

Original Paper

Research on the Path Optimization of Rural Mutual Aid Elderly Care Model in Ethnic Minority Areas of Yunnan Province under the Background of Rural Revitalization

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Abstract

Taking the "1+1+N" mutual-aid pension model in Lushui, Nujiang of Yunnan Province as a case, this paper analyzes its practical logic featuring Party building leadership, neighborhood mutual assistance and diversified services. Relevant practices prove that the model effectively alleviates the elderly care shortage through external resource embedding, yet confronted with deep-seated dilemmas including interrupted endogenous motivation caused by over-reliance on external resources, disconnection between ethnic cultural inheritance and substantive elderly care, as well as imbalance between professional capacity empowerment and community self-governance. Accordingly, this study proposes targeted optimization strategies for structural adjustment and efficiency improvement: establishing a dual-operation mechanism led by Party building and governed by resident autonomy, developing a mixed financing mode combining public welfare points and ethnic handicraft workshops, and constructing a tiered elderly care training plus intelligent empowerment system. The above measures facilitate the transformation from administrative-driven governance to multi-stakeholder co-governance, and provide theoretical references for the sustainable development of mutual-aid pension in ethnic minority regions.

Keywords

rural revitalization, ethnic minority areas, mutual aid elderly care, "1+1+N" model, governance path

1. Introduction

Currently, China's population aging exhibits a notable characteristic of "urban-rural inversion." (Liu & Wu, 2018) The proportion of the rural population aged 60 and above, and 65 and above, is 23.81% and 17.72% respectively, which is 7.99 and 6.61 percentage points higher than in urban areas. (Xinhua

News Agency, 2026) By the end of 2025, Yunnan Province had 8.76 million people aged 60 and above, accounting for 18.86% of the total population. (Xinhua News Agency, 2026) The aging problem is particularly acute in rural and border ethnic minority areas. Coupled with the continuous outmigration of the young and middle-aged labor force, the traditional family-based elderly care model faces severe challenges.

Nujiang Prefecture in Yunnan Province integrates border, ethnic minority, and mountainous characteristics. The large-scale poverty alleviation relocation implemented during the poverty eradication campaign has led many ethnic minority elderly to move from high mountains and canyons into centralized resettlement communities. While improving living conditions, this has also brought about the rupture of social relationship networks and a profound transformation of elderly care from a “family-based” to a “community-based” model. Against this backdrop, Lushui City in Nujiang Prefecture has developed the “1+1+N” mutual aid elderly care support model. This model relies on “1” red elderly care position, takes “1” “neighborhood help group” mutual aid volunteer team as the core, and extends “N” types of diversified elderly care services. By integrating ethnic minority cultural inheritance services, it provides a replicable practical experience for the differentiated development of mutual aid elderly care in ethnic minority areas. However, the model still faces practical difficulties such as insufficient institutionalization, limited participation motivation among the elderly population, and inadequate transformation of cultural resources, necessitating systematic examination and path optimization.

Based on this, this paper takes the “1+1+N” mutual aid elderly care model in Lushui, Nujiang as a typical case. Within the context of the rural revitalization strategy, it systematically examines the model’s practical patterns, driving conditions, and constraining factors, and subsequently proposes optimization pathways. The aim is to provide theoretical reference and policy implications for the sustainable development of rural mutual aid elderly care in Southwest ethnic minority regions.

2. Literature review

2.1 Concept Definition of Rural Mutual Aid Elderly Care

Rural mutual aid elderly care, as a form of elderly care service that possesses both traditional foundations and modern organizational characteristics, has attracted widespread academic attention. Liu Nina pointed out that mutual aid social elderly care in rural China represents a modern transformation of informal mutual aid networks and mutual aid organizations in rural China, aligns with the actual rural conditions of China, and has distinct Chinese characteristics. (Liu, 2020) In essence, rural mutual aid social elderly care involves the formalization, organization, and standardization of traditional informal mutual aid in rural areas. It serves as an important supplement to rural family elderly care and a pragmatic choice for the development of rural social elderly care. (Liu, 2019) From the perspective of welfare production, the mutual aid elderly care model is characterized by low cost and high efficiency. It not only alleviates the severe shortage of socialized elderly care

services in rural China but also constitutes an important form and supplement to the multi-level elderly care service system. (Zhang, 2021) The participation of multiple subjects in the cooperative production of elderly care services is regarded as the essential feature of mutual aid elderly care. The historical tradition of mutual cooperation, the social structure of acquaintance society, the governance advantages of village self-governance, and the cultural gene of filial piety and respect for the elderly jointly form the social foundation for its development. (Dai, 2025) It should be noted that mutual aid elderly care has clear boundaries with family elderly care, community home-based elderly care, and institutional elderly care: it neither replaces the foundational role of family elderly care nor is it distinct from government-led institutional service provision. Instead, it takes village communities as governance units and social relationship networks as bonds, mobilizing and integrating idle rural resources to provide elderly care services in a quasi-socialized model.

2.2 Concept Definition of Rural Mutual Aid Elderly Care

2.2.1 Social governance Perspective

The social governance perspective provides an important analytical framework for understanding rural mutual aid elderly care. Its core lies in transcending the traditional “government-market” binary supply model and exploring a path for elderly care service governance involving the collaborative participation of multiple subjects. The concept of polycentric governance emphasizes that the core of the rural elderly care community is to fully leverage the advantages of the government, society, market, and family, and to establish a polycentric governance framework to jointly address the rural aging crisis. (Tian & Liu, 2024) Within this framework, rural mutual aid elderly care services face practical problems such as low recognition, unsatisfactory assistance effects, and few factors for sustainable development. Governance methods need further optimization, and the “center-level” operational logic of polycentric governance provides theoretical reference for the practice of autonomy in rural mutual aid elderly care. (Qu, 2020) From the perspective of governance modernization, a new localized mutual aid elderly care model based on traditional village acquaintance networks and rural geographical cores has become one of the important ways to promote good rural elderly care governance and enhance rural governance capacity. (Jin, 2023) Village community organizations, due to their advantages of high organizational legitimacy, sufficient organizational resources, and low organizational costs, have become the organizational foundation for the smooth implementation of rural mutual aid elderly care. The specific mechanisms of village community coordination include the consultative construction of mutual aid elderly care facilities, the integrated support of mutual aid elderly care resources, the endogenous activation of mutual aid elderly care willingness, and the socialized avoidance of mutual aid elderly care risks. (Kaisar, 2024) Furthermore, from the perspective of embedded welfare governance, some scholars point out that rural elderly care models can be divided into three types: administrative welfare type, capital-industry type, and self-organizing mutual aid type. These respectively fall into practical dilemmas centered on the government, the market, and society, and achieving collaborative governance among multiple subjects is the key to solving these dilemmas. (Yin

& Ban, 2023)

2.2.2 Cultural-social Vapital Perspective

The cultural-social capital perspective focuses on excavating the endogenous motivation and social foundation of rural mutual aid elderly care. The historical tradition of mutual cooperation, the social structure of acquaintance society, the governance advantages of village self-governance, and the cultural gene of filial piety and respect for the elderly jointly constitute the social foundation for the development of mutual aid elderly care. (Dai, 2025) The rural mutual aid elderly care model, relying on neighborhood mutual assistance in acquaintance societies, results from the functioning of mutual aid cultural genes within the context of rural cultural and social structural conflicts, aligning with China's local social realities. (Zhao & Wang, 2013) From the perspective of social capital theory, one study analyzes the mutual care practice of rural disabled elderly from three dimensions of "resources-relationship-trust," finding that spontaneously formed mutual care models among villagers fully tap into existing social capital stocks in rural areas. (Huang, Song, & Zhang, 2024) However, practice shows that mutual aid elderly care suffers from serious reliance on government input and a lack of endogenous motivation, with low participation rates among the elderly and low facility utilization. Therefore, social capital theory needs to be introduced into a broad productive framework to activate the endogenous mutual aid forces of rural communities. (Wang & Zhu, 2022)

2.2.3 Active aging Perspective

The active aging perspective emphasizes the balanced development of health, participation, and security for the elderly, providing action guidance for rural mutual aid elderly care. As an important low-cost approach to addressing rural population aging, mutual aid elderly care is essentially a rural community-based elderly care model rooted in village communities. (Xiao, 2023) Based on an 11-year field investigation of mutual aid elderly care in a central township, research found that multi-level mobilization with the elderly as the main body, democratic management based on public will, social embedding based on acquaintance society, and resource linking mediated by mutual aid organizations constitute the core experiences for the sustainable operation of mutual aid elderly care. (Xiao, 2023) Compared to institutional elderly care and administratively led community-based elderly care, the mutual aid elderly care model can generate significant social benefits, not only meeting the diverse elderly care needs of the elderly population but also achieving certain social governance outcomes. In the current context of the rural revitalization strategy, the government needs to create favorable policy environments and resource conditions for the development of rural mutual aid elderly care. (Xiao, 2023) Additionally, some scholars point out that there are two pathways to actively address rural aging in China: one is to establish low-cost mutual aid elderly care based on villages, and the other is to promote the integration of urban and rural pension insurance. At the current stage, the former is a more pragmatic practical choice. (He, 2022)

2.3 Research on the Specificity of Mutual Aid Elderly Care in Ethnic Minority Areas

Rural mutual aid elderly care in ethnic minority areas has distinct specificities compared to general

rural areas. Influenced by a combination of factors such as culture, customs, beliefs, and economic development levels, elderly care in these areas exhibits both common characteristics with general rural areas and its own unique features. Problems such as single and backward elderly care methods, low social capital participation, and insufficient pension insurance coverage make the elderly care difficulties particularly prominent for the elderly in these regions. (Hu & Xie, 2021) To address this issue, some scholars have explored the “lineage support” elderly care service model from the perspective of ethnic social work. This practice shows that traditional social organizational forms in ethnic minority areas have endogenous mutual aid elderly care functions and possess unique cultural resource value in constructing mutual aid elderly care models. In Northwest ethnic minority areas, due to harsh natural environments, single public service provision subjects, and poor channels for expressing farmers’ demands, mutual aid elderly care faces many difficulties in implementation, requiring solutions such as strengthening legal safeguards and improving institutional design. (Zhu, Liu, Liu Xingyu et al., 2022) At the same time, rural elderly care services in ethnic minority areas also suffer from a serious “supply-demand mismatch” problem, with the vast majority of government investment concentrated at the county and township levels, while investment in village groups is severely insufficient, leaving a large amount of home-based elderly care demand unmet. (Gao, Li, & Zhang, 2018) Therefore, some scholars propose fully respecting the strong sense of identity with ethnic culture and religious beliefs in ethnic minority rural areas, and constructing a social support network system led by the government with diverse participation from society, families, and individuals, characterized by mutual assistance and mutual benefit, to meet the diverse elderly care needs of the elderly in ethnic minority rural areas. (Hu & Xie, 2021) These specificity studies provide important theoretical reference and practical inspiration for exploring the optimization path of rural mutual aid elderly care models in Yunnan’s ethnic minority areas.

3. Practical Patterns of Rural Mutual Aid Elderly Care in Yunnan’s Ethnic Minority Areas under the Background of Rural Revitalization

Lushui City is located in the hinterland of the Nujiang Grand Canyon and is a border county-level city with multiple ethnic groups. In the poverty alleviation resettlement communities, the traditional family elderly care function has weakened, social relationship networks have been deconstructed, and the elderly population faces the dual dilemma of care deficit and social adaptation difficulties. In recent years, Lushui City, under the leadership of Party building, has developed the “1+1+N” mutual aid elderly care model, using red positions as carriers, neighborhood help groups as hubs, and diversified services as extensions, providing a typical sample for mutual aid elderly care in ethnic minority areas.

3.1 Overview of Rural Elderly Care Services in Nujiang Prefecture

Nujiang Prefecture is a typical border ethnic minority region, where rural aging is characterized by a large total population, rapid growth, and a high proportion of empty-nest elderly. The prefecture has built 21 elderly care service institutions with 1,614 beds, 84 urban and rural home-based elderly care

service centers and mutual aid service stations, and 190 elderly activity rooms. Although the facility layout is gradually improving, it still falls short of meeting diverse needs in terms of quantity and quality, with obvious gaps in supporting medical rehabilitation services. At the policy level, Yunnan Province's Three-Year Action Plan for Promoting the Quality Development of Elderly Care Services sets a target of achieving 65% coverage of rural regional elderly care centers by the end of 2026, providing policy guidance for mutual aid elderly care.

During the "13th Five-Year Plan" period, 26,800 households (101,900 people) in Nujiang Prefecture moved into resettlement communities. The relocation led to the structural deconstruction of original blood and geographical relationship networks. The left-behind elderly face a triple rupture: social relationship disembedding, support network breakdown, and cultural adaptation discontinuity. Taking Hexie Community, the largest resettlement community in the prefecture, as an example, there are 1,226 elderly people aged 60 and above (13% of the population), including 206 elderly aged 80 and above. The elderly population generally suffers from a lack of life skills, poor Mandarin proficiency, and low social participation. The traditional family elderly care model is unsustainable.

Lushui City has incorporated the "one elderly, one child" issue into its "political project" and "people's heart project," constructed a "three-neighbor" and "four-level" connected elderly care service network, and established a "1+1+N" system (1 municipal welfare center, 1 nursing home, 6 homes for the elderly, 31 urban and rural institutions). The coverage rate of elderly care facilities in townships has increased from 22% to 70%, and the number of beds per 1,000 elderly has increased from 23 to 30. The city formulated the Three-Year Action Plan for Improving the Quality of Care Services for Left-Behind Elderly, Left-Behind Children, and Children in Distress in Lushui City, forming a working pattern of Party committee leadership, government leadership, departmental linkage, family responsibility, and social participation. Collaborating with local social work organizations and relying on the "Living Water Plan" of the China Rural Development Foundation, Lushui City has developed the "1+1+N" mutual aid elderly care model.

3.2 Operational Logic of the "1+1+N" Mutual Aid Elderly Care Model

The relocation of residents has broken the original acquaintance-based social networks, giving rise to dual structural pressures, namely the absence of social support systems and inadequate elderly care services. Lushui City set fostering a new neighborhood mutual assistance relationship as the core governance goal. Leveraging the spatial concentration of resettlement communities, local authorities mobilized residents through social workers and grassroots Party organizations, turning strangers into connected neighbors and passive care recipients into active volunteers. These efforts have laid a solid foundation for the reconstruction of social relations required for mutual-aid elderly care.

Party building serves as the core driving force of the model. Grassroots Party organizations have incorporated elderly care services into the agenda of primary-level governance and formulated special implementation plans. They have also established the Red Elderly Care Volunteer Team to form a volunteer service system composed of Party members across communities. A collaborative mechanism

integrating Party committee coordination, foundation support, social work services and volunteer participation has been built, mobilizing more than one million yuan in social resources. Hexie Community has been selected as one of the National Model Senior-Friendly Communities for 2025–2026, the only community in Nujiang Prefecture to receive this honor.

The sustainable operation of the model is driven by two pillars: professional social work and volunteer services. Social workers undertake core tasks including identifying capable elderly residents, cultivating volunteer teams, designing service plans and connecting social resources, and deliver training to help participants transform from care recipients to service providers. The Neighborhood Mutual-Aid Group is independently organized and managed by elderly residents. It now consists of four teams with over 40 volunteers who regularly provide in-home companionship services. A sound interactive mechanism featuring professional empowerment by social workers and endogenous mutual assistance among residents has taken shape.

3.3 Constituent Elements of the "1+1+N" Mutual Aid Pension Model

3.3.1 Functions of the First Element: One Red-themed Elderly Care Venue

Party building carrier function of the Warm Red Senior House. In resettlement communities such as Hexie and Jinxiu, Lushui City has built Warm Red Senior Houses equipped with themed functional areas for red culture interaction, story sharing and cultural display. The communities have collected classic books on revolutionary culture, health preservation and dietary guidance for the elderly. These venues have become spiritual homes where seniors enjoy leisure activities and receive red culture education.

Cohesion function of the Red Unity Sharing Sessions. To meet the elderly's needs for leisure and cultural activities, the community regularly holds Red Unity Sharing Sessions. Party members are invited to tell revolutionary stories, which facilitates communication among seniors, fosters a neighborhood atmosphere of mutual help and friendship, and helps mediate disputes as part of grassroots social governance.

Resource linkage function of the Red Elderly Care Volunteer Team. Communities, enterprises, hospitals and local educational institutions are encouraged to give full play to the role of grassroots Party organizations as battle forts and the exemplary leading role of Party members. Serving Party members, volunteers and warm-hearted residents provide free medical consultations, daily assistance and other convenient services for disadvantaged elderly people, forming a comprehensive volunteer service network led by Party members.

3.3.2 Team Building Logic of the Second Element: One Neighborhood Mutual Aid Group

Recruitment of talented elderly residents and establishment of volunteer teams. Communities adopt multiple approaches including on-site publicity, recommendations from management committees and door-to-door visits to discover talented seniors, such as retired teachers, singers, veterans and warm-hearted elders. Staff promote the spirit of mutual assistance and caring for disadvantaged seniors, encouraging elderly residents to join the volunteer team.

Skill training for daily care and sanitation work. To improve the professionalism and effectiveness of peer mutual aid services, hospitals in Lushui City provide systematic training for volunteers on daily care skills and household cleaning work. These programs enhance the service capacity of mutual-aid teams and guarantee service standards and quality.

Cultivation of self-help and mutual-aid awareness. Through team building and volunteer awareness activities organized by social workers, the elderly have developed a stronger sense of self-reliance and mutual assistance. Their potential is fully tapped to encourage active participation. Volunteers gain confidence and a sense of achievement during service, completing the transformation from people in need of care to independent caregivers.

3.3.3 Diversified Service System of the Third Element: N Types of Extended Services

Daily care and home safety inspection system. Many elderly residents in resettlement communities, especially the advanced-age and empty-nest seniors, suffer from declining physical functions, weak safety awareness and heavy demand for daily care. Volunteers from the Neighborhood Mutual-Aid Group offer house cleaning, psychological companionship, emotional counseling and indoor safety checks, forming a complete mutual-aid care system. All resettlement sites have launched an emergency response mechanism: a red cloth hung on the railing of an elderly resident's home acts as a distress signal, enabling volunteers to arrive promptly and handle emergencies, thus creating an efficient early warning system.

Urban adaptation training via senior learning classes. Many relocated seniors lack basic life skills and proficiency in Mandarin. In response to such challenges, the community selects experienced elderly teachers to run senior learning classes. The courses focus on numeracy, Mandarin, household appliance operation and basic life skills. You Guisheng, a disabled retired teacher and member of the volunteer group, founded the classes. With support from social workers and social organizations, more than 1,500 lessons have been delivered. As a result, 98% of participating seniors, who started with no basic literacy, can now write their house numbers and personal information. This practice vividly demonstrates the path of boosting social participation among the elderly from the perspective of active aging.

Cultural inheritance and enhancement of ethnic cultural confidence. Relying on intergenerational cultural inheritance camps, elderly residents pass down traditional ethnic culture to teenagers, including ethnic songs, writing, crossbow craftsmanship, traditional residential architecture and folk food production. These activities provide a platform for seniors to realize their social value. New media platforms such as WeChat Channels and Douyin are used to publicize ethnic songs, dances and costumes, promoting the living inheritance of ethnic culture and strengthening the cultural confidence of the elderly.

Linkage of public welfare resources and expansion of social support networks. The community has established partnerships with Xinhua Bookstore and Huilaixi Bakery for material donations. It also cooperates with volunteers from Yunnan University and local hospitals to carry out free medical services. In collaboration with the China Aging Development Foundation, smart watches have been

distributed, and a total of 147,000 yuan has been raised to implement home accessibility renovations for 70 disabled and semi-disabled elderly households.

3.4 Typological Positioning of the "1+1+N" Mutual Aid Pension Model

This model is analyzed within a two-dimensional framework: the degree of institutional embedding by state and social organizations, and the degree of spontaneity of communities and resident groups. It is defined as a typical model with high embedding and high spontaneity. High embedding is reflected in the top-level design by Party organizations, policy support from government departments and professional guidance from social work institutions. High spontaneity is embodied in the self-governance of the Neighborhood Mutual-Aid Group: volunteers independently identify service needs and dynamically adjust service content. Since volunteers are also elderly residents themselves, helping others equals helping themselves, forming a characteristic of reflexive services.

In resettlement communities in border ethnic areas, institutional embedding by the state has not weakened community autonomy. On the contrary, it has activated endogenous mutual-aid forces through institutionalized channels and achieved sound integration between state governance and community self-governance. This study draws a theoretical implication: governments should shift their role from direct service providers to system designers and capacity builders, and transfer service delivery to community organizations. This approach ensures the sustainable supply of elderly care services in resource-constrained areas.

4. Practical Tensions and in-depth Dilemmas of the "1+1+N" Model in Lushui

4.1 Disconnection between Resource Dependence and Endogenous Motivation

The operation of the model largely relies on administrative promotion led by Party building and external financial support from foundation projects. On the one hand, volunteer participation is mostly driven by political tasks related to Party membership, rather than universal moral consciousness and daily habits among community residents. It is easy to mobilize volunteers via administrative orders, yet difficult to foster voluntary participation spontaneously. On the other hand, funding mainly comes from short-term project grants, which are not effectively connected with community collective economy or local charitable resources. Such floating funding leaves mutual-aid organizations incapable of independent financial self-sufficiency. Once external support fades, the continuity of services will face severe challenges.

4.2 Disconnection Between Cultural Inheritance and Elderly Care Functions

Although ethnic cultural elements are integrated into the model, cultural activities and practical care work operate separately in practice. Current cultural activities such as folk singing and handcraft making mainly focus on spiritual comfort and cultural display. They feature more ceremonial performances than practical care services, and have not been institutionalized to meet the rigid care demands of advanced-age and disabled seniors. Furthermore, the resettlement has formed a new

stranger society, where younger generations show declining recognition of traditional clan culture. It becomes difficult to rebuild informal care networks based on kinship and geographical ties, and the mechanism for transforming cultural resources into elderly care resources remains incomplete.

4.3 Imbalance Between Professional Empowerment and Self-Governance Capacity

While the intervention of professional social workers improves service quality, it also brings hidden risks: services can only be maintained when social workers are on site. Social work institutions take charge of most core work including demand assessment and activity planning, which to some extent limits the development space of local elderly associations. In addition, training for volunteers in the Neighborhood Mutual-Aid Group is limited to basic cleaning and companionship. Volunteers lack professional skills for nursing disabled seniors and conducting psychological counseling. Mutual-aid services remain at a basic auxiliary level and fail to meet the diversified demands brought by deepening population aging.

5. Optimization Paths for the "1+1+N" Mutual-Aid Pension Model

To resolve the tensions between institutional embedding and endogenous development, optimization should focus on in-depth adjustment of governance structure rather than superficial technical improvements. The core goal is to realize the transformation from top-down governance solely led by Party building to multi-stakeholder co-governance under Party leadership, so as to build a sustainable ecosystem for mutual-aid elderly care.

5.1 Establish a Dual Operational Mechanism of Party Building Leadership and Resident Autonomy

It is necessary to clarify the responsibilities of grassroots Party organizations, which should focus on political guidance, resource integration and bottom-line guarantee instead of undertaking specific service work directly. Based on the Neighborhood Mutual-Aid Group, autonomous organizations such as community elderly associations should be registered and established. A three-stage development strategy is adopted: incubation by social work institutions, takeover by local core members, and full independent operation. Gradually transfer the dominant power of services to community residents, and form a virtuous cycle where administrative forces withdraw appropriately while social forces take greater responsibilities. In this way, communities can develop the capacity of self-sufficiency.

5.2 Explore a Mixed Financing Model Combining Public Welfare Points and Ethnic Handicraft Workshops

To address floating funding and the disconnection between culture and care, ethnic cultural resources should be transformed into economic resources. First, promote standardized mutual-aid point and time bank systems. Accumulated points can be linked to dividends from community collective economy and rewards for ethnic unity work, forming a long-term incentive mechanism for volunteers. Second, set up ethnic handicraft workshops relying on traditional craftsmanship of ethnic minorities. Handicrafts made by elderly volunteers are put into commercial operation, and all profits are injected into the mutual-aid elderly care fund. This model realizes cultural inheritance, solves funding problems, and satisfies the elderly's desire to realize personal social value.

5.3 Build a Tiered Care Training and Intelligent Empowerment System

Targeting the imbalance of service capacity and insufficient care resources, hierarchical training strategies should be implemented. Cooperate with local health authorities and vocational colleges to provide advanced training for volunteer backbones, covering chronic disease management and rehabilitation nursing on the basis of basic companionship. Qualifications recognized by the community will be awarded to trainees to raise the professionalism of services. Meanwhile, expand the application of intelligent elderly care services. Special funds for rural revitalization are used to deploy intelligent monitoring devices, building a linkage system of online monitoring and offline response. Trained volunteers form a 15-minute emergency response circle. Intelligent technologies make up for the shortage of professional caregivers and greatly improve service efficiency.

6. Conclusion

Based on a case study of the "1+1+N" model in Lushui, Yunnan Province, this paper explores the operating logic and optimization directions of mutual-aid elderly care in resettlement communities of border ethnic areas. The research reveals that resolving the structural tension between external institutional embedding and endogenous development is the key to achieving sustainable mutual-aid elderly care.

The transformation of elderly care services from external financial support to self-sufficient operation can be realized by constructing a dual governance mechanism combining Party building and resident autonomy, promoting the economic utilization of ethnic cultural resources, and carrying out intelligent empowerment of human resources. This study not only explores a practical low-cost solution to rural population aging, but also provides a replicable practical sample for realizing proper elderly care and modernizing grassroots governance in ethnic minority areas.

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