



Study on Family Supporting and Social Supporting for the Disabled Elderly

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Abstract. With the acceleration of the aging process of China's population, the problem of caring for the disabled elderly has gradually become the focus of social attention. As the core model of China's elderly care system, family supporting is facing great challenges due to its long-term reliance on non-professional care and limited social support. This paper focuses on the current situation and characteristics of family supporting for the elderly with disabilities, and analyzes the roles of the family, the government, social organizations and the market in the care system and their problems, including the overburden of family supporting, insufficient coverage of social services, the imbalance between the supply and demand of institutional resources, and the weak mechanism of multi-principal collaboration, in the light of the principal-agent theory and the multi-governance framework. Drawing on international advanced experience and domestic pilot practice, this paper proposes solutions such as optimizing the linkage between family and social support, improving institutional services, innovating socialized elderly care models, developing market mechanisms and building a multifaceted collaborative governance system, with the aim of providing theoretical support and policy recommendations for the optimization of the care system for the disabled elderly.

Keywords: disabled elderly; family supporting; social support; multi-governance; elderly care model

1 Introduction

1.1 Actual Background

As the process of population aging accelerates, the number of disabled elderly people continues to rise, and the problem of elderly care for this special group has become a focus of social concern. Due to the partial or complete loss of physical functions, the disabled elderly need long-term care and support. However, the traditional family family supporting model is facing many challenges in modern society, such as the miniaturization of the family structure, the increasing pressure of children's work, and the

continuous growth of the proportion of elderly people, which leads to the gradual weakening of the family's ability to take care of the elderly, and poses a serious challenge to the family and the society. According to statistics, by 2022, China's elderly population aged 60 and above will exceed 267 million, of which the proportion of disabled and semi-disabled elderly people will be as high as 19.0% [1]. The increasing demand for daily care and social supporting from this large group of people urgently requires a joint response from the family and society.

1.2 Theoretical Background

As the traditional supporting model for the elderly, family supporting occupies an important place in cultural attitudes. However, with the process of modernization and urbanization, the family structure has gradually become smaller, with the nuclear family gradually replacing the traditional extended family model. In addition, the rising cost of living and employment pressure have made it difficult for many families to bear the burden of long-term care for the disabled elderly on their own [2]. Meanwhile, social supporting for the elderly, as an important supplement to family supporting, can alleviate the pressure on families in caring for the disabled elderly by providing specialized services and systematic support. A study has shown that community services, specialized care institutions and government support have been effective in improving the quality of life of the elderly with disabilities [3]. However, there are still many deficiencies in the allocation of resources, policy support and service quality of social supporting for the elderly.

Although scholars have paid attention to the important supportive role of social supporting for the elderly in the family, most existing studies have focused on the cultural interpretation of the family model of care for the elderly or on the policy level of social supporting for the elderly, with less attention paid to how to realize the effective connection and collaboration between the two. Especially in the special group of disabled elderly, the combination of family supporting and social supporting has not yet formed a clear path, and there is still a lack of comprehensive and in-depth research on the relevant issues.

Therefore, this paper aims to study the synergistic mechanism of family supporting and social supporting system for the disabled elderly from the perspective of collaboration between the family and the society, with the aim of analyzing the current situation and problems, exploring the optimization strategies, and providing theoretical basis for the relevant policy formulation.

1.3 Overview of Domestic and International Studies

1.3.1 Current State of Foreign Research.

Overseas scholars have paid attention to the care and social supporting of the elderly with disabilities since the early days, and their studies have mainly focused on the following areas: the construction of a social supporting system: the Nordic countries have made remarkable progress in the long-term care security system, relying on a compre-

hensive social welfare system to provide all-around support for the elderly with disabilities [4]. The United States provides diversified choices for the elderly with disabilities through health insurance and social service networks [5]. Burden of family supporting-giving: Studies have pointed out that family supporting-givers face physical, psychological and economic burdens in the process of long-term care-giving, and they also need the intervention of social supporting systems [6]. Exploration of synergistic mechanisms: Scholars in Europe and the United States have put forward the framework theory of the collaborative model between the family and the society, including strategies such as sharing of services, complementary resources, and joint decision-making [6]. and joint decision-making strategies [7].

1.3.2 The Current State of Research in the Country.

Domestic research on family supporting and social supporting for the disabled elderly started late, but has made positive progress in recent years: the research mainly focuses on China's unique cultural background of the family, and explores the allocation of resources within the family and the evolution of the care model [8], the development of social services for the elderly: along with the gradual improvement of government policies, China's community-based elderly care services and care institutions are gradually taking shape, but there is still room for improving the coverage and quality of services [9], policy support and evaluation: some scholars have assessed the effectiveness of the implementation of existing policies, and believe that the continuity and relevance of policies should be further strengthened, and that there is room for improvement. Policy Support and Evaluation: Some scholars have assessed the effectiveness of the current policy, and believe that the continuity and relevance of the policy should be further strengthened and the allocation of resources should be optimized [10].

1.3.3 Research Gaps and Challenges.

At present, the development of social old-age care in China is not yet perfect, and there are such problems as low service efficiency, insufficient coverage and insufficient collaboration among multiple actors. On the one hand, government-led administrative elderly services are characterized by single-agent operation, uneven distribution of resources and low service quality; on the other hand, market-oriented and social participation is still in the initial stage, and most non-profit organizations (NPO/NGO) still face many obstacles in resource acquisition, capacity building and policy support. Through the perspective of principal-agent theory, it can be found that the roles and responsibilities of the government, the market and the society in the elderly service system are not clear, which leads to the waste of resources and the mismatch of service supply and demand.

2 Analytical Framework

In the study of family supporting and social supporting for the disabled elderly, this paper provides an in-depth discussion of the family and social division of labor in the

care of the disabled elderly around core concepts, grounded theories, and overall analytical framework.

2.1 Core Concepts

2.1.1 Disabled Elderly.

Disabled elderly is defined as those who have lost the ability to take care of themselves due to physical, psychological or pathological reasons, and need to rely on others to help them in their daily lives for a long time. ADL (Assessment of Daily Living) and IADL (Instrumental Assessment of Activities of Daily Living) are the criteria for their assessment. This concept defines the needs of the study group and the focus of support [13].

2.1.2 Family Supporting.

Family supporting consists of relatives (e.g., spouses, children) providing living support, medical care, and emotional companionship to the disabled elderly. This traditional model is deeply rooted in cultural ethics and reflects the fundamental role of the family in old age care [13].

2.1.3 Social Support.

Social supporting is provided by the government, the market and social organizations, covering financial assistance, service provision, policy support and psychological assistance, with the aim of easing the burden on families and improving the quality of life of the disabled elderly [14].

2.1.4 Plural Subjects.

Participants in elderly care include the government (policy formulation and resource allocation), the market (commercialized elderly care services), social organizations (public welfare support), and families. Collaboration, division of labor, and allocation of responsibilities among multiple actors are key to the efficient operation of the elderly care system [12].

2.2 Grounded Theory

2.2.1 Principal-Agent Theory.

In old-age services, the government acts as a principal, entrusting old-age tasks to the market and social organizations through the purchase of services. Due to profit motive and information asymmetry, the agent may have moral hazard or efficiency loss. This theory helps to analyze the problem of trust and collaboration among multiple actors [11].

2.2.2 Theory of Pluralistic Governance.

Pluralistic governance emphasizes the collaboration of government, market, social organizations and families. It is centred on enhancing the efficiency of public services through the division of labour, coordinating responsibilities and sharing resources among the actors, and provides a theoretical basis for solving the complex problem of caring for the disabled elderly [12].

2.2.3 Theory of Rights and Duties.

The theory focuses on the protection of rights and the fulfillment of obligations. Disabled older persons have the basic right to care, and the actors have to assume corresponding obligations based on their roles (e.g., basic care responsibilities of the family, policy support of the government, and public welfare assistance of the society, etc.) [15].

2.3 Analytical Framework

Firstly, the relationship between government and family.

The relationship between the Government and the family is based on rights and obligations. On the one hand, the Government assumes the obligation to provide basic public services for the disabled elderly, including financial support such as medical care, pension insurance and care subsidies. On the other hand, families are required to fulfill their direct responsibility for the care of the disabled elderly, which is a core requirement based on traditional ethics and policy orientation.

Governments have incentivized families to participate in care-giving through policy design, such as tax breaks and financial subsidies, and have supported families by purchasing market services or entrusting social organizations with the task of alleviating the pressure of care-giving [11][12].

Secondly, the relationship between society and the family.

Social organizations play the roles of "agents" and "bridges" between families and other subjects. On the one hand, social organizations help families to express their needs and fight for more rights and interests; on the other hand, they make up for the lack of family supporting resources by providing specialized and customized support services (e.g., home care and psychological counselling).

In addition, social organizations have a supervisory function that allows them to evaluate the quality of care services for the disabled elderly and to provide feedback to the Government or market players, thus forming a closed-loop management [13][14].

Thirdly, the relationship between markets and governments.

The relationship between market players and the Government is mainly characterized by the interaction between service provision and regulation. By purchasing elderly services, the Government transfers some of the functions of public services to market institutions, which provide specialized and efficient care services for the disabled elderly, such as nursing homes and home care.

At the same time, the government needs to ensure the quality and fairness of market services through policy regulation to avoid moral hazard or inefficient operation caused by information asymmetry [11].

Fourthly, the relationship between society and the market.

Social organizations and market players can form a collaborative relationship to provide comprehensive services for the disabled elderly. For example, social organizations can supervise and evaluate the services provided by the market, so as to push the market players to continuously optimize the quality of services. In addition, social organizations can also act as partners with market players to jointly develop service products and models suitable for the elderly with disabilities [13].

3 Organization of the Current Situation and Problems

3.1 Current Situation: Patterns and Core Features of Supporting for the Elderly

China has formed a care model for the disabled elderly with major characteristics of family as the core, institutions as the supplemental and society as the assistance.

The family is the core pillar of China's old-age care system, and traditional culture emphasizes filial piety and family responsibilities, making the vast majority of disabled elderly people dependent on their children or other family members to provide them with life support and emotional accompaniment.

In recent years, there has been a rapid development of the institutional model of care for the elderly, which encompasses facilities that provide specialized services, such as nursing homes and care homes.

With the promotion of socialized elderly services, communities and social organizations are playing an increasingly important role in the care of the disabled elderly.

3.2 Issues: Core Threads and Multidimensional Analysis

Based on the principal-agent theory and the multiple governance framework, this section analyses the main problems in the care system for the disabled elderly from four main bodies, namely, the family, the Government, social organizations and the market.

3.2.1 Excessive Family Burden.

Excessive care-giving pressure: family members (especially the main caregiver) are burdened with high-intensity physical and psychological care-giving tasks and are prone to "caregiver burnout"; insufficient resources and knowledge: families lack professional care-giving skills and knowledge, and economic support and social services are relatively limited; intergenerational conflicts: the concentration of care-giving responsibilities on a small number of children in the context of the reduction of children has led to tensions in intergenerational relations and even to internal conflicts within

the family. Under the background of childlessness, care responsibilities are concentrated on a small number of children, leading to intergenerational tensions and even intra-family conflicts[17].

3.2.2 Inadequate Government Responsibilities and Policies.

The policy system is imperfect: although a pilot long-term care insurance scheme has been launched, it has limited coverage and regional policy differences, and is unable to meet the growing demand for care; insufficient financial input: the government's financial support for long-term care is insufficient, leading to a lack of resources for community and institutional services; the regulatory system is weak: there is a lack of effective supervision of institutional elderly care, and the quality of some of these services is low. The quality of some services is low[18].

3.2.3 Insufficient Social Participation.

Limited capacity of social organizations: low service coverage, especially in rural areas where social service resources are scarce, and insufficient support for the care of the disabled elderly in remote areas; lack of social supervision mechanisms: limited capacity of social organizations to supervise the quality of services provided by elderly care institutions and the market[21].

3.2.4 Insufficient Market Mechanism and Imbalance of Service Resources.

High service price: the price of market-based elderly care services is too high for low- and middle-income families to afford in the long run; uneven distribution of resources: high-quality elderly care services are concentrated in the economically developed areas, and the supply in rural and remote areas is seriously insufficient; insufficient innovation in the service model: market players have not explored enough diversified care modes, and technological means, such as intelligent nursing care, have not been effectively promoted[20].

3.2.5 Weak Synergistic Mechanisms for Multiple Subjects.

The Government has not been able to fully mobilize the resources of social organizations and the community, and synergistic mechanisms have not yet been systematized; lack of interaction between families and the market: it is difficult for families to obtain reasonably priced and reliable professional services through the market; and the problem of asymmetry of information: there is a lack of an effective mechanism for information-sharing between the Government, the market, social organizations and families, which has led to inefficiency in collaboration[23].

In summary, the core problem of China's care system for the disabled elderly lies in the inadequacy of the coordination mechanism between multiple actors. Resource allocation is inefficient, families are overburdened, and the supportive roles of the government, the market and the society have not been brought into full play. Future solutions should be designed to optimize the allocation of resources and strengthen the synergy of multiple actors, and to explore innovative care models and governance mechanisms.

4 Empirical Case Studies

4.1 Drawing on International Experience

4.1.1 Japan: A Well-Developed Long-Term Care Insurance System.

Faced with rapid aging, Japan introduced a long-term care insurance (LTCI) system in 2000. The system covers the entire population and not only reduces the financial and care-giving burdens on families, but also establishes a multi-level and diversified care system, including home care, day care and institutionalized care. Its features are as follows: diversification of funding sources: insurance funds are shared by the State, local governments and individuals to ensure the sustainability of the funds [16] Specialization and diversification of services: the quality of services is guaranteed through strict accreditation of service qualifications and services are provided according to the degree of incapacity of the elderly [17].

4.1.2 Nordic Countries: Community-Centered Services for the Elderly.

Scandinavian countries, such as Denmark, have adopted a policy of "de-institutionalization" of old age care and advocate community-based old age care. Through subsidies and policy support, the Danish government provides free community care services for the elderly, emphasizing personalized and decentralized management of the elderly [18]. Government-led and social coordination: the government extends elderly care services to the community and the family through in-depth cooperation with social organizations and the market [19]. Technological support: the use of intelligent elderly care equipment, such as telemedicine and health monitoring, improves the efficiency of the service and coverage [20].

4.2 Domestic Pilot Practices

4.2.1 Yangtze River Delta Region: Intelligent Elderly Service Platform.

Cities such as Shanghai and Suzhou have piloted the "Internet+Wisdom Elderly" model, relying on digital platforms to provide accurate matching services, such as door-to-door nursing care, health monitoring and psychological accompaniment. Integration of community resources: integrating community health service centers and senior care service stations to realize a "home + community + institutional" combined senior care system [21] Service optimization driven by big data analysis: understanding the needs of the disabled elderly through big data analysis to personalize services [22].

4.2.2 Guangdong Province: The "Family-Society Linkage" Model of Rural Old-Age Care.

In Guangdong, some rural areas have piloted the "family-society linkage" model of old-age care, encouraging village collective economies and social organizations to join forces to provide low-cost community care services for the disabled elderly while mobilizing volunteers to participate in the care [23].

5 Solution Design

5.1 Linkage of Family and Social Support

Draw on the community support system of Nordic countries [20] to strengthen resource sharing between families and communities, promote volunteer service and flexible care model, and make up for the lack of family care.

Provide nursing skills training and psychological support services for primary caregivers to alleviate "caregiver burnout".

5.2 Optimization and Promotion of Institutional Services

In the light of the experience of Japan's long-term care insurance [18], respond to the institutional supply and demand contradiction and high cost problem. The Government can reduce the cost of institutional services for low- and middle-income families through financial subsidies; improve the standardization of institutional care services, and encourage the application of intelligent technology (e.g., health monitoring and care robots) to improve efficiency.

5.3 Innovation in Socialized Elderly Services

Based on the successful experience of the Yangtze River Delta Smart Elderly Pilot Project [21], a comprehensive service platform has been established in urban and rural communities to provide personalized home and community-based elderly care services; the supply of social service resources in rural and remote areas has been strengthened, and social capital has been attracted to participate in the project. Thus, the problem of insufficient social participation is improved.

5.4 Innovative Development of Market Mechanisms

Draw on the Danish technology support model [20] to promote the application of remote medicine and smart devices in elderly care services; and encouraging market players to develop diversified and reasonably priced care services through government guidance. Thus, the imbalance of resources for market-based services is addressed.

5.5 Systematization of Synergistic Governance by Multiple Actors

Establish an information-sharing platform among the government, the market, social organizations and families to improve the efficiency of collaboration [23] and adopt the linkage between the government and social organizations to jointly promote the integration of community-based elderly care and institutional services [21]. Thus, the multi-principal synergy mechanism is perfected.

6 Conclusion

In conclusion, the care of disabled elderly individuals and the establishment of a robust social support system represent a complex and pressing societal issue. This study identifies insufficient collaboration among diverse stakeholders as a central challenge. Drawing from international experiences and domestic practices, enhancing coordination mechanisms, optimizing resource allocation, and innovating caregiving models can significantly improve the quality of life for disabled elderly individuals. Future research and practice should place greater emphasis on addressing the needs of rural and economically disadvantaged areas while accelerating the adoption of smart eldercare technologies. Through the collective efforts of governments, markets, social organizations, and families, the development and diversification of China's eldercare system will undoubtedly contribute to societal harmony and sustainable progress.

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