Lecture Notes in Education, Arts, Management and Social Science,
2026, Volume 4, Issue 7
https://bbwpublisher.com/journal/LNE
Online ISSN: 2705-053X
Print ISSN: 3083-1091

A Study on Layered and Classified Assistance Pathways for the Targeted Support of Rural Older Adults with Disabilities in Dalian in the Context of Common Prosperity

Yizhen Wang, Pengwei Ji

School of Cultural Tourism & Health and Wellness, Liaoning University of International Business and Economics, Dalian 116052, Liaoning, China

Copyright: © 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: Rural older adults with disabilities have substantial care needs, high economic vulnerability, and limited access to services due to geographical constraints, making them an important group in efforts to promote equitable access to basic elderly care services and common prosperity. In response to gaps in identifying eligible recipients, mismatches between assistance and actual needs, uneven distribution of service resources, and insufficient policy coordination, this study focuses on rural Dalian and develops a three-dimensional identification framework based on economic hardship, degree of disability, and care needs. It proposes a three-tier assistance system comprising basic protection, targeted support, and inclusive services, and explores implementation pathways in four areas: recipient identification, service provision, policy coordination, and digital oversight. It also proposes a three-level service network spanning county, township, and village levels, together with a coordination mechanism involving government, service providers, village and community organizations, and families.

Keywords: Common prosperity; Rural older adults with disabilities; Targeted support

Online publication: July 26, 2026

1. Problem statement

Actively responding to population aging requires not only improving the basic elderly care service system but also addressing differences among older people in economic circumstances, physical functioning, family support, and service accessibility. The January 2025 *Opinions on Deepening the Reform and Development of Elderly Care Services*, issued by the Communist Party of China Central Committee and the State Council, call for a three-level elderly care service network covering both urban and rural areas, stronger care for older people with disabilities, coordinated development of home-, community-, and institution-based services, and broader access to basic elderly care services [1]. Compared with older people in general, those with disabilities

often require ongoing daily care, medical nursing, and rehabilitation support. When disability coincides with low income, living alone, adult children working away from home, or geographically dispersed settlements, the burden on family caregivers and demand for public services may increase further. Access to rural elderly care facilities, professional caregivers, and service resources may also be affected by geographical distance, population distribution, and the capacity of grassroots services. An important challenge for the development of rural elderly care, therefore, is how to allocate limited support resources to those with the most urgent needs and ensure that the support provided matches their actual circumstances.

Since the launch of reform and opening-up, the theoretical meaning of common prosperity and the approaches to achieving it have continued to develop. The Fifth Plenary Session of the 19th Central Committee of the Communist Party of China made strategic arrangements for promoting common prosperity, and the 10th meeting of the Central Committee for Financial and Economic Affairs in 2021 provided a further systematic explanation of its advancement. These developments have underscored the strategic importance of common prosperity in China's economic and social development in the new era. Against this background, promoting equal access to basic public services, narrowing urban–rural development gaps, and improving social protection for disadvantaged groups have become important practical directions for achieving common prosperity. Rural older adults with disabilities have substantial care needs, heightened economic risks, and geographically constrained access to services; the level of protection they receive is therefore directly related to social security equity and the sharing of development gains. Exploring layered and classified assistance pathways for this group is consequently an important research direction for addressing people's livelihood needs under the goal of common prosperity.

Rural areas of Dalian differ geographically, and settlement patterns, service-facility distribution, and care resources are not identical across areas such as Zhuanghe and Wafangdian. The research proposal outlines the use of questionnaires, in-depth interviews, surveys of service providers and facilities, and policy-text analysis to systematically examine the economic circumstances, disability levels, care needs, and assistance requests of rural older adults with disabilities, and to design a layered and classified assistance framework accordingly. Following this approach, this paper focuses on three questions: First, which dimensions should be used to identify rural older adults with disabilities for targeted support; Second, how should differentiated support be allocated according to the level of risk faced by different groups; Third, how can a practical, sustainable, and evaluable mechanism for service provision and policy coordination be established.

2. Theoretical logic of targeted support for rural older adults with disabilities

Targeted support for rural older adults with disabilities is both a practical requirement for actively responding to population aging and improving the social security system, and an important component of promoting common prosperity and equal access to basic public services. Compared with older people in general, this group faces multiple challenges, including limited physical functioning, growing care needs, heavier household financial burdens, and restricted access to elderly care resources. Their support needs are therefore distinctly diverse and complex. Traditional support arrangements based on a single identity category or economic criterion cannot adequately address differences in financial capacity, degree of disability, and actual care needs. It is therefore necessary to clarify the underlying logic of targeted support for rural older adults with disabilities in light of the goal of common prosperity, the institutional requirements of layered and classified social assistance, and the practical characteristics of elderly care, thereby providing a theoretical

basis for a needs-oriented, resource-matched, and multi-stakeholder support system.

2.1. Common prosperity requires reasonable prioritization of resources for groups with greater needs

Common prosperity emphasizes the sharing of development gains, but this does not mean providing exactly the same form of support to every group. Older adults with disabilities may face multiple risks because of limited physical functioning, increased care expenditure, and reduced capacity to earn income through work. On the basis of equal basic rights, support systems should differentiate assistance according to the degree of hardship and care needs, directing more public resources toward people facing higher risks and weaker family support. Inclusive services should also cover older people who do not qualify for minimum subsistence assistance but have preventive or ongoing care needs, so that the support system does not focus exclusively on the most disadvantaged while overlooking risks at an earlier stage.

2.2. Layered and classified social assistance emphasizes a shift from identity-based to needs-based identification

Using household economic circumstances as the sole criterion may fail to capture differences in disability level, intensity of care, and family caregiving capacity. Conversely, allocating services solely according to disability level may overlook an older person's ability to pay and the financial burden on the family. Targeted support should therefore combine economic hardship and disability level, while also examining actual care needs, family support, and service accessibility. Layering determines the priority and intensity of support, while classification determines what services should be provided and how they should be delivered; together, these form the basic logic of targeted assistance.

2.3. Theories of elderly care require a continuum of services involving individuals, families, communities, and professional providers

The needs of older adults with disabilities are rarely limited to financial assistance; they usually combine daily living support, medical nursing, rehabilitation, emotional support, social participation, and assistance for family caregivers. Families play a foundational role in daily care, but responsibility for long-term care should not be transferred entirely to them. Professional institutions can provide more intensive care, while community and village service points can complement this through meal services, visits, day care, and referrals. Coordination among multiple stakeholders can improve continuity of care and help reduce the burden on family caregivers.

Accordingly, this paper adopts a three-dimensional identification framework—economic hardship, degree of disability, and care needs—at the operational level; establishes a three-tier system of basic protection, targeted support, and inclusive services at the assistance level; and examines four implementation areas: recipient identification, service provision, policy coordination, and digital oversight. The three-tier classification is an initial framework for policy design. Specific eligibility boundaries, indicator weights, subsidy standards, and service lists should be further determined in light of current policy requirements, local fiscal capacity, and field-survey findings.

3. Practical issues to be addressed in targeted support for rural older adults with disabilities in Dalian

As rural areas of Dalian develop their elderly care service systems and improve protection for older people in hardship, further attention needs to be paid to differences in the support needs of older people with different levels of disability and to how well policy resources match actual needs. With the goal of providing targeted support for rural older adults with disabilities, this paper reviews key issues in five areas—comprehensive identification, service matching, resource provision, policy coordination, and grassroots oversight—to inform the development of focused policy recommendations.

3.1. Comprehensive identification of economic circumstances and disability-related needs requires improvement

Effective targeted assistance first depends on identifying those who genuinely need it. Reliance mainly on existing status categories, such as recipients of minimum subsistence assistance or people eligible for support as extremely poor individuals, may fail to identify some households whose income is slightly above the eligibility threshold but that face high care costs due to severe disability. Looking only at physical functioning, in turn, may not reveal whether older people and their families can afford care expenses. Because household income sources, asset composition, and caregiving arrangements vary across rural areas, comprehensive assessment should, in accordance with laws and regulations, incorporate economic circumstances, degree of disability, care needs, and family support.

3.2. Assistance programs may not match individualized care needs

Older people with different levels of disability have different service needs. Those with severe disabilities may require continuous daily care, professional nursing, and, where necessary, residential care. Those with moderate disabilities may need home-based care, rehabilitation support, meal services, and short-term respite or temporary care. Those with mild disabilities may benefit more from regular visits, daily living support, health management, and services that help prevent further functional decline. If assistance mainly takes the form of uniform cash subsidies without needs assessment and service referrals, there may be cases in which people receive subsidies but lack services, or services are available but do not fit their needs.

3.3. The geographic accessibility and professional capacity of rural elderly care services require further assessment

Rural older people often live in dispersed settlements, and some villages are far from township service centers, potentially increasing the time and cost of home visits. Elderly care institutions, village clinics, social work stations, and village-level service points also have different functions. Institutions can provide residential care but may not cover every remote village; grassroots service points are closer to older residents but may lack professional caregivers, equipment, and stable operating funds. The support system should therefore assess not only whether a service exists, but also whether older people can actually access it, whether service frequency is sufficient, and whether service quality is consistent.

3.4. Interdepartmental policy linkages and dynamic management need to be strengthened

Support for older adults with disabilities involves multiple departments, including civil affairs, finance, medical insurance, health, and disability services, and must be coordinated with systems such as minimum

subsistence assistance, support for extremely poor people, elderly-related subsidies, the two types of subsidies for people with disabilities, medical security, and long-term care support. If eligibility determinations, the use of assessment results, funding channels, and service records are not coordinated, grassroots agencies may need to conduct repeated checks and older people may have to submit multiple applications. Policy duplication, gaps in protection, and inefficient use of resources may also result. Specific arrangements for coordination must remain within the scope of existing departmental authority, subsidy eligibility conditions, and rules governing the use of funds.

3.5. Grassroots assessment and service oversight capacity may constrain effective implementation

Disability assessment requires specialized expertise, standardized assessment tools, staff training, review mechanisms, and channels for appeals. Shortages of professional assessors in remote areas and unfamiliarity among older people and their families with policy procedures may affect access to assessment and the consistency of results. In addition, without standardized service records, funding-performance indicators, and feedback mechanisms for service users, the effects of policy implementation will be difficult to monitor continuously.

4. Developing a layered and classified assistance system based on three-dimensional identification

The key to establishing a targeted support system for rural older adults with disabilities is to match support resources to individual needs and move beyond assistance based solely on economic hardship toward an integrated approach combining financial support, care services, and dynamic management [2]. Based on the principles of fairness and shared prosperity and taking account of differences in economic circumstances, disability levels, and family caregiving capacity, this paper develops a layered and classified assistance system built on three-dimensional identification. The system combines basic protection, targeted support, and inclusive services, with tier transitions and dynamic adjustments to improve adaptability and promote accurate identification, rational allocation of service resources, and effective coordination among assistance measures.

4.1. Establishing a three-dimensional identification mechanism: Economic hardship, degree of disability, and care needs

As shown in **Figure 1**, the economic dimension may examine household per capita income, household assets, necessary medical and care expenses, and the family's capacity to provide financial support. The disability dimension should be assessed by qualified personnel using standardized procedures in accordance with relevant national assessment standards for older people's capabilities and applicable local requirements. The care-needs dimension should consider activities of daily living, cognition and communication, risks in the living environment, caregivers' available time, and access to home-based services. To reduce assessment bias, a unified process can include online preliminary screening, in-person assessment, periodic reassessment, and appeals. Online tools should be used primarily for information registration and risk alerts; they should not replace professional assessment or directly determine eligibility for assistance. Professional home-based

reassessment should be arranged for people initially identified as having moderate or severe disabilities, those with complex family circumstances, or those whose assessment results are disputed. Assessment results should specify their period of validity and the conditions triggering reassessment, such as significant changes in physical condition, household finances, or caregiving arrangements. Personal information about older people should be subject to data minimization, tiered access authorization, and security management.

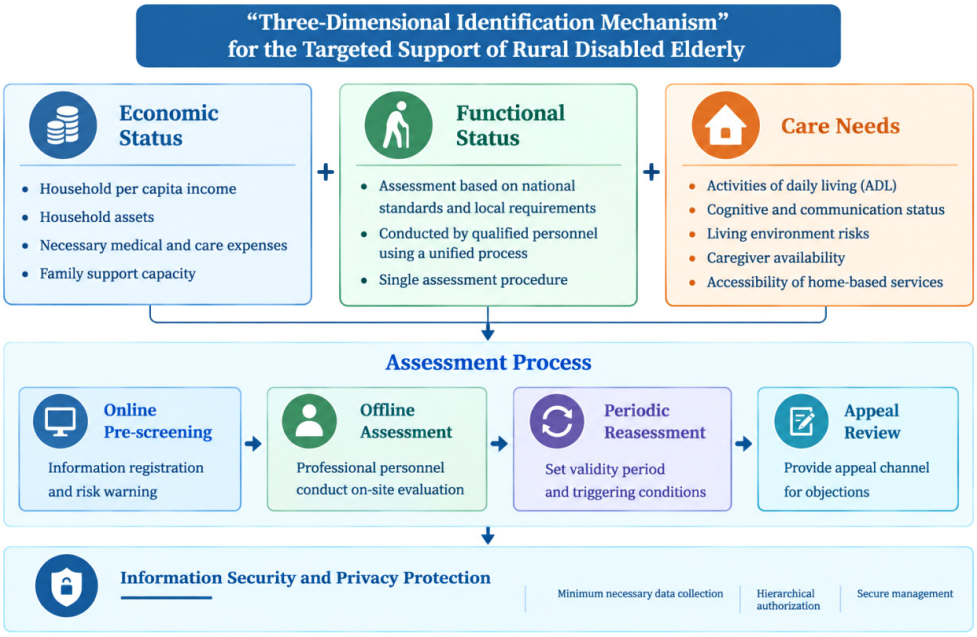


Figure 1. Three-dimensional identification and assessment process for rural older adults with disabilities

4.2. Establishing a basic protection tier to safeguard high-risk groups

The basic protection tier should primarily serve older people facing severe economic hardship, more serious disabilities, and insufficient family caregiving support. Eligibility should be linked, in accordance with laws and regulations, to minimum subsistence assistance, support for extremely poor people, and other existing programs [3]. Key services should include basic livelihood support, necessary daily care and nursing, regular visits, risk response, and residential care for eligible individuals. For older people who need institutional care, referrals or support should be provided in accordance with relevant rules after considering their preferences, health conditions, family circumstances, and the institution's service capacity. The aim of this tier is to prevent economic hardship and gaps in care from leaving basic living and safety needs unmet.

4.3. Establishing a targeted support tier for near-poor households and people with moderate disabilities

The targeted support tier should prioritize older people with moderate disabilities in households near the minimum subsistence threshold, as well as households that do not meet conventional eligibility criteria for basic protection but face substantial burdens due to high care expenses. Support may include care-service subsidies up to a specified amount, home-based care, meal and cleaning assistance, rehabilitation guidance, short-term respite care, and support for family caregivers.

4.4. Establishing an inclusive service tier to extend preventive and supportive services to ordinary households

The inclusive service tier may serve older people with mild disabilities in ordinary households and those with emerging care needs. Priority services include health and care consultations, regular visits, meal services, information and support for age-friendly home modifications, rehabilitation guidance, cultural and recreational activities, and opportunities for social participation. Support for family caregivers may include caregiving skills training, temporary substitute care, and respite services to reduce the pressure of long-term caregiving. Inclusive services do not necessarily mean that all services are free. Depending on the nature of the service, household affordability, and local fiscal conditions, a combination of government-purchased services, moderate user fees, and charitable support may be adopted to ensure access to essential services while avoiding unnecessary duplicate subsidies.

4.5. Establishing a dynamic mechanism allowing movement between tiers

Older people's economic circumstances, physical functioning, and family support may change over time, so layered and classified assistance should not become a fixed label. It is recommended that annual reviews be combined with event-triggered reassessments, with procedures for adjusting tiers, increasing or reducing services, notifying individuals of decisions, and reviewing appeals. Where an older person qualifies for multiple policy programs, a policy checklist and benefit-verification mechanism should clarify which benefits can be combined and which must be reduced or received on an either/or basis. This can prevent duplicate assistance while ensuring that eligible people do not miss out because of information gaps between departments.

5. Improving the implementation pathways for layered and classified assistance

The effective operation of a layered and classified assistance system depends not only on accurate identification of eligible recipients and appropriate tier allocation, but also on a well-developed grassroots service network, interdepartmental coordination, and an oversight and management system [4]. In response to challenges in rural areas—including uneven distribution of service resources, a relative shortage of professional care workers, complex policy linkages, and limited ability among some older people to access services—Dalian should build on local rural elderly care conditions. As shown in **Figure 2**, needs identification should serve as the foundation, service provision as the core, grassroots coordination as the support, and digital oversight as the safeguard. This approach should connect assistance policies with elderly care resources and establish a full-process support mechanism covering identification, needs assessment, service delivery, and feedback, thereby improving the precision, accessibility, and sustainability of assistance for rural older adults with disabilities. The main measures are as follows:



Figure 2. Implementation pathways for targeted support for rural older adults with disabilities

5.1. Optimizing recipient identification and establishing a standardized assessment process

First, integrate multiple channels for identifying potential recipients, including grassroots surveys, individual applications, referrals from family doctors or village doctors, and village-level visits, to reduce the risk of overlooking older people because of limited mobility or insufficient information. Second, establish a standardized information-registration and preliminary-screening form covering basic information on economic circumstances, signs of disability, family caregiving, and urgent risks. Third, direct applicants according to risk level: those with general needs enter routine assessment, while those with moderate or severe disabilities or higher care risks receive priority for professional assessment and home verification. Finally, explain the assessment results, available assistance programs, and review channels to applicants. The process should minimize repeated document submissions and provide necessary assistance to older people who are very old, live alone, have dementia, or experience communication difficulties.

5.2. Improving a three-dimensional service provision model: Institutions, home-based care, and communities

Institutional services should primarily meet needs for residential care that require specialized expertise or a high intensity of support. Home-based services should provide in-home assistance, rehabilitation support, nursing guidance, and support for family caregivers within the older person's familiar living environment. Community and village-level services should provide meals, visits, day care, organized activities, and referrals to resources. These three types of service should not replace one another; instead, they should be combined according to assessment results. For villages with dispersed populations or poor transport access, options may include mobile services, delivery of service packages, neighbor-to-neighbor support, and remote consultation. Medical and nursing services, however, must be delivered by appropriately qualified personnel [5].

5.3. Building a grassroots service system with a three-level network and four-dimensional coordination

Taking account of Dalian's administrative structure and the distribution of existing service facilities, a three-level network could be developed consisting of district/county-level elderly care service centers, township/

subdistrict social work stations, and village-level service points. The district/county level would focus on coordinating resources, professional training, service referrals, and quality supervision; the township level would support needs assessment, organize services, manage individual cases, and coordinate services across villages; and the village level would focus on regular visits, identifying needs, assisting with information, and facilitating mutual aid among neighbors. At the same time, a four-part coordination mechanism should be established involving government oversight, services provided by elderly care institutions, assistance from village and community organizations, and family participation. Responsibilities and referral procedures should be clearly defined so that professional care responsibilities are not simply transferred to village officials, volunteers, or family members.

5.4. Improving interdepartmental coordination and policy linkages

Relevant departments should establish a regular coordination mechanism and develop a work checklist covering eligibility determination, functional assessment, service catalogs, fund use, information sharing, and performance evaluation. Civil affairs departments can coordinate elderly care services and social assistance; finance departments can manage budgets and performance; medical insurance and health departments can coordinate medical protection, health services, and related systems within their respective mandates; and disability-related departments and organizations can help connect eligible individuals with relevant policies. Data sharing should be based on statutory responsibilities and authorization, with clear definitions of data categories, purposes of use, access permissions, and accountability mechanisms. Building a digital platform should not be treated as a substitute for practical coordination among departments.

5.5. Strengthening digital enablement and service quality oversight

Existing elderly care information systems could gradually be expanded to include modules for older people's needs profiles, assessment results, service plans, service records, subsidy payments, and satisfaction feedback, creating a closed-loop process from identification and assessment through service assignment and delivery to evaluation. Digital tools should primarily reduce repetitive data entry, improve service scheduling, and detect anomalies, rather than simply maximize the volume of data collected. Telephone, in-person, and paper-based channels should remain available for older people who are unfamiliar with smart devices, have weak internet access, or experience cognitive impairment. Oversight indicators may include the timeliness of assessments, service fulfillment rates, coverage of priority groups, complaint-resolution rates, compliance in fund use, user satisfaction, and handling of risk incidents. Improvement targets should be set after baseline data have been established through pilot programs.

6. Conclusion

The key to supporting rural older adults with disabilities in the context of common prosperity is to combine basic livelihood protection with ongoing care services and to allocate resources deferentially according to economic hardship, degree of disability, and actual care needs [6]. Drawing on the research framework set out in the project proposal, this paper develops an institutional design combining three-dimensional identification, a three-tier assistance system, four implementation pathways, and coordination among multiple stakeholders. For recipient identification, it promotes a comprehensive assessment of economic circumstances, disability, and care needs. For assistance arrangements, it establishes three linked tiers of

basic protection, targeted support, and inclusive services. For service provision, it coordinates institutional, home-based, and community services through a three-level network and four-dimensional collaboration. For governance, it strengthens interdepartmental coordination, digital oversight, funding performance management, and protection of rights and interests. Overall, the proposed design may offer a reference for regions seeking differentiated and sustainable support pathways suited to their demographic structures, levels of economic development, and elderly care resources. It may also provide policy insights for responding actively to population aging, promoting equal access to basic public services, and advancing common prosperity.

Funding

First Batch of the 2026 Dalian Federation of Social Sciences Fund Projects: A Study on Layered and Classified Assistance Pathways for the Targeted Support of Rural Older Adults with Disabilities in Dalian in the Context of Common Prosperity (Project No.: 2026dlskyb200)

Disclosure statement

The authors declare no conflict of interest.

References

[1] The Central Committee of the Communist Party of China, the State Council, 2025, Opinions on Deepening the Reform and Development of Elderly Care Services, viewed July 10, 2026, https://www.mee.gov.cn/zcwj/zyygwj/202501/t20250108_1100234.shtml

[2] Wang CH, Li FH, Zhang ML, 2026, Research on a Mutual-Support Elderly Care Service System for Rural Older Adults Left Behind by Family Members from the Perspective of Common Prosperity. Qin Zhi, (3): 54–56. DOI:10.20122/j.cnki.2097-0536.2026.03.009.

[3] Chen DQ, Yang SS, Tang JJ, 2026, Optimization of Basic Rural Pension Insurance Benefits: Adjustment Strategies and Fiscal Subsidy Estimates. Chinese Rural Economy, (1): 20–41. DOI:10.20077/j.cnki.11-1262/f.2026.01.002.

[4] Tong X, 2025, Research on the Coordinated Reform of Rural Social Pension Insurance and Local Public Finance from the Perspective of Common Prosperity: A Case Study of Liaoning Province. Journal of Liaoning Economic Vocational and Technical College and Liaoning Economic Management Cadre College, (4): 1–5.

[5] Liu TH, 2025, Research on Pathways to Addressing Shortcomings in Rural Elderly Care Services, thesis, Party School of the Central Committee of the Communist Party of China (National Academy of Governance). DOI:10.27479/d.cnki.gzgcd.2025.000019.

[6] Yang XC, 2025, Pathways for Optimizing the Rural Elderly Care Service System in the Context of the Rural Revitalization Strategy. Rural Economy and Science-Technology, 36(6): 179–182.

Publisher's note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.