



EHL INSIGHTS WHITEPAPER

From Senior Living to Service Living

HOW HOSPITALITY CAN REDEFINE THE
EXPERIENCE OF AGING IN CHINA

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MANAGING DIRECTOR AND COUNTRY HEAD OF GREATER CHINA, EHL

China's aging transition is no longer a distant social issue. It is already reshaping the country's policy priorities, service economy, and consumption landscape. As the silver economy rises and expectations around later-life well-being continue to evolve, senior living is becoming an increasingly important test of how societies respond to longevity – not only in terms of care capacity, but in terms of quality of life.

This report examines China's premium senior living market at a moment when the sector is moving beyond its earlier, more fragmented stage. Our research suggests that the next phase of development will be defined less by physical assets alone than by the ability to create coherent, trusted, and human-centered living environments. In this context, premium senior living should not be understood simply as a real estate format or a care product. It is increasingly an integrated service system, shaped by healthcare reassurance, hospitality-informed experience, operational maturity, emotional value, and the quality of everyday life.

The significance of this market extends beyond China. As many Asian societies confront similar demographic shifts, China offers an important reference point: not because its models can be copied directly, but because its scale, pace, and policy momentum are already surfacing questions that others in the region will also need to address. How should later-life living be designed? How should care, autonomy, lifestyle, and dignity be balanced? And what kinds of service systems will be required as aging becomes both a social reality and an economic frontier?

For EHL, this is a highly relevant conversation. Our perspective is grounded in a long-standing belief that quality is not defined only by what is provided, but by how it is designed, delivered, and experienced. It is from this perspective that we approach senior living: not simply as an aging sector, but as an emerging service environment in which human-centered design, service excellence, and operational coherence will increasingly define long-term value.

**A CHANGING SOCIETY: THE FORCES
RESHAPING AGING IN CHINA**

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In China's largest and wealthiest urban regions, the question is no longer only how to house and care for an aging population. It's how to create environments where people can continue to live well.

”

FROM ECONOMIC REFORM TO RISING EXPECTATIONS

China's senior living market was built—gradually, and then all at once—by four decades of economic and social change.

Since 1978, China has moved from a predominantly agrarian society to the world's second-largest economy. Over that period—one of the fastest economic expansions in modern history—GDP grew from 367.9 billion yuan to more than 126 trillion in 2023, a 42-fold increase in real terms (adjusted for inflation). The economy expanded at an [average annual rate of 8.9%, accounting for an estimated 24.8% of global growth—](#)

more than any other country. That scale of growth didn't just raise incomes—it created an entirely new class of older adults with the financial means to choose how they age.

In 1978, average incomes were measured in the hundreds of yuan—around [143 yuan in rural areas](#) and [615 yuan for urban workers](#). Today, per capita [disposable income exceeds 39,000 yuan a year](#), transforming living standards, wealth, and expectations for later life.

CHINA'S ECONOMIC TRANSFORMATION

¥367.9B to ¥126T+

China's GDP grew from ¥367.9 billion in 1978 to more than ¥126 trillion in 2023.

Source: [China National Bureau of Statistics](#)

8.9%

China's average annual economic growth rate from 1979 to 2023. China accounted for an average 24.8% of global economic growth over the same period.

Source: [China National Bureau of Statistics](#)

¥39,218

China's per-capita disposable income in 2023.

Source: [The State Council of the People's Republic of China](#)

¥51,821 / ¥21,691

2023 per-capita disposable income in urban / rural areas, respectively.

Source: [The State Council of the People's Republic of China](#)



Guanlu Feng

Managing Director and
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FROM RURAL TO URBAN IN A SINGLE GENERATION

Since the late 1970s, economic reforms have fundamentally changed how and where people in China live, creating new pathways to income, mobility, and wealth, [expanding middle-to-high income groups](#).

In 1978, just 20% of China's population lived in cities. By [2024, that figure had reached 67%](#)—some 940 million people—in what is widely considered one of the largest internal migrations in human history.

Urbanization did more than concentrate populations into cities. It expanded access to healthcare, services, infrastructure, and social life, laying the groundwork for a fundamentally different experience of aging.

20% to 67%

China's urban population share from 1978 to 2024.

Source: [Chongqing Daily](#)

940M+

By 2024, around 940 million people in China lived in urban areas.

Source: [Chongqing Daily](#)

LONGER LIVES, NEW POSSIBILITIES

Life expectancy in China has risen from around [65.5 years in 1978](#) to [77.9 years today](#), extending later life by more than a decade. At the same time, the country is rapidly urbanizing: by 2030, China is expected to become an “urban billion,” meaning over a billion people will be living in cities.

The result is a fundamentally different starting point for aging: more people concentrated in cities, with longer lives and new possibilities for how those years are spent. Later life is no longer a short

final chapter. It's an extended phase with its own expectations, needs, and possibilities.

65.5yrs to 77.9yrs

China's life expectancy rose from around 65.5 years in 1978 to 77.9 years today.

Sources: [Macrotrends](#), [National Health Commission of the People's Republic of China](#)

+12.4yrs

Life expectancy increased by roughly 12.4 years between 1978 and 2026.

Sources: [Macrotrends](#), [National Health Commission of the People's Republic of China](#)

A NEW DEFINITION OF THE “GOOD LIFE”

Beyond the numbers, the deeper shift is lived, not measured. While the idea of a “good life” in retirement is widely understood, China is increasingly defining it in more specific terms as the pursuit of a “better life.”

Recent research suggests that [health status has now overtaken income as the primary driver of perceived well-being in China](#), reinforcing a broader shift toward longevity, quality of life, and holistic health as defining priorities in later life.

HEALTH, EXPANDED BEYOND MEDICAL CARE

Health is no longer viewed solely through a medical lens. It now encompasses autonomy, physical activity, social engagement, and emotional fulfillment.

In this context, senior living is redefined—not as a place for care, but as a place to live, with the services, environments, and communities to support a longer, more active phase of life.

FROM MATERIAL WEALTH TO LIVED EXPERIENCE

Well-being is no longer defined by income alone.

Among high-net-worth individuals, spending remains strong. But the bigger shift is where that money is going: away from material goods and toward [services, experiences, and well-being](#).

Services now account for [46.1% of household consumption](#) and are growing faster than goods, pointing to rising demand for experience-led categories, including premium senior living. That shift signals a fundamental change: older consumers aren’t just spending more—they’re spending differently, prioritizing experiences over ownership.

46.1%

Services now account for 46.1% of household consumption in China, reflecting a shift toward spending on services and experiences rather than goods.

Source: [Reuters](#)

Expectations have shifted from care to quality of life, but the environments designed to support later life haven’t evolved at the same pace.



The background is a dark blue gradient. It features a complex pattern of overlapping circles and small dots, creating a sense of depth and connectivity. The circles are thin and light blue, while the dots are small and dark blue. The overall effect is a modern, geometric design.

CHINA'S EVOLVING SENIOR LIVING MARKET: GAPS AND OPPORTUNITIES

Rebecca LiuTeam Lead, School of
Practical Arts & VET
Greater China, EHL

“

For senior living operators and investors, the implication is clear: care remains essential, but it's no longer enough. Differentiation will come from the ability to deliver experiences, services, and communities that reflect evolving expectations.

”

A MODEL BUILT FOR A DIFFERENT REALITY

China's elderly care system is built around a simple idea: most people will age at home.

THE THREE MODELS SHAPING ELDERLY CARE IN CHINA

China's elderly care system [builds on a long-standing three-tier model](#) that combines home-based, community-based, and institutional care. Each is designed to support different levels of need and applied in varying ways across regions.

TYPE	SETTING	SHARE OF CARE*	DESIGNED FOR	KEY ADVANTAGES
Home-based care	At home	90%	Older adults with basic self-care abilities	Lower cost, no relocation, continued family support
Community-based care	Home and neighborhood	7%	Older adults with limited independence or absent family support	Access to nearby services, combining home comfort with institutional support
Institutional care	Specialized care facilities	3%	Older adults with high care needs or dementia	Comprehensive services, integrated healthcare, structured environment

*Listed percentages correspond with the 9073 framework. For regions that refer to the 9064 framework, the breakdown is: 90% home-based, 6% community-based, 4% institutional.

Often summarized as the “9073” framework—or, in some regions, “9064”—China's elderly care system [relies heavily on family caregivers](#), with a more limited role for formal care. In practice, 9064 appears more in earlier policy frameworks and institutional-heavy systems, while 9073 reflects a newer shift toward expanding community-based care over facility-based models.

It reflects a social reality that, for decades, held true. Families were larger, more geographically stable, and able to provide the bulk of support in later life.

But that reality is changing. Multigenerational households have given way to smaller family units, greater mobility, and more independent patterns of living. With fewer children and less time spent at home, the system that once relied on family care is becoming increasingly difficult to sustain.

LOW OCCUPANCY, MISMATCHED DEMAND

The strain is already visible. Even as the need for care grows, supply is failing to align with what older adults and their families are willing to choose. China's senior living sector is defined by an unusual tension: care bed availability remains significantly below that of more mature markets such as the United States and Japan, yet [average occupancy rates remain below 50%](#).

This is not simply a shortage. It is a structural mismatch between what is available, what families trust, what they can afford, and what today's older population actually wants. Much of the current supply still reflects an earlier model—one focused on medical support, safety, and efficiency rather than the expectations of a more modern, more discerning older population.

WHERE DEMAND IS TAKING SHAPE

Demand for senior living is unevenly distributed, concentrated in a small number of urban clusters where demographic pressure, purchasing power, advanced infrastructure, and supportive policy environments converge.

Inland and in less developed regions, the transition is gradual. Stronger cultural preferences for home-based

care position institutional care as a last resort. At the same time, rapid aging and outmigration of younger generations are beginning to redefine what's possible, gradually creating openness to more formal care and support services.

In China's most economically advanced regions, service-oriented models for senior living are seen not only as a practical solution, but as a path to a desirable lifestyle. Many emerging senior care models draw directly from hospitality, incorporating service design, amenities, and community experiences more commonly associated with hotels than with traditional care facilities. Residents aren't simply receiving care, but socializing, pursuing hobbies, and participating in daily life in ways that challenge traditional assumptions about aging.



Geography of Opportunity

YANGTZE RIVER DELTA (YRD)

Scale, wealth, and a deeply established consumer base



The Yangtze River Delta sits at the center of China's senior living opportunity. Its combination of economic scale, population density, and purchasing power creates one of the country's most mature and deeply developed markets for higher-end service-led models.

Fast facts:

- 33T yuan GDP (2024) - 25% of national output
- 240M residents (16.9% of China's population)
- Contributes 30% of China's annual economic growth

Sources: [Jiangsu Provincial Government](#) (GDP, population); [China Daily](#) (economic growth)

GREATER BAY AREA (GBA)

Innovation, integration, and global exposure



The Greater Bay Area is a global hub for trade, technology, and manufacturing. In this highly connected environment, aging is evolving alongside broader shifts in healthcare, hospitality, and urban living—accelerating more innovative, service-oriented approaches.

Fast facts:

- 14T yuan GDP (2024) - 11% of national output
- 88M residents (6% of China's population)
- Occupies just 0.6% of China's land

Sources: [HSBC](#) (GDP, land area); [Guangdong-Hong Kong-Macao Greater Bay Area](#) (population)

JING-JIN-JI (BEIJING-TIANJIN-HEBEI)

Policy-led growth and system-level coordination



In the Jing-Jin-Ji region, senior living is equally influenced by policy and market forces. As a nationally significant strategic cluster, it combines strong public-sector coordination with growing demand driven by population aging and urban concentration.

Fast facts:

- 11.5T yuan GDP (9.1% of national output)
- 109.4M residents (7.8% of China's population)
- Services account for 68.9% of regional output

Sources: [Xiongan New Area](#) (GDP, population); [People's Daily](#) (service sector)

CHENGDU-CHONGQING ECONOMIC CIRCLE

Emerging growth, rising middle class, lifestyle potential



Further inland, Chengdu-Chongqing represents a fast-rising fourth pole of regional development, where improving infrastructure and a growing middle class support demand for more lifestyle-oriented senior living models.

Fast facts:

- 8.72T yuan GDP (6.5% of national output)
- 98.53M residents (7% of China's population)
- GDP has grown by more than 35% since 2019

Sources: [Sichuan Provincial Local Chronicles Office](#) (GDP, population); [People's Daily](#) (historical GDP growth)

These patterns aren't emerging in isolation, but within a broader policy environment that's actively influencing how care is delivered, financed, and embraced across China's aging society.



POLICY LANDSCAPE: NATIONAL AND REGIONAL DIRECTIONS

China hasn’t had the luxury of adapting to demographic change gradually. Instead, policy is developing the systems needed to support a rapidly aging population—guided by a national framework that prioritizes aging at home and in the community as the foundation of care.

Past

FROM DEMOGRAPHIC PRESSURE TO NATIONAL STRATEGY

China’s system of Five-Year Plans has long served as the backbone of national development, setting priorities and coordinating action across sectors. Early policy efforts focused on expanding access to basic, equitable care while laying the groundwork for a more coordinated system of medical, daily, and social support.

THE 14TH FIVE-YEAR PLAN (2021–2025): SCALING AND STANDARDIZING

The 14th Five-Year Plan expanded care services deeper into local communities and sustained investment in infrastructure and workforce capacity, elevating the standard of care.

In practice, this has become evident [in several ways](#): community-based care centers offering daily services like meals and health monitoring, neighborhood programs that bring professional caregivers into the home, and new models of “fenceless” care that connect seniors to services without requiring them to leave their communities.

BENCHMARKS SET UNDER THE 14TH FIVE-YEAR PLAN

9M+ new elderly care beds	100% monthly visits for vulnerable seniors	100% compliance for new care facilities
60% of hospitals with geriatric departments	55% of institutional beds designated for nursing care	≥1 per 1,000 social workers serving seniors
Nationwide access to senior universities (at least one per county)	Annual observance of “Respect for the Elderly Month” in every county	Expanding enrollment in elder care programs

Source: [National Development and Reform Commission](#). Plan for the Development of the National Aging Program and Elderly Care Service System During the 14th Five-Year Plan Period



Present



THE 15TH FIVE-YEAR PLAN (2026–2030): COORDINATING CAPITAL AND CARE

[Early signals from the next Five-Year Plan](#) suggest a shift toward what policymakers call the “silver economy,” addressing aging not only as a social challenge, but as a driver of demand for new services, products, and industries, from hospitality and insurance to healthcare and real estate.

At the same time, policymakers are beginning to address the broader demographic balance—encouraging longer working lives, easing the cost of raising families, and exploring ways to better integrate older adults into the workforce.

TYPE	SHIFT	WHAT IT LOOKS LIKE
How aging is framed by policy	Welfare provision → silver economy	Aging isn’t only a social responsibility, but a driver of investment, innovation, and new service industries.
Where care happens	Institution-centered care → home- and community-based systems	Most older adults are supported at home or in the community, with institutional care focused on high-need and specialized cases.
How services are delivered	Standardized care → personalized, needs-based support	Services are tailored to individual health, preferences, and daily routines, supported by more precise assessment and care planning.
What technology does	Basic digitization → “smart aging” ecosystems	AI, IoT, and data platforms monitor health, coordinate services, and support independent living at home.
Which industries are involved	Standalone care sector → multi-sector integration	Elder care connects with finance, hospitality, cultural tourism, and real estate, forming a broader “silver economy.”
How the workforce participates	Labor-intensive roles → skilled, professional care	The labor market grows the number of trained specialists (rehabilitation, nutrition, mental health), using technology to reduce routine physical tasks.
Who’s responsible for care	Government-led provision → diversified participation	The public sector sets standards, while private firms and social organizations expand service delivery and innovation.
What “aging well” means	Basic health care → active, meaningful aging	Social engagement, personal fulfillment, and continued participation in community life are becoming key measures of what effective aging support looks like.

Regional Pathways: A National Strategy, Expressed Locally

As China builds a nationwide senior care system, the Yangtze River Delta, Jing-Jin-Ji, Greater Bay Area, and Chengdu–Chongqing regions offer distinct views into how major urban regions diverge, due to differences in their economies, demographics, and local priorities.



YANGTZE RIVER DELTA (YRD)

Smart systems

As one of China's most advanced regions, the Yangtze River Delta is expanding integrated [elder-care systems that link hospitals, communities, and home-based services](#).

In cities like Shanghai, Suzhou, and Hangzhou, "[smart aging](#)" solutions are moving from pilot to practice, spanning AI-enabled home monitoring, remote diagnostics, and digital platforms that coordinate care across providers. These systems allow seniors to move more seamlessly from hospital treatment to rehabilitation and home-based follow-up, with services tracked and managed every step of the way.

At the same time, Shanghai is pioneering insurance-backed senior living communities, where access is tied to [long-term insurance plans](#)—blending housing, care, and financial products into a new model for how later life is financed and supported.

GREATER BAY AREA (GBA)

Cross-border coordination

The Greater Bay Area is emerging as a test bed for cross-border elder care, with mainland China, Hong Kong, and Macao jointly building a more connected system.

Pilot programs are expanding treatment options across borders. The Hong Kong and Macao [Drug and Medical Device Access Program](#) now spans all nine mainland GBA cities, allowing designated hospitals to introduce more than 80 approved drugs and medical devices across 45 institutions. Hong Kong residents can also use [healthcare vouchers in mainland facilities](#).

At the city level, [localized models are emerging](#). In Guangzhou's Nansha district, pilots are exploring smoother transitions for seniors moving between Hong Kong and mainland care systems. Shenzhen's "15-minute care circles" bring healthcare, daily support, and social services closer to home. Zhuhai is adapting Macao's home-care model by expanding in-home services and professional caregiver support. Meanwhile, Zhongshan has introduced a centralized "one-stop" platform to simplify cross-border social security and benefits processing.



JING-JIN-JI (BEIJING-TIANJIN-HEBEI)

Care beyond the city core

As costs rise in Beijing, senior living increasingly extends beyond the city, with nearby parts of Hebei attracting retirees through lower living costs, easier access to healthcare, coordinated insurance arrangements and a higher quality of life. [As of November 2024, Langfang alone had accommodated more than 20,000 retirees from Beijing and more than 3,000 from Tianjin.](#)

As demand grows, providers in Hebei are adapting traditional care models to position themselves as [wellness destinations combining senior living with healthcare, recreation, and lifestyle programming.](#)

Still, high-quality local service remains the core demand: more than [98% of seniors rely on home- and community-based care](#), driving continued investment in neighborhood-level support, from in-home caregivers to community centers providing meals, health checks, and social activities.

CHENGDU-CHONGQING

Wellness as a way of life

Unlike China's major coastal urban markets, parts of southwest China are [positioning senior living around environmental quality and restorative lifestyles.](#) Here, natural landscapes, favorable climates, and therapeutic resources are becoming part of the value proposition alongside care itself.

Retreat-style communities in Sichuan combine [traditional Chinese medicine, hot spring therapy, and nature-based recovery programs](#), attracting seniors seeking a slower, more restorative pace of life.

Rather than treating care as primarily a medical service, these models expand senior living into a broader lifestyle proposition. Health, recreation, and everyday experience become part of the care offering, reflecting growing demand for environments that support independence, well-being, and long-term quality of life.

Visible trends today are only part of the picture. The next phase of policy covers how care is financed, and how that system will expand over time.



Future



LONG-TERM CARE INSURANCE: FROM FAMILY RESPONSIBILITY TO PUBLIC SYSTEM

In China, long-term care insurance marks the point where aging begins to move beyond the family and into a broader system of support. Introduced through pilot programs in select cities in 2016 and [expanded to 49 cities by 2025](#), long-term care insurance has become [China's sixth social insurance](#) alongside pension, medical, unemployment, work-injury, and maternity coverage.

China's long-term care insurance focuses on those with severe functional impairment, providing basic daily assistance, rehabilitative care, and necessary medical services. The goal is to improve quality of life for those receiving care and reduce financial strain for family caregivers.

Even in its early pilot phase (2016–2025), the system has already reached a significant scale:



180 million
people enrolled



80 billion RMB
cumulative funds



2.6 million+
beneficiaries nationwide



14,000 RMB
average annual support per household

Sources: [People's Daily \(2025\)](#); [China Daily Hong Kong \(2024\)](#)

LOOKING TO JAPAN: A VIEW FURTHER ALONG THE CURVE

By the time China began piloting long-term care insurance in 2016, Japan had already been running its [Kaigo Hoken system](#) for more than 15 years.

The differences between the two systems are less about intent than about stage. Japan's system reflects what long-term care insurance can look like once it's fully established: broad in scope, [nationally standardized](#), and integrated into daily life.

WHO'S COVERED



Japan's long-term care system is designed to support older adults across different stages of need, helping them maintain autonomy and dignity in later life. It operates under national standards with defined care levels, covering all citizens aged 65 and older, as well as those aged 40 to 64 with certain chronic conditions, including early-onset dementia, Parkinson's disease, and stroke-related impairments.



China's system is more narrowly focused in its current form, with models still being tested and varying across cities. Generally, insurance is designed to provide basic coverage and ease the burden of care for those with severe functional impairment—people who require support with daily living and medical needs. Enrollment is generally tied to the basic medical insurance system, with services directed primarily toward those already living with significant disabilities.

HOW IT'S FUNDED



Japan's financing model sources 50% of funding from taxes: 25% central government, 12.5% regional governments, and 12.5% municipalities. The remaining half comes from mandatory premiums paid by individuals over 40, set at about 1.6% of income and shared equally between employees and employers.



China relies on smaller, mixed funding sources—typically around 100–130 yuan per person annually—combining transfers from pooled medical insurance funds with government subsidies, individual contributions, and personal medical accounts.

WHAT SERVICES INCLUDE



Support ranges from preventive services—like in-home check-ins, day programs, and community exercise—to home-based nursing, day care, and institutional support as needs increase. Services can also include home modifications, from installing handrails to redesigning bathrooms, to support mobility and independent living at home. Eligibility and service levels are determined through a nationally standardized assessment system, which classifies individuals across seven levels, from limited support to full-time care.



In China, services center on basic daily assistance and medical nursing for individuals with severe functional impairment, delivered through a mix of home-based, community, and institutional models. Assessment is based on local standards, often grouping individuals into three levels of disability, though national standardization efforts are underway.

Source: [Comparative Study of China's and Japan's Long-Term Care Insurance Systems \(2025\)](#). (Original article in Chinese)

SUPPORTING SENIORS THROUGH EVERY STAGE

01

INDEPENDENT LIVING

Active seniors enjoy maintenance-free living and lifestyle programs.

02

ASSISTED LIVING

Provides daily living assistance and medical services.

03

MEMORY CARE

Specialized programs and safety for dementia support.

04

SKILLED NURSING

Long-term care with 24-hour medical services and rehabilitation.

EVOLVING MODELS OF SENIOR SUPPORT

INSTITUTIONAL

COMMUNITY

HOME

PREVENTION

Japan

China

POLICY IN PRACTICE: FROM INSTITUTION TO ECOSYSTEM

Japan offers a view of how long-term care systems evolve once they're established—expanding beyond support for severe needs to include prevention, early intervention, and a broader ecosystem of services.

In China, that expansion is already underway. More than [8,000 designated service institutions](#) now operate within the long-term care system, supported by a workforce of over 300,000 care providers. New roles like healthcare assistant and certified long-term care specialist are being formally recognized, reflecting the growing professionalization of care.

Related industries are emerging alongside it, from disability care and training to assessment services and rehabilitation equipment. The sector has already drawn in an estimated 60 billion RMB in private investment, with service delivery increasingly carried out by private and social-sector providers.

What's becoming increasingly evident is not a single model, but a market in formation—characterized by experimentation, uneven development, and a growing set of participants responding to the same underlying constraints.

These constraints aren't incidental. The current policy environment defines both the direction and the limits of the sector, prioritizing home- and community-based care while shaping how services are funded and delivered. Operators aren't building in isolation, but within a system that sets clear expectations for how care should scale.

Within this framework, different models are beginning to emerge as providers interpret and operationalize these signals in practice. One example in Shanghai shows how this shift is already unfolding, moving beyond institutions and into homes and communities.

CASE STUDY:**From Nursing Home to Care Platform****THE OPERATOR**

Shanghai Happy Home Nursing Home began as a traditional 96-bed facility operating within the city's "9073" care framework, where 90% of seniors age at home, 7% rely on community services, and just 3% live in institutions.

THE CHALLENGE

As demand transitioned toward home and community-based care, the organization faced a structural constraint: institutional care could only serve a small share of the population. A model built around physical beds limited both scale and access.

THE SOLUTION

Between 2019 and 2022, the organization began extending care beyond its facility through a "family care bed" model. It brought the routines, staffing, and care standards of a nursing home into individual homes, effectively extending institutional-grade care into the community.

More than 1,500 households were supported through this approach, transforming private residences into settings where professional care could be delivered consistently without requiring seniors to relocate.

THE OUTCOME

Since 2023, growth has shifted from expanding bed capacity to extending care across networks. Shanghai Happy Home Nursing Home now operates community care centers and 24-hour emergency response systems, working across neighborhoods through partnerships with local stakeholders under a "property and care" model.

Care delivery is coordinated by dedicated care managers who oversee services across a dispersed network of homes. Emergency systems and digital monitoring tools provide continuous oversight, allowing seniors to live independently while remaining connected to care.

Rather than operating as a traditional provider, the organization functions as a coordinator—linking neighborhood groups, property managers, and service providers in a shared care system.

Today, it supports approximately 60,000 seniors, most of whom remain in their own homes.

96
bed facility

1,500+
households supported
through family care beds

60,000
seniors reached
across communities

Source: Shanghai Municipal Development and Reform Commission (2025). Case study on Shanghai Happy Home Nursing Home and the "family care bed" model

A CHANGING MODEL OF SENIOR CARE



Every five years, policymakers revisit what aging care should look like. The next phase positions aging as both a system to be supported and a market to be developed—anchored in home-based care, enabled by technology, and expanded through a broader “silver economy.”

Around [97% of older adults are expected to receive care at home or within their communities](#). The system is beginning to reorganize around that reality. The priority is no longer expanding institutional capacity alone, but extending professional care into everyday settings, with services that can adapt as needs evolve.

Shanghai Happy Home Nursing Home’s transformation—from a traditional bed-based provider with limited capacity to a platform supporting 60,000 seniors at home and in the community—shows how care can scale without being centralized. Standardized services are delivered directly into households, coordinated through digital systems, and integrated with local community networks.

As care becomes more centered on individual needs, senior living is becoming less about where care takes place and more about how it is delivered—integrating medical care, rehabilitation, daily assistance, and preventive health into continuous life-cycle support.

Going forward, the leading providers will be those who can connect care across home, community, and institutional settings so it all works as one system.

The background is a dark blue gradient. It features a complex pattern of overlapping circles and dots in a lighter blue color. The circles are of varying sizes and are arranged in a way that creates a sense of depth and movement. The dots are scattered throughout the composition, some within the circles and some outside. The overall effect is a modern, geometric, and somewhat organic design.

Field Research insights

FIELD RESEARCH INSIGHTS: INTERVIEWS AND SURVEYS

China's senior living sector is entering a more decisive stage. Rapid [demographic aging](#) and [urbanization](#) have intensified demand for more varied elderly care and senior living services, while changing expectations around later-life living are prompting operators to explore

new models. Capital from insurance companies, real estate groups, and hospitality operators has introduced a wide range of models, from large-scale integrated campuses to more flexible, service-led models.



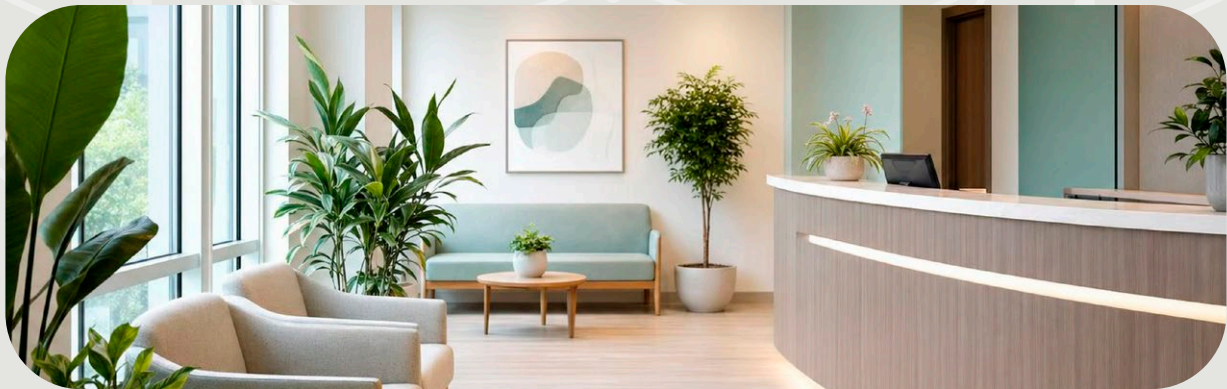
WHERE MODEL MEETS REALITY

Yet expansion alone hasn't resolved the industry's core challenges. Financial sustainability, service design, segmentation, and operational capability continue to determine which models hold. The challenge is no longer simply to build, but to align these models with [policy direction](#) and long-term demographic realities.

To understand how these tensions are playing out, we spoke with leaders across different parts of China's senior living ecosystem. Though their operating models vary, many described the same pressure points. Together, their insights paint a clearer picture of what it takes to build a senior living model that residents want, families can afford, and operators can sustain.

Rethinking the Experience of Aging

Interview with the Residence Manager of Ascott's first senior living project in China



A DIFFERENT MODEL FOR SENIOR LIVING

An independent senior living residence in Ningbo managed by The Ascott Limited for a third-party owner was developed in response to that gap –not as a traditional care facility, but as a different model for senior living. The philosophy reflects a belief that aging shouldn't mean stepping away from independence, purpose, or community, but continuing to live with all three.

Ascott's interest in senior living reflects a broader view that hospitality can play an increasingly important role in supporting aging populations. Drawing from decades of experience in creating communities in extended-stay accommodation and serviced residences, Ascott sees independent senior living as a natural extension of its residential hospitality platform. This distinction matters in China, where senior living models often combine capital ownership, development, healthcare provision and operations. Ascott's role is different. As an asset-light hospitality operator, it sits in the operating layer and focuses on applying lodging management capabilities, residential expertise and service standards to support resident-centered senior living formats.

In practice, that philosophy comes to life here through:

- **A sense of home:** The space is designed to feel familiar and personal, with emphasis on belonging, comfort, and emotional security rather than institutional routine.
- **A concierge culture:** Staff are positioned as "life concierges" rather than caregivers, supporting daily life while preserving autonomy and individual choice.
- **Thoughtful programming:** A regular calendar of activities that supports social interaction, learning, and natural day-to-day engagement among residents.
- **Unobtrusive service:** Support is always available when needed, but never imposed or intrusive
- **Hospitality loyalty program:** Residents can be part of the Ascott Star Rewards program, extending the connection for residents and their families beyond the residence to Ascott's wider hospitality network through travel and stay benefits.

With many operators also offering programming variety and a sense of homeliness, the case suggests that differentiation in senior living depends less on individual amenities than on how consistently the experience is delivered. Ascott's relevant differentiation lies in its operating disciplines: staff training, service routines, quality assurance, resident feedback and family engagement. These disciplines help translate the idea of "hospitality-led senior living" into daily routines that residents and families can experience.

STRUCTURE BEHIND THE SCENES, FREEDOM IN DAILY LIFE

The model illustrates how hospitality principles are applied to independent senior living, adapting global operating standards to the local context and placing emphasis on service architecture: clear operating routines, responsive staff, thoughtful programming, senior-friendly design and unobtrusive support. Staff are guided by defined processes to ensure consistency and reliability. Clear accountability ensures requests are followed through and service stays consistent.

For residents, daily life is flexible and self-directed. They're free to maintain their own habits and routines, unconstrained by rigid schedules, while choosing whether to join the daily calendar of programming.

This balance reflects a different definition of quality. High-end service isn't defined by how much is offered, but by how well it aligns with what residents actually need.

In practice, that means prioritizing privacy, responsiveness, and autonomy while maintaining operational discipline and avoiding unnecessary features that add complexity without real benefit.

LOWER BARRIERS AND HIGHER EXPECTATIONS

Ascott's operating model removes one of the biggest barriers to entry: residents aren't required to make large upfront financial commitments, and instead pay on a monthly basis.

That flexibility makes the model more accessible, but it also changes the dynamic. Without long-term lock-in, residents stay based on experience, not obligation. Retention depends entirely on whether the day-to-day experience remains relevant and consistent, which puts constant pressure on operators to earn the decision to stay.

With residents able to leave at any time, relationships become central. Service is no longer transactional, but ongoing—built through familiarity, trust, and consistent interactions with both residents and their families. At the same time, offerings are designed in layers, combining a core set of services with optional add-ons, so residents can tailor support to their individual expectations.

A NEW ROLE FOR RESIDENTS

Residents play an active role in decisions about daily life, rather than being treated as passive recipients of care—helping build and guide a self-governing community rather than simply living in it.

That means:

- **Shared-decision-making:** Residents help decide how things run day to day.
- **Feedback loops:** Residents and families have clear channels to share inputs, raise concerns, and address issues in real time.
- **Family involvement:** Families are treated as partners, not outsiders, and are regularly involved in supporting residents' well-being.

PREMIUM SERVICE UNDER PRESSURE

But delivering that experience comes with trade-offs. Personalization is resource-intensive, and not every service adds value. Even in high-end segments, residents are selective about what they're willing to pay for. Across the sector, the question isn't just how to create a better experience, but how to make it work financially over time.

The interview highlighted several challenges facing both Ascott and the wider sector:

- **Rising execution demands:** Competitive advantage is moving away from facilities and toward service systems—how well teams operate, how consistently services are, and how culture is built and maintained over time.
- **Rising labor costs:** The Residence Manager noted that staffing remains one of the most significant and volatile cost drivers, with increasing pressure on both recruitment and retention across the sector.
- **The need for sharper positioning:** Broad, all-in-one models are becoming harder to sustain. The interviewee observed that the market is moving toward clearer segmentation, with operators defining more specific target groups and service offerings.
- **Technology as support, not solution:** Digital tools and smart systems are being used more to improve efficiency and safety, but they only work if the underlying service and operations are strong.

MANAGING THE CONSTRAINTS

The Ascott case illustrates how competitive advantage in senior living increasingly depends on the quality and consistency of the resident experience. With labor costs and affordability remaining significant constraints, hospitality-led operators can draw on their trusted brands and service expertise to develop adaptable, financially sustainable models that meet the expectations of older adults and their families.

A Market Reality Check

Anonymized interview with a former executive in China's insurance and senior living sector



Large-scale, insurance-backed communities have played a defining role in the development of China's senior living sector, particularly in major cities. But according to the interviewee, that early momentum masks a structural constraint: models that work in flagship urban markets may be harder to sustain elsewhere.

INSURANCE-BACKED MODELS UNDER PRESSURE

The interviewee pointed to flagship projects in Beijing and Shanghai that rely heavily on insurance-driven customer acquisition, influencing both pricing and positioning. In their assessment, this model can work in top-tier cities, where purchasing power is strong and demand is relatively stable. But as operating costs rise, especially in labor and food services, it becomes harder to sustain in other markets.

THE REAL CONSTRAINT: WILLINGNESS TO PAY

Senior living in China is still largely funded by individual households, [while public long-term care financing remains under development](#). That creates a narrow margin for error.

Against this backdrop, the interviewee observed that high-end projects face ceilings on how far pricing can go. Mid-market offerings operate under constant cost pressure. And across segments, customer acquisition remains expensive.

Operators are still trying to define what residents are actually willing to pay for. Many residents are reluctant to pay for bundled services they don't actively use, pushing providers to separate core living services from optional add-ons.

WHY GLOBAL MODELS DON'T TRANSLATE CLEANLY

The former executive also reflected on early efforts to replicate established international models—from American retirement communities to Japanese care systems and Australian membership structures— and the mixed results they have produced.

These models are embedded in their original contexts, including specific policy frameworks, tax systems, inheritance rules, subsidy mechanisms, and social expectations. In China, where those foundations differ, the interviewee argued that direct replication often leads to misaligned pricing, product design, and consumer expectations.

The interviewee stressed that international benchmarks remain valuable, but more as reference points than templates. The challenge is not to replicate them, but to adapt them thoughtfully to local conditions.

RETHINKING THE PRODUCT: FROM SENIOR CARE TO SILVER ECONOMY

The term “senior care” still carries associations with decline and dependency, which can deter potential consumers. A broader “[silver economy](#)” lens—encompassing wellness, social engagement, recreation, and quality of life—better reflects modern sentiment and demand.

Serviced senior apartments, often marketed as 55+ housing, typically offer core services like meals, cleaning, and security, while treating medical and professional care as optional or externally integrated. With greater flexibility in pricing and cost control compared to continuing care retirement communities, this model may be better suited to second- and third-tier cities where affordability constraints are more pronounced.

TALENT AND EXECUTION GAPS

The interviewee also identified significant capability gaps across the sector. In his view, many operators entering the sector come from real estate, hospitality, insurance, or care backgrounds but lack a fully developed operator mindset. Capabilities like financial planning, investment evaluation, and data-driven decision-making are still maturing across the industry.

At the same time, challenges on the frontline persist. Care work is physically demanding, emotionally intensive, and often undervalued. High turnover, limited career pathways, and inconsistent training continue to affect service quality and operational stability.

Executive upskilling, alongside strengthening workforce stability, training, and retention, remains an urgent priority.

WHAT THE NEXT PHASE WILL DEMAND

Looking ahead, the interviewee argued that while long-term demand for senior living in China is inevitable, success isn’t guaranteed.

Operators must balance business sustainability with compassionate service—without compromising either. The next phase of development is likely to place greater emphasis on cost discipline, clearer service boundaries, and more localized product design. Sustainable opportunities lie in approaches that adapt to different city tiers, income levels, and consumer expectations.

Building a System That Combines Care, Community, and Capital

Interview with a General Manager, Ms Xiaowei WEI, at Taikang's Shanghai senior living community



FROM PERSONAL PAIN POINT TO MARKET POSITIONING

Taikang Insurance Group, one of China's leading insurance and healthcare groups, has built an integrated ecosystem spanning insurance, asset management, healthcare, and senior living. Its entry into the senior living sector was driven by both the personal vision of its founder and a long-term strategic response to China's demographic transition.

In 2007, Founder Chen Dongsheng began exploring the potential of senior living after recognizing the profound implications of China's rapidly aging population and seeking a better retirement environment for his own parents. A study tour of Continuing Care Retirement Communities (CCRCs) in the United States provided an important source of inspiration, prompting Taikang to explore how an integrated senior living model could be adapted to the Chinese context. The company's senior living business was formally launched in 2009. While initially informed by the principles of the U.S. CCRC model, it has since evolved into a distinctly localized approach that reflects China's policy environment, demographic trends, and the changing expectations of older adults.

At the time, many senior care options functioned primarily as safety nets rather than places where older adults could continue to lead active and fulfilling lives. Taikang sought to reimagine senior living by integrating residential communities, healthcare services, and long-term financial planning into a single ecosystem. Today, it is recognized as one of the earliest and most influential institutional participants in China's senior living sector, distinguished not only by its scale but also by its vertically integrated model linking insurance, healthcare, and senior living.

A SYSTEM BUILT ON INSURANCE, CARE, AND COMMUNITY

Taikang's model is anchored in insurance but extends far beyond it. Customers who purchase its policies are guided toward its senior living communities, where housing, healthcare, and daily services are all provided in one place.

Within its developments in Beijing and Shanghai, independent living sits alongside rehabilitation hospitals and longer-term care, allowing residents to transition as their needs change. This enables Taikang to maintain a continuous relationship with customers throughout different stages of later life, connecting financial planning, residential living, healthcare, and long-term care within a single ecosystem.

A PIONEER IN THE SENIOR LIVING SECTOR

Taikang's communities primarily serve urban older adults who are looking for a high-quality, service-oriented retirement lifestyle. Many residents include senior executives, professionals, public sector leaders, and business owners who have distinct expectations for health, well-being, community engagement, and quality of life.

90% of residents remain independent, with care services available as needs evolve. The appeal lies in a combination of immediacy and structure: access to on-site medical support, a standardized service system, and a full calendar of cultural and social activities. Among these, the ability to access medical care quickly and reliably remains the defining advantage.

WHY TAIKANG'S MODEL IS HARD TO REPLICATE

Taikang's advantage comes from controlling both sides of the model: how residents enter the system, and how services are delivered once they're inside it.

Few standalone operators can replicate this structure:

- **A built-in customer base:** Taikang's insurance business creates a steady pipeline of residents, reducing reliance on external sales and supporting more stable occupancy.
- **Experience-driven conversion:** Prospective clients are brought into the communities themselves, where the lived experience drives conversion.
- **Multi-layered scale:** Large flagship communities in major cities are paired with smaller, care-focused sites, expanding reach while maintaining specialization.
- **Centralized operational control:** Standardized systems and strong oversight help maintain consistent service quality across locations.
- **Long-term capital support:** Long-term funding allows Taikang to absorb slower returns while continuously refining design, improving operational efficiency, and optimizing resource allocation, enabling the organization to avoid common development missteps.

OPERATIONAL COMPLEXITY BEHIND THE SYSTEM

Delivering a consistent experience across large communities introduces a level of complexity and coordination that goes well beyond traditional real estate or hospitality models.

This complexity shows up in areas like:

- **Food and beverage management:** Catering to diverse tastes and dietary requirements across a large resident population requires continual balancing.
- **Talent and workforce challenges:** As Taikang continues to scale its senior living portfolio across China, building and retaining a skilled workforce remains a strategic priority, particularly given the physical and emotional demands of frontline care roles. To better support residents with increasingly diverse needs, Taikang has implemented a "1+N" multidisciplinary team-based care model, replacing the traditional one-to-one caregiving approach with coordinated, team-based care. This model enables more effective deployment of professional expertise, improves workforce sustainability, and delivers more holistic, person-centered care.
- **Safety and risk management:** Fire safety, infection control, food safety, and fall prevention are high priorities that require continuous oversight.
- **Interpersonal mediation:** Social dynamics—conflicts, competition for recreational resources, even romantic relationships—become part of daily operations, requiring careful mediation and judgment.

The result is a model that takes significant capital to build and just as much effort to manage day to day.

WHAT THIS MODEL REVEALS ABOUT THE INDUSTRY

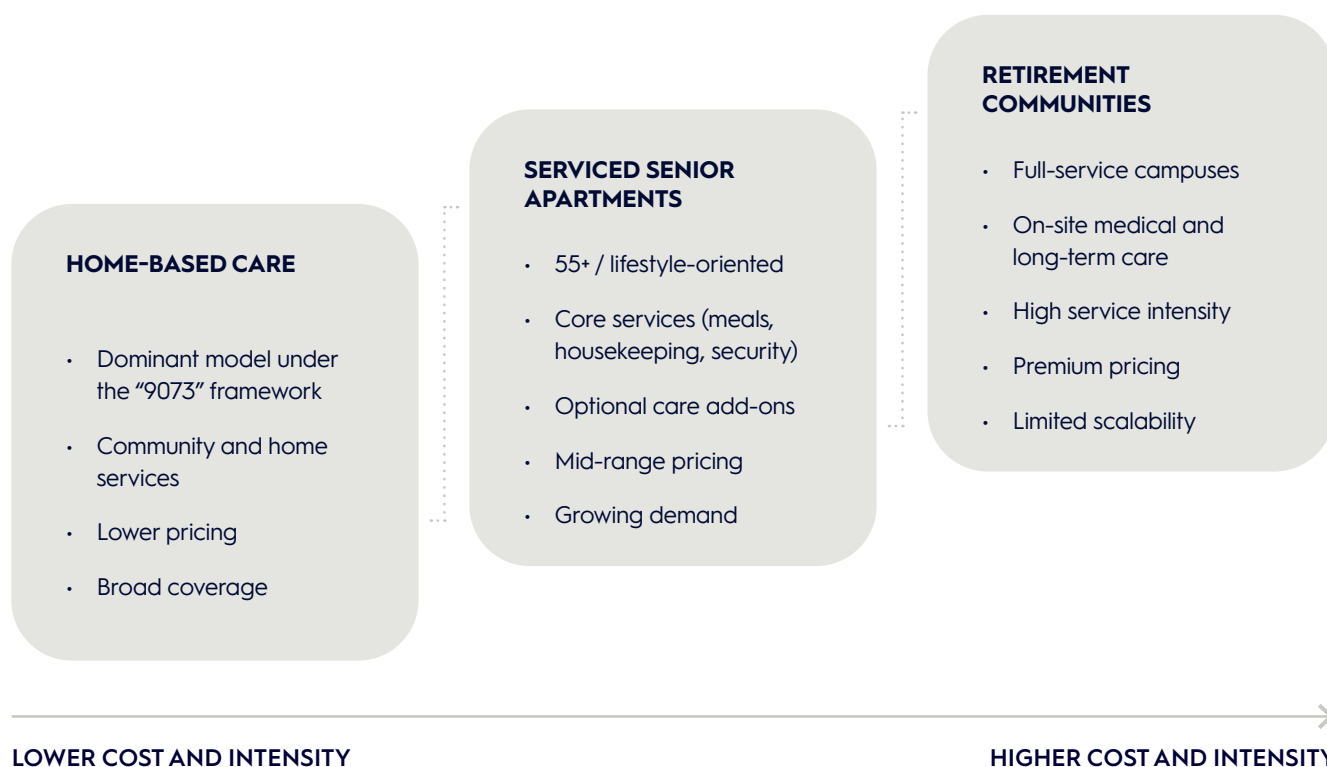
Looking ahead, Ms. Wei expects home-based care to remain the foundation of China's elderly care system, complemented by expanding community- and institution-based services. She also anticipates that insurance capital will continue to play an important role in sector development, while lease-operated models may emerge as an additional pathway for expansion with lower upfront capital requirements. Against this backdrop, Taikang has developed an integrated "eldercare consortium" model that connects institutional, community, and home-based care, creating a more coordinated continuum of care.

To address talent and leadership constraints, Taikang is investing in internal pipelines. This includes recruiting top graduates through structured management trainee programs like its "Thousand Talents Plan," where future managers rotate across different functions, as well as building partnerships with universities to develop a steady pipeline of talent.

Financial performance matters, but it's not the only measure of success. The deeper test is whether these communities improve how people live—supporting greater dignity, well-being, and a meaningful shift in how residents feel and function day to day.

CHINA'S SENIOR LIVING MARKET IS EVOLVING INTO DISTINCT MODELS

Rather than converging on a single dominant model, China's senior living sector is evolving into different formats, each with its own cost structure, care needs, and consumer expectations.



READING THE MARKET

Together, these perspectives suggest that China's senior living market has moved beyond experimentation, with different models now being tested against the realities of operating costs, affordability and resident expectations.

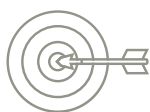


A FEW CLEAR PATTERNS EMERGE:



Financial architecture determines what works.

Sustainable senior living models require alignment between service intensity, pricing logic, and long-term capital planning. Without clear payment pathways and cost discipline, expansion alone doesn't guarantee viability.



Clear positioning is critical.

The market is segmenting into distinct models: home-based support, serviced senior apartments, and integrated retirement communities. Trying to combine everything into a single offering blurs value and drives up costs.



Service delivery is the real differentiator.

Residents value autonomy, medical reassurance, responsiveness, dignity, and a sense of belonging. Perceived quality depends on how well services are delivered, not how impressive facilities appear.



Capital is growing, but models are still evolving.

The interviews also suggest growing investment from insurers, state-owned enterprises and financial institutions, often linking senior living with healthcare, urban development and long-term investment strategies. This reflects growing confidence in the sector, but much of the activity remains exploratory. More capital doesn't solve the core challenge of building sustainable, well-run operating models.

Looking outward to mature markets offers useful reference points for how the sector may continue to evolve in China.

**AGING BY DESIGN: HOW SENIOR LIVING
MODELS DIFFER AROUND THE WORLD**

AGING BY DESIGN: HOW SENIOR LIVING MODELS DIFFER AROUND THE WORLD

China isn't alone in confronting the realities of an aging society, but it's doing so at a faster pace and greater scale than most.

Other markets have been working through the same questions for decades: how to fund elder care, structure it, and balance autonomy with support. The approaches vary widely, reflecting different views on what responsibility belongs to the state, the private sector, and families.

Looking at Switzerland, France, the United States, and Australia, those differences come into focus. No single system has the answer, but together they begin to form a clearer picture of what sustainable senior care requires.



Switzerland

Independence as the starting point for care



It's mid-morning in Lausanne, and the day has settled into a comfortable rhythm.

An older woman walks to the corner bakery, stops to speak with a neighbor, then heads home to her apartment, where she's lived for years and expects to remain for as long as possible.

When she returns, her bed has been made, her clothes neatly folded, the kitchen tidied. She pauses to water her plants on the windowsill, then heads downstairs for lunch, where a few familiar faces have already gathered. There's no set schedule—just the option to join, or not.

In the afternoon, she attends a language class to try something new. Later, she lingers to socialize with another resident walking a dog. Upon arriving back home, she sees a staff member has left a note confirming a haircut appointment for the following day, along with a shuttle into town.

AGING WITH AUTONOMY

Even beyond the age of 80, most older adults continue to live independently in Switzerland.

1.8M (20%)

Swiss population 65+

0.5M (6%)

Swiss population 80+

79%

Seniors (65–74) in “very good health” at home

13.2%

Seniors 80+ living in nursing homes

These numbers point to a broader philosophy around aging in Switzerland: supporting people in staying independent, connected, and embedded in everyday life for as long as possible. Rather than separating older adults from their communities as care needs increase, the system is designed to help them continue living with autonomy and familiarity.

Switzerland's [long-term care system is decentralized](#), with cantons and municipalities deciding how care is organized, financed and delivered. [Housing options are diverse](#) and can be integrated directly into cities and neighborhoods, close to transit, shops, healthcare, and community life. As support needs evolve, older adults can access additional care without becoming disconnected from the routines and relationships that make up daily life.

Sources: Swiss Federal Statistical Office, Health System; Swiss Federal Statistical Office, aging in Switzerland; Swiss Federal Statistical Office, aging in Switzerland

FINANCING A LONGER, MORE PREDICTABLE RETIREMENT

The Swiss enter retirement with a layered income system:

STATE PENSION

Covers basic needs

OCCUPATIONAL PENSION

Helps maintain the previous standard of living

PRIVATE SAVINGS

Covers additional individual needs

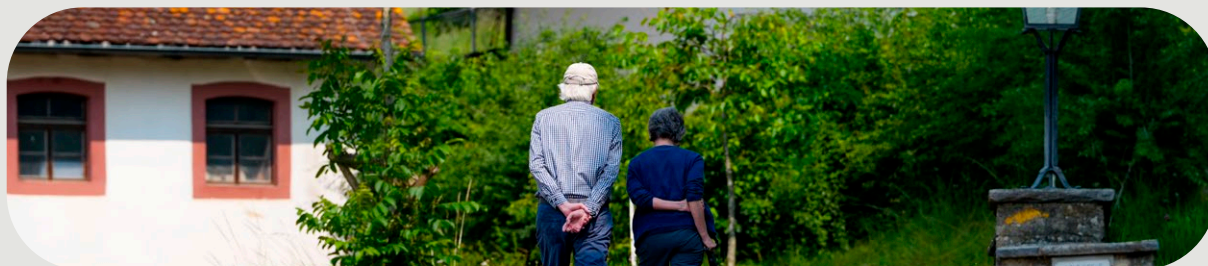
Sources: [Federal Social Insurance Office, The Three-Pillar System](#)

The result is a relatively stable financial base that gives older adults more flexibility in how they live and age. Rather than relying on a single payer, costs are distributed across the system:

COST CATEGORY	MAINLY PAID BY
Medical treatment and medication	Health insurance, subject to deductible and copayment
Nursing care	Health insurer, resident contribution and canton/municipality
Accommodation, meals and utilities	Resident
Household help and personal support	Resident
Financial assistance	Supplementary benefits and allowance for eligible residents

Sources: Federal Office of Public Health, [Nursing-care benefits under health insurance](#); Helsana, [Care at Home and in a Nursing Home](#)

SERVICED RESIDENCES: A SYSTEM THAT STARTS WITH ACTIVE LIVING



In the Canton of Vaud, [adapted apartments with support are rented under a residential lease coupled with a service agreement](#), allowing older adults to live independently while accessing social support and additional services as needed.

The emphasis is on independent living rather than clinical routines, with [support introduced as needed](#). Meals, housekeeping, transport, and other services may be arranged through external providers, while home-care services can be added as residents' needs evolve.

APPROXIMATE BASE COST: CHF 1,500/MONTH

Covers: Average rent and social-support fee; optional services are charged separately

Source: Canton Vaud, [Adapted Apartments with Support \(LADA\)](#)

RESIDENTIAL CARE: MEETING MORE ADVANCED CARE NEEDS



In Switzerland, nursing homes and long-term care facilities are known as *Établissements Médico-Sociaux (EMS)* in French-speaking regions and *Pflegeheime* in German-speaking areas.

Around [47% of Swiss nursing homes are privately operated](#). Residents pay for accommodation and personal expenses, while [nursing-care costs are jointly financed by residents, compulsory health insurance, and cantons or municipalities](#).

Admission is governed by an [accommodation contract](#) rather than a residential lease. The daily package includes the room, meals, housekeeping, machine-washable laundry, activities, and access to shared spaces. Medical and nursing care are organized separately, while optional comfort services may be charged in addition.

INDICATIVE RESIDENT COST: APPROXIMATELY CHF 5,000-6,000/MONTH

Covers: Accommodation, meals, support services and the resident's contribution toward care; the full cost is higher and partly financed by health insurance and public authorities

Source: [Pfleg.ch](#), [Nursing Home Costs in Switzerland](#); [SpitexCare](#), [What Care Levels Are There in Switzerland?](#)

PREMIUM LIVING: A LIFESTYLE-FIRST APPROACH TO AGING



In Switzerland's Italian-speaking Ticino region, premium senior living takes a hospitality-led approach, prioritizing autonomy, space, and lifestyle alongside care.

Operators combine private apartments and individualized care with wellness, dining, and lifestyle services. [Tertianum Residenza Al Lido](#) illustrates the model, while residences such as [Residenza Du Lac](#), [THE FLAG Lugano](#), and [Rivabella](#) extend the offer through fitness, spa, social, and concierge-style services.

INDICATIVE RESIDENT COST: APPROXIMATELY CHF 6,500-9,000+/MONTH

Based on published daily accommodation rates; care level and optional services may increase the total

Source: [Tertianum Residenza Al Lido - 2026 Tariffs](#)

WHAT THIS REVEALS

Switzerland's model starts from a simple premise: independence is the default, not the exception. Care is introduced gradually, coordinated locally, and designed to remain in the background—allowing older adults to stay embedded in daily life for as long as possible.

France

A system structured around care



It's 11:45 a.m. in a residence just outside Lyon, and the aroma of soup simmering on the stove signals that lunch is on its way.

White tablecloths with place cards are neatly set. A staff member in a pressed uniform moves from one resident to the next, asking who needs assistance, who prefers to sit near the window, and who requires a modified meal.

Meals follow a rhythm—regular, coordinated, and expected. So does the rest of the day.

In the afternoon, a group activity is scheduled: light exercise, followed by coffee. Some residents attend, while others remain in their rooms. Care staff move in and out throughout the day, administering medication, assisting with mobility, and coordinating appointments.

The environment is comfortable, but structured. Support is visible, organized, and continuous.

AGING WITHIN A DEFINED SYSTEM

In France, senior housing and care are organized around defined levels of autonomy and dependency. Housing types, services, and care provision are structured accordingly, creating a system that is more segmented than Switzerland's more fluid model.

Home-based support plays a central role in France's elder-care system. At the end of 2024, [54% of social assistance benefits for older people were APA autonomy allowances delivered at home, compared with 37% in institutions](#). France's care policy therefore combines clearly defined residential settings with a strong emphasis on aging in place.

15.2M (22%)

French population aged 65+

16.4M

People living in France and receiving their own pension", then in italics: "Includes pension recipients under 65.

64 years

Minimum retirement age under the 2023 reform
Phased in by birth year

€1,705/mo

Average gross pension, 2024

Sources: INSEE, [Demographic Report 2025](#) (published January 2026); DREES, [pensioner numbers and pension amounts, 2024](#); CLEISS, [French Social Security System – Retirement](#)

SUBSIDIZING THE COST OF CARE

Retirement income is built through:

BASE PENSION

Mandatory pay-as-you-go scheme

SUPPLEMENTARY PENSION

Mandatory for most workers; generally point-based

PER SAVINGS (PLAN ÉPARGNE RETRAITE)

Optional private retirement savings

Source: [DREES](#); [Agirc-Arrco](#); [French Ministry of Economy and Finance](#)

Low-income retirees may also qualify for the [ASPA](#) (Allocation de Solidarité aux Personnes Âgées), a means-tested minimum income guarantee of up to €1,043/month.

[Clinical care is largely covered through France's universal health insurance system](#), reducing direct out-of-pocket costs for medical services. In residential settings, however, [accommodation and dependency support are charged separately](#) and can represent a substantial cost for residents.

This structure determines how and where care is delivered. In France, it is not solely market-driven but defined through public policy, which organizes senior housing and care into distinct categories based broadly on autonomy and medical need.

PUBLIC AFFORDABLE LIVING: RÉSIDENCE AUTONOMIE



Résidence autonomie offers moderately priced individual housing for older adults who are still largely independent but may benefit from light support and collective services. These residences are [predominantly operated by public authorities or nonprofit associations](#) and provide private apartments with shared spaces, optional meal services and social activities.

These residences are [not medicalized](#); routine care is typically provided by external healthcare professionals such as doctors, independent nurses and home nursing services.

The model is designed to prevent isolation and support daily routines while allowing residents to live independently.

MEDIAN COST: APPROXIMATELY €1000/MONTH FOR A STUDIO

Covers: Rent, rental charges and non-optional services; optional services may cost extra.

Costs vary significantly by region.

Sources: [Senior Acti](#), based on 2025 CNSA tariff data; [CNSA](#). Costs vary significantly by region and establishment type.

Residents on lower incomes can access housing benefits and, in establishments approved for social assistance, additional support to help cover accommodation costs.

SERVICED HOUSING: RÉSIDENCE SERVICES

(PRIVATE, LIFESTYLE-ORIENTED)



As a [private-market alternative to résidence autonomie](#), résidences services target independent older adults seeking a more lifestyle-oriented environment.

These residences are typically developed and operated by private groups. Residents live in private apartments—[either as tenants or owners](#)—with access to shared spaces and collective services. Some [services](#) are included in mandatory charges, while individually selected services such as meals or housekeeping may be billed separately.

Résidences services are [not medicalized](#) care establishments. Residents continue to live independently and use external healthcare or home-care providers if their needs change.

INDICATIVE RENT: approximately €600–€1,500/month for a studio or one-bedroom apartment

ADDITIONAL COSTS: Rental charges, mandatory shared services and optional individually selected services

COSTS VARY BY: Location, apartment size, residence standard and service package

Sources: [Retraite France](#); [French Government, Pour les personnes âgées](#); [French Construction and Housing Code](#)

RESIDENTIAL AGED CARE: EHPAD

(INTEGRATED CLINICAL CARE)



Établissements d'Hébergement pour Personnes Âgées Dépendantes (EHPADs) are the [primary residential setting for dependent older adults in France](#).

They are designed for people who [require assistance with daily activities and ongoing care due to loss of autonomy](#). Nursing and support staff provide assistance with daily living, monitor residents' health and coordinate medical care as needed.

Unlike lighter housing models, EHPADs operate within a tightly regulated, clinically oriented framework. Services are structured, routines are defined, and care is integrated into daily life—reflecting their role as the primary residential setting for older adults with significant dependency needs.

Rooms are typically private, with shared spaces and collective services forming an integral part of daily life.

Costs are divided into three components: accommodation and everyday living, generally paid by the resident; dependency support, partly offset by public assistance for eligible residents; and medical and nursing care, covered by France's national health insurance system. Costs vary significantly by location, with substantially higher prices in Paris and other high-cost areas.

APPROXIMATE COST:

€2,200/month - Establishments eligible for social-assistance-funded accommodation

€3,100/month - Other establishments

Medical care: Covered by French national health insurance system

Dependency support: APA may reduce the resident contribution

National average monthly prices, 2024, before individual financial assistance

Source: CNSA, 2024 EHPAD pricing data, published 2026

LONG-TERM CARE UNITS: USLD (HOSPITAL-LEVEL SUPERVISION)



Unités de Soins de Longue Durée (USLD) sit at the highest level of dependency and medical need within the French system.

These units are designed for individuals who require continuous medical supervision due to significant loss of autonomy and complex health needs. Unlike EHPADs, which balance care and daily living, USLDs operate much closer to a hospital model and are generally attached to a hospital establishment.

Care is highly structured and medically intensive. Residents typically have complex, chronic conditions requiring sustained monitoring and ongoing care rather than short-term treatment.

At this stage, the setting is no longer oriented around lifestyle or independence, but around sustained medical care.

INDICATIVE MONTHLY RESIDENT COST: approximately **€2,000–€3,300/month** before financial assistance

COVERS: Accommodation and dependency support; medical care is funded through France's national health insurance system

No national pricing benchmark equivalent to EHPAD data is published for USLD. Indicative range based on published 2026 tariffs from selected French USLDs; actual costs vary by establishment, location and dependency level.

Source: Centre Hospitalier Simone Veil; CHU Poitiers; Haute-Vienne Département.

A MARKET SHAPED BY SPECIALIZATION AND SCALE

Unlike Switzerland's decentralized and canton-based model, France's senior living sector includes large organizations operating at national and international scale, alongside an extensive network of public and nonprofit providers.

Major operators in France's [medicalized residential care sector](#) include Clariane, DomusVi, Emeis and Colisée. Domitys is among the largest operators in the private résidence services seniors market.

SERVICES SHAPED BY STRUCTURE

Services vary by setting and level of autonomy but are structured around the role each model is designed to fulfil. Depending on the setting, these may include:

- Daily assistance, including housekeeping and laundry
- Dining programs, including adapted meal formats where needed
- Wellness and personal services from hairdressing and fitness to occasional spa facilities (in some premium private residences)
- Shared spaces and access to outdoor areas

In EHPAD settings, the single biggest pricing factor is whether a facility has places approved for social-assistance funding – the difference can exceed €900/month nationally. In résidences services, differentiation is driven more by location, apartment size and service package.

WHAT THIS REVEALS

In France, senior care is defined, structured, and staged. Different housing and care settings broadly correspond to levels of autonomy and medical need, with services and clinical support increasing as needs become more complex. The result is a system built around clearly defined categories and, for those who reach residential care, clearly defined pathways, organized through public policy and supported by a mix of public funding and individual contributions.

The United States

A market-driven model based on choice and the ability to pay



It's late afternoon on a sprawling senior living campus outside Washington, D.C., where cherry blossoms are just beginning to bloom along the walking paths.

A married couple finishes their group fitness class and weighs dinner options for the evening—going to the formal dining room, visiting a casual café, or eating takeout. Down the hall, a lecture is underway, with a visiting professor speaking on art history. Across campus, a shuttle loops between buildings, stopping at independent living apartments, assisted living suites, and the skilled nursing wing.

The system is designed to feel seamless, but it's carefully constructed to absorb change. What begins as independent living can gradually shift to assisted care, memory support, or full medical supervision, without residents ever leaving the community.

A FREE MARKET APPROACH TO SENIOR CARE

The United States has one of the most commercially developed senior living markets in the world, driven by private capital, consumer choice, and real estate economics.

61M (18%)

Adults aged 65+

70%

Will need long-term care

15%

Of older households have long-term care insurance

At the same time, most Americans strongly prefer to age at home. Senior living communities often face negative perceptions, including concerns about loss of independence and institutional living. Transitions may therefore occur only once health needs become urgent or support at home is no longer sustainable.

PAYING FOR CARE: A FRAGMENTED SYSTEM

There's [no universal long-term care coverage in the United States](#). Instead, most people piece together a solution—drawing on personal savings, home equity, long-term care insurance when available, and Medicaid for those who qualify.

For many, [housing wealth is an important source of funding](#), linking access to senior living directly to lifetime homeownership and local housing markets. In practice, many older adults fund senior living by selling their homes or drawing down assets accumulated over a lifetime. For those without substantial savings, options narrow quickly.

Public support does exist, but it arrives late. Medicaid covers long-term care for those who qualify, but [individuals with assets above eligibility limits may first need to spend them down](#), leaving many to rely on private resources before accessing assistance.

CONTINUITY AS A PRODUCT: CARE COMMUNITIES



Continuing Care Retirement Communities (CCRCs) address uncertainty by combining [multiple levels of care in one place](#). Residents typically enter through independent living, with access to higher levels of care if needed. The appeal is simple: continuity without having to leave the community.

CCRCs organize senior living around increasing levels of support and care:

INDEPENDENT LIVING

Maintenance-free housing
Lifestyle amenities
No routine personal care

ASSISTED LIVING

Housing and amenities
Daily living support
Limited health services

MEMORY CARE

Specialized dementia support
Daily living support
Secure environment

SKILLED NURSING

24/7 nursing care
Daily living support
Rehabilitation services

Source: [US Department of Health and Human Services, ASPE](#); [StoneBridge Senior Living](#); [myLifeSite](#)

At [Erickson Senior Living](#) master-planned campuses, residents move through something closer to a self-contained town—walking to restaurants, fitness centers, medical offices, and lecture halls without ever leaving the community. Nonprofit providers like [Acts Retirement-Life Communities](#) also combine residential living, amenities and access to continuing care, while [HumanGood](#) offers a broader lifestyle proposition: maintenance-free homes, multiple dining venues, housekeeping, fitness and cultural programming, excursions, and on-campus access to future care.

But that continuity comes at a price many can't afford. [Contracts vary, determining who bears the financial risk of future care](#)—either the resident pays more up front for predictability, or pays less up front and absorbs higher costs later.

This marketplace model [influenced early senior living developments in China](#), particularly high-end communities targeting affluent retirees.

ENTRANCE FEES: ranging from [\\$100,000–\\$500,000+](#)

MONTHLY FEES: approximately [\\$2,000–\\$10,000](#), depending on care level

COVERS: Housing, meals, maintenance, amenities, and access to a continuum of care, from independent living to assisted living, memory care, and skilled nursing (coverage varies by contract type)

PREMIUM LIVING: LIFESTYLE AS INFRASTRUCTURE



At the high end, [senior living in the US increasingly resembles hospitality](#). Large campuses offer multiple dining venues, wellness programming, cultural events, concierge services, and tech-enabled monitoring.

Beyond traditional campus-style retirement communities, [the US market also includes ultra-premium urban senior residences targeting high-net-worth retirees](#) seeking central-city lifestyles.

In Manhattan, developments like [Coterie Hudson Yards](#) bring senior living into the heart of the city. Residents live in high-rise apartments overlooking the skyline, with access to dining, cultural programming, and integrated care—blending independent living, assisted living, and memory support within a single, luxury residential setting.

Here, premium isn't defined by care level, but by location, lifestyle, and brand experience.

APPROXIMATE COST: Units start at [\\$15,900/month](#) for a studio

SERVICES AND AMENITIES INCLUDE: dining, utilities, social activities, housekeeping, laundry, and emergency response system

A MARKET SHAPED BY CAPITAL

The US senior living sector is [characterized by large for-profit operators](#) and significant investment from real estate investors, and private equity firms.

Major operators include:

- Atria Senior Living
- Brookdale Senior Living
- Erickson Senior Living
- Sunrise Senior Living

Communities and operators are [often backed by real estate investment trusts and private capital](#). This links housing and care to financial performance, influencing pricing and service levels.

Access to senior living nevertheless remains uneven. [Costs vary widely by location](#), while [affordability remains a major barrier for many older adults](#). Choice exists, but it's affected as much by geography and financial resources as by personal preference.

WHAT THIS REVEALS

In the United States, market forces play a central role in senior living. Care, housing, and services are bundled into a single product, offering continuity and choice—but at a cost. The system delivers flexibility and innovation, while shifting financial risk and access onto individuals.

Australia

A system centered on home-based care



Just before dinner, in a suburb outside Melbourne, a caregiver arrives for a scheduled visit to help with cooking, light cleaning, and a general wellness check-in.

A cricket match plays on the television while the caregiver reviews the week's schedule, checks the medication box, and helps prepare dinner using vegetables picked earlier that day from the garden out back. A list of upcoming visits sits on the kitchen counter, with different caregivers rotating throughout the week.

Before leaving, the caregiver pauses for tea at the kitchen table and reminds the homeowner about lunch with his daughter the next day. The conversation is familiar, rooted in years of shared routines in the same home and neighborhood.

The visit is short and structured, part of a broader system designed to help older adults remain at home for as long as possible. The goal is simple: letting people stay in the homes and communities they know best.

TWO ADJACENT MARKETS: RETIREMENT LIVING AND AGED CARE

The share of Australians aged 65+ [rose from 12% in the mid-1990s to 18% in 2024-25](#), increasing pressure on a system already struggling to expand capacity.

In 2025, just 578 net residential aged-care places were added, [while demand rose by more than 9,000 residents](#). National occupancy is [projected to reach 100% by FY2028](#), putting added pressure on public hospitals. With new facilities taking four to five years to deliver, supporting older adults to remain at home has become increasingly important.

4.8M (18%)

[Australian population 65+](#)

39.8%

[Older Australians living at home need assistance with everyday activities](#)

Around 800K annually

[Receive home support services](#)

Australia's senior living model is divided into two adjacent yet distinct markets:

RETIREMENT LIVING

- Lifestyle-oriented housing for largely independent older adults
- Primarily resident-funded and privately or not-for-profit operated

AGED CARE

- Needs-assessed support and care
- Government-regulated and substantially government-subsidized

Retirement living is largely driven by private operators and developers, including large listed groups and not-for-profit organizations, while aged care is subject to greater government funding and regulatory oversight.

GOVERNMENT SUPPORT FOR AGED CARE

Federal government involvement is a defining feature of the Australian aged-care system. Funding and regulation are tightly linked, with [systemic failures exposed by the Royal Commission](#) prompting major reforms, from minimum care requirements and 24/7 registered nursing to stronger reporting requirements.

HOME-BASED CARE: THE DEFAULT MODEL



Home care is a central pillar of the Australian aged-care system. Support is delivered primarily through two main programs: the Commonwealth Home Support Programme (CHSP), which provides entry-level assistance, and [Support at Home Packages, which replaced Home Care Packages in November 2025](#) and funds more comprehensive ongoing care.

[Services](#) range from help with meals and household tasks to medication management, nursing care, and allied health services such as physiotherapy or occupational therapy.

Unlike residential care, support is delivered through scheduled services rather than continuously, with different forms of assistance coordinated through an individual care plan. In practice, this can mean care arriving in parts rather than through a constant presence.

[Government subsidies cover much of the cost, but participant contributions vary according to the type of service and financial circumstances.](#) Clinical services are fully government-funded, while participants may contribute to the cost of independence and everyday living support.

Access and provider choice can also vary by location, [particularly in rural and remote areas where fewer providers operate.](#)

For many, this model supports greater independence, helping older adults remain at home longer and potentially delaying or avoiding a move to residential care.

Under Support at Home, participant contributions vary by service type and financial circumstances:

HOME-BASED CARE: THE DEFAULT MODEL

FINANCIAL CIRCUMSTANCES	CLINICAL SUPPORTS	INDEPENDENCE	EVERYDAY LIVING
Full pensioner	0%	5%	17.5%
Part pensioner / Commonwealth Seniors Health Card holder	0%	5%-50%	17.5%-80%
Self-funded retiree	0%	50%	80%

Indicative contribution rates for new participants; transitional arrangements may apply to people previously receiving or approved for a Home Care Package

Source: Australian Government Department of Health, Disability and aging, Support at Home Program Participant Contributions, December 2025

RESIDENTIAL AGED CARE: REGULATED AND INTENSIVE



Residential aged care in Australia serves older adults with higher care and daily support needs, but demand is rising faster than capacity. As occupancy rises, availability is becoming an increasing constraint alongside personal preference.

Concerns about quality have also influenced the development of the system. In 2019, a national Royal Commission into aged care described it as a “[shocking tale of neglect](#)”, citing chronic understaffing, inconsistent training, and gaps in oversight. The inquiry documented [widespread failures](#) in care standards, including neglect and the inappropriate use of restraint—revealing a system that was struggling to deliver consistent, dignified care.

Today, residential aged care is more structured and closely monitored. Residents live in private or shared rooms, with meals, activities, and care delivered on a regular schedule. Support is continuous—provided by care workers, nurses, and visiting health professionals. [Facilities are required to meet minimum care minutes, maintain 24/7 nursing coverage](#), and comply with stricter reporting and safety standards. The model is necessarily more structured than retirement living, with stronger oversight of how care is delivered.

[The sector includes a mix of large operators](#)—like Bupa, Estia, and Regis—alongside major not-for-profit providers including Uniting and Bolton Clarke, reflecting a market that is consolidating but remains fragmented. While reforms have strengthened minimum requirements, [performance remains uneven, with staffing availability continuing to affect service delivery across the sector](#).

Costs combine a basic daily fee with separate contributions for accommodation and, depending on financial circumstances, everyday living and non-clinical care. Accommodation can generally be paid through a refundable lump sum, daily payment, or a combination of the two. Clinical care is government-funded, while residents contribute to accommodation and everyday living costs according to their means.

For new residents entering care from 1 November 2025, costs are structured as follows:

COST COMPONENT	HOW IT WORKS
Basic daily fee	Maximum AUD \$66.80/day
Hotelling contribution	Means-tested, maximum AUD \$22.15/day
Non-clinical care contribution	Means-tested, maximum AUD \$107.32/day
Accommodation	Depends on financial circumstances and room price; may be paid as a refundable lump sum, daily payment, or combination
Clinical care	Government-funded

Applies to new residents entering residential aged care from 1 November 2025; transitional arrangements apply to some existing residents

Source: [Australian Government Department of Health, Disability and aging, Schedule of fees and charges for residential care, 20 March 2026](#)

RETIREMENT VILLAGES: RESORT-STYLE LIVING FOR THE AFFLUENT



Alongside aged care sits a separate housing market for older adults who are still largely independent. This includes retirement villages and over-50s lifestyle or resort communities, which are designed less around care than around convenience and low-maintenance living. Residents enjoy a private home, a built-in social network, and a sense of continuity without the burden of upkeep.

Across retirement villages and lifestyle communities such as [Living Choice](#), [Palm Lake Resort](#), and [GemLife](#), residents live in private homes or apartments, with shared facilities that can resemble a residential club, featuring pools, gyms, cafés, bowling greens, and organized activities ranging from fitness classes to art workshops. GemLife explicitly positions its communities as “resort-style” living, with country clubs and extensive social and recreational facilities built into daily life.

The experience is social and self-directed. Residents come and go freely, but the appeal lies in proximity to amenities, peers, and a ready-made community. Retirement villages and lifestyle communities are found across Australia, with [large numbers in New South Wales, Victoria and Queensland](#).

Entry is selective, based on financial means. Residents typically enter retirement villages at [around age 75](#), sometimes as part of a decision to downsize from their previous home. Prices vary widely by location, development type and tenure structure, with the [average two-bedroom independent living unit costing approximately AUD \\$651,000](#) in 2024.

INDICATIVE PRICE: Approximately AUD \$651,000 on average for a two-bedroom independent living unit

ONGOING COSTS: Service or maintenance fees may apply

EXIT COSTS: Deferred management or other departure fees may apply, depending on the contract and jurisdiction

Source: [PwC-Retirement Living Council Retirement Census 2024](#); [Consumer Affairs Victoria](#); [Consumer Protection Western Australia](#)

A WORKFORCE UNDER PRESSURE

Staffing remains a structural challenge, driven by a growing older population and regulatory requirements—including minimum care minutes and 24/7 nursing coverage—that increase workforce demands.

456,000

[People employed in aged-care in 2023](#)

110,000+

[Additional direct-care workers needed by 2030](#)

The sector also [relies heavily on migrant labor](#), with many workers born in countries including Nepal, India, the Philippines, England, and New Zealand.

51%

[Of residential aged-care employees were born overseas](#)

1 in 6

[Personal care workers in aged-care on temporary visas](#)

Reliance on overseas workers helps sustain services, but also creates fragility in the system—linking care delivery to migration policy, global labor competition and persistent recruitment and retention challenges.

WHAT THIS REVEALS

Australia's aged-care model is built around aging in place, supported by a large-scale, substantially government-funded home-care system. Residential capacity and workforce constraints reinforce the importance of this approach, but also expose its central tension: care can be delivered more flexibly in the home, yet often arrives in parts rather than as an ongoing service.

Across these markets, systems function best when financing, governance, and service design align—producing clearer care pathways, defined funding, and stronger oversight. And yet, even the most mature models leave an open question: how can quality of life for seniors be meaningfully expanded?



RETHINKING AGING: INSIGHTS FROM A HOSPITALITY PERSPECTIVE

In fast-growing markets, there's a tendency to equate progress with provision—assuming that better senior living simply means building more, adding more staff, and writing policy faster.

But what if “more” isn't the answer?

What if the real question isn't how much care can be delivered, but how much independence, dignity, and quality of life can be preserved?

Across healthcare, psychology, hospitality, and service design, a consistent tension begins to surface. Aging well isn't about being taken care of. It's about remaining in control of one's time, relationships, and purpose, even as support systems become more necessary.

Senior living, in this sense, is no longer a product to be delivered, but a condition to be sustained.



“The challenge is not whether systems are needed, but how they are designed—because systems that optimize for efficiency can just as easily begin to displace individual agency.”

Lohyd Terrier

Associate Professor of Organizational Behavior,
EHL Hospitality Business School

BEWARE THE SYSTEM TAKEOVER

For decades, care systems have been optimized around efficiency and risk reduction, with standardized schedules, centralized decision-making, and predictable routines. These structures are logical, but they introduce a subtle shift over time.

System logic begins to displace personal agency. What starts as support can

gradually become substitution—decisions made in advance, needs anticipated too early, routines imposed for the sake of consistency. The effect is often felt long before it's consciously understood.

In response, some senior care operators are adopting models that position residents not as passive recipients of care, but as active partners in designing their own care journeys.



“Aging well is not only about staying safe or comfortable—it's about remaining useful and not feeling like a burden to others.”

Maggie Chen

Associate Professor of Marketing,
EHL Hospitality Business School

THE DIFFERENCE BETWEEN CARE AND IDENTITY CONTINUITY

The psychological experience of aging introduces new layers of complexity that didn't exist before. As individuals move into later stages of life, attention naturally turns toward what defines a meaningful life, often with greater focus on legacy and impact on loved ones. The desire not to become a burden is one of the most consistent—and most underestimated—themes in later life.

Among affluent and highly educated groups, well-being is closely tied to continued relevance and opportunities to contribute through community participation, knowledge sharing, or structured engagement programs that reinforce dignity and reduce anxiety around dependency.

Intellectual stimulation through curiosity, social interaction, and lifelong learning supports identity continuity, contributing to emotional well-being and long-term psychological health.

Medical reliability and safety are only the starting point. What sustains well-being over time is whether individuals continue to feel they have a role to play—remaining connected not only to others, but to themselves and a greater sense of purpose.

ENVIRONMENT AS THE ANSWER TO A FULFILLING AGING EXPERIENCE

Social connection remains one of the strongest predictors of emotional stability and long-term well-being, yet how people connect is shifting. Phones and social media make it easier to stay in touch, but they can also begin to stand in for in-person interaction. What feels like connection can create more distance over time, reflected in rising loneliness.

As a result, more weight shifts to the environments people inhabit day to day. Amenities that encourage casual interaction—walkable communities, shared spaces, group activities—are no longer just add-ons. They have a direct impact on how people feel and function over time.

Around the world, older adults often prefer to remain at home, drawn by familiarity, independence, and cost. That means senior living communities need to offer something more: environments that preserve autonomy while enriching daily life.

Engaging programs, travel opportunities, and thoughtfully designed shared spaces can create meaningful incentives for relocation. Residents say they most value the balance of public and private space, control over their daily routines, and the ability to host friends or join communal activities on their own terms.

Who people socialize with also matters. Age-segregated models have been the norm, but they can limit the range of social experience. Mixed-age environments, where different generations coexist and contribute according to their strengths, shift how older adults are positioned by placing them in active roles within the

broader community, rather than at its margins.

What distinguishes these environments isn't simply what they offer, but how they're lived in—whether they invite participation, and whether they reinforce a sense of belonging over time.



“When support becomes too anticipatory, it can unintentionally signal incapacity—reducing independence even when the intention is to protect it.”

Valentina Clergue

Assistant Professor of Hospitality Marketing,
EHL Hospitality Business School

STRIKING THE RIGHT SERVICE BALANCE

Hospitality principles can meaningfully elevate senior living, but they must be adapted to the realities of long-term living. Traditional customer-centricity must be grounded in dignity and emotional safety, first and foremost.

Trust is less determined by immediate attentiveness in the moment and more by

continuity over time. What matters most is the consistency of empathy and respect built into relationships. Listening becomes a decisive competency.

When assistance becomes too immediate or too anticipatory, it can unintentionally signal incapacity, reducing a person's sense of competence rather than supporting it. If service starts replacing autonomy, it ends up undermining the independence it's meant to enable.



“The real challenge is not designing a good experience, but delivering it consistently over time—because without operational alignment, even the best-designed experiences begin to fragment”

R. Etemad-Sajadi

Professor of CRM and Digital Transformation,
EHL Hospitality Business School

CULTURE DETERMINES THE SENIOR CARE EXPERIENCE

Delivering a consistent experience over time depends on how well teams, systems, and

information work together. Personalization isn't intuitive—it requires systems that make individual knowledge visible and actionable, so preferences and needs carry across interactions rather than reset each time.

Technology supports this by anticipating needs, improving safety, and reducing operational strain. AI is also being used to strengthen workforce resilience—for example, by identifying early signs of staff burnout.

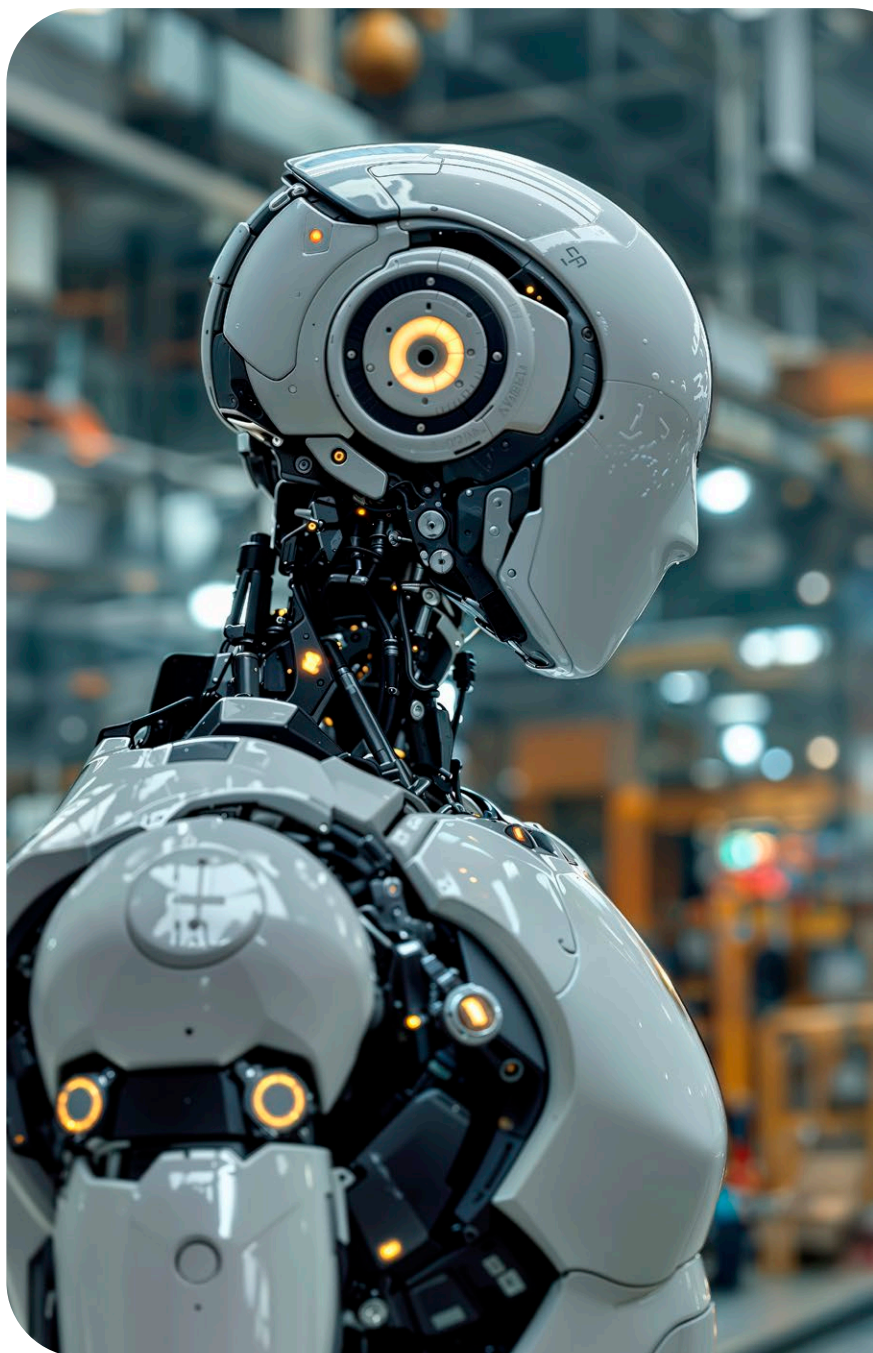
But these systems function best as an enabling layer. While they reduce friction and support staff, they don't replace the human relationships at the center of care. When they fail to connect, the experience begins to fragment.

WHAT DEFINES QUALITY ISN'T WHAT'S ADDED, BUT WHAT'S PRESERVED

A strong senior living model balances three conditions: independence and private autonomy, social connection and community participation, and purpose-driven engagement that sustains relevance over time. When one is missing, the whole system weakens. Comfort and medical care alone aren't enough to support long-term well-being.

Seen this way, senior living is a constant negotiation between providing support and preserving autonomy.

In more mature markets, this balance has taken time to surface. In China, it's suddenly become the senior care industry's greatest opportunity.



**REDESIGNING LATER LIFE: CHINA'S
EVOLVING SENIOR LIVING ECONOMY**

In interviews with EHL, Ms. Li Zhao, VP of China Design & Pre-Opening at Ascott Group, described a senior market that's rapidly outgrowing traditional elder care models.

Many of today's older adults still want reliable medical support, but they also expect independence, comfort, social connection, and a better overall quality of life.

Ascott's response has been to reimagine senior living less as institutional care and more as a hospitality-led lifestyle built around dignity, flexibility, and long-term livability.

CHINA'S SENIOR LIVING BOOM MEETS OPERATIONAL REALITIES

Demand is rising quickly, but China's senior living sector remains uneven in quality, operations, and service delivery—a tension now driving the search for sustainable models of aging in China.

As millions of Chinese families grapple with how to care for aging parents, the country's senior living sector continues to expand rapidly. [By the end of 2025, China had approximately 39,000 elderly care institutions providing around 7.6 million beds](#), according to the National Bureau of Statistics.

Rapid expansion alone won't guarantee sustainable growth. The sector now faces

four major constraints that could limit long-term progress if left unresolved.

1. DEMOGRAPHIC OPPORTUNITY IS ENORMOUS, BUT THE VIABLE CUSTOMER BASE ISN'T

Demand for elder care is rising sharply, but affordability remains a major constraint for premium senior living operators.

Ms. Zhao told EHL that, unlike more mature senior living markets, China's sector is still funded largely through household savings. Long-term care insurance and public support remain limited. As a result, high-end projects may perform well in flagship Tier 1 cities while struggling to sustain stable economics in smaller or less affluent markets.

Premium senior living is difficult to scale because it's a long-term, service-heavy business. Operators must manage staffing, healthcare coordination, hospitality-level service, and high care standards over time. Success depends not just on filling rooms, but on keeping pricing and service levels in line with what local residents can afford.

[Recent Chinese research](#) suggests retirement-community purchase decisions go beyond aspirational branding, taking into account perceived utility, trust, and affordability.

2. MORE SERVICES DON'T ALWAYS CREATE MORE VALUE

The sector is still learning which services residents truly want, and which ones simply add cost.

In interviews with EHL, both Ms. Zhao from Ascott and a senior industry executive who requested anonymity warned against overbuilding amenities or bundling services that residents rarely use. Many projects still signal “premium” positioning through oversized common spaces and highly inclusive service packages that later become expensive to operate.

Increasingly, the advantage may come not from offering more services, but from understanding which ones residents genuinely value—and which can remain flexible, optional, or supported through technology.

3. THE TALENT SHORTAGE GOES FAR BEYOND FRONTLINE STAFFING

Operators and policymakers point to the same challenge: talent may be the sector’s biggest long-term constraint.

The issue isn’t just a shortage of workers, but a shortage of operational expertise, according to the same anonymous executive. Premium senior living requires leaders who can manage healthcare, hospitality, finance, operations, and resident experience at the same time.

Many executives enter the sector from insurance, healthcare, hospitality, or real estate. Few have experience bringing all of those disciplines together into one operating model. As a result, management gaps often limit service quality and long-term scalability.

4. AGING MODELS ARE CULTURAL MODELS

Senior living models reflect the cultures from which they emerge.

American CCRCs, Japanese care systems and Australian retirement communities have evolved within different healthcare systems, family structures, funding models and cultural expectations around aging. What works in one market can be uncomfortable or financially unsustainable in another.

Ms. Zhao highlighted this challenge in interviews with EHL. Differences in lifestyle, consumer expectations, and attitudes toward aging make it difficult to scale a single standardized model across China, she says.

The takeaway isn’t that global best practices lack value. It’s that successful senior living models must feel locally credible. In practice, trust, cultural fit, and consumer education may matter just as much as architecture or amenities.

THE NEXT WINNERS MAY NOT BE THE FASTEST MOVERS

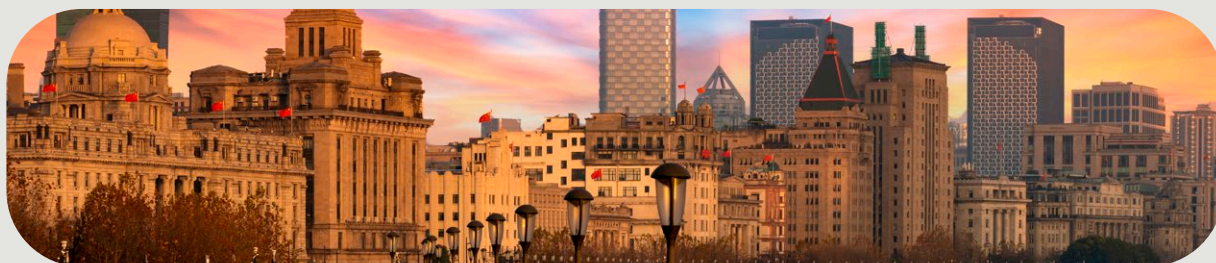
The next winners in China's senior living market are unlikely to be the operators

moving fastest. They'll be the ones that can build models people genuinely want to live in—grounded in affordability, trust, operational discipline, and a deep understanding of local realities.

FIVE PATHWAYS TO DEFINE THE FUTURE OF AGING IN CHINA

In a fragmented senior living market, five key opportunities are emerging that combine housing, wellness, healthcare, and hospitality in different ways.

1. FLEXIBLE, SERVICED SENIOR APARTMENTS



Between traditional institutional care and massive retirement campuses lies a middle ground.

Ms. Zhao suggests that serviced, lifestyle-oriented apartments for adults 55+ may align more naturally with evolving Chinese consumer preferences. These mixed-use models combine long- and short-stay living with hospitality-style services and flexible support that can adapt as resident needs change over time.

As the [World Health Organization](#) notes, “There is no typical older person.” Some older adults remain highly active and independent well into later life, while others need significant support much earlier. That variation matters for senior living: one-size-fits-all models are unlikely to serve such a diverse population well.

The format may lower both financial and psychological barriers to entry. It preserves independence, allows care needs to scale gradually, and may feel more culturally comfortable for older adults reluctant to move directly into institutional settings. It may also prove more viable in cities where demand exists, but not at the scale needed to support large, capital-intensive retirement communities.

At the same time, another opportunity is emerging between senior living, wellness hospitality, and health-focused travel for more active older adults. Seasonal-stay and wellness-living models may offer an alternative to both traditional tourism and full-time retirement communities. In China, these concepts could combine shorter-term stays with preventive healthcare, rehabilitation support, lifestyle programming, and locally rooted wellness experiences, including TCM-based offerings.

Lightweight, modular flexibility is the common appeal for both approaches. The emphasis is on a gradual, lifestyle-oriented approach to aging—one focused less on intensive care and more on well-being, independence, and activities that help older adults stay active and engaged.

2. HEALTHCARE REASSURANCE BEYOND THE HOSPITAL



Medical reassurance remains one of the strongest drivers of premium senior living demand in China. But many older adults want access to healthcare without feeling like they live in a hospital.

In an interview with EHL, Dr. Kenneth Tsang, Regional CEO of IHH Healthcare North Asia, says health maintenance should become part of everyday life rather than something associated only with illness or hospitalization. Even well-designed hospitals inevitably evoke associations with sickness. While senior care communities are well-served with medical support, the clinical ambience may still undermine the comfort, dignity, and sense of normalcy that the elderly residents are looking for.

Research from China's long-term care sector reinforces the point. [A Chinese study found](#) that older adults with higher dignity scores also showed stronger daily living ability, fewer chronic diseases, lower medication use, and greater independence. Dignity isn't only a deep desire of aging residents, but essential infrastructure for quality of life.

The next opportunity for senior living operators is to make health feel more natural—accessible enough to reassure residents and families, but subtle enough that life still feels independent. Preventive care, rehabilitation, chronic disease management, and coordinated healthcare can all be woven into daily routines without turning a residential community into a clinical setting.

IHH Healthcare, one of the world's largest private healthcare groups, is pursuing that same broader shift in China: extending healthcare beyond hospitals and closer to everyday urban living. In Shanghai, its presence spans Parkway Shanghai Hospital, Parkway MediCentre Xintiandi, and community-based clinics. The model connects hospitals, ambulatory care centres, and neighborhood clinics so people can access screenings, vaccinations, and ongoing care before health issues become acute.

Policy is moving in the same direction. The [14th Five-Year Plan](#) and [Healthy China 2030](#) increasingly emphasize prevention, primary care, rehabilitation, and long-term health management rather than relying solely on late-stage hospital treatment.

For operators, these policies create growing opportunities to build healthcare partnerships and adjacent care networks without turning senior living into an extension of the hospital itself.

3. HOSPITALITY AS THE DIFFERENTIATOR



Ms. Zhao of Ascott believes the next competitive advantage in senior living lies less in buildings and medical infrastructure, and more in shaping the experience of daily life.

That philosophy influences everything from flexible layouts and adjustable lighting to nutrition-focused dining, comfortable furniture, and shared spaces designed to encourage interaction and routine.

But design alone isn't enough, Ms. Zhao contends. Residents need to feel emotionally secure and socially connected, not simply accommodated. She describes senior living as a hospitality experience where "premium" is defined less by visible luxury than by whether a community feels comfortable, responsive, and socially engaging. "Senior living should feel like an upgraded lifestyle environment," she explains.

For many families, the decision is still emotionally charged: senior living can still be perceived as abandonment rather than care. But that perception is starting to shift as older adults seek options that reduce daily burdens while preserving independence, social life, and dignity.

In China, a hospitality-led approach could serve as a catalyst for cultural acceptance and long-term sustainability, helping reposition senior living from a last-stage care decision into a socially acceptable lifestyle choice.

4. CONNECTED SERVICES, NOT STANDALONE PROJECTS



China's strongest long-term players may not be standalone operators at all, but ecosystem architects. [China's silver-economy policy](#) explicitly encourages greater private sector participation, new business models, branded service networks, and technology-enabled elder care.

Taikang offers perhaps the clearest example: by linking insurance, healthcare, senior living, and lifestyle services into one ecosystem, the company strengthens long-term customer relationships and reduces reliance on any single revenue stream.

Other operators are building similar ecosystems through different strengths.

Ascott's broader hospitality and mixed-use ecosystem positions senior living as part of a larger lifestyle platform that includes accommodation, dining, community, and service infrastructure.

Parkway, by contrast, extends healthcare beyond the hospital through ambulatory care, digital tools, remote monitoring, and community-based access points.

Premium senior living is evolving beyond standalone properties into broader ecosystems of healthcare, wellness, lifestyle services, and daily living. New opportunities are emerging across digital health, chronic disease management, lifelong learning, travel, and insurance-linked care.

5. DEEPLY REGIONAL SENIOR LIVING MARKETS



China's senior living market is unlikely to evolve around a single national model.

Tier 1 cities may be able to support fully integrated premium communities with strong healthcare partnerships and high-touch service.

But in many Tier 2 and Tier 3 cities, lighter apartment-style formats, modular wellness communities, and specialized urban care hubs may prove more realistic.

Regional differences in lifestyle, affordability, healthcare access, and consumer expectations are likely to be as important to the market as demographics themselves. What works in Shanghai may not work in Chengdu, Harbin, or smaller regional cities.

Future market leaders may need flexible portfolio strategies rather than uniform expansion plans—combining flagship projects in major urban centers with smaller, more locally adapted models elsewhere.

THE REAL OPPORTUNITY ISN'T REAL ESTATE

China's senior living market is growing rapidly, but the next phase of development will depend less on expanding supply and more on building models that older adults genuinely want to live in.

Across interviews and market signals, one theme emerges repeatedly: successful senior living models will need to balance healthcare reassurance with

independence, emotional well-being, community, and everyday quality of life.

In practice, that means moving beyond asset-led thinking toward more integrated, service-driven ecosystems that bring together hospitality, healthcare, wellness, and local cultural realities.

The next chapter explores what that requires operationally, and the service excellence capabilities needed to support China's evolving senior living market.

The background features a dark blue field with a complex geometric pattern of overlapping circles and small dots, creating a sense of depth and connectivity.

From Senior

FROM SENIOR LIVING TO SERVICE LIVING:
EHL'S ROLE IN CHINA'S NEXT PHASE

Service Living

Senior living is an environment designed to support dignity, autonomy, well-being, and quality of life in one's later years. Its value depends on where older adults live, the services they receive, and their daily experiences: how they're welcomed, reassured, supported, engaged, and made to feel that this stage of life remains meaningful and fulfilling.

In China, that experience is becoming harder to design for one broad category of "older consumer." Older adults vary widely across lifestyle, health status, family structure, independence, identity, and definitions of what it means to live well. The silver economy is becoming more segmented, experience-led, and emotionally informed.

For senior living operators, the mission is shifting from expansion to service maturity. Growth can no longer come from adding projects or capacity alone. It requires better service systems—models that balance independence with reassurance, lifestyle with care, personalization with efficiency, and local cultural expectations with global standards of quality.

As a global leader in hospitality education, advisory, and service excellence, EHL sees senior living as a long-duration service environment where every interaction contributes to the resident experience—and service excellence becomes the next competitive frontier.

FROM MARKET SIGNALS TO SERVICE GAPS

As the market matures, service quality becomes easier to scrutinize and harder to fake. Operators need to move beyond broad promises of "premium" living and define how quality is designed, delivered, measured, and sustained.

FOUR QUESTIONS NOW DEFINE CHINA'S SENIOR LIVING CHALLENGE

1. Definition gap

Can we clearly define what "premium" means in daily service—not just in design, amenities, or pricing?

2. Consistency gap

Can residents and families count on the same level of care, responsiveness, and coordination across teams, shifts, and locations?

3. Emotional value gap

Do residents feel secure, connected, autonomous, respected, and known—not simply housed, served, or treated?

4. Capability gap

Do leaders and teams have the skills to integrate hospitality, wellness, healthcare coordination, operations, and service culture into one coherent experience?

1. THE DEFINITION GAP

In many senior living projects, “premium” is still expressed through what’s easiest to see: impressive buildings, polished interiors, extensive amenities, prime locations, and high-end finishes.

But in senior living, premium is no longer a function of design and amenities alone—it’s defined by how the service is structured and delivered, balancing consistency across the community with meaningful personalization at the resident level.

2. THE CONSISTENCY GAP

In senior living, quality is tested through everyday experience over months and years. Residents and families notice continuity, responsiveness, comfort, coordination, and reliability in moments of need.

When the experience depends too heavily on individual managers or frontline staff, the operating system weakens. The brand promise may hold in some moments and disappear in others. Operational consistency turns trust from a claim into a lived experience.

3. THE EMOTIONAL VALUE GAP

Many communities can provide accommodation, activities, and some level of care support. Fewer create environments where older adults feel

genuinely secure, socially connected, autonomous, and known.

Senior living carries deeper emotional needs: belonging, purpose, companionship, and dignity. A community can function operationally and still fall short experientially when those needs remain unmet.

4. THE CAPABILITY GAP

Senior living requires a unique blend of hospitality, operations, wellness, communication, community management, service culture, and healthcare coordination. Yet talent pipelines remain fragmented.

Leaders may arrive from real estate, healthcare, insurance, finance, or hotels. Each background brings strengths, but few professionals are trained to integrate all of these disciplines into one long-duration service environment. That means the gap is bigger than frontline staffing. It’s a management challenge: aligning multiple service functions and turning strategy into consistent, resident-centered delivery.

THE EHL SERVICE EXCELLENCE FRAMEWORK FOR SENIOR LIVING

Across hospitality and other service-led sectors, EHL works with organizations to make quality less dependent on individual instinct or talent and more embedded in the way service is designed, delivered, measured, and improved.

Applied to senior living, this perspective doesn't replace medical, nursing, or elderly care expertise. It strengthens the layer around it: the daily choreography of people, spaces, communication, standards, and service behaviors that determines how residents and families feel.

EHL's framework points operators to five practical service priorities.

Design the resident journey

Are we designing the full experience, or only the property and service menu?

Standardize the backbone

Do our standards make quality reliable without rigidity?

Make emotional value operational

Can residents feel dignity, reassurance, and belonging in concrete daily interactions?

Build talent systems

Do teams share the same service language and know how to deliver it?

Treat recovery as trust repair

When something goes wrong, can we repair trust and improve the system?



1. Design the Resident Journey

A senior living experience is built moment by moment: the inquiry, the family tour, move-in day, meals, wellness classes, daily greetings, requests for help, family updates, and the way small problems are handled over time. Each interaction tells residents and families what kind of place they're in.

EHL's service excellence thinking brings discipline to those moments. It looks at how people, spaces, communication, and standards work together in daily life. The resident journey can then be designed holistically, from pre-arrival communication and onboarding to dining, daily assistance, wellness participation, family interaction, issue resolution, and longer-term retention.

The aim is to make the moments that matter feel clear, connected, and reliable.

2. Standardize the Service Backbone

In senior living, consistency is key. It shows up when a request is remembered, a family update arrives before anxiety builds, a dietary preference follows a resident from one meal to the next, and a small complaint is handled before it becomes a larger disappointment.

Standardization makes quality dependable. When the basics are handled reliably, teams have more room to see the individual and tailor service.

3. Make Emotional Value Operational

Facilities can impress. Feelings decide.

In a long-stay environment, residents absorb patterns: whether staff remember preferences, whether help arrives without causing embarrassment, whether family communication feels proactive, whether the atmosphere supports ease rather than dependence.

Patterns of care determine whether residents feel merely accommodated or genuinely known, whether families feel sold to or reassured, and whether “premium” feels like a finish or a standard.

The operator’s task is to make emotional value operational—built into tone, discretion, recognition, responsiveness, recovery, and the small routines that protect dignity.

4. Build Talent Systems, Not One-Off Training

China’s senior living sector needs more than workers. It needs a shared service language.

As operators recruit from hospitality, healthcare, real estate, insurance, finance, and property management, teams need a common understanding of excellent senior living in practice: how to greet, listen, coordinate, escalate, reassure, personalize, and recover when something goes wrong.

EHL’s education and advisory experience extends beyond hospitality etiquette to service culture and management discipline: competency frameworks, onboarding models, leadership development, train-the-trainer systems, frontline coaching, and quality-culture programs that help teams deliver consistently over time.

The workforce won’t arrive fully formed. As senior living becomes more complex, operators will need to develop the people capable of running it.

5. Treat Service Recovery as Trust Infrastructure

In a long-duration living environment, service failures will happen. The question is whether the organization can recognize dissatisfaction, acknowledge emotion, respond appropriately, offer alternatives, and improve the system behind the failure.

Senior living complaints often carry more than operational frustration. They may involve dignity, safety, family expectations, vulnerability, and trust.

A mature recovery culture becomes a signal of seriousness. It shows residents and families that the organization can listen, learn, and remain accountable after the polished tour is over.



THE EHL MODEL IN ACTION

EHL's role is to help translate global service principles into locally workable operating practices.

China's senior living market operates within a complex interplay of regulation, family expectations, payment models, urban density, healthcare access, consumer psychology, and the cultural meaning of aging. Imported models have to be adapted before they can work.

The value of translation becomes clearer across three settings: an airline scaling hospitality across thousands of touchpoints, a Chinese senior living brand designing a new aging experience, and healthcare institutions making care feel more human.

Each setting is unique. What links them is the harder work of making service excellence repeatable.

SERVICE AT SCALE: EMIRATES



For Emirates, one of the world's largest international airlines, hospitality isn't delivered in one grand gesture. It happens across thousands of small encounters: at check-in, in the cabin, during a delay, after a complaint, in the way staff read a passenger's mood and respond.

The airline described its hospitality strategy as one of its biggest people, process, and product programs—an effort to make service more consistent across customer touchpoints while giving frontline teams more room to create personal, emotionally resonant experiences.

Over two years, [EHL's work helped turn that ambition into a system](#) by developing hospitality principles, training internal facilitators, and supporting a Hospitality Centre of Excellence to carry the work across the organization.

The lesson for senior living is that service quality has to move from principle to practice. An experience delivered across many people, touchpoints, and emotional states can't rely on goodwill alone. It requires a service culture that can be taught, practiced, reinforced, and carried from one encounter to the next.

SERVICE IN CONTEXT: ZHEN LIVING



Ping An's ZHEN Living brand reflects a larger question now taking shape in China: what happens when senior living is built not as a standalone property, but as part of a wider system of insurance, healthcare, technology, nursing support, and eldercare services?

In that model, experience is carried by more than the apartment or amenity space. It shows up in practical moments: how residents access health support, how families receive updates, how safety is monitored, how wellness routines are encouraged, and how staff make daily life feel supported without feeling institutional.

Through its work with ZHEN Living, EHL supported service design and broader experience development in a wellness-oriented senior living environment. The example brings EHL's hospitality lens directly into an aging-related context, where service principles become concrete operating choices.

SERVICE UNDER PRESSURE: CHUV AND ELMHURST HOSPITAL

Healthcare is where service gets tested under pressure. The stakes are higher, the emotions sharper, and the experience more dependent on coordination among people who may not see themselves as part of the same “service” system.

At CHUV, [EHL helped build a shared service mindset](#) across HR, doctors, caregivers, and administrative teams through immersive cross-functional training. At Elmhurst, [EHL partnered with hospital leadership to bring hospitality principles into the design and delivery of patient care](#).

These examples show how human-centered service can change the experience of care. For premium senior living, that lesson is increasingly relevant. Medical reassurance, preventive health, and daily life are moving closer together, and the quality of the model will depend on how well teams communicate, coordinate, and support residents through moments that are both practical and deeply personal.

THE COMMON THREAD

Across these examples, EHL’s value lies in its ability to translate service excellence into operational reality across different industries and contexts. Two interconnected shifts are informing that work: service transformation and the rise of the experience economy. Success depends not only on the services being delivered, but also on how people experience them across every interaction and touchpoint.

Senior living represents one of the clearest examples of this broader transformation. The sector will continue to mature as operators understand how hospitality principles can be thoughtfully adapted—not by replicating hotel models, but by applying a service mindset to the choreography of daily life, the handoffs between teams, the tone of

family communication, the recovery after disappointment, and the systems that help providers make residents feel recognized, respected, and cared for as individuals. These same principles increasingly differentiate leading organizations across service industries, where the customer experience matters as much as the underlying product or service.

As China’s senior living market moves from policy ambition to service reality, EHL helps operators combine global perspectives with local execution, building the capabilities required to deliver consistent and meaningful experiences in daily practice. More broadly, EHL supports organizations undergoing service transformation by embedding the culture, mindset, and operating approaches needed to turn service quality into lasting human experiences.



SERVICE CAPABILITIES FOR CHINA'S NEXT SENIOR LIVING MODELS

EHL's opportunity in China is unlikely to take the form of a single product, program, or partnership model. The market is too varied for that. A luxury urban residence, a wellness-oriented community, an insurance-backed

platform, and a healthcare-linked project will each require a different kind of support.

Across these models, five capabilities are becoming increasingly important: defining the promise, designing the experience, building the people system, bridging health and daily life, and connecting the ecosystem.

1. DEFINE THE PROMISE

Every senior living project makes a promise, whether stated outright or not.

Some promise medical reassurance. Others promise independence, comfort, community, wellness, status, convenience, or relief for family members.

Many projects can explain the location, building, amenities, healthcare partnership, and target customer. They're often less precise about the lived experience: how residents are welcomed, how families are reassured, how services flex as needs change, and what quality feels like on an ordinary day.

EHL can help operators, investors, and project sponsors define that service proposition before the project is locked into design, staffing, pricing, and delivery decisions. This practical work includes resident segmentation, experience concept, service logic, and the balance between standardized, personalized, bundled, and optional services.

A clear promise determines what gets built, who gets hired, what gets measured, what families are told, and what residents can expect.

2. DESIGN THE EXPERIENCE

Once the promise is clear, it has to become a lived experience.

EHL translates strategy into the moments residents and families encounter through resident journey mapping, service blueprinting, SOP design, service standards, departmental interfaces, and quality assurance frameworks.

The value lies beyond documentation. It lies in making the experience coherent from the resident's point of view. A beautiful community can still feel confusing or cold if handoffs are unclear, requests disappear, family communication is inconsistent, or wellness is offered as a calendar of activities rather than woven into daily life.

Designing the experience means seeing senior living not as a collection of amenities, but as a sequence of interactions that feel considered and comforting.

3. BUILD THE PEOPLE SYSTEM

Senior living is a people business. Personality alone won't carry it.

As China's sector grows, operators will need teams that can work across hospitality, healthcare coordination, wellness, operations, family communication, and community life. Employees may arrive from hotels, hospitals, real estate, insurance, finance, or property management. Each background brings strengths; together, they need a shared understanding of senior living as a long-duration service environment.

EHL can support talent and academy-based capability building through leadership programs, frontline training, onboarding systems, train-the-trainer models, service culture development, and management capability-building.

Teams need a shared understanding of what "good" looks like in practice: how to welcome residents, preserve dignity, coordinate with colleagues, reassure families, respond to concerns, personalize routines, and recover when the experience falls short.

As the market grows, operators can't assume the right talent will simply appear. They have to build it.

4. BRIDGE HEALTH AND DAILY LIFE

Healthcare expectations are playing an increasingly important role in China's premium senior living market. Residents and families want medical reassurance, while daily life still needs to feel residential, rhythmic, and humane.

Preventive health, rehabilitation, chronic disease management, medication support, emergency response, and hospital partnerships all require coordination. But residents also need rhythm, privacy, autonomy, and the feeling that life is still life—not a permanent waiting room. The strongest models will bring health support closer to a home atmosphere.

EHL can help operators strengthen the interface between healthcare and hospitality through better patient and resident journeys, cross-functional service behaviors, communication protocols, and emotionally intelligent interactions.

For senior living, the goal is to make health support feel integrated, trusted, and compassionate.

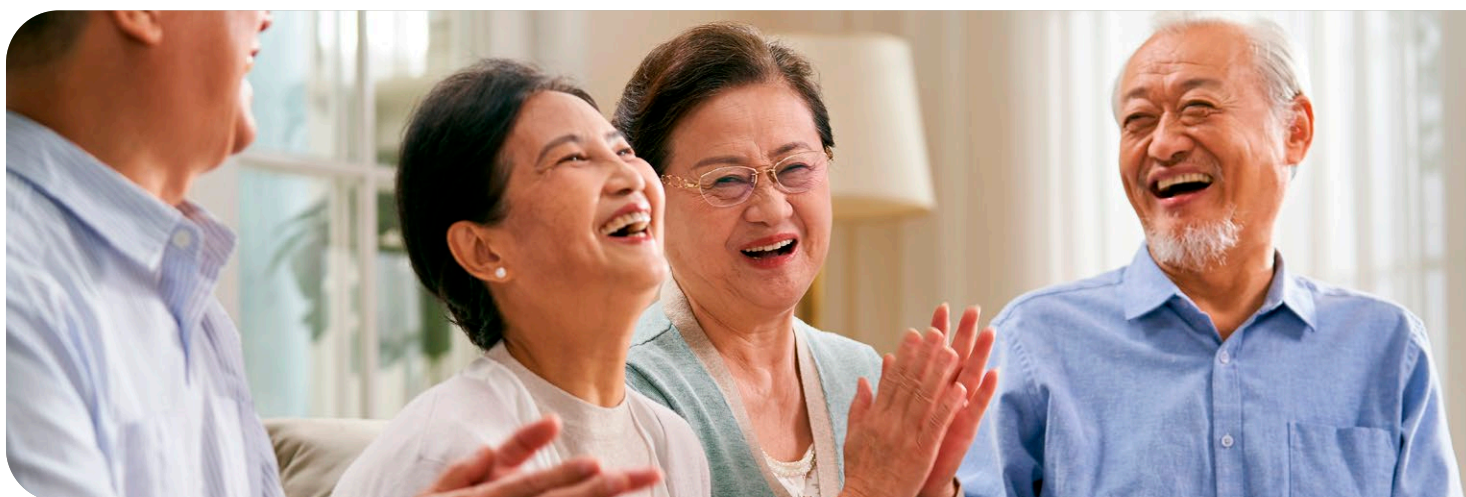
5. CONNECT THE ECOSYSTEM

A resident doesn't experience senior living as a set of separate vendors, platforms, departments, and partnerships. They experience it as one life.

But behind that life, China's senior living models are becoming more complex: operators working with hospitals, insurers, rehabilitation providers, digital health platforms, investors, local authorities, and community-care networks. The more actors involved, the easier it becomes for the experience to fracture—a confusing

family update there, a service promise no one fully owns, or a health concern that gets passed between teams without anyone explaining what's happening or what comes next.

EHL's role is to help make those connections more coherent. Operators, clinicians, investors, and public agencies each bring their own expertise. The opportunity is to help them work from a shared understanding of the resident experience they're collectively trying to deliver.



THE WORK AHEAD

EHL's value in China's senior living sector lies in its blend of hospitality expertise and capability-building discipline. It brings a service lens, along with the education, advisory, and operational experience needed to help organizations translate that approach into day-to-day operations.

For operators, the next phase of senior living will depend less on isolated

excellence and more on repeatable quality: service cultures that can be taught, standards that can travel, teams that can coordinate, and experiences that remain personal even as models scale.

The work ahead is to build senior living systems that can hold a larger promise: later life that feels supported, connected, dignified, and fully lived.

The background features a dark blue field with a complex geometric pattern of thin, light blue lines forming overlapping circles. Small, light blue dots are scattered throughout the composition, often marking the intersections of the lines or positioned along the arcs of the circles.

**DESIGNING SENIOR LIVING FOR THE
FULL MEASURE OF LIFE**

**Designing
Senior Living
for the Full
Measure of Life**

Aging is often treated as a problem to be managed. A pressure on public finance. A burden on families. A test for healthcare systems. A demand curve moving in the wrong direction.

It's all of those things. But it's not only those things.

Aging is also one of the clearest measures of how a society understands human value. It reveals whether later life will be organized around decline, dependency, and risk—or around dignity, autonomy, belonging, and continued purpose. It challenges markets to move beyond building places for older people and toward designing lives that remain worth looking forward to.

The language used to describe aging has consequences for the systems built around it. If aging is framed as loss, the response will naturally focus on containment: beds, capacity, safety, dependency, cost control. But a society that lives longer must also think more deeply about what can be gained in those added years.

Later life may change some capacities, but it can also bring different forms of value: judgment, perspective, resilience, accumulated knowledge, and the practical wisdom that experience can produce. Later life changes the forms of possibility and value people carry. That value is expressed through knowledge, judgment, continued learning, adaptation, participation, and connection.

From EHL's perspective, senior living must be designed around that fuller view of aging. In practice, this means moving beyond a care model that asks only, "What support does this person need?" to the larger question: "What kind of life does this person still want to live?"

Infrastructure, medical access, and safety remain essential. But the real measure of senior living is the daily experience it enables: the ease of waking up in a place that feels like one's own; the reassurance of knowing help is nearby without feeling controlled; the pleasure of meals, movement, conversation, learning, privacy, ritual, and choice; the subtle but profound difference between meeting care needs and sustaining quality of life.

That's where the future of senior living will be defined.

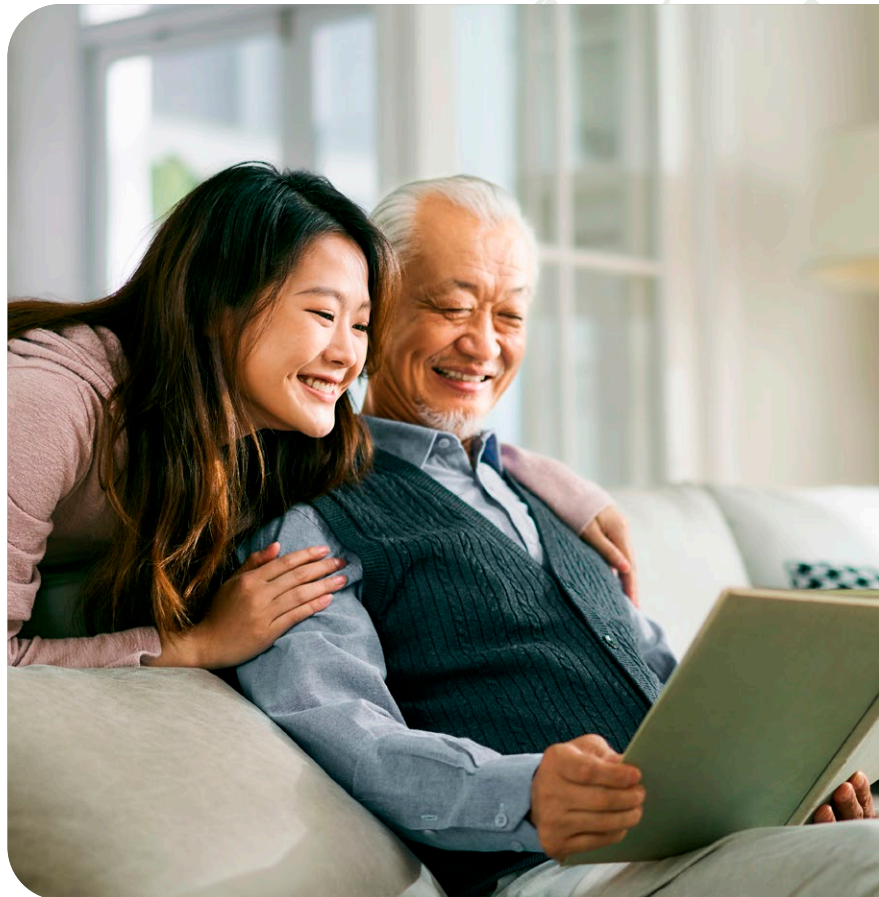
For China, this question has particular urgency. The country's aging transition is unfolding at extraordinary scale and speed, but also amid rising wealth, rapid urbanization, changing family dynamics, evolving policy priorities, and increasingly sophisticated expectations for later-life well-being. The result is a market best understood at the intersection of elderly care, healthcare, real estate, and hospitality.

These aren't abstract questions. They'll determine whether senior living becomes a fragmented collection of projects or a mature ecosystem capable of supporting longer, healthier, more meaningful lives.

China's experience also carries significance beyond its borders. Across Asia, many societies are beginning to confront the same longevity questions. Each will face different fiscal systems, family norms, healthcare structures, land constraints, workforce realities, and cultural expectations. Each country will need its own model. But China is becoming one of the most consequential arenas in which many central questions of longevity are playing out: how to combine care with autonomy, medical support with lifestyle, scale with quality, policy ambition with operational discipline, and family responsibility with professional service.

The opportunity ahead is to redefine what premium senior living means. Instead of reducing it to luxury finishes, branded residences, or high monthly fees, premium is better understood as the quality of attention built into a system. It's the ability to anticipate needs without making life feel managed. It's the confidence created by clinical readiness and the warmth created by hospitality. It's a culture where staff are trained to perform tasks while preserving dignity in small, repeated moments. It's design that supports independence rather than merely compensating for frailty. It's technology that strengthens human connection instead of replacing it.

The deeper promise of senior living is the chance for older adults to remain fully present in the world: learning, choosing, relating, contributing, resting, recovering, celebrating, and changing. Support, at its best, gives people more room to remain themselves.



The future of senior living will reveal more than how societies care for older people. It'll reveal how they understand longevity itself: as a burden to carry, or as a longer horizon of human possibility.

That choice may become one of the most important design questions of our time.



REBECCA LIU

TEAM LEAD, SCHOOL OF PRACTICAL ARTS & VET GREATER CHINA, EHL

While working on this report, I found myself returning to a simple but important question: what does it really mean to live well in later life?

What began as an effort to better understand China's premium senior living market gradually became something broader. The deeper we went into policy, interviews, and case studies, the clearer it became that senior living is not only a sectoral issue—it is also a reflection of how we understand aging itself. Too often, aging is framed only as a challenge to be managed: a source of pressure on healthcare systems, families, and public resources. While those pressures are real, they are only part of the story.

What stayed with me most throughout this process was the realization that quality in senior living cannot be measured by facilities or medical access alone. Its real value lies somewhere less visible, but

ultimately more important: whether people feel respected, reassured, connected, and able to continue living with dignity, purpose, and a sense of self. In that sense, senior living is not simply about where people live as they grow older—it is about whether everyday life continues to feel meaningful.

The rise of the silver economy also came to feel like more than a demographic or commercial story. It is an invitation to rethink how later life is valued—socially, economically, and personally. If people are living longer, the question is not only how to support aging, but how to design for it with greater imagination, care, and humanity.

I hope this report contributes, in however modest a way, to a more thoughtful conversation about aging, and about what it means to build a later-life future that is not only functional, but also humane.

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We also acknowledge the EHL faculty members whose perspectives, conceptual guidance, and comparative insight helped strengthen the intellectual foundation of this report.

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Industry Interviewees

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RESEARCH FRAMEWORK, LIMITATIONS, AND METHODOLOGY

Scope

This report adopts a multi-source, qualitative-led research framework to examine the development of China's premium senior living market and its broader strategic implications. Its objective is not only to assess the sector's current status, but also to identify emerging service gaps, growth pathways, and opportunities for more human-centered, experience-led models of later-life living. More broadly, it reflects EHL's current understanding of premium senior living as an evolving market, service system, and lived experience. The research was conducted between September 2025 and March 2026 and draws on five interconnected dimensions:

- the macro and policy context shaping the sector in China, including demographic change, the silver economy, and selected central- and local-level policy developments;
- selected international references in senior living, healthcare, and hospitality;
- the evolution of China's premium senior living market, with attention to demand shifts, operational challenges, investment logic, and cross-sector convergence;
- practitioner and expert perspectives gathered through interviews with industry stakeholders and EHL faculty; and
- the service and operational implications of these findings, particularly in relation to service design, delivery quality, emotional value, talent capability, and future differentiation.

Sources

The report combines multiple data sources, including desk research based on publicly available policy documents, official statistical releases, market reports, academic and industry literature, and research on selected operators, healthcare institutions, and senior living models. Particular attention was given to the interpretation of China's aging-related policy environment at both central and selected local levels, with policy materials analyzed primarily for their strategic and market implications rather than as legal or regulatory commentary.

The study also incorporates primary qualitative insights over 12 interviews with EHL faculty and industry stakeholders across senior living, hospitality, healthcare, and adjacent sectors. These interviewees were mainly based in Lausanne, Shanghai, and Beijing, enabling the report to combine EHL's conceptual perspective with selected practitioner insights from the China market. In addition, the analysis draws on EHL's existing research and applied thought leadership in service excellence, service design, hospitality, healthcare experience, and cross-sector service transformation, using these as conceptual inputs rather than promotional references.

Approach

Analytically, the report combines desk research with comparative synthesis and thematic interpretation. Rather than relying on a single market model or purely quantitative benchmarking, it adopts a cross-sector lens that considers senior living not only as a care or real estate issue, but also as a service, experience, and operational system.

Interviews were semi-structured, allowing for comparability across discussions while leaving room to explore institution-specific perspectives. Depending on the interviewee's background, conversations focused on topics such as market evolution, consumer expectations, operating challenges, service design, healthcare convergence, hospitality applications, and future opportunities in the sector. Because the report is qualitative and insight-led, the purpose of the interviews was not statistical representativeness, but depth, context, and directional insight. Where applicable, survey and feedback materials were used as supplementary inputs and interpreted alongside interviews, desk research, and market evidence rather than as standalone proof of market-wide patterns.

Limitations

This report also acknowledges several limitations. China's premium senior living market remains relatively early-stage and unevenly defined, meaning that product categories, service standards, and consumer perceptions are still evolving. The research is qualitative and exploratory, and its findings should therefore be understood as directional and interpretive rather than statistically exhaustive.

Primary market-facing interview access was concentrated in the Beijing and Shanghai regions. While these are among the most commercially relevant and operationally mature contexts for premium senior living in China, the report does not fully capture the diversity of conditions across the national market. As a result, its findings are more applicable to first-tier cities and other urban markets with similar levels of economic development, service maturity, and purchasing power.

In addition, it was not possible within the research period to conduct direct surveys with elderly residents currently living in senior living projects. The user perspective is therefore primarily inferred from practitioner interviews, market observations, and secondary sources. Finally, the report incorporates EHL faculty perspectives that provide valuable conceptual and comparative insight, but which in many cases are more strongly grounded in European market experience and should therefore be read as interpretive reference points rather than directly transferable conclusions for the Chinese market.

Despite these limitations, the research framework was designed to provide a credible and well-rounded view of a fast-changing market. By combining desk research, policy interpretation, market observation, practitioner insight, faculty perspectives, and EHL's existing research base, the report aims to contribute not only to a clearer understanding of China's premium senior living sector, but also to a broader discussion of how later-life living may need to evolve in response to aging, service upgrading, and rising expectations around quality of life.

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Clergue, V. (2025). Faculty interview on service, autonomy, and resident experience in senior living. Interview conducted for this report.

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Terrier, L. (2025). Faculty interview on autonomy, agency, and systems in senior living. Interview conducted for this report.

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