

Cross-Border Ageing from Hong Kong to Guangdong: Mobility, Welfare and Social Integration in the Greater Bay Area

Pinghan Chen*

Shenzhen Foreign Language School (Group) High School, Shenzhen, 518083, China

**Corresponding author: Pinghan Chen.*

Abstract

Hong Kong is aging rapidly, while the local residential care capacity remains constrained. More and more elderly people are now spending part or all of their later years in Guangdong. This article explores how the institutional division under “one country, two systems” affects cross-border aging in the Guangdong-Hong Kong-Macao Greater Bay Area (GBA), and whether the expansion of cross-border care services will lead to more equitable aging. This study integrates transnational aging, Bourdieu's capital theory, place attachment and social embeddedness. Moreover, this study draws on policy documents, official statistical data and six original semi-structured interviews with Hong Kong elderly people living in Shenzhen, Zhongshan and Guangzhou. This article holds that cross-border aging is a socially stratified mobility process. Unequal capital determines who can move, and fragmented welfare portability determines which rights can move with them. And place attachment and embeddedness determine whether the move results in a sustainable home. Interviews show that even where the schemes exist, healthcare discontinuity, eligibility uncertainty, and digital barriers persist. Therefore, merely expanding care service capacity for care may reproduce inequality in later life rather than alleviate it.

Keywords

cross-border ageing, Greater Bay Area, welfare portability, Bourdieu's capital theory, place attachment, social embeddedness

1. Introduction

Hong Kong's population is ageing at an alarming rate, making long-term care a significant social issue. In 2023, the population aged 65 and above would projected to reach about 1.76 million, or 23.3% of the population, a share expected to reach 36% by 2046 [1]. The same projections point to shrinking family size, weakening family care capacity, poverty among older people and long waits for subsidised residential care. Such pressures have led the government to encourage elderly care and residential services in Guangdong, in particular the Guangdong-Hong Kong-Macao Greater Bay Area (GBA). In a survey of 1,761 Hong Kong residents, more than 80% would consider retirement in a mainland GBA city, acceptance peaked at 63% among those aged 61 to 75, and 96% supported expanding the Guangdong scheme [2].

However, cross-border elderly care should not be regarded simply as moving the elderly from an expensive city to one with cheaper land and services. It is a sociological process involving mobility, social class, local attachment and cultural adaptation. This paper therefore asks: under “one country, two systems”, how does institutional division between Hong Kong and Guangdong shape who is able to move, which rights move with them, and whether relocation produces a sustainable home? Using transnational ageing, Bourdieu’s capital theory, place attachment and social embeddedness, it argues that cross-border ageing is essentially a socially stratified process of mobility: unequal capital determines who can move, fragmented welfare portability determines which entitlements travel, and attachment and embeddedness determine whether a move succeeds. Simply increasing the number of care beds, therefore, may perpetuate rather than mitigate later-life inequalities.

This paper develops a multi-level analytical framework that connects mobility capacity, institutional welfare portability and place-based sense of belonging. This framework helps assess whether expanding cross-border care delivers more equitable ageing outcomes or merely shifts related welfare costs.

2. Theoretical Framework

The paper integrates four perspectives, each explaining a different layer of the same process. Transnational ageing treats later life as organized beyond a single nation-state [3], and a retirement-mobilities approach extends this to the movement of pensions, care, information and family support rather than of people alone [4]. Together they describe the structural condition of GBA cross-border ageing: older people must connect to two systems inside one sovereign state. Bourdieu’s theory of economic, social and cultural capital [5] then explains the unequal ability to use those channels, and therefore who becomes mobile. Place attachment [6] explains why resources alone cannot guarantee a meaningful home, since familiarity, identity and participation are built over time. Social embeddedness [7] explains why care decisions are taken within family and community networks rather than by isolated individuals. The four perspectives thus move from structure to capacity to belonging: expanding care options may reproduce inequality unless welfare, healthcare and social relations can also cross institutional boundaries.

3. Data and Method

This analysis utilized three sources. Official statistics and policy papers provide the institutional context. The 2023 HKFTU survey showed the willingness to age across the boundary [2]. The main qualitative data come from six original semi-structured interviews with Hong Kong seniors aged between 61 and 75 living in Shenzhen, Zhongshan or Guangzhou. Participants were purposively recruited through Hong Kong resident networks (Table 1).¹ A shared interview guide explored motivations for relocation, healthcare access, welfare portability, digital barriers, community integration and policy-related priorities. The transcripts were coded thematically into eight recurring themes. These themes formed the basis for the analysis presented below. Participants were anonymously reported as P1 to P6.

Table 1: Profile of interview participants

ID	Age / gender	Former occupation	Guangdong base	Time in Guangdong	Mobility pattern
P1	67 / Male	Civil servant	Shenzhen	3 years	Mostly Guangdong; monthly return to Hong Kong
P2	72 / Female	Retail worker	Zhongshan	4 years	With spouse; Hong Kong every 1–2 months
P3	64 / Female	Accountant	Guangzhou	2 years	Near daughter; frequent Hong Kong visits
P4	75 / Male	Technician	Shenzhen	5 years	Long-term; Hong Kong for some medical care
P5	69 / Female	Teacher	Zhongshan	2.5 years	Mostly Guangdong; active locally
P6	61 / Male	Business owner	Guangzhou	1.5 years	Two-city lifestyle

Note: Participants were recruited via purposive sampling. Interview transcripts are original empirical data generated for this research.

¹These semi-structured interviews and participant profiles shown in Table 1 constitute original qualitative data collected by the authors for this study.

4. Analysing Cross-border Ageing in the Greater Bay Area

4.1 Cross-border Mobility and Policy Context

The traditional elderly care policy adheres to the principle of “aging in place”. It is assumed that staying in a familiar family and community is the ideal outcome. In the Greater Bay Area, this line is blurred. For many Hong Kong people, Guangdong is the place of their ancestral home, property, work or relatives. Official population statistics show that as of mid-2024, approximately 99,600 Hong Kong residents aged 65 or above normally reside in Guangdong in Guangdong [8]. Many people travel permanently or intermittently between Hong Kong and cities on the Chinese mainland in their later years. P1 described his Shenzhen flat not as leaving Hong Kong but as having another base, while P6 said high-speed rail makes a two-city lifestyle workable.

Government policy has opened some of these channels. The Residential Care Services Scheme in Guangdong was launched as a pilot in June 2014, regularised in January 2020 and extended from July 2023 to older persons waitlisted for subsidised nursing-home places as well as care-and-attention places [9]. By the end of February 2026, 26 homes in Guangdong had joined the scheme, providing subsidised services to 1,048 Hong Kong older persons [10]. Participation remains extremely low relative to Hong Kong’s older population: the availability of a policy does not by itself produce social acceptance or actual mobility.

4.2 Selective Mobility and Capital Inequality

Cross-border ageing is characterized as a path of selective mobility: those who move tend to be relatively independent, able to travel and able to compare housing, medical and care options, and many own private property, have adult children living apart from them, and hold educational qualifications or white-collar work experience. Bourdieu’s theory of economic, social and cultural capital [5] explains this pattern.

Economic capital — savings, pensions, property and the capacity to absorb extra costs — determines affordability. Retired technician P4 said he could live more comfortably in Shenzhen on the same retirement income, while P1 and P2 both emphasized larger space and lower daily costs. Social capital – family, friends and community ties – reduces uncertainty. P5 only moved to Zhongshan after her friends had settled down. She stated that this reduced her fear of moving. Cultural capital—education, digital abilities, and mainland system knowledge—determines contract comprehension, mobile payments, and service evaluation.

Cross-border care may deepen inequality in later life. Shenzhen, Guangzhou, and Zhongshan are options for the elderly with greater economic capital, but low income, bad health, and limited digital access raise the threshold. Most prospective migrants are middle-class, thus they are price- and quality-sensitive. Lower mainland prices can’t fix the affordability problem alone.

Mobile payment, telemedicine and electronic health records can reduce this fragmentation through digital technology. On one hand, it has been noted that older Hong Kong migrants living in Shenzhen make use of mobile payment and other instrumental apps. On the other hand, the frequency with which they utilize information and communication applications is significantly lower. This same divide emerged in our interview data. P3 worked as an accountant and had a high level of self-assurance regarding the applications. She did, however, acknowledge the possibility that those who are older, who live alone, or who have a lower level of digital skills could be excluded from services that are technically available. However, P2 said that the biggest problems she had were identity verification and hospital appointments. In Bourdieu’s terms, this is about the unequal distribution of cultural capital, not of devices. Literacy, confidence and language support are needed for effective use.

4.3 Welfare Portability and Fragmented Social Citizenship

Cross-border aging also highlighted the regional character of welfare. Welfare is meant for the inhabitants of an administrative system. Therefore, the elderly do not change their formal citizenship when they move, but their access to public housing, subsidized medical care, residential care and emergency support becomes uncertain. The main challenges are the absence of portability of welfare and weak institutional connections [12]. Unless public benefits are transferable, private capital must fill the vacuum.

There are benefits that can be transferred. Portable cash-based benefits are available under the Guangdong Scheme and the Portable Comprehensive Social Security Assistance (PCSSA) Scheme. In order to maintain their positions on the Hong Kong Central Waiting List, participants are permitted to try designated Guangdong facilities for a period of six months. On the other hand, partial portability has resulted in a “deservingness gap.” Due to the fact that access is restricted by assessment status and residency documentation, independent movers are afforded a lower level of protection than scheme members.

The most obvious example is medical continuity. Currently, Elderly Health Care Vouchers are accepted at 21 service points in nine cities in the mainland GBA. By the end of May 2026, more than 40,600 eligible elderly had used the expanded scheme [13]. Continuity is still disrupted by differences in drug catalogs, clinical standards and insurance payments. Eligibility uncertainty was each person's biggest issue, rather than income. According to P5, each programme has its own set of conditions, and P4 stated that it is unreasonable to expect older people to become policy experts in order to be aware of the numerous forms of assistance that are available. Regulation, finance, liability, and data governance remain distinct under *one country, two systems*. Therefore, integration requires legal coordination, not more points of service [12].

Cross-border flows are also susceptible to external shocks. During the pandemic restrictions, the movement of the elderly between Shenzhen and Hong Kong dropped dramatically according to mobile phone data [14]. And so a care model that requires frequent transit will need contingency plans for medication, remote consultations and emergency transport.

4.4 Place Attachment, Trust and Family Care

Capital explains who can move, but place attachment explains whether moving allows for making a meaningful home. Capital finances relocation and shapes adaptation, but it cannot substitute familiar routines and social relations [5, 6]. The elderly make place through meaningful activities, daily routines and relationships. A move to Guangdong could mean a bigger place to live. But this can undermine community ties, trustworthy healthcare, and a sense of control. P1 felt comfortable in Shenzhen but still considered Hong Kong his home. P4 often breakfasts with Hong Kong men. He may feel lonely without them. P5, having the highest local integration, emphasized that integration required deliberate effort.

A recent study supports this interpretation: Older mainland immigrants living in public housing in Hong Kong are often reluctant to return. Secure housing, reliable healthcare and non-transferable social connections keep them in a specific community [15].

Family relationships are rebuilt rather than simply strengthened or weakened. Care decisions are embedded in family and community networks rather than being made by isolated individuals [7]. Some daily care work has been transferred from relatives to paid workers and institutions, reducing the burden on caregivers while generating a sense of guilt and uncertainty about responsibility. The uncertainty is concentrated in the transition from independence to dependence. P2 chose Zhongshan for independent retirement, not for elderly care services. P4 believes that living independently is one thing and being disabled is another. Cross-border care can only be sustainable when institutional and home care reinforce each other.

5. Policy Implications

The following are three priorities. Firstly, welfare integration should give priority to continuity. Independent immigrants who are not protected by the scheme need information and minimum guarantees [11, 16]. Establishing Cantonese-language service hubs in major Guangdong cities to disseminate information on healthcare, welfare provisions, residential care and emergency contacts was the most frequently suggested reform among interview participants. This is the change most frequently proposed by the participants. Second, medical portability should shift from increasing service points to connecting systems. It was determined by the participants that the mutual recognition of medical records, prescriptions, and test results would be the most beneficial reform. It is necessary to coordinate the regulation and clearly allocate liability in order to accomplish this.

Third, services should be differentiated by level of capital and by care need. Those with limited economic capital require transport and cost support, while those with limited cultural capital need a human support channel alongside digital services, since digitalisation can conceal exclusion rather than remove it. Provision

should extend beyond residential institutions to community and home-based care, dementia care and rehabilitation, because most participants preferred to age in place near family rather than enter an institution. Integration should also be measured rather than assumed, through Cantonese-language services, peer groups and community activities. Responsibility is shared across national policy coordination, provincial community services and Hong Kong-side expansion of recognised homes; the long-term objective identified by participants is portability itself, so that older people do not lose security by ageing in another GBA city.

6. Conclusion

Cross-border ageing in the Greater Bay Area is better understood as a stratified mobility process than as a transfer of care capacity. Integrating the four perspectives yields an insight none provides alone: transnational ageing identifies the institutional channels, capital theory explains unequal access to them, and place attachment and embeddedness explain why access does not amount to settlement. The result is a fragmented social citizenship in which people cross the boundary far more easily than rights, trust and belonging do, and it extends transnational ageing theory, developed for movement between sovereign states, to two institutional systems within one country.

The study has clear limitations. The qualitative material rests on six purposively selected participants in Shenzhen, Zhongshan and Guangzhou, all relatively independent and of middle income, so frail, low-income and institutionalised older people are not represented and other parts of Guangdong are not covered. The gender differences in care were noted, but not systematically analyzed, and the cross-sectional design captures experiences at one point in time rather than changes over time.

Future research should longitudinally track cross-border mobility, particularly as older adults transition into states of care dependency. It should also compare scheme-supported participants with self-initiated migrants and investigate gendered patterns in care experiences. In terms of policy, sustainable cross-border aging requires institutional and health care coordination, redistribution support and culturally embedded services. This thereby protects the dignity, safety and sense of belonging of elderly people with unequal resources.

References

- [1] Census and Statistics Department. (2023). Hong Kong population projections 2022–2046. Government of the Hong Kong Special Administrative Region. https://www.censtatd.gov.hk/en/data/stat_report/product/B1120015/att/B1120015092023XXXXB01.pdf
- [2] HKFTU Greater Bay Area Social Service, & HKFTU Hong Ling Society for the Well-being of the Elderly. (2023). Survey on Hong Kong older people's willingness and needs regarding cross-border ageing. https://www.ftu.org.hk/zh-hant/conditions/status_detail?news_id=5682
- [3] Horn, V., & Scheppe, C. (2017). Transnational aging: Toward a transnational perspective in old age research. *European Journal of Ageing*, 14(4), 335–339. <https://doi.org/10.1007/s10433-017-0446-z>
- [4] Nedelcu, M., Tomás, L., Ravazzini, L., & Azevedo, L. (2024). A retirement mobilities approach to transnational ageing. *Mobilities*, 19(2), 208–226. <https://doi.org/10.1080/17450101.2023.2213402>
- [5] Bourdieu, P. (1986). The forms of capital. In J. G. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–258). Greenwood Press.
- [6] Johansson, K., Laliberte Rudman, D., Mondaca, M., Park, M., Luborsky, M., Josephsson, S., & Asaba, E. (2013). Moving beyond 'aging in place' to understand migration and aging: Place making and the centrality of occupation. *Journal of Occupational Science*, 20(2), 108–119. <https://doi.org/10.1080/14427591.2012.735613>
- [7] Granovetter, M. (1985). Economic action and social structure: The problem of embeddedness. *American Journal of Sociology*, 91(3), 481–510. <https://doi.org/10.1086/228311>
- [8] Census and Statistics Department. (n.d.). Homepage. <https://www.censtatd.gov.hk/sc/index.html>

- [9] Social Welfare Department. (n.d.). Residential Care Services Scheme in Guangdong. Government of the Hong Kong Special Administrative Region. Retrieved July 26, 2026, from https://www.swd.gov.hk/en/pubsvc/elderly/cat_residentcare/subrcheplace/guangdong/
- [10] Hong Kong Special Administrative Region Government. (2026, March 25). LCQ7: Hong Kong elderly residing in residential care homes in Guangdong. <https://www.info.gov.hk/gia/general/202603/25/P2026032500278p.htm>
- [11] Yang, C., Ma, C. Y., Wang, J., & Zhou, Y. (2023). Cross-border ageing in China's Greater Bay Area in the digital age: A comparative study of mobile application adoption by Hong Kong older migrants and local older adults in Shenzhen. *Transactions in Planning and Urban Research*, 2(1), 149–166. <https://doi.org/10.1177/27541223221150653>
- [12] Cao, J. (2020). The impact of Greater Bay Area development on cross-border elderly care: A welfare portability perspective. *Journal of South China University of Technology (Social Sciences Edition)*, 22(1), 12–21. <https://html.rhhz.net/HNLGDXXBSKB/html/2020-1-12.html>
- [13] Hong Kong Special Administrative Region Government. (2026, June 17). LCQ17: Measures to facilitate elderly persons to retire in the Mainland. <https://www.info.gov.hk/gia/general/202606/17/P2026061700586.htm>
- [14] He, S., Niu, C., Wei, Y., Cai, Y., Zhang, W., Xiao, Y., & Yin, J. (2023). COVID-19 impacts on cross-border mobility of senior population between Shenzhen and Hong Kong. *Frontiers in Public Health*, 11, 1285288. <https://doi.org/10.3389/fpubh.2023.1285288>
- [15] Chen, W., Lei, D., Liang, W., Jian, Y. I., & Mo, K. H. (2026). To retire but not to return: Voluntary immobility in cross-border ageing among older Mainland Chinese migrants in Hong Kong. *Journal of Ethnic and Migration Studies*. Advance online publication. <https://doi.org/10.1080/1369183X.2026.2662670>
- [16] Tian, X. (2017). Cross-border elderly care services: Collaborative cooperation in the Guangdong-Hong Kong-Macao Greater Bay Area. *Open Guide*, (5), 109–112.

Funding

This research received no external funding.

Conflicts of Interest

The authors declare no conflict of interest.

Acknowledgment

This paper is an output of the science project.

Copyrights

Copyright for this article is retained by the author (s), with first publication rights granted to the journal. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).