

A Study on Social Work Case Interventions for the Diverse Elderly Care Needs of Families Who Have Lost Their Only Child

-- Based on Field Research in J City

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Abstract

In the context of population aging and declining birth rates, families who have lost their only child face severe challenges in elderly care due to the weakening of the traditional family support function. This study focuses on 12 such families in Z Community, J City, employing qualitative methods such as in-depth interviews and participatory observation, and is grounded in family systems theory and social support theory to systematically examine their elderly care difficulties and core needs. The study finds that families who have lost their only child in Z Community generally face five interrelated difficulties: persistent psychological trauma manifested as emotional freezing and social withdrawal; insufficient economic security caused by sharply reduced income and anxiety about the future; lack of daily care reflected in the everyday problem of 'no one knows if I fall ill'; weak medical and health support shown in the absence of hospital accompaniment and neglect of health management; and difficulties in social integration represented by a vicious cycle of proactive withdrawal and passive marginalization. These difficulties create overlapping effects through the chain of family system imbalance—disrupted social support—dissolution of personal meaning. Based on this, the study constructs a precise elderly care support system: at the individual level, narrative therapy is used to assist in reconstructing life meaning; at the family level, emotional connections are restored through a family contact system; at the community level, day care services and volunteer assistance are linked to fill care gaps; and at the policy level, assistance is provided to connect exclusive policies and promote the incorporation of psychological care into routine support. The study indicates that accurately responding to the diverse elderly care needs of families who have lost their only child requires integrating individual, family, community, and policy forces to form a systematic support mechanism. This research can provide references for optimizing elderly care services in urban communities for such families and for social work practice.

Keywords

Loss-of-only-child families; diverse elderly care needs; social work intervention; family systems theory; social support theory.

1. Introduction

With the continuous deepening of population aging and the evolution of family structures toward coreization, the elderly care issues faced by families who have lost their only child—i.e., families whose only child has died and whose parents no longer give birth or adopt—are becoming increasingly prominent. According to relevant statistics, there are over one million such families nationwide, and the number continues to grow. This group, having lost their only child, not only suffers significant psychological trauma but also loses the core support of

traditional family eldercare, making their care needs notably vulnerable and complex[1].

Existing studies mostly approach the issue from a single dimension, lacking a comprehensive understanding of the diverse eldercare needs of families who have lost their only child, and in-depth qualitative research focusing on urban communities is still insufficient. Based on this, the present study takes Z Community in J City as its field site, employing qualitative research methods to delve into the daily lives of these families, systematically examining their eldercare difficulties and core needs, and exploring precise social work intervention pathways.

2. Literature Review

In terms of social security research, scholars have focused on economic assistance and eldercare security policies for families who have lost their only child. Studies show that although existing assistance systems have alleviated certain economic pressures, the standards still struggle to cover diverse care needs[2]. In the field of mental health research, parents who have lost their only child commonly experience the collapse of their psychological support, a sense of meaninglessness in life, and anxiety about aging, with the detection rate of depressive and anxious symptoms about twice that of their peers. Regarding social work intervention, practical explorations such as Qingdao's "Warm Corner for Families Who Have Lost an Only Child" project, Jinan's "Family Contact Person" system, and Liuzhou's "Home Visits with Collective Empowerment" model have accumulated valuable experience, but most remain at the level of model introduction, lacking in-depth analysis of precise needs identification and systematic responses.

3. Theoretical Framework and Research Methods

3.1. Theoretical Framework

Family systems theory views the family as an emotional unit, and the death of a child disrupts the balance of the family system, leading to the collapse of the family's caregiving function. Social support theory emphasizes that individuals rely on social networks to obtain emotional, instrumental, informational, and other forms of support. Families who have lost their only child fall into a dual dilemma of 'lack of family support—difficulty in obtaining social support.' Based on this, this study constructs a three-dimensional analytical framework of 'needs identification—system assessment—precise intervention,' examining the manifestations of difficulties and their internal connections from five dimensions: psychological, economic, daily life, medical, and social. It also builds a four-dimensional support system coordinating individuals, families, communities, and policies.

3.2. Research Methods

This study employs a qualitative approach combining semi-structured interviews and participatory observation. It selects 18 bereaved parents from 12 families who have lost their only child in Z Community of J City, as well as related groups such as community staff, grid workers, and community doctors, as interview subjects. The research was conducted in two phases from March 2024 to August 2025, following the principle of information saturation. All interviews were recorded and transcribed with consent, and coding analysis was performed using grounded theory methods.

4. The Realistic Patterns of Diverse Elderly Care Needs in Families Who Have Lost Their Only Child

4.1. Persistent Psychological Trauma

The psychological trauma of parents who have lost their only child shows significant persistence and freezing. Many interviewees described their life condition as "time has stopped," remaining stuck in the initial stage of trauma for a long time and finding it difficult to complete normal grief processing. Social avoidance has become a common phenomenon, as interactions with families with children repeatedly reopen wounds. Within couples, a "tacit silence" also forms, cutting off the most important channel of emotional support[3].

4.2. Insufficient Economic Security

The economic difficulties of families who have lost their only child are reflected not only in the current reduction of income but also in deep anxiety about future expectations. At present, the death of a child means losing an important financial pillar and potential support, and "daring not to get sick" becomes a daily reality. Looking ahead, there is fear about the cost of care after losing functional abilities or cognitive capacity, with current pressures and future anxieties compounding each other.

4.3. Lack of Daily Care

The lack of daily care is the most immediate difficulty for families who have lost their only child. Daily support systems such as children visiting regularly, making phone calls, or promptly helping when ill are completely absent. "No one knows when you are sick, no one cares about your warmth or cold" has become a common depiction, and the ability to respond to emergencies is particularly fragile.

4.4. Weak Healthcare Support

With aging, managing chronic diseases and regular medical visits become normal. Support such as children accompanying to appointments, reminding to take medication, or assisting in doctor-patient communication is completely missing, causing some elderly to develop a tendency to "give up treatment." During hospitalization, no one is there to accompany or help understand medical instructions, which intensifies feelings of helplessness and abandonment.

4.5. Difficulties in Social Integration

The experience of difficulties in social integration follows a spiral process from active withdrawal to passive marginalization: due to trauma, individuals actively avoid social interactions, and their original social networks gradually weaken until they are disrupted; social stigma and cultural exclusion further reinforce self-isolation, forming a vicious cycle.

5. Targeted Response: Social Work Intervention Paths for the Diverse Elderly Care Needs of Childless Families

5.1. Individual Level: Meaning Reconstruction

Using narrative therapy and life review therapy, assist bereaved parents in incorporating the trauma of losing a child into a larger life narrative, discovering self-worth and meaning beyond the trauma. By organizing life photo albums and writing memoirs, help them re-experience positive moments in life. At the same time, using cognitive-behavioral therapy, help them sort out existing policies and community resources, and develop initial elderly care plans, transforming vague fears into concrete coping strategies.

5.2. Family Level: Emotional Repair

Through parallel and joint interviews with couples, guide bereaved couples to gradually open communication channels, learn to express feelings and listen to each other, and repair emotional bonds broken by trauma. Introduce the family contact system, allowing bereaved elders to independently choose close relatives or trusted community members as “family contacts” to provide daily companionship, holiday greetings, emergency assistance, and other family-type emotional support.

5.3. Community Level: Support Presence

Establish a community volunteer pairing and assistance mechanism, selecting families with urgent needs, where trained volunteers regularly provide daily help such as grocery shopping, cooking, and accompanying elders to medical visits. Community health service stations and social work teams collaborate to establish health records for bereaved families, with a focus on chronic disease patient follow-ups. Foster homogeneous mutual aid groups to create a safe space for expression and mutual understanding, leveraging the emotional support function of groups with shared experiences

5.4. Policy Level: Institutional Safeguards

At the micro level, social workers assist childless families in connecting with existing policy resources, outlining the list of available policies, and helping with the preparation of application materials and follow-up on approvals. At the meso level, establish a mechanism for regular assessment of elderly care needs and dynamic matching with service resources to ensure precise allocation of support. At the macro level, based on practical experience, feedback on policy gaps is provided to promote the continuous optimization of policies such as daily care subsidies, psychological care services, and long-term care insurance.

6. Conclusion and Discussion

This study, based on in-depth interviews with 12 childless families in Z Community, J City, systematically examines the real patterns of diverse elderly care needs of childless families and the intervention paths of social work. The study finds that the difficulties in elderly care for childless families manifest in five dimensions: persistent psychological trauma, insufficient economic security, lack of daily care, weak medical and health support, and difficulty in social integration. These difficulties form cumulative effects through the transmission chain of family system imbalance—social support rupture—loss of personal meaning. To accurately address the diverse elderly care needs of childless families, it is necessary to build a four-dimensional support mechanism of “individual—family—community—policy”: reconstructing life meaning at the individual level, repairing emotional connections at the family level, filling care gaps at the community level, and ensuring institutional support at the policy level.

This study also has certain limitations: the sample only comes from an urban community in J City, so caution should be taken when extending it to rural childless families; the research mainly uses cross-sectional data, paying insufficient attention to the dynamic changes of needs. Subsequent research could adopt a longitudinal design to examine the evolution trajectory of needs at different stages. Nevertheless, this study still provides empirical evidence and an analytical framework for understanding the elderly care issues of childless families and offers practical reference for the optimization of elderly care services for childless families in urban communities and the localization of social work practice.

References

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