

The Development Dilemma and Breakthrough Pathways of Inclusive Elderly Care Services: An Analysis Based on Welfare Pluralism Theory

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Abstract: With the increasing aging of the population in my country, inclusive elderly care services have become an important means to ensure that the elderly have "a place to live, a place to rely on, a place to enjoy, and a place to be safe". This paper uses the welfare pluralism theory as an analytical framework to systematically study the construction of an inclusive elderly care service system. At present, inclusive elderly care services face obvious challenges in the supply of multiple subjects: the government's leading role in policy formulation and resource investment has not been fully demonstrated; the market has caused chaos in the order of service supply due to the pursuit of profits; social organizations have obvious development restrictions due to the shortage of professional talents; and the family's care capacity has weakened due to structural changes. With the continuous expansion of the scale of special elderly groups such as the elderly, the disabled, and those living alone, the existing elderly care service supply model can no longer meet the diversified service needs. Based on this, this article proposes a systematic response strategy for the high-quality development of inclusive elderly care services from five dimensions: strengthening government overall planning, activating healthy market competition, empowering professional social organizations, consolidating family functions, and building a diversified coordination mechanism. The strategy aims to enhance the fairness, accessibility, and sustainability of services, and provide theoretical support and response paths for effectively coping with the problem of population aging.

Keywords: Inclusive Elderly Care Services; Welfare Pluralism; Diversified Coordination; Aging

1. Research Background and Theoretical Basis

1.1 Demand for Elderly Care Services under the Pressure of Population Aging

China faces significant challenges due to its rapidly aging population, characterized by large scale, rapid growth, and aging before economic prosperity. By the end of 2024, the Bureau of Statistics reported 310 million people aged 60 and above (22% of the population) and 220 million aged 65 and above (15.6%), indicating a moderately aged society. The elderly care service market has exceeded 10 trillion yuan, growing at over 15% annually ("China Elderly Care Service Development Report, 2024"). Over 40 million disabled or semi-disabled elderly require essential care, 50% of empty-nest elderly need emotional and emergency services, and 79.4% with chronic diseases demand integrated medical-nursing care.

Traditional care models-family, institutional, and community-are inadequate. Family care is strained by the "4-2-1" structure and urbanization, with 35 million disabled elderly (11.6%) requiring 15.7 hours of daily care, causing caregiver stress and family conflicts (Institute of Gerontology, Renmin University). Institutional care faces supply-demand imbalances: public beds (20% of total) have long waiting lists, while private facilities are polarized-high-end communities cost over 8,000 yuan monthly, and low-end ones lack quality. Community care is fragmented, with only 65% of communities offering basic services, lacking professional medical or psychological support and facing a shortage of trained staff (average age 55, 8% with college degrees).

To address these challenges, the "Opinions of the CPC Central Committee and the State Council on Deepening the Reform and Development of Elderly Care Services" (January 7, 2025) prioritizes inclusive elderly care,

aiming for affordability, quality, and sustainability. This multi-faceted approach integrates government leadership, market efficiency, social participation, and family collaboration to enhance service fairness and accessibility, offering a "convenient, accessible, affordable, and easy-to-use" solution for the elderly.

1.2 The Meaning of Inclusive Elderly Care Services and Related Research

Inclusive elderly care services aim to provide universal, affordable, and high-quality care for all elderly, characterized by fairness, accessibility, comprehensiveness, and reliability. Services are priced affordably, linked to local income and pensions, and significantly lower than market rates (Guo Ping, 2021). For instance, community canteens offer meals at 10-15 yuan through subsidies. Services are conveniently accessible, such as through "quarter-hour" home-based care circles, and meet diverse needs with professional standards (Mu Guangzong, 2022)[1].

Research highlights challenges in service supply, quality, funding, and workforce. Peng Xizhe (2023) noted a 3 million bed shortage, with rural coverage at 40% of urban levels. Du Peng (2023) reported poor facility quality and unprofessional staff in some private institutions. Fiscal expenditure on elderly care is only 1.5% of GDP, far below 3%-5% in developed countries (Yang Yansui, 2024). The workforce, averaging over 50 years old with less than 10% holding college degrees, faces a 30% turnover rate (Liu Yuzhi, 2024).

Proposed solutions include increased government investment and a fiscal sharing mechanism (Zheng Gongcheng, 2024), tax incentives to attract market participation (Li Bing, 2023), professional training for social organizations (Wang Ming, 2022), and family care support via allowances and training (Chen Saiquan, 2021). However, research lacks systematic analysis using welfare pluralism theory, which could enhance multi-stakeholder coordination and address resource integration challenges, improving China's inclusive elderly care system[2].

1.3 Welfare Pluralism Theory

The welfare pluralism theory was born in the 1980s when the welfare state was in crisis. Its core idea is to break through the government's

single supply model and advocate the construction of a "four-in-one" welfare coordinated supply system with the government, market, social organizations and families as the main bodies. This theory achieves a balance between efficiency and fairness in welfare supply by clarifying the division of responsibilities of various subjects (the government leads the overall work of policy formulation and bottom-line guarantee, the market provides diversified services, social organizations supplement professional support resources, and families undertake the specific functions of emotional care) and dynamic collaboration system[3].

This theory has direct guiding significance for analyzing the structural contradictions of my country's inclusive elderly care services: the current problems of service supply shortage and inefficient collaborative work of subjects are essentially caused by unclear boundaries of responsibilities and resource integration mechanisms among the four major subjects. The government's fiscal investment accounts for 3.2%, which leads to low efficiency of bottom-line guarantee; the market has deviated from the inclusive positioning due to its long profit cycle; the shortage of professional talents in social organizations exceeds 1 million and cannot effectively fill the vacancies; the "4-2-1 family" pattern has aggravated the pressure of care.

The theory of welfare pluralism highlights the functional complementarity of multiple subjects and provides theoretical evidence for rebuilding the power and responsibility relationship between government, market, social organizations and families. By strengthening the government's leading role, stimulating the enthusiasm of market players, cultivating a professional team in society, and consolidating the foundation of family care, it will be beneficial to build a three-dimensional service network of "government guaranteeing the basics, market supplying diversity, society supplementing the professionalism, and families strengthening the foundation", so as to solve the problem of coordinated development of universal elderly care services[4].

2. Current Status of Inclusive Elderly Care Services

2.1 Inclusive Elderly Care Service Policies

and Service Supply Effectiveness

2.1.1 Gradual improvement of the policy system
China's government prioritizes inclusive elderly care services to address population aging. The "14th Five-Year Plan for the Development of Aging Affairs and Elderly Care Service System" (December 2021) promotes inclusive services, guiding resource allocation and social capital. The "Opinions on Promoting the Construction of Basic Elderly Care Service System" (2024) standardizes services like life care and health management as public goods, enhancing policy operability. On February 20, 2025, the Development and Reform Commission and eight departments issued measures to improve service quality, support AI-assisted technologies, and foster chain-based elderly care institutions with lottery fund subsidies[5].

Local governments align with national policies. Shandong's "Inclusive Elderly Care Institutions Identification and Management Measures (Trial)" sets standards for pricing and subsidies, while Beijing's regional service centers offer comprehensive care, leveraging free facilities. By 2024, 41,000 public nursing homes provided 35% of beds, with nursing beds exceeding 60%. Beijing's "9064" model offers affordable care, serving over 120,000 disadvantaged elderly. Yunnan's "Happy Home +" model converts idle buildings into mutual-aid facilities, covering 65% of rural villages with subsidies. Central government investment of 20 billion yuan in 2024 supports community facilities, balancing urban-rural services.

2.2.2 Market-driven: Stimulating the potential of elderly care service supply

Market entities have become an important supplement to inclusive elderly care services with professional operations and digital innovation. Chain elderly care companies improve efficiency through standardized services. For example, Taikang Home has created an integrated model of "medical care community + rehabilitation hospital" and adopted an international nursing system. Its inclusive beds account for 40% and the average occupancy rate exceeds 85%. Smart elderly care platforms use technology to optimize service experience. Shanghai's "One-click service for the elderly" integrates more than 2,000 service providers and provides more than 200 services. In 2024, the number of orders exceeded 6 million, and the satisfaction rate reached 92%. In addition, the market actively develops

elderly-friendly products. Haier's "Smart Fall Monitoring Bed" uses pressure sensing technology to work and has been adopted by 3,000 elderly care institutions, reducing the fall rate of disabled elderly people by 38%[6].

2.2.3 Social collaboration: Improve the support network for elderly care services

Social organizations rely on their professional advantages and grassroots networks to fill the gaps in elderly care services. Professional social work organizations adopt the "social worker + volunteer" model to carry out personalized service projects. The Guangzhou Guangai Social Work Service Center carries out dementia screening, psychological counseling and other service projects for elderly people living alone. By 2024, it will cover more than 200 communities and increase the participation rate of the elderly to 88%. Public welfare and charity organizations activate social resources through mutual assistance mechanisms. The "Silver Age Mutual Assistance" project of the China Aging Development Foundation organizes younger elderly people to help older groups. A total of 600,000 volunteers have participated in this activity, and the service time has accumulated to more than 12 million hours. Industry associations standardize services through standard formulation. The Beijing Elderly Care Service Industry Association issued and implemented the "Community Elderly Care Service Standards", which promoted 1,800 institutions to meet the standards, and the consumer complaint rate decreased by 27% year-on-year[7].

2.2.4 Family participation: consolidate the basic functions of elderly care services

Family is the core subject of elderly care services and plays a key role in emotional support and daily care. Local governments have enhanced family care capabilities through policy reforms: Shanghai has launched a pilot exploration of "family care beds", renovating aging-friendly facilities for disabled elderly families, subsidizing 50% of the costs, and providing weekly professional nursing guidance. In 2024, it will benefit 32,000 families with a satisfaction rate of 95%; Nanjing has implemented the "time bank" model, where volunteers can redeem pension benefits with the points they earn from their services, with a total storage time of more than 600,000 hours, building a model of intergenerational mutual help; Shenzhen has implemented the "caregiver

empowerment plan" to provide free nursing skills training to the families of disabled elderly people, with more than 150,000 training sessions in 2024, and the probability of complications during family care has dropped by 32%[8].

2.3 Analysis of the Dilemma of the Supply of Inclusive Elderly Care Services

2.3.1 Government: weakened leading role and lagging execution efficiency

The government assumes key responsibilities in the supply of inclusive elderly care services, but there are still obvious shortcomings in the current performance of its duties. In terms of fiscal investment, the pension part of my country's fiscal expenditure in 2024 will account for only 3.2%, which is difficult to meet the rapidly growing service demand. The shortage of funds has caused a significant lag in the construction of elderly care facilities in rural communities, with a coverage rate 40% lower than that in cities; public elderly care institutions also have problems such as aging facilities and single service forms due to insufficient funds, making it difficult to match the diverse service needs of the elderly[9].

There are also efficiency bottlenecks at the level of policy implementation. In the relevant links of land approval, the processing period of land use procedures for elderly care institutions has been extended by an average of 6 months, which has greatly hindered the progress of facility construction; the implementation of tax preferential policies in some regions has not been in place, and the policy has not been able to fully support the elderly care industry, restricting the vitality of industry development.

2.3.2 Market: Profit pressure and disorder coexist

In terms of market order, the standardization of the industry needs to be improved urgently. According to a survey by the Sichuan Provincial Consumer Association, more than 90% of the respondents who have institutional elderly care consumption experience have encountered service problems, among which false propaganda is particularly prominent. Relevant reports from Shandong Province also pointed out that some elderly care institutions have food hygiene hazards and exaggerated service promises. Due to the imperfect supervision mechanism, traditional supervision methods are difficult to adapt to the rapid changes in the

industry, and frequent chaos affects the healthy development of the market[10].

Market entities face the dual challenges of profit difficulties and market chaos when providing elderly care services. In terms of economic benefits, the return period after investment in elderly care service projects is long. The cost of building a medium-sized elderly care institution exceeds 10 million yuan, and the average recovery period is more than 8 years; inclusive services face price controls, and the growth space of corporate profits is limited, resulting in insufficient willingness of social capital to invest.

In terms of market order, the industry's standardization needs to be further improved. According to a survey by the Sichuan Provincial Consumer Association, more than 90% of respondents who have institutional elderly care consumption experience have encountered service problems, among which false propaganda is particularly prominent. A relevant report from Shandong Province also pointed out that some elderly care institutions have food hygiene hazards and exaggerated service promises. Due to the imperfect supervision mechanism, traditional supervision methods are difficult to keep up with the rapid changes in the industry, and various chaos frequently occur, affecting the healthy development of the market.

2.3.3 Social organizations: talent shortage and funding dependence dilemma

Even if social organizations have the advantage of professional services, their development faces the dual constraints of talent and funding. When it comes to the level of talent team building, there is a shortage of more than 1 million elderly care workers nationwide, and 70% of practitioners have not received systematic professional training. Affected by factors such as high work intensity and low salary, the turnover rate of caregivers has remained high for a long time, which greatly endangers the stability of service quality[11].

In terms of funding structure, the operation of social organizations is highly dependent on government purchase of services, accounting for 70%, of which government funding accounts for more than 60%. Social donations are subject to greater volatility due to factors such as the economic environment and public welfare atmosphere. The institution itself lacks a sustainable profit model and insufficient self-sustaining ability, which restricts the

long-term development of social organizations.

2.3.4 Family: Structural changes and lack of care capacity

The transformation of social structure has further aggravated the pressure on family care. The "4-2-1" family model (a couple takes care of four elderly people and raises one child) is becoming increasingly common. 62% of urban families face multiple pressures and burdens of intergenerational care, and it is difficult to balance energy and time. Empty-nest elderly people account for 35%. Rural left-behind elderly people lack daily care and emotional care because their children have left, and problems in quality of life and mental health are prominent.

In terms of professional care capabilities, 83% of family members have not received professional medical care training, and are often unable to meet the diverse care needs of disabled elderly people. Data shows that the satisfaction with family care for disabled elderly people is only 52%, which reflects that the professionalism and refinement of family elderly care services urgently need to be improved[12].

3. Breakthrough Path Based on the Dilemma of Welfare Pluralism

3.1 Strengthen Government Leadership: Build a Solid Foundation for Elderly Care Service Security

In the critical stage of coping with population aging, the government needs to take fiscal investment and policy optimization as the entry point to comprehensively consolidate the foundation of inclusive elderly care services. At the fiscal level, a coordinated guarantee mechanism of "central fiscal coordination + local special funds" is established, striving to achieve full coverage of community elderly care facilities by the end of 2025, and to provide special funding subsidies for facility renovation in rural areas, gradually narrowing the gap in urban and rural service levels[13].

At the policy implementation level, the performance list system of "clear responsibilities and rewards and punishments" is implemented, a cross-departmental joint supervision mechanism is established, and a full-process dynamic supervision system is improved. Focus on shortening the approval cycle of land use for elderly care institutions,

building a unified national elderly care service supervision platform, real-time publicizing the credit rating and service quality of institutions, and adopting a "red and yellow card" dynamic early warning system. Combined with the renovation project of old urban communities, we will adopt a comprehensive approach of new construction, reconstruction, and leasing to supplement elderly care facilities, give priority to ensuring sufficient supply of community elderly care land, further regulate service prices, formulate scientific and reasonable charging guidance standards, and ensure the fairness and accessibility of inclusive elderly care services[14].

3.2 Activate Market Vitality: Promote Innovation and Development in Parallel with Standardized Operations

To mobilize the enthusiasm of market players to engage in elderly care services, it is necessary to work on both reducing operating costs and regulating market order. The government can provide a construction subsidy of 5,000 yuan per bed for inclusive elderly care institutions, support the development of cross-border integration projects such as "elderly care + medical care" and "elderly care + cultural tourism", and guide enterprises to implement chain and branded operation models.

In terms of industry governance, it is urgent to formulate the "Inclusive Elderly Care Service Operation and Management Specifications" and build an evaluation system of "credit points system + risk dynamic warning". Learn from the experience of Bianyang County's dishonesty governance, strictly follow the "Joint Punishment Measures for Dishonesty in the Elderly Care Service Market", implement measures such as restricting bidding and blacklisting for illegal institutions, and severely crack down on illegal acts such as false propaganda. Drawing on the violation handling process in Shandong Province's "Management Measures for Inclusive Elderly Care Institutions", we will create a replicable and popularizable market supervision model to fully unleash the market's innovative vitality[15].

3.3 Empowering Social Organizations: Improving the Sustainability of Professional Services

For the difficulties in the development of social organizations, we need to focus on two key

areas: talent cultivation and funding expansion. From the perspective of talent development, we should accelerate the pace of industry-education integration between colleges and universities, incorporate majors such as elderly care service management and elderly health services into the key discipline construction of colleges and universities, establish specific special scholarships and build training venues. We should build a training system covering all career stages of practitioners, and with the help of the diversified investment model of "government subsidies, enterprise matching, and institutional self-financing", implement professional training such as elderly psychological care and smart elderly care technology application, improve the professional title promotion channel and job allowance mechanism, and enhance the attractiveness of the profession[16].

From the perspective of financial security, we should expand the scale of government purchase of services and optimize the direction of capital investment, focusing on weak links such as care for disabled elderly people and rural elderly care services. We should encourage social organizations to explore the "public welfare service + moderate charges" operation model, actively strive for charitable donations, carry out investments that can achieve value preservation and appreciation, and enhance their own "self-hematopoietic" capabilities. At the same time, we will promote the establishment of a cooperative alliance of social organizations, adopt methods such as support from leading institutions and exchange of experience, promote the cross-institutional circulation of management experience and technical standards, and raise the overall service level of the elderly care industry.

3.4 Consolidate Family Functions: Policy Support and Skills Training

Improving the level of family elderly care services requires the coordinated promotion of policy support and professional empowerment. At the policy level, explore the establishment of a national unified "paid care leave" system, set differentiated vacation duration according to the number of children in the family, and use the model of integrating fiscal subsidies with corporate tax incentives to ensure the normal payment of wages during the care period. Improve the family care subsidy policy for

disabled elderly people, adopt a hierarchical and classified subsidy standard, promote the effective connection between the long-term care insurance pilot and the family subsidy policy, and effectively reduce the economic burden on families.

In the field of skills training, we will effectively implement the "family care capacity improvement project", rely on community elderly care service centers, medical institutions and other resources, build an online and offline integrated training platform, and systematically teach professional skills such as basic nursing, rehabilitation training and psychological counseling. Implement the "professionals + volunteers" pairing assistance mechanism, provide regular guidance services for family caregivers, promote the organic integration of professional resources and volunteer services, and build a solid foundation for family care.

3.5 Build a Collaborative Mechanism: Create an Efficient Closed-loop Service System

Building a multi-faceted collaborative mechanism of "government leadership, market operation, social collaboration, and family participation" is the core path to solving the problem of fragmented elderly care services (figure1). Establish a regular cross-departmental and cross-subject joint meeting system, conduct consultations on issues such as the implementation of medical and nursing policies and resource integration optimization every quarter, clarify the tasks of each subject in the form of a responsibility list, and promote the efficient resolution of difficult issues.

In the implementation stage of community elderly care service practice, clarify the division of responsibilities of each subject: the government is responsible for revitalizing idle resources, controlling service quality and introducing third-party evaluation; market entities participate in operations through public bidding and design service products in a break-even and low-profit model; social organizations give full play to their professional advantages, carry out psychological comfort and social activities, and use mechanisms such as "time bank" to mobilize mutual assistance actions among young elderly people; families, as service objects and supervisors, participate in care skills training and promptly feedback service needs. By building a closed-loop service model of "demand collection-plan

consultation-precise supply-dynamic feedback", integrating the resource advantages of all parties, and promoting the transformation and upgrading

of inclusive elderly care services towards precision, specialization and sustainability.

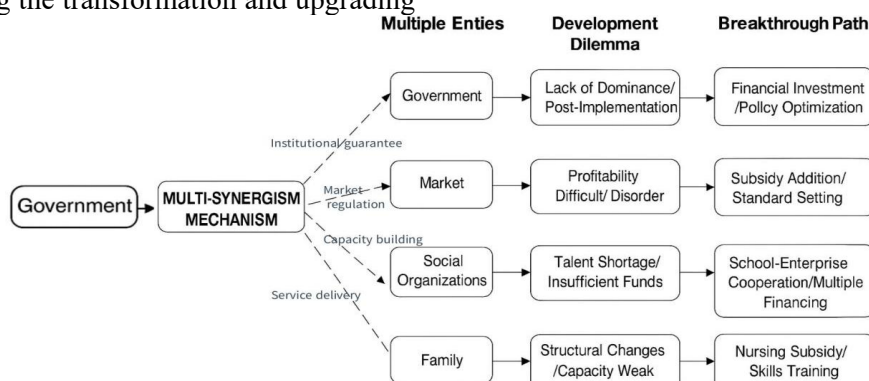


Figure 1. Development Difficulties and Breakthrough Paths of Inclusive Elderly Care Services under Multiple Subjects

4. Conclusion and Outlook

Leveraging welfare pluralism, China's inclusive elderly care services aim to address inefficiencies and inequities by redefining roles for government, market, social organizations, and families. Strategies include enhanced government coordination, market innovation, professional social forces, and strengthened family roles. Future advancements involve integrating AI health monitoring and blockchain for precise, safe services. For rural "left-behind elderly," localized models and community mutual aid will improve accessibility. Integrating long-term care insurance with diverse service systems will ensure comprehensive support, fostering a Chinese-characterized aging governance model that ensures elderly well-being and fulfillment.

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