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An Analysis of National and Family Responsibilities in the Long-Term Care of Elderly Individuals with Disabilities

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Abstract: In the context of population aging, the problem of long-term care for the disabled elderly has become a prominent livelihood topic. The function of traditional family care has gradually weakened, but the demand for professional care has been growing, and the contradiction has intensified. This paper focuses on the current situation and practical difficulties of the implementation of national and family care responsibilities, analyzes the logic and practical problems of the two kinds of responsibility division, and then puts forward the path of coordination combined with the experience at home and abroad.

Keywords: Elderly with Disabilities; Long-Term Care; State Responsibility; Family Responsibility; Responsibility Sharing

1. Introduction

As population aging intensifies, the imbalance between the supply and demand for elderly care services is becoming increasingly pronounced. Currently, the number of elderly with disabilities in China has exceeded 40 million and is growing rapidly. Due to the loss or decline of physical functions, elderly individuals with disabilities are unable to independently perform some or all basic activities of daily living. They have long-term, individualized, diverse, and high-standard care needs that require high-quality services, placing them beyond the scope of traditional family-based elderly care and making them a serious social public issue. Against this backdrop, "Who is responsible for the later years of elderly individuals with disabilities?" has become a core issue that urgently needs to be addressed.

In the past, families played a vital role in elderly care. However, factors such as changing attitudes toward childbearing, the shift toward nuclear families, and high population mobility have led to a decline in family care resources-such as a reduction in the number of caregivers-causing the family's role in elderly care to gradually weaken. At the same time, the professionalization and high demands of long-term care for the elderly far exceed the capacity of ordinary families. When the long-term care needs of the elderly cannot be met within the family, these needs spill over into the broader societal sphere. The 2016 pilot policy for the long-term care insurance system incorporated long-term care into the national top-level design. In 2021, the "Opinions on Strengthening Aging Work in the New Era" established an elderly care service system based on home care, supported by the community, and supplemented by institutions, promoting the transition of care responsibilities toward socialization.

As mentioned above, although a multi-tiered service system based on "home-based care as the foundation, community-based care as the support, and institutional care as a supplement" has been preliminarily established at the policy level, structural issues such as excessive family care burdens, misalignment in the supply of social services, and a shortage of professional care resources remain widespread in practice. Why, despite the continuous improvement of the institutional framework, are families still overwhelmed? Why do state-provided formal services struggle to effectively take over the care responsibilities that families are relinquishing? In the process of restructuring care responsibilities, what kind of responsibility framework and collaborative mechanisms should be established between the state and families to truly achieve shared responsibility? These questions constitute the core research questions of this paper.

2. Core Concepts and Theoretical Framework

2.1 Core Concepts

2. 1. 1Elderly with Disabilities

It refers to the elderly who suffer physical or mental damage due to accidents or illness, resulting in the loss of living ability or social ability. The age is generally 60 years old and above. Academic circles usually use the activity of daily living (ADL) rating scale and the instrumental activity of daily living (IADL) rating scale to measure the disability of the elderly, and then divide them into mild, moderate and severe levels.

2. 1. 2Long-Term Care

The World Health Organization defines long-term care as a system of care activities provided by both informal and professional caregivers; this system provides continuous supportive care services-such as medical services, social services, home care, transportation assistance, or other similar services-to individuals with chronic illnesses or disabilities.

2.2 Theoretical Foundations

2. 2. 1Social Contract Theory

Citizens and the state form a relationship of rights and obligations through an implicit social contract, whereby citizens cede certain rights in exchange for public services and risk protection from the state. Disability in old age is a major life risk faced by citizens. According to social contract theory, the state, as the representative of the public interest, has a responsibility to establish an institutionalized care security system-such as long-term care insurance-to provide basic care services for disabled elderly individuals. This is the core manifestation of the state fulfilling its contractual obligations.

2. 2. 2Family Function Theory

The family is the basic unit of society, undertaking core functions such as emotional support, daily care, and intergenerational mutual aid. These functions are irreplaceable and serve as a vital safeguard for individual well-being. The needs of the elderly with disabilities for emotional companionship and personal care determine the foundational role of the family in long-term care. The theory of family functions provides a basis for defining the family's responsibilities regarding emotional support and daily care, and it explains why the weakening of family care functions can lead to a care crisis.

3. Current Status of State and Family Responsibility Fulfilment

3.1 State Responsibilities

3. 1. 1Systems and Policies

The law on the protection of the rights and interests of the elderly establishes a macro framework based on "family support for the elderly, community support for the elderly and institutional support for the elderly", which not only legalizes the maintenance obligations, but also defines the security and development responsibilities that the state needs to assume. The civil code has further consolidated the civil legal basis of the family in terms of economic support and guardianship decision-making. The long-term care insurance system has passed the local pilot, and the social insurance mechanism is used to share the cost of disabled care[3].

3. 1. 2Fiscal Support

China has set up a multi-level funding framework of social assistance, inclusive subsidies and social insurance. The social assistance system has built a solid foundation and expanded investment in universal benefits. Long term care insurance relies on social insurance mechanism to realize risk sharing. The three are layered, complementary and coordinated to form a sustainable capital guarantee system.

3. 1. 3Services

Focusing on the pattern of "based on home-based care, supported by community care and supplemented by institutional care", the domestic elderly care service model continues to expand the scale of elderly care services and optimize the service supply structure. However, with the continuous strengthening, establishment and expansion of state responsibility, problems gradually appear. Taking long-term care insurance as an example, the concept of system design originally included two parts of life care and medical care, providing an integrated service. However, when it actually landed, it only paid attention to life without caring about health care, and only cared about the body without caring about the spirit. This shows that the current state responsibility still stays at the level of basic living care, and the responsibility boundary, service depth and guarantee efficiency in terms of high-level demand need to be more clearly defined and effectively improved.

3.2 Family Responsibilities

As the primary provider of long-term care for the elderly with disabilities, families continue to shoulder basic caregiving responsibilities.

However, factors such as changing attitudes toward childbearing, the shift toward nuclear families, and high population mobility have led to a decline in family caregiving resources, gradually weakening the family's role in elderly care. At the same time, the professionalization and high demands of long-term care for the elderly far exceed the capacity of ordinary families, leaving them facing the dual challenges of overburdening responsibilities and insufficient capabilities.

Families mainly provide life care, emotional support and economic support. In terms of life care, it undertakes the daily nursing work. Because it is the core members of the family as the main body of care, it can also better enable the disabled elderly to have a sense of security and dignity, which is irreplaceable. Emotional support can provide spiritual comfort and emotional companionship through chatting and companionship, and provide emotional support as a core member of the family. In terms of economic support, as the main economic undertaker of long-term care for the disabled elderly, families need to bear the direct and indirect costs of care, such as the direct costs of aging equipment and care equipment, as well as the indirect costs of time and income lost due to the care of the disabled elderly. At present, the "421" family model is common in the family structure due to fewer children, which leads to huge pressure on the care of one-child families.

4. The Logic and Practical Issues of Responsibility Allocation

In the long-term practice of long-term care for the disabled elderly in China, the responsibility distribution of the two core subjects of the state and the family has shown an obvious imbalance, and the boundary of rights and responsibilities is fuzzy and the division of labor is unreasonable. From the perspective of the ideal system logic, the state should undertake the guidance of comprehensive security, overall planning and professional services, while the family should mainly undertake the basic responsibility of daily care and emotional companionship, and the two should cooperate to supplement and work together. But in practice, there are obvious gaps and dislocations in state responsibility. The contradiction between the coexistence of overload and weakening of family responsibilities has finally formed a realistic dilemma that family care is overwhelmed and the support of national security is insufficient.

4.1 The Dual Dilemma of Absent and Misplaced State Responsibility

Compared to the ideal institutional positioning of long-term care for the elderly with disabilities-which should entail the state assuming responsibility for safety-net guarantees, overall coordination, and guidance on professional services-there are significant issues of absence and misalignment in reality.

The absence of state responsibility is primarily manifested in inadequate safety-net guarantees and limited policy coverage. Regarding safety-net guarantees, some "invisible" elderly individuals with disabilities living in extreme poverty are not included in the formal system due to inefficient information collection or imperfect identification mechanisms. The coverage rate of rural elderly care is 23 percentage points lower than that in urban areas. In most regions, the average monthly support standard for elderly individuals with disabilities living in extreme poverty is only around 1,500 yuan, which is far from sufficient to cover the costs of professional care. Regarding universal coverage, long-term care insurance currently covers only 49 pilot cities and 180 million people, accounting for just 12. 9% of the national population, with a large number of rural residents and those in flexible employment still excluded. Regarding grassroots service resources, while the coverage rate of community-based elderly care facilities is nominally 80%, the vacancy rate for rural care facilities exceeds 30%. In urban areas, high-quality resources are in short supply, often leading to a "bed shortage," and only 15% of communities can provide professional rehabilitation and nursing services. Meanwhile, for those bearing the burden of caring for elderly individuals with disabilities, supportive policies are severely fragmented, and respite care is severely inadequate, averaging less than 20 hours per person annually. Furthermore, related age-friendly renovations and skills training are mostly limited to pilot programs in small areas, making it difficult for ordinary families to benefit.

The dislocation of state responsibility reflects the functional positioning deviation and the inefficient allocation of public resources. Some governments have narrowed the inclusive support to the relief of special groups in need. For example, the application of long-term care

insurance is only for the extremely poor. In terms of the distribution of financial investment, the supervision responsibility of emphasizing hardware construction and neglecting the quality improvement of services and the cultivation of relevant professionals has not been put in place. The threshold of access for private institutions is loose, the unified standard of evaluation is missing, and the problems of arbitrary charges and the decline of service quality occur frequently.

4.2 The Dual Pressure of Overburdened and Weakened Family Responsibilities

Family caregiving responsibilities are "overburdened" due to insufficient state support and the inelastic nature of care needs, while simultaneously being "weakened" by changes in family structures and a lack of capacity, creating a contradiction of rising demand and declining capacity.

On the one hand, family caregiving responsibilities are overburdened, with caregivers bearing a triple burden of time, financial, and psychological strain. The average daily caregiving time reaches 8. 7 hours, and 38. 6% of caregivers work without a single day off each week. Annual caregiving expenses for moderately and severely disabled elderly individuals amount to approximately 35,000 yuan and over 80,000 yuan, respectively, accounting for more than 50% of the average household's annual income, posing a risk that "one person's disability can push the entire family back into poverty. "Psychologically, prolonged physical and mental exhaustion has led to 78% of caregivers experiencing mental health issues such as anxiety and depression, with 30% suffering from severe sleep disorders. Mental health problems are particularly acute,

On the other hand, the family care function continues to weaken, and the "421" family structure has become the mainstream. A young and middle-aged couple need to care for four elderly people at the same time, resulting in a huge shortage of care manpower. The large-scale outflow of rural population, left behind disabled elderly mostly rely on elderly spouses or minor grandchildren. In addition, the professional quality of family care is generally low. Only 12. 3% of family caregivers have received systematic training, 68. 7% lack the ability to deal with common diseases and emergencies in the elderly, and professional skills are seriously lacking. In addition, the supply of normalized professional guidance and breathing services is insufficient, which has resulted in the weakening of the function of family basic care.

4.3 Blurred Boundaries of Responsibility

The blurring of the responsibility boundary between the state and the family is reflected in three aspects. From the legal point of view, the law on the protection of the rights and interests of the elderly only outlines in principle that the family has the responsibility to cover the bottom of the matter and the state has the responsibility to support it, but does not refine the rights and responsibilities of both parties according to the disability level and family capacity. From the policy perspective, some care policies adopt a "one size fits all" approach, such as setting the payment ratio of long-term care insurance at 70%, ignoring the income gap between urban and rural areas. From the perspective of practical operation, the conversion between home care and institutional care is lack of effective connection, and the operation mechanism is not smooth, which leads to the link between national public resources and home care resources can not be accurately matched, further aggravating the structural contradiction of the care system.

5. Lessons from International Experience

5.1 Japan

Japan has changed from a traditional family owner to a sharing mode with the support of the national system and the participation of families. Its systematic logic is to redefine the attribute of long-term care through the design of the top-level legal system, and define the disability of the elderly as a social risk that needs to be addressed by the whole society. Japan has established a social insurance system with compulsory participation of the whole people through the system of the "care insurance law". In terms of family responsibility, Japan has transformed the past family as the only care subject into a partaker and emotional supporter outside the national formal care system by re positioning the family role. Families still focus on emotional comfort, daily care, emotional companionship and other aspects, which complement professional services. In terms of fees, the system stipulates that the insured of the care insurance need to bear 10% -20% of the service fees by themselves, and implement the

income differential payment mechanism. Families need to bear the cost of food and living expenses to stay in pension institutions, avoid excessive dependence on public resources, and realize the dynamic balance between the state and families.

5.2 Europe

In Europe, the responsibility orientation mode of state led and government informed is generally established in the long-term care of the disabled elderly. We should fulfill our main responsibilities through multiple paths, such as improving the system, ensuring the supply of funds, providing professional services and establishing unified standards.

At the level of system construction, European countries have established formal long-term care systems to support the development of diversified institutional care. At the same time, Europe is also implementing the home-based formal care model. Care objects can choose between community in kind care services and cash welfare subsidies. The cash welfare subsidies can be used to subsidize family caregivers or directly pay for third-party care services, realizing the flexibility and personalized configuration of care methods.

In terms of financial security, the public expenditure on long-term care is maintained at about 4% of GDP. In Germany, the compulsory long-term care insurance system with joint payment by employers and employees is implemented. At the same time, the upper limit of self payment ratio is set, which can control the personal economic burden and protect the basic life and rights of the elderly from erosion.

At the level of standards and regulations and supervision, European countries uniformly formulate general rules such as disability rating, family asset verification and service quality supervision to realize the standardized and fair operation of care services. Europe has also redefined the boundary of national care responsibility through legislation, stipulating that adult children have no legal obligation to bear the living expenses of their parents, and the core care responsibility is undertaken by the formal medical and pension system. At the same time, the state will provide care subsidies, carry out professional skills training, provide breathing services and psychological counseling intervention, set up legal care leave and flexible work system to reduce the burden and pressure of caregivers' families, and enhance the sustainability of informal care. In the European holistic care system, informal care is mostly provided by female relatives of the elderly free of charge, which makes up for the lack of personalized humanistic care in formal care and makes formal care complementary to informal care.

Based on the national conditions and foreign mature experience, China can clarify the leading responsibility of the state for system design, fund coordination, service supply and bottom-up guarantee through legislation. And clarify the auxiliary role of family in emotional support and partial sharing of economic pressure. Form a new pattern of sustainable long-term care with clear responsibilities and multi-party collaboration.

6. Pathways to Achieving Responsibility Collaboration

6.1 Institutional Level

Accelerate the transformation of long-term care insurance from a pilot to a unified national system, establish a diversified and stable financing mechanism of "individual payment+medical insurance+financial subsidies+unit subsidies", include flexible employees, practitioners of new business types and other groups, and realize the nationwide unified and remote settlement and interoperability of disability assessment standards[5]. Clarify the division of responsibilities between the state and the family in the form of legislation. The state undertakes legal responsibilities such as the top-level design of the system, the formulation of service standards, and the guarantee of supply, and implements the reduction and subsidy of care costs for the disabled elderly in financial difficulties. Families need to fulfill the maintenance obligations stipulated in the civil code and the law on the protection of the rights and interests of the elderly, and undertake basic care, emotional comfort, and appropriate economic sharing responsibilities.

6.2 Practical Implementation

Build a "country family society" multi coordinated long-term system that is "home-based, community-based, institution supported, and society supplemented". The state has taken the lead in building the top-level

design of care services, continuously expanding the supply scale of nursing beds, and steadily promoting the aging adaptation of elderly families with special difficulties to achieve full coverage. Introduce professional elderly care service institutions through government purchase of services, carry out refined services, and make up for the short board of professional ability of home care. As a basic scene, the family undertakes basic care work such as daily living and life support. You can apply for long-term care insurance benefits, care subsidies and breathing services to relieve the pressure of informal care. Social forces are deeply involved in public welfare services such as accelerating the research and development of aging products and smart elderly care equipment, caregiver skills training, psychological counseling and experience exchange.

6.3 Attitudinal Aspects

Fully affirm the legal responsibility value and irreplaceable emotional value of family care, and strengthen the social identity of informal care such as family care by publicizing typical cases, periodically carrying out family virtues, respecting the elderly culture and filial piety education. Advocate the concept of "multiple collaborative care", guide the public to realize that the care of disabled elderly is the common responsibility of the state, family and society, and break the fixed thinking of single responsibility. Create a good social atmosphere to support caregivers, rely on the media platform to publicize and popularize scientific care knowledge, establish and improve the positive incentive mechanism for caregivers, and provide free skills training, psychological intervention, social support and other services for family caregivers, so as to reduce the physical and mental burden of caregivers.

7. Conclusion

Long-term care for the elderly with disabilities is not the responsibility of any single party; it is a shared responsibility of the state, families, and society, with each playing a complementary and indispensable role. Furthermore, clear boundaries of authority and responsibility, along with a defined division of labor, are necessary for coordinated efforts to ensure the sustainable operation of the care system. As the architect of the system and the central coordinator of resource allocation, the state must effectively fulfill its duty to provide a safety net, expand the coverage of universal care services, standardize regulatory standards, and address current shortcomings such as insufficient coverage of long-term care insurance, scarcity of care resources in rural areas, and the lack of support for family caregivers. Meanwhile, as the foundational unit of long-term care, families should uphold their legal obligation to support elderly family members, continuing to provide emotional comfort, companionship, and basic daily care. At the same time, they should actively leverage state policy support to alleviate excessive burdens and avoid the real risk of "one family member becoming disabled leading the entire family back into poverty. "

In the future, we need to promote the quality and efficiency of the care system guided by the construction of the long-term care system for the disabled elderly in China. The first is to speed up the national unified system of long-term care insurance, fully include rural residents, flexible employment personnel, new type of practitioners and other groups in the coverage of insurance, and unify the national disability assessment standards and the settlement mechanism for medical treatment in other places. Secondly, we should focus on the disabled elderly in rural areas, one-child families and other key special objects, increase special financial investment, and vigorously promote the transformation of aging adaptation in rural areas and the construction of community embedded services. At the same time, we should vigorously develop new business forms of smart elderly care and smart care, so as to improve the efficiency and convenience of care. Finally, it is also necessary to strengthen the construction of the team of nursing professionals, so as to promote the in-depth connection of medical care services, break through the barriers of medical care and health care mode, and finally build a long-term care system for the disabled elderly that covers the whole people, has clear rights and responsibilities, and is collaborative and efficient.

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