



The Role of Family and Community in China's Longevity Society: A Systematic Analysis Based on 2025 Population Data

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Abstract. This study, based on the 'Family-Community Collaborative Network Model' theoretical framework and China's latest 2025 population data, systematically explores the synergistic mechanisms of family and community in a longevity society. It finds that under the dual pressures of population decline and deepening aging, traditional family-based elderly care functions are severely weakened, while communities are evolving from a 'supplementary role' to a 'key hub' supporting home-based care. Families act as the 'service nucleus,' providing emotional and life support, whereas communities function as 'resource integration platforms,' fulfilling roles through multi-layered networks. This paper analyzes current dilemmas in family-community support systems and proposes policy recommendations for building an age-friendly longevity ecosystem.

Keywords: Family Function, Community Support, Family-Community Collaboration, Longevity Society, Population Aging, 2025 Data.

1 introduction

1.1 A Subsection Sample

China is experiencing the largest and fastest aging process in world history. According to the National Bureau of Statistics' '2025 National Economic and Social Development Statistical Bulletin,' by the end of 2025, China's population was 1,404.89 million, a decrease of 3.39 million from the previous year-end; the population aged 60 and over reached 323.38 million, accounting for 23.0% of the total population, of which those aged 65 and over numbered 223.65 million, accounting for 15.9% [1]. Meanwhile, average household size is expected to drop to around 2.55 persons, and the total fertility rate remains extremely low, forming a unique demographic pattern characterized by 'aging before getting rich' and 'low birth rates with high aging' [2].

These drastic demographic shifts pose a serious challenge to the traditional model of family-based elderly care. On one hand, family care-giving capacity is sharply declining due to nuclear family structures and 'empty nest' households. On the other, community elderly care service systems remain inadequate, creating a dilemma where 'families cannot rely on communities, and communities are not yet ready.' Against this

backdrop, how to reconstruct a collaborative support system between family and community becomes key to achieving healthy aging.

This study moves beyond outdated Western developmental theories and instead constructs a ‘Family-Community Collaborative Network Model,’ positioning the family as the ‘core service radius’ and the community as the ‘resource integration platform.’ By integrating the latest authoritative 2025 data, it systematically analyzes the interaction mechanisms, current challenges, and optimization pathways of these two systems, providing a theoretical basis for building a Chinese-style longevity-friendly society.

2 Theoretical Framework: Constructing the Family-Community Collaborative Network Model

2.1 Theoretical Foundation and Model Construction

The ‘Family-Community Collaborative Network Model’ constructed in this study integrates interdisciplinary perspectives from sociology, gerontology, and public administration. This model views the family and community as a dynamic, interwoven network system, whose core elements include:

- **Nodes:** Households, community organizations, elderly care institutions, medical institutions, etc.
- **Links:** Service delivery, information transmission, emotional support, financial flows.
- **Resource Flows:** Care services, economic support, policy information.

In this model, the family is the ‘demand originator’ and ‘emotional anchor’ for elderly care services, serving as the ‘nucleus’ that sustains seniors’ social identity and psychological security. The community plays the role of a ‘resource hub’ and ‘service provider platform,’ responding to functions that families struggle to fulfill through organized and professionalized means. The relationship between the two is not simply one of ‘primary-secondary’ or ‘substitution,’ but rather a closed-loop system formed through formal and informal network connections: ‘demand-response-feedback.’

2.2 Operational Mechanisms of Family-Community Collaboration

The model operates through four key mechanisms:

Demand Identification and Response Mechanism: Precisely identifying family care giving needs through community grid management and resource monitoring.

Resource Integration and Allocation Mechanism: Communities serve as platforms to integrate multi-party resources from government, markets, and social organizations, enabling demand-driven allocation.

Service Delivery and Feedback Mechanism: Establishing service delivery channels from the community to individual homes, coupled with feedback loops on service quality.

2.3 Applicability and Explanatory Power of the Model

This model offers stronger explanatory power for contemporary aging realities in China. It effectively explains how community networks can compensate for weakened family functions amid shrinking household sizes. Furthermore, it demonstrates robust explanatory capacity regarding urban-rural disparities, offering theoretical guidance for tiered and targeted policy making.

2.4 Theoretical Origins

The design of this model regarding the 'complementary roles of family and formal systems (community)' draws heavily on the Task-Specificity Theory and the Complementarity Model (Litwak, 1985; Litwin & Stoeckel, 2023) within modern gerontology[3]. Litwin & Stoeckel (2023) systematically reviewed the evolution of theories concerning families, aging, and social support in their chapter of the Handbook of Aging and the Social Sciences, pointing out that in the context of modern welfare states, informal familial support and formal governmental/community support are not mutually exclusive substitutes but rather complementary entities based on respective comparative advantages [4]. Families excel at providing immediate, flexible, and emotionally rich daily care and emotional support, whereas formal systems (such as community service centers) possess strengths in delivering standardized, professional, and high-skill nursing care. The construction of this model is grounded in this theoretical consensus, aiming to achieve optimal coupling of family-community functions through institutional design, rather than simple responsibility transfer.

3 Characteristics and Challenges of China's Demographic Transformation (Based on 2025 Data)

3.1 New Normal of Population Development

2025 marks a historic turning point in China's population development, the natural population growth rate stood at -2.41%, officially entering a phase of negative population growth [1]. Concurrently, the population aged 60 and over accounted for 23.0%, and those aged 65 and over made up 15.9%, indicating continued deepening of the aging process [5]. This dual pressure of 'overall population decline and structural aging' poses unprecedented challenges to the social security system and inter-generational support capabilities.

3.2 Urban-Rural Disparities and Regional Imbalances

Population aging exhibits significant urban-rural and regional disparities. By the end of 2025, the urban population share was 67.9%, yet rural areas generally experience higher levels of aging. Large-scale migration of young and middle-aged laborers to cities has exacerbated the phenomenon of 'empty nest' households in rural regions, making it difficult for left-behind elderly to receive timely care responses [1]. Eastern

developed regions differ markedly from central and western underdeveloped areas in terms of elderly care resource distribution and service facility coverage, intensifying inequities in longevity support.

3.3 Unevenness in Healthy Longevity

Although China's average life expectancy continues to rise, a gap persists between healthy life expectancy and overall lifespan. With the population of frail and semi-frail elderly is projected to surpass 45 million, leading to a rigid increase in demand for long-term care services. However, current elderly care service supply still falls far short of meeting this vast and diverse need, especially in specialized domains such as professional medical care and dementia care [6].

4 Evolution and Contemporary Dilemmas of Family Support Systems

4.1 Historical Overview of Traditional Family Functions

In traditional Chinese society, the family bore primary responsibility for eldercare. Multi-generational cohabitation provided elders with triple support: economic provision, daily care, and emotional comfort. However, this traditional model was predicated on relatively stable demographics and higher fertility rates, now starkly disconnected from today's demographic reality.

4.2 Transformation of Contemporary Family Support Systems

By 2025, China's family structure had undergone fundamental change. Average household size dropped to approximately 2.51 persons per household, with single-generation and two-generation households becoming mainstream[7]. The traditional 'four-generation household' support network has evolved into a fragile structure dominated by 'living alone or as couples'.

4.3 Contemporary Dilemmas in Family Support Functions

Emotional Support Barriers Due to Spatial Separation: Mass population mobility results in inter-generational spatial separation, hindering traditional face-to-face emotional support. While digital technologies (e.g., WeChat video calls) partially bridge physical distance, a considerable proportion of elderly in remote or rural areas remain excluded from the 'digital divide,' unable to access real-time emotional comfort [8].

Constraints on Caregiving Resources: With the population aged 60+ surpassing 323 million, the number of frail and semi-frail elderly is enormous. Yet, the working-age population (ages 16–59) stands at only 851.36 million, with a continuously rising elderly dependency ratio [1]. Each worker bears an increasingly

heavy potential caregiving burden, intensifying the contradiction of 'few caring for many' in 2025.

Polarization in Economic Support Capacity: Although China's pension system has steadily improved, a significant urban-rural disparity remains. Rural elderly populations are proportionally larger and more reliant on family transfers for income.

5 Progress and Effectiveness Assessment of Community Support Networks

5.1 Development Trajectory of Community-Based Elderly Care Services

Since the 14th Five-Year Plan, China's elderly care policy focus has clearly shifted toward home- and community-based care. The 2025 Government Work Report explicitly stated 'promoting community-supported home-based elderly care,' marking the transition of communities from a 'supplementary role' to a 'key hub' in elderly care services [9]. As of the end of 2025, China had established 355,000 community elderly care institutions and facilities, with 446 demonstration-level elderly care service networks built at county/district levels, essentially forming a basic network for home- and community-based elderly care services [10].

5.2 Diverse Forms of Community Support Networks

Formal Service Systems: Including community day-care centers, embedded elderly care institutions, and family-based elderly care beds. By 2025, various types of senior meal points nationwide reached 86,000, effectively addressing the 'difficulty eating' issue for some elderly individuals [2].

Informal Support Networks: Including neighborhood mutual aid, volunteer services, and 'time banks.' These modes help alleviate the shortage of professional service personnel to some extent, reflecting the vitality of endogenous community forces. Zhao Yihong, Ma Lingjun, and Xue Yu (2025) focused on endogenous social organizations (e.g., elderly associations, community mutual aid groups), revealing their unique advantages and implementation pathways in participating in community elderly care services. Their research found that such organizations typically originate internally within communities. Through an empowerment process involving 'emotional connection-resource linkage-capacity enhancement,' they achieve a synthesis of 'active aging' and 'mutual assistance,' serving as crucial forces for bridging gaps in formal service systems [11].

Digital Support Systems: Smart elderly care platforms, and wearable devices for home safety monitoring provide technical support for home safety surveillance. However, their efficacy and adoption face significant hurdles [12].

5.3 Effectiveness Assessment of Community Support

Despite significant improvements in facility coverage, the effectiveness of community support networks still faces severe challenges:

Insufficient Coverage Breadth and Accessibility: Distribution of community elderly care facilities varies greatly between urban and rural areas and across regions, with prominent issues of 'service hollowing' in rural areas [10].

Low Service Quality and Professional Standards: Community elderly care staff often suffer from advanced age, insufficient professional competence, and high turnover, making it difficult to deliver high-quality medical care and rehabilitation training [13].

Poor Resource Utilization Efficiency: Some community facilities offer a limited range of services and are unable to meet the diverse needs of older people. Zhao Yihong, Ma Lingjun, and Xue Yu (2025) further pointed out that enhancing the effectiveness of informal support networks hinges on gaining legitimacy recognition and moderate resource support from formal systems[11].

6 Building and Exploring the Family-Community Collaborative Network

6.1 Theoretical Logic of Family-Community Collaboration

Collaboration between family and community is not merely about 'functional supplementation' but rather 'network symbiosis.' Effective synergy between the two can generate a '1+1>2' effect, aligning with China's cultural tradition of valuing family while adapting to modern society's demands for specialization. Tan Xiaoting, Zhang Yixin, and Wang Luozhong (2025) noted that for community-based home elderly care services to achieve sustainable development, they must evolve from 'physical embedding' (establishing service sites within communities) to 'organic symbiosis,' wherein social service forces deeply integrate into the community's indigenous culture and relational networks, achieving value resonance and functional complementarity with family needs [14].

6.2 Typical Models of Family-Community Collaboration

Community-Based Elderly Care: Integrating small-scale, multi-functional facilities into communities to provide nearby elderly with daytime care, short-term accommodation, and home visits, realizing 'aging in place.' For example, Beijing's 'Elderly Care Service Stations' model. Tan Xiaoting, Zhang Yixin, and Wang Luozhong's (2025) case study tracking of the YY Elderly Care Service Center revealed that successful embedded services follow an action logic of 'need anchoring-relationship cultivation-trust deepening,' ultimately forming a stable support triangle among 'elderly care institutions-families-community backbone' within the community [14].

The 'Property + Elderly Care' Model: Leveraging property management companies' inherent proximity to and embeddedness within residential communities, this model extends home-based care services, effectively functioning as the 'nerve endings' of the community care network.

Rural Mutual Aid Elderly Care: Addressing the realities of youth outmigration and scarce service resources in rural areas, this model develops low-cost mutual aid forms such as 'neighborhood mutual aid points' and 'happy courtyards,' using 'younger-old helping older-old' to compensate for family caregiving gaps.

6.3 Key Obstacles to Family-Community Collaboration

Institutional Barriers and Fragmented Policies: Disconnected data among civil affairs, health, and medical insurance departments, along with fragmented policies, lead to broken service chains between families and communities.

Shortage of Professional Talent: A huge gap exists in elderly care workers, compounded by generally low pay and poor social recognition, constraining service quality improvement.

Sustainability Challenges in Operations: Even in mature regions, community-based home care services for the elderly still encounter profound challenges, such as the sustainability of funds, the stability of professional teams, and the precise matching of service supply and demand.

7 International Experience Comparison and Inspiration

7.1 Practice Models in Developed Countries

The Nordic Inclusive Model: Represented by Denmark and Sweden, this model establishes a robust public care service system through high taxation and high-welfare policies, seamlessly connecting professional services to families through standardized assessments, supporting 'aging in place' [15].

East Asian Cultural Adaptation Model: Japan and Singapore preserve traditional family-based elderly care culture while strengthening community support networks through legislation (e.g., the Long-Term Care Insurance Act) and technological means (e.g., care robots).

7.2 Case Study Analysis: Denmark's Home-Based Elderly Care Support System

Denmark has built a strong support network centered on 'home-based elderly care' through legislation and high-welfare fiscal policies, enabling most elderly people to live safely and with dignity in familiar environments. The key to its success lies in seamlessly linking family needs to a professionally managed, multi-stakeholder service network through standardized assessment tools, achieving efficient matching of demand and resources. This goal aligns with international policy recommendations for quality long-term care [16].

7.3 Analysis of Localization Adaptability

The core insight from the Nordic model is that a strong government-led approach combined with universal and professional public service systems is key to sustaining

family-based elderly care functions. For China, directly replicating the high-welfare model is unrealistic given its 'getting old before getting rich' predicament. However, its underlying philosophy—empowering families through institutionalized public support and supplementing family functions through professional division of labor—offers valuable lessons. China must explore paths suited to its fiscal capacity and stage of development, prioritizing basic care services for the most vulnerable elderly groups and vigorously developing professional community-level support networks.

8 Policy Recommendations for Building an Age-Friendly Longevity Society

8.1 Institutional Design and Policy Innovation

Accelerate Legislation for Long-Term Care Insurance: Based on pilot experiences, expedite the establishment of a unified national long-term care insurance system, clarifying funding mechanisms, disability assessment standards, and benefit payment methods to provide stable financial support for family caregiving.

Improve the Family Support Policy System: Implement and expand caregiver leave policies, develop 'respite care' services, and provide skill training and psychological support for family caregivers to reduce their caregiving burdens.

8.2 Service System Construction and Optimization

Promote Full Coverage of Community-Based Embedded Elderly Care Services: Achieve full coverage of comprehensive elderly care service centers at the subdistrict level by 2025, focusing on developing small-scale, multi-functional, community-embedded elderly care facilities [6].

Establish an 'Elderly Care Advisor' System: Set up professional elderly care advisors at the community level to provide one-stop service consultation, needs assessment, and resource linkage for the elderly and their families, solving the problem of 'difficulty finding service'.

8.3 Technological Innovation and Application Promotion

Build a 'Smart Elderly Care Nervous System': Promote data sharing of elderly-related information among civil affairs, health, and medical insurance departments at certain administrative levels to create precise profiles of the elderly, enabling 'one-click application and one-network processing.'

Enhance Digital Inclusivity: While promoting intelligent technologies, retain traditional service methods to help the elderly bridge the digital divide and ensure equitable access to services.

8.4 Cultivating a Social Environment and Culture

Promote Universal Age-Friendly Planning Standards: Mandatorily incorporate age-friendly and universal design concepts into planning, construction, and acceptance standards for new urban and rural developments and renovations, creating safe and convenient living environments for the elderly.

Vigorously Advocate 'Active Aging': Eliminate age discrimination in employment and develop flexible job opportunities suitable for the elderly. Encourage communities to establish 'elderly think tanks' and 'intergenerational learning centers' to promote elderly social participation and value realization [17].

9 Conclusion and Outlook

9.1 Main Research Findings

In 2025, as China entered a phase of negative population growth alongside an unprecedented peak in its elderly population, this study's analysis based on the 'Family-Community Collaborative Network Model' reveals:

- The traditional single-pillar family-based elderly care model is no longer sustainable, nor can isolated community services bear the load alone.
- The way forward lies in building a 'family-nucleus-stable, community-platform-strong, multi-agent-collaborative, resource-flow-efficient Family-Community Collaborative Network Ecosystem.'
- Current major challenges include institutional barriers, scattered resources, professional talent shortages, and the digital divide.

9.2 Theoretical Contributions and Practical Significance

The 'Family-Community Collaborative Network Model' constructed in this study provides a novel theoretical perspective for understanding the relationship between family and community in a longevity society, breaking away from traditional binary thinking. Practically, the policy recommendations proposed offer actionable pathways for building a Chinese-style longevity-friendly society. This exploration is not only a response to the challenges of aging but also a vivid practice in achieving Chinese-style modernization and enhancing the well-being of all people.

9.3 Research Limitations and Future Directions

This study primarily relies on macro statistical data and policy document analysis. Future research could employ large-sample questionnaire surveys and in-depth case studies to further validate the interaction mechanisms and impact pathways of various elements within the 'Family-Community Collaborative Network Model', particularly focusing on the real experiences and sense of gain of elderly individuals from different regions and socioeconomic backgrounds within the network.

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