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A FAMILY EMPOWERMENT MODEL FOR PRESCHOOL CHILDREN WITH DEVELOPMENTAL DISABILITIES IN MEDICAL–REHABILITATION–EDUCATION INTEGRATION: ARCHITECTURE AND EVALUATION INDICATORS

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Abstract: Medical–rehabilitation–education (MRE) integration connects three service systems during early childhood, and in doing so it moves the family from the receiving end of services to the delivering end of intervention. Policy documents and evidence-based research alike acknowledge this shift, yet the operational target of empowerment remains, for the most part, the skills of an individual caregiver. The arrangement rests on a premise that is rarely stated: that the family is a family unit of stable structure whose caregiving resources can be coordinated. Taking as its observation point families that are divorced, separated, single-parent, reconstituted, grandparent-led, or locked in prolonged high discord, this paper combines conceptual analysis with policy text analysis, supplemented by publicly available material on local practice in Zhejiang Province, to ask where that premise fails. Three failure mechanisms are identified: implementation fidelity decays as relational tension rises, producing a paradox in which individual caregivers meet criteria while the system fails; family friction is translated by professional discourse into deficient capacity; and at the points where caregiving arrangements change, intervention continuity and the institutional interface break down at the same time. On this basis the paper proposes a three-tier framework consisting of structural screening with tiered allocation, a minimum viable implementation agreement, and process monitoring of three types of fidelity, and treats access and retention rates for structurally complex families as a separate evaluation dimension. The utility of the framework has yet to be tested in intervention research; what the paper offers is a set of operational definitions that can be used for service allocation and process monitoring.
Keywords: MRE integration; Family empowerment; Complex family structure; Preschool children with developmental disabilities

1 INTRODUCTION

Policy has for several years been directing resources toward early childhood. In July 2024, seven departments—the China Disabled Persons' Federation, the Ministry of Education, the Ministry of Civil Affairs, and others—jointly issued the Action Plan for Promoting Care for Children with Autism (2024–2028). It sets a horizon of roughly five years for building a service mechanism that links screening, rehabilitation, and education, and it brings 29 medical rehabilitation items into the basic medical insurance scheme [1]. The Preschool Education Law of the People's Republic of China, adopted later the same year, approaches the matter from the other side, requiring that preschool education be connected with medical rehabilitation and special education [2]. The two documents point in one direction: joining the systems of medicine, rehabilitation, and education during early childhood, an orientation that policy language names medical–rehabilitation–education (MRE) integration. Once the three systems are connected around the child, the family is left standing at the junction. Its task changes accordingly, from transporting the child to appointments and complying with clinical instructions to delivering intervention continuously in the middle of ordinary daily life.

Research on this shift has proceeded along three fairly separate lines. On the intervention side, naturalistic developmental behavioral interventions (NDBI) embed developmental goals in everyday interaction and turn parents from recipients of service into executors of intervention [3]. The Chinese pilot of the World Health Organization's Caregiver Skills Training, and the randomized trial of parent training for behavioral problems in children with autism, both treat the quality of what caregivers actually do as the mechanism through which effects are transmitted [4-5]. A domestic review of the evidence for the main family-mediated models among young children reaches a broadly consistent conclusion: the models work, and what is difficult is sustaining them in real families [6]. On the family side, empirical work has concentrated on caregivers—their quality of life, sense of coherence, and coping styles—with larger surveys mapping the distribution of health-related quality of life [7-8]. Meta-analytic evidence on divorce and child adjustment shows that gaps in academic, behavioral, and psychological adjustment persist over time, at moderate effect sizes [9], and coparenting has been established as a relational construct measurable independently of parent–child interaction [10]. On the institutional side, discussion of MRE integration centers on cross-system linkage, resource allocation, and workforce development; the family appears mostly as the beneficiary. Each line holds on its own terms, yet they seldom meet, and family structure tends to enter the analysis as a control variable rather than as a parameter of program design.

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Existing family empowerment practice carries an assumption it never makes explicit: that what is being empowered is a family unit of stable structure whose caregiving resources can be coordinated. Families that are divorced, separated, single-parent, reconstituted, grandparent-led, or in prolonged high discord are precisely the ones for which this assumption does not hold, and the paper refers to them collectively as complex family structures. They serve as the entry point here not because they are rare but because they expose the model's implicit premises most completely. When two caregivers cannot take part at the same time, when caregiving hours are fragmented by residential arrangements, when an intervention strategy becomes a bargaining chip in an argument, the links that averages had concealed become visible one by one. Three questions follow. What kind of family does the existing model presuppose, and how does that premise fail? How must the model be reconstructed so that the target of empowerment extends from the individual caregiver to the family's conditions for implementation? And how should evaluation indicators be built so that exclusion hidden by averages can be identified by structure type?

2 METHODS

2.1 Research Design

This is a theory-building study. It has no intervention arm and collects no primary data. The design follows from the nature of the question at hand, which is conceptual: what premise a program carries, and how the consequences propagate once that premise fails. Questions of this kind cannot be settled by a single evaluation, yet they determine what an evaluation should measure. Within the scope set by its title, the paper delivers two products—a reconfigured implementation architecture and a set of operational indicators. The work advances through four steps: identification of premises, testing against counterexamples, revision of the framework, and operationalization of indicators. The output of each step is carried into the corresponding section below. The validity of this route does not rest on replicability. Judgments drawing on local experience are sourced to the material they came from, and inferences about mechanisms are stated with their conditions attached. The four steps are not strictly sequential; premises derived from conceptual analysis feed back into the design of indicators, and the account follows the order of final presentation rather than the order in which the work was done.

2.2 Materials

Three kinds of text were used, and each does different work. The first is peer-reviewed literature. Searches combined the terms family empowerment, parent-mediated intervention, implementation fidelity, coparenting, and family structure, and covered CNKI, Wanfang Data, Web of Science, and PubMed for the period 2015–2026, with earlier classic sources traced back on fidelity, coparenting, and divorce and child adjustment. The search was non-systematic. Its purpose was to open a theoretical conversation rather than to exhaust the evidence, so no formal inclusion and exclusion procedure was applied. Priority went to three kinds of study: those reporting effects of parent-mediated intervention with preschool children, those developing or validating instruments for measuring fidelity, and those comparing family structure against caregiver outcomes. The second is policy and practice text. At the national level this comprises the two policy documents already cited; at the local level, publicly retrievable material on practice in Zhejiang Province, including reports on the "Wings of Protection: Family Empowerment" project in Quzhou and on the family empowerment center in Shangcheng District, Hangzhou. Such material is used only to describe institutional conditions and operational constraints; the paper draws no judgment from it about effects. The third is instrument text, principally the item structure and scoring method of the NDBI Fidelity instrument (NDBI-Fi). It was chosen as a reference point because it is widely used in parent-mediated intervention research and its items are public, which makes its unit of measurement easy to discuss.

2.3 Analytical Procedure

The first step is conceptual analysis. Its task is to break the language of family empowerment—as it appears in policy statements and training protocols—into propositions that can be tested: that the target of empowerment is the individual caregiver, that the unit of collaboration is both parents, that effect is measured by caregiver skill and by the child's attainment of goals. Each proposition is then interrogated for the conditions under which it holds in a complex family. The decomposition relies on specific wording in the texts, such as enrollment forms that ask for a "primary caregiver" or assignments that require "both parents to complete this together." The second step is mechanism inference. Taking established empirical findings as constraints, the paper traces how the consequences of a failed premise propagate, drawing on work on the association between fidelity and outcome and on the role of parental discord between divorce and child adjustment. An inference enters the framework only if it can be attached to something observable. The third step is operationalization. For each tier of the framework the paper specifies indicators that can be collected, their data sources, and the time points at which they should be collected, noting which existing instruments cover them and which would have to be built.

2.4 Reliability of the Framework

No expert consensus procedure was used, and no field interviews were conducted. The reliability of the framework therefore rests not on procedure but on two checkable grounds. First, every judgment can be traced to a specific published finding or to publicly available material, so readers can verify it themselves. Second, each tier is given an operational definition that can be refuted; if later research finds that a given tier fails at a particular point, that can be stated directly without the whole framework having to be abandoned. The advantage of proceeding this way is a clear boundary. The cost is the absence of verification by practitioners, a gap addressed in the limitations. Should later work find a definition unworkable or an indicator uncollectable, only the affected tier need be rejected. That space for falsification is deliberately left open.

3 RESULTS

3.1 Reconstructing the Family's Role: From Cooperator to Co-Implementer

In policy text the family is a whole. By the time a program is written, it has contracted. Take the autism action plan: family-related content covers family training, psychological support for parents, and respite services, all of it with the individual parent as subject [1]. Local projects work the same way. One primary contact is registered at enrollment, training attendance is counted per person, follow-up calls go to that contact. There is a cost logic behind this; no agency can maintain a communication channel with two or three caregivers at once. The contraction is even clearer at the point of measurement. The NDBI-Fi has eight items, rated on a five-point scale, covering such common elements as positioning face-to-face at the child's eye level, following the child's interest, modeling, and creating opportunities for communication. The rating is made from a video of one caregiver interacting with one child [11]. The psychometric work behind the instrument is solid—reliability, sensitivity, and convergent and discriminant validity are all documented—but what it measures, in the end, is the behavior of one person in one stretch of time. To evaluate empowerment with it is to assume that the person and the stretch of time are the unit of empowerment.

Hence a first judgment: existing models take the family as their conceptual unit and the individual caregiver as their operational unit, and a gap runs between the two. The gap is not in itself a problem. The problem is that it falls exactly where complex families are most fragile.

3.2 Three Layers of Concealment in the "Ideal Family" Assumption

Discussion of the ideal-family assumption tends to idle when it stays abstract. Returned to concrete points of design, its mode of operation becomes visible. The first is the singularization of the contact person. An agency builds a stable relationship with one primary caregiver, and the other caregiver's time falls outside the service's field of view. In families where residence rotates, the child spends several days each week at the other parent's home; who prompts, who records on those days, is a question the program usually does not answer. The second is the synchronized assumption built into course design. Instructions such as "please complete this week's homework together" cannot be carried out in a family where communication between the parties has already broken down. Worse, parents are reluctant to explain in class why they cannot comply, so the assignment is filled in perfunctorily. The data look complete; in fact they have already been distorted. The third is the partner presupposition embedded in questionnaire items. Many caregiver questionnaires include an item of the kind "does your spouse support your involvement in your child's intervention?" In separated or highly contentious families such an item is both difficult to answer and difficult to interpret, and missing values are often produced in exactly this way.

The three points converge on one thing: coordination between parents is treated as background rather than as an object that needs to be measured. Coparenting research settled this question some time ago. Coordination, endorsement, division of labor, and support are dimensions of a construct distinct from parent–child interaction [10, 12], and Chinese adaptations of the relevant scales have identified culturally specific dimensions such as the "red face, white face" division of disciplinary roles. If coordination between parents needs to be measured, it cannot be dispatched in a program under the single word "cooperation."

3.3 Structural Conditions and Generative Mechanisms of Empowerment Failure

The three failure mechanisms are not independent of one another. They arise at different points in the delivery of intervention—strategy execution, handling of discord, and the interface between caregiving arrangements—and they reinforce one another, jointly determining whether a family can implement intervention consistently over time. They are presented separately here for the sake of analysis, which should not be read as a claim that they can be separated in practice.

3.3.1 The relational decay of implementation fidelity

Fidelity has been part of prevention and intervention research for more than twenty years. In their review of 162 outcome studies, Dane and Schneider found that only 39 reported procedures for documenting fidelity, and that declines in adherence were usually accompanied by poorer outcomes [13]. Carroll and colleagues later decomposed the concept into adherence, dose, quality, and participant responsiveness, producing a framework usable for both measurement and explanation [14]. Durlak and DuPre showed in turn that implementation quality often accounts for more of the variation in outcomes than differences between programs [15]. These findings hold at the level of the project. Descending into the family, they meet a new problem.

Decay in complex families rarely takes the form of inability. The more common situation is that both caregivers do reasonably well, each in their own way. One waits for a response with exaggerated facial expression and short utterances; the other issues a directive first and prompts afterwards. One schedules reinforcement at the end of play, the other at the completion of a task. Scored separately, both may clear the threshold. Seen together, the child is facing two sets of rules. For a preschool child, dose depends on high-frequency, predictable interaction to begin with; once consistency breaks, dose is discounted. This is the paradox of individual compliance and systemic failure. Existing instruments cover individual fidelity only. The cross-setting part has no corresponding measure.

3.3.2 The individualization of family discord in empowerment discourse

Family empowerment practice has a fixed vocabulary: insufficient skills, lack of knowledge, high psychological pressure, low cooperation. The vocabulary has a professional advantage—it avoids pathologizing the family and allows the practitioner to remain neutral. It also performs a conversion. Family discord is first lifted out of the relational domain and then re-described as an individual attribute. The cost of that translation shows up in a few familiar scenes. A divorced mother performs well in training, then goes home to a situation in which communication with her former partner has broken off entirely, so no arrangement requiring both parties can be put in place. A father whose visitation is limited compresses intervention into concentrated "compensatory" sessions on visiting days; two hours of intensive training produce exactly the detachment of strategy from natural context that the model tries to avoid. At the final evaluation such cases are recorded as "insufficient family cooperation." The actual cause—that no procedure existed through which coordination could be carried out—does not appear in the record.

The evidence does not support treating marital status itself as the cause. Deng et al. [16], reviewing research on divorce and the psychological development of children and adolescents, conclude that whether parents divorce is no longer the decisive issue, and that how parents communicate and resolve disagreements matters more. Amato's update of 67 studies from the 1990s likewise shows that differences between children of divorce and others persist across a range of indicators [9], but at moderate magnitude. Put together, the two findings say something quite clear: what needs handling is discord, not marital status. What existing programs lack is a professional interface at which that discord can be handled.

3.3.3 The institutional rupture of intervention continuity

Institutional design for MRE integration has already reduced the family's travel across systems to some degree, and that is real progress. It has not answered another rupture: the rupture of caregiving arrangements inside the family. In families with rotating residence, the child's living arrangement switches at intervals between two caregivers. Transport to rehabilitation sessions, supervision of home practice, and the transfer of information between agency and kindergarten all have to cross that line. If the service system connects only with the primary caregiver, the other caregiver's time becomes a blind spot.

The less visible layer is the unit of allocation. Rehabilitation assistance, parent training places, and family guidance services are usually allocated per household, while the actual caregiving unit in a complex family may span two residences and may involve grandparents and informal caregivers. Resources are allocated by household; care runs by person; the mismatch occurs precisely here. The side that holds the resources may not need them, and the side that needs them does not receive them.

Practice in Zhejiang has already moved service down to the level of the family. Quzhou established an association of autistic people and their relatives in August 2021, launched the "Wings of Protection: Family Empowerment" pilot in 2023, and renovated rehabilitation corners and supplied individualized equipment for the families taking part, with 29 families in the first intake [17]. Over the three years since, "one household, one plan" has been tailored for more than 60 households, with cumulative home-based guidance exceeding 150 person-times [18]. The logic of individualized allocation is in place. From the public material, however, the unit of allocation remains the household, and how care across two residences would be incorporated has not been specified. This is not a criticism of local practice but a reminder: even at the level closest to the family, the gap between the "household" and the "actual caregiving unit" persists.

3.4 A Three-Tier Adaptive Framework: Tiered Empowerment, Relational Buffering, and Fidelity Monitoring

3.4.1 Structure-sensitive tiering of empowerment

The framework has three tiers, each answering to one failure mechanism. What they share is an orientation: family structure type is moved upstream to become a moderating variable of the program rather than an explanation offered afterwards. The task of the first tier is to embed a brief screening at service intake, one that identifies the basic form of the caregiving arrangement. Screening should not be built as a scale. Six to eight questions suffice, completed within twenty minutes by the practitioner who first makes contact, covering the child's residential arrangement over a typical week, the person who actually performs daily care, the state of communication between the two caregivers, and the substitute caregiving resources that can be called upon. Results are not tied to eligibility for assistance; they serve only to configure the pathway. On these four sets of information, families can be grouped into five types: co-resident cooperative two-parent, separated rotating two-parent, single-parent primary caregiving, intergenerational primary support, and high-discord. The five differ in their strategy lists, their designated handover officer, and their monitoring frequency. The point of typing is not to attach labels but to redistribute a uniformly delivered service according to the distribution of risk. Real families often fit two types at once—separated and rotating, for instance, with severe discord. Such cases are ordered by risk, with discord taking precedence (see Table 1).

Table 1 Family Caregiving Structure Types and the Configuration of Empowerment Pathways

Structure type	Identification	Primary risk	Empowerment focus	Delivery format
Co-resident cooperative two-parent	Both caregivers live in the same home and share daily care	Insufficient implementation frequency arising from scheduling clash	Standardized parent-mediated intervention training	Group sessions and homework
Separated rotating two-parent	The child rotates at intervals between the two caregivers' residences	Inconsistency of strategy across settings; loss of information at handover	Consistency module and handover checklist	Separate training; signed implementation agreement
Single-parent primary caregiving	One caregiver carries almost all daily care	Time poverty and emotional exhaustion	Condensed core strategies; respite and substitute care	Home-based guidance; referral to respite services
Intergenerational primary support	Grandparents perform daily care; parental involvement is limited	Implementer separated from decision-maker	Simplified training aimed at the actual implementer	Short-term training open to grandparents
High-discord	Caregivers remain in sustained antagonism and communication has broken down	Intervention drawn into disputes; loyalty dilemma for the child	Relational buffering and procedural coordination	Separate contact; relay through a third party

Note: The five types are analytical ideal types. Mixed cases are ordered by risk in practice, with high-discord cases taking precedence, because discord amplifies the remaining risks at the same time.

3.4.2 Relational buffering through an implementation agreement rather than relationship repair

Empowerment for complex families requires giving up one goal at the outset: repairing the family relationship. That lies beyond the professional boundary of the special education support system and would add an inappropriate burden on the family. The workable substitute is to accept the relationship as it stands and reach a written agreement on a small number of key matters concerning the child's intervention, keeping the content to no more than three items: the list of core strategies both parties agree to carry out, who is responsible for passing information at handover, and through whom disagreements are relayed. The aim is not to improve the relationship but to leave a low-friction channel for consistency while the relationship remains unchanged. Three safeguards have to be observed. The agreement is not a legal document and does not enter custody disputes; signing it or not has no bearing on access to services; and either party may propose a revision. Carrying it out requires a neutral recorder, usually the case manager, whose function is limited to transmission and documentation and who does not adjudicate disputes inside the family. The value of the agreement lies not in its binding force but in converting arrangements that were oral and mood-dependent into text that can be looked at again, which reduces the renegotiation required at every handover.

3.4.3 Process monitoring organized around implementation fidelity

The center of gravity of evaluation needs to move from the endpoint to the process, and the object of monitoring from "whether the parent has learned" to "whether the strategy is carried out in the family, whether it is carried out consistently, and whether it is carried out continuously."

The first category is individual implementation fidelity. Observational rating is retained to assess how accurately and completely a caregiver applies core strategies in real interaction, including the timing of strategy initiation, the way materials are presented, and the consistency of reinforcement. Mature instruments already exist at the level of the program [11]. The difficulty lies not in measurement but in moving the assessment setting from the training room to the home, where the rater needs to see segments of interaction that have not been arranged.

The second category is cross-setting consistency, which asks whether the same strategy is carried out in the same direction across two caregivers and two residences. The need for this dimension arises from a common situation: one caregiver meets the criterion in training, and at home the other responds to the same behavior in the opposite way. The signals reaching the child cancel each other out, and dose is cut at the level of the system. The third category is continuity fidelity, which records the number of days on which strategy delivery was interrupted and the time taken to resume, within two weeks either side of a change in caregiving arrangement, so that losses at the handover can be identified. Most projects observe at baseline, midpoint, and endpoint only, skipping precisely the window in which change occurs. Both categories have therefore long been missing from evaluation (see Table 2).

Table 2 Three Categories of Implementation Fidelity Indicators and Their Collection

Indicator	Operational definition	Data source	Timing
Individual fidelity	Coverage of strategy types and quality rating for a single caregiver applying core strategies in naturalistic interaction	Structured observation video, scored with instruments such as the NDBI-Fi	Baseline, post-training, follow-up
Cross-setting consistency	Degree to which different caregivers in different settings apply the same target strategy in matching ways	Logs kept by both caregivers; checklist of key strategies	Once every two weeks

Indicator	Operational definition	Data source	Timing
Continuity fidelity	Proportion of core strategies maintained across a change in caregiving arrangement	Handover records; observation or logs for one week before and after the change	Each handover point

Note: Individual fidelity draws on existing observational instruments. The latter two categories currently lack validated instruments and would have to be built at project level and tested for inter-rater agreement.

Two operational details are worth stating in advance. Scoring for cross-setting consistency should not aim at precision; caregivers' accounts of the same strategy often differ only in wording, and the checklist needs to distinguish no more than two levels—whether the strategy was carried out, and whether the manner of carrying it out was at odds with the other caregiver's. Continuity fidelity, by contrast, should be tied to nodes: one week either side of a handover, comparing the proportion of core strategies maintained. That is cheaper than continuous observation and says more.

The three tiers are not parallel to one another. When process monitoring stays persistently low—cross-setting consistency below threshold for two consecutive cycles, in particular—the buffering tier should be triggered, rather than waiting for the final evaluation to attribute the problem to cooperation. This relationship also has consequences for scheduling. Process monitoring should begin before relational buffering, or the intervention will land after the problem has already surfaced.

3.5 From "Whether Families Benefit" to "Which Families Benefit, Under What Conditions"

Current projects evaluate against participation rates, satisfaction, parent-rated self-efficacy, and the rate at which children attain developmental goals. Each of these has value, and none answers a more specific policy question: whether the same service offers equal access and equal effect across structure types. If overall satisfaction is good while dropout is markedly higher among single-parent and separated families, average effects will smooth structural exclusion out of the picture. Four moves are available. First, report effects by structure type; where the sample is too small, split at least into cooperative and non-cooperative groups so that cells do not become too thin to interpret. Second, report access and retention rates for complex families as a separate dimension, running alongside participation rather than being subsumed within it. Third, include cross-setting consistency and continuity fidelity among routine process indicators, reported at least twice within a project cycle. Fourth, measure family-level outcomes within a family quality of life framework; of its five domains—family interaction, parenting, emotional well-being, physical and material well-being, and disability-related support—family interaction and disability-related support are especially sensitive in complex families and more likely to register what the buffering tier actually does [19].

4 DISCUSSION

4.1 Continuities and Revisions in the Research Agenda

Research on family quality of life takes the family rather than the individual child as the unit of outcome and holds that services should affect the family as a whole [19]. This paper takes that position and pushes it further, arguing that structure type should enter program design as a moderating variable. Implementation science supplies a framework for measuring fidelity, but its unit of analysis is usually the agency or the project [14-15]. Pushing that framework inside the family, the paper adds two dimensions, cross-setting consistency and continuity fidelity. Whether the revision holds depends on whether stable inter-rater agreement and predictive validity can eventually be demonstrated; at present there is no evidence either way. Coparenting research has long treated parental coordination as an independent construct [10, 12]. What this paper does is relocate it—from an antecedent of child adjustment to a condition of intervention delivery. The immediate consequence is that coparenting becomes not only a target of psychological intervention but an object of service configuration. Domestic discussion of MRE integration has concentrated on institutional linkage, resource allocation, and workforce development, with the family appearing as beneficiary. This paper supplies the segment inside the family: the three systems may well connect around the child while the two caregivers inside the family do not connect with each other.

4.2 Empowerment as the Production of Implementation Conditions

If the analysis above is accepted, empowerment should be understood as the production of conditions for implementation rather than as the transmission of technique. The conditions include at least three: disposable time, coordinable relationships, and continuous information. Skill is necessary but not sufficient. A parent who has mastered every core strategy but sees the child on two evenings a week, whose every handover involves an argument, and who does not know which goal the agency adjusted last week, cannot convert skill into dose. The formulation also changes how failure is attributed. Implementation research has long held that project effects depend substantially on implementation quality and conditions, not on program design alone [15]. Poor outcomes at the close of a project are commonly explained as parental non-compliance or inadequate family functioning. With the conditions laid out, the same situation can be read as a different statement: the conditions were never produced, and producing them was the provider's responsibility. That shift is not a comfortable one. It assigns the provider more organizational work than training alone.

4.3 Preconditions for Implementation and the Limits of the Zhejiang Experience

The two models of practice in Zhejiang rest on different institutional foundations. "Wings of Protection: Family Empowerment" follows a case-based route—one plan per household, home-based guidance [17-18]—which suits structural variation but is weak on instruments: no screening form, no agreement template, no process indicators exist, and case work readily degrades into improvisation. The family empowerment center in Shangcheng District, Hangzhou, follows a course-based route, combining systematic parent training with psychological support. Coverage is efficient, but the weakness sits in standardization itself: the more uniform the curriculum, the harder it is to accommodate structural difference. The two routes are not mutually exclusive. What can be transferred is the way services are organized; what cannot simply be transferred is the fiscal and staffing base behind it, which determines whether tiered allocation can run at all in a county. For county-level practice, the more feasible first step is to make the screening form and the agreement template into public goods, and only then to discuss the staffing that case-based work requires. A workable combination is course-based provision as the base, case-based work as the supplement, with structural screening at intake deciding whether a family enters the standard course or the case-based pathway.

4.4 Professional Hosting of Relational Buffering and the Conditions of the Post

The preparation of professional roles is a further constraint. Resource teachers, itinerant guidance teachers, case managers in rehabilitation agencies, and community family education instructors might all host relational buffering, but none of their current job descriptions includes it. International experience with caregiver skills training shows that the training and supervision received by trainers themselves bears directly on the quality of what caregivers go on to do [4]. The workable arrangement is to write relational buffering into the case manager's job description, with training and supervision attached. If it is merely added to the workload of frontline teachers, the tier will in all likelihood degrade into a single home visit. Two competencies would have to be added: identifying caregiving structure and making a tier judgment, and coordinating several parties under conditions of low trust to reach and sustain a procedural agreement. The first can be handled through short-term training. The second comes closer to practical wisdom and has to accumulate under supervision. Zhejiang has proposed building a workforce "versed in medicine, skilled in rehabilitation, and competent in special education." This paper suggests adding "competent in coordination," and writing it into job duties and appraisal rather than leaving it to individual temperament.

4.5 The Household as an Institutional Unit and the Scope for Reform

The mismatch at the institutional interface needs separate treatment. Rehabilitation assistance, parent training places, and family guidance services are mostly allocated per administrative household, while the actual caregiving unit may span two residences and involve several informal caregivers. Three adjustments are possible, and none requires a large change. At the application stage, families could be allowed to declare their actual caregiving arrangements rather than only household registration and guardianship. Coordination of intervention across residences could be listed explicitly as a purchasable component of family empowerment services, giving providers a basis on which to handle handover and information transfer. Evaluation could require providers to report actual coverage and retention for complex families rather than total person-times alone. Of the three, the first meets the least resistance and the third is the easiest to circumvent.

The more fundamental point lies in how policy text is implemented. The Preschool Education Law has written government leadership and universal benefit into its provisions [2], which gives family support a statutory basis. In execution, if the operational definition of "family" still equals "household," these adjustments lack a clause to stand on. The difficulty of reforming the interface is less technical than jurisdictional: no shared responsible subject has yet formed across departments. Who determines the caregiving unit, and who pays for coordination across residences, still need to be settled at the institutional level.

5 LIMITATIONS

Four limitations should be noted. First, the study relies on conceptual analysis and mechanism inference. It has no intervention arm and collects no primary data, so each tier of the framework stops at an operational definition and its applicability in the field remains to be tested. Second, the granularity of the five-type scheme may exceed what some localities can carry. For a county with thin resources, five screening categories mapping onto five service pathways is administratively expensive; merging them into three—cooperative, non-cooperative, and high-discord—may be more workable, and the paper offers no basis for choosing between the two. Third, the empirical material leans toward urban complex families. Caregiving arrangements in rural, migrant, and left-behind families differ from those of urban divorced families, and deep involvement of grandparents is more common. Although intergenerational primary support is given a type of its own, its scale and its expression are not estimated here. Fourth, the validity of the screening instrument is conditioned by culture. Kinship networks, concern for face, and reluctance to expose family troubles all affect whether a family reports its arrangements accurately, so the feasibility of the instrument needs separate verification in real settings. These limits bound the scope of the conclusions and indicate where further work could proceed.

6 CONCLUSION

MRE integration places the family in the position of implementing intervention, an arrangement that now rests on both policy and empirical grounds. What does not yet hold is the corollary that follows from it: that the family is a unit of stable structure whose caregiving resources can be coordinated. Complex family structures void that corollary, and in doing so they make the model's boundary visible. The analysis identifies three failure paths, falling respectively on implementation fidelity, the handling of discord, and the continuity of intervention. They share a single cause: at the operational level the target of empowerment contracts to the behavior of one parent over one period of time, and the family's conditions for implementation never become part of the service content. The three-tier framework proposed here moves structure type upstream to become a moderating variable, substitutes a procedural implementation agreement for the repair of relationships, and shifts fidelity monitoring from the endpoint to the process. Whether the framework works depends on three operational conditions: whether the screening instrument is short enough not to provoke defensiveness, whether the agreement can hold without intruding on the family's private relations, and whether process indicators can be collected reliably within a project cycle. All three need an institutional place in job descriptions and in service procurement catalogues, or they will not last. The paper therefore argues that the quality of family empowerment should not be judged by how many strategies a parent has mastered, but by whether the support system can keep intervention continuous and consistent at the point where a family cannot run the ideal script. That criterion applies to typical families as well. Complex families only make it impossible to avoid.

COMPETING INTERESTS

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