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# Coordination and Boundary of State and Family Responsibilities in Elderly Care

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**Abstract: China is aging fast. Households are emptying out. The model in which families alone shoulder the burden of elder care has reached its limit - and the question of who bears what responsibility has moved to the center of public debate. This paper draws on responsibility-sharing theory and welfare pluralism to examine where state and family roles have drifted apart, and where they might realign. The state carries a non-negotiable obligation to build institutions, allocate resources, and provide a safety floor. But families still anchor the everyday work of care - the companionship, the daily monitoring, the emotional fabric that no bureaucracy can replicate. We attempt to draw a workable line between these two spheres and to lay out an analytical framework for coordinated governance. The paper closes with concrete optimization strategies, drawing on both Chinese and international experience, to help untangle the current elder-care impasse.**

**Keywords: Elderly Care Services; State Responsibility; Family Responsibility; Responsibility Boundary; Collaborative Governance; Welfare Pluralism**

## 1. Introduction

China's elderly population - those aged 60 and above - passed 290 million in 2025, accounting for 20.8% of the population and marking the country's formal entry into moderate aging (National Bureau of Statistics, 2025). Projections place this share above 30% by 2035. At the same time, the family infrastructure that long underpinned elder care is eroding: average household size has fallen to 2.62 persons, "4-2-1" and "4-2-2" household structures are now common, and more than half of the elderly live in empty-nest households, with over 45 million disabled or semi-disabled. Family-based care resources are nearing exhaustion[1]. Neither intergenerational reciprocity within the household nor a government safety net alone can resolve the emerging care deficit. Welfare pluralism treats elder care as a quasi-public good whose provision must move beyond the stale opposition of state monopoly versus family self-sufficiency toward collaborative governance involving the state, market, society, and family. Survey evidence already shows public attitudes shifting from "family alone" to "shared responsibility," though groups disagree sharply on where the boundary lines should fall[2]. Scientifically delineating the rights and duties of state and family - and building complementary coordination mechanisms between them - is both the precondition for modernizing the care system and an urgent practical response to the demand that the old be properly cared for.

## 2. Institutions and Safety Nets: the State's Multidimensional Leading Role in the Elderly Care System

### 2.1 Legal and Policy Framework

Rights require statutory backing. The existing Law on the Protection of the Rights and Interests of the Elderly sets out family support duties and government functions, but enforcement lacks teeth, responsibilities across actors remain blurry, and judicial remedies for rights violations are hard to access. Provisions on filial support read as moral guidance rather than actionable law with meaningful penalties. Regulatory apparatus for the elder-care service market is too thin to govern an increasingly complex industry. Fast-tracking dedicated legislation - an Elderly Care Service Promotion Act - that spells out the rights and duties of government, market, society, and family in precise terms is the clear next step, alongside a functioning system of judicial remedy and supervision[3].

On the policy front, the 14th Five-Year Plan adopted coordinated home-community-institutional care and deep medical-elderly care

integration as organizing principles, but demography is moving faster than policy. Several adjustments deserve priority: long-term care insurance needs broader risk-pooling to relieve household pressure; a phased retirement-age increase would stretch the human-resource base; and national pooling of basic pension insurance must move from pilot to practice for greater cross-regional equity. The guiding principle is to track demographic data, get a finer read on actual needs, and keep the policy toolkit under continuous revision so institutions keep pace with an aging society[4].

### 2.2 Fiscal Investment and Infrastructure

A service system needs predictable public funding. Fiscal transfers are the state's main tool for narrowing regional disparities - channeling central funds to economically weaker provinces, the countryside, and remote areas. For elders who are poor, disabled, or cognitively impaired, a tiered security framework is essential: old-age allowances that cover more people and adjust with prices and wages, and nursing subsidies for the economically vulnerable that stay tethered to real costs. For families that have lost their only child, an integrated safety net - cash support, a defined service package, and regular care visits - is needed to prevent care deficits from cascading into destitution[5].

Facility planning must be embedded in territorial development: new urban districts should hit 100% compliance for elder-care facility provision as a hard requirement, and community-level coverage should become universal. A coherent framework - planning signals, lowered barriers, differentiated provider treatment - can draw in social capital. Public-built-private-operated models lift public-sector efficiency; startup subsidies lower private providers' cost base; creative government procurement expands affordable supply; and tax breaks, fee waivers, and preferential utility rates round out the package. On the supply side, a three-layer structure works best: government guarantees the floor for the most vulnerable, the market delivers diversified affordable services, and social organizations fill specialized niches.

### 2.3 Service Equalization and Social Security

Two structural problems dominate: a digital divide that excludes millions of older people from technology-enabled services, and a regional imbalance that concentrates resources in cities while starving rural areas. The first task is to push resources toward neighborhoods, villages, and the hardest-to-reach groups - using fiscal transfers, list-based management, and dynamic monitoring to verify that resources actually land where needed. The second is to make "Internet plus elder care" work for the elderly: a smart platform integrating meal delivery, bathing, housekeeping, medical appointments, and emergency response can shrink the service radius to a 15-minute walk - but only if paired with age-friendly device retrofitting and a serious digital-literacy campaign with an offline fallback. The third task is rural: mutual-aid homes, elder canteens, and integrated village clinics should be written into rural revitalization plans; idle assets like shuttered schools can be converted through property swaps or collective leases; and a three-tier operating model - county coordination, township responsibility, village delivery - can weave professional services together with neighborly mutual aid[6].

A universal old-age insurance system is the institutional core. The foundation - near-universal coverage under employee and urban-rural resident pension insurance - is laid. What comes next is building upward: expanding enterprise and occupational annuities, developing a regulatory framework for individual pension accounts, and constructing a multi-pillar architecture that gives older people enough income predictability to live with dignity.

## 3. Foundation and Core: the Irreplaceable Function of the Family in Elderly Care

Even as the state builds out its role, the family remains the original care provider - the first link in the chain. What families supply - personalized attention, intimate knowledge of habits and preferences, emotional presence - resists standardization and cannot be industrialized[7].

For most old people, the family is where daily life happens and dignity is sustained or eroded. Family caregivers operate with an information advantage no institution can match: they know the person's medical history, rhythms, and preferences, translating into care that is both precise and respectful - handling incontinence without humiliation, preventing pressure sores, reading subtle changes in alertness. Families also provide first-line health surveillance, ensuring medications are taken, appointments kept, and abnormalities noticed early. When

hospitalization occurs, a relative's presence improves compliance and recovery through the therapeutic effect of simply being there.

Empty-nest and solitary elders face a particular poverty: the absence of regular human contact. Depression screening rates in China's empty-nest population already exceed 30%. Visits, phone calls, the ordinary back-and-forth of family life are protective factors against psychological deterioration - an emotional bond that cannot be contracted out. Beyond emotional sustenance, the family is where many older people find role and meaning: grandchild care, transmission of household knowledge, the quiet maintenance of family memory. These create a sense of being needed that directly shapes how people age[8].

Under China's current benefit levels, family money still matters. In rural areas, where basic pension payments are low, intergenerational cash transfers remain a primary financing mechanism for old age[9], and the preference for family-based care has proven remarkably durable over two decades of survey research[10]. Children help through direct transfers or by covering medical costs - the operational core of the traditional "feedback" contract. Families also protect elders' property: shielding them from scams, preventing asset stripping, and ensuring that in major decisions about housing or wills, the elder's own voice remains decisive.

## 4. Delineation and Coupling: Responsibility Boundaries between State and Family and the Logic of Collaboration

Resources for elder care are finite, so boundaries matter. Without clear division of responsibility, the system oscillates between state withdrawal and family overload. The alternative is shared responsibility, complementary functions, and ongoing recalibration.

### 4.1 the Division of Responsibilities from the Perspective of Welfare Pluralism

Welfare pluralism treats state and family as complements with different comparative advantages. Large-scale surveys confirm the public grasps this intuitively: people want the state to guarantee the basics and the family to handle personalized care. The two functions sit adjacent, not in competition[11]. Elder care already operates as a dual system: the formal side (pensions, medical assistance, minimum livelihood guarantees) provides material security; the informal side (daily attention, emotional connection) runs through the household. Policy instruments - subsidies, training - bridge the two, while social norms provide a second layer of connective tissue. When institutional design and cultural ethics are aligned, ensuring the elderly are cared for becomes operationally achievable.

### 4.2 the Dynamic Equilibrium of Responsibility Boundaries

The government needs a bounded remit. Its job is the institutional skeleton, basic public services, and the safety net for those with nowhere else to turn. Attempting everything - running services markets could supply, inserting itself into family decisions - creates fiscal overreach and crowds out non-state actors. The better approach is to set the rules, provide the floor, and deliberately make space for markets and social organizations. The state must not shift public obligations back onto families by default. A well-designed framework ensures the basics, guards the baseline, and draws in multiple participants without confusing their roles.

The family's proper domain is emotional support, daily caregiving, and supplementary economic assistance - work with natural limits. When those limits are reached - caring at home for a severely demented elder needing round-the-clock supervision - the family has a legitimate claim on public support. Respite care, professional nursing backup, and direct financial assistance are not charitable supplements but the state's side of the bargain.

### 4.3 Building Collaborative Mechanisms

Policy can make family care sustainable. A caregiver allowance - direct cash transfers to family members providing long-term intensive care - acknowledges that this labor, though performed out of love, imposes real economic costs. Paid nursing leave gives adult children time to fulfill obligations without sacrificing employment. Income tax deductions for those living with or near elderly parents, and housing provident fund rules favoring multi-generational proximity, are modest instruments that can shift the calculus for families organizing care.

Building a bridge from community services into the household is one of the most practical measures available. Community elder-care centers should expand their menus to include bathing help, rehabilitation equipment rental, and short-term respite beds. Professional caregiver training, funded through government

procurement, can lift household skill levels: a family member who knows how to lift safely, manage medications, and spot early signs of pressure sores is both more effective and less exhausted.

Cultural norms are slow to change but not fixed. "Filial piety and respect for the aged" remains a living value, and the traditional concept of integrated filial piety and parental love (ci xiao yi ti) still anchors family care for many households[12]. Recent survey work complicates the simple narrative of filial decline: young and middle-aged adults have recalibrated rather than abandoned filial obligations, preferring economic support and emotional connection over co-residence, with women carrying a disproportionate share of hands-on care[13]. Policy should take these empirical patterns seriously. Beyond the family, intergenerational programs - elders in community governance, volunteer roles, structured activities with younger people - can rebuild the cross-age social fabric that marketization and migration have frayed.

## 5. Optimization Pathways: Practical Strategies for a State-Family Collaborative Elderly Care System

Pulling the preceding analysis together, a workable state-family collaborative system needs progress on five fronts: legal frameworks, fiscal strategy, facility networks, family capacity-building, and oversight.

Legally, the urgent task is codification. Measures that have shown results - family caregiving subsidies, paid nursing leave - should be hardened into law rather than left as discretionary local policies. A dedicated statute on family elder-care support would clarify the respective obligations of state, family, society, and individual, and an ongoing policy-review mechanism would keep the system from drifting as conditions change.

Fiscally, a spending formula indexed to the pace of population aging would lock in a rising trajectory of public investment. The composition of spending also needs to shift - less capital investment in institutional beds, more direct support to elderly households. Financial products tailored to aging (pension wealth management, reverse mortgages, long-term care insurance) remain underdeveloped; regulatory encouragement could unlock household savings for care consumption, creating a balanced mix of public money, private capital, and family resources.

Physically, elder-care facilities need guaranteed land access, especially at the neighborhood level where the "15-minute service circle" must be realized. Idle community spaces should be repurposed with lowered regulatory hurdles. Standardization - facility specifications, service protocols, quality benchmarks, personnel qualifications - must be spelled out in an enforceable system, and third-party quality assessments should be conducted regularly and published transparently.

For families, free standardized training - funded through government procurement and delivered via community channels - would give caregivers essential skills. Family care beds enabled by smart devices and backed by visiting professionals can extend institutional-grade care into the home. A dedicated support platform offering psychological counseling, legal advice, and respite arrangements would acknowledge that caring for the carer is integral to caring for the elder.

For accountability, a monitoring indicator system with regular public reporting would make performance visible. The full chain - spending, facility operation, service quality - needs systematic oversight, and a blacklist mechanism with real consequences would raise the cost of bad behavior. Monitoring results should feed back into governance so that strategy adjusts when data reveal misalignment.

## 6. Conclusions and Discussion

### 6.1 Research Conclusions

This paper has used responsibility-sharing theory and welfare pluralism to examine a concrete question: who does what in elder care, and how can the division of labor be improved? The evidence points to a clear conclusion. No single actor can carry the full weight of an aging society with a transforming family structure. A collaborative framework - one that specifies roles, aligns incentives, and reinforces coordination - is the only model that matches the scale of the problem.

Within that framework, the government's irreducible role is institution-builder and guarantor of last resort - setting standards, ensuring basic provision, policing quality, and

using fiscal transfers to ensure that even the most vulnerable receive a baseline of service. But its reach should stop where its competence thins out. Overreach produces fiscal strain and operational bloat; a disciplined state does what only the state can do and leaves room for others to do the rest.

The family is the irreplaceable micro-unit of care - daily attention, health vigilance, the particular comfort of being known. These functions persist even as professional services expand because they draw on a resource institutions cannot manufacture: intimate, sustained, reciprocal relationship. Family care is the setting in which intergenerational bonds are lived out, filial culture transmitted, and social capital accumulated. A society that treats it as expendable will find, too late, that it has dismantled something it cannot rebuild.

Three lines of effort can strengthen the partnership. One: a policy environment that actively supports households - tax relief, care allowances, tangible instruments that lower the cost of family care. Two: improved local service infrastructure - day care, respite care, community nursing - so families are not left to carry the full load alone. Three: investment in the cultural foundations of elder care, reinforcing the contemporary relevance of filial norms while adapting them to a society that is urban, mobile, and gender-equal. When government fulfills its institutional work and families their relational work, the elderly receive both a material floor and a human fabric - the operational definition of being cared for in old age.

### 6.2 Practical Tensions and Further Discussion

The theoretical architecture of state-family collaboration is coherent. The practice is messier. Three tensions deserve sustained attention.

6.2.1 the Balance between "De-Familialization" and "Re-Familialization"

Western welfare states have oscillated for decades between de-familialization (making care a public responsibility) and re-familialization (pushing it back onto households). China leans toward "family support" - reinforcing the family's care function rather than replacing it. There is logic to this: families do some things well, and a middle-income country cannot fully institutionalize care for hundreds of millions. But the logic has a limit, and that limit is gender. Female labor-force participation in China is among the highest in the world; dual-earner households are the norm. When policy loads ever more care obligation onto the family, it is women who absorb the load and women who pay the career penalty. Respite services and market-based alternatives must be available so that filial piety does not become a coded conscription of women's unpaid labor.

6.2.2 Differences in Responsibility Allocation under the Urban-Rural Dual Structure

Urban and rural China are not on the same page. City dwellers operate within a mature social-insurance architecture and dense service networks; the urban problem is less about coverage gaps than uneven quality and fragmented medical-elderly care integration. Rural China looks different. Decades of out-migration have hollowed out the family-care base - many villages are effectively geriatric communities where the traditional model of nearby children providing daily support no longer physically exists. For these places, polishing service quality is beside the point; the primary need is a direct public presence that fills the vacuum left by absent families[14].

This asymmetry means uniform national policy will fail in both settings. The collaborative mechanism must be differentiated: in rural areas where both public resources and family capacity are thin, the government's direct safety-net function must be heavier, compensating through public provision for the structural erosion of family care. This is not a departure from the collaborative principle but a recognition that collaboration requires a partner, and in some places the family partner is too depleted to carry its side.

6.2.3 Reconstruction of the Intergenerational Contract and the Digital Divide

Traditional elder care rested on a "feedback" contract: parents raise children, children support parents - a closed moral loop sustained by proximity and social sanction. Modernization has pried the loop open. Nuclear families are the norm; adult children migrate for work; the daily context that enforced the old contract (shared residence, village gossip, visible reciprocity) has dissolved. China's three-pillar pension system represents an attempt to replace that privatized bargain with a socialized one, pooling risk across society rather than within each lineage.

Digital technology cuts both ways. Smart elder care - remote monitoring, online platforms, AI-assisted health management - extends service reach but also draws a line between those who

can operate a smartphone and those who cannot, a line that maps almost perfectly onto age. The remedy is to build an offline lane alongside the digital one as a permanent, well-resourced requirement, not an afterthought. "Internet plus elder care" only works when "plus" includes the offline channel; otherwise technological progress erodes the universality that the welfare system is supposed to guarantee[15].

Taken together, the rapid transformation of China's population and social structure means contemporary elder-care governance faces a double task: supplying institutions - laws, funding streams, service standards - that remain incomplete, and addressing the quieter deficit of human connection that has grown as families dispersed and communities thinned. Policies provide the hardware of elder care, but what determines whether a system works is the daily experience of the people inside it - whether they feel secure, seen, that their lives still carry weight. The state-family collaborative mechanism succeeds or fails not only by service coverage but by its capacity to resist the emotional hollowing-out of care. Building a material safety net is the first obligation. Protecting the personhood of the elderly - their dignity, attachments, sense of belonging - is the deeper one. A society that does both has met the challenge of aging. One that does only the first has not.

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