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Research on Assistance Models for Low-Income Families with Disabled and Dementia Patients ——A Practical Exploration Based on Yuan County in Southern Jiangxi

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ABSTRACT

With the advent of an aging society and the trend of declining birth rates, long-term care for disabled and dementia patients has become a critical social issue. Particularly, assistance for such individuals in low-income families represents the most challenging aspect of long-term care. Yuan County's Anxin Zhongzhu model establishes a complete closed-loop system encompassing four elements: demand collection, resource integration, assistance implementation, and service evaluation, creating an integrated multi-dimensional assistance model that combines funds, materials, and services. This approach transcends traditional single-dimensional social assistance primarily based on financial support, representing a valuable attempt to incorporate social care into state functions and a shift in welfare values

1. Introduction

The long-term care needs of individuals with disabilities and dementia are rising rapidly alongside the acceleration of population aging. When disability and dementia coexist, the continuity and complexity of care increase significantly, imposing substantial strain on family caregiving resources. For low-income households, this challenge is particularly severe—economic poverty and caregiving burdens reinforce each other, creating a vicious cycle where poverty leads to caregiving demands and caregiving demands lead to poverty. However, the current social assistance system has long adhered to a one-dimensional approach focused on economic support, failing to provide a systematic response to the caregiving needs arising from these conditions.

Since disability and dementia affected individuals were first identified in policy documents in 2011, the government has significantly increased financial investment in elderly care services. Various national ministries have implemented a series of social policies related to long-term care, including the development of diverse service delivery models, special subsidies for elderly care services, and pilot programs for long-term care insurance. Unfortunately, these policies have not fundamentally improved the living conditions of low-income families with disabled or cognitively impaired members, nor have they effectively addressed their actual needs. On one

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hand, most policies provide financial assistance to this group, such as minimum living allowances for individuals; on the other hand, they suffer from issues like inconsistent standards, inadequate coordination among stakeholders, and lack of unified authority.

According to data from the Department of Aging Health of China's National Health Commission, approximately 190 million elderly people in China suffered from chronic diseases in 2021, with about 45 million experiencing disability or dementia. The *China Elderly Care Service Blue Book (2012–2021)* estimates that by 2030, the total number of disabled elderly individuals in China will reach 100 million (Yang, 2021). Data from the China CDC also indicate that 75% of elderly Chinese suffer from one or more chronic diseases, 16% exhibit symptoms of disability or partial disability, and 4.8% are completely disabled. Given the large population size combined with the trend of declining birth rates and smaller family sizes in China, the care challenges for individuals with disabilities or dementia have become a severe social issue. Therefore, how to transition from government-led "support for the vulnerable" to broader societal participation in "collective support for the vulnerable," and how to shift financial assistance for low-income individuals with disabilities or dementia from a "unidimensional" approach to a "multidimensional" model tailored to specific needs, represents a critical research topic.

2. Literature Review

2.1 Large Scale: Research on the Basic Conditions of Individuals with Disabilities and Dementia

Disability and dementia, as special living conditions of a distinct population group, make it difficult for any organization or individual to provide precise demographic figures. Firstly, assessments of physical and cognitive abilities inherently carry a degree of ambiguity; secondly, dynamic population monitoring is challenging in large countries like China. The academic community primarily uses estimation methods to highlight their prevalence and severity. As early as 2015, a research report released by the National Committee on Aging indicated that in 2010, the number of elderly individuals with disabilities in China had exceeded 33 million, and was projected to reach 61.68 million by 2030 and 97.5 million by 2050 (Total Report Drafting Group & Li, 2015). Wang Lianjie utilized the intermediate scenario forecast for rural elderly populations from the "China Population Aging Development Trend Century Prediction" published by the National Committee on Aging as baseline data, combined with CHARLS data on mild, moderate, and severe disability rates in rural areas, to predict the disability rate among rural elderly from 2019 to 2051. The results showed that by 2023, the number of rural elderly with disabilities in China would reach 38.9315 million, accounting for 33.42% of the total rural elderly population, with moderate and severe disabilities comprising 8.51%. By 2051, the number of rural elderly with disabilities is expected to rise to 37.8295 million, representing 43.78% of the total rural elderly population, including 14.43% with moderate or severe disabilities. According to projections, the proportion of elderly with disabilities in China will continue to increase, with the absolute number reaching its peak around 2030 at approximately 42.6963 million. According to

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data from the Department of Aging Health of China's National Health Commission, approximately 190 million elderly people in China suffered from chronic diseases in 2021, with about 45 million experiencing disability or dementia (Wang, 2021). The *China Elderly Care Service Blue Book (2012–2021)* estimates that by 2030, the total number of elderly individuals with disabilities will reach 100 million. Data from the China CDC also indicate that 75% of elderly people in China suffer from one or more chronic diseases, 16% exhibit symptoms of disability or partial disability, and 4.8% are completely disabled (Duan, 2015). All available estimates highlight the substantial scale of the population affected by disability and dementia in China, and the associated challenges are becoming increasingly evident, necessitating proactive preparation.

2.2 Long-term Care: Research on Fundamental Issues for Individuals with Disability or Dementia

Under current living standards and health care levels, long-term care has become the primary need for individuals with disabilities or dementia. The academic community generally agrees that only by establishing a comprehensive long-term care system can the concerns associated with family caregiving be truly alleviated, providing this group with dignified and adequate service guarantees. Extensive discussions have been conducted in academia regarding the development of such a long-term care framework. As early as the beginning of the 21st century, scholars explored the necessity and pathways for establishing a long-term care system within China's traditional context. In modern society, with the weakening role of family caregiving and the onset of an aging population, long-term care has become an inevitable trend (Lin et al., 2009). Numerous other researchers have examined the living conditions of caregivers for elderly individuals with disabilities, highlighting their physical and psychological pressures as well as health crises, thereby demonstrating the urgency of implementing a long-term care system (Du et al., 2014; Yan, 2019; Zhou & Zhang, 2021). Around 2018, scholarly attention shifted toward the demand for long-term care services among the elderly and its influencing factors, further underscoring the imperative for establishing such a system. Based on a questionnaire survey conducted in Shandong Province, Xu Xiaojun et al. found that perceived caregiving needs, caregiving concerns, and cognitive status significantly influence the willingness to receive long-term care for elderly individuals with disabilities, with caregiving concerns and cognitive status having particularly pronounced effects, while perceived caregiving needs, intergenerational relationships, and individual characteristics exert negative impacts (Xu et al., 2018). A study by Liao Xiaoli in Hunan revealed that rural elderly individuals tend to prefer family-based long-term care. The approach to long-term care is influenced by factors such as gender, marital status, source of income, living arrangements, number of children, neighbors, and self-care ability (Liao, 2019).

Meanwhile, the academic community has begun examining international models of long-term care systems in countries such as Canada, Germany, the Netherlands, and Japan, seeking insights from global practical experiences. For instance, Yu Ge et al. outlined three types of long-term care services in Canada—palliative care, home-based care, and institutional care—as well as the implementation mechanisms of long-term care insurance (Yu & Yang, 2009; Zhang & Wang,

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2012). Liu Xiaomei et al. provided a detailed analysis of Germany's long-term care insurance system, covering its target beneficiaries, delivery mechanisms, service categories, care quality tiers, and talent resources (Liu & Li, 2017). Luo Liya examined the policy evolution and operational logic of Dutch long-term care services, concluding that standardized needs assessment processes, comprehensive service choice autonomy, and diverse service offerings ensure sustained high-quality care (Luo, 2020). Additionally, scholars have identified challenges in international long-term care insurance systems; for example, Liu Xiaomei et al. analyzed issues related to funding sustainability, management practices, service delivery, and evaluation methodologies in Japan's long-term care insurance framework, offering insights into potential problems and risks in China's pilot programs (Liu et al., 2019).

Regarding the implementation of long-term care domestically, domestic scholars have primarily focused on balancing the relationships among the state, society, and families. Zheng Xiongfei argues that with trends such as declining birth rates, empty-nest populations, and increasing female employment, elderly care will become a widespread social issue in China. However, the development of social elderly care services remains sluggish, government service capacity is insufficient, and market supply is weak. He emphasizes the need to establish a multi-sectoral partnership involving families, society, government, and the market to meet elderly individuals' long-term care needs (Zheng, 2012). Li Zhiming advocates for supply-side reforms to build a comprehensive elderly care system "rooted in communities and serving home-based care" (Li, 2016). Tu Aixian contends that addressing the historical imbalance between supply and demand for long-term care services for elderly individuals with disabilities or cognitive impairments requires government leadership: implementing preferential policies, increasing fiscal investment to expand care services, establishing family care subsidies, and promoting long-term care insurance systems (Tu, 2016). Most experts agree that a diversified, collaborative long-term care model is essential (Liu, 2017). Currently, three primary models have emerged for caring for individuals with disabilities or dementia: home-based care, institutional care, and community-based care. The fundamental challenges in developing effective long-term care systems still revolve around funding sources and service delivery mechanisms.

2.3 Policy Misalignment: Research on the Construction of a Long-Term Care Security System

China's current assistance policies have not specifically targeted individuals with disabilities or dementia. In 2011, the State Council's General Office issued the Social Elderly Care Service System Development Plan (2011–2015), which for the first time acknowledged the "significant increase in the number of elderly individuals with full or partial disabilities requiring care" and recognized that "care and nursing challenges have become increasingly prominent." This marked the formal inclusion of long-term care needs on the policy agenda. In October 2015, the Ministry of Civil Affairs jointly released guidelines with the China Disabled Persons 'Federation to implement the State Council's Opinions on Establishing Comprehensive Living Subsidies for Economically Disadvantaged Persons with Disabilities and Nursing Subsidies for Severely Disabled Individuals. By February 21,2022, the State Council issued the National Aging

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Development and Elderly Care Service System Plan for the 14th Five-Year Period, proposing subsidies for economically disadvantaged elderly individuals with disabilities (including those with dementia). However, these disability-related policies remain embedded within broader frameworks covering elderly care services, social assistance, commercial insurance, and population planning, often presented as advisory documents, notices, or implementation measures rather than standalone policy instruments. While China has established a comprehensive system of care services and subsidies addressing various vulnerable groups with disabilities, issues such as fragmented policies, inadequate protection levels, and limited service quality remain significant challenges.

Yang Tuan examined the lessons learned from global practices in long-term care. Based on a review of China's aging policy development, he noted that after transitioning through phases dominated by family-based care and community-based elderly services, long-term care has entered official policy consideration. However, both guiding principles and policy frameworks have failed to clearly distinguish between long-term care for disabled seniors and general elderly care services. Replacing long-term care with elderly services has led to misaligned policy priorities, structural imbalances, and talent shortages, resulting in severe inadequacies in caring for disabled or cognitively impaired seniors. He advocated establishing a long-term care insurance system to share the costs of caring for these groups (Yang, 2016). Since 2012, multiple regions have piloted long-term care insurance programs funded through medical insurance; Zhejiang introduced respite care services, while various areas launched home-based medical service packages and implemented integrated community healthcare and smart elderly care models. Although existing practices have raised awareness about care challenges for disabled and cognitively impaired individuals, the insurance solutions proposed by academia have yet to translate from theory to practice. In reality, multi-sectoral governance has resulted in fragmented approaches and inconsistent focus areas. Notably, care for disabled or cognitively impaired individuals from low-income households remains inadequately addressed. This paper explores practical strategies for long-term care for this population based on experiences from A County in southern Jiangxi Province.

3. Practical Exploration of the Assistance Model for Disabled and Demented Individuals in A County, Southern Jiangxi, China

3.1 Number of individuals with disabilities or dementia in A County, southern Jiangxi

Located in southern Jiangxi Province, County A has a total population of approximately 400,000, with about 14,000 low-income residents, including 4,637 individuals with disabilities accounting for 49.35% of the county's disabled population. Among these low-income households, 376 families consist of members with physical or cognitive impairments, representing 2.6% of the low-income population. Based on official data, the research team conducted field visits and questionnaire surveys of these 376 households starting in January 2023. The survey revealed that

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among individuals with disabilities or cognitive impairments in low-income families, there were 223 males and 153 females, including 164 with partial disabilities and 212 with complete disabilities, with elderly individuals making up 39.6% of the group. In terms of age distribution, 60.3% of affected individuals were aged 59 or younger, while only 8.8% were seniors over 80 years old (see Figure 1)—a finding that contrasts with academic expectations and government policy priorities regarding high disability rates among older adults. This disparity may stem from the shorter life expectancy of elderly individuals with disabilities or cognitive impairments within low-income households. However, it also highlights two critical issues: first, a significant proportion of affected individuals are non-elderly; second, the quality of care provided to elderly individuals with disabilities remains suboptimal under current policy frameworks.

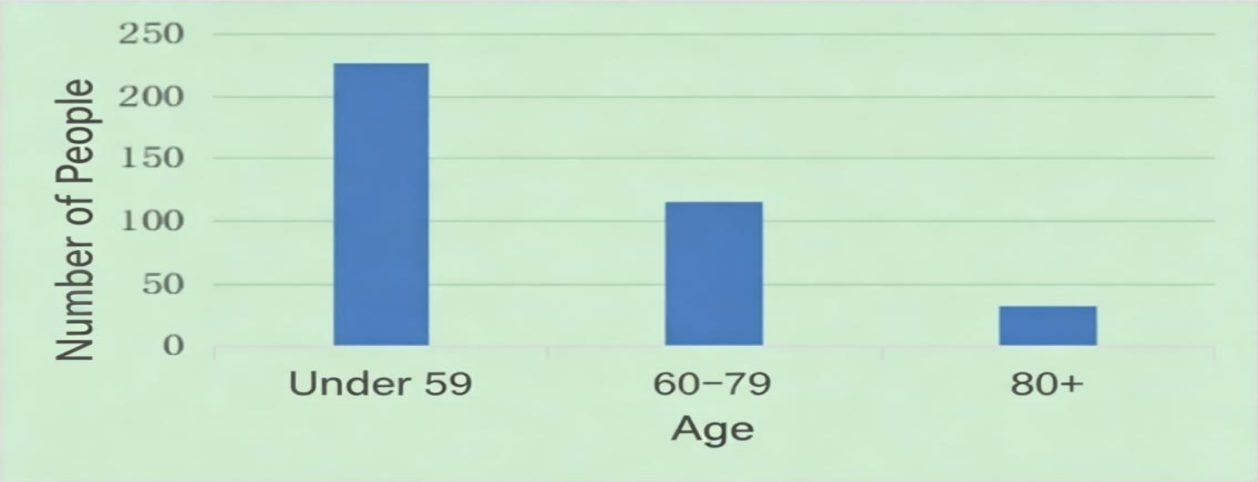

Figure 1: Number and age distribution of disabled and semi-disabled individuals in County A

3.2. Living conditions of individuals with disabilities or dementia from low-income households

Firstly, the care costs are exorbitant and involve significant human resource consumption. Due to the limited mobility of individuals with disabilities or dementia, the required care is characterized by prolonged duration, high pressure, considerable complexity, and numerous demands. Caregivers must provide comprehensive, long-term services ranging from daily living assistance to emergency care and rehabilitation therapy. Surveys indicate that among 376 low-income individuals with disabilities or dementia, 370 were cared for by their children or immediate family members such as spouses. If all these comprehensive services are provided by families, substantial investments in both specialized care facilities and continuous human resources are necessary. Taking the market pricing standards for nursing homes for elderly with disabilities in County A as an example, fees for such institutions include both nursing and accommodation costs. Nursing fees are generally categorized into three tiers: basic care, intermediate care, and advanced care, ranging from 1,000 to 3,000 yuan per month;

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self-care-dependent seniors pay 3,000 yuan monthly, semi-self-care-dependent seniors pay 4,500 yuan monthly, while fully dependent seniors pay 6,000 yuan monthly. Additionally, there are meal expenses of 500 yuan, bedding costs of 500 yuan, a deposit of 5,000 yuan, and sponsorship fees of 1,200 yuan. Under these standards, the monthly home care cost for a semi-dependent individual in rural areas exceeds 3,000 yuan, while that for a fully dependent individual surpasses 5,000 yuan— amounts that are unaffordable for most households.

Secondly, cash welfare benefits are limited in amount and frequently subject to family misuse. According to A County's policy standards, low-income families with disabled or cognitively impaired members can only receive two primary benefits: minimum living allowances and disability subsidies. Currently, the monthly minimum living allowances in rural and urban areas of A County stand at 660 yuan and 885 yuan respectively, while the highest disability subsidy amounts to 100 yuan. Under A County's regulations, individuals holding Level I or II disability certificates who qualify for minimum living assistance receive a monthly hardship allowance of 100 yuan; severely disabled individuals facing financial difficulties—particularly those identified as urban hardship cases or rural households that have escaped poverty— receive a monthly nursing subsidy of 1,000 yuan. Those receiving special support for extreme poverty, near-low-income households, or families experiencing financial strain due to high expenses often receive even lower benefits. Low-income families typically exhibit characteristics such as low educational attainment, limited professional skills, low employment rates, and minimal assets, making them prone to misusing these benefits. Moreover, since applications are submitted by families or family members, it becomes easier for families to divert funds. Relevant authorities also struggle to track benefit distribution accurately, failing to ensure funds are exclusively used for disabled or cognitively impaired individuals. The case of elderly Mr.Lu exemplifies this issue:

Mr.Lu, an 80-year-old resident of Shicun Village, has suffered from a stroke for over a decade and requires assistance with all six daily activities: getting up, dressing, eating, bathing, using the toilet, and performing indoor tasks. After his eldest son passed away due to illness last year, his entire daily life has been cared for by his second son, Xiao Lu. The 48-year-old Xiao Lu remains unmarried and has some mobility difficulties; he was diagnosed with a Grade IV disability, though his ability to perform routine tasks is largely unaffected. During a home visit, it was observed that the father and son live together in a two-story building. Mr.Lu relies on a wheelchair and has limited communication skills, while their living conditions are poor. When asked about transferring his father to centralized care facilities, Xiao Lu stated he would continue providing care as long as he could still do so personally. However, villagers noted that Xiao Lu tends to be lazy and unwilling to work; his monthly subsistence allowance combined with disability benefits for both parents amounts to over 2,300 yuan, which suffices for their living expenses—this is the primary reason for his reluctance to seek employment.

Taking the case of Mr.Lu, a person with disabilities and dementia, as an example, his family's primary income sources are subsistence allowances and disability benefits, which together account for 80% of their total household earnings.

Thirdly, the level of family care remains relatively low. In terms of care requirements, the most critical need for individuals with disabilities or dementia is daily living assistance, encompassing routine tasks such as eating, dressing, bathing, getting in and out of bed, using the toilet, and

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walking. The greater the degree of disability, the more time and effort required for these activities—making basic living care essential for sustaining their quality of life. However, individuals with moderate to mild disabilities or those with relatively normal cognitive function require support beyond basic living needs, including psychological and social assistance. To further improve their quality of life, they also need medical services (including emergency care, surgical treatment, disease prevention), nursing care (such as regular health check-ups, medication administration, and hygiene disinfection), and rehabilitation services (including access to facilities, guidance, and training). Our survey reveals that individuals with disabilities or dementia from low-income households primarily receive substandard basic living care: 73.3% lack access to nursing services, and 91.6% do not receive rehabilitation support. Additionally, sanitation conditions in these households are generally poor—85% experience unpleasant odors, and 90% of beds and bedding emit strong smells. Issues such as delayed waste disposal and inadequate ventilation are also widespread.

Fourthly, family members face multiple pressures. The saying "One person's disability disrupts the entire household balance" aptly describes the challenges faced by families caring for individuals with disabilities or dementia. Caring for such individuals is a prolonged and demanding endeavor: on one hand, family members are constrained by caregiving responsibilities, losing employment opportunities and career prospects, while households encounter various financial crises due to sustained expenditures without income growth. Caregivers often struggle to balance caring for their disabled loved ones with household duties, as well as managing both familial obligations and social interactions. Particularly within China's cultural tradition where women traditionally serve as primary caregivers, "poverty-induced feminization" has become a prominent issue (Marcoux, 1997), with exiting the labor market to care for family members being a key contributing factor (Duncan et al., 1999). On the other hand, caregiving adversely affects caregivers' health and quality of life, particularly manifesting as mental health issues such as depression and anxiety. Research by Okamoto et al. indicates that most caregivers of elderly individuals with disabilities experience symptoms including helplessness, sleep difficulties, low energy levels, and nervous tension (Okamoto et al., 2010). Numerous studies worldwide confirm that over 40% of family caregivers exhibit depressive symptoms, and these negative effects persist even three years after discontinuing caregiving (Robinson-Whelen et al., 2001). Domestic research findings largely corroborate these observations. Huang Chenxi et al. found that long-term independent care for individuals with disabilities or dementia, without adequate social support, can easily lead to financial strain, emotional distress, and health issues among family caregivers (Huang, 2016). Tang Yong's research on the mental health of primary caregivers of elderly individuals with disabilities revealed that caregivers face increased financial burdens, inability to afford medical expenses, difficulty balancing work and caregiving responsibilities, lack of leisure time due to full-time involvement, and limited opportunities for personal development, resulting in significant psychological stress. They also exhibit declining physical, mental, and emotional well-being, heightened susceptibility to depression, and a diminished sense of life value (Tang, 2012). Particularly in the absence of social support, the multiple pressures endured by caregivers may increase the risk of abusive behaviors (Yuan et al., 2019).

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3.3 Issues Regarding Welfare and Assistance Policies

The assistance policies for individuals with disabilities or dementia in low-income households exhibit multiple shortcomings in terms of policy provision, public awareness campaigns, and implementation, as detailed in Table 1. Regarding policy coverage, current support measures are limited to two categories: subsistence allowances and disability subsidies. The severe disability care subsidy is exclusively available to individuals with Grade I or II severe disabilities who have been lifted out of poverty or urban hardship situations; no specialized care support exists for other vulnerable individuals with disabilities facing general financial difficulties.

Policy awareness remains low, with surveys indicating that over 90% of households are unaware of the types and eligibility criteria for available policies. Low-income groups often have limited educational backgrounds, making it difficult for them to comprehend subsidy details; consequently, many miss opportunities to apply for assistance and may misinterpret grassroots administrative procedures due to cognitive biases, potentially leading to conflicts at the local level.

At the policy implementation level, assistance programs are managed by multiple departments with insufficient coordination and integration. There is a lack of unified regulations governing various forms of assistance, leading to prominent issues such as departmental fragmentation and multi-agency management. Interoperability between departmental information systems lags behind, preventing simultaneous processing of living assistance and medical assistance applications; nationwide data sharing for cross-regional medical services remains inadequate, making cost calculations difficult to achieve precision; the coverage of nursing subsidies is limited, leaving some vulnerable populations without adequate support, while psychological imbalance has become increasingly evident.

Table 1：Relevant departments and issues regarding policy benefits for individuals with disabilities or dementia in low-income households

Department	Standard	Key emphasis in work	Question
Civil administration department	Level of income	Institutional facilities; per capita subsidies	It cannot provide universal coverage or fully encompass medical assistance (for traditional beneficiaries).
Health Insurance Authority	Meet the medical insurance standards	Medical Insurance Reimbursement	The range of major disease coverage options remains limited, and the reimbursement ratio for individuals with disabilities still follows traditional standards.
Health	Health	Conduct home visits,	Does not cover daily care for individuals

Commission	level	administer injections and medications	with disabilities or dementia, nor addresses the needs of low-income populations (focusing on medical care rather than daily living assistance).
China Disabled Persons' Federation	Degree of disability	Subsidies for the living expenses of individuals with severe disabilities, and subsidies for long-term care services	Cannot independently establish services (funds rather than services)

4. The operational mechanism of the "Anxin Zhongzhu" practical model for assisting individuals with disabilities and dementia in A County, Gannan, China

To address support for individuals with disabilities or dementia from low-income families, County A has established a comprehensive workflow under the leadership of the Civil Affairs Bureau, encompassing "demand collection – resource integration – service delivery – service evaluation." In demand collection, the bureau organized officials in collaboration with social workers from social work stations and community (village) officials to conduct thorough assessments of each affected household. Through face-to-face interviews with family members and discussions with village officials, they gained comprehensive insights into these families' needs across multiple dimensions. Addressing the challenges faced by individuals with disabilities or dementia from low-income households and their families, the County Civil Affairs Bureau developed the "Anxin Zhongzhu" model, leveraging resources from various stakeholders to provide targeted assistance.

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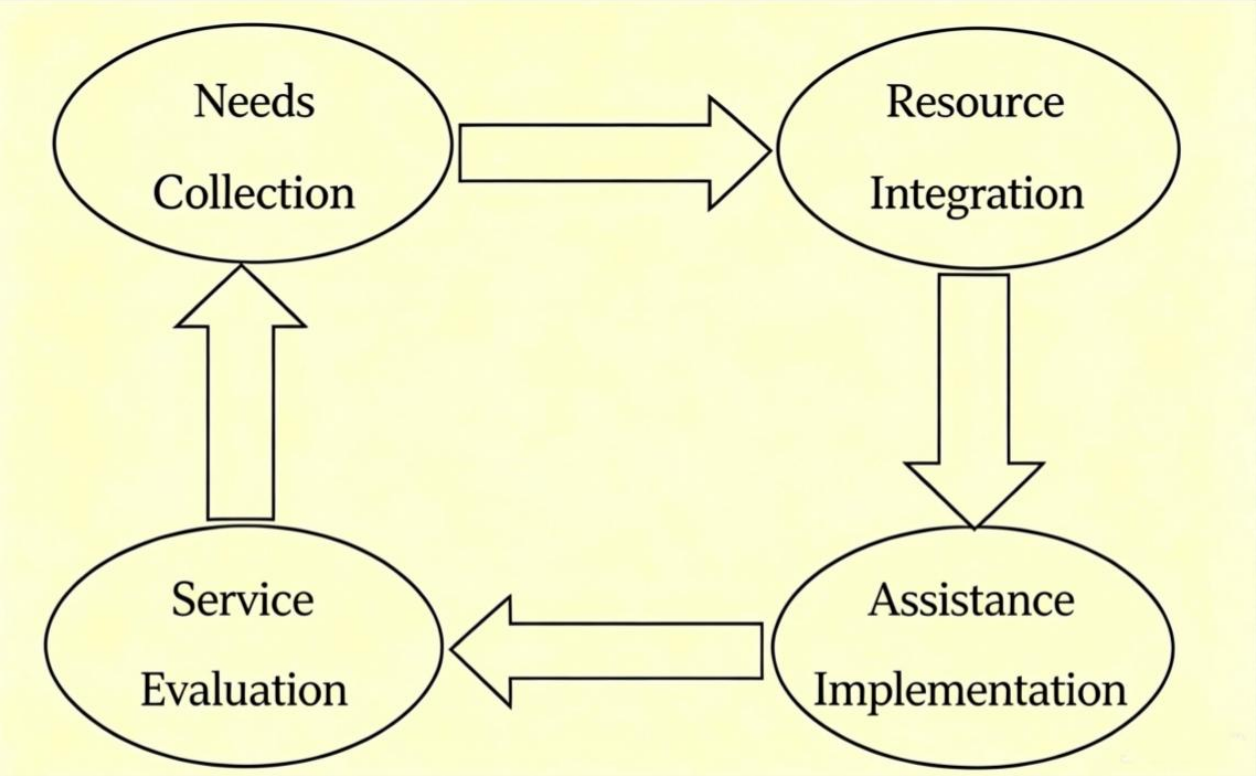

Figure 2： The closed-loop process of County A's "Anxin Assistance" model

4.1 Integrating Various Service Providers

To address challenges in interdepartmental coordination and diversify service providers, County A established a dedicated social assistance platform that coordinates multi-stakeholder collaboration, aligns policy frameworks, allocates resources efficiently, clarifies responsibilities, integrates resources, and streamlines service procedures. Key measures include: First, strengthening Party organization leadership by leveraging county, township, and community Party organizations to coordinate various entities; Second, integrating three types of service providers: functional departments such as trade unions, the Disabled Persons' Federation, civil affairs authorities, and medical insurance agencies implement supporting policies; professional organizations including elderly care institutions, social work centers, and psychological associations deliver government-purchased services; social workers conduct home visits to assess needs, assist with subsidy applications, and provide comprehensive physical and mental care; the Federation of Industry and Commerce collaborates with enterprises on material donations, while Party members and civilian volunteers use platforms like Civil Practice Programs and senior citizen associations to visit and support vulnerable individuals with disabilities or cognitive impairments, promote benefit-oriented policies, thereby establishing a diversified collaborative assistance system.

4.2 Developing Two Types of Service Models

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As County A is a historic revolutionary base area in southern Jiangxi where residents remain heavily influenced by traditional beliefs and have not yet fully embraced centralized institutional care, a dual service approach combining centralized care and home visit services has been adopted. Centralized care is centered around the county nursing home, which has been upgraded to provide standardized beds for caring for individuals with disabilities or dementia. Home visit services are primarily conducted by grid workers, social workers from community service centers, and rural physicians, who conduct surveys of low-income families with disabled or cognitively impaired members to promptly assess their needs and assist them in applying for appropriate assistance. Additionally, family doctors, Party member volunteers, community volunteers, and social organization volunteers collaborate to deliver "micro-wish" services, including cleaning assistance and social support. For individuals with mental disorders who are ineligible for home visit or centralized care, medical referral services are provided, with a designated municipal hospital serving as the primary treatment facility offering daily care, medical treatment, rehabilitation services, and emotional support. Low-income families with disabled or cognitively impaired members can choose the most suitable service option based on their specific circumstances.

4.3 Seven Service Items

Through household surveys, the Civil Affairs Bureau of County A has identified seven categories of service needs for low-income individuals with disabilities or dementia: meal assistance, administrative support, medical aid, housekeeping services, bathing assistance, social integration, and capacity building, covering five key dimensions: daily living, healthcare, cleaning, psychological support, and personal development. Meal assistance includes home delivery and group dining, with any costs exceeding standard rates to be paid out-of-pocket; administrative support covers routine tasks such as shopping, bill payments, and document processing; medical assistance encompasses medical accompaniment, medication pickup, and rehabilitation care; housekeeping services involve cleaning of entire homes, appliances, and clothing; bathing assistance provides both in-home and external bathing services with comprehensive safety measures. Social integration offers psychological counseling and legal aid, along with tiered psychological interventions tailored to individuals and groups to alleviate negative emotions; capacity building includes vocational training programs and access to educational and employment resources to promote self-reliance and reduce dependence on assistance. These seven services comprehensively address daily care, health management, psychological support, and developmental empowerment, forming a holistic service system.

4.4 Achieving the "Four-Zero" Goals

This ensures comprehensive organizational coverage with zero blind spots, unimpeded public feedback channels, no omissions in assistance subsidies, and seamless service delivery to citizens (see Table 2). County A leveraged the strength of its Party organizations to establish efficient channels for resident feedback, integrate resources from various sectors, and transform the approach from "people seeking policies" to "policies reaching people." The county identified all

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low-income individuals with disabilities or cognitive impairments, proactively assisted them in accessing necessary support services, and promptly tracked updates on new cases or case closures. This approach enabled a holistic understanding of county-wide needs while mobilizing all available resources for effective assistance, all within the limits of fiscal capacity and service delivery capabilities—ensuring complete transparency and no gaps. Following each service process, the County Civil Affairs Bureau developed dedicated satisfaction surveys. The government-purchased "Ankang Tong" home-based elderly care service also utilizes a smart cloud platform for user-reported evaluations, allowing civil affairs authorities to monitor service quality in real time and achieve comprehensive, end-to-end supervision of assistance for low-income individuals with disabilities or cognitive impairments.

Table 2: The fundamental essence of the "Anxin Zhongzhu" model in County A

The Three Main Entities	2 Methods	7 Services	Four Zero Targets
·Government sector ·Professional institutions ·Volunteers	·Centralized care ·Home visiting service	·Meal Delivery Service · Agency Services ·Medical Support Services ·Cleanliness Assistance Service ·Bathing Assistance Service ·Social Integration ·Ability enhancement	•Comprehensive coverage with no blind spots ·Zero barriers for direct public feedback ·No exceptions will be made regarding assistance subsidies. ·Providing services to the public without any distance barriers

In summary, County A's assistance program for individuals with disabilities or dementia from low-income households adopts a comprehensive approach combining financial support, material aid, and services—a specialized service model tailored to the specific needs of beneficiaries, representing an innovation that shifts from traditional one-dimensional financial assistance to multidimensional support. To address challenges faced by individuals with disabilities or partial impairments—including difficulties with independent mobility, falls during getting up, slips during bathing, falls while using toilets, prolonged bed rest, and inadequate care—County A has implemented age-friendly adaptations for 180 households of particularly vulnerable elderly since 2021. In 2022, the county established 180 home-based elderly care beds for economically disadvantaged individuals with disabilities or partial impairments, providing home-based care services to 360 seniors totaling 10,800 visits. Since 2023, a total of 492,000 yuan has been allocated to purchase centralized care and home visit services for low-income individuals with disabilities or dementia, offering customized meal assistance (536 visits), cleaning services (1,378 visits), bathing assistance (933 visits), mobility support (447 visits), shopping assistance (563 visits), medical aid (485 visits), and emotional support (411 visits), achieving full coverage without any omissions. To ensure sustained implementation of these initiatives, the government

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issued the "Implementation Plan for the Innovative' Financial + Material + Service' Social Assistance Pilot Program in County A," institutionalizing support efforts across personnel management, resource allocation, operational mechanisms, and evaluation systems.

5. Conclusion and Discussion

5.1 Experience in providing assistance to individuals with disabilities or dementia from low-income families in County A

County A has established a closed-loop service supply system by focusing on four key stages: demand collection, resource integration, service delivery, and service evaluation. Through thorough preliminary research, it has identified the primary needs of families with low-income individuals experiencing disability or dementia. Under the leadership of the Party committee, the county has developed the "Anxin Zhongzhu Model," which integrates resources from three main entities: government departments, professional service providers, and charitable organizations/volunteers. Families can choose between centralized care services or home visit assistance based on their specific circumstances, accessing seven core services including meal support, administrative assistance, medical aid, cleaning services, bathing assistance, social integration support, and capacity-building programs. This initiative aims to achieve comprehensive organizational coverage, seamless public feedback channels, no gaps in assistance subsidies, and zero-distance service delivery for beneficiaries.

Indeed, County A has made valuable efforts in providing social assistance to low-income special groups. As a county-wide model for assisting disabled or cognitively impaired individuals from low-income households, its contribution lies in moving beyond the traditional, fund-centric "single-dimensional" assistance approach to establish an integrated "multi-dimensional" system combining financial support, material aid, and services, thereby creating a complete closed-loop process encompassing needs identification, resource allocation, assistance delivery, and evaluation. This model offers several exemplary practices for ensuring comprehensive, reliable, and substantive protection of basic living standards.

First, emphasis should be placed on extensive resource integration. Assisting individuals with disabilities or dementia from low-income families is a long-term, resource-intensive, and complex task that cannot be solely undertaken by families nor achieved precisely by the government alone. It is essential to uphold the centralized and unified leadership of the Party and leverage the organizational capacity of Party institutions to ensure comprehensive coverage horizontally, thorough implementation vertically, effective coordination between different levels, and seamless integration between internal and external efforts. This represents not only a unique advantage of socialism with Chinese characteristics under the leadership of the Communist Party of China but also the inevitable path to achieving hierarchical governance and multi-dimensional governance, as well as resource coordination and interdepartmental collaboration (He & Kong, 2011).

The second principle is demand-driven, targeted assistance. Meeting the needs of beneficiaries constitutes the paramount guideline for policy formulation and implementation. The emergence of

social issues directly reflects unmet demands among target populations. It must be recognized that addressing the needs of individuals with disabilities or cognitive impairments within low-income families represents the primary challenge faced by these households—a new issue arising in the current phase of evolving social care systems in both content and delivery models. By systematically categorizing the fundamental needs of such individuals, it becomes evident that government financial aid alone may prove insufficient; comprehensive assessments covering physical health, psychological well-being, and social interactions are essential. This framework forms the foundation for County A's service catalog comprising three categories with seven specific components, implemented through two approaches: centralized care facilities and home-based visitation services. Field research confirms that these assistance methods and programs align precisely with beneficiary needs, ensuring tangible outcomes.

Third, a closed-loop system has been established for the social assistance process. Social assistance is a major national initiative that requires management-oriented approaches to ensure both effectiveness and efficiency. The implementation of an integrated workflow encompassing need assessment, resource coordination, assistance delivery, and evaluation demonstrates government accountability. More importantly, it facilitates collaboration among various stakeholders involved in assistance provision and between these stakeholders and beneficiaries, ensuring controllable processes and traceable issues, thereby guaranteeing the optimal utilization of resources.

It is noteworthy that County A's approach to assisting individuals with disabilities from low-income families exhibits distinct characteristics. First, its unique policy positioning: within the national context of revitalizing revolutionary old areas, the county has received substantial policy support. Second, its specific developmental stage: it currently occupies a critical phase of consolidating poverty alleviation achievements while effectively integrating them with rural revitalization efforts. These two distinctive advantages enable relatively high standards for assistance programs, forming the fundamental basis for implementing County A's "Anxin Zhongzhu" model. Third, the program remains selective in scope, primarily targeting five categories of individuals covered by civil affairs authorities' safety net while also accommodating families facing special hardships, thus not providing universal coverage for all individuals with disabilities or cognitive impairments. Expanding assistance to all such individuals would present significantly more complex challenges in funding allocation and policy implementation.

5.2 The Value of the "Funds + Materials + Services" Assistance Model

While this study focuses on social assistance for individuals with disabilities or dementia from low-income families, its findings hold significant implications for the broader support and welfare of all affected populations.

First, the comprehensive assistance model of "financial support + material aid + services" for individuals with disabilities or dementia not only enhances their quality of life and improves living conditions for their families, but also helps prevent incidents that breach ethical boundaries, upholds social humanitarian values and justice, and demonstrates the government's commitment. Second, for low-income households with such individuals, this assistance model provides not only financial subsidies but also medical care—including home visits for medical check-ups,

injections, and medication administration—with options available between centralized care facilities or home-based services. This approach marks a shift from purely financial/material assistance to service-oriented support, playing a crucial role in breaking the poverty cycle caused by illness-related hardship. Third, for individuals with disabilities or dementia, China's medical insurance system proves more effective than financial or material aid in combating poverty. Notably, the integrated "financial + material + service" model adds elements of social insurance and social care to basic welfare guarantees. While social insurance is often viewed in Western countries as a preventive safety net capable of permanently addressing poverty issues (Glennerster, 2004), China currently only offers basic urban and rural medical insurance, with no dedicated social insurance program specifically for this group. The implementation of this model through cash subsidies, home visits, and centralized care breaks down traditional barriers between the state and families. This represents a valuable endeavor to integrate social care into national governance, marking a breakthrough in the boundaries between the state and the private sphere while redefining the functions of the welfare state. Although this approach requires financial support, its paramount significance lies in reflecting a fundamental shift in welfare values.

According to demographic and social development trends, assistance for individuals with disabilities or dementia will become an increasingly significant social issue. Particularly, providing support to such individuals within low-income households represents a key and challenging aspect of this problem. Addressing this issue requires comprehensive consideration at multiple levels. First, in terms of value concepts, improving the quality of life for individuals with disabilities or dementia must be addressed from a systemic institutional perspective—whether through social welfare, social insurance, or social assistance—is fundamental to resolving resource allocation challenges. Second, regarding policy formulation, the current fragmentation of relevant policies in China stems from inconsistent dimensions of policy design, such as age-specific elderly policies, disability-focused policies, and socioeconomic-based minimum living standard guarantee policies, among others; thus, integrating these dimensions is essential for building a cohesive policy framework. Third, in terms of experience synthesis, it is imperative to accelerate the summarization of both domestic and international practices, draw on viable experiences, avoid potential pitfalls, and explore a long-term care model tailored to China's unique context for individuals with disabilities or dementia. This is not only a prerequisite for modernizing national governance but also integral to achieving the "Two Centenary Goals."

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