

RESEARCH ARTICLE

Care Scales: *Dibao* Allowances, State and Family in China

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Abstract

Examining the “world’s largest cash-based social policy” through the lens of care reveals widely shared scalar imaginaries and the productivity of care in constituting scale. In standardizing the minimum livelihood guarantee (*dibao*), officials, applicants and researchers in rural Sichuan cited both “too much” and “not enough” care at the scale of the family in recommending or rejecting state assistance. Different levels of organization ($scale_1$) were not stable bases with specific sizes and qualities ($scale_2$) that enabled or limited care. *Dibao*-related practices were evaluated as an appropriate (“filial piety”), insufficient (“individualism”) or excessive (“corruption”) amount of family care. Care became an indicator of kinship measurements and a marker of state boundaries. Thus, scale (in both meanings) was enacted in China, as elsewhere, through negotiations of needs and responsibilities, through evaluations of care practices and their outcomes. In this sense, care scales.

摘要

本文从关怀 (care) 的角度研究“世界上最大的现金救助项目”，揭示了广泛共享的尺度想象，以及关怀建构尺度 (scale) 的能力。在中国农村最低生活保障 (低保) 的规范化过程中，四川省的官员、申请者和研究人员在推荐或拒绝国家救助时，都提到了家庭层面的关怀“过多”或是“不够”。不同层级的组织 ($scale_1$) 并非具有特定规模和质量 ($scale_2$)、能实现或限制关怀的稳定基础。与低保相关的实践被评估为恰当 (“孝”)、不足 (“个人主义”)，或过度 (“贪污”) 的家庭关怀。关怀成为了一个测量亲属关系的指标，以及国家边界的标志。因此，在中国，也如其他地方，尺度 (兼具双重意义) 是通过谈判需求和责任、评估关怀实践及其结果，而建构起来的。

Keywords: care; scale; state; family; boundary work; kinship measurements; *dibao*

关键词: 关怀; 尺度; 国家; 家庭; 边界工作; 亲属关系的测量; 低保

Since 1997, the Chinese state has provided the minimum livelihood guarantee (*zuidi shenghuo baozhang* 最低生活保障, or *dibao* 低保 for short), a form of monetary assistance for poor households. The policy was first implemented in urban areas for workers laid off during the restructuring of state-owned enterprises in the 1990s. Later, in 2007, it was expanded to most rural areas to support the goal of “dressing warmly and eating one’s fill” (*wenbao* 温饱 for short).¹ Although *dibao* was designed as a rights-based benefit modelled on Western demand-led state assistance, state officials in China, like street-level bureaucrats elsewhere, were faced with constraints such as budget limitations and needed to exercise discretion by rationing available resources. As Michael Lipsky has argued, such officials thus do not simply “implement” but rather “make” policy by developing

1 State Council 2007.

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their own rationales for allocating benefits like *dibao*.² When making *dibao* policy, officials and other citizens mobilized imaginaries that linked care with scale and particularly with state and family as discrete levels of organization. However, this article argues that scale turns out to be the outcome of care rather than its starting point. As the standardization of *dibao* policy in rural Sichuan shows, negotiations of needs and responsibilities and care practices and their evaluation create, shape and dissolve the boundaries between different levels of organization.

In April 2015, the municipal bureau of civil affairs of the county-level city of Yinhe in Sichuan province required all of its subdistricts, towns and townships to terminate all existing *dibao*.³ In the name of “standardization” (*guifanhua* 规范化), the roughly 60,000 *dibao* recipients had to apply anew in order to review each case. According to government statistics, by the end of the year this process had reduced the number of *dibao* recipients in both urban and rural areas of the county by more than 60 per cent (from about 4 per cent to only about 1.5 per cent of the population). In the central government’s discourse, such pushes to standardize *dibao* administration have been justified by referring to kinship and care. Paradoxically, standardization was framed as countering both supposedly excessive and supposedly deficient care among relatives.

On the one hand, state officials criticized a lack of “household responsibility” (*jiating zeren* 家庭责任). Since the nationwide introduction of *dibao*, the household rather than the individual has been made the relevant unit for assessment of eligibility.⁴ President Xi Jinping stressed at different occasions that “filial piety towards parents and respect for seniors” (*xiaoqin jinglao* 孝亲敬老) was a “traditional virtue” (*chuantong meide* 传统美德) of the Chinese nation that would guide people to assume household responsibility on their own initiative. This included caring for family members without income through sharing available monetary resources rather than applying for state assistance. This perspective has also informed *dibao* research at the Development Research Centre of the State Council. For example, one researcher there decried a weakening of care responsibility that supposedly takes place when some families “divide and take apart the household” (*fenchai hu* 分拆户) by deliberately separating old people. To counteract such “individualizing tendencies,” the researcher suggested “reviving the outstanding traditional culture.” To illustrate the feasibility of this option, the author compared the high numbers of *dibao* recipients in China to the lower percentages of people receiving state assistance in other countries with a “shared East Asian Confucian culture.”⁵

On the other hand, standardization was linked to discourses of corruption. This should not come as a surprise. Despite inadequate funding, street-level bureaucrats still had to find ways of distributing *dibao*. Many stories circulated in everyday conversations and the media about how officials arranged *dibao* for their relatives. Policy documents promised that the standardization of *dibao* administration would limit the practice of “favouring relatives and close friends” (*youqin houyou* 优亲厚友). In 2012, the State Council had already recommended compiling a database of *dibao* recipients who counted as “close relatives” (*jin qinshu* 近亲属) of officials for county-level governments to rigorously investigate and manage. In 2013, the State Council reported to Premier Li Keqiang 李克强 on the problem of “*dibao* allowances based on human feelings” (*renqing bao* 人情保) and “*dibao* allowances based on social connections” (*guanxi bao* 关系保).⁶ In this case, commitment to the responsibility to care for family and relatives was regarded as strong and widespread in Chinese society. But from the perspective of “modern bureaucracy,” what might be called “traditional Chinese familism” appeared dangerously misplaced. *Dibao* recipients who had “close” kinship relations with officials looked suspicious. Central government officials

2 Lipsky 1980.

3 Names of places below the provincial level, as well as names of persons, have been anonymized.

4 State Council 2007; 2012.

5 Wang, Weijin 2017.

6 “Guowuyuan: jianjue ezhi ‘guanxi dibao’ ‘renqing dibao,’” *Caixin*, 25 December 2013, <http://china.caixin.com/2013-12-25/100621878.html>. Accessed 25 October 2017.

apparently regarded such situations as “too much kinship in the wrong place”⁷ – that is, as too much care at the wrong scale. State officials were viewed as caring too much about members of their own families and too little for other citizens.

State leaders, officials, policy researchers and other citizens invoked kinship-based care as both a virtue and a vice when justifying the standardization of *dibao*. On the one hand, reviving “traditional familism” in the face of a diagnosed decline in family care should have disburdened “the state” by making its compensatory social policy superfluous. On the other, the alleged persistence of family care intruded into “modern bureaucracy” as “corruption” and resulted in care going to the “wrong” people and in a misallocation of state funds. Thus, both justifications of standardizing *dibao* linked care with specific images of temporality and organizational scales. Both expected care to begin, for better or worse,⁸ at the small scale of close and interpersonal connections of family life, but also assumed that its lack or excess was linked to care at the larger scale of the state.

The contrasting claims about the decline and persistence of family care were supported by referring to different measurements of kinship.⁹ The researcher at the Development Research Centre of the State Council, for example, used statistical evidence on state assistance in different countries as an indicator of kinship. Based on the assumption that less care at one scale necessitates more care at another, China’s higher level of state support signalled a breakdown in family care, while lower levels in other East Asian countries indicated stronger kinship relations. Kinship measurements were also used to identify possible “corruption.” Assuming that care at one scale might (wrongfully) increase care at another scale, *dibao* recipients who were found to be close to the officials in charge of *dibao* were to be registered in a database. Based on these different assumptions and measurement methods, contrasting versions of kinship and family care were produced and mobilized in determining eligibility to state care. *Dibao* – said to be “the world’s largest cash-based social assistance system”¹⁰ – and its standardization (that is justified with reference to care at the small scale of family life) thus seems to be an extreme case that allows productive insights in the dynamics between care and scale.

Scale as Achievement: Levels of Organization and Measurements

“Scale” can refer to size, number or level. For this paper, two meanings of scale are relevant. In social science, “scale₁” is frequently about levels of organization (micro, meso and macro; local, regional, national and global; individual, family, community, state and international organizations). In care-related policy design, needs and responsibilities as well as units of delivery and receipt are often ascribed to these different scales. In the justifications of *dibao* standardization, for example, “the family” (or “the household”) and “the state” have been highlighted as care-relevant scales in the first sense.

Besides levels of organization, “scale₂” is also used in social science and policy design to refer to measured qualities and quantities. Families, communities and states have been measured to be smaller or bigger in terms of members, territory and wealth; connections between and within these levels of organization have been evaluated to be closer or more distant, weaker or stronger; care on different levels has been assessed as better or worse, in terms of frequency and intensity, or more fundamentally, as present or absent. The calculations of family care through the percentages of state assistance recipients in different countries found in justifications of standardizing *dibao* and the database of state assistance recipients considered to be close relatives of state officials concern scale in this second sense.

7 Thelen and Alber 2018, 5–6; Herzfeld 2018.

8 In contrast to this normative ambivalence about family care in justifications of standardizing *dibao*, the larger scale is in some discourses inversely correlated with the quality of care. Political scientist Joan Tronto, for example, writes: “Often in bureaucracies those who determine how needs will be met are far away from the actual care-giving and care-receiving, and they may well not provide very good care as a result.” Tronto 1993, 109.

9 On the multiple types of indicators and evidence in measurements of kinship and their application in negotiations of belonging, see Lammer and Thelen 2021.

10 Li and Walker 2018, 772, emphasis added.

Anthropology and sociology once developed many bipolar concepts implying differences in scale and mapped them onto societies that were characterized as either small (and simple) or large (and complex). This often also implied a temporality of progress from the former to the latter,¹¹ contributing to the scalar imaginary of the modernization narrative. In very broad strokes, the story goes like this: With the decline of kinship, families became ever smaller and lost their political and economic function. As people became increasingly individualized, societies grew larger and small face-to-face communities were incorporated into large states where members of the nation no longer knew each other personally. These scalar imaginaries, in particular the split between state and kinship,¹² also informed how care was studied. Anthropological kinship studies and family sociology focused on child-rearing, elderly care and housework within families and households, while political science, political sociology and political anthropology focused on social policy. In studies of social policy, the scale-based split has been maintained through a further distinction in policies that provide either “direct” care through services or “indirect” care through money.¹³ Modernist imaginaries of scale have thus led to family care and state care becoming specialized topics of different disciplines and subfields.

In the meantime, anthropology has largely abandoned scale-based, dichotomous concepts. Some have even characterized anthropology as “scale blind” and criticized anthropologists for ignoring the size of the societies they are studying and the “horizons of concern” of the members of these societies.¹⁴ Those who have recently taken a scalar turn do not assume that scale is a given.¹⁵ James Ferguson and Akhil Gupta, for example, have argued that “state spatialization” emerges through bureaucratic practices. Images of the state as standing “above” society and as “encompassing” its localities are consequential and have helped to naturalize and legitimize state authority over society.¹⁶ Therefore, such authors no longer ask questions about the consequences of scale (e.g. how the scale of organization affects care),¹⁷ but inquire into actors’ scale-making projects.¹⁸ At the same time, studies of care have begun to think outside of the boxes of kinship and politics,¹⁹ instead turning their attention to the connections between family and state.²⁰

China studies has long been concerned with links between family governance and state governance, not least because of Confucian ethics.²¹ Both culturalist and statist versions of studies that linked social policy to Chinese kinship have presented care as a zero-sum game between the scales of state and family.²² Moving beyond analysis of negotiations of needs and responsibilities between actors at – and care practices on – seemingly discrete scales of organization, I use the notion of boundary work to show that care produces scale.¹ What people enact as state or non-state (e.g. family, civil society, economy) emerges in practices, as do the scalar versions of state spatialization²³ – the state

11 Berreman 1978, 226–228.

12 Thelen and Alber 2018.

13 Indeed, even some of those scholars who define the range of care very broadly nevertheless exclude money from care proper. See Tronto 1993, 104–107.

14 Bird-David 2017.

15 Latour 2005, 183–185.

16 Ferguson and Gupta 2002, 982–983.

17 The idea that “scale” is opposed to “care” is surprisingly shared by otherwise conflicting discourses. On the one hand, there is the neoliberal idea that states are “too large” to provide “good” care. Some critics of neoliberalism, on the other hand, see big tech companies as “too large” and thus uncaring. Both discourses assume care to happen at the small scale of individuals (“self-care”), families or other face-to-face communities. Nick Seaver has argued that this assumed correlation between care and scale limits our understandings of both. Seaver 2021, 511, 525–528.

18 Ferguson and Gupta 2002; Xiang 2013.

19 More recently, medical anthropology and sociology have started to explore institutionalized healthcare and economic anthropology and sociology to explore professional forms of care provided on the market.

20 Thelen and Alber 2018.

21 Steinmüller 2015.

22 See discussion in the next section.

23 Ferguson and Gupta 2002.

“above” society and the state as “encompassing” its localities – that thrive on performed state boundaries.²⁴

Rather than starting from predefined levels of organization and denying the status of “care” to certain practices a priori, it is more productive analytically to start from an open perspective that potentially includes every kind of human activity as care. Such a perspective acknowledges that “all humans have needs that others must help them meet,”²⁵ and that both their specific needs and the particular ways in which others address them vary. Whether or not certain practices are interpreted as care, such as providing money through wage labour²⁶ or arranging cash-based state benefits, is not merely an academic question, but part and parcel of the attention and action of care through which scale₁ (understood as level of organization) is enacted. In the process, the scale₂ (understood as quality and quantity) of care is changing: intensifying or decreasing, distributing resources to more or less people identified as needy, assigning responsibility to more or less people with more or less resources. Moreover, sometimes the scale₂ of care itself becomes a marker for performing the boundary between state and family,²⁷ or an indicator for measuring kinship and determining thresholds of belonging on different scales.²⁸

The following analysis is based on 15 months of ethnographic fieldwork conducted between 2013 and 2015 in rural China, mainly in Daxi, a village of about 1,500 registered inhabitants in Qiuling township in Sichuan province. This township is located in the hills just outside the provincial capital Chengdu; a construction boom in the nearby county-level city (about 100,000 inhabitants) offered migrant workers alternative employment opportunities much closer to their home village and people in the township regard Daxi as neither particularly rich nor particularly poor. I had initially settled in this self-styled “ecological” village because I was interested in how actors performed the boundary between state and civil society in a place whose peasant cooperative was supported by both officials and non-governmental organizations (NGOs).²⁹ The unexpected cancellation of all existing *dibao* allowances and the reapplication process in April 2015 later attracted my attention. I attended the democratic appraisal meeting in the village, interviewed township and village officials, *dibao* applicants and other villagers about the topic and researched statistical data on *dibao* and other state benefits in Yinhe city; but my analysis and interpretation also build on some of my earlier observations (e.g. of communal labour) and conversations (e.g. about state benefits) that suddenly became relevant.

Below, I explore dynamics of care and scale by examining how officials and citizens negotiated access to *dibao*, interpreted *dibao*-related practices as “individualistic” or “filial,” and practised welfare and workfare before and after standardization. In these processes, actors mobilized imaginaries of scale, grouped care receivers and caregivers in smaller or larger units through negotiations of needs and responsibilities, and thus shaped the distribution of resources and, hence, of inequality. Taken together, the standardization of state assistance in Daxi shows that different levels of organization (scale₁) are not stable grounds of particular sizes and qualities (scale₂) that enable or limit care. Rather, scale (in both meanings) ultimately emerges in China, as elsewhere, in negotiations, practices and evaluations of care. In this sense, care scales.

Is Care a Zero-sum Game between the Scales of Family and State?

Based on assumptions about clearly bounded levels of organization, both culturalist and statist approaches have explored the link between care and scale in China. In particular, they have

24 Lammer 2017; 2018; Read 2018; Thelen, Vettters and Benda-Beckmann 2018.

25 Tronto 1993, 110.

26 Coe 2011.

27 Thelen, Thiemann and Roth 2018.

28 Papadaki 2018.

29 Lammer 2018.

developed contrasting arguments about how “traditional familism” and state policy shape each other. Taken together, they have demonstrated that care arrangements on one level of organization cannot be understood without taking care on another scale into account.

The culturalist assertion is that a persistent “traditional culture” specific to China (and other East Asian countries) determines the state’s welfare regime. This perspective builds on the already mentioned modernization narrative and the presumption that there is a decisive cultural difference between the West and East Asia. In the West, the modern state is said to have developed comprehensive welfare as a substitute for the loss of family care following the decline of kinship. In contrast, in supposedly “Confucian” East Asia familism remained strong despite Westernization and modernization in other aspects of life. Therefore, no country in East Asia had comprehensive social welfare. Rather, traditional Chinese familism was “the sacred cow eagerly milked by an economizing state.”³⁰

The statist argument turns the culturalist assertion on its head. Studies of Chinese kinship place recent developments in the family on a broad spectrum between the demise and the persistence of familism and filial piety.³¹ Due to a tendency in kinship studies to neglect state care and concrete bureaucratic practices on the ground, if the state enters the picture at all it is often only as a unitary actor that intervenes from the outside with clear “intentions.”³² “The state has withdrawn from its previous commitments to providing social services of various kinds,...meaning that the family has taken on many new obligations.”³³ Instead of being the “traditional” host of a “parasitic state,” familism now appears as the very product of state (in)action.³⁴ It is no longer culture that shapes the state, but the state that shapes culture.

Despite these opposite interpretations, both approaches perceive the dynamics between care at different scales as a zero-sum game. Either existing family care enables the state to reduce social spending, or limited state welfare makes more family care necessary. This kind of zero-sum thinking is also present in one of the above-mentioned justifications of *dibao* standardization: the complaint about “not enough” family care. Reviving “traditional familism” would allow the state to reduce expenditures on *dibao* while the cancellation of *dibao* would push citizens to assume care responsibilities within their families.

Traditional familism in combination with zero-sum thinking was, however, not invoked solely to reduce citizens’ *dibao* claims. Some citizens in Daxi who defended their entitlements also tapped into this discourse, imagining family care and state care as mutually exclusive. When reapplying for *dibao*, they emphasized their own neediness through the negative consequences poverty had for their families. At the so-called “democratic appraisal” (*minzhu pingyi* 民主评议) meeting,³⁵ the village Party secretary selected the 77-year-old Li Jiazheng as the first applicant to present his

30 Wong 1998, 191.

31 Harrell and Santos 2017; Yan 2003; Davis and Friedman 2014.

32 Yan 2003, 182–183. Studies of bureaucratic practices in China, including studies of *dibao*, have drawn a more complicated picture. It has been shown that the Chinese state is not a unitary actor. Local governments have adapted *dibao* policy to their strategies of capital accumulation, either encouraging or discouraging flexible labour among the poor to care for themselves and their families. See Solinger and Hu 2012.

33 Harrell and Santos 2017, 32.

34 In another version of the statist argument, the state rearranged care for different generations within families. Due to family planning policies, there were fewer children compared to older family members. This meant each received better care, raising the “quality” of the future citizens of the nation. However, this numerical change in the age composition of families later reduced the younger generation’s capacity to care for the elder generation, thereby effectively ending traditional familism. An anonymous reviewer’s comments on this article directed my attention to this narrative.

35 With the push for standardization in Qiuling township in 2015, the implementation of “democratic appraisals” changed. In Daxi, leaders of the villagers’ groups had initially filled out the applications and handed them over to the village committee, which forwarded them to the township. Since 2013, the township government had asked citizens to certify applicants’ neediness with a signature and thumbprint. After May 2015, this signature list was discontinued and applicants had to present their case at a public meeting where their neediness was determined by group leaders, as well as by villagers’ representatives through a secret ballot.

household's circumstances to the audience.³⁶ He made an uncertain impression, stammering when he started to talk. The first thing he thought of that he apparently considered powerful support for his *dibao* claim was his son's lack of a family: "Our household is in difficulty. My son is already more than 30 years old but is not yet married. He also has no prospects, because the family is poor." However, the village Party secretary corrected him by asking for another statement about the family's neediness. Nevertheless, this notion of poverty appeared firmly established. Despite the village officials' efforts to "teach" applicants how to properly represent themselves as needy, others repeated the same claim.

This claim-making turned the central government's discourse on traditional familism on its head. Rather than emphasizing the citizens' obligation to care for their existing family, these villagers' argument implied that the absence of a family obligated the state to care for citizens. The association between "poverty" and "lacking a family" was well known to villagers in Daxi. In the 1950s, the Chinese state established the "five guarantees" (*wubao* 五保) programme that promised food, clothing, housing, medical care, education and burial expenses to persons who not only lacked income but *lacked family* (the widowed, orphaned or without children). Likewise, *dibao* applicants expected that the state had a duty to step in to compensate for the absence of a family. However, in their claims of neediness, poverty did not result from but caused a lack of family care. Rather than as lacking a family to care for them, they presented themselves as too poor to meet their family obligation to care for their adult children by supporting them with material wealth to succeed on the marriage market.³⁷ Poverty caused these adult children's inability to find a spouse and establish a family. Only later would this, in turn, negatively affect *dibao* applicants' access to family care. Although the claim to state care was thus justified through the absence of family care, it also implied the hope that state care in the present might enable family care in the future.

This idea that care on one scale might amplify care on another scale thus abandons zero-sum thinking. The idea of amplifying care on different scales can be found in ethnographic studies of *dibao*. Sociologist He Xuefeng 贺雪峰 and his colleagues studying rural governance regard rural society as the "soil" (*turang* 土壤) for *dibao* policy.³⁸ Their research shows that the boundaries between different scales are blurred. Village cadres may turn *dibao* from a form of state care into a form of care for relatives who may in turn offer political support. Other villagers may criticize these same practices as "corruption,"³⁹ very much in line with the discourse about "too much" family care in "social connection allowances." More family care appears to enable more state care (at least for some citizens) unless it is proscribed as "corrupt" – or as "individualistic," as in the following story of a young man being educated by a state official to become a "filial grandson."

Scaling through Boundary Work: Kinship Measurements and Evaluations of Care

As Hans Steinmüller points out in the introduction to this special section, care always requires recognition by an audience. At the same time that caregivers, care receivers and their actions are recognized and acknowledged as care (or not), their belonging is established at different scales of organization.⁴⁰

Rather than viewing care as an outcome grounded in certain relations, Tatjana Thelen has suggested studying how care practices "create, maintain and dissolve significant relations."⁴¹ In the case of a home care project for the elderly in Serbia that was supported by Norwegian agencies, both

36 Li Jiazheng lived in an old mud-built house with his wife and his adult son. The house belonged to a neighbour who let them stay there rent free.

37 Pettier 2022.

38 Liu 2009; see also He and Liu 2008; Wang, Hui 2011; Xing 2014.

39 Li and Walker 2018, 783–784.

40 On kinship belonging, see Drotbohm and Alber 2015, 7; on political belonging, see Thelen and Coe 2019.

41 Thelen 2015.

project designers and care receivers expected “good” care to occur within supposedly “close” and “warm” relations of family life. When this image of “good” family care was mixed with negative state images, care practices that surpassed citizens’ expectations resulted in a redrawn boundary between state and family. Good home care offered by social workers on the state’s payroll did not change citizens’ images of an “absent,” “distant” or “uncaring” state. Rather, care receivers changed the categories through which they related to care workers, treating them not as state actors but as family members (e.g. a “caring daughter”) with certain rights and obligations.⁴² Based on images of the “proper” scale of care, evaluations of care practices became effective as boundary work, shaping what citizens consider to be inside and what outside of the state. Care thus became a marker of state boundaries, contributing to the production of scale.⁴³ Such scaling through boundary work is consequential and feeds back into care practices, as the following story shows.

Duan Shuxi, whose responsibilities as the head of the Qiuling township civil affairs office included the *dibao* programme in Qiuling township, considered it her mission to “educate” the citizens about the relevant policy regulations in order to improve their “human quality” (*suzhi* 素质). In an interview in May 2015, shortly after a push for standardization of the programme, she proudly recounted the following story. Once she had gone to a village in the township to explain the policy and immediately noticed a young man in the audience. She wondered what he was doing at the meeting and why he needed *dibao*. When she asked other villagers about him, she learned that he was there on behalf of his grandfather, who had received *dibao* up to that time. She therefore decided that during the meeting she would explain the policy that young people had a “care responsibility” (*shanyang yiwu* 赡养义务) for the elderly in their families. She said that the elderly could not receive *dibao* if the young were able to contribute monetary support. She complained that many children nowadays did not care about their parents anymore, even if they were well off. She announced that the officials would publish a list of all *dibao* recipients,⁴⁴ emphasizing that it would be especially embarrassing for adult children if their parents’ names appeared on the list. She concluded by telling me that the young man had left even before the meeting ended. She attributed this to his bad conscience and to her having “successfully” educated him. The family did not re-apply for the *dibao* allowance after the general cancellation was announced at that village’s meeting.

While state assistance is usually said to be heavily stigmatized in Western societies, Robert Walker and his team argue that in Chinese society it is poverty, not the receipt of *dibao*, that is stigmatized. They explain this difference by highlighting that in some places *dibao* enhances people’s *mian* 面 (status) because it adds to their income and shows that they had the *guanxi* 关系 (social influence) to get approved. In other places, receiving *dibao* is not stigmatized, because “*dibao* has effectively been converted...to a tax-based, universal pension...perceived to be available to everyone.”⁴⁵ *Dibao* has thus been “de-stigmatized by divorcing de facto eligibility from poverty.”⁴⁶ However, as Walker and his team also argue, “current attempts to improve its targeting may mean that the stigma associated with poverty spreads to *dibao*.”⁴⁷

Given the push for standardizing *dibao* administration, stigmatization due to receiving state assistance was becoming an issue of contention in some families and it threatened family

42 Thelen, Thiemann and Roth 2018.

43 Almost anything can become a marker of the boundaries between state and non-state. However, performances of these boundaries are limited by certain repertoires of stage designs and properties, and characters (in the case I discuss below, the “unfilial son”) that are available at certain places at certain times. For the case of how the boundary between state and civil society is performed through care in an “alternative” food network, see also Lammer 2017.

44 A procedure called “democratic announcement” (*minzhu gongshi* 民主公示) in the official regulations. State Council 2007.

45 Yang, Walker and Xie 2020, 671.

46 Ibid., 672.

47 Ibid., 672.

solidarities. As the official remarked regarding the young man's presence, it was less usual for the younger generation to attend such meetings than for the older generation to do so. Some adult children in Daxi tried to dissuade elderly parents from reapplying, even if the family was considered to be eligible for state support at the public appraisal meeting. For example, Li Jiazheng had reapplied against the will of his son, who regarded receiving state assistance as shameful. It is thus likely that the young man in the township official's story had been sent by his family – maybe even against his will – because they thought that he would be better able to understand the policy and handle the new bureaucratic procedures to renew his grandfather's application. In trying to retain his grandfather's *dibao*, he was probably doing just what the township official asked of young people: caring for the elderly by ensuring monetary support for them. However, his actions were not acknowledged as “filial piety” by the township official.⁴⁸

In retrospective analysis, what is state and what is family may appear as clear and given. For actors involved in the flow of practice, and from an interactionist perspective, these questions are not settled prior to the question of what counts as care and what does not (see also the introduction to this special section). In the township official's story, her performance of “educating a citizen about policy” located the young man and his actions outside of family life in the public realm of the state. Having thus drawn the boundary, his attempt to defend his grandfather's claim to state assistance was even made to appear against the virtues of traditional familism: as modern, selfish individualism. Such evaluations of practices as either “filial piety” or “individualism” acknowledge (or deny) the presence of both care and kinship in the process, and thus situationally establish boundaries between seemingly given scales of organization and position the concerned actors accordingly.

Having been publicly shamed for caring for his grandfather, the young man ended his act of care and retreated from the meeting. If the township official had acknowledged his practices as “filial piety,” rather than condemning them as “individualism,” his care could have expanded to include monetary redistribution among millions of people. By not acknowledging the young man's attendance at the meeting as a way of attending to his grandfather's needs, she drew the boundary of the family much more narrowly. Conversely, accusations of “corruption” based on claims about officials' closeness to *dibao* recipients delegitimized state assistance by expanding the boundary of the family. Measurements of kinship through the indicator of care thus establish boundaries between scales₁ and thereby increase or decrease the scale₂ of care.⁴⁹

Scaling through Definitions of Needs: Welfare

The boundaries between state and family were also drawn when needs, and especially units of neediness, were defined to assume or reject care responsibilities. The 2015 push for standardization changed previous *dibao* practices in Daxi village.⁵⁰ A township official commented that some village officials in the township had done things in a chaotic manner. He told me that he had heard that some village committees in Qiuling redistributed *dibao* from families to those individuals whom they considered to be experiencing difficulties as part of an “internal agreement” within the village. A leader of a villagers' group in Daxi likewise recounted that it had once been possible for individuals to receive *dibao*. He explained that it had been possible to “create a *dibao* household.” If two households each included one person in a difficult situation, the *dibao* of one household could then be divided between the troubled persons in each household. This was no longer possible, he added. Jin Yongfen, who had served as head of the production brigade and the villagers' committee in the 1980s, likewise emphasized – after the standardization push – that none of the

48 Insurance companies appear more successful in reframing certain actions as care, for example when representing the purchase of commercial insurance products as a “modern” form of showing “traditional” filial piety. Zhang 2017.

49 On corporate boundaries, care work and the scalability of tech startups, see Seaver 2021, 528.

50 My reconstruction of past *dibao* practices builds on interviews with township and village officials as well as rural citizens.

former recipients in his group had met the conditions formulated by the government. He told me that previously the group leader had filled out the applications and handed them over to the village committee. Rather than giving the *dibao* to households, he also reported that this group leader applied for the *dibao* for individuals, and specifically for people in his villagers' group over 60 or 70 years old.

Li Yongkang, a 70-year-old man with a mutilated hand, had received an individual *dibao* before standardization. It was cancelled during standardization because he lived in his son's newly built house. When I talked to him in the sparingly furnished main room there, Li confidently argued that the previous handling of the *dibao* by the village committee was "correct." He said that he had known that state policy had always targeted "*dibao* households" and not "*dibao* individuals" (*dibao geren* 低保个人). However, the village committee had previously had more power, he explained: then, they only had to report the names of the potential recipients to the township without the officials "going down to the countryside" to investigate the applications.⁵¹ The village committee felt that it was irrational if one member had difficulties for the other members of the household to receive the *dibao* as well. It was irrational to give *dibao* to those who could work and did so outside of the village, he added. Thus, the village committee redistributed the allowances of household members who were able to work to sick, disabled and frail people living in other households.

Both the State Council and officials in Daxi village thus considered the needy to be those who were old, ill or disabled and therefore lacked the capacity to work. The difference was that the village officials had at first focused on needy individuals instead of viewing households as the proper unit of state care. *Dibao* policy in Daxi village prior to standardization did not accept needy individuals being denied state support because other members of their households could work. In this regard, past *dibao* policy had scaled up care responsibility from families to the state by scaling down the size of the unit of need and *dibao* receipt from households to individuals. Family boundaries were dissolved, or rather made semi-permeable, as the next section shows.

Scaling through Negotiations of Care Responsibilities: Workfare

Although village officials in Daxi had undone family boundaries when distributing *dibao* to needy individuals prior to standardization, they reinstated the scale of the family when it came to the workfare side of *dibao*, when they demanded services for the village in exchange for state assistance.

Sociologists have pointed out that village committees may turn *dibao* into a "means for governance."⁵² As in other places,⁵³ Daxi's officials also pursued their development strategy as an "ecological village" through the *dibao* policy, particularly through obligations to work. The roads in the village not only had to be kept free of refuse to benefit its own citizens but also to make a good impression on visitors. This "environmental sanitation" was regarded as one way to make the ecological visible to outsiders. The tax reform in the early 2000s had first replaced local fees with a general agricultural tax; later that too was abolished. Villages were faced with serious budget shortfalls and funding refuse collection presented a challenge to village governance in Daxi village.

At this point, the village committee asked some *dibao* recipients to pick up refuse along the village roads. Li Yongkang and his cousin Li Yongde both received *dibao* before standardization. As they lived next to the paved road that passed the village, the group leader asked them to pick up the refuse at times when outside visitors were expected. An old man from another villagers' group, whose photo was posted at the office building of the village committee as an example of a "good Party member," was asked to pick up the refuse alongside the road and keep the village square

51 Ferguson and Gupta have already identified the mobility of "higher-level" officials who "go down" to the "lower levels" of the state as producing the impression of the "large" scale of the state. Ferguson and Gupta 2002, 987.

52 He and Liu 2008; Liu 2008; see also Li and Walker 2018.

53 Solinger and Hu 2012.

clean in exchange for *dibao*. He was also called on when urban middle-class consumers came to visit the nearby vegetable unit of the peasant cooperative. In a more remote group that was rarely visited by outsiders, the group leader did not ask the elderly for whom he arranged *dibao* to pick up refuse. A middle-aged deaf man who had until recently also received *dibao* was the only one asked to keep the road clean. Both central and provincial state *dibao* regulation emphasized the goal of making poor people with the capacity to actively work themselves out of poverty.⁵⁴ In Daxi, workfare was selectively demanded in exchange for the allowance when it was needed to perform tasks necessary in village governance during budget shortages.

Unlike Li Yongkang, some *dibao* recipients could not carry out the assigned task themselves. His cousin Li Yongde, for example, was blind. Therefore, village officials expected his wife, who did not receive the *dibao* herself, to clean in his place. The “good Party member” did not receive the *dibao* himself, either. Village officials had asked him to perform the task on behalf of his wife, to whom they had granted an individual allowance because of leg problems. While Daxi’s village committee made family boundaries permeable in order to assemble needy individuals into “*dibao* households” for the welfare side of *dibao*, they recreated families as the relevant unit and selectively activated a discourse of familial duty for the workfare side of *dibao* that served their own village development strategy. The case of *dibao* welfare and workfare in Daxi village shows that care arrangements do not emerge at separate levels of organization. Rather, care arrangements create and dissolve those levels at different times.

The push for standardization in April 2015 ended this practice of workfare and reshaped the kind of family care demanded in Daxi. Rather than performing communal labour in order to enable family members to receive monetary state assistance in exchange for *dibao*, families that included former *dibao* recipients were now expected to themselves care financially for those in need. Standardization thereby removed the village community as an intermediary scale and made the semipermeable boundary of families impermeable.

Scaling through Recognizing Care Outcomes: Caring Family Members as Good Citizens

At the democratic appraisal meeting, citizens tried to justify their reapplications by demonstrating not only neediness, but deservingness. As mentioned above, with regard to *dibao* standardization central state documents and township officials stressed that adult children had the obligation to support their parents in old age. So long as the adult children were able to do so, their parents had no right to *dibao*. Tapping into this discourse, applicants highlighted that they themselves had in the past performed their filial duties. When I talked to Li Jiazheng a few days after the meeting, the 77-year-old *dibao* recipient told me that he was the only one of four siblings who had cared for his elderly parents before their deaths. His older brother and the two younger sisters had left the village and had not returned. By emphasizing that he had been a caring son, he simultaneously claimed to have been a good citizen who had done in the past what the state still expected adult children to do for their ageing parents today. During the democratic appraisal meeting, village officials had rejected such claims to state care based on reciprocity; the now standardized *dibao* only concerned neediness.⁵⁵

Applicants, however, repeated similar claims of deservingness. After listing his household members, the blind Li Yongde, for example, emphasized that he had an “only son.” Using the official terminology, Li Jiazheng also repeated after the meeting that he had fulfilled state policy: “We were among the first who followed the call of the state concerning family planning.” Emphasizing their outstanding contribution, he explained that these days many people only had one child but that he himself had been part of the “first wave.” Li Yongde and Li Jiazheng claimed

⁵⁴ Department of Civil Affairs of Sichuan Province 2009; State Council 2007; 2012.

⁵⁵ On the proliferation of a similar morality of state care for suffering bodies in the context of immigration to Europe, see Ticktin 2011.

the *dibao* as a reciprocal obligation of the state by pointing out how they had cared for the nation by not becoming parents a second time.

Their attempts to scale up the relevance of their past care to the level of the nation could build on scientific research that had also been propagated politically for years. In 1978, Hua Guofeng 华国锋 was the first leader to justify the family planning restrictions based on scientific evidence that demonstrated its benefits not only for maternal and child health, but also national development.⁵⁶ While slogans about family planning painted on walls in rural areas in the 1980s and 1990s were at times threatening, slogans since the 2000s have tended to highlight that it enables better care for the only child (e.g. “fewer births, better births” [*shaosheng yousheng* 少生优生] or “good birth, good upbringing” [*yousheng youyu* 优生优育]).⁵⁷ Having only one child became a form of care for the nation through certain theories (demographic, economic, psychological, pedagogical, etc.) that linked individual citizens’ fertility to the quantity (neo-Malthusian fears of “overpopulation”) and quality of the population and thus predictions about the future development of the country. Scientific research had thus established an image of family planning and childcare as transcending scale and having also positive effects on the fate of the nation. This allowed citizens like Li Yongde and Li Jiazheng to scale the outcome of their past family care up, underlining that they had been not only good parents, but also good citizens who now deserved state assistance.

Conclusion: Care Scales

Insights from the “world’s largest cash-transfer policy” – China’s minimum livelihood guarantee – offer fresh perspectives on care and scale. The quantity and quality of care is not defined by the level of organization at which it appears to take place. Rather, care itself produces scale: levels of organization – such as the large state above and encompassing its small families – are an achievement of kinship measurements and performances of state boundaries that, in turn, also affect the quantity and quality of care. Here I identify four different ways in which care is scaling.

First, evaluations of care practices constitute scale by redrawing boundaries between family and state. In applications for *dibao*, practices aimed at securing cash-based state benefits for family members have been interpreted as proper care (“filial piety”), misplaced care (“corruption”) or even the opposite of care (“individualism”) by state officials, applicants and other citizens. Such interpretations are not merely an academic question, but shape the action of care and, in particular, who assumes responsibility for it and how resources are distributed.

Second, attention to care involves not only identifying and recognizing needs, but also the needy. In particular, this includes defining the size of the unit at which need is measured. The process of standardizing *dibao* administration in Daxi village affected a shift from needy individuals to needy households. This redefinition of the unit of need constituted scale by reinstating family boundaries that had been dissolved when individuals from different families had been assembled into *dibao* households.

Third, attributions of care responsibilities create or dissolve levels of organization. *Dibao* workfare practice in Daxi village before the push for standardization in 2015, with its complex reciprocities between care for the family, the community, and by the state, is a case in point. Standardization rendered the intermediary level of the community irrelevant.

Fourth, and related to care receiving, just who benefits from caregiving is ambiguous and open to negotiation. Claiming *dibao* not only with their neediness, but also with deservingness, applicants presented their compliance with policies at the democratic appraisal meeting in Daxi village as good care for both their own families and for the nation as a whole. While one justification of *dibao* standardization linked care and scale through zero-sum thinking, these rural

⁵⁶ Greenhalgh 2003, 172.

⁵⁷ Wang, Guoyan 2018.

citizens used images of care as transcending scale to scale up the positive outcomes of their care to demonstrate deservingness in front of their neighbours who had the power to reject their *dibao* applications.

In China studies there is a long tradition that highlights the relations of family and state. However important this link is to understand history and politics in China, concomitant scalar imaginaries limit our understanding of practices of care. The four ways care becomes effective in constituting scale propose a different analytical perspective, which also has broader political consequences. Most importantly, care is not “small scale”: we must let go of the assumption that care is somehow intrinsically warm and intimate, let alone immediate. To the contrary: it requires work and effort – for example, certain social theories (e.g. about population and development) and bureaucratic practices (“anti-corruption,” “teaching individualistic citizens policy”) – to both keep care at its seemingly natural scale of the “small” family and expand it to the “large” state. Scale-making is an intrinsic part of the attention and action of care. It decides about access to resources and the redistribution of wealth among millions of people.

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