide a similar population (4.4 million) of Beijingers in the same age range with not only traditional but also digital and drop-in multi-purpose care.⁸ In addition, according to Cheng et al. in this special feature, "[t]he Beijing Civil Affairs Bureau aims to build community care facilities within a service radius of 1 km from potential patrons' residences" (p. 24). These self-contained residential units, such as the 36 units in Huangshi City,⁹ are commonly referred to as "mini-neighbourhoods" (*mini xiaoqu* 迷你社區) due to their smaller scale.¹⁰ This term contrasts with the larger sizes typically associated with other neighbourhoods in Beijing, such as Hepingli (5.02 km²), Yayuncun (5.13 km²), and Panjiayuan (4.3 km²). Despite the small size of these mini-neighbourhoods, close relationships with their older residents allow service providers to provide immediate, specific, and purposeful care. As an illustration, to enhance the safety and convenience of the living environment for elderly residents in Shanghai, the government has undertaken various initiatives since 2015. These include widening 24 roads and demolishing walls spanning a total length of 159 metres within Lane 760 of Yangqu Road. Consequently, these transformations have resulted in the creation of a "mini-community" aimed at catering to the needs of the local elderly population.¹¹ As of 2022, Shanghai has designated 102 of these microscale neighbourhoods as age-friendly communities officially recognised by the Shanghai Municipal Health Commission.¹² In partnership with the family members of older adults, the effect of a well-trained mini-neighbourhood community of volunteers or

- United Nations, Department of Economic and Social Affairs, 2022, *Demographic Yearbook 2021*, <https://desapublications.un.org/publications/demographic-yearbook-2021> (accessed on 17 September 2023).
- Yang Yao, "Senior Care Opens Wide for Investors," *China Daily*, 19 August 2013, https://usa.chinadaily.com.cn/epaper/2013-08/19/content_16903775.htm (accessed on 22 August 2023).
- World Health Organisation, 2004, *A Glossary of Terms for Community Health Care and Services for Older Persons*, https://iris.who.int/bitstream/handle/10665/68896/WHO_WKC_Tech_Ser_04.2.pdf;jsessionid=29991590A087AFFBC1DB670F03570730?sequence=1 (accessed on 21 August 2023).
- Office for the Aging (New York State), "NYSOFA Annual Report Details Services to Older New Yorkers, Aging Population Trends, Statistics," 13 July 2022, <https://aging.ny.gov/news/nysofa-annual-report-details-services-older-new-yorkers-aging-population-trends-statistics#:~:text=New%20York%20has%20the%20fourth,ages%20of%2045%20and%2059> (accessed on 22 August 2023).
- "Beijing Enters Moderately Aging Society: Report," *News.cn*, 2 September 2022, <https://english.news.cn/20220902/0fce21cfc9c45908338b4a09e94cfba/c.html> (accessed on 22 August 2023).
- "亞光社區：黨群同心締造幸福新家園" (*Yaguang shequ: Dangqun tongxin dizao xingfu xin jiayuan*, Yaguang community: The party and the masses work together to create a happy new home), *Huangshi ribao* (黃石日報), 22 August 2022, www.huangshi.gov.cn/zjtj/gtdzmhsh11/gtdxc/202211/20221103_959492.html (accessed on 18 September 2023).
- "江蘇政府兜底物業棄管小區推動老舊社區升級" (*Jiangsu zhengfu doudi wuye qi guan xiaoqu tuidong laojiu shequ shengji*, The Jiangsu government abandons residential properties and promotes the upgrading of old communities), *Sina.com* (新浪網), 13 June 2019, https://k.sina.cn/article_5675440730_152485a5a02000i13s.html?from=news&subch=onews (accessed on 18 September 2023).
- Jing'an District Government 靜安區人民政府, "臨汾路街道全力創建全國示範性老年友好型社區" (*Lingfen lu jiedao quanli chuangjian quanguo shifanxing laonian youhaoxing shequ*, Linfen Road strives to create a national model age-friendly community), 17 November 2022, <https://www.jingan.gov.cn/rmtzx/003001/20221117/4601769b-d584-475a-87cd-a0bcc261eb38.html> (accessed on 18 September 2023).
- Yan Yuan 嚴遠, and Xuan Zhaoqiang 軒召強, "102個社區被命名為2022年上海市老年友好型社區" (*102 ge shequ bei mingming wei 2022 nian Shanghai shi laonian youhaoxing shequ*, 102 neighbourhoods in Shanghai were named age-friendly communities in 2022), *People.cn* (人民網), 9 February 2023, <http://sh.people.com.cn/n2/2023/0210/c176737-40297029.html> (accessed on 10 February 2023).

private service providers can be significant. They can constitute an asset if the government leverages them to build AIP care teams. The implementation of this novel strategy has been officially titled “Butler services” (*guanjia shi fuwu* 管家式服務) and “Nearby and accurate elder care grid” (*jiujin jingzhun yanglao fuwu wangge* 就近精準養老服務網格) by the Chinese government.¹³

This revised concept of AIP care in China is becoming increasingly apparent. Since most AIP programs aim to reduce public spending by encouraging older adults to continue living in their homes or neighbourhoods independently without reliance on public facilities, older adults who reside alone or lack support in AIP programs would commonly experience concurrent comorbidities such as depression or anxiety. To address these issues, China chooses to resolve conflicts between older adults (who expect elder care) and care providers (who promote elder independence) through combined public and nonpublic efforts. This logic assumes that the prevention of concurrent comorbidities of AIP programs is more effective than the promotion of independent living in alleviating public spending on aged care. Case studies across China have illustrated that the underlying rationale behind China’s revised AIP programs is primarily centred around boosting government expenditure on the establishment of a substantial number of small community centres or care teams designed with the involvement of relatives, friends, and volunteers in order to resolve conflicts among different stakeholders (Li, Yu, and Rosenberg 2023; Wang, Zhang, and Zhan 2023; Wong 2023; Yang et al. 2023; Zhang and Chan 2023). In light of these findings, further investigation is warranted to examine more of these combined efforts in both the public and nonpublic sectors. A revised perspective for China’s AIP is also called for by Yu and Rosenberg (2017: 194), whose “study finds Western theorization and interpretation of aging, place and health are not well suited to a Chinese case.” Hence, the four articles in this special feature entitled “Ageing in Place in China: Small Facilities, Community-family Care Integration, and Governmental Coordination” highlight the latest elements of AIP programs in China. With a considerable number of interviewees and empirical data, they provide not only academics but also policymakers and other stakeholders with significant insights into how the concept of AIP can be further refined and implemented in China.

Zhang and Zhang, in their paper titled “Practice Models of Rural China’s Ageing in Place: From the Perspective of Multiple Collaborative Governance,” document three main AIP practice models in rural Jiangsu, i.e., home-based care provided by volunteers, day care in community centres managed by (semi-) volunteers, and institutional care by small village-based happiness homes and senior apartments run by individuals at a scale of less than 300 m². These three community models are different from traditional family care because the government plays the role of coordinator and regulator to foster and facilitate synergic collaboration between diverse stakeholders. Various elements, including virtual nursing homes, time banks, and professional social organisations are employed and coordinated to facilitate teamwork between volunteers and other care providers for older adults in rural China.

Cheng et al. have further illustrated the dynamic and nonlinear

joint efforts of China’s AIP care in six community care facilities in Beijing from a historical, spatial, and integrative perspective in their article titled “Provision and Utilisation of Community Care Services in Beijing, China.” They find that, in addition to financial difficulties in care provision and limited government support, poor perception and personal evaluation of AIP care by older adults can also bring the services to a low utilisation status. After scrutinising maps of different timings and opinions expressed in in-depth semi-structured interviews over the sufficiency of AIP care with an analytical framework based on the structuration theory, the authors elaborate on how local governments, communities, the private sector, and older residents have joined forces to reduce negative perceptions of AIP care.

Based on an analysis of sociodemographic and family structure variables of 4,076 older adults in Yibin, Sichuan Province, Chen and Fu’s article titled “Family Structure and Subjective Well-being of Older Adults in China: Impacts of Grandparent Coresidence, Grandparenting, and Family Support” reveals that older adults who live with both their adult children and young grandchildren and help take care of their grandkids can enjoy positive well-being outcomes. However, living in skipped-generation households (i.e., without their adult children, who usually work in other provinces) and assuming the full responsibility for looking after their grandkids is not associated with subjective well-being. Nevertheless, their article also shows how social support provided by frequent contact with members of their family network can increase the subjective well-being of supportive grandmothers.

Zheng and Zhang’s paper titled “The Effects of the Internet on Well-being Among Older Adults Ageing in Place: The Roles of Subjective Income and Social Trust” finds that although internet use provides older adults with closer connections to family members and richer social networks, a negative internet experience can jeopardise the subjective income and social trust of older adults, particularly those exhibiting symptoms of dementia, who may possess a higher susceptibility to harmful online propaganda or content that encompasses elements such as bias, discrimination, offensive language, or deceptive activities. In this regard, the Chinese government has vowed to keep a grip on content censorship by establishing an elderly-friendly digital environment for older adults. For example, internet platforms can utilise intelligent recommendation algorithms to selectively screen out images or short videos that promote materialistic values or monetary-focused attitudes.

In retrospective, to address the accompanying comorbidities of AIP programs such as anxiety or depression, the literature has turned the ecological concept of the early AIP model into remedial models such as social-gerontological, gerontechnological, environmental-gerontological, and normalcy-gerontological,¹⁴ among others. The

13. “西城構建‘一鍵呼’就近精準養老服務體系” (*Xicheng goujian “yi jian hu” jiujin jingzhun yanglao fuwu tixi*, Xicheng builds a “one-click call” nearby precision elderly care service system), *Bj.chinanews.com* (中國新聞網北京), 6 January 2023, www.bj.chinanews.com.cn/news/2023/0106/89224.html (accessed on 16 September 2023).

14. Normalcy-gerontology refers to a specialised field of gerontology that studies the hedonic and passive aspects of ageing based on the disabled elderly oriented ageing concept by Hanson (2015).

motives inherent in these revisions in terms of social interaction (Schulz et al. 2006), gerontechnology (Micera, Bonato, and Tamura 2008), contextual environmental elements of place (Golant 2015), and comfort zone and/or mastery zone at home (Hanson 2015) are to alleviate public spending by promoting the autonomy of older adults who age in place. This allows them to engage in self-care for longer periods of time without moving to a nursing home.

Instead of these revised systems of AIP, China is considering other options according to its characteristics, i.e., family-oriented culture, diverse demographics, dense population, and state coordination. It is notable that the Chinese government has ended up with the policy slogans of “Butler services” and “Nearby and accurate elder care grid.” Through the examination of empirical data in China and a comparative analysis with AIP literature, several novel findings have emerged in this special feature. These include the integration of community-family care, the establishment of diverse satellite-constellation-type small facilities in close vicinity to the

elderly population they aim to assist, and the governmental role as a facilitator among various stakeholders. These ideas constitute fundamental elements within China’s AIP programs in the mini-neighbourhood of community-family care.

Given the trend of an ageing population and the continuous expansion of AIP programs in China, future research can focus on exploring various facets. It would be intriguing to refine these concepts through the lens of alternative research disciplines and delve into the practical effectiveness of China’s AIP initiatives in conjunction with its grid system of mini-neighbourhood communities.

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References

- CHEN, Xinren. 2019. “‘Family-culture’ and Chinese Politeness: An Emancipatory Pragmatic Account.” *Acta Linguistica Academica* 66(2): 251-70.
- CHU, Xiaoping 儲小平. 2003. “中國‘家文化’泛化的機制與文化資本” (*Zhongguo “jia wenhua” fanhua de jizhi yu wenhua ziben*, The generalisation of Chinese “family culture” and cultural capital). *Xueshu yanjiu* (學術研究) 11: 15-9.
- CHUI, Ernest. 2008. “Aging in Place in Hong Kong: Challenges and Opportunities in a Capitalist Chinese City.” *Aging International* 32(3): 167-82.
- FANG Evandro Fei, Morten SCHEIBYE-KNUDSEN, Heiko J. JAHN, Juan LI, Li LING, Hongwei GUO, Xinqiang ZHU, et al. 2015. “A Research Agenda for Aging in China in the 21st Century.” *Aging Research Reviews* 24: 197-205.
- FERNÁNDEZ-CARRO, Celia. 2014. “Ageing at Home, Co-residence or Institutionalisation? Preferred Care and Residential Arrangements of Older Adults in Spain.” *Ageing and Society* 36(3): 586-612.
- GOLANT, Stephen M. 2015. *Aging in the Right Place*. Baltimore: Health Professions Press.
- GREIG, Jenni, Sabih-Ur REHMAN, Anwaar UL-HAQ, Greg DRESSER, and Oliver K. BURMEISTER. 2019. “Transforming Ageing in Community: Addressing Global Ageing Vulnerabilities through Smart Communities.” In *Proceedings of the 9th International Conference on Communities & Technologies-transforming Communities*. 228-38.
- HAN, Yuting, Yao HE, Jun LIU, Canqing YU, Mingze BIAN, and Liming LEE. 2020. “Aging in China: Perspectives on Public Health.” *Global Health Journal* 4: 11-7.
- HANSON, Victoria M. 2015. *The Meaning of Successful Aging among Older Adults with Long-term Disabilities*. PhD Dissertation. Bloomington: Indiana University.
- HODGSON, Nancy A. 2022. “Aging in Place: The Role of Public-private Partnerships.” In Olivia S. MITCHELL (ed.), *New Models for Managing Longevity Risk: Public-private Partnerships*. Oxford: Oxford University Press. 91-104.
- JIANG, Nan, Vivian W.Q. LOU, and Nan LU. 2016. “Does Social Capital Influence Preferences for Aging in place? Evidence from Urban China.” *Aging & Mental Health* 22(3): 405-11.
- KONSTANTINIDIS, Evdokimos I., Despoina PETSANI, Giuseppe CONTI, Antonis BILLIS, Valentina CONOTTER, Guillaume CHICAN, Tim Llewellynn LORENZO, et al. 2019. “A New Approach for Ageing at Home: The CAPTAIN System.” *Studies in Health Technology and Informatics* 264: 1704-5.
- LAWTON, M. Powell, and Lucille NAHEMOW. 1973. “Ecology and the Aging Process.” In Carl EISDORFER, and M. Powell LAWTON (eds.), *The Psychology of Adult Development and Aging*. Washington: American Psychological Association. 619-74.
- LI, Bin, and Yining YANG. 2012. “Housing Stratification and Aging in Urban China.” In Sheying CHEN, and Jason L. POWELL (eds.), *Aging in China: Implications to Social Policy of a Changing Economic State*. Cham: Springer.

- LI, Yuan, Jie YU, and Mark W. ROSENBERG. 2023. "Enabling Places': Rethinking 'Community' in Ageing-in-community in Beijing, China." *Australasian Journal on Ageing* 42(1): 64-71.
- LI Yih-yuan 李亦園. 1988. "中國人的家庭與家的文化" (*Zhongguoren de jiating yu jia de wenhua*, Chinese family and the culture of family). In WEN Chung-I 文崇一, and HSIAO Hsin-Huang Michael 蕭新煌 (eds.), *中國人: 觀念與行為* (*Zhongguoren: Guannian yu xingwei*, The Chinese people: Beliefs and behaviours). Taipei: Taiwan Juliu Books. 85-98.
- LIU, Jun-E, Jun-Ye TIAN, Peng YUE, Yong-Li WANG, Xue-Ping DU, and Shuang-Qing CHEN. 2015. "Chinese Empty-nest Elderly People in Urban Communities in Beijing, China: A Qualitative Study." *International Journal of Nursing Sciences* 2(1): 15-22.
- LÓPEZ GÓMEZ, Daniel, Mariona ESTRADA CANAL, and Lluvi FARRÉ MONTALÁ. 2020. "Havens and Heavens of Ageing-in-community: Home, Care and Age in Senior Co-housing." In Bernike PASVEER, Oddgeir SYNNESE, and Ingunn MOSER (eds.), *Ways of Home Making in Care for Later Life*. London: Palgrave Macmillan. 159-81.
- LU, Jiehua, and Qin LIU. 2019. "Four Decades of Studies on Population Aging in China." *China Population and Development Studies* 3: 24-36.
- McFADDEN, Erica S., and Joanna LUCIO. 2014. "Aging in (Privatized) Places: Subsidized Housing Policy and Seniors." *Journal of Housing for the Elderly* 28(3): 268-87.
- MICERA, Silvestro, Paolo BONATO, and Toshiyo TAMURA. 2008. "Gerontechnology." *IEEE Engineering in Medicine and Biology Magazine* 27(4):10-4.
- SCHULZ, Richard, Linda S. NOELKER, Kenneth ROCKWOOD, Richard L. SPROTT. 2006. *The Encyclopedia of Aging: A-K*. Cham: Springer.
- STEWART, Jill, Rachel CROCKETT, Jim GRITTON, Brendon STUBBS, and Ann PASCOE. 2014. "Ageing at Home? Meeting Housing, Health and Social Needs." *Journal of Integrated Care* 22(5/6): 242-52.
- THANG, Leng Leng, and Song-lee HONG. 2015. "Ageing-in-place in Studio Apartments in Singapore: Maintaining Independence in Community Living." *Asia Pacific Journal of Social Work and Development* 25: 250-63.
- VASUNILASHORN, Sarinnapha, Bernard A. STEINMAN, Phoebe S. LIEBIG, and Jon PYNOOS. 2012. "Aging in Place: Evolution of a Research Topic Whose Time Has Come." *Journal of Aging Research*. <https://doi.org/10.1155/2012/120952>
- WANG, Qi, Yunxiang ZHANG, and Heying ZHAN. 2023. "Path Towards Home: Exploring Pathways to the Development of a Sense of Home in Residential Care Settings in China." *Australasian Journal on Ageing* 42(1): 80-9.
- WONG, Shiufai. 2023. "Depleted by Dependence or Imprisoned by Independence? Cases of China's Aging in Place." *Educational Gerontology* 49(8): 657-72.
- YANG, Fang, Huiguang WANG, Qi WU, and Yourong GAO. 2023. "Ageing in Place and Loneliness of Older Adults in Shanghai, China." *Australasian Journal on Ageing* 42(1): 72-9.
- YU, Jie, and Mark W. ROSENBERG. 2017. "No Place Like Home: Aging in Post-reform Beijing." *Health & Place* 46: 192-200.
- ZHANG, Jiayu, and Wing Kit CHAN. 2023. "Public-private Partnership in Care Provision for Ageing-in-place: A Comparative Study in Guangdong, China." *Australasian Journal on Ageing* 42(1): 90-7.
- ZHANG, Shirong. 2018. *Social Living Project for Chinese Elderly People without Family Support*. MA Dissertation. Auckland: Unitec Institute of Technology.
- ZHENG, Huili, Lena L. N. WONG, and Louise HICKSON. 2023. "Barriers to Hearing Aid Adoption among Older Adults in Mainland China." *International Journal of Audiology* 62(9): 814-25.