

# *‘Care Going Public’ in the Familialist Welfare Regime?*

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**IDEAS AND POLITICS**

*Of* TAIWAN’S ELDER-CARE REFORM

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Thesis submitted in partial fulfilment of the requirements  
for the degree of DPhil in Social Policy in the Social Science Division  
at the University of Oxford

Trinity 2020



**GREEN TEMPLETON**  
COLLEGE | UNIVERSITY  
OF OXFORD



# **‘Care Going Public’ in the Familialist Welfare Regime? Ideas and Politics of Taiwan’s Elder-Care Reform**

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## **Abstract**

East Asian familialist welfare regimes have experienced major elder-care reforms over the last two decades under socio-economic and political pressures. This raises questions regarding the policy continuity and change of the familialist trajectories and its explanations. Adopting too narrow a focus on policy change, and viewing it as an automatic response to functional and political pressures, or as a static trajectory of the existing cultural and institutional legacies, the existing East Asian welfare state literature has found it difficult to understand the dynamics and outcomes of these rapid policy reforms. This thesis addresses these questions by undertaking a case study of Taiwan’s elder-care reform between 2004 and 2016, based on an analysis of documents from governmental and non-governmental sources and in-depth interviews with high-profile government officials, legislators, and representatives of advocacy groups. By developing a comprehensive framework based on the concept of defamilialisation, which covers the major policy domains of elder care, including legal caring obligations, care services and provision, cash benefits, and care leave, this thesis demonstrates that Taiwan’s elder-care reform involves a high degree of policy continuity with the familialist trajectory. This policy continuity results from the interaction between policy ideas and political agency operated differently in two distinct periods of reform. Calling for stronger public responsibility for elder care, policy actors promote diverging reform ideas, which involves different treatments of the defamilialisation of care responsibility and the formalisation of informal care labour. Strategic policy actors are not only able to bring forward new policy ideas through power imbalance among actors (policy ideas of powerful political actors), but, in a different setting, they can also resist policy change through the exercise of the ideational ambiguity of ‘care going public’ (policy ideas empowering political actors). Examining the interplay between ideas and politics in Taiwan’s elder-care reform, this thesis furthers the understanding of East Asian social policy development by moving beyond the conventional functionalist, democratisation, and cultural theses, and also enriches general analyses of the transformation of social care and policy change.



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# Acknowledgements

I had no idea what was in store for me when I started this journey, when I put down my stethoscope and became a student again.

Five years ago, I was practicing at the National Taiwan University Hospital as a geriatrician. We were trying to design integrated care programmes for older people in Hakka villages in Northern Taiwan. During this process, I gradually realised there were many aspects in the way medical care for the elderly was provided that couldn't be changed or enhanced at a clinical or organisational level.

I felt an urge to fill this void of knowledge abroad, and I was fortunate enough to be awarded a full scholarship to Oxford by the Ministry of Education.

Oxford is quite a marvellous place; it seamlessly blends the most traditional aspects of the Western empire with cutting-edge thoughts and science. At first, I felt like the Buddhist monk, Tang Sanzang, going on a pilgrimage to the West, longing for some enlightenment from this land; or perhaps like how people felt in the Meiji Restoration period in Japan, where they headed to Europe on a mission to improve people's lives by learning everything about modern knowledge and institutions in the West, eagerly searching for a way to bring further advancement to their homeland.

Oxford is filled with researchers from all parts of the world, and I'm grateful for all the fascinating friends I made here, each very aware of the knowledge they want to attain and in active pursuit of answers. By sharing stories from our homeland with each other and discussing common issues, I was in a constant state of learning through comparison. I would learn about what was being done in other countries or what had happened there, and associate that knowledge back to my own homeland, which is not officially recognised in the world. We, the people of Taiwan, strive hard to find our own identity along with a safe and steady position in the world.

I feel gratitude for the time I spent overseas.

The journey gave me a chance to peacefully think and write, and also to learn how to live by myself and enjoy my own company.

I also learned to position my beloved homeland in a more appropriate place through a comparative perspective. I used to think I knew a lot about Taiwan, but then I realised I actually knew very little about it. More often than not, I had felt quite disengaged with my own society as I found it ordinary and uninspiring; but then through comparison, I finally discovered just how unique and impressive it is. At the core of it, 'comparison' becomes a powerful tool only when it is carried out within the framework of matters involving the people and societies we care about.

Over the year I finally realised how lucky I truly am.

I would like to express my utmost appreciation and gratitude to my doctoral supervisor, Professor Mary Daly. This thesis would have never been completed without her supportive and thorough guidance. Writing a thesis was a long journey where I faced challenges and often started to feel a bit lost, but Mary taught me by example what it is to be a committed, humble, yet confident scholar. I have no doubt that I will miss all the times with Mary discussing my thesis.

I was so lucky to have Professor Trish Greenhalgh as my college adviser. She generously shared her experience both as a general practitioner and a healthcare scholar. The conversations at the College and restaurants in the lovely Jericho encouraged me to enjoy the highs and lows in the journey of doctoral study.

It was my great honour to work with a brilliant thesis panel — Rebecca Surrender, Bernhard Ebbinghaus, and Naonori Kodate. To Rebecca, thank you for participating in all of the different stages of my doctoral examinations, consistently trying to make me feel less nervous and more confident about my thesis defence. To Bernhard and Naonori, thank you for providing me with constructive research questions and suggestions, thereby expanding the depth and reach of my thesis.

I'd like to thank all of the interviewees from the government, the Legislative Yuan, and non-governmental organisations for their assistance in

helping me collect data for my research during my field work in Taiwan. Aiming to reform Taiwan's long-term care system, they proposed new ideas and showed determination on issue advocacy. Their experiences and views were imperative to this thesis.

I have been sustained by the support of my parents. I am thankful for their understanding throughout this process of me going so far away and making them worry.

Thank you Chiu-hung. Even when we were so far apart, you were always my greatest strength with your cleverness, beauty, and peculiarity. Do not worry, I am finally coming home.

## Introduction

### 1.1 Elder-care reform in East Asia: between pressures and legacies

The transformation of elder care is one of the most vibrant and uncertain areas in the recent development of social policy globally, making it a testing ground for contemporary welfare states (Osterle and Rothgang, 2010; Ranci and Pavolini, 2013; León, 2014). Demographic change, fiscal constraints, and changing patterns of family structure, along with female labour-market participation, have challenged the existing care arrangements, not only of mature welfare states but also of emerging ones. Tackling the challenges of these ‘care deficits’, countries have implemented novel elder-care schemes or transformed earlier ones over the last few decades. This has not only made care systems more complex and diversified, but developments tend to follow trajectories that are distinct from the general picture of welfare states (Daly and Lewis, 2000; Pavolini and Ranci, 2008).

Although the above-mentioned socio-economic changes pose a threat to existing care systems across countries, the challenges are clearly significant in East Asian countries. These emerging welfare states have faced not only strong functional pressures, but also long-lasting cultural/institutional legacies related to ‘care deficits’. East Asian countries have generally been regarded as ‘familialist’

welfare regimes, in which Confucian cultural norms, such as filial piety and rigid gender roles, were institutionalised through social policy practices (Goodman and Peng, 1996; Yamashita et al., 2013). With the main focus of these regimes to protect the male breadwinner in the household and the family form founded on that, care was long regarded as a private responsibility. East Asian states were reluctant to provide public social services and relied heavily on the family and the market for the provision of welfare, including elder care. Notwithstanding these cultural and institutional legacies, East Asian countries are facing strong functional pressures from rapid demographic and family change. The extent and speed of population ageing in East Asia is the most rapid in the world (World Bank, 2016). This has led to significantly growing elder-care needs and the rapid speed of population ageing makes the care crisis even more urgent. However, it is more and more difficult for these rapidly growing care needs to be met by the familial care arrangements on which East Asian welfare systems have long relied. Extremely low fertility rates, shrinking family size, and increasing female labour-force participation have together brought the sustainability of 'traditional' familial care arrangements into question.

Against this backdrop, it is noted that East Asian countries have initiated a series of major elder-care reforms since the 1990s (Campbell and Ikegami, 2003; Nadash and Shih, 2013; Chon, 2014). As mentioned above, East Asia countries tended to treat elder care as a private responsibility and enacted policies and legislation privatising care to the family and/or the market (**care as private**).

However, responding to demographic and socio-economic pressures, the states have been urged to reform public care programmes to take stronger public responsibility for elder care, that is a policy movement I call '**care going public**'. In particular, in a context of increasing electoral competition, the democratic regimes in this region (Japan, Korea, and Taiwan) introduced their first comprehensive elder-care schemes during the first decade of the twenty-first century. Compared to European countries, which are tending to cut social spending on care or 'revise' their universal care schemes in a climate of retrenchment (Ranci and Pavolini, 2015), generally these East Asian countries seem to be taking a more expansionary trajectory in the development of elder care (Chan et al., 2011; Zhang and Yeung, 2012).

All of these elder-care reforms have tried to address the challenges faced by East Asian familialist welfare regimes. However, these recent policy developments leave us with at least two major questions that have not been sufficiently answered. The first question deals with *policy continuity and change* among the familialist welfare regimes. While East Asian countries have experienced a series of major elder-care reforms, it remains unclear whether and to what extent this signifies a divergence from their familialist trajectories of policy development. In particular, despite rapid policy reforms, the family has continued to take the major responsibility for elder care in East Asia (Yamashita et al., 2013). The second question concerns the *explanation* for the policy continuity and change within elder-care reform. The accounts of welfare development in East Asia generally

followed an expansion–laggard dichotomy, and they have emphasised either pressures or legacies as the drivers/constraints of social policy development. While functional and political pressures (e.g., post-industrialisation and democratisation) dominated the explanations of welfare expansion in this region after the 1990s, scholars have tended to leave unquestioned the accounts of welfare laggards in East Asia in terms of cultural and institutional legacies, such as Confucian values and the developmental state (for a review, see Fleckenstein and Lee, 2017a). The dominant accounts, which tended to view welfare development in East Asia either as merely an automatic response to pressures or as a static continuation of legacies, may have difficulty in understanding the dynamics or the outcomes of elder-care reform in familialist regimes, which are struggling between pressures and legacies.

To address these questions, I undertake a case study of Taiwan’s elder-care reform between 2004 and 2016. Among East Asian countries which have undertaken major elder-care reforms over the last two decades, the Taiwanese case presents a distinctly different policy development from its East Asian neighbours in both policy outputs and outcomes (Chan et al., 2011; Zhang and Yeung, 2012; Yamashita et al., 2013). A first aspect is the policy *output* of elder-care reform. The East Asian regimes used to rely on social insurance schemes and market provision to expand their welfare systems (e.g., pensions and healthcare). While Japan and Korea introduced their Long-term Care Insurance in 2000 and 2008 respectively, Taiwan did not follow the path of social insurance, although it was proposed, but

instead embraced a tax-based scheme to put in place the first comprehensive long-term care system in the Chinese-speaking societies. A second aspect is the policy *outcome* of elder-care reform. Taiwan appears to demonstrate the most significant stickiness to the familialist care arrangements, and Taiwanese families shoulder the strongest responsibility for care among these countries. Taiwan has relied heavily on familial care, including family carers and privately employed live-in migrant care workers. Despite rapid policy developments in elder care over the last decade, compared to Japan and Korea, Taiwan has a lower level of public care coverage and maintains a greater extent of familial care. In particular, the live-in migrant care workers employed privately by families still account for the major source of elder-care provision in Taiwan, and their number and share of total provision have consistently increased over the past two decades (Ministry of Health and Welfare, 2016).

The distinct policy development of Taiwan's elder-care reform makes it a crucial case for the study of elder-care policy continuity and change in the East Asian context. The overall goals of this thesis are to problematise the defamilialisation of elder care in Taiwan, in a context of rapid policy development, and to provide an explanation for policy continuity under strong functional and political pressures. To these ends, this thesis addresses two major research questions. The first examines the extent of policy change in the dimension of the defamilialisation of elder care. A key question here is: *whether and to what extent did the rapid policy development in Taiwan's elder-care reform represent a divergence from the*

*previous familialist approach to elder care?* Addressing this question, this thesis proposes a comprehensive framework to analyse policy continuity/change by examining the main moves within the major policy domains of elder care (i.e., legal obligations for care, care services and provision, cash benefits, and care leave) along the axis of defamilialisation/familialism. The configuration for such a framework is made in the context of the existing literature lacking a systematic framework of analysis for the policy changes in elder care in the East Asian context, given that the question of the trajectory of the familialist regime within a context of rapid policy development is still far from being adequately or sufficiently addressed.

The second goal aims to provide a more dynamic explanation for policy continuity/change in elder care in the familialist welfare regime. The overarching research question here is: *Why did Taiwan's elder-care reform demonstrate significant policy continuity despite rapid policy development under strong functional and political pressures?* As mentioned above, the existing accounts of East Asian social policy development, which focus on either welfare laggards or expansion, fail to sufficiently account for the dynamics and the outcomes of Taiwan's elder-care reform over the last decade. For a long time, the welfare laggards of East Asian countries during the post-war era were understood by means of cultural (e.g., Jones-Finer, 1993; Sung, 2003) and institutional (e.g., Kwon, 1997; Holliday, 2000) approaches. However, these traditional accounts cannot respond well to the societal and political conditions for welfare expansion after the 1990s. In

particular, the functional and political underpinnings of the Confucian and developmental states in the post-war era may not have remained intact in this region. For example, these accounts struggle to predict the occurrence of elder-care reform. The welfare expansion in this region since the 1990s has led to an emerging body of literature that is dissatisfied with the traditional approaches (e.g., Aspalter, 2002; Peng, 2004a; Peng and Wong, 2008; Fleckenstein and Lee, 2017a). Among the critiques made are that they struggle to understand *what* policy ideas have emerged, and *how* policy actors have successfully brought policy ideas that emphasise strong public responsibility for care into the familialist regime. Nor can the classic approaches explain *why* a proposal for long-term care insurance, which aimed to expand the coverage and benefits of public care programmes, failed in Taiwan's elder-care reform. In sum, the explanations for Taiwan's elder-care reform, which demonstrates significant policy continuity along the familialist trajectory in a context of welfare and care expansion, require a more dynamic and nuanced approach.

## **1.2 Outline of the argument**

In this thesis, I propose a comprehensive framework that examines broader domains of elder care in order to analyse policy continuity/change within the familialist regime. In order to move beyond the existing approaches, I highlight the interplay of policy ideas and political agency, and demonstrate how this shapes the reform processes and outputs of Taiwan's elder-care reform.

The overall argument goes as follows: The interplay of ideational and political-institutional factors, in particular, political agency and the policy ideas surrounding 'care going public', has shaped the policy development of Taiwan's elder-care reform, which demonstrates a large extent of policy continuity. Responding to demographic and socio-economic pressures, policy actors increasingly demanded the government respond by advocating a variety of reform ideas that called for stronger public responsibility for elder care ('care going public'). Strategic policy actors are not only able to bring forward new policy ideas through power imbalance among actors, but they can also resist policy change through the exercise of the ideational ambiguity of 'care going public'. The resulted policy developments did not directly intervene the existing familialist care arrangements while absorbing the political pressures for radical reform, resulting in policy continuity in Taiwan's elder-care reform.

The argument consists of four parts. The first concerns *policy ideas* in elder-care reform. I argue that there were diverging reform ideas regarding 'care going public' in Taiwan. Although there was a high degree of consensus among political actors on the necessity of elder-care reform, they promoted diverging reform ideas and varied on the degree of support for stronger public responsibility for care and proposed different treatments of the defamilialisation of care responsibility and the formalisation of informal care labour. Major lines of contestation around reform were evident, not only on the issues regarding entitlements to and benefits of publicly funded care services, but also on those regarding the integration and

regulation of the existing informal care labour (i.e., family carers and live-in migrant care workers).

The following two parts of the overall argument deal with the *political processes* of why and how some reform ideas ‘triumphed’ over others by highlighting the interplay between policy ideas and political agency and the necessity to contextualise what happened when. I argue that some policy ideas gained their dominant positions at the policy table while others were excluded due to the interaction between ideational and political-institutional factors. This can be played out differently in two distinct periods of reform. One is called ‘*policy ideas of powerful political actors*’. I argue that this was characterised by powerful political actors, who were able to occupy institutional key positions and also establish stronger political coalitions, bringing forward the specific set of policy ideas on care going public during the earlier period of Taiwan’s elder-care reform (2004–2008) when the first comprehensive elder-care programme, the Ten-year Long-term Care Plan, was in its planning stages. During this period, elder-care reform had not yet become a highly politicised area and the numbers and range of policy actors participating in policy deliberation were limited. Elder-care policymaking was based at that stage on a highly centralised, elite decision-making model and took place mainly in the administrative sector of government, where limited policy actors had seats. Within the small, closed policy community, the political coalition between the ruling DPP and traditional welfare advocacy groups (the ‘social welfare groups’), who had a long-term partnership in place,

occupied the majority of the decision-making seats. In this context any opponents failed to gain a veto position or did not form countervailing power to resist the proposals. The power imbalance between supporters/opponents led to the ‘victory’ of the approach of *defamilialisation through the non-profit market/informalisation of the informal care labour*, which was the position shared by the DPP and ‘social welfare groups’.

The interaction between policy ideas and political-institutional factors operated in a different setting is named ‘*policy ideas empowering political actors*’. I argue that, during the second period of Taiwan’s elder-care reform (2009–2016), the polysemic meanings of ‘care going public’ create opportunities for political re-engineering, and that policy actors can and did strategically use them to form new coalitions and shame their rivals, thus blocking potential policy change. This explains the puzzling policy development during this period when the draft of LTCI, which implies a stronger version of the defamilialisation of elder care, was proposed and then suspended. The proposal for LTCI made Taiwan’s elder-care reform a more politicised area. The legislation processes expanded policymaking in elder care from the administrative sector into the legislative sector and wider policy community. This provided political opportunities for a broader range of policy actors to participate in elder-care reform, and created new political space for alliance building. Under a consensus on stronger public responsibility for care, policy actors from different sectors advocated more diverse policy ideas on ‘care going public’. However, in this highly politicised context, the launch of the LTCI

proposal (in late 2014) catalysed the cross-cutting conflict lines into polarised stances regarding the choice of financing mechanism for public care programmes. Policy actors who were previously grouped according to opposing sets of ideas on 'care going public' realigned themselves as supporters or opposers of the LTCI proposal. The anti-LTCI group exploited the polysemic meanings of 'care going public' — that is the fact that care going public can mean many different things — to (re-)create a political cleavage along the fault-line of public versus private responsibility for care. The opponents framed the LTCI proposal as a reform that pushed back care responsibilities and provision to the market and family. This allowed the anti-LTCI actors not only to build a stronger coalition among those actors whose policy preferences had previously placed them at odds with each other (e.g., senior citizens' welfare, feminist, and labour-rights activists) but also to occupy a 'normative high ground' of 'care going public', thus blocking potential policy change.

The final part of the argument centres on *policy output* of Taiwan's elder-care reform. I argue that Taiwan's familialist care regime demonstrates a high degree of policy continuity, despite more than a decade of reform. Although the government brought forth one new policy after another, the extent of defamilialisation of elder care in Taiwan experienced very limited change. The set of policy ideas, *defamilialisation through the non-profit market/informalisation of the informal care labour*, proved successful in the end. However, it fuses old ideas that are deeply ingrained in the former social assistance approach to elder care with

new notions of 'care going public'. Strong familialism remains at the core of the reform through both the actual policy design and the prescribed legal obligations of the family for care.

### **1.3 Organisation of chapters**

This thesis is organised into eight chapters. The next two chapters situate the thesis within the context of existing work on social care and welfare state analysis, and outlines the analytical framework and research methods. **Chapter 2** introduces the most relevant literature related to this research. It organises the discussion in terms of the main problematic of the thesis. It begins with a review of how 'social care' has been conceptualised and how the concept has then been applied to the analysis of the welfare state in existing work. It also outlines the existing analyses of elder-care policy development in East Asia, and discusses their insights and limitations. After considering the existing work, **Chapter 3** elaborates upon the analytical framework and outlines the research methods of this thesis. It first provides an overall framework of analysis for the research by developing some of the existing work and considering new ideas. It defines the major components of this framework and how they are analysed. The second part of the chapter outlines the research design and methods. It justifies the case-oriented approach and the research methods used, and describes the processes of data collection and analysis.

The following four empirical chapters examine backgrounds, policy ideas, political processes, and policy outputs of Taiwan's elder-care reform. **Chapter 4** contextualises Taiwan's elder-care reform by examining the legacies of the familialist regime and the pressures that led to calls for change. It presents the policy developments related to elder care and the state of elder-care provision before the reform. It also describes the major pressures that were challenging the traditional 'care as private' approach in the familialist regime, and in this and other ways sets the context for reform of Taiwan's elder-care system.

Chapters 5–7 are the explanatory core of this thesis and they proceed by means of two major steps. Firstly, **Chapter 5** sets out the landscape of reform ideas in Taiwan during the period between 2004 and 2016 and drills down to identify the major issues contained in the diverging proposals and ideas around 'care going public'. It reveals, under a high consensus on the necessity of elder-care reform, what reform ideas on 'care going public' various policy actors advocated and how the reform ideas cohered on two major sets of issues: the defamilialisation of care responsibility and the formalisation of informal care labour.

After demonstrating the spectrum of policy ideas, Chapters 6 and 7 examine the processes and policy outputs of Taiwan's elder-care reform during two distinct periods under different governments. Each chapter examines what major policy solutions were proposed, how policy actors responded to the proposals, and how the interaction between ideational and political-institutional

factors shaped policy developments during the two periods. **Chapter 6** examines the first period of reform (2004–2008), when the DPP was in power. The analysis centres on how the powerful political coalition between the ruling DPP and traditional welfare advocacy groups brought forward the introduction of the Ten-year Long-term Care Plan in this period (*policy ideas of powerful political actors*). **Chapter 7** examines the second period of reform (2009–2016), when the KMT returned to power and proposed LTCI as a major reform solution. The analysis identifies the interaction between ideational and political-institutional factors in a different setting, when a broader range of policy actors participated in the reform, thereby broadening the landscape and complicating the politics and strategic political actors exploited the ideational ambiguity of ‘care going public’ in order to re-build political alliances and shame their rivals, leading to the failure of the LTCI proposal (*policy ideas empowering political actors*).

**Chapter 8** reviews the results of the empirical analysis and discusses the contributions and limitations of this thesis. It concludes with a discussion of the political implications for the development of elder care in the Taiwanese familialist welfare regime. A list of references and appendices follows. The appendices include the interview topic guide and a list of interviewees.

# 2

## **Studying the Welfare State and Social Care in East Asia: The Insights of Existing Work**

This chapter introduces the main literature relevant to the thesis. Three themes structure the chapter. It starts with a brief discussion of social care and the welfare state. Section 2.1 will examine how social care has been conceptualised and the insights it can bring to welfare state analysis. The following two sections will focus on the literature on the welfare state and social care development in East Asia, with a focus on elder care. Section 2.2 explores the ‘what’ question of the welfare state and elder-care development. It will examine how East Asian welfare states have been characterised, and how their development of elder care has been understood and compared. Section 2.3 examines the ‘why’ question of welfare state development in East Asia. It will discuss the existing accounts explaining the welfare state and elder-care development in East Asia. An overall assessment of the literature will be summarised in the final part of this chapter.

### **2.1 Social care and the welfare state**

This section firstly explores one of the primary concepts in the thesis: social care. Two strands of literature are discussed: the pioneering feminist approach and the

policy-oriented approach. This is followed by a discussion of Daly and Lewis's (2000) re-conceptualisation of social care. The second part explores the relationship between social care and the welfare state. It discusses the insights that the concept of social care provides for understanding the variations and development of the welfare state, and its analytical potential for connecting the social and policy domains of the welfare state.

### **Conceptualising social care**

Care is a relatively recent concept in social research. Although caring is not a totally new social activity, it was not until the early 1980s that the concept of care began to flourish (Daly and Lewis, 2000; Leira and Saraceno, 2002; Rummery and Fine, 2012). Since then, feminist scholars have contributed especially by providing a gendered lens to recognise care as an important but relatively unseen dimension in society and social analysis, and also to bring non-state actors, mainly women in the family, into the scope of the mixed economy of welfare (e.g., Finch and Groves, 1983; Ungerson, 1987). Situated in the feminist literature, the concept of care in this pioneering work is mainly analysed as private activities within the household and kinship networks. These analyses, which mainly take sociological approaches, examine the norms and values involved in the activities of unpaid and informal care, the power relations and division of labour within the family and its distributive outcomes (Daly and Lewis, 2000).

With the increasing prominence of policy development and academic interest since the 1990s, care has simultaneously become an increasingly complex and contested concept as well as an activity (Daly and Lewis, 2000; Leira and Saraceno, 2002). While countries were facing ‘care deficits’ during the 1990s, there is a growing literature focusing on comparisons of care-related provisions and services (e.g., Evers and Svetlik, 1993; Anttonen and Sipilä, 1996; OECD, 2005; Ungerson and Yeandle, 2007; Roit and Le Bihan, 2010). These programme-based and/or regime-based comparative analyses mainly focus on the provision, funding, and regulation of care services in different countries. Alongside these comparative works, there is also a strand emphasising an economic approach to care, which mainly focuses on the economic evaluation of care provision (e.g., Knapp et al., 2004). Here, care is usually reduced to an economic activity, and other dimensions of care that cannot be quantified in economic terms, are generally overlooked (Rummery and Fine, 2012).

However, the analytical power of the concept of care has been weakened with the increasing complexity of the activities and policies involved in care and the expanding use of the concept of care (Daly and Lewis, 2000; Leira and Saraceno, 2002). The analysis of care has covered wide ranges of actors, relationships and institutional contexts, and crossed conventional boundaries between public–private responsibilities, paid–unpaid work, formal–informal provision, forms of cash-service and for-profit/non-profit settings. On the one hand, it is widely used and often risks ambiguous or partial definition. On the

other hand, the traditional dichotomies between public–private, formal–informal and paid–unpaid boundaries have been changed or dissolved with the developments in care policies (Ungerson, 1997).

To overcome these challenges, the framework proposed by Daly and Lewis (2000) represents a seminal work that conceptualises care across the broad range of these dichotomies and provides a useful concept of ‘social care’ in the analysis of social policy and the welfare state. It is argued that a concept of social care is an essential element of understanding the form and transformation of welfare states. However, the concept itself requires re-conceptualisation in order to clarify and develop its analytical power. By incorporating pioneering feminist works with broader political-economy perspectives, the Daly and Lewis framework contributes to the re-conceptualisation of social care that is necessary to capture the qualitative changes and variations in welfare state policies.

Social care is defined by Daly and Lewis (2000: 285) as ‘the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out’. By this definition, the concept of social care is elaborated into three major dimensions, namely: labour, obligation and responsibility, and activity with costs, which could be analysed at both the macro and micro levels. Firstly, care as labour highlights not only its peculiarities as a form of work, but also the conditions under which care is carried out and the state’s roles in determining the attributes of the work.

Secondly, care is an obligation and responsibility that is embedded within a normative framework of social relations. This dimension emphasises both the social relations and discourses involved in care and the state's role in changing the norms. Thirdly, care is an activity with financial and emotional costs. This highlights the question of how the cost-sharing is allocated individually and/or collectively.

### **Social care and welfare state analysis**

Social care, as a concept and a policy area, has been included in analyses of the welfare state since the 1990s. This can be attributed to two main reasons (Anttonen and Sipilä, 1996; Daly and Lewis, 2000; Sipilä et al., 2003). Firstly, social care has become an expanding component of the welfare state. Demographic and socio-economic changes have made social care a growing concern for the welfare state, and various policies have been introduced to restructure existing care systems. In particular, the developments of social care across countries appear not to have been simplified by the retrenchment debates on the welfare state. Secondly, social care provides a different lens for the analysis of the welfare state. While previous analyses tended to only focus on financial and social security benefits, social care is a policy area that usually combines different types of provision to cover a broad range of needs: time, services and financial support (Daly and Rake, 2003). In addition to financial and social security benefits, social policy on care also includes employment-related measures, in-kind services and benefits, and incentives for

non-state provision. Furthermore, while previous analyses are usually developed along a public-private axis, the analysis of social care examines the complex relationships between the state, the market, and the family.

These distinct features of social care develop the analysis of the variations and changes in the contemporary welfare state along three major dimensions. The first is related to the variations and mapping of the welfare state. Welfare states have distinct ways of incorporating care, and this has given rise to a considerable body of scholarship (e.g., Alber, 1995; Anttonen and Sipilä, 1996; Esping-Andersen, 1999; Leitner, 2003; Bettio and Plantenga, 2004; Pfau-Effinger, 2005; Saraceno and Keck, 2010). One strand of literature focuses on the identification of care models and regimes across welfare states. Earlier modelling work examined variations in the supply of social services for childcare and/or elder care across European countries (Alber, 1995; Anttonen and Sipilä, 1996). Some later studies cover broader policy domains related to care by incorporating social services, leave arrangements, and financial provision (e.g., Bettio and Plantenga, 2004). The examination of social care in time-, money- and service-related provision allows scholars to identify distinct models of care, which may not totally conform to conventional welfare regime mappings, such as the argument of the ‘three worlds’ of welfare regimes (Esping-Andersen, 1990). Based on how welfare states organise and distribute care, scholars generally identify four or more models/regimes of care among European countries. The first two are most distinctive. The Scandinavian countries are clustered under the term ‘public-services model’, due

to their universal social provision for both childcare and elder care. In contrast, southern European countries are identified as employing a 'family care model'. In these countries, care for both children and older people mainly relies on private family care, and public care provision, in terms of time, money, or services, is very limited. In the UK and continental European countries, the picture is more mixed. Some differentiate them according to the provision and financing of social services (e.g., Anttonen and Sipilä, 1996). The latter authors argue that the UK is identified as a 'public means-tested model'. Although the state does provide public support for care, it is operated through means-testing. The state seeks to downplay its responsibilities, and the quantity of public services is limited. Continental European countries are grouped into the fourth, 'central European subsidiarity model'. In this model, the volume of public social care services is intermediate and the main responsibility for care remains within the family. But private not-for-profit providers with public funding replace family care if necessary. Some scholars differentiate the UK and continental European countries by comparing care-related provision for childcare and elder care (e.g., Bettio and Plantenga, 2004). While the UK and the Netherlands provide more support for older people, France and Belgium are regarded as more childcare focused.

Another group of scholars map welfare regimes through social care by focusing on the extent and variety of familialism and defamilialisation. Esping-Andersen (1999) re-examined his earlier regime mapping by including the conceptualisation of defamilialisation and familialism as a response to criticisms

of his earlier regime modelling, which highlighted its gender-blindness, limited attention to social (care) services, and neglect of the role of non-state providers in the welfare mix (e.g., Lewis, 1992; Orloff, 1993; Daly and Rake, 2003). Comparing public spending and coverage of social care for children and older people, he insisted that the inclusion of the measure of defamilialisation does not fundamentally undermine the 'three worlds' thesis. In his model, regimes characterised as Social Democratic or Liberal continue to cluster together. Although he identifies two groups (Continental and Southern European countries) within the Conservative regimes, he believes that the differences between them are not sufficient to argue for a separate Mediterranean regime. Some scholars go beyond the simple public-private, or familialisation-defamilialisation approach, and develop more complex typologies by elaborating 'varieties of familialism'. For example, Leitner (2003) argues that welfare states can incorporate both 'familialising policies', which are intended to strengthen the family's role in care provision, and 'defamilialising policies', which are designed to liberate the family from its caring role. Based on the differential extent of the two types of policy development, she develops four ideal types of familialism: optional familialism (strong in both types of policies), explicit familialism (strong in familialising policies), defamilialisation (strong in defamilialising policies), and implicit familialism (weak in both types of policies). This typology provides different clusters of countries characterised by their childcare and elder-care policies, which do not totally conform to the conventional welfare regimes. For example, Social Democratic regimes may fall into both the groups of

defamilialisation or explicit familialism. Following the line of 'varieties of familialism', Saraceno (2010; 2016) further develops five types of familialism to map the welfare state through the lens of social care for both children and older people (familialism by default, prescribed familialism, supported familialism, defamilialisation through the market, and defamilialisation through public provision). This typology provides a more mixed picture. Only Scandinavian (plus France) and Southern European countries can be identified as distinct groups. Scandinavian countries appear to have a high degree of defamilialisation with regard to both sets of obligations: those for children and for older people, and, in the case of young children, of supported familialism. Southern European countries represent a contrasting group of countries, characterised by a high degree of familialism by default with regard to both obligations.

In addition to the different mapping of welfare states, the lens of social care provides a second dimension of insight for understanding the development of the welfare state. One strand of literature addresses welfare state change by examining the shifts in organisation and responsibility for care among the state, the market, and the family. The study of welfare state change through the lens of social care provides a more mixed and complex picture, which may not conform to the overall trend of welfare state development, such as the retrenchment thesis. Here, there are two groups of literature. One focuses on universalism in care provision. Some argue that the level of universalism in social care has increased or been maintained, despite the era of austerity over the past two decades (e.g., Ranci

and Pavolini, 2013; León, 2014; Ranci and Pavolini, 2015). Other scholars notice that, although it appears not to be an explicit attack on universalism in care provision, there have been increases in the for-profit provision of publicly funded care schemes (marketisation), out-of-pocket payments for care (privatisation), and family care provision (re-familialisation) across European countries, particularly in Scandinavian 'public care models' (Meagher and Szebehely, 2013; Szebehely and Meagher, 2018) and the UK's 'public means-tested model' (Brennan et al., 2012).

Another set of literature highlights the (changing) role of the family in care organisation and responsibility, and illuminates subtle qualitative changes in the welfare state. Daly (2011) examines social policy reforms across European countries in the 2000s by identifying the moves between familialisation and individualisation. She reveals that some extent of familialism continues, despite changes across European welfare states, although there is a shift towards individualisation, especially in childcare. Furthermore, Kodate and Timonen (2017) identify three emerging modes which 'bring the family in through the back door' in recent long-term care reforms across European (and some Asian) countries. The first is the modification of formal care services, which requires the supply of family care. This resonates with the argument of 'restricted universalism' (Ranci and Pavolini, 2015: 13), characterised by universal entitlements but with limitations on formal care provision. The other two trends in policy development imply a 'turn to optional familialism (through the market)' (Bihan et al., 2019: 579). One is through the integration of informal care

into public schemes, which maintains or consolidates family care, such as the adoption of carer allowances. The final trend highlights policy developments enabling flexible forms of care labour drawn from the grey market that require the constant involvement of the family. This is evident particularly in the emergence of the 'migrant-in-the-family' model, accompanied by the expansion of cash payments (Bettio et al., 2006). While care is provided by non-family members, families are (increasingly) responsible for managing care arrangements.

A third insight that social care brings to the analysis of the welfare state highlights its social and normative dimension. One line of literature demonstrates the analytical potential of social care for connecting the 'social' and 'policy' dimensions in the analysis of the welfare state. Knijn and Kremer (1997) highlight the rights to give and to receive care that are shaped by the settlements of the welfare state, and link them to issues of gender inequality. Daly (2002) discusses the relationship between the welfare state and societal consequences by examining broader sets of considerations: gender equity, the legitimising of care, the demand for and supply of care labour, and the appropriate welfare mix within society. She distinguishes care as both a social good and a policy good. Care is a social good due to its embeddedness in norms and social relations, and it is a policy good because of the rights and entitlements to social care which are manifested in public policies. In other words, social care as a right and entitlement within the welfare state reflects the normative assumptions about responsibility and obligation for care, and also the relationship between the state and society. In this

sense, the analysis of social care not only focuses on shifts in the provision and distribution of the welfare mix within the welfare state but also addresses the normative and institutional particularities that govern the organisation of care within and across societal sectors.

On the basis of the literature reviewed here, we can see that the analysis of social care provides an insightful lens for understanding welfare state development. It not only provides a different mapping of welfare regimes, but also a more complex picture of the changes in welfare states. The following sections will examine how the existing literature understands East Asian welfare state change through the lens of social care.

## **2.2 Characterising and comparing the welfare state and elder-care development in East Asia**

This section focuses on the ‘what’ question of welfare state and social care development in East Asia. I will explore the existing literature on the characteristics and comparison of the development of East Asian welfare regimes, with a focus on recent developments within elder care in Japan, Korea, and Taiwan.

Although some East Asian countries were included in previous welfare state analyses (usually incorporating the Japanese case in statistical models; for example, Wilensky, 1975), they were not examined as a distinct group until the

1990s. An emerging body of scholars from both Asian and European countries has started to explore and characterise the emerging welfare state developments in East Asia (for a review of developments in this field see Ku and Jones-Finer, 2007). While the researchers may not have sought to reject the approach of 'conventional' welfare regimes derives on the basis of western models, they tried to either expand the typology by adding a fourth regime, or identify some particularities of the 'East Asian welfare model', which may not easily fit into European welfare regimes (e.g., White and Goodman, 1998; Tang, 2000; Aspalter, 2006). Early work tended to highlight the cultural distinctiveness of East Asian societies, particularly the influence of Confucianism. The label 'Confucian welfare states/regimes' was adopted to refer to these East Asian countries, which were deeply embedded in Confucian values (e.g., self-reliance, family ethics, and traditional gender roles). Scholars have identified several major features of the 'East Asian welfare model': a limited role for the state, reliance on the family and the third sector, and a gendered division in social provisions (e.g., Jones-Finer, 1993; Sung, 2003). Some later work tended to view Confucianism as a political ideology that is used to legitimise the reluctant role of the state as a provider, develop a political-economic approach (For a review of this approach see Choi, 2013). This group of scholars highlights the role of the (authoritarian) developmental state and its productive nature in social and economic policymaking, and labels the East Asian welfare systems with titles such as 'developmental welfare states' (e.g., Kwon, 1997; Kwon, 2005), or 'productivist welfare regimes/capitalism' (e.g., Holliday, 2000; Holliday and Wilding, 2003; Gough, 2004). It is generally argued that social policy

in East Asian countries, which is driven mainly by (authoritarian and conservative) bureaucrats, is subordinated to the primary goal of economic growth, and focuses on the productive function of welfare and the productive sector. However, these arguments for the uniqueness of the East Asian welfare model appear to be contested. For example, Esping-Andersen (1997) takes the Japanese case to argue it as a hybrid case of the Liberal and Conservative regimes, and some scholars separate the emerging East Asian welfare states into two groups, referring to Hong Kong and Singapore as Liberal, and Korea and Taiwan as Conservative regimes (Ramesh, 2004: 194).

Although the cultural (e.g., the influence of Confucianism) and political-economic (e.g., the developmental state) characteristics of East Asian welfare states are contested, it is generally accepted that East Asian countries share a familialist feature when it comes to social care. While various ‘models of care’ have been identified across European countries, East Asian countries are usually clustered together as a ‘familialist welfare regime’, which has been said to have some characteristics in common with Southern European countries (Goodman and Peng, 1996; Esping-Andersen, 1999; Peng and Wong, 2010; Abrahamson, 2011; Soma et al., 2011; Yamashita et al., 2013; Estévez-Abe et al., 2016). The existing work identifies the major features of the East Asian familialist welfare regime, including: (1) these welfare states developed in occupationally segmented arrangements, with a focus on income maintenance and the protection of the male breadwinner in the household; (2) despite rapid industrialisation, there remains a

large informal and segmented labour market consisting of family workers; (3) women are very slow to be integrated into the formal workforce; (4) there is very limited state responsibility or public services for care, and care obligations are assigned to the family. In sum, these characteristics of East Asian welfare regimes may be a mixture of developmental logic and Confucian values (Yamashita et al., 2013). While these regimes tend to focus on income maintenance and protection of the male breadwinner (particularly regular workers in major industries), the state provides few public services for care, and care obligations are largely assigned to the family.

However, it is noted that the members of the East Asian familialist welfare regime, in particular Japan, Korea, and Taiwan, have taken measures to expand social care since the 1990s. An emerging area of literature has tried to characterise and compare the changes in policy outputs as well as the outcomes of elder-care reforms in East Asia. Here, two research foci emerge. The first examines policy *outputs* and tends to emphasise the expansion of elder care in these countries over the past two decades. The analysis has generally highlighted the expansion of elder care by demonstrating the policy changes related to increased public financing and provisions for care. Along the dimension of financing, there was a trend that East Asian countries were increasing public financing for elder care by introducing compulsory long-term care insurance (Campbell and Ikegami, 2003; Nadash and Shih, 2013; Chon, 2013). Along the dimension of care provision, scholars noticed an increasing trend for East Asian governments to largely enact

market-oriented policies to boost the development of (market-based) care provision, aiming to substitute for or supplement family care (Chan et al., 2011; Chon, 2013; Chon, 2014). While these states increased their financial contributions towards elder care, they appear little interested in direct state provision. These governments tend to maintain the state as a regulator, rather than a direct provider, in welfare developments, and to mobilise the market sector to increase elder-care provision. However, it was also noted that elder-care markets differed in funding schemes and policy preferences for market alternatives among the three East Asian countries (Chan et al., 2011; Yamashita et al., 2013; Chon, 2013). For example, Japan and Korea followed their social-insurance trajectories, and implemented long-term care insurance in 2000 and 2008 respectively, but the actual design of the LTCI schemes are different (e.g., the adoption of cash benefits). Taiwan also intended to adopt LTCI, but the proposal failed in 2016 (this is part of the problematic of this thesis). Also, Taiwan enacted policies promoting the private employment of migrant care workers, while Japan and Korea held cautious attitudes on the introduction of a foreign labour force to provide care.

A second research focus examines the policy *outcomes* of recent elder-care reforms. Here the changes in care provision and/or financing among the state, the market, and the family are at the core of the analysis. In general, the analysis demonstrates some similarities in the changing patterns of welfare mix in East Asian countries: the family has retained its major role in elder-care provision and financing, but there is a growing market sector (Ochiai, 2009; Chan et al., 2011;

Zhang and Yeung, 2012; Yamashita et al., 2013). As discussed above, through the channel of public funding, there is a substantial growth in market providers. However, partly due to only a modest increase in the coverage of public care schemes, the family retains its significant roles in both care provision and financing across these societies. Looking more closely at the trends in the three main East Asian countries, we can notice some variations. While Japan, and even more so Korea, saw significant growth in the market sector, especially among for-profit companies, Taiwan appears to be more deeply embedded in its previous familialist care arrangements. Taiwanese families and live-in migrant care workers still shoulder the responsibility for the majority of elder-care provision and financing. However, studies of this welfare-mix approach have reached ambiguous conclusions as to whether the East Asian familialist regimes have diverged from past legacies. Some have tended to emphasise the *change*, i.e., the expansion of non-familial care provision and financing, and argued that there has been a move away from familialism, at least in some countries in the region (Ochiai, 2009; Chan et al., 2011; Zhang and Yeung, 2012; Yamashita et al., 2013). Others have tended to highlight the *continuity* in the significance of family care, and argue for the persistence of familialism despite recent policy reforms (Kim and Choi, 2013; Abrahamson, 2017).

Overall, the existing work gives us a general picture of elder-care developments in East Asia. However, it appears that the questions about whether and to what extent elder-care reforms across these countries signify divergences

from familialist trajectories have not been sufficiently answered. This may be because evaluations of the changes in the existing analyses appear fragmented on what has been looked at. They have tended to evaluate the changes in policy outputs or outcomes by examining the dimensions of care provision and/or financing, but lack a comprehensive framework based on a clear concept. Also, judgements about changing patterns in the welfare mix largely rely on experts' subjective rating scales (e.g., Ochiai, 2009; Chan et al., 2011; Yamashita et al., 2013), or limited quantitative data on the provision and financing of care in individual countries (e.g., Zhang and Yeung, 2012). More importantly, the analysis, which focuses only on care provision and financing, appears unable to sufficiently capture the core dimension of social care (i.e., responsibility for care) or the complexities of care policies that (re-)distribute the responsibility between the state and the family.

### **2.3 Explaining the welfare state and elder-care development in East Asia**

This section introduces the major literature on the 'why' question of the development of the welfare state and elder care in East Asia. There are two major groups of literature explaining the development of East Asian welfare states, focusing on either welfare laggards or expansion. For a long time, the welfare laggards of East Asian countries were understood mainly by the theses of cultural values and developmental states. The developmental state thesis emphasises

strong state interventions and a primary focus on economic growth in the post-war era (e.g., Kwon, 1997; Holliday, 2000; Gough, 2004). In single-party or authoritarian regimes, highly centralised and conservative technocrats formed a 'developmental alliance' with the business sector to promote state-led economic growth. In a context of 'stability through growth', social policy development was subordinated to productivist orientations and political legitimacy. Social provisions were highly selective and limited to the 'productive sector' (especially regular workers in big companies and core industries), and the state sector (e.g., soldiers and public servants). This developmental state approach is reinforced by the culturally oriented accounts. The shared Confucian cultural norms (e.g., filial piety, the rigid division of gender roles, and respect for the elderly) assign obligations for welfare provision to the family (e.g., Jones-Finer, 1993; Sung, 2003). This not only led to the enforcement of the strong breadwinner model in these regimes, but also substantially delayed social policy development in what is regarded as a 'non-productive sector', such as social care. East Asian countries relied largely on the family for welfare provision, including intergenerational financial transfers and care support.

However, these two traditional accounts struggle to capture East Asian welfare expansion since the 1990s. Emerging literature has developed two major kinds of account to fill the gaps. In general, these accounts argue that the functional and political underpinnings of the welfare laggards and arrangements in the post-war era have changed (for a review of the accounts for welfare

expansion in East Asia, see Fleckenstein and Lee, 2017a). One line of explanation tries to understand welfare expansion by arguing for a new politics of social policymaking after democratisation (e.g., Aspalter, 2002; Peng, 2004b; Wong, 2004; Haggard and Kauffman, 2008; Peng and Wong, 2008). This political account contends that the democratic transition from the late 1980s onwards not only opened up competitive politics between new parties and the existing authoritarian party, but also brought in new policy actors from civil society (e.g., academics, policy experts, and activists). Under this increasing electoral competition, the role of 'developmental alliances' (between the economic bureaucrats and the business sector) in economic and social policymaking has been undermined. Instead, the political calls for welfare expansion by 'pro-welfare alliances' between (new) parties and emerging societal actors (e.g., feminist groups) have pushed the extension of social provision onto a more universal basis.

While the argument of democratisation focuses on the expansion of 'old' social policies (e.g., health and income protection) during the 1990s and early 2000s, another account tries to understand the more recent expansion of 'new' social policies (e.g. work-life balance and care policies) by highlighting the functional pressures on these regimes in a context of democratic consolidation (e.g., Peng, 2004b; Peng and Wong, 2008; Fleckenstein and Lee, 2017a). It highlights the influences of socio-economic pressures, such as demographic change, family restructuring, and post-industrialisation. The conditions that support a familialist welfare system (e.g., rapid economic growth and traditional

Confucian values) have difficulty in being sustained, and the 'dysfunction' of the family in social provision has put pressure on these countries to expand their family and care policies. Scholars within this approach admit that the rise of the political left and social (feminist in particular) movements firstly pushed social policies relating to gender equality and social care onto reform agendas, but they have different views on the dynamics of functional and political factors. Some scholars emphasise the role of functional pressures and argue that the influences of the 'progressive alliance' may have been undermined in the post-industrial context (Peng and Wong, 2008; Peng, 2012). They contend that the developmental strategies of East Asian countries have been adjusted, rather than replaced. The expansion of family and care policies was not only due to the emergence of 'pro-welfare' ideas, but to a great extent was a functional response aiming to mobilise female labour-force participation, encourage higher fertility, and create jobs in welfare-related sectors. On the other hand, some highlight the role of (changing) party competition in a context of socio-economic changes (e.g., Fleckenstein and Lee, 2017a). It is argued that post-industrial pressures have not only changed the preferences of voters, but have also undermined the policy differences between parties. In a context of increasing electoral competition, not only the progressive parties but also the conservative ones (which previously held hostile attitudes towards welfare expansion) have proposed family-friendly policies to attract votes, especially from young female citizens.

Apart from the literature explaining the welfare laggards or expansion in East Asia, there is a third research focus, which tries to explain the similarities and differences in East Asian social care development after the 1990s. For the analysis of similarities, the existing literature paid more attention to marketisation and explained the common features mainly by means of institutionalist arguments, with some functionalist components. Here, the marketisation of elder care is treated as an immediate and effective way to boost the development of care services following the institutional path of the East Asian welfare model (e.g., Chan et al., 2011; Chon, 2014). In the expansion of care provision, one of the difficult challenges is the underdevelopment of care services due to the long-term limited involvement of the state. To rapidly expand care services, the mobilisation of market providers is regarded as a response that follows the institutional legacies of East Asian welfare models. Embedded within the institutional legacies of low social spending, a productivist orientation and the preference for 'small government, big market', East Asian states are more inclined to utilise other sectors (especially the market) to better rationalise government resources. The utilisation of market providers appears even more apparent when the government is attempting to expand its elder-care system.

On the other hand, some have tried to explain the nuanced differences between East Asian cases by highlighting the institutional legacies of specific countries. Examples here include immigration policy and the range of alternatives to state provision of care (Ochiai, 2009; Chan et al., 2011; Zhang and Yeung, 2012).

While East Asian states tend to mobilise the market sector instead of boosting direct state provision, they offer different attributes and amounts of market alternatives. Japan and Korea have a more cautious attitude towards the migrant care workforce and have mainly mobilised private providers, which are commissioned by means of universal LTCI. With relatively abundant funding sources, the market sector has increased its share of care provision. By contrast, Taiwan has more friendly policies towards a foreign labour force. The early introduction of migrant care workers relieved pressure on the state to expand public care services and also constrained the development of other types of care provision. Some scholars have developed political-institutional arguments to explain why some East Asian cases expand social care more than others. Some argue that the differences mainly derive from the extent of party competition (Fleckenstein and Lee, 2017b), and some further differentiate them by emphasising the role of different types of national elections (Estévez-Abe and Kim, 2014; Estévez-Abe and Naldini, 2016). It is argued that the presidential system makes presidents more sensitive to 'hot issues' and also allows them more institutional power to make policy changes (the Korean case), whereas the parliamentary system constrains the electoral sensitivity and agenda-setting power of prime ministers, and favours the status quo or gradual change (the Japanese case).

Overall, the existing work highlights different major factors for explaining the development of East Asian social policy during distinct periods. Firstly, to understand the argument of welfare laggards during the post-war era, the theses

of the developmental state and Confucian cultural values were emphasised. After democratisation in the late 1980s, political accounts, such as the decline of the (authoritarian and productivist) developmental state and the emergence of competitive politics and new societal actors, appear to have occupied mainstream explanations for the welfare expansion of the 1990s and early 2000s in the region. While these accounts of democratisation focus on the expansion of 'old' social policies, a growing literature tries to understand the recent social policy developments in family and care policies from the 2000s onwards. Scholars tend to highlight the influence of socio-economic pressures (e.g., demographic and family changes, and post-industrialisation) and the interactions of these functional pressures with increasing electoral competition in an era of democratic consolidation. Regarding the variations among these East Asian regimes, scholars have generally emphasised the institutional particularities of specific cases by examining policy legacies or types of electoral system.

## **2.4 Overview**

The different groups of literature provide insights for understanding the development of the welfare state and elder care in East Asia, but they have at least three limitations when addressing the research problematic of this thesis. Firstly, the characteristics and politics of elder-care reforms in East Asian familialist welfare regimes have not yet been sufficiently understood. Previous research on the transformation of elder care has mainly developed based on the European

experience and tends to be understood within a climate of retrenchment. However, elder care in East Asia has developed within a general context of welfare expansion. The two different directions of change may imply distinct features, processes, and mechanisms, but the existing literature has paid relatively little attention to cases of a familialistic welfare regime that are attempting to expand their elder-care system.

Secondly, the existing literature has not sufficiently answered questions regarding whether the East Asian familialist regimes have diverged from their previous trajectories after more than a decade of reform. Although several studies examine recent developments in elder care within East Asian familialist regimes, they have not developed a comprehensive framework for the evaluation of policy continuity/change in elder care and thus have reached ambiguous conclusions. Although the shifting patterns of welfare mix in care provision and financing were examined in some studies, their evaluations tended to be based on experts' subjective rating scales, or limited quantitative data. More importantly, the extant evaluations have tended to focus on care provision and financing, but this approach may limit the analytical potential to examine a key dimension of care; namely, care responsibility. It seems difficult to capture this key dimension of care simply by identifying the changing patterns of welfare mix.

Thirdly, the existing accounts may not sufficiently explain recent elder-care policy development in East Asia. They tend to view the policy outputs of elder-care reforms as a result of functional and/or political pressures. The functional

and political underpinnings of the Confucian and developmental welfare states (generally depicted as welfare laggards) may have been undermined under strong socio-economic and political changes, but it may be inappropriate to assume that these pressures are automatically translated into policy outputs. Although some scholars have started to examine the 'new politics' of social policymaking in East Asia by highlighting the changing role of party competition in post-industrial contexts, such as the changing policy preferences of parties and the electorate (e.g., Fleckenstein and Lee, 2017a), they have difficulty answering the questions of 'how' and 'what'. Given functional and political pressures, it remains unclear what policy ideas were actually promoted and how some policy proposals were enacted. More problematically, functional and political accounts may be not able to understand why or how some policies with strong implications for care expansion failed in a context of strong functional pressures and party competition.

Rather, I suggest that the development of elder-care policy is better understood as a complex political and ideational process. The extant literature relatively neglected the interplay of ideas and politics as an approach to understand East Asian welfare state development, in particular for the welfare-expansion period after the 1990s. However, while social care as a right and entitlement within the welfare state concerns the normative assumptions and political struggle about public-private division of responsibility and obligation for care, it is crucial to examine the intersection of ideas and politics in the analysis to adequately understand elder-care policy development. To this end, this thesis

takes an ideational-political approach to understand the Taiwanese case. The task of developing an analytical framework by examining the interplay of ideas and politics in shaping elder-care policy will be developed in the next chapter.

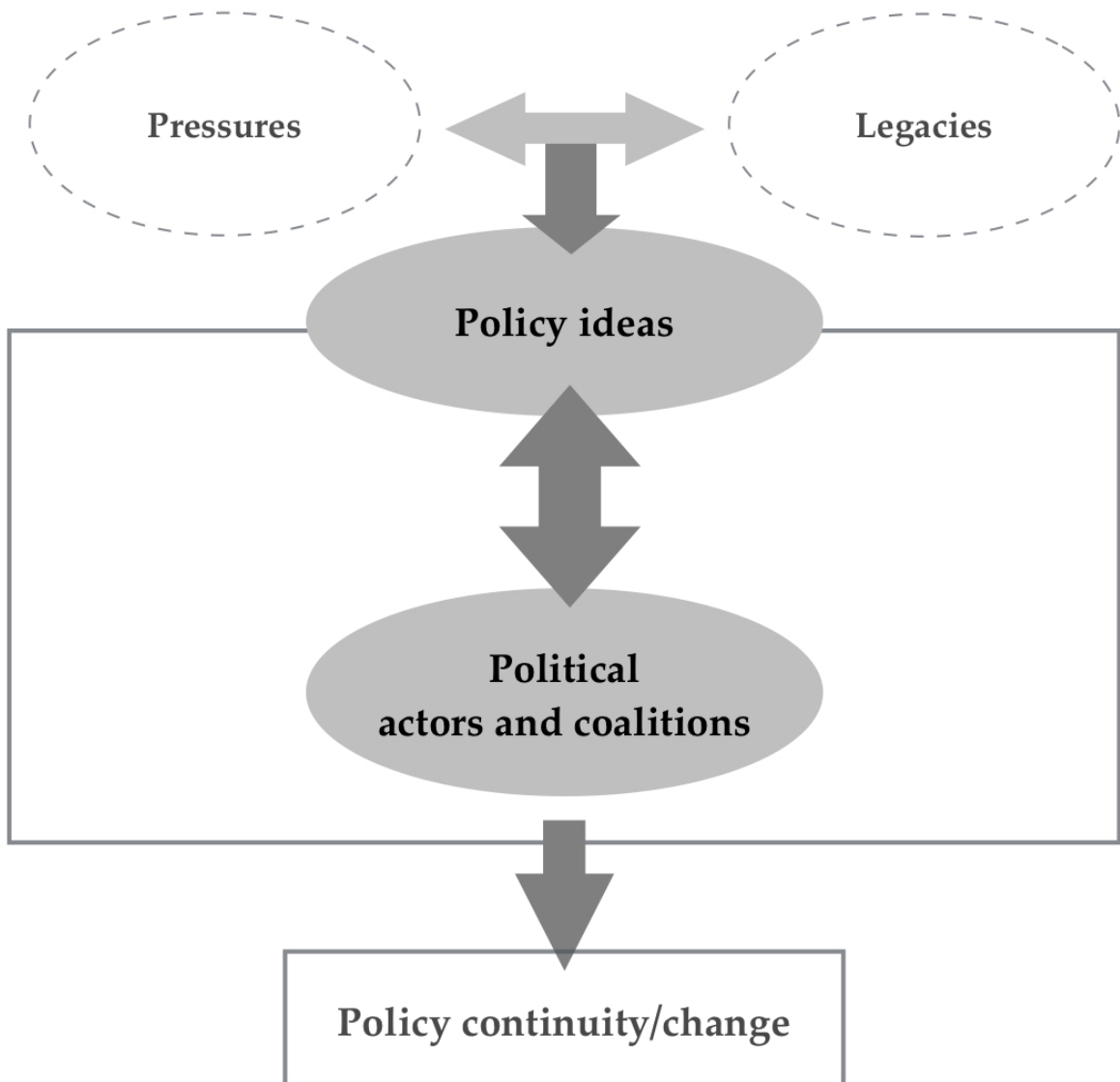
## **Analytical Framework and Research Methods**

Having reviewed the insights and weaknesses of the existing literature, my intention with this thesis is to move towards a more dynamic account of Taiwan's elder-care reform by taking an ideational-political approach. This chapter will elaborate upon the analytical framework developed for this research, and outline the research design and methods. It is divided into two major parts. Section 3.1 presents the analytical framework. It will define the major components of the framework before presenting the hypothetical causal relationships among them. Section 3.2 outlines the research design and methods. It will justify the case-oriented research design, and describe the methods of data collection and analysis.

### **3.1 Analytical framework**

The analytical framework of this research can be summarised in terms of three main parts, namely: dependent variables (policy continuity/change in elder care), contextual factors (functional/political pressures and institutional legacies), and explanatory elements (the interplay between policy ideas and political actors/coalitions). The overall rationale is demonstrated in Figure 3.1. I sequentially discuss the main components of the analytical framework in the following sections before presenting the research design and methods.

**Figure 3.1 The analytical framework of the thesis**



### 3.1.1 A framework for policy movement on the (de-)familialisation of elder care

The dependent variable in this thesis is policy continuity / change in elder care in Taiwan. Emerging literature on the analysis of the familialism-defamilialisation continuum provides insightful knowledge enabling an understanding of the changes in and varieties of family policy. However, the analysis of elder care has not been systematically included in the literature on family policy, although caring for older people is an important and increasing part of family activities (Saraceno, 2016; Lohmann and Zagel, 2016). Partly due to problems with the availability and quality of comparative data, previous analyses along the axis of familialism-defamilialisation lack consensus on the domains and measurements for elder care, either excluding it or relying on very limited, usually single, domains and indicators for the analysis of elder care (see an overview, Lohmann and Zagel, 2016).

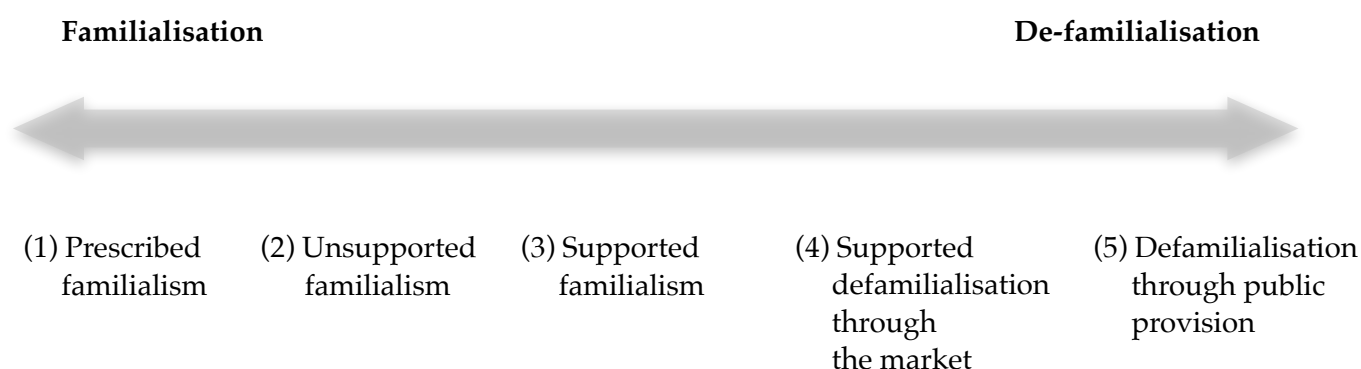
To evaluate the direction and extent of change in Taiwan's familialist welfare regime during a period of rapid policy development, this thesis builds on previous conceptual and empirical work on defamilialisation (Leitner, 2003; Leitner and Lessenich, 2007; Saraceno and Keck, 2010; Daly, 2011; Kröger, 2011; Saraceno, 2016; Lohmann and Zagel, 2016) and develops a comprehensive and country-sensitive framework based on a familialism-defamilialisation axis. Table 3.1 defines the main domains and indicators. The framework is designed to focus on the policy level, capturing the institutional changes around the (de-)familialisation of elder care. It consists of four policy domains: (1) legal obligations for care, (2) care services and provision, (3) cash benefits, and (4) care leave.

**Table 3.1 An analytical framework for policy movement on the (de)familialisation of elder care**

<b>Domain</b>	<b>Indicator</b>
<b>Legal obligations</b>	
Existence	<ul style="list-style-type: none"> <li>• Civil law obligations for older people in case of need (presence/absence)</li> </ul>
Intensity	<ul style="list-style-type: none"> <li>• The range of relationships involved (wider/narrower)</li> <li>• The level of sanction or punishment for those failing to fulfil their obligations (stricter/looser)</li> </ul>
<b>Care services and provision</b>	
Availability	<ul style="list-style-type: none"> <li>• Means-tested or universal</li> <li>• The threshold of dependency above which one is entitled (targeting or loosening)</li> </ul>
Generosity	<ul style="list-style-type: none"> <li>• The location of care (within or outside the home)</li> <li>• The level of care needs covered (broader or narrower)</li> <li>• The level of user copayments (increasing or decreasing)</li> </ul>
Regulations on the employment of live-in migrant workers	<ul style="list-style-type: none"> <li>• ‘Eligibility criteria’ for employing live-in migrant care workers</li> </ul>
<b>Cash benefits</b>	
Existence	<ul style="list-style-type: none"> <li>• The existence of direct or indirect cash benefits (e.g., care allowances, tax rebates, or non-contributory pensions/allowances)</li> </ul>
Generosity	<ul style="list-style-type: none"> <li>• The level of cash benefits (increasing or decreasing)</li> </ul>
Regulations	<ul style="list-style-type: none"> <li>• Regulations on the recipients of cash benefits (older people in need or family carers)</li> <li>• Regulations on the use of cash benefits (whether it is constrained to the purchase of care services)</li> </ul>
<b>Care leave</b>	
Existence	<ul style="list-style-type: none"> <li>• The existence of care leave (presence or absence)</li> </ul>
Duration	<ul style="list-style-type: none"> <li>• The duration of care leave (longer or shorter)</li> </ul>
Compensation	<ul style="list-style-type: none"> <li>• The level of payment on care leave (higher or lower)</li> </ul>

Based on the analysis above, I interpret the policy moves in the patterns of (de-)familialisation within each policy domain using the classifications developed by Saraceno (2010; 2016). Elaborating upon previous conceptual work that aims to develop the typology along the axis of familialism and defamilialisation (e.g., Korpi, 2000; Leitner, 2003; Lohmann and Zagel, 2016), Saraceno distinguishes five patterns of policies, implying different extents of defamilialisation: (1) prescribed familialism; (2) familialism by default (unsupported familialism); (3) supported familialism; (4) supported defamilialisation through the market; and (5) defamilialisation through public provision. Rather than giving relative values on a comparative basis, these identified patterns are able to not only provide a heuristic tool for identifying dynamic changes between different institutional constellations at the policy level along the familialism-defamilialisation continuum (see Figure 3.2), but also reflect dynamic changes at the country level according to the overall balance of each policy domain (i.e., legal obligations for care, care services and provision, cash benefits, and care leave) within a given country.

**Figure 3.2 Policy patterns along the axis of (de-)familialisation**



## **Legal obligations for care**

The first domain examines the existence and intensity of legal obligations requiring the family to support older people. This legal dimension was generally overlooked in previous analyses of defamilialisation (some exceptions are Saraceno and Keck, 2010; Saraceno, 2016). However, the presence or absence of legally binding financial and caring obligations for older people is fundamental to the institutional constellations of family responsibilities, not only implying different directions along the familialisation-defamilialisation axis, but also signifying different patterns of familialism (familialism by default or prescribed familialism) (Saraceno and Keck, 2010; Saraceno, 2016). In my framework (See Table 3.1), three dimensions are included, addressing the existence of legal obligations for older people in case of need, the range of relationships involved (wider/narrower), and the level of associated sanction or punishment (stricter/looser).

## **Care services and provision**

The second domain addresses policy changes related to care services and provision. Although this dimension played an important role in previous analyses, the domains and indicators adopted were relatively narrow and usually mixed up policy and outcomes (Lohmann and Zagel, 2016). This imposes significant limitations on the evaluations and makes them unable to capture the nuanced differences and changes between policies. Instead, the framework of this

thesis examines broader dimensions of care services and provision at the policy level and distinguishes major elements that differentiate policy differences and changes along the familialism-defamilialisation axis. The analysis is based on three dimensions: availability (e.g., eligibility criteria) and generosity (time coverage, location of care, and copayment level) of publicly funded care services, and regulations concerning the employment of live-in migrant care workers.

The dimension of availability focuses on the entitlement and eligibility criteria for elder-care services. It examines the entitlements to care services and the threshold of dependency above which one is eligible for services. Another dimension addresses the generosity of publicly funded care services. Here, three indicators are included: the location of care (home or institution), the level of care needs covered (broader or narrower), and the level of user payments (increasing or decreasing). It should be noted here that the location of care services plays just as important a role as examining the (de-)familialisation of care services, but this differentiation is only highlighted in some analyses (e.g., Daly, 2011). For example, public home-based care services demonstrate an ambiguous position towards the defamilialisation of care because they can both substitute for and incentivise family care (Leitner, 2003; Saraceno, 2016). As a result, the interpretation of change in policies related to the location of care must be cautiously coupled with other domains.

In addition to the availability and generosity of publicly funded care services, a third dimension of my framework is the regulation of the private

employment of live-in migrant care workers. Previous studies have paid little attention to this domain. However, the live-in migrant care worker is an important part of care provision in Taiwan. The government has adopted a regulatory system to define who can be eligible for employing a migrant worker at home. Here the loosening/tightening of 'eligibility criteria' for private employment has different implications for the (de-)familialisation of elder care. Combined with the dimensions related to care services, this allows us to capture a more complete picture of policy moves in the domain of care services and provision.

### **Cash benefits**

The third domain for the analysis of policies on the defamilialisation of elder care focuses on cash benefits. It examines the existence, generosity, and regulation of both direct and indirect transfers that support elder care. The types of cash benefits include direct transfers (e.g., care allowances) and indirect ones (e.g., tax rebates), and also non-contributory pensions. They are examined in terms of their presence/absence and level of benefits over time (increasing or decreasing). Again here I adopt a broader framework in focusing on a third dimension of cash benefits, which is sometimes overlooked, examines the regulation of the use and recipients of cash benefits. Generally, cash benefits may reduce the negative economic effects of family care and thus reinforce the family's caring functions and responsibilities (Leitner, 2003; Saraceno and Keck, 2010; Lohmann and Zagel, 2016). However, they may carry different implications for defamilialisation due to

various regulations on their use (whether recipients are constrained to buying care services from the market) and who the recipients are (whether the money is paid to older people or family carers) (Saraceno and Keck, 2010). For example, if the cash benefits are paid directly to older people and they are constrained to buying care services from the market, this may signify a move towards defamilialisation.

### **Care leave**

The final domain examines care leave related to elder care. My framework covers the domain of care leave by examining the existence of related policies (presence or absence) and their changes in the duration of leave (longer or shorter) and compensation (higher or lower). Generally, care-related leave is considered to be a familialising policy because it may support or enforce the family's performance of caring functions (e.g., Leitner, 2003; Saraceno and Keck, 2010). However, different designs of leave (short and well paid, for example), which allow employees to maintain high labour-market attachment, may bring defamilialising effects (Lohmann and Zagel, 2016). As a result, when interpreting the policy move in the domain of care leave, we should consider not only its existence but also the design of leave scheme.

### **3.1.2 Contextual factors: Legacies and pressures**

Before discussing the explanatory elements, in this section I outline two dimensions of contextual factors in the analytical framework, namely legacies (of the familialistic welfare regime) and pressures (functional and political). Here, it should be noted that these contextual factors are not the main focus of the explanatory elements in this thesis, but are treated as the background within which policy ideas and the politics of elder-care reform are embedded.

#### **The legacies of the familialist welfare regime**

The first dimension of the contextual factors that we should consider is the legacies of the familialist welfare regime, including both normative and institutional dimensions. The normative dimension mainly addresses the social norms around the responsibility and obligations of elder care and the appropriate roles of the state in care support. Traditional family ethics, especially filial piety based on Confucian philosophy, prescribes family members' responsibility and obligations for care. This cultural norm was identified as prevailing in Taiwanese society and to have shaped the development of social policy in East Asian countries (Jones-Finer, 1993; Sung, 2003). Because the family is assumed to take the major responsibility for care, the state's role in care support is marginal. The state is not expected to 'replace' the family's function in elder care, but to 'support' the family when it cannot fulfil the caring obligations. It is assumed that the state should (only) support those who have no adequate family care (e.g., those who are extremely poor or live alone), or support the fragile family in meeting its care responsibilities.

Another dimension concerns the institutional legacies of familialist welfare regimes. As reviewed in the last chapter, familialist regimes share several common features, including a strong male-breadwinner model of welfare, a large informal workforce, a slow integration of women into the regular labour market, low social spending, and underdeveloped social services (Goodman and Peng, 1996; Yamashita et al., 2013; Estévez-Abe et al., 2016). Applying these factors to the case of elder care in Taiwan, there are three institutional legacies concerning the responsibility, labour, and provision of care. Firstly, the state was reluctant to ensure an adequate amount of expenditure on elder care, and public care services were significantly underdeveloped. Secondly, while public care support was limited, most care provision relied on the family and the market. This leads to a large amount of informal care provision, either by family members or privately employed live-in migrant care workers. Thirdly, the state's residual role and the family's responsibility for care is further enforced by law, which reflects what is called 'prescribed familialism' (Saraceno, 2016).

### **Functional and political pressures**

Another dimension of the contextual factors is related to functional pressures on the familialist welfare regime. Demographic and socio-economic changes have posed significant challenges to existing care arrangements and are taken as major drivers for the recent development of elder care across countries (OECD, 2005; Colombo et al., 2011; Chan et al., 2011; Zhang and Yeung, 2012). These functional

pressures are usually considered in the formation of 'care deficits' from the demand and supply side. Demand-side pressures mainly centre upon demographic change. The ageing of the population which has taken place across countries has increased the number of dependent older people in need of care. In particular, the speed of population ageing in East Asian countries has increased the intensity of these pressures (World Bank, 2016). Supply-side pressures concern the decreasing availability of family care support. The changes in family size and composition, along with female labour-market participation, have brought the sustainability of familial care into question.

These socio-economic challenges have created significant political pressures through increasing electoral competition and the participation of advocacy groups in politics. After the democratisation in the late 1980s, emerging political parties and advocacy groups have played a growing role in Taiwan's welfare expansion (Hsiao and Lin, 2000; Aspalter, 2002). This is also evident in the recent development of elder care (Wang, 2011; Nadash and Shih, 2013; Chen, 2018). As functional pressures posed significant challenges to familialistic welfare arrangements, elder care has become one of the leading topics in Taiwan's political circles. In the context of highly competitive party politics and vibrant civil society advocacy, partisan actors have proposed various policy ideas during election campaigns and each new government has proposed policy reforms shortly after coming to power. At the same time, non-governmental organisations have a growing voice and influence in the policymaking process in Taiwan's vibrant

democracy. In the field of elder care, civil society actors not only express their voices extensively in the media and on the streets but also actively participate on the government committees. Many of their key members hold academic positions at universities or become governmental (elected) officials, and have a growing voice in elder-care policymaking.

### **3.1.3 Towards an ideational-political explanation**

Against the background of the legacies of the familialist welfare regime and the pressures on it, in this thesis, elder-care reform is understood as a political process rather than a mere functional response or institutional trajectory. This thesis seeks a dynamic explanation for Taiwan's elder-care reform by taking an ideational-political approach. The main explanatory focus is on the interplay of policy ideas and political actors/coalitions, and how this shapes policymaking in Taiwan's elder-care reform. In this section, I will firstly discuss why this thesis focuses on policy ideas and will define the level of policy ideas analysed. Later, I will outline two possible pathways through which ideational and political factors interact with each other and shape the path of policy development.

#### **Policy ideas**

Previous accounts of policy continuity were mostly derived from the domain of historical institutionalism. Generally, historical institutionalists highlight the

impact of institutional legacies, which are historically constructed on basis of the opportunities and constraints that policy actors face in the policymaking process, thus leading to particular policy outcomes that reflect institutional stickiness (e.g., Pierson, 1996; Pierson, 2001). The concept of path dependency, which plays a key role in historical institutionalism, stresses the enduring influence of previously enacted policies and institutionally mediated effects which give asymmetrical power to policy actors, channelling a continuous path. However, historical institutionalism may not fully explain the policy processes in at least three dimensions (Béland, 2005; Béland, 2016). Firstly, while historical institutionalism highlights the roles of the political opportunity structures that shape the opportunities and constraints of policy actors, this approach cannot capture *what* policy alternatives emerge. Secondly, historical institutionalists tend to overlook *how* problems are constructed. The processes of agenda setting, which frame the issues that policy actors intend to address, are generally ambiguous in historical institutionalist accounts. Thirdly, policy actors in historical institutionalist accounts appear highly constrained, and it is relatively discounted *how* they develop strategies to frame the politics of the policymaking process.

The emerging literature has focused on the roles of ideas and related ideational processes in addressing gaps such as agenda setting and the intersections of ideational and political-institutional factors in the policymaking process (e.g., Kingdon, 1995; Campbell, 1998; Blyth, 2002; Campbell, 2002; Schmidt, 2002; Béland, 2005; Schmidt, 2008; Béland and Cox, 2011; Parsons, 2016).

The role of ideas is highlighted as an independent domain in policy development, which has multiple effects with political and institutional factors. These ideational processes have an impact on how policy actors understand the problems, what policy alternatives are regarded as effective, and how they perceive their interests and construct the need for reform and political alliances. However, 'taking ideas and discourse seriously' (Schmidt, 2010), the existing ideational accounts mostly focus on policy change rather than continuity. To a great extent, the explanations for policy continuity are left to historical institutionalist accounts.

This thesis aims to explain the policy developments in Taiwan's elder-care reform by examining the role of policy ideas. Here, *ideas* refer to the organised principles, assumptions and causal beliefs in which policy proposals and alternatives are embedded (Béland, 2005). In the study of social care, the ideational approach not only responds to the weakness of historical institutionalist accounts, but also addresses the major characteristics of care. Care is a policy domain centring on the normative, economic, and social frameworks within which the activities of supporting a dependent person are assigned and carried out (Daly and Lewis, 2000). In Daly's words (2002), it is both a policy good and social good, whose rights and entitlements are not only manifest in public policies but also embedded in normative and social relations. While social care reflects the normative assumptions about responsibility and obligations for care, and the relationship between the state and society, it is crucial for the study of social care to understand the roles of ideas and ideational processes in policy development.

Some scholars distinguish different levels of ideas (Campbell, 2004; Béland, 2005; Béland and Cox, 2011; Mehta, 2011): (1) public philosophies (2) problem definitions, and (3) policy solutions. The broadest level of ideas highlights the influence of public philosophies, or 'national mood' (Kingdon, 1995), or 'public sentiments' (Campbell, 2004) on politics and policy change. While public philosophies and national mood are understood as dominant, and sometimes fixed, political and socio-economic assumptions across substantive policy areas within a given period, they appear too vague to capture the detailed elements of policy ideas or to demonstrate the contested processes among actors. Another level of ideas examines problem definitions. This focuses on how socio-economic problems are defined by policy actors. In other words, policy problems are not understood as given but as a contested area in which various actors interpret and frame the socio-economic contexts in different ways. The problem-definition level of policy ideas not only links up to policy assumptions, but also involves the processes of agenda setting, which limit the spectrum of policy choices (Kingdon, 1995; Mehta, 2011). The reason why this thesis did not examine ideas at the problem-definition level is mainly for practical concerns. According to my preliminary exploration of documentary evidence, policy actors in the Taiwanese context tended to share similar lines of problem definition. Strong functional pressures related to extremely rapid demographic and family change appeared to dominate how problems were defined in the policy community. In a context where the variety of problem definition tended to be limited, it would be difficult to capture ideational differences at the problem-definition level. This deserves

further research to understand the 'de-politicisation' of problem definition, but it is not the major focus and purpose of this thesis.

This thesis focuses on ideas at the third level: policy solutions. This most direct form of ideas provides us with a more concrete basis for capturing the actors' ideational stances and how these change over time. Policy ideas emerging in Taiwan's elder-care reform are examined in two steps. Firstly, I demonstrate the main content and reasoning of actors' policy proposals (in Chapter 5). This part is intended to provide detailed accounts of the policy ideas playing out in the reform and also to highlight major lines of conflicts among actors. In the second step, I differentiate the sets of policy ideas according to the stances on major dimensions of reform issues (also in Chapter 5). The reform issues are categorised on two dimensions: (1) the defamilialisation of care responsibility: the distribution of care responsibility between the state and the family (Leitner, 2003; Saraceno, 2016); (2) the formalisation of informal care labour: the transferral of care work from private households to public employment (Geissler and Pfau-Effinger, 2005). The overall picture of actors' policy stances allows us to better understand the relative positioning among these actors and to identify major sets of reform ideas and the political positioning of key actors.

## **Political actors**

This research examines both state and civil society actors participating in the elder-care reform. The DPP and KMT are two major actors in Taiwan's party politics. However, the division of these two parties are not along the conventional left-right line but are largely based on their policy stances towards China. While the KMT takes a more friendly attitude on the political and economic relationship with China, the DPP advocates for Taiwanese independence and holds a more cautious stance towards the giant neighbour. Hence, it has been said that the two major parties do not hold substantially distinct stances on social policy in general (Lin, 2012; Lin, 2013). In addition to the party actors, another group of actors examined includes bureaucrats and experts in government departments related to elder-care policymaking: These include those in departments of health, social welfare, labour policy as well as economic planning in the central government. It should be noted that economic bureaucrats had a leading role in Taiwan's social policy development in a context that social policy was largely subordinated by the overall goal of economic growth in the 'development welfare state' (Kwon, 1997).

The analysis also examines a wide range of civil society actors who got involved in elder-care reform. These not only include traditional welfare advocacy groups, such as elderly welfare organisations, who were the major players in the welfare expansion in Taiwan during the 1990s (Hsiao and Lin, 2000), but also cover 'new actors' in the landscape of social policymaking in the Taiwanese context, for instance feminist activists, family carers' organisations, care providers'

unions, and international workers' rights advocates. These actors were newly organised after the mid-2000s or did not widely participate in the issues related to elder care and social policy in general before the elder-care reform (Hsiao et al., 2018)

### **The interplay of policy ideas and political actors/coalitions**

This thesis not only emphasises that 'ideas matter' but is also intended to examine how ideational factors interact with other conditions, such as political and institutional factors, and how their interplay shapes policymaking in Taiwan's elder-care reform.

An influential model of policy process examining the relationship between ideas and power is the Advocacy Coalition Framework (Sabatier, 1988; Sabatier and Weible, 2007). The Framework provides three helpful insights for the analysis of the interplay between policy actors and policy ideas (Cairney, 2012). First, it emphasises that beliefs, rather than material interest, are the major cause of political action and are the 'glue' to bind together a broad range of actors. An 'advocacy coalition' gathers 'people from a variety of positions (elected and agency officials, interest group leaders, researchers) who share a particular belief system—i.e. a set of basic values, causal assumptions, and problem perceptions—and who show a non-trivial degree of coordinated activity over time' (Sabatier, 1988: 139). Second, a focus on 'policy subsystem' provides a more open and

dynamic groups-government relationships, rather than earlier notions of policy networks or communities, within which groups and governments appear relatively insulated. This broadens the analysis of actors from traditional 'iron triangles' (administrative departments, legislative sectors, and interest groups at a single level of government) to wider sets of actors at different levels of government. Third, the Framework provides a useful means to deal with the multiplicity of actors by aggregating them into 'advocacy coalitions'. The coalitions interact and compete with others to translate their own beliefs into policy decisions within a 'policy subsystem' which operates within a wider political system and external environment. Actors may be influential because they articulate important ideas, not simply because they can exercise power.

However, the ACF had at least two aspects of weakness in understanding the interaction between policy ideas and political actors. The first concerns the institution. Although the ACF situates the analysis of advocacy coalitions and policy subsystems within a wider political system, it tends to overlook the institutional differences across political systems (Cairney, 2012). Different institutional structures may vary markedly in practices of consensus and comprise but also in their openness — the number and accessibility of decision-making venues, which decide who are included or excluded. The second aspect regards the role of ideas in (re-)building advocacy coalitions. While the ACF highlights ideas/beliefs as the major driver of political behaviour, it holds an implicit assumption that beliefs and ideas held by policy actors within an advocacy

coalition are unambiguous and consistent. Also, when the division of policy ideas is cross-cutting, the ACF does not provide a plausible account explaining whether and why advocacy coalition re-organises and how the political realignment may have an impact on policy process and outcome.

Drawing on the literature on whether and how ideas matter (Kingdon, 1995; Béland and Cox, 2011; Mehta, 2011; Carstensen and Schmidt, 2016), the thesis examines the interaction between policy ideas and political actors/coalitions operated in two different settings. One emphasises the role of power imbalance among actors in bringing forward new policy ideas (*policy ideas of powerful political actors*); the other highlights the role of policy ideas in changing power imbalance and empowering political actors to resist policy change (*policy ideas empowering political actors*). In the following paragraphs, I will elucidate these interactions and present the guiding research questions and analytical strategies for examining how the ideational-political interactions shape policymaking in two distinct periods of Taiwan's elder-care reform.

**(a) *Policy ideas of powerful political actors***

The interaction between policy ideas and political actors/coalitions played out during the first period of reform emphasises the power imbalance among limited policy actors in a small and closed policymaking circle. It looks at how policy actors are able to use their institutional and political power to bring about their policy ideas (Mehta, 2011; Parsons, 2016; Carstensen and Schmidt, 2016). Some

policy ideas gain influence due to the institutional and political power of their 'hosts'. The imbalance of power among actors may derive from different origins. A first is the institutional positions of policy actors. Political actors are equipped with unbalanced power under specific institutional arrangements, leading to an uneven distribution of the decision-making and veto positions among actors, and also limits the opportunities for some policy ideas to bring their policy ideas onto the mainstream policy table. A second origin centres on the formation of powerful political coalitions. Policy actors may create political coalitions to promote their policy ideas against others. While some actors successfully establish powerful alliances, others may be unable to do so due to lack of shared policy positions and/or previous political partnership. This results in power imbalance among political actors and coalitions to bring about their policy ideas or resist those from their adversaries.

The guiding research questions for this part focus on: (1) *What policy actors and coalitions existed, and what sets of policy ideas did they subscribe to?* (2) *Who were the powerful political actors/coalitions, and why?* (3) *How did the power imbalance among actors/coalitions influence the policymaking and outcomes?* The analysis of the 'policy ideas of powerful political actors' will be developed in three steps in Chapter 6. Firstly, I will identify the major actors and coalitions and who subscribed to which sets of policy ideas. Secondly, I will provide evidence about the unbalanced power among political actors by examining their institutional positions and political coalitions to decide and/or veto policymaking. Thirdly, I will demonstrate how

powerful political actors/coalitions successfully take advantage of their institutional and political power to bring about their policy ideas, whereas other policy actors fail to block the policy changes due to lack of veto positions and countervailing political coalitions.

**(b) *Policy ideas empowering political actors***

The interaction of ideational and political-institutional factors can be played out differently in a different setting. Policy ideas can play a role in changing power imbalance and empowering political actors to influence policymaking and outcomes (Mehta, 2011; Parsons, 2016; Carstensen and Schmidt, 2016). This can be examined via two possible lines of enquiry. Firstly, policy ideas can allow multivocality for policy actors to establish stronger political coalitions. This emphasises the role of policy ideas as a 'coalition magnet' (Béland and Cox, 2016). The polysemic features of policy ideas make them attractive to groups that may have different interests and empower policy actors to attract wider support and generate stronger political coalitions stretching across diverse and previously separated actors. Secondly, policy ideas can serve as a 'normative weapon' for policy actors to shame others who do not conform to their ideational stances. Policy actors who promote certain policy ideas may not necessarily believe in or have achieved consensus on them, but rather use the policy stances instrumentally, with normative implications to influence policymaking and outcomes.

I present three research questions to guide the analysis: (1) *What political coalitions existed, and what sets of policy ideas did they subscribe to?* (2) *How did actors' policy stances and political alignments change over time, and why?* (3) *How did policy ideas play a role in reconfiguring political alignment and struggles, and thus influence policymaking?* The analysis of the second route will proceed in three steps in Chapter 7. Firstly, I will track what political coalitions existed as well as which sets policy ideas they advocated. Secondly, the changes in actors' policy stances and political alignments over time will be demonstrated and contrasted. Finally, I will track how political actors used policy ideas to build stronger political coalitions and shame their rivals, and were thus able to influence policy outcomes.

## **3.2 Research Design and Method**

Having elaborated upon the major components of the analytic framework, this section introduces the research design and methods adopted in the thesis. It opens with a brief description of the research design of this thesis. It will justify the case-oriented approach and the case selection. In the second part, it will outline the methods and processes of data collection and analysis.

### **3.2.1 Research design**

I employ a single case study to evaluate policy change/continuity in elder-care reform under the familialist welfare regime and to provide explanations for it. The

case-oriented approach is suited to my research purpose for its two main features: the strength of conceptualising and explaining outcomes, and the ability to address complex and contextual causality (Gerring, 2004; Della Porta, 2008). Developing in-depth knowledge of the specific case opens up an 'extensive dialogue between the researcher's ideas and the data in an examination of each case as a complex set of relationships, which allows causal complexity to be addressed' (Della Porta, 2008: 207). Through the over-time and within-case variation analysis of a single case, it is likely that causal mechanisms connecting the explanatory variables and dependent variables can be elaborated (Gerring, 2004). In addition, this method allows researchers to investigate a contemporary phenomenon, when boundaries between the phenomenon and context are not clearly evident, and in which multiple sources of evidence are used (Yin, 2014). However, findings from a single case study have limited potential for generalisation. A single case study generates strong internal validity, but the external validity is weak. In other words, caution should be exercised when applying the detailed accounts of the specific case to other cases. However, through the in-depth examination of a crucial case, this research is intended to expand knowledge of the existing literature on the changes in and politics of elder-care reform in the Taiwanese familialist regime.

## Case selection

The Taiwanese case presents some uniqueness (Chan et al., 2011; Yamashita et al., 2013), making it a crucial case for the study of continuity and change in East Asian familialist regimes. A first aspect is the choice of funding system for public care schemes. While Japan and Korea introduced their LTCI in 2000 and 2008 respectively, Taiwan did not follow the path of social insurance, although it was proposed, but instead took a tax-based approach to pursuing the first comprehensive long-term care system in Chinese-speaking societies. Secondly, Taiwan appears to have retained a higher proportion of family care. Compared to Japan and Korea, Taiwan has a lower level of public care coverage and maintains a relatively higher extent of family care, even after elder-care reform. In other words, Taiwan appears to demonstrate the most significant stickiness of a familialist care regime in the East Asian context. A third aspect is related to the adoption of providers; namely, migrant care workers and for-profit companies. While Japan and Korea take a more cautious stance on the introduction of migrant care workers, Taiwan relies heavily on this labour force as its major source of care provision. On the other hand, compared to the relatively positive attitude towards the entry of for-profit organisations in Japan and Korea, the Taiwanese government has legally prohibited their participation in elder-care provision (except for small care homes of under 50 beds). Instead, the government uses legal corporations (independent but regulated entities) and non-profit organisations for the expansion of elder-care provision. Overall, the Taiwanese case demonstrates a

distinct policy development from its East Asian neighbours in both policy instruments and outcomes.

The timeframe of this study is set during the period from 2004 to 2016 for two reasons. Firstly, the year 2004 marks a milestone in the development of elder-care policy in Taiwan. In this year, the Taiwanese government started to demonstrate a stronger willingness to take responsibility for elder care and implemented policy reform for elder care. It explicitly abandoned its previous familialist paradigms and established the Long-term Care Planning Taskforce to prepare for a comprehensive elder-care programme. Secondly, this time period is justified for evaluating the direction and extent of the change. Here, the defamilialisation of elder care is treated as a process rather than a yes/no question, and this time period can demonstrate the direction and extent of change after more than a decade of policy development.

### **3.2.2 Data collection and analysis**

The empirical data in this thesis mainly comprises documents and in-depth interviews with policy actors. These two types of evidence have distinct strengths that complement each other. Documents can be instructive for understanding social reality in institutional contexts, and can better provide certain types of information that interviewees are unable to memorise completely or accurately (e.g., details of policy proposals) (Flick, 2014b). Interview data is stronger for offering rich information that is hidden in documents, such as actors' rationales

for specific policy ideas. By diversifying the data sources, an analysis combining both types is able to increase the capacity of the data to answer the research questions and improve the validity of the research (Bryman, 2012). The following sections will justify the adoption of and outline the conducting of the two methods.

### **(a) Document analysis**

Document analysis was conducted before the interviews to serve three purposes. Firstly, governmental documents provided official statements about legislation, regulations, and policies on elder-care development. Secondly, the documentary data was used to identify major issues, conflicts, and policy ideas among actors during policy deliberation processes. Thirdly, the preliminary analysis of documents helped in the preparation for interviews, including the selection of interviewees and the development of an interview guide.

#### *Types of documents*

Documentary evidence was collected from both governmental and non-governmental organisations (e.g., advocacy groups and care providers). The governmental data comprises policy statements, legislation and regulations, official statistics and reports, minutes of government meetings, and records of parliamentary debates. They were supplemented by documents deriving from

non-governmental sources, including policy evaluation reports, press releases, and academic papers. These documents were acquired from websites and libraries of ministries related to the development of elder care, such as the Executive Yuan, the Ministry of Health and Welfare, the Ministry of Labour, the Council of National Development, and the Legislative Yuan. Due to the 'Open Government' policy developed after the 2000s, these documents are regularly updated and accessible via government websites or official application procedures. The non-governmental data was collected from major advocacy groups in the field of elder care, such as the Federation for the Welfare of the Elderly, the Taiwanese Association of Family Caregivers, and the Awakening Foundation (a leading feminist organisation in Taiwan). Academic papers written in both Chinese and English were retrieved from the Bodleian Library at the University of Oxford and the National Taiwan University Library. All documents were selected based on the following criteria (Scott, 1990: 6): authenticity (i.e., the document is genuine and of unquestionable origin), credibility (i.e., the document is free from error and distortion), representativeness (i.e., the document is typical of its kind), and meaning (i.e., the document is clear and comprehensible).

### *Analysis of documentary data*

After the documentary evidence was identified and collected, it was processed and analysed in the following steps. I used thematic analysis as the main mode of documentary analysis. Thematic analysis is 'a method for identifying, analysing

and reporting patterns (themes) within data' (Braun and Clarke, 2006: 79). A 'theme' here is a category identified by the researcher through examining the data and coding, and relates to the research focus and research questions. Several steps were taken during this stage. A first task is to become familiar with the data. I firstly read through the collected documents and generated initial codes on the basis of the analytical framework of the thesis. Secondly, some main themes were developed and defined. Here, I paid particular attention to the key concepts/ dimensions identified in the analytical framework. These include: (1) the content of policies and legislation related to legal obligations, care services, cash benefits, and care leave; (2) major issues, policy ideas, and conflicting lines among actors. Thirdly, for the empirical analysis of policy development, I examined policy statements and their changes according to the framework developed above (see Table 3.1). Fourthly, I took an inductive approach in order to identify major reform issues, conflicting lines of argument/position, and policy ideas, as well as their advocates emerging during the processes of policy deliberation.

These processes were repeated during the research period before writing up the thesis. The analyses of the documentary data were used in Chapters 4, 6, and 7. Chapter 4 contained the analysis of policies and legislation and the descriptive statistical data related to elder care development before 2004. Chapters 6 and 7 undergo further analysis of policy proposals, conflicting arguments/ positions among actors and the policy development during two respective

governments from 2004 to 2016. The documentary analysis stage also helped me to develop more specific interview questions.

### **(b) Semi-structured interviews with policy actors**

The document analysis was complemented by semi-structured interviews with major policy actors in Taiwan's elder-care reform. These semi-structured elite interviews serve three purposes. Firstly, they were used to examine the first-hand, in-depth perspectives of key actors in the policymaking process. These include their reasoning during the identification of problems, the formulation of specific policy solutions, the opportunities and constraints they faced, and the strategies that they employed in their attempts to influence policymaking. Although some of this information might have been obtained from documents, the genuine political considerations and policy intentions are not always explicitly stated in documents. Secondly, the relatively flexible nature of qualitative interviewing allows the researcher to acquire a rich and detailed description of contexts and processes (Bryman, 2012). This enables the study to examine richer information that is unable to be obtained from documents, for instance a more complete spectrum and dimension of policy ideas among policy actors. Thirdly, through different types of questions (open, hypothesis-driven, and probing), semi-structured interviews maintain a degree of openness, but at the same time reveal the interviewee's perspectives and position more explicitly (Flick, 2014a).

### *Selection of interviewees*

This research adopted purposive sampling. The selection of interviewees centred upon their representativeness and their roles in policy-making processes and was conducted after the documentary study. These interviews incorporated the key policy actors in Taiwan's elder-care reform, including government officials, members of parliament, representatives of non-governmental organisations (advocacy groups and care providers), and academics.

For governmental officials, the interviewees included ministers and high-level bureaucrats who had played a significant role in elder-care policymaking during the study period. They included nearly all the ministers who were responsible for the formulation of elder-care policy proposals of the different governments during the period between 2004 and 2016. In addition to ministers without portfolio (responsible for social policy), the interviewees came from two ministries that played a major role in the development of elder-care policy; namely, the Ministry of Health and Welfare and the Ministry of Labour. Of these, the Ministry of Health and Welfare was the main actor in Taiwan's elder-care reform. It was combined with the Ministry of Health and some departments of the Ministry of the Interior in 2013. The main plans, draft legislation, implementation, and evaluation of the policy reforms on elder care were developed in this ministry. The Ministry of Labour took a supplementary role in elder-care policy development and was responsible for the regulations relating to (migrant) care workers.

As for members of parliament, interviewees were selected from the Legislative Yuan, the highest legislative institution in Taiwan. These legislative representatives usually have their focused policy areas. For example, the members of the Committee of Health, Welfare, and Environment are actively involved in the elder-care policy reforms. The selected members of the Legislative Yuan came from the two major parties (DPP and KMT) in Taiwan's politics, and all of them had acted as the convenor of the committee responsible for elder-care legislation.

The interviews also included representatives of non-governmental organisations. Taiwan has a vibrant civil society after democratisation in the late 1980s and civil society actors have been actively involved in policy advocacy across a wide range of areas, including elder care. They not only promote policy ideas through public advocacy and parliamentary lobbying, but also have seats in the government's consultation meetings and policymaking committees. The interviewees covered a broad range of civil society actors participating in elder-care reform. These included representatives of older people's welfare advocacy organisations (e.g., the Federation for the Welfare of the Elderly), family carers' organisations (e.g., the Taiwanese Association of Family Caregivers), feminist groups (e.g., the Awakening Foundation), international workers' rights organisations (e.g., the Taiwan International Workers' Association), health-related organisations (e.g., the Taiwan Alzheimer's Disease Association), and care providers (e.g., the Taiwan Home Care Strategic Alliance).

It is to be noted that about one-third of the interviewees had an academic background (mainly in social work, social policy, or health policy) and had multiple organisational affiliations. This reflects a Taiwanese particularity that whereby academics actively participated in elder-care policy advocacy groups, or were appointed as ministers responsible for policy formulation.

### *Conduct of interviews*

I conducted the interviews during the period from January to April 2018. The difficulty of accessing these interviewees and avoiding non-response was dealt with in two ways. Firstly, I sent formal letters to the interviewees. This process is officially regulated by the government and officials are required to respond. Secondly, due to my personal experience in policy circles, I was able to get access to the interviewees (issues about being an 'insider-researcher' will be discussed in Section 3.2.4). These helped the conduct of interviews to reach significantly high response rates (32 out of 35 selected respondents). Only two legislators and one government official who were previously selected did not accept the invitation of participation in the study. However, the non-responses were managed by data supplements through both documents as well as the interviews from their colleagues or allies when it was needed.

Table 3.2 presents a summary of the distribution of interviewees' organisational affiliations. The complete list of interviewees is provided in the Appendix. In total, 32 interviews were completed, including 15 government

**Table 3.2 Distribution of organisational affiliations of interviewees**

<b>Category</b>	<b>Number</b>
<b>A: Government officials</b>	
Ministers	6
Bureaucrats	9
<b>B: Members of Parliament</b>	
Democratic Progressive Party	2
Chinese Nationalist Party	2
<b>C: Non-governmental organisations</b>	
Advocacy groups (Feminists, family carers, senior citizens, and international workers)	7
Care providers	5
<b>D: Academics*</b>	1 (10)
<b>Total</b>	<b>32</b>
* Most of the interviewees in academia have multiple roles, such as government officials or NGO representatives. The number in brackets indicates all interviewees who have an academic background.	

officials, four legislators, 12 NGO representatives and one academic. The interviews normally lasted between 1.5 and 2.5 hours. The major focus of the interviews was what policy ideas these policy actors advocated and how they had tried to influence policymaking processes in Taiwan’s elder-care reform. The leading topics include: (1) What did policy actors perceive as major problems that policy reform aimed to address? (2) What were policy actors’ main goals through these reforms? (3) How did policy actors formulate policy solutions? (4) What were policy actors’ considerations on specific policy stances? (5) What were the major reform issues and disputes among actors? (6) How did particular policy

actors promote their policy ideas and influence policymaking? On the basis of these topics, an interview guide was developed after the preliminary analysis of documents (see Appendix for the interview topic guide). All interviews were recorded with the informed consent of the interviewees.

While the accuracy of elite interviews is often questioned due to risk of the dishonesty of high-level politicians, these risks were reduced in this study in two ways. Firstly, the topic of elder-care policymaking contains few sensitive issues. Secondly, the risks of inaccuracy and dishonesty were managed by comparing the information gained from different interviewees with documentary evidence.

### *Analysis of interview data*

I adopted thematic analysis to analyse the interview data. Firstly, all the interview recordings were transcribed. This was followed by a coding process, and then the codes were sorted into various themes. Core themes were built on the basis of the framework of the topic guide, covering actors' problem definitions, policy solutions, stances on specific reform issues, and strategies for influencing policymaking. After reviewing and refining these themes, I developed thematic maps and labelled the themes/sub-themes. The identified themes were applied to all the interview data. Through a continuing process of moving between themes and data, I developed some more abstract themes in order to generate concepts or explanations for this research. All the transcripts were processed, reported, and stored anonymously.

The processes of data analysis in this thesis involve issues related to language and translations. In order to avoid any distortion of content or meaning resulting from translation in the process of data analysis, the interview data were firstly coded and sorted in Traditional Chinese. After finalising the thematic framework, I translated the themes and extracts into English. Specific English terms and titles were used in accordance with translations made by the Taiwanese government.

In order to capture both the *spectrum* of actors' policy ideas and the *process* of policy deliberation, I analysed the interview data through two major cycles. Firstly, I took a deductive approach to adequately understand the spectrum of policy ideas among the different actors (Chapter 5). At this stage, the interview data was analysed alone. I focused on actors' policy stances and considerations on specific reform issues. These issues were developed deductively from the four policy domains of elder care (legal obligations for care, care services and provision, cash benefits, and care leave). After understanding the spectrum of actors' policy ideas, I took a more inductive approach in order to understand the process of policy deliberation (Chapters 6 and 7). In the second step, the interview data was analysed together with the documentary evidence, particularly minutes of government meetings and parliamentary debates. This inductive approach enabled the analysis to capture not only the major reform issues and conflicting lines on the policy table during different periods but also the changes in actors' policy stances and political coalitions over time.

### 3.3 Research Ethics

The research ethics approval of the thesis was granted by the Departmental Research Ethics Committee (reference number: SPI\_DREC\_17\_002) before I started to conduct interviews. The main issues of research ethics in the study concern the informed consent and anonymity of the respondents. These were managed as follows. The participant information sheet and informed consent form were provided to interviewees when I approached them initially. These documents explained the purpose of the research, the roles and rights of participants, and how the interview data provided will be processed, stored, and published. At the beginning of each interview, I underlined major points of these pieces of information again, including the rights of participants to withdraw consent, and responded to all concerns and unclear points that interviewees raised. The consent forms were signed by interviewees prior to interview. All interview data were anonymised soon after the interviews and over the whole data processing and stored confidentially using encrypted laptops and disc to which only I have access. In order to guarantee the anonymity, all interviews are numbered in the text when being referenced.

#### *Advantages and challenges of being an 'insider-researcher'*

As mentioned above, I participated in Taiwan's health and social care policy circle, as a policy adviser in a leading think tank of the DPP, before starting my doctoral study. Although I was not a member of the DPP and did not have a vested interest

in ensuring the success of the DPP's policy proposals, it is crucial to recognise my past role in relation to the DPP and the advantages as well as potential challenges as an insider when conducting the research.

Many advantages of being an 'insider-researcher' have been mentioned in the literature, including an in-depth understanding of the issues and environment studied, and accessibility to key informants and data (Brannick and Coghlan, 2007; Chavez, 2008; Dwyer and Buckle, 2009). In my research, I benefited from these advantages of being an insider-researcher in data collection and analysis. Firstly, my past role in the policy circle enabled me to have better access to high-profile policy actors. The interviewees appeared willing and comfortable to share their ideas and experiences in the policymaking process and to discuss issues with me, a policy expert and a geriatrician who was not only known by some actors but also 'understands' the issues. In addition, my past experience provided a position for me to have a better understanding of the cultural and political context in which the study was conducted and the insider language and jargon used by my interviewees. This enabled me to facilitate the interviews by not disrupting the flow of the interaction and to probe richer description and details by developing lines of questions further. During the data collection analysis, the familiarity lowered the possibilities for me to misunderstand what the respondents had said or take it out of context but also helped me to extract valuable or interesting data, from both documents and interviews, which an 'outsider' is potentially not

noticing. For example, my knowledge of historical and current policy debates enabled the lines of analysis on the nuances surrounding 'care going public'.

Being an 'insider', as a doctoral researcher as well as a past DPP policy adviser, had many advantages, yet there were at least three challenges that need to be managed (Brannick and Coghlan, 2007; Chavez, 2008; Dwyer and Buckle, 2009). Firstly, it was important to avoid that I was biased through my own preconceived ideas and jumped to premature conclusions. To minimise these risks, I employed different methods of data collection and ensured multiple sources of data as well as informants. Also, as a doctoral researcher, I regularly received critique and feedback from my supervisor. Through the supervision process, what I perceived as familiar, routine, and took for granted was interrogated and challenged, and this enabled me to 'make the familiar strange' and to avoid the biases that an insider-researcher is usually criticised. The second challenge for an insider-researcher was the potential for 'informant bias'. Interviewees who had different levels of relationships with me may hesitate to share their true experiences and ideas for fear of being judged. To reduce these potential difficulties, I strictly followed the research ethical codes (e.g., informed consent) and ensured that the respondents were aware that they participated in research. I explained the anonymity and confidentiality and assured the rights of participants before each interview. The third challenge that is usually discussed in the literature is the power imbalance between insider-researchers and participants. For example, participants may feel obliged to cooperate with an insider-researcher

who is their (senior) colleagues when receiving an interview invitation. In my research, all interviewees were senior to me in the policy circle and the potential for implicit coercion was relatively low. To address the ethical issues, I gained access to participants through formal invitation letters and explained the rights of participants in detail, including the right to withdraw.

## The Taiwanese Familialist Regime at Stake: Between Legacies and Pressures

### 4.1 Introduction

This chapter aims to contextualise Taiwan's elder-care reform by examining the legacies of the familialist regime and the pressures that led to calls for change. Two key questions guide the analysis in the chapter: (1) What legacies have characterised the development of elder care within the Taiwanese familialist welfare regime? (2) What were the major pressures that were challenging the Taiwanese regime? The chapter addresses these questions by examining policies and legislation in elder care, the state of elder-care provision, and pressures on the familialist regime before the mid-2000s. The analysis is based on government documents and official statistics.

The chapter proceeds as follows. The next two sections demonstrate the legacies of the Taiwanese familialist regime before the reform (pre-2004). Section 4.2 examines the policy developments related to elder care, which I call the 'care as private' approach, and Section 4.3 presents the state of elder-care provision. Section 4.4 describes the major pressures that were challenging the familialist regime; Section 4.5 discusses the facilitating environment and source of policy learning for Taiwan's elder-care.

## **4.2 The 'care as private' approach: The policy development of elder-care in Taiwan before the mid-2000s**

Looking at the period before 2004, the first thing to note is that there were no concrete policies or legislation on elder care in place in Taiwan during the post-war era. It was not until 1980 that the first social policy legislation for older people, the Senior Citizens' Welfare Act, was launched (Ministry of Interior, 1980). The passage of the Act could be considered a starting point for state intervention into the welfare of older people (Lin, 2012). However, the Act formalised past norms about family obligations for elder care, and in effect public support for elder care was reserved for older people without obligated or capable family members.

Growing elder-care needs from the early 1990s onwards called for a policy response from the Taiwanese government (Lin, 2010). However, the government responded to the increasing unmet care needs by maintaining its familialist approach to elder care. Promoting the 'three-generation family' as the ideal living arrangement and form of welfare provision, the then Premier insisted that 'the social belongs to society' (社會的歸於社會) and advocated the idea that 'the three-generation family is the best model for social welfare' (三代同堂是最好的社會福利模式) (Hu, 1995: 124). In parallel with the advocates of traditional family ethics and responsibilities, the government allowed cross-national human resources agencies to introduce live-in migrant care workers from Southeast Asian countries

and legalised the underground market for institutional care providers by relaxing existing restrictions on them as a supplementary and alternative source of care provision (these policy measures will be detailed in Section 4.2.2).

In general, in the period to the early 2000s the Taiwanese state was reluctant to take responsibility for elder care, and enacted a series of policies and legislation designed to enforce private responsibility for care. The policy legacies of the Taiwanese familialist regime, known in my study as the 'care as private' approach, manifested in four major policy domains related to elder care: legal obligations for care, care services and provision, cash benefits, and care leave.

#### **4.2.1 Enforcement of the legal obligations on the family for elder care**

A first aspect of the familialist legacies in Taiwan is the enforcement of the family's responsibility for elder care through legal practices. Taiwan's Civil and Criminal Law explicitly defines the financial and caring obligations of the family for its members, the ranges of family relationships involved, and the related penalties for those who do not fulfil their obligations (Ministry of Justice, 2015; Ministry of Justice, 2016). In particular, the concept of 'filial piety' (Xiao, 孝) has a significant influence on legal practices, and defines the fundamental legal structure of the relationships between adult children and their parents. This was prescribed in the Amendment to the Civil Law in 1985, with the newly added Article 1084 explicitly stating that 'children shall be filial to and respect their parents' (Civil Code Article 1084). According to the official statement of its legislative reason, filial piety is

believed to be a traditional virtue of the country and the goal of this legislation is to promote and enforce it (Ministry of Justice, 2015).

The legal caring and financial obligations of family members involve broad relationships within kinship networks. Family members are legally required to provide (financial and/or care) support for family members who cannot maintain independent living. The obligations for support involve lineal relatives by blood, brothers and sisters, parents-in-law, and all members of a household (Civil Code Article 1114). Within the wide ranges of family relationships involved, the legal obligations for supporting parents are the most highly prioritised by the Civil Code. Adult children are legally appointed to the primary position to take on the obligations for supporting their parents and are required to prioritise the fulfilment of these obligations over others, such as the care of their own children (Civil Code Article 1115, 1116). There are no exemptions permitted from these legal obligations for looking after parents, even when adult children are themselves unable to maintain independent living (Civil Code Article 1118). In addition, the legal obligations to support one's parents not only involve financial transfers but also emphasise care support. Adult children are obliged to look after their parents even while their parents are still capable of earning their own living (Civil Code Article 1117).

The Criminal Law explicitly mandates penalties for those who fail to fulfil the legal obligations around supporting family members and these punishments are to be increased when applied to the case of caring for parents (Criminal Code

Article 294, 295). In addition to the civil compensations that can be claimed by (older) family members, those who do not fulfil their obligations to support their parents are to be punished by imprisonment (from six months to five years, or longer if such neglect results in injury or death).

#### **4.2.2 Limited public care services and growing market provision**

A second aspect of the 'care as private' approach concerns policy developments related to care services and care provision. Again here the evidence speaks to the Taiwanese state historically maintaining its reluctant role as an elder-care provider. Before the 1990s, there was only a means-tested public care programme which provided institutional care for the low-income elderly or those without adequate family support. In the 1990s and early 2000s, the government took a series of measures to increase elder-care provision via the market. Prior to 2004, policies relating to care services and provision included means-tested public institutional care programmes, the introduction of provisions to encourage live-in migrant care workers, the legalisation of the underground market for small, for-profit care institutions, and the mobilisation of private investment in elder-care services.

#### **Means-tested public institutional care programme**

Although the Senior Citizens' Welfare Act was legislated in 1980 to promote the welfare of older people, elder-care support largely operated through a social

assistance scheme (Chen, 2011b). Public care provision was available on a strictly means-tested basis, and therefore only for the low-income elderly or those without adequate family support. However, the threshold of dependency for entitlement to the public programmes was not clearly defined and in practice usually targeted those with extremely severe disability. Institutional care services were the only option included in the benefit package of public care programmes. Those who were eligible for the social assistance programmes based on these strict criteria were to be settled in free care homes run by the government or charity organisations. However, it is noticeable that the Act only allowed the establishment of public and non-profit elder-care institutions, and the number of such institutions was very limited.

### **The introduction of provisions to encourage (live-in) migrant care workers**

Responding to growing elder-care needs from the early 1990s onwards, instead of expanding public care programmes, the government allowed cross-national human resources agencies to introduce migrant care workers to provide supplementary and alternative care provision for the family. The 'Temporary Measure to Address Shortages of Manpower for Providing Care for the Disabled' (因應家庭照顧殘障人力短缺暫行措施) implemented in 1992 opened up a new care market. This allowed Taiwanese families who needed care support to employ live-in migrant care workers, mainly from Southeast Asian countries, through private cross-national human-resource agencies (Ministry of Labour, 1992b).

Treating this as a separate track of care provision from public schemes, the government set criteria for employers, defining who is eligible to hire a live-in migrant care worker (Chen, 2016). From their introduction in 1992 to 2004, the criteria experienced three main periods, each loosening or tightening the employment of migrant care workers by means of different disability levels, assessment tools, and assessment teams. The first period, from 1992 to 2000, set relatively loose criteria without specific assessment tools. During this period, people with physical and/or mental disabilities with 24-hour care needs were eligible to hire a live-in migrant care worker (Ministry of Labour, 1992a). The assessments did not require any specific clinical tools and were determined by only one medical practitioner at any level of clinics and hospitals. These loose criteria lasted until 2000, when the newly elected DPP government sought to control the number of migrant care workers. During this second period (from 2000 to 2001), a specific assessment tool, the Barthel Index<sup>1</sup>, was introduced with the aim of making the criteria more objective. Only those with Barthel Index scores of less than 20 were eligible. In addition, the assessments were to be conducted by medical personnel at designated hospitals (usually academic medical centres or regional hospitals). However, these attempts to tighten migrant care worker employment were soon challenged. One year later, the government loosened the criteria by relaxing the Barthel Index scores (from 20 to 30, and 40 for people with end-stage cancer), marking the third period (from 2001 to 2005).

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1 The Barthel Index is an ordinal scale used to measure performance in the activities of daily living. It consists of 10 dimensions: (1) feeding, (2) grooming, (3) toilet use, (4) bathing, (5) dressing, (6) urinary incontinence, (7) faecal incontinence, (8) transfers, (9) walking (10) climbing stairs. Each dimension is rated separately and total scores range from 0 to 100. Based on these scores, people who are being assessed are categorised into five groups, implying different levels of disability: 0–20 for totally dependent; 21–60 for severely dependent; 61–90 for moderately dependent; 91–99 for mildly dependent; 100 for totally independent.

## **The legalisation of the underground market for small, for-profit care institutions**

Another measure taken to increase the supply of market care provision prior to 2004 was the legalisation of the underground market for small, for-profit care institutions. From the early 1990s, the for-profit sector had invested in elder-care institutions to take over the increasing care needs that Taiwanese families were unable to meet. However, due to the governmental restrictions on the organisational attributes of institutional care providers (limited to the non-profit sector), all for-profit care homes were operated illegally. In the Amendment to the Senior Citizens' Welfare Act in 1997, the government legalised these existing for-profit providers and loosened the regulations on elder-care institutions in general (Ministry of the Interior, 1997). However, the 'market' was limited to small-scale care institutions that accommodated fewer than 50 residents. In addition, these institutions were not allowed to receive subsidies, donations, or tax rebates from the government, for which the non-profit sector was eligible<sup>2</sup>.

The Amendment had two major goals (Chen and Kuan, 2011; Wu, 2011). One was to regulate the underground market for care homes which had emerged before the 1997 Amendment. With the growth of this illegal market, there were increasing numbers of scandals concerning care quality and safety in these unregistered care homes. The Amendment anticipated that the legalisation would

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<sup>2</sup> Although the exclusion of for-profit providers from the government's financial support appeared to privilege the non-profit sector, only a few non-profit organisations participated in institutional care provisions (see Section 4.3.1).

encourage the existing care institutions to register with the government and instigate quality management. Another goal was to accommodate the increasing number of older people entitled to public care programmes. Facing these increasing demands, the government did not expand the volume of public care homes but started to commission elder care to private care institutions instead. While the non-profit institutional care providers were significantly limited, the existing and new small, for-profit care homes were expected, after the legalisation, to cover the shortage of public care provision.

### **The mobilisation of private investment in elder-care services**

In addition to the introduction of migrant care workers and the legalisation of for-profit institutional providers, the earlier Taiwanese governments tried to increase market care provision by mobilising private-sector investment in the elder-care sector. However, although several local pilots were implemented in the late 1990s<sup>3</sup>, the Taiwanese state remained reluctant to develop public care services. Instead, in 2002, the government introduced the 'Plan for the Development of the Care-Service Industry' (照顧服務產業發展方案) (Council of Economic Development,

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3 From the late 1990s, there were two pilot programmes implemented to develop elder-care services: 'The Three-year Project for Long-term Care for the Elderly' (老人長期照護三年計畫) and 'the Pilot Program for the Development of a Long-term Care System' (建構長期照護體系先導計劃). These pilots, led by teams comprising of health policy experts and local governments officials, were aimed to develop and provide home-based and community-based care services to individuals/families in a few experimental areas. The main goals of these pilots were to work out feasible models of care delivery and financing. Due to the experimental nature, both pilots were extremely small in scale and suspended after a short period of implementation.

2002) to encourage private investment in the development of an elder-care service market. In fact, the major goal of the Plan was to cope with the growing unemployment rates in the early 2000s, and to some extent the development of care services was a side product (Chen, 2011b; Wu, 2011). Because elder-care service is a labour-intensive sector, the promoters of the Plan expected that the development of a care-service industry would create new job opportunities and meet the goal of employment promotion.

With the aim of developing a care-service market, the Plan developed two lines of measures (Council of Economic Development, 2002). One was to create new providers. The government expected that the loosening of legal restrictions (e.g., allowing investment by the for-profit sector) and the introduction of business incentives (e.g., tax rebates and government support for land acquisition) would mobilise investment from private providers. The second strategic orientation aimed to create new consumers. The Plan set out to expand the eligibility for public care programmes to cover all older people who require care support. It was expected that the expansion to ‘universal entitlements’ could facilitate the development of an elder-care business/industry through creating new consumers. However, the new programme provided extremely limited time coverage and required users to pay for services largely out of their own pockets<sup>4</sup>.

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<sup>4</sup> The Plan provided different subsidised service hours according to the level of disability. Those assessed as having mild or moderate/severe disability could receive an 8-hour or 16-hour ‘free quota’ per month. Users were required to pay for services exceeding the ‘free quota’ with 50% copayment or full out-of-pocket payment.

### **4.2.3 Means-tested cash benefits for older people and family carers**

In addition to legal obligations and care services/provision, a third aspect of the 'care as private' approach in Taiwan's elder-care policy development prior to 2004 was cash benefits. Before the mid-2000s, the Taiwanese government introduced three types of cash benefits related to elder care, covering both direct transfers (carer allowances and non-contributory pensions) and indirect transfers (tax rebates) (see Table 4.1).

Prior to the 1990s, tax rebates were the only form of cash benefits related to elder care. A scheme of tax rebates had been in place since the post-war era. Taxpayers whose family members aged over 60 were entitled to the tax-rebate scheme (Ministry of Finance, 2017: Article 17). Adult children could apply for a tax rebate each year according to the number of dependent family members (these can include their own and their spouse's parents and grandparents). A quota for the tax rebates was periodically set by the government (for each dependent family member, the quota is 85,000 NT dollars, about £2,200 in 2020) and this increased by 50% for family members aged over 70. In a broad sense, these tax rebates can be understood as universal benefits for all citizens who had older family members, but one may detect a certain extent of means-tested implications if we examine Taiwan's tax system more deeply. Tax returns in Taiwan can be declared on a household basis, and people can pay their own taxes individually or for spouses, children and (grand-)parents collectively. Taxpayers may not use the tax rebates if their parents' income levels are higher than the quotas because this

**Table 4.1 Different types of cash benefits related to elder care in Taiwan**

	<b>Tax rebates</b>	<b>Non-contributory pensions</b>		<b>Carer allowance</b>
<b>Programme</b>	Income-tax rebates	Allowance for Low-Middle Income Senior Citizens	Senior Citizens' Welfare Allowance	Special Allowance for Low-Middle Income Senior Citizens
<b>Year of start</b>	1950s	1998	2002; abolished in 2008 and replaced by 'Old-age Basic Pension'	2000 (Pilot programmes); 2002 (generally adopted by local governments)
<b>Entitlement</b>	Universal entitlements with means-tested practices	Means-tested	Means-tested	Means- and needs-tested for both older people and their carers
<b>Eligibility criteria</b>	For family members whose (grand-)parents (in-law) are aged over 60	<ul style="list-style-type: none"> <li>(1) Aged over 65</li> <li>(2) Not receiving public institutional care services</li> <li>(3) Low, or low-to-middle household income</li> <li>(4) Total household property below NT 2.5 million (increased by the number of family members)</li> <li>(5) Total household real property under the reasonable living conditions (defined by local governments)</li> <li>(6) Not imprisoned</li> </ul>	<ul style="list-style-type: none"> <li>(1) Aged over 65</li> <li>(2) Not receiving public institutional care services</li> <li>(3) Without military, public official or teachers' pensions</li> <li>(4) Not receiving other allowances (such as low-income allowance)</li> <li>(5) Personal income below 500,000 NT dollars per year</li> <li>(6) Personal real property priced under 5 million NT dollars</li> <li>(7) Not imprisoned</li> </ul>	<p>For older people:</p> <ul style="list-style-type: none"> <li>(1) Aged over 65</li> <li>(2) Low or low-to-middle household income</li> <li>(3) Severe disability</li> <li>(4) Not receiving any public care services or employing live-in care workers</li> <li>(5) Cared for by family members</li> </ul> <p>For carers:</p> <ul style="list-style-type: none"> <li>(1) Low or low-to-middle household income</li> <li>(2) Limited to spouses or linear relatives by blood within second degree of kinship</li> <li>(3) Living with and caring for older family members</li> <li>(4) No full-time employment</li> </ul>
<b>Levels of payment</b>	Quotas of tax rebates in 2016 85,000 NT dollars per year; (50% more for those whose family members are aged over 70)	7200 and 3600 NT dollars per month for the low-and low-to-middle income (shall be increased according to the Consumer Price Index)	3000 NT dollars per month	5000 NT dollars per month
<b>Regulation</b>	Benefits to family members	Paid to older people No constrained uses	Paid to older people No constrained uses	Paid to family carers No constrained uses

means that they need to pay more tax. As a result, to a great extent, those whose parents have low-income status are the main groups taking the tax rebates. This implies that these 'universal' benefits are operated through means-tested practices.

It was not until 1997, after the Amendment to the Senior Citizens Welfare Act, that other types of cash benefits, including carer allowances and non-contributory pensions, were gradually developed. The 1997 Amendment explicitly articulated the government's role in ensuring the economic security of senior citizens by providing allowances and social-insurance-based pensions (Ministry of the Interior, 1997: Article 16). After the Amendment, the government adopted an allowance system for both the elderly and their carers, but these allowances were generally operated through social assistance schemes, targeting only those with low-income status and severe care needs (Tseng, 2007).

A second type of cash benefit, non-contributory pensions paid directly to senior citizens, was introduced in 1998 and 2002 respectively; namely, the 'Allowance for Low/Middle-Income Senior Citizens' (中低收入老人生活津貼) and the 'Senior Citizens' Welfare Allowance' (敬老福利生活津貼) (Ministry of the Interior, 1998; Bureau of Labour Insurance, 2002). Both schemes were means-tested on the basis of real and personal property: the former targeted extremely poor groups, while the latter relaxed the threshold of means tests. In accordance with the different thresholds of income levels, the two schemes provided specific amounts of monthly allowances to senior citizens (NT dollars 7,200, 3,600, and

3,000, or about £180, 90, and 75 in 2020, respectively, to low-, low-to-middle, and middle-income groups by definition). Those who receive public institutional care (which is totally subsidised by the government) were not allowed to claim these benefits.

The third type of cash benefits introduced before the mid-2000s was a form of carer allowance, 'Special Allowance for Low/Middle-Income Senior Citizens' (中低收入老人特別照顧津貼) (Ministry of the Interior, 2000; Ministry of the Interior, 2007). This carer allowance scheme was piloted in 2000 and was later (from 2002) made the responsibility of local governments. The carer allowances were operated under strict criteria of means and needs tests for both older people and their carers, and were reserved for low-income families caring for severely disabled elderly members. The benefits were paid directly to family carers, but the eligibility criteria for recipients were very strict. The only relatives who were entitled were spouses and linear relatives by blood within the second degree of kinship (that is, grandsons and granddaughters, brothers and sisters) who do not have a full-time job, and live with and care for older family members. Those receiving any publicly subsidised care services or employing live-in care workers were excluded from the scheme. After the means and needs tests for the elderly and family carers, eligible family carers are directly paid 5,000 NT dollars (about £125 in 2020) per month.

#### **4.2.4 Short-term unpaid family care leave**

A final policy domain that completes the reforms and status quo prior to 2004 is the leave scheme for elder care. Although family care is dominant, it was not until early 2000s that the government started to provide time benefits to support employed carers. In 2002, mainly motivated by concerns about increasing female employment and low fertility rates, the government launched a new piece of legislation, the Gender Equality in Employment Act (Tsai, 2012). This Act introduced different types of family leave, including maternity, paternity, parental, and family care leave (Ministry of Labour, 2002). Compared to the leave for childbearing (parental leave, for example, which is partially paid for six months and with no compensation for an additional 18 months), the leave related to elder care was (and remains) very limited in its duration and compensation. The only policy related but not specific to elder care, which was introduced in the Act, was Family Care Leave. This allowed at most seven days of leave for all emergencies and exigencies related to family care. This short-term leave was totally unpaid and was calculated within the quotas of personal leave. In addition, the scheme was reserved only for those who were employed in a company with more than 30 employees (Ministry of Labour, 2002: Article 20).

Overall, we can notice that the 'care as private' approach dominated the development of elder-care policy in Taiwan before the mid-2000s. Elder care was largely treated as a private responsibility. The Taiwanese state appeared reluctant to take responsibility, and legally enforced the family's responsibility for elder care

based on the traditional value of 'filial piety'. Before the 1990s, there were only means-tested public institutional care programmes reserved for those who were extremely poor or had no adequate family support. From the early 1990s, the government maintained the 'care as private' approach as a response to emerging care needs. But it was a different type of private. Instead of expanding public care programmes, it introduced a series of policies and legislation to increase care provision via the market. These measures taken included regulating for introduction of migrant care workers, legalisation of the existing underground market for elder-care institutions, and the mobilisation of private investment in elder-care services. However, to a substantial extent, the responsibility for elder care remained with the family.

### **4.3 The state of elder-care provision before the mid-2000s**

The 'care as private' approach formed the foundations of the policy framework for the development of elder-care provision in Taiwan before the mid-2000s but shaped the arrangements that people made. Apart from family care, as demonstrated in the last section, there were three other main sources of care provision in Taiwan: public care programmes, small, for-profit care institutions, and live-in migrant care workers. The public care programme was the first alternative source to family care, but provided only institutional care services on a means-tested basis. The small, for-profit care institutions that emerged during the

1990s represented a major source of market care provision. In the informal sector (families and grey care markets), live-in migrant care workers became a major supplementary source of family care soon after their introduction.

This section examines the state of elder-care provision in Taiwan before the mid-2000s. The analysis consists of two major parts. The first addresses the supply of formal care provision and its distribution between the public and private sectors. The second examines care provision in the informal sector, including live-in migrant care workers and family carers. A comparison between the magnitudes of these different types of elder-care provision concludes this section.

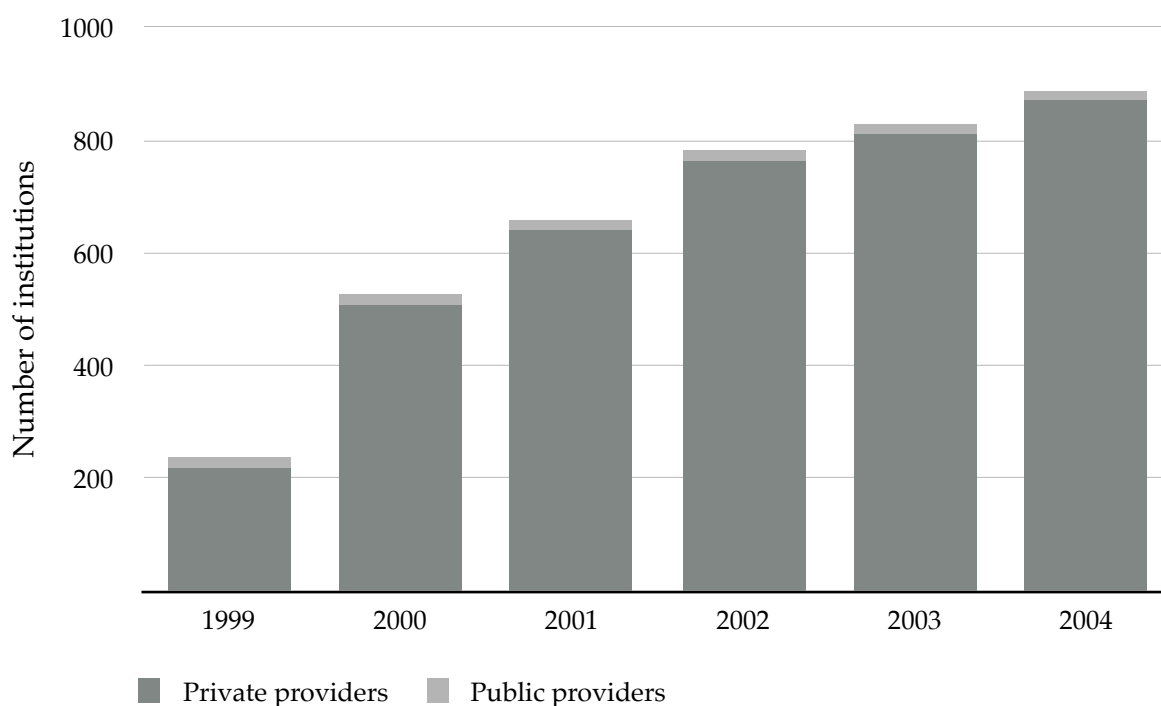
#### **4.3.1 Formal care provision**

Formal elder-care services before the mid-2000s were largely provided through institutional care in both public and private care homes (Chen and Kuan, 2011). Public care homes had a long history, developing to accommodate the beneficiaries of social assistance programmes and run by both the government and charity organisations. Alongside this, private care institutions emerged during the 1990s, mostly owned by small and medium-sized enterprises. According to official statistics, institutional care provision experienced a substantial growth after the enactment of the Amendment of the Senior Citizens' Welfare Act in 1999<sup>5</sup> (Ministry of Health and Welfare, 2017). Figure 4.1 demonstrates the number of public and private care institutions during the period from 1999 to 2004. It can be

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<sup>5</sup> The Amendment was passed in 1997, and enacted two years later, in 1999, in order to encourage the previously illegal for-profit care homes to register with the government.

**Figure 4.1. Number of institutional care providers in Taiwan (1999-2004)**



Data source: Ministry of Health and Welfare (2017), Long-term Care Statistics

seen that, during this period, the number of institutional care providers continuously increased. In particular, we can notice a substantial growth during the period of 1999 to 2002, when the figures increased from just 237 to 886. During subsequent years, the increase continued but at a slower rate.

In the growth of institutional care provision during the late 1990s and early 2000s, there are two aspects that we need to take into account. The first noticeable aspect is the distribution of public and private providers (see Figure 4.1). The increase in the number of institutional care providers was largely due to growth in the private sector, especially small-scale nursing homes. Within this overall growth, the number of public care institutions saw a mild reduction, from 19 to 15, during the period from 1999 to 2004. On the other hand, during the same time period, the figures for private care institutions increased dramatically, accounting

for nearly all the increase. Secondly, the increasing numbers of private care providers in official statistics may be attributable, to a large extent, to the registration of small-scale, for-profit care institutions that had already existed illegally before the 1997 Amendment (Chen and Kuan, 2011; Wu, 2011). After the enactment of the new regulations in 1999, these unregistered care institutions were encouraged to register officially in the government's system, thus accounting for the rapid increase in institutional care provision within such a short period. In other words, the growth in care provision may not be as substantial as it appears from the government statistics, but may just reflect the state of black-market provision that had existed before the legalisation and registration of for-profit care homes.

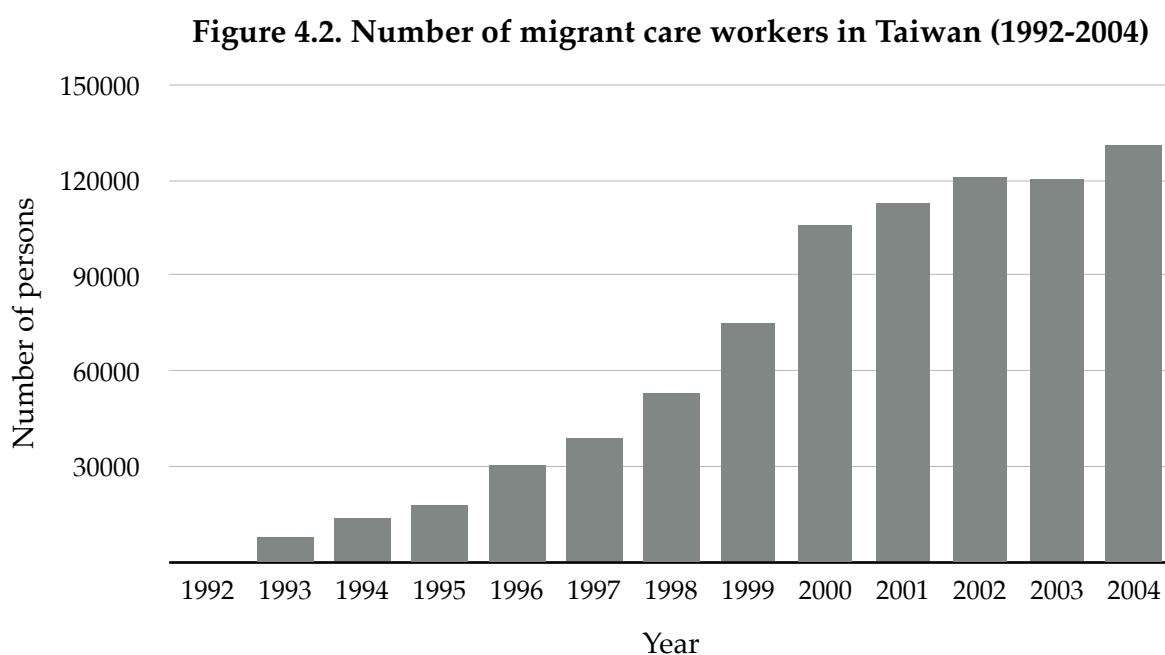
We can say that formal care provision in Taiwan before the mid-2000s relied largely on institutional care, whereas home-based and community-based care services were significantly underdeveloped. Although there were a few local pilots and programmes implemented during the early 2000s, which started to provide home-based and community-based services, their contribution to formal care provision appears extremely limited<sup>6</sup> (Council of Economic Development, 2008).

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<sup>6</sup> For example, 'the Pilot Programme for the Development of a Long-term Care System' only covered 469 older people in two experimental areas between 2000 and 2002. 'The Plan for the Development of the Care-Services Industry' implemented in 2002 also experienced substantial difficulties in expanding care services. Although the reported number of older people receiving public home-based care services gradually increased, to just over 12,000 in 2004, this only covered a tiny fraction of the older people who required care support. Here it should be noted that the figures for home-based services are the numbers of 'contact people', and include all older people who received different levels and time coverage of services (even those who only received a very limited level and duration of support are included).

### 4.3.2 Informal care provision: Live-in migrant care workers and family carers

In the informal sector, there are two major sources of care provision for older people in Taiwan: namely, family carers and live-in migrant care workers. In contrast to the underdevelopment of formal care provision, the over-reliance on live-in migrant care workers is a major feature of Taiwan's elder-care development (Nadash and Shih, 2013). Since their introduction in 1992, migrant care workers from Southeast Asian countries have become a major supplementary source of care provision for Taiwanese families. As Figure 4.2 demonstrates, the number of migrant care workers increased constantly during the 1990s and early 2000s. We can observe a significant growth from their introduction, and the figures exceeded 100,000 in 2000. Although the rate of growth became slower during the early 2000s, more than 130,000 Taiwanese families were hiring a migrant care worker at home in 2004. Of these workers, fewer than 5% were employed by elder-care

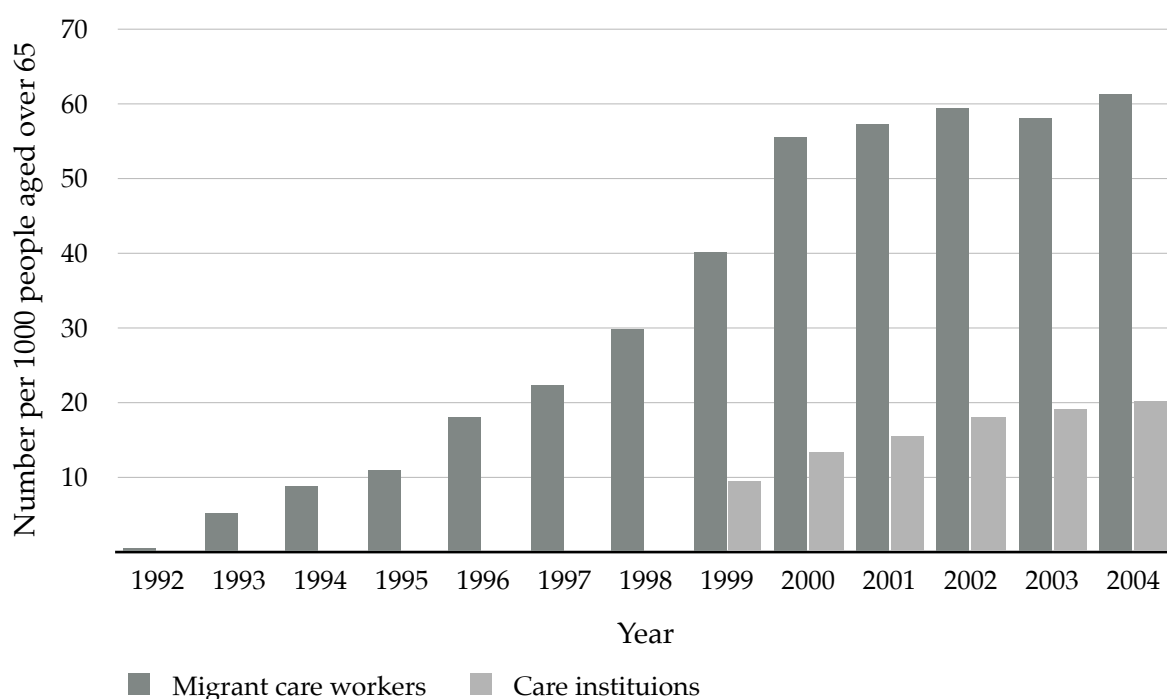


Data source: Ministry of Labour (2017), Labour Statistics

institutions, with the majority being employed privately by families to provide care services 24 hours a day, 365 days a year in the users' homes<sup>7</sup> (Ministry of Labour, 2017).

The growth in the number of foreign migrants providing care labour becomes more significant when comparing the person-share of care provision by live-in migrant care workers and institutional care services. Figure 4.3 illustrates the number of care units/workers per 1,000 older people in Taiwan provided by live-in migrant care workers and care homes. Although we can see a gradual increase in the supply of institutional care, the increase in foreign care labour was

**Figure 4.3. Person-share of different types of care provision in Taiwan (1992-2004)**



Data source: Ministry of Health and Welfare (2017), Long-term Care Statistics  
Ministry of Labour (2017), Labour Statistics

<sup>7</sup> In 2004, for example, only 3.5% of migrant care workers (4,553 out of 131,067 persons) were employed by elder-care institutions.

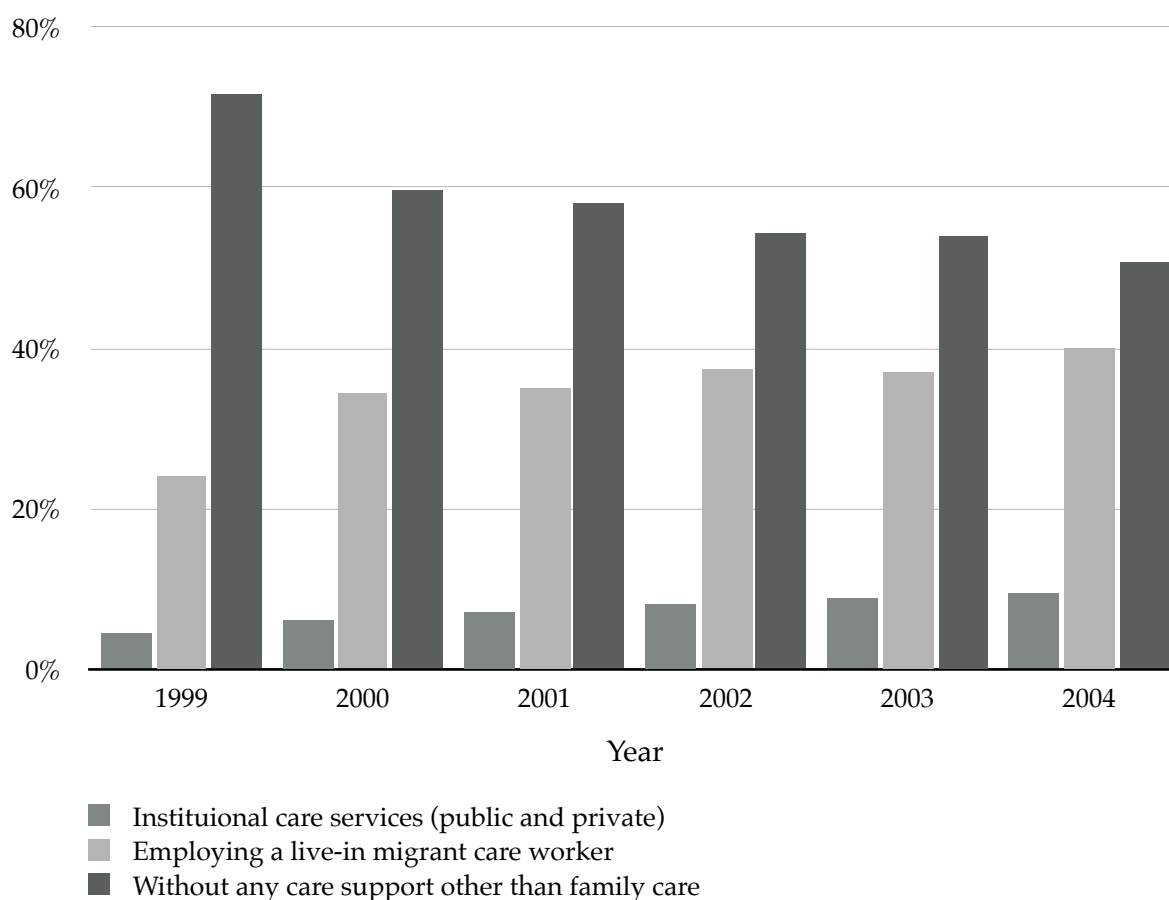
much more substantial during the period from 1992 to 2004. The share of the migrant care workforce per 1,000 older people increased dramatically in the late 1990s. Although the growth rates became slower, it continued to grow during the early years of the twenty-first century. Every 1,000 older people had more than 60 migrant care workers in 2004, compared to fewer than 20 units of institutional care provision.

Although live-in migrant care workers were becoming a more and more important source of care provision, the majority of older people requiring care support still relied largely on family carers or received no care support. Figure 4.4 compares the proportion of older people who received care support via different types of provision during the period from 1999 to 2004. Here, the proportion of older people who received family care or no support is estimated<sup>8</sup>. The estimation shows that, by the end of the twentieth century, nearly three-quarters of Taiwanese older people requiring care support relied on informal care provision by their family members or lived without any support. Although these figures gradually declined during the early 2000s, more than half of older people in need still relied on their families or themselves in 2004.

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<sup>8</sup> The number of older people receiving family care and no care services is calculated by the formula: (total number of older people requiring care support) - (the number of people receiving support from institutional care or live-in migrant care workers). The total number of older people requiring care support is estimated according to 'disability rates' (14.95%) from the Survey of National Long-term Care Needs. However, using this method means that the actual number of older people who require care support may be underestimated for two reasons. Firstly, the 'disability rates' are not fixed but are increasing due to the prolongation of life expectancy. Secondly, the calculations using 'disability rates' adopt relatively stricter criteria for identifying the older people who need care support. A medicalised evaluation system is used by the Survey.

**Figure 4.4. Proportion of people aged over 65 receiving care support by different types of provision in Taiwan (1999-2004)**



Data source: Ministry of Health and Welfare (2017), Long-term Care Statistics  
Ministry of Labour (2017), Labour Statistics

The decline in the share of family care can largely be accounted for by the growing proportion of live-in migrant care workers in informal care provision, whereas the contribution of formal (public and private) care services remained marginal despite increasing slightly. Looking at the figures for migrant care workers, the proportion of older people who employed foreign care workers in their homes accounted for nearly one quarter in 1999. This increased consistently during this period and reached a level of 40% in 2004. On the other hand, the proportion of Taiwanese older people who received institutional care services remained low. The figures increased gradually from less than 5% in 1999 to just

over 9% in 2004. It should be noted here that fewer than 5% of older people receiving institutional care were eligible for the public schemes with different levels of benefits on the basis of means-testing (Ministry of Health and Welfare, 2017). The figures did not reach even 1% of older people in need in 2004, and the majority of institutional care was self-paid and not covered by the public care schemes at all.

Overall, the informal care sector (family carers and live-in migrant care workers) accounted for nearly all elder-care provision in Taiwan before 2004. While formal care services were significantly underdeveloped, Taiwanese families 'contracted out' filial piety by shifting the execution and labour of care from family carers to live-in migrant care workers. Despite this shifting of care work, the family, by managing this private employment and paying the wages, retained the major responsibility taker for elder care.

#### **4.4 Pressures for change**

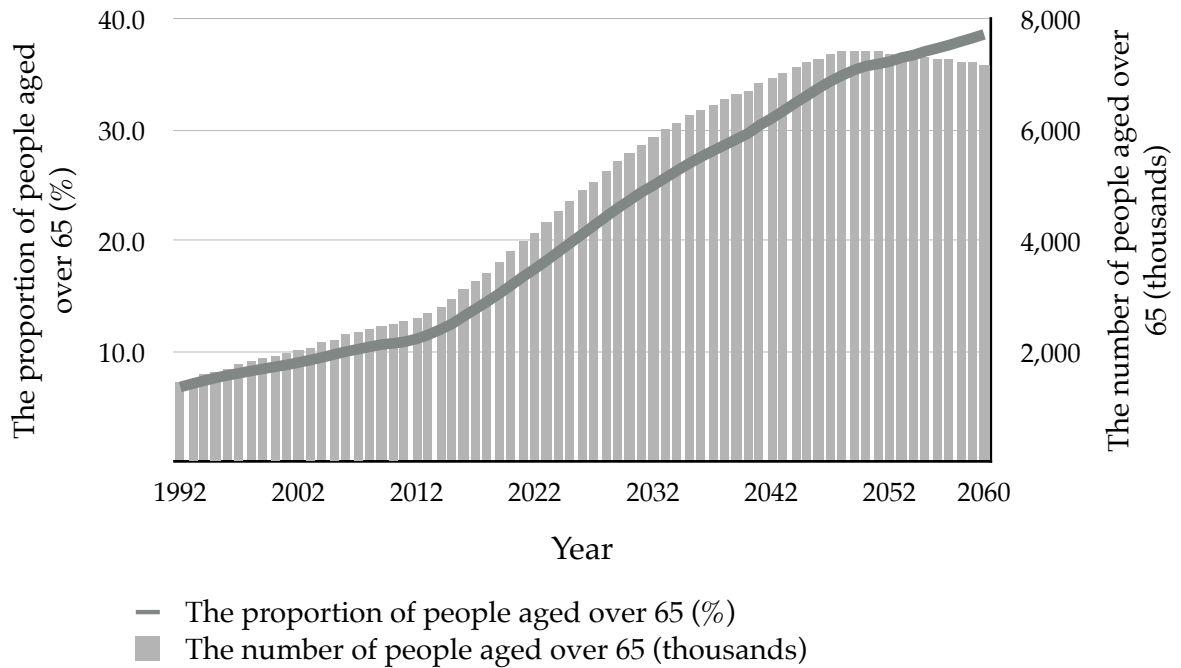
While the Taiwanese state treated elder care as a private responsibility and relied on care provision by the family and the market, the familialist care arrangements encountered strong socio-economic challenges from the mid-2000s onwards. With the rapid growth of the older population, tensions emerged between increasing care needs and the existing familialist care arrangements, forming the pressures that led to significant elder-care reform.

These pressures for change involved four aspects relating to the imbalance between demand for and supply of elder care: rapid demographic ageing, the decline of traditional family care provision, the insufficiency and inadequacy of formal care services, and growing concerns about migrant care workers.

#### **4.4.1 Increasing care needs with rapid demographic ageing**

Firstly, on the demand side, there was a growing older population from the 1990s onwards. The ageing of post-war baby boomers, the prolongation of life expectancy, and the dramatic decline in fertility rates had together led to demographic ageing in Taiwan (Lin, 2010). As Figure 4.5 demonstrates, both the number and proportion of older people aged over 65 gradually increased after the early 1990s. In 1993, the proportion of the older population exceeded 7% and Taiwan thus became a so-called 'ageing society' by the definition of the United Nations (World Bank, 2016). The proportion of the population over 65 exceeded 10% of the Taiwanese population in the early 2000s and was expected to grow substantially over the coming decades. The population projection made by the Taiwanese government indicates that the country will transit to a 'super-aged society' during the third decade of the 21st century, when older people will account for more than one-fifth of the entire population (Council of National Development, 2017).

**Figure 4.5. The (estimated) number and proportion of people aged over 65 (1992-2060)**

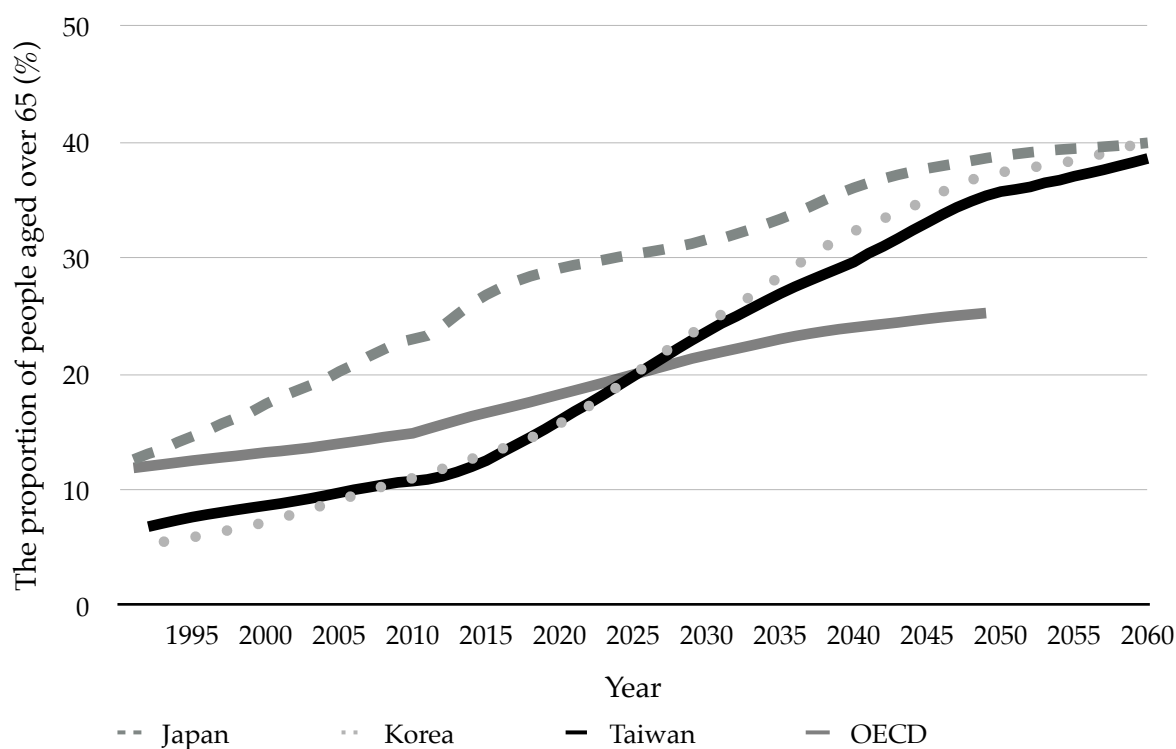


Data source: Ministry of the Interior (2017), Statistics of Interior; Council of National Development (2017), Population Projections for Taiwan, 2016-2060

The demographic change is even more pronounced when we take the ‘speed’ of ageing into account (Lin, 2010). Figure 4.6 compares the trend of demographic ageing in Taiwan and its East Asian neighbours (Japan and Korea), and the average for OECD countries. Compared to these advanced economies, during the 1990s, the level of the aged population in Taiwan remained relatively low. During this period, the proportion of people aged over 65 in Taiwan (and Korea) was lower than in Japan and OECD countries. However, we can notice that, while demographic ageing is a widespread trend across countries, Taiwan (and Korea) began to experience more rapid demographic ageing around about 2010, and this trend is projected to continue. It is estimated that the proportion of people aged over 65 will exceed the average of OECD countries by 2025. The

ageing of post-war baby boomers, coupled with an extremely low fertility rate since the late 1990s, has made Taiwan one of the most rapidly ageing countries in the world. It took just about 20 years to move from an ‘ageing society’ to an ‘aged society’ by the UN definition, whereas European countries spent at least half a century doing the same, and often much longer. For example, it took 114 years for France’s older population to increase from 7% to 14% (from 1865 to 1979) and 82 years for Sweden (from 1890 to 1972) (World Bank, 2016).

**Figure 4.6. Comparison of demographic ageing in Japan, Korea, Taiwan, and OECD countries (1992-2060)**

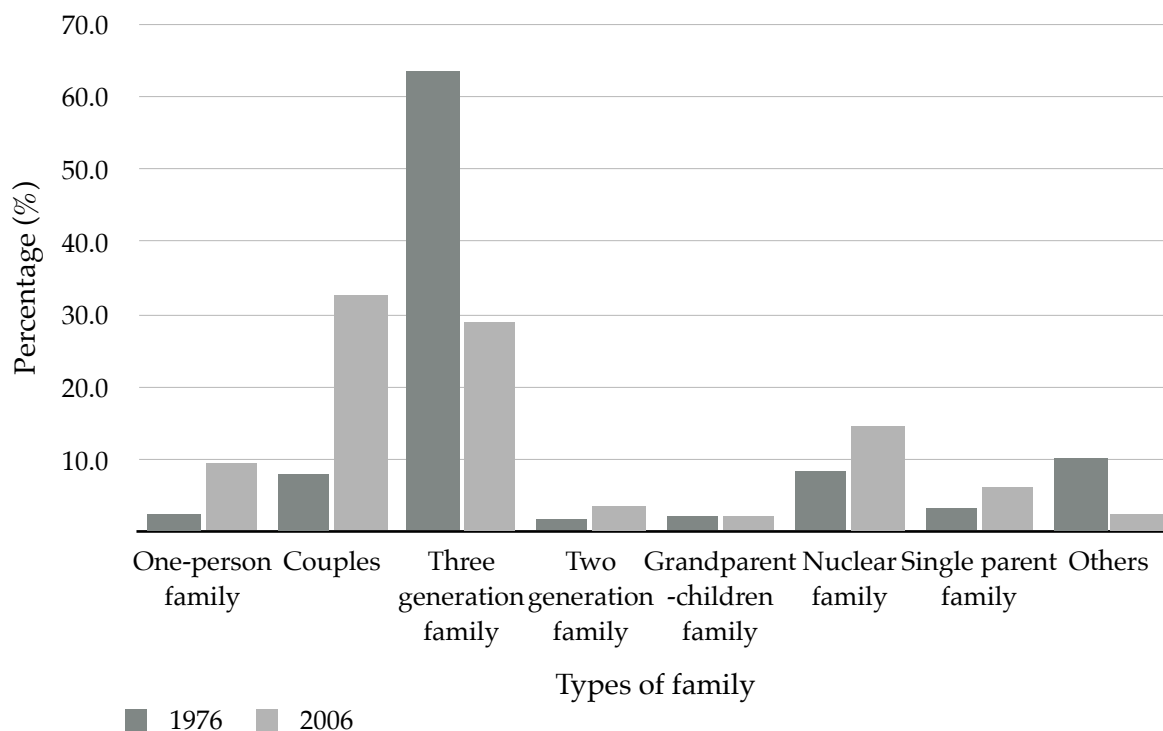


Data source: Ministry of the Interior (2017), Statistics of Interior; Council of National Development (2017), Population Projections for Taiwan, 2016-2060; OECD Statistics (2017), Population Statistics

#### 4.4.2 The decline of traditional family care provision

As the ‘compressed demographic change’ and its accompanying care needs came to pose a challenge to the existing care system in Taiwan, traditional family care provision also became more and more unreliable. Over the last three decades of the twentieth century, the size and composition of Taiwanese families experienced substantial change. The average number of people per household dropped from more than five in the 1970s to just over three in the early 2000s (Lin, 2002). The traditional family and living arrangements that underpinned the familialist regime, such as the three-generation family, was no longer as prevalent as before. Figure 4.7 compares the composition of Taiwanese families in 1976 and 2006. In 1976, about two-thirds (63.3%) of Taiwanese people lived in a three-generation

**Figure 4.7. The proportion of different types of families in Taiwan, 1976 and 2006**



Data source: Directorate General of Budget, Accounting and Statistics (1976, 2006), Family Income and Spending Survey.

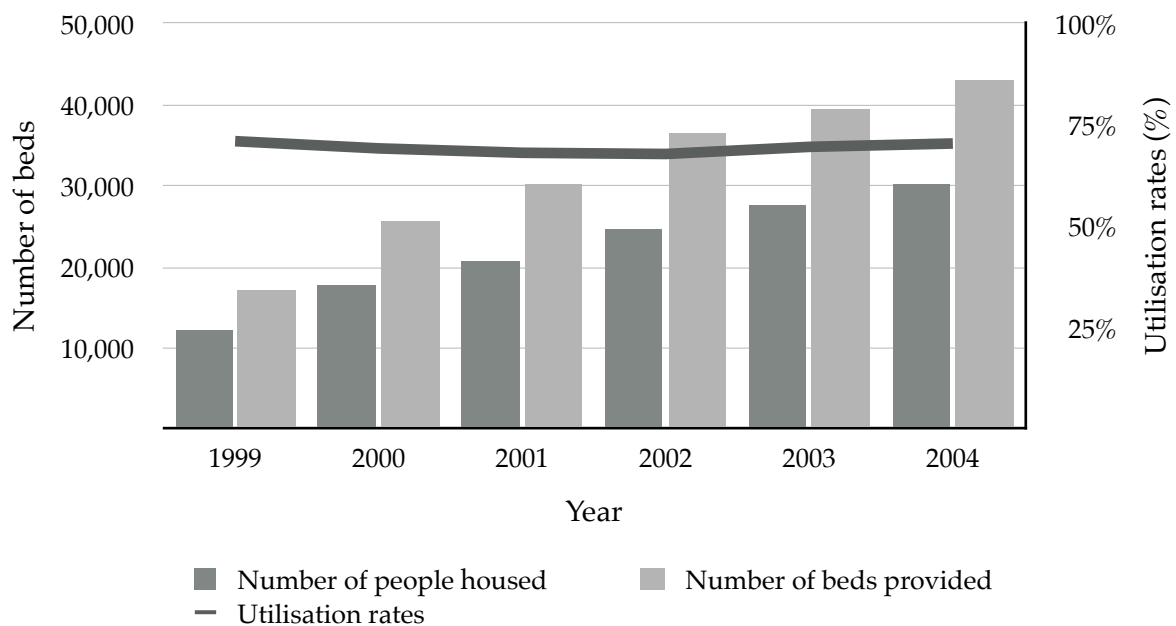
family, in which older people lived with their children and grandchildren. This figure had dropped significantly, to less than 30%, by 2006. Instead, other types of family have emerged with different extents of increase. In particular, we can notice that families consisting only of couples saw the most significant growth. In 2006, nearly one-third (32.5%) of Taiwanese people lived only with their spouses. This couple-only family had replaced the three-generation living arrangement, and accounted for the most common type of family composition, by the mid-2000s. Although the cross-generational living arrangements have remained moderately common, the restructuring of Taiwanese families over the last few decades has exerted increasing pressure on the availability of traditional family caregiving for older people.

#### **4.4.3 The inadequacy and insufficiency of formal care provision**

While the increasing unavailability of family care posed a significant challenge to the existing familialist care arrangements, the coverage provided by the formal sector was inadequate and insufficient. These concerns related to two types of formal elder-care provision: institutional care and home-based/community-based care, respectively. Firstly, the existing institutional care did not fit well with people's preferences, leaving the majority of care needs unfulfilled (Wu et al., 2004). As discussed above, the government provided only means-tested institutional care services for the low-income or those without family support. Small, for-profit care institutions started to participate in the market from the early

1990s, despite being illegal, and became a major source of institutional care during the late 1990s after they were legalised. But despite the growth of institutional care provision, these care homes were not a popular choice among Taiwanese families requiring care support (Wu and Chu, 1996). According to periodic surveys of Taiwanese senior citizens during the 2000s, less than 30% of older people were willing to move to care institutions when they needed care support (Ministry of Health and Welfare, 2014). The poor quality of care provided by these small, for-profit care institutions further worsened the situation, leading to relatively low occupancy rates among institutional care establishments (Wu, 2011). Figure 4.8 demonstrates the utilisation rates of care institutions during the period from 1999 to 2004. Both the number of beds provided and the number of people housed increased gradually, but the occupancy rates of these care institutions saw little growth and maintained a level of less than 70%.

**Figure 4.8. Utilisation rates of care homes in Taiwan (1999-2004)**



Data source : Ministry of Health and Welfare (2017), Long-term Care Statistics

While institutional care was not a preferred choice among Taiwanese citizens, both home-based and community-based care services were significantly underdeveloped. Although the government tried to mobilise the market sector in these areas, the pilot programmes generated limited effects in mobilising such provision (Council of Economic Development, 2005c; Council of Economic Development, 2008). As mentioned above, aimed at promoting employment, these new plans attempted to develop the elder-care sector by creating new providers and consumers through small government investments. However, the outcomes of the limited and unstable government spending as a 'stimulant' for developing a care sector were not as positive as expected. Private companies and organisations did not enthusiastically participate in the market as providers, nor did families/individuals actively pay for care services as consumers. It can be observed that, while users were unwilling to pay out of their pockets for these services beyond extremely limited benefits, the providers were hesitant about joining such a risky market that may not generate profits. The frustration of developing a care market through these pilot programmes led to the continued underdevelopment of home-based and community-based services.

#### **4.4.4 Concerns about live-in migrant care workers**

A final aspect of the pressures that were calling for change is related to growing concerns about live-in migrant care workers. While family care became increasingly unavailable and formal care services were significantly

underdeveloped, the migrant workforce provided an inexpensive labour supply for elder care to fill the care gaps. Although migrant labour was adopted as a 'temporary and supplementary' workforce when it was first introduced, it gradually became an indispensable element of elder-care provision in Taiwan.

However, over-reliance on the migrant care workforce led to growing concerns from the early 2000s onwards. One line of concern highlighted the negative effects on national employment and the development of a formal care sector. Firstly, against the background of increasing unemployment during the early 2000s, foreign labour was blamed as a major threat to national employment, and this led to the development of the above-mentioned pilot programmes, which aimed to create new jobs by developing an elder-care service sector (Council of Economic Development, 2002; Wu et al., 2004). Secondly, live-in migrant care workers were regarded as a barrier to the development of formal care services. When the pilot programmes started to develop an elder-care sector during the 2000s, it was noted that Taiwanese families/individuals in need were more willing to employ a foreign care worker at home than to pay for formal care services (Wu et al., 2004; Council of Economic Development, 2005c). Compared to this inexpensive care labour, with 24-hour time coverage, the existing choices in the formal care sector (i.e., small private care homes and limited publicly funded home-based services) appeared unattractive. In effect, popularity of live-in migrant care workers caused tension with the development of a formal elder-care sector.

Another line of criticism concerns the management and working conditions of foreign caregivers in the household. The attention paid to this issue escalated during the early 2000s, when a series of incidents were reported concerning abuse of elderly Taiwanese celebrities that involved foreign caregivers (Chen, 2011a; Liang, 2014; Wu and Hsu, 2018). The ability of these foreign caregivers, who received little language or care-skills training, to provide adequate elder-care support was increasingly questioned. Also, the poor working conditions and 'running away' of some live-in caregivers received increasing attention in government and advocacy groups, while these incidents of abuse were also attributed to the extremely long working hours without any leave.

#### **4.5 Conducive environment and policy learning for reform**

Under the pressures resulted from the imbalance of demand for and supply of elder care, Taiwan was situated in a conducive environment for elder-care reform in the 2000s. A first facilitating factor was the country's economic and fiscal stability. Taiwan had stable economic growth and the government's fiscal condition was generally healthy (Lin and Chou, 2007). Even during financial crises sweeping the world in the late 1990s and 2000s, Taiwan's economy was not attacked so seriously as other countries because its economic fundamentals were in good order, with a positive current-account balance, a negligible foreign debt, and possessing extremely high foreign-exchange reserves. During the period from

2000 to 2016, Taiwan maintained stable economic growth (the annual GDP growth rates ranged from 2% to 7%) and the government's fiscal condition was generally healthy (Directorate General of Budget Accounting and Statistics, 2017). Despite there were slight economic turmoils during the financial crises in the 2000s (The GDP growth rates showed -1.4% and -1.6% in 2001 and 2009, respectively), the domestic economic environment maintained relative stability and soon recovered in the following years. The figure for GDP growth reached a peak of more than 10% in 2010.

Another facilitating factor for elder-care reform was increasing Taiwanese national identity. Due to the complex and historic relationship with China, national identity and state-building have been one of the most prominent and controversial issues in Taiwan (Rigger, 2011). In 1992, only 17% of people living in Taiwan considered themselves as Taiwanese and not Chinese (National Chengchi University Election Study Center, 2020). However, the Taiwanese national identity continuously grew from 1996, when Taiwan's first democratically-elected president was voted in, and it became much stronger during the first two decades of the 21st century. The figures for those who identified themselves as Taiwanese significantly increased to about 40% in 2000, when the DPP came into power for the first time and reached a level of more than 60% in the 2010s.

The increasing Taiwanese identity was not only strengthened by universal social programmes but also acted as a facilitator for social policy reform (Tsai, 2020; Yeh and Chen, 2020). Universal social programmes were not only a

mechanism of social risk-sharing but also served as an engine for nation-building. While people in Taiwan have some cultural and ethnic similarities with Mainland Chinese, democracy and other progressive social values and policies (e.g., gender inequality, non-nuclear policy, and universal health care) became major elements of the Taiwanese national identity. Taiwanese people highlighted these progressive social values and universal social programmes to distinguish themselves from Mainland Chinese. This increasing sense of solidarity as a national community, along with the economic and fiscal stability, created an environment conducive to social policy expansion, including elder-care reform.

Against the backdrop of socioeconomic pressures and a conducive, issues about elder-care reform started to enter Taiwan's social policy arenas in the 2000s. To conceive policy solutions, policy experts and politicians began to look at the experience of other countries. Taiwan, like other East Asian countries, had a general tendency to learn and 'catch up with' the West. Learning from other countries was a usual practice in the policy formulation and making process and the western welfare states were a major source of policy learning for social policy development (Lin, 2012). Although Taiwan has close economic and diplomatic relations with the United States and was highly influenced by the major ally in many fields (e.g., social work education), it was not the case for social policy development as the United States was generally considered as a negative example of social policy development. Instead, policy experts in Taiwan paid more attention to European welfare states when conceiving their policy ideas for social

policy reform. In the field of elder care, academics and advocacy groups started to advocate for 'care going public' from the 1990s by referring to public care programmes in Scandinavian countries and England. The policy experts not only initiated study trips to these countries and published reports and books to circulate their policy ideas learning from the advanced welfare states (Liu, 1997; Liu, 2015).

While Taiwan lacked a tradition for universal social services, combined with extremely low tax rates, the experience of the modern welfare states in Europe was at times considered as less relevant to the Taiwanese context. Instead, policy experts also began to learn from the experience of its East Asian neighbour, Japan (Fu and Lu, 2011; Nadash and Shih, 2013). This was not only because of the past colonial relationship between the two countries and the perceived cultural and social similarities but also because Japan had the highest proportion of the aged population in the world and was considered to have more advanced policy development concerning population ageing. The Japanese experience of elder-care policy expansion, particularly the Gold Plan launched in 1990 and the Long-term Care Insurance implemented in 2000, not only reminded Taiwan's policy experts of the potential challenges of population ageing and the necessity of elder-care policy reform, but became a direct source of policy learning for elder-care reform among Taiwan's policy experts and politicians.

The policy learning from western welfare states and the neighbour in East Asia provided policy ideas that could become the content of policy change.

However, how these policy ideas compete or mix with pre-existing values and institutions and what policy ideas dominated the policymaking involved more complex political processes (Campbell et al., 2009). The following chapters (Chapters 5, 6, and 7) will explore the political and ideational processes.

## **4.6 Conclusion**

This chapter has described the legacies and constituent elements of the Taiwanese familialist regime and the pressures on the extant care arrangements that led to calls for change. During the period spanning from the post-war era to the mid-2000s, the Taiwanese state treated elder care as a private responsibility and enacted policies and legislation based on what I call the 'care as private' approach. Before the 1990s, prescriptions underlining the legal obligation of the family to provided elder care based on the traditional ethics of filial piety formed the fundamental principle of elder-care policy. In addition to tax rebates for families that included older people, there existed only strictly means-tested public institutional care for those who were extremely poor or had no family support. Although growing care needs emerged during the 1990s, successive governments remained reluctant to take more responsibility for care. Instead, they adopted a series of measures designed to increase supply by mobilising elder-care provision by the market or the family, including the introduction of migrant care workers, the legalisation of small for-profit care homes, the implementation of means-tested

cash benefits for older people and their carers, and the mobilisation of private investment in elder-care services.

In the development of the 'care as private' approach, elder-care provision was largely fulfilled by the family and/or the market. In particular, family carers and live-in migrant care workers accounted for nearly all care provision. However, by the mid-2000s, growing pressures created tensions with the familialist legacies. While rapid demographic ageing and the decline of family care provision brought the sustainability of familialist care arrangements into question, growing concerns about the insufficiency of formal care provision and the inadequacy of the private employment of migrant care workers were accumulating pressures for more comprehensive elder-care reform. The next step is to examine what reform ideas emerged in this context, and this is the subject of the next chapter.

## The Universe of Reform Ideas and Policy Proposals on 'Care Going Public' in Taiwan's Elder-Care Reform

*We are advocating 'care going public'. They [government officials] responded that they don't oppose it, but are pursuing it as well. They said, 'We made more efforts than you in pursuing care going public.'* (Interview with a representative of a feminist advocacy group)

### 5.1. Introduction

Against the background of the legacies and pressures outlined in the last chapter, what reform ideas emerged since the mid-2000s in Taiwan's elder-care reform? Struggling to address the challenges related to the imbalance of care needs and provisions, the existing 'care as private' approach, by which care was privatised to either the family and/or the market, appeared to lose ground from the mid-2000s. Responding to the insufficiency and inadequacy of existing care arrangements, policy actors increasingly demanded a government policy response by advocating for a variety of policy ideas that called for stronger public responsibility for elder care.

The purpose of this chapter is to set out the landscape of reform ideas in Taiwan during the period between 2004 and 2016 and drill down to identify the

major issues that underlie the diverging ideas around as 'care going public'. Focusing on the analysis of different ideas, this chapter acts as a first step towards developing explanations. The focus is not to discuss particularly the actors holding specific ideas or the agency they engaged in to promote their ideas or positions on a particular time (Chapters 6 and 7 will examine the role and agency of policy actors in shaping the political process and policy outputs during two distinct periods). Two leading questions guide the analysis: (1) *What reform ideas on 'care going public' appeared in Taiwan's elder-care reform landscape?* (2) *What were the cohering issues underlying these reform ideas?* The analysis of reform ideas is mainly based on interviews with major policy actors, including high-level government officials, legislators, representatives of advocacy groups, and academics (see Appendix for a full list of interviewees).

This chapter proceeds as follows. Section 5.2 will categorise the main points of policy contestation in Taiwan's elder-care reform into two dimensions that emerged inductively from the evidence; namely, the defamilialisation of care responsibility and the formalisation of informal care labour. The following sections will explore the different stances taken and reasoning about policy proposals on each point of contestation. Sections 5.3 and 5.4 will unpick the policy ideas relating to the dimensions of care responsibility and informal care labour respectively. Section 5.5 will identify and bring together the major issues underlying the points of policy contestation, and the major sets of reform ideas on 'care going public'. The final section draws conclusions from the analysis.

## 5.2 Two sets of policy contestations on 'care going public'

An ideational approach has several advantages for the study of social care. Care is a policy domain that is centrally concerned with the normative, economic, and social framework within which the activities of supporting those in need are assigned and carried out (Daly and Lewis, 2000; Daly, 2002). Some scholars distinguish different levels of ideas (Béland, 2005; Béland and Cox, 2011; Mehta, 2011): (1) *public philosophies* (2) *problem definitions*, and (3) *policy solutions*. The broadest level of ideas highlights the influences of public philosophies or 'national mood' on politics and policy change (e.g., Blyth, 2002). A second level of ideas examines problem definitions. Policy problems are understood not as given but as a contested area in which various actors interpret and frame the socio-economic contexts in different ways (e.g., Kingdon, 1995).

As mentioned in Chapter 3, this thesis examines a third level of ideas: *policy solutions*. This most direct form of ideas provides us with a more concrete basis for capturing the actors' ideational and policy stances. In this chapter, policy ideas and proposals will be examined in two steps. The first part is intended to provide detailed accounts of the policy ideas emerging in the reform from the mid-2000s. I will demonstrate the major points of policy contestation in Taiwan's elder-care reform and how these took form as the main content of actors' policy proposals and how they reasoned on each debate. As mentioned, these could be organised into two sets of policy contestation (see Table 5.1). The first defamilialisation of

**Table 5.1 Two sets of policy contestations on ‘care going public’**

Dimensions	Points of policy contestation
<b>(1) Defamilialising care responsibility</b>	
	• Exemption of the family from legal care obligations
	• Entitlement to and eligibility for public care programmes
	• Benefits of public care programmes
	• The choice of financing system
	• Provision of publicly funded care services
	• Criteria for employing live-in migrant care workers
<b>(2) Formalising informal care labour</b>	
	• Employment protection for live-in migrant care workers
	• Integrating live-in migrant care workers into public schemes
	• Prohibiting the individual employment of migrant care workers
	• The adoption of carer allowances
	• The adoption of paid care leave

care responsibility brings in issues regarding the (re-)distribution of care responsibility between the state and the family (Leitner, 2003; Saraceno, 2016); and the second questions the formalisation of informal care labour and in particular the transferral of care work from private households to public employment (Geissler and Pfau-Effinger, 2005). In the second step, I will identify the major issues underlying the two sets of policy contestations and the major sets of reform ideas on ‘care going public’. This part aims to identify the fundamental issues that constituted the major lines of contestation in the politics of ‘care going public’, and provide an overall picture of reform ideas on ‘care going public’.

### **5.3 Defamilialising care responsibility: policy ideas and conflicts**

In regard to the dimension of the defamilialisation of care responsibility, major points of policy contestation emerging from the evidence centred on three areas. The first was exemptions from the family's legal care obligations. A second, in this case set of diverse policy ideas, pertained to the design of publicly funded care services. Here, the most widely contested area in the reform, the policy actors interviewed expressed distinct sets of policy ideas on how the expanding system should be organised, and the reform carried out. The major differences and conflicts among these actors lay in the following aspects: who is to be covered (entitlements and eligibility); what is to be covered (benefits); how is it to be funded (financing schemes); and who provides it (provision). A third controversial area was the criteria for employing live-in migrant care workers. The loosening or tightening of the criteria reveals distinct policy ideas on the redistribution of care responsibility between the state and the family.

#### **5.3.1 Exempting the family's legal care obligations**

A first point of policy contestation to emerge concerned exemptions from the family's legal obligations for care. Some representatives of social welfare advocacy groups called for an amendment to the Civil Law to exempt certain individuals from family care obligations (Interviews B01, B02). However, such proposed exemptions were limited to a few exceptional cases, such as where older family members had committed domestic violence or had not fulfilled their

responsibilities for child-rearing (Ministry of Justice, 2015). One legislator who was a member of the advocacy sector explained the rationale:

*We were then advocating the amendment because there were some cases of domestic violence against children...When they grew up, their parents came to ask him/her to treat them with filial piety...asking for money...How could the children stand it? (Interview B01)*

In terms of legal care obligations, some feminist actors believed that the exemption should become a more general principle, not just limited to exceptional cases (Interviews C01, C02, C03, C04). They argued that the (total) exemption of the family from legal care obligations would force the government to take greater responsibility for care by developing a more comprehensive care system, rather than using legal regulations as an excuse for shifting responsibility. However, these advocates admitted in interview that they did not strongly promote this idea due to the potential negative effects on how older people with care needs would be affected in an underdeveloped care system. One feminist actor framed this as a dilemma:

*We think it [elder care] should be legally prescribed as the state's responsibility... We often discuss whether the 'Offences of Desertion' in the Civil and Criminal Law should be abolished. It's obviously enforcing the family's obligations, even treating it as a crime...This is a complicated issue...Families with these legal issues are usually a vulnerable group. If we abolish it [the family's legal obligations], there may be a risk that no one takes responsibility because the welfare system may fail to do so. (Interview C04)*

Almost all the respondents opposed the idea of (total) exemption of the family from legal care obligations because it was regarded as unfeasible and undesirable in the Taiwanese context. Firstly, it was believed that the state is

unable to take on the care responsibility since its low-tax policy makes it unaffordable for government (Interviews A01, A02, A06, A07, A08, A09, A10, B01, B02, B03, C07, C08). Secondly, it was argued that traditional family ethics, such as filial piety, cannot and should not be abandoned because these are regarded as a fundamental element of society (Interviews A03, A07, B01, B02, D02). One leading government official in the social welfare department summarised these twin sets of concerns:

*The finances of the government are one major problem. Are you willing to pay more tax? We might be able to afford it only if you pay more [tax]...[in addition,] the values [of the family] should be maintained. When a force intervenes, will the family change?...You and your family should help each other first. The community and neighbours can support you later. The government should be the final actor. Self-help, mutual help, and public support (自助、互助、共助). (Interview A07)*

### **5.3.2 Entitlements to and eligibility for public care programmes**

Compared to the strong consensus on the maintenance of the family's legal obligations, the interviews revealed significant controversies around the design of public care programmes. Different policy ideas were advocated on the matters of entitlements and eligibility, benefit packages, financing, and the provision of publicly funded care services.

Concerning entitlements to and eligibility for the elder-care programme, nearly all policy actors agreed that the previous means-tested system should be expanded towards a more universal basis. Under the pressures of an increasing older population, with elder care becoming a broader social risk, it was

questioned whether the traditional family-based caring functions could be sustained. One government official who was responsible for the first comprehensive elder-care programme, the Ten-year Long-term Care Plan published in 2007, voiced concerns about the need to expand the coverage of elder care in this way:

*Obviously, we need to respond. The fact here is that families don't have enough labour force to care for their older members....The family was expected to provide elder care...[but] under the substantial changes in socio-economic conditions, such as the increasing older population, [along with] decreasing fertility rates and household size, we need to think of other ways out. The role of the state [in elder care] needs to expand. We need to establish a more universal system. (Interview A01)*

However, although universal entitlements attracted a high consensus among the interviewed actors, one former social policy minister with an academic background in demography argued that the programmes should be maintained on the basis of residual coverage at least until 2025, when most baby-boomers become older and thus unable to provide family care. The belief expressed here was that any kind of universal programme cannot be sustained due to the financial burdens resulting from the dramatic increase in the ageing population. This respondent thought that the government needed to take advantage of the 'residual function' of the family to allow more 'financial reserves' for the future:

*I think current older people are a generation who have the greatest numbers of children in our history, this is the baby-boomer generation. Of course, the programmes need to care for those who maintain their living with difficulty and alone. For those who have a relatively complete family, the government is not supposed to provide universal support. I think it's inappropriate. It will destroy the*

*family mechanism. The family mechanism won't exist forever, but we need to make good use of it until 2025. We need to maintain the family mechanism, and prepare the financial resources. If you blow the money now, is it good for the next generation? (Interview A03)*

Despite the strong consensus on universal entitlement, the interviews reveals some difference of opinion about the eligibility of those who employ migrant care workers at home. Some actors insisted that the employers of migrant care workers should be excluded from using publicly funded care services. The arguments of these actors were developed along two lines. Firstly, government officials and academics with social work backgrounds, and representatives of 'social welfare' advocacy groups regarded those employing foreign workers as a better-off group. They argued that the limited government resources should be prioritised to support those who cannot afford to employ live-in workers (Interviews A01, B02). One government official who insisted on the exclusion put it thus:

*Families employing migrant care workers are better-off. The average family can't afford the wages or to provide an extra room for the worker to live in. Since they have these economic resources, it means their need for government intervention is not so urgent. As a result, we need to prioritise those who are more vulnerable. (Interview A01)*

A second line of argument was made by those who were concerned the development of care services in the formal sector (for instance, health policy experts, and representatives of women's organisations that promote female labour participation by running care businesses). These actors argued that allowing the employers of migrant workers to use publicly funded care services may

strengthen the public's preference for employing foreign workers, which was argued to threaten the development of native care resources (Interviews A07, B02, C02, C03, C09, D03). One academic who was responsible for local policy pilots during the early 2000s mentioned these concerns:

*If you employ migrant care workers, you're not supposed to use our services. The migrant care worker is a very important barrier to the development of community resources. I don't mean the workers themselves, but if we include their employers, people would prefer to employ migrant care workers. This definitely worsens our long-term care development.*(Interview D03)

However, there was a strong opposing position – held by nearly two-thirds of respondents – centred on the view that families who hire migrant care workers should be covered by public care programmes. Actors across different sectors and backgrounds supported their inclusion for different reasons. Firstly, some government officials and care service providers stressed that a 'truly universal system' should not exclude any taxpayers with care needs (Interviews A02, A04, A09, A11, A12, A13, C08). There was a fear that the public care system should not 'punish' families with migrant care workers since they have no other choice when the amount and quality of care services is obviously insufficient and inadequate. Somewhat distinct from this position, some feminist and workers' rights advocates and government officials in the Labour Department focused on the improvement in working conditions of migrant care workers after inclusion. They argued that public care schemes should cover those employing migrant care workers, allowing adequate support for the workers as well as the families

(Interviews A10, C01, C04, C05, C10). One international workers' rights activist questioned the exclusion as follows:

*The migrant workers need regular holidays...Why doesn't the government provide any support? They [the families with live-in migrant care workers] told me that they're not eligible for public resources. Then I knew that the exclusion of the families who employ migrant care workers, I think it's unreasonable. (Interview C05)*

### **5.3.3 Benefits of public care programmes**

In regard to the benefits of public care programmes, the major issues to emerge from the interviews focus on what types of care services should be covered. Some actors raised issues about what the domiciliary service should cover. Health-related NGO actors argued that the programmes should be extended to cover dementia-specific services; for example, those which involve different care needs from physical disability (Interview C06). Some respondents from feminist organisations that also act as care providers advocated the expansion of the scope of 'home services' to include broader domestic help, such as housekeeping (Interviews C02, C03, C09). This expansion was viewed as a policy measure to mitigate gender inequalities in the household and in later years in life. One leader of a feminist NGO highlighted the differences and the gender issues behind them:

*Home care should be 'care of the home', not just 'care of the person'. If you [the care worker] go to users' homes but don't provide domestic work, it's not home care. What would happen then? I have an argument that it's disadvantageous for women. When men are alive, the [domestic] work is done by women. While women live longer, after the men are gone, who will do this for women? (Interview C03)*

Apart from the content and reach of home care, major differences of opinion about benefit packages emerged around issues regarding whether institutional care should be covered from public support schemes. A mix of government officials, academics, and elderly welfare NGO representatives who were involved in the basic contours of public programmes during the early planning stages of the DPP period insisted on the exclusion of institutional care from the benefits package. Different reasoning underlay this view. Government officials saw the exclusion of institutional care, which was believed to be more expensive, as a cost-containment strategy in a context of limited governmental financial resources (Interviews A01, A07). In contrast, academics and NGO actors in elderly welfare believed that public care schemes should encourage the development and adoption of home-based and community-based services because they are preferable to institutional care and are currently severely insufficient (Interviews A04, B01, C08, D01, D03). Here, concepts such as 'ageing in place' and 'de-institutionalisation' were cited to justify the exclusion of institutional care. One leading government official in the Social Welfare Department stated the rationale for why institutional care should not be included in the benefits package thus:

*Institutional care was developed earlier, and home and community care came later and is underdeveloped...We encourage 'ageing in place', but not going to care homes...Institutional services require more funding, and we prioritise the development of home and community care resources because people don't like to leave their homes. If you cover institutional care, this will encourage people to go to care homes. This will mean that the resources of home and community care fail to grow. (Interview A07)*

However, most policy actors (about two-thirds of the respondents) advocated the inclusion of institutional care to cover broader care needs. These advocates were also a mixed group, including officials in local government, KMT politicians, and most NGO actors interviewed. Their reasons for the inclusion of institutional care generally focused on the care needs of older people and/or the quality of care homes. Some argued that domiciliary services may not be suitable for a certain people because of their intensive care needs (Interviews A02, A09, A14, A15, B04, C07). In particular, while the financial burdens of institutional care are usually higher, it was argued that the exclusion of institutional care would overlook the needs of both the residents and their families (Interviews A12, B02, B04, C10). One government official who led policy planning during the KMT period emphasised the fulfilment of various care needs:

*We should first consider what a person with disability and his/her family need. It's not suitable for some cases who require intensive services to stay at home. Home care cannot support him/her, but institutional care makes better and more efficient arrangements...When they support only home care by saying 'de-institutionalisation', they ignore the needs of those requiring institutional care.* (Interview A02)

Another line of reasoning emphasised that the inclusion of care homes could help to improve their quality (Interviews A02, A11, A14, B04, C04, D02). This view held that 'de-institutionalisation' is not a real issue in Taiwan since the take-up rates for care homes are relatively low due to poor quality of care and public disfavour. In this context, the extension of public programmes into institutional care was believed to provide financial support for care homes, which

could improve their quality of care. A local government official and a legislator with a background in disability rights NGOs stated these points as follows:

*Do we face the problems of over-institutionalisation? I don't think so. We have only limited numbers of small-scale care homes. I think we should cover them, providing plural choices and improving the quality. (Interview A14)*

*I feel that in Taiwan stigmatising care homes is a terrible ideology. I think all kinds of care services should be promoted and we should stop defaming institutional care. Our policies [covering institutional care] can help them to upgrade. (Interview B04)*

#### **5.3.4 The choice of how to finance the system**

There was a strong consensus among all those interviewed about the need to establish a new financing scheme for the expansion of elder-care services. Only one respondent expressed an ambiguous stance on the expansion of funding for elder care. He was a government official with an academic background in demography who framed his opinion thus:

*Even though the long-term care insurance can't survive...It's cheating if we say it's sustainable. We should postpone [the expansion of government's financing for care] for some time...allowing the next generation to have the chance to decide...allowing new technologies to develop...I think we can't do this for them [the next generation]. That's arrogant, the arrogance of our generation. No way. (Interview A03)*

However, this person more or less stood alone, as all the other respondents were in favour of a new funding system for elder care, although they diverged in the choice between a tax-based system and long-term care insurance. The majority of policy actors (20 interviewees) preferred the establishment of compulsory social

insurance for elder care. They included most government officials, KMT legislators, and NGO actors (family carers, home care providers, and dementia rights advocates). These supporters regarded social insurance as an institutional design that is in line with Taiwan's previous policy trajectories. This was seen to render it more acceptable to citizens and more feasible for the government to provide universal coverage for elder care (Interviews A02, A04, A05, A06, A08, A09, B03, B04, D03). In addition, Taiwan has adopted a long-term, low-tax policy which is believed to constrain the government's financial ability to extend welfare benefits. The introduction of a new long-term care insurance was viewed as a strategy for raising sufficient funding to respond to increasing care needs. Government officials who were responsible for the planning of long-term care insurance described the considerations:

*Our ideology of social welfare was very much influenced by Japan and Germany... We have Labour Insurance, Government Employee Insurance, and National Health Insurance. All are social insurances...Our tax rates are only 12.8%, which cannot support [elder care]...The government cannot raise additional money...the tax revenues are not stable...The needs for long-term care are increasing with the rising older population...We emphasise the stability and sufficiency of the funding...23 million people pay the premium. (Interview A02)*

*No matter how you criticise National Health Insurance, most people regard it as a successful experience...Using general taxation means that I need to fight for the budget every year. If the tax is not raised, who will give me the money? It's an unstable source...I stayed in the position for seven years, I feel that the government's financial capabilities are very limited...Based on this type [of low tax-rate policies], you intend to become a welfare state? I'm afraid it's a little difficult. (Interview A08)*

In contrast to the technical concerns, one academic who was engaged in family carers' rights advocacy emphasised that the adoption of social insurance could change the public understanding of long-term care, from social assistance for the poor to a universal social right:

*The most important reason for social insurance is that it could change people's understanding of welfare provision and long-term care...just like when I'm sick, I have the right to see a doctor...it's not social assistance anymore...When the government recognises it as an unavoidable risk across the life-span, and responds to it with universal programmes, people will finally realise that they're not for the poor...The most important thing is: the policy will change our ideas about social policy. (Interview D02)*

About a third of respondents, mainly some DPP politicians, feminist activists, and some international workers' rights advocates, preferred a tax-based system as against insurance system. The ministers and legislators from the DPP insisted on a tax-based system due to concerns about political feasibility regarding citizens' willingness to pay and the government's ability to contain costs (Interviews A01, A07, B01, B02). The DPP ministers disputed elder care as a universal risk and believed that it is neither fair nor feasible to ask all citizens to pay a premium for compulsory social insurance:

*The proportion of people who will need elder care is relatively low...how can you ask people to pay for these only 2 to 3% risks? Social insurance for health and pensions is justified for their universal risks, but long-term care isn't. The risks are relatively low, involving only a few people. Like poverty, we won't adopt social insurance for poverty. Social assistance always exists. (Interview A01)*

Another argument was made that a funding system based on general taxation could better tackle financial and political pressures. In particular, the experience of

National Health Insurance demonstrated that the care market in a social insurance system makes rising costs difficult to tackle, financially and politically:

*To make it feasible and politically acceptable, I choose a tax-based system...No one will argue that the benefits are too few because they contribute very little money. If you choose long-term care insurance, people come to argue everyday...not to mention the 'supply creating needs' effects that we have learnt from our experience of National Health Insurance. It means that social insurance schemes always face financial and political pressures that are difficult to tackle. When you want to increase the insurance premium, it always stirs up a political backlash. (Interview A01)*

In contrast to the concerns about political feasibility, some NGO actors support a tax-based design because they worried about the effects of long-term care insurance on the nature and form of care service development. Citing the experiences of Japan and Korea, which witnessed substantial marketisation of elder care after the introduction of long-term care insurance, these respondents worried that social insurance programmes introduced into a system without sufficient care services would rapidly marketise elder care, leading to a deteriorating quality of care and working conditions for care labour (Interviews C02, C04, C05, C08; Liu, 2015). One NGO actor who had participated over many years in the labour rights movement mentioned her reasons for opposing the proposal for long-term care insurance:

*The reasons why we oppose long-term care insurance are that, we think, the [care] resources are not sufficient. If people pay the premium, they will require the benefits. Under the conditions of insufficient care services, it [the government] will definitely introduce more private capital, like Korea and Japan...The market will grow very rapidly, leading to cut-throat competition. This race to the bottom will mean deteriorating care quality and labour conditions...It's dangerous. (Interview C05)*

### 5.3.5 Provision of publicly funded care services

In addition to differing views about eligibility, benefits, and financing, a main point of difference concerning the design of publicly funded care services was related to the inclusion of for-profit providers. About two-thirds of respondents advocated opening up the care market to for-profit organisations, whereas the remainder insisted that only not-for-profit providers should be allowed.

Those who advocated for the inclusion of the business sector questioned the capabilities of non-profit organisations to provide sufficient care services (Interviews A02, A04, A05, A09, A11, A12, A13, A14, A15, B03, B04, C06, C07, C08 C10, D02, D03). The statement of one legislator who had NGO experience and led the KMT's policy in Parliament gives a good idea of the main arguments of the proponents:

*What can people do if there are no services? They insist that only not-for-profit organisations can act as providers, but they [the NPOs] don't have enough capacity. If you don't open up [the market], this would force many people with care needs to wait there...In particular, I myself participated in the non-profit sector, and know that NPOs have their ideals but they are neither stable nor strong enough to support the whole long-term care market. (Interview B03)*

One official in local government questioned the ability of the not-for-profit sector to provide broad coverage of care services by describing his experience of contracting out services to non-profit organisations:

*NPOs don't have enough resources or personnel. It's our reality. When we want to contract out care services, there aren't enough NPOs to provide them...Many*

*officials in non-metropolitan areas also told me that they're intending to extend their programmes, but failing to secure NPOs to participate. (Interview A14)*

In addition to the concerns about developing care services, some supporters of an open market took an optimistic view of the for-profit sector's capacity to improve efficiency and quality of care. They argued that the involvement of the for-profit sector can increase market competition, and that usually the business sector delivers better performance in both quality and efficiency (Interviews A02, A06, B03, B04, D03). One KMT legislator expressed her view of market-sector participation as follows:

*What we common people want is that we can seek and afford care services...Who provides them? I don't care. The business sector, such as banks and insurance companies, has so much money. Why can't they be allowed to participate in the care industry?...If you offer three billion dollars to Terry Gou<sup>9</sup> each year, what kind of quality and efficiency will he accomplish? (Interview B03)*

This optimism about business-sector involvement was also reflected by a local government official who believed that investment by enterprises can increase the wage level of care workers:

*Some people ask: can the enterprises participate? Frankly speaking, if we resist their investment, our long-term care may always be like a dying duck in a thunderstorm. Appropriately opening up the market, I think, may be a possible way to solve the current predicament. That is, the wages of care workers can be elevated. (Interview A13)*

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<sup>9</sup> Terry Gou (郭台銘) is a Taiwanese businessman who is the founder and chairman of Foxconn, the world's largest manufacturer of electronics. In the interview, the respondent cited him to emphasise her view of the effects of business-sector involvement on quality and efficiency improvements.

In contrast to these more optimistic views of the market, about one-third of respondents held more cautious attitudes towards the for-profit sector's involvement. Most NGO actors and DPP officials/legislators expressed objection to the involvement of for-profit providers in public programmes. Respondents from feminist groups believed that the introduction of enterprises into care provision implies a retreat of the state from its responsibility for elder care (Interviews C01, C04). They worried that opening up the market to private capital, such as insurance companies, would be taken as shifting the government's responsibility, as happened with the introduction of migrant care workers. In addition, most actors who opposed the opening-up mainly worried about the government's ability to govern the market. These opponents highlighted the negative effects of poor market regulation, including threats to cost containment, price control, quality of care, and labour conditions (Interviews A01, A07, B01, C01, C02, C03, C04, C05, C09, D01). A number of points were made here. Firstly, it was pouted out that the entry of for-profit enterprises would push up the average price of care services, which may weaken the government's ability to contain costs and also have adverse selection effects on the user. That is, price elevation would exclude economically vulnerable groups from public care programmes. Secondly, the government was believed to barely regulate large capital, bringing worries about monopoly in the care market. One academic who has been active in a variety of NGOs related to elder care mentioned his worries:

*I see profitisation and marketisation as a threat...The entry of big hospitals and the insurance industry...may in fact bring monopoly. You want to increase*

*competition, but it leads to market concentration and monopoly. There are many examples abroad...In Germany, they can avoid the monopoly of big companies, maybe because they have corporatist traditions and powerful labour unions. But in Taiwan, do we have any mechanisms for controlling capital? It's worrying. (Interview D01)*

A further dimension of market-regulation failure highlighted by those against opening up the for-profit market is related to care quality and working conditions. The worry expressed here was that the entry of the business sector would increase market competition and profit-seeking behaviours, leading to a deterioration in care quality and labour conditions, which are hard to monitor effectively. One workers' rights activist highlighted these points about care quality and labour conditions after the opening-up of the care market:

*Financial capital wants to enter, big companies want to enter...and run the system on market mechanisms. I feel it's terrible. It's a severe disaster. Can this kind of market provide good care services and protect the labourers? This is what we strongly question. (Interview C05)*

### **5.3.6 'Eligibility criteria' for employing migrant care workers**

A final point of debate centred on the criteria for employing live-in migrant care workers. The government has set criteria (based on the age and disability level of older people) for employing live-in migrant care workers since their introduction in 1992. Although few actors advocated totally abolishing the regulations, there has been constant controversy over whether they should be loosened or tightened.

In this study, most of the policy actors interviewed insisted that the criteria should be stricter, thereby limiting the employment of live-in migrant care workers. These respondents generally regarded these migrant care workers as a threat to the development of native care services and labour (Interviews A01, A02, A05, A07, A10, A13, B01, B02, C02, C03, C09, D03). Because migrant care workers provide 24-hour services and require lower wages, they are regarded as a strong competitor to the developing formal (public and private) care services. It is believed that a tightening of the eligibility criteria can rebalance the 'competitive power' of formal care provisions over migrant care worker employment, and would in turn be more beneficial for the development of native care resources. Several leading government officials emphasised these viewpoints:

*We think they [the criteria for employing a live-in migrant care worker] should be tightened. It [reliance on migrant care workers] is opium, making the native care labour force fail to develop. (Interview A05)*

*If we keep loosening the employment of migrant care workers, the [native] care workforce cannot develop. Supply and demand are closely related. If you can easily employ live-in migrant workers, are you going to use native care services? You won't. The resources are thus unable to grow. (Interview A09)*

In contrast to these views, those who expressed support for loosening the criteria regarded migrant care workers as one type of care provision that involves lower costs. These actors mainly included KMT government officials and legislators, and some local officials, and represented in all about one-third of the respondents. They generally expressed the view that, since the public has substantial and urgent care needs that existing care services fail to meet, loosening the regulations for employing migrant care workers can provide immediate

support to families (Interviews A06, A08, A12, A14, A15, B03, B04). In particular, migrant care workers provide cheaper choices for care provision. A minister and a legislator from the KMT explained why they support the loosening of criteria:

*The care needs are huge. There are not enough of our care workers and they have high turnover rates. If families have an older member requiring care, what can they do?...The development of our native care resources is not sufficient.* (Interview B03)

*I insisted on the loosening and the Prime Minister supported it because of his own [family's] experience, too unforgettable...Native workers don't want the job...neither younger people nor middle-aged women...How many families can afford [native care workers]?* (Interview A06)

#### **5.4 Formalising informal care labour: policy ideas and conflicts**

Having looked at defamilialisation, this section focuses on the second major set of policy ideas and proposals relating to the formalisation of informal care labour. Analysis of the interview material revealed that the policy actors advocated diverging policy ideas on whether and how to formalise these two types of informal care labour: family carers and live-in migrant care workers. Five points of policy contestation emerged from the evidence, three pertaining to migrant care workers and the other two to family carers. These are: work protection for migrant care workers; integrating migrant care workers into public schemes; cancelling the individual employment of migrant care workers; the adoption of carer allowances; and the adoption of paid care leave.

#### 5.4.1 Work protection for migrant care workers

A first point of differences centred on work protection for migrant care labour. The background here is that the government has established a standard of payment and leave for migrant workers, but the levels of work protection are lower than the standards for native workers. For example, the payment levels are set at 80% of the national minimum wage. Migrant care workers are legally allowed one day's leave each week, but in fact few workers get this break because there is no adequate care support during their leave (Chen, 2016).

The evidence from this study identifies a major controversy pertaining to the enforcement of the one-day leave. This was raised especially by international workers' rights activists and other advocacy groups, such as feminist actors (Interviews C01, C04, C05). About half of the respondents (including most ministers, legislators, and some NGOs that are also care providers) took conservative or ambiguous positions towards enforcement, advocating some degree of 'flexibility' in the leave regulations. These actors admitted that the insufficient availability of care services creates difficulties in substituting for the care workers during their leave. One legislator who participated in elderly welfare advocacy mentioned this dilemma:

*The labour organisations are discussing the legislation, asking to allow them to have at least a ten-hour substantial break. But who does the care work during these ten hours? It's our dilemma. If there are insufficient native care services, how can we allow them to take a break? (Interview B01)*

NGO actors not involved in direct care provision, and local government officials (representing about half of the interviewees), supported the improvement in working conditions for migrant care workers, at least the enforcement of one day of leave every week. Most advocates emphasised migrant care workers' wellbeing and basic human right to have a regular break. It was argued that the long-term pressures of living in the employer's home without an adequate break brought significant health hazards for migrant workers. One workers' rights activist described her observations in workers' shelter centres:

*Our main appeal focuses on the right to leave of migrant workers...We're not supposed to make them work continuously without any break...We have some shelter centres, and see many workers who have developed mental problems. Most of them are care workers...They live in their employer's home, always working, and have no breaks. Under these conditions, many become mentally ill.*  
(Interview C05)

Some interviewees focused on improvements in overall working conditions in the care industry (Interviews A13, A14, C04). They believed that the poor working conditions of migrant care workers reduces the overall conditions in the care labour market. Only if the work protection of migrant care workers is enhanced can the overall conditions of care work be improved. One feminist activist who advocated the enforcement of one-day leave said:

*You should reflect the real costs of long-term care that we have to pay. They're not supposed to be reduced through the adoption of migrant workers...When*

*such a cheap care labour market exists, it's impossible to pay the native one well. It's thus regarded as 'an act of charity'<sup>10</sup>. (Interview C04)*

#### **5.4.2 Integrating the live-in migrant care worker into public schemes**

In addition to work protection, the integration of live-in migrant care workers into public schemes was also an issue of debate. All policy actors agreed that privately employed migrant care workers should be more or less integrated into public care programmes, but they proposed different versions of integration. Some focused on training and registration, and others believed that migrant workers should be treated as a formal labour force in public schemes, proposing stronger versions of integration.

About half of the respondents believed that migrant labour can be integrated into public care schemes via training and registration (Interviews A01, A04, A08, A14, A15, B01, B02, C06, C07). This, in my view, weaker version of integration was supported by some government and civil society actors, who emphasised the management (e.g., care quality and control) of increasing numbers of migrant workers. Here, the migrant care worker was regarded as a *supplementary* labour force which supports the family in the informal setting and the native worker in the formal one. The main position proposed is that migrant care workers should receive formal training (e.g., language and caring skills) and be registered with the government since they account for a large proportion of

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<sup>10</sup> The Premier during the interview period, Lai Ching-te (賴清德), praised care work as an 'act of charity' (做功德), raising significant controversies when the working conditions of care labour attracted high public attention in early 2018.

care provision without any accreditation of care quality. One government official who played a leading role in the elder-care policy planning during the KMT period represented the rationale as follows:

*I think it's better to treat them as supportive personnel for long-term care. They help the family at home, so I don't see them as professional personnel...At present, we need to do this [training of migrant care workers] because there are too many of them. So many [migrant care workers], and thus what shall we do? You need to train them, languages, skills, and other things. (Interview A08)*

The other half of the respondents proposed a stronger version of integration. Their point was that migrant care workers should be treated as a *formal* labour force within public care programmes and be incorporated into public schemes. One feminist activist explained the differences between strong and weak integration by citing her experience of a consultation meeting about the regulation of migrant care workers:

*A key division is about how we define migrant workers [in care provision]. We were invited to a meeting. It had only one agenda: whether migrant care workers are a family member or labour. I felt ridiculous. How can a government meeting set such an agenda? Isn't it obvious that they're workers?...But they [government officials] want to draw a line, to justify that migrant care workers are not formal labour where the government is supposed to intervene. (Interview C04)*

Those advocating strong integration that treats migrant care workers as formal labour were drawn from both government and NGO actors. Each set their sights on this issue for different reasons. Some actors, who were more inclined towards long-term care insurance, supported strong integration due to considerations of human resource utilisation. For them, integration into public programmes could

lead to a more efficient utilisation of the foreign labour force since the existing arrangements provide one-to-one care support that may 'waste' human resources (Interviews A02, A06, A09, A10, A11, A13, B03, B04, C08, D03). Some NGO actors and Labour Department officials emphasised the potential effects of strong integration on the improvement of worker protection. When migrant care workers are excluded from public intervention, their working conditions are barely under any kind of effective scrutiny and they are thus vulnerable to exploitation (Interviews A10, C01, C04, C05). One government official who was responsible for foreign labour affairs concluded the discussion with these two primary reasons for supporting the strong integration of migrant care workers into public schemes:

*Firstly, this will equip migrant workers with strong protection. They will not be so vulnerable to rights trespass compared to existing arrangements. Another advantage is more flexibility of [human resource] utilisation. Currently, they provide one-to-one services and also some workers may not be welcome by their employers and thus be replaced [by other migrant workers]...[Through integration], we can increase the flexibility of dispatching labour to the family... they can also work with native workers. (Interview A10)*

#### **5.4.3 Cancelling the individual employment of migrant care workers**

A third and related point centres on the regulation of individual employment of migrant care workers. Some actors proposed that such individual employment should be totally cancelled and substituted for by institutional (either local government or care institution) employment. Advocates of this proposal mainly consisted of NGO actors who supported the strong integration of migrant care workers into public schemes for reasons relating to work protection. Although

these supporters were not of one voice on detailed policy designs, such as the buffer period of a sunset clause, they advanced two main reasons to support their proposals (Interviews B04, C01, C04, C05, C10, D01, D02). Firstly, cancelling individual employment was taken as a further enforcement of work protection. The argument here is that the working conditions of migrant care workers employed privately in informal settings (i.e., the employer's home) are difficult to monitor and thus vulnerable to rights violation. When employed by care institutions and collectively dispatched to the user's home, workers can access stronger work protection because the government can intervene more effectively into care institutions than with individual employers. Secondly, the cancellation of individual employment was regarded as a substantial, if not the only, effective strategy for strengthening public care programmes. These advocates believed that, since employing a migrant care worker is a preferable choice for the public at large, public care programmes face unmanageable difficulties in attracting users and developing care resources of services and labour. One workers' rights activist explained the reasons why they advocate the proposal of cancelling individual employment:

*I was thinking about how to protect their rights. Is it possible to cancel the employment by the family? Instead, they can be employed by the government or care institutions...If so, migrant care workers will become labourers who are protected by laws...If the government's track of a long-term care system wants to grow, we can avoid the problems of individual employment...If not, it's impossible...People are used to employing a migrant worker and are generally satisfied with them...If you maintain the two-track system, I think our long-term system is hopeless. (Interview C05)*

Although few disagreed with allowing the institutional employment of migrant care workers, most actors of those interviewed did not support the proposal for totally cancelling individual employment. Instead, a broad range of policy actors insisted on a two-track system: allowing institutional employment without prohibiting individual contracts. Three reasons can be discerned as underlying justifications for why totally abandoning the family employment of migrant workers was not politically feasible. The first reason emphasised the preferences and urgent care needs of the public (Interviews A02, A06, A08, A10, A11, A12, A13, A14, A15, B01, B02, B03). It was argued that people are used to employing migrant care workers, who live in more than 250,000 family homes, and thus the prohibition would face significant opposition from the public. Furthermore, it was argued, the care needs of the public are urgent, and thus prohibiting family employment would leave great care gaps that the developing public care services would fail to fill. One government official in the Labour Department who disapproved of the prohibition said:

*Regarding the cancelling of individual employment, I'd like to ask a question: when will our long-term care system be able to take on the care work? When will it provide convenient, comprehensive, broad coverage, and accessible services? If these are not yet achieved, I feel the proposal is very irresponsible. (Interview A10)*

Secondly, neither care institutions nor (local) governments were thought to have sufficient capacity to manage the vast number of migrant care labourers (Interviews A04, A07, B02). One leading official responsible for social and family affairs said:

*Regarding institutional employment, either by non-profit organisations or others, the problem is the management [of migrant care workers]. They used to act as providers and are not good at managing migrant workers, especially when the numbers are large. This management is not an easy thing. (Interview A07)*

Thirdly, private agencies that import workers from abroad have formed a strong lobbying group with powerful economic and political interests, which politicians hesitate to confront (Interviews A04, B02, B03, C09). These potential pressures from private agencies were expressed by politicians from both of the major parties:

*They make a lot of money from it [the business of introducing migrant care workers]. Do you know how many people earn their money by it? Private agencies would come and flip over your table. There may be some death-causing accidents. How could we dare to do that? (Interview B02)*

*You may know that private agencies have become a powerful lobbying group. This involves significant interests. Every time legislators propose related policy ideas, there would always be some powerful politicians to prevent the discussions...Do you think it [the prohibition] is possible? (Interview B03)*

#### **5.4.4 The adoption of carer allowances**

Apart from these issues related to migrant care labour, the interview evidence revealed opposing views about whether and how to integrate family carers into public schemes. A first controversial area relates to the adoption of carer allowances. Respondents' positions on carer allowances diverged along three lines (and groupings). Some government officials and legislators proposed a cash benefit scheme with partial compensation; some family carers' rights activists

advocated fully paid carer allowances; most policy actors (about two-thirds of the respondents) opposed all the carer allowances proposals.

Government officials and legislators advocating long-term care insurance proposed a cash benefit programme designed to provide partial compensation to full-time family carers. These respondents highlighted two main functions, one for the development of the elder-care system and the other for the family carer (Interviews A02, A06, B03, B04). Firstly, these advocates recognised that family care is one part of the elder-care system that needs to be integrated into public schemes. In particular, care resources outside the family are not sufficient and family carers can cover the gaps at relatively lower financial cost to the government (Interviews A02, B03, B04). Secondly, supporters of carer allowances took cash benefits as a model and strategy to provide both choice and support to the family. The underlying opinion here is that public programmes are supposed to allow a broader range of choices to the family, including those who choose to take care of their family members themselves or through the use of a migrant care worker. For those who stay at home caring for older family members, the view was expressed that carer allowances are able to provide partial (financial) compensation. One government official who had played a leading role in the planning of long-term care insurance concluded with these points for advocating carer allowances:

*One of the characteristics of long-term care is that it has to some extent been provided by the family. We can't ignore this...If we want all care to become professional, it will inevitably increase two burdens. One is the financial burden of*

*the government, and the other is the care burden of the family...There are always some people who want to take care of family members themselves. The logic of cash benefits aims to allow these choices...There are indeed not many [care] resources and also they [cash benefits] are cheaper. (Interview A02)*

But what these advocates had in mind was a system of relatively low payments that would aim to compensate and support, rather than encourage people to leave their jobs to provide family care (Interviews A02, A06):

*Of course, women's groups would say they [cash benefits] force them to stay at home...In fact, many people reflect, 'I've chosen to care, how bad is it if you [the government] give me some money?'...It's not to encourage the choice of cash benefits, nor to incentivise people to stay at home caring for family members. The possibilities are very low because the payments of cash benefits are set lower than a full-time job...Given that care labour is not sufficient in the long run, should the government support them [family carers] by giving some compensation? (Interview A02)*

In contrast, family carers' rights activists favoured an enhanced version of cash benefits by advocating a carer allowance scheme paid at the level of full-time work (Interviews C10, D01, D02). These respondents emphasised that public care programmes should recognise family care as one type of care provision and carer allowances should be taken as a way to integrate family care into public schemes. Furthermore, it was argued that public care programmes should allow various choices for the family, both older people and their family members, and that the choice of family care could not be excluded. However, compared to the proposals for lower levels of compensation, family carer organisations emphasised the payment level of a full-time job. They believed that treating family care as a full-time job would not only support family carers but also change the meaning of

family care, from a family obligation to paid labour. An academic who had participated for many years in family carers' rights advocacy explained these ideas:

*I believe that family carers should be paid as labourers, but it shouldn't be understood as a practice of filial piety...If the government pays you at 30% or 40% of wage levels, what are the assumptions behind that? ...The family carer is precisely a care worker...I support cash benefits, but not like them [those who advocated partial-compensation carer allowances], based on the perspective of saving money. (Interview D01)*

However, support for carers' allowance was a minority position, as most actors across different sectors and backgrounds expressed opposition. Three main dimensions were highlighted in their disapproval of cash benefits, relating respectively to the family, care services development, and the role of government.

The first set of reasons focused on the effects of carer allowances on the family. These respondents worried that the adoption of cash benefits would reinforce the family's (especially women's) responsibility for care (Interviews A07, A12, B01, C01, C02, C03, C04, C08, C09). One feminist actor highlighted the negative effects of cash benefits:

*Cash benefits, such as a carer allowance, would possibly force more women to stay at home providing care...Give women, the family carers, just a little money to brush them off. Is this the role of government? (Interview C01)*

On the other hand, several government officials highlighted reciprocal family relationships as their reasons for opposing cash benefits for the family carer

(Interviews A08, A09). One government official in the Social Welfare Department expressed this view:

*I take care of you, and you do it for me. There are some interdependent relationships among family members...How would the dynamics of the family change after the state intervened [with cash benefits]? (Interview A08)*

A second dimension concerned the effects on the labour market and the care system. Several government officials and NGO actors believed that carer allowances, which may incentivise family care, would threaten labour supply and employment (Interviews A04, A13, C02, C08). In terms of the care system, opponents worried that providing cash benefits would encourage not only family care but also the employment of migrant care workers, which would inhibit the development of care services and (native) care labour (Interviews A13, B01, C01, C02, C03, C05, C06, C09, D03). One legislator involved in elderly welfare advocacy noted:

*If we provide carer allowances, in fact the money will be used to employ a migrant care worker. This would incentivise people to employ migrant workers...Our long-term care services will fail to grow...Do you think we should encourage national employment, or promote foreign workers' earnings? (Interview B01)*

Thirdly, two government officials in local government social welfare departments opposed cash benefits out of worries about 'payment contests' under political competition (Interviews A12, A15). According to their previous experiences and understandings of (local) politics, they worried that once any type of in-cash benefit was introduced, the payment levels would inevitably increase in the highly competitive political environment. This may increase the

financial pressures on local government and also crowd out the budgets for other programmes. One government official who had worked in the local governments of different cities said:

*If you start [providing cash benefits], it will be very difficult to stop. Our government faces financial difficulties...In Taiwan's political environment, in fact, cash benefits were used by many politicians to buy votes. (Interview A12)*

#### **5.4.5 The adoption of paid care leave**

Another point of debate to emerge from the findings relates to care leave. Compared to the ambitious reforms on parental leave, the government has not proposed any policy solutions regarding elder-care leave during the study period. My fieldwork found, however, that proposals for paid care leave are circulating in Taiwan. A major policy proposal related to elder-care leave has been advocated by family carers' organisations. For the advocates of this, care leave is regarded as one type of policy solution for supporting those who have both paid work and family care responsibilities. The emphasis is placed on care leave as a strategy for work-life balance, rather than encouraging family care (Interviews C10, D01, D02). One family carers' rights advocate with an academic background in gerontology highlighted their goals of 'care without quitting your job' (照顧不離職):

*I believe that support for full-time family carers and for those with paid jobs should be separated. For family carers with paid jobs, we advocate 'care without quitting your job'...We advocate the adoption of care leave, which is paid...I think the responsibility for care is unavoidable in one's life...You should allow this choice. (Interview D02)*

The feminist activists who were interviewed supported the proposals for elder-care leave, but they hesitated to advocate these policy ideas due to concerns about political feasibility, the enforcement of women's responsibility for care, and barriers to female labour-force participation (Interviews C01, C02, C03, C04, C09). Firstly, some feminist activists interviewed believed that the political feasibility of elder-care leave is low since the government has just extended parental leave. While the expansion of childcare-related leave had placed strong financial pressures on both the government and also 'offended' employers, the actors believed that reform capacity was rather exhausted. Secondly, they worried that care leave would reinforce women's responsibility for care. These feminist actors believed that, in practice, care leave may incentivise people to leave their jobs. This would mostly happen to family members with lower salaries, who are usually women since there are still large salary gaps between men and women. Thirdly, they were concerned that care leave forms a barrier to women's participation in the labour market because female family members are usually assigned greater responsibility for care. A feminist activist who worked in Parliament concluded:

*It's a double-edged sword. Giving care leave with compensation may form more barriers to women entering the job market...There's also another problem...Those who have a lower salary may be required to go back home [to take care of family members]...Mostly, they would be women. (Interview C02)*

Most policy actors, however, held undetermined positions on paid care leave, with some admitting that it did not fall within the scope of their long-term care policy planning (Interview A02). Only a few respondents expressed clear

opposition to care leave. Their discourse identified two major lines of reasoning (Interviews A03, A09, B01, C08, D03). Firstly, for some government officials, care leave was not considered an effective strategy for providing care support. They emphasised that the main focus should be on the development of care services. For these actors, policy proposals other than care services, such as care leave and cash benefits, were considered to be a shifting of the state's responsibility for care onto the family when the government is facing difficulties in developing care services. One government official expressed this viewpoint of 'care services first':

*I think, it [care leave] means that our government provides no support and just easily grants you a favour by allowing leave...Why don't we establish a comprehensive care system?...Thus people don't need to take such long leave to care for their family members...I think that giving leave or cash is unable to solve the real problems. (Interview A09)*

Secondly, some actors opposed care leave from the employer's perspective. They believed that the responsibility for care should not be shifted to the employer by allowing paid care leave. In addition, they argued that, realistically, the adoption of paid care leave would result in the adverse effects that it is designed to prevent, forcing the employee to leave the labour market. A representative of home-care providers' alliances, who is an employer of workers for several care institutions explained:

*I don't support care leave because it's unclear who is supposed to meet the costs. Should the employer shoulder the responsibility for care? The family still has the responsibility...Care leave shifts the responsibility to the employer. I don't think it's good...In the current situation, if you have to take leave to care for family members, you won't be able to go back [to work]. You will have no opportunities anymore. (Interview C08)*

## 5.5 Major sets of reform ideas on ‘care going public’

The points of policy contestation discussed above can be said to cohere around two major issues in ‘care going public’: (1) the role of the for-profit market in the defamilialisation of care responsibility and (2) the role of the formalisation of informal care sector. Based on the distinct treatment of these two issues, we can distinguish three major sets of philosophical and policy positions on ‘care going public’ in Taiwan’s elder-care reform during the period between 2004 and 2016. These are depicted graphically in Table 5.2.

**Table 5.2 Major sets of reform ideas on ‘care going public’**

	Defamilialisation of care responsibility	
	Opening up the for-profit market	Restricting the for-profit market
<b>Formalisation of informal care labour</b>		
Formalisation	‘Care going public’ (2)	‘Care going public’ (3)
	<i>Defamilialisation through the for-profit market/ weak formalisation of informal care labour</i>	<i>Defamilialisation through the non-profit market/ strong formalisation of informal care labour</i>
Informalisation	‘Care as private’	‘Care going public’ (1)
		<i>Defamilialisation through the non-profit market/informalisation of informal care labour</i>

Compared to the traditional 'care as private' approach, which is retained as a residual position, the reform ideas generally advocated stronger public responsibility for care, through defamilialisation of the (for-profit) market and/or the formalisation of informal care sector. It should be noted that I do not categorise the policy ideas for including for-profit market provision without publicly funded coverage and excluding informal care sector from public schemes a 'care going public' approach. This is because I see this view as largely following the traditional 'care as private' approach in that it maintains very limited public responsibility for care through provision by the self-paid market and informal care labour (see Chapter 4 for the 'care as private' approach).

I will outline the three sets of reform ideas on 'care going public' in turn. The purpose is to outline the major differences between the three sets of ideas, based on their different treatments of the defamilialisation and formalisation in the reform agenda for stronger public responsibility (policy actors' reaction to specific reform proposals based on each view will be examined in Chapters 6 and 7).

The first set of reform ideas on 'care going public' can be named as *defamilialisation through the non-profit market/informalisation of informal care labour* (cell 1). In this view, both the market and family care provision are viewed as 'private' and thus the inclusion of the for-profit market and informal care sector are regarded as a violation of the pursuit of stronger public responsibility for care. The provision by for-profit providers (e.g., small-scale care homes), live-in migrant

care workers, and family carers, upon which traditional policy approaches relied, should be exactly the trends that reforms pursuing stronger public responsibility for care aim to reverse. 'Care going public' should be mainly, if not entirely, realised through the development of publicly funded programmes provided by care services run by the government and non-profit sector. Based on this argument, any proposals that might mobilise the market or informal sector (both live-in migrant care workers and family carers) in care provision should be avoided. For example, the opening up of the sector to for-profit providers, adoption of carer allowances, and the loosening of criteria for the private employment of migrant care workers are all opposed.

The second set of reform ideas, here named *defamilialisation through the for-profit market/weak formalisation of informal care labour* (cell 2), takes a more functional view of 'care going public' and includes both the for-profit market and the informal care sector on the agenda for increasing public responsibility for care. In this view, the meaning of 'care going public' centres on the mobilisation of sufficient care provision to supplement or substitute for private family care. Reliance on public care providers was neither desirable nor feasible in Taiwan, and the inclusion of the market sector in care provision is a major, if not the only, measure available for expanding elder-care provision and public responsibility for care. It should be noted here that including the for-profit market in this view is essentially different in nature to the 'care as private' approach. While the latter approach highlights the development of a self-paid market, advocates of 'care

going public' tend to emphasise market provision operated under universal publicly funded programmes, which implies stronger public responsibility for care within the familialist regime. This set of reform ideas views the informal sector, as an unavoidable and/or positive source of care provision and holds relatively more positive stances on the inclusion of family carers and migrant care workers into public schemes. Policy actors of this view tend to frame the informal care provision as a 'choice' for individuals/families with care need and/or a low-cost solution for fixing the problems of insufficient care supply. Their version of 'care going public' highlights the role of the state in ensuring the accessibility of care provision by live-in migrant care workers and in providing financial support for family carers. Despite some extent of formalisation, this view represent tends to maintain the boundaries between formal and informal care labour by differentiating the levels of payment and regulation. For example, advocates prefer to adopt carer allowances with partial compensation, and to maintain lower standards of work protection, relative to native workers in the formal sector, for privately employed migrant care workers.

The third set of reform ideas I characterise as *defamilialisation through the non-profit market/strong formalisation of informal care labour* (cell 3), representing the strongest version of 'care going public'. This view contends that stronger public responsibility for care should be realised through both non-profit care provision and government intervention into the informal care sector. It underlines the importance of universal coverage by public care programmes, but, compared to

the second set of ideas, insists that such provision needs to exclude the involvement of the for-profit sector, especially large private capital (e.g., insurance companies). The profit-seeking market would be not to realise stronger public responsibility for care because it is questioned on its ability to ensure equal access and quality of care, and decent work conditions. As for the informal care sector, this position regards government intervention into informal care provision by family carers and live-in migrant care workers, that is the formalisation of informal care labour, as another core task for pursuing 'care going public'. Informal caregivers should be regarded as formal labour for the purposes of public care schemes. For migrant care workers and family carers, stronger integration into public schemes and work protection is recommended, which would ensure the same levels of payment and leave as for native/formal workers.

## **5.6 Conclusion**

This chapter has explored the universe of reform ideas and policy positions on 'care going public' in Taiwan's elder-care reform. I have identified two major sets of policy contestations, and the varying stances and line undermining each. The first set is related to the defamilialisation of responsibility for care, focusing on a redistribution of responsibility between the state and the family. The policy contestation here mainly covers areas concerning legal obligations for care and the design and reach of publicly funded care services. The second set of policy considerations concerns the formalisation of informal care labour, referring to the

transferral of care work from private households to public employment. Here, the key areas of policy debate focus on whether and how to integrate informal care labour into public schemes, including the protection and employment of migrant care workers, and the adoption of carer allowances and care leave.

The key findings of this chapter are that two major issues underlie the points of policy contestation in Taiwan's elder-care reform: the role of the for-profit market in the defamilialisation of care responsibility, and the role of the formalisation of informal care sector. Based on distinct sets of views on the two issues, I identify three major sets of reform ideas on 'care going public', in contradistinction to the care as private approach. These treat the for-profit market and the informal care sector differently and cohere into three main lines of philosophical and policy positions: (1) *defamilialisation through the non-profit market/informalisation of informal care labour*, (2) *defamilialisation through the for-profit market/weak formalisation of informal care labour*, and (3) *defamilialisation through the non-profit market/strong formalisation of informal care labour*.

Given the divergence of reform ideas on 'care going public', the next step is to understand how policy actors with distinct views competed with each other, and how they shaped the politics and policy outputs of the reform. The following two chapters will move forward to this step by examining policy processes and outcomes during two distinct periods of Taiwan's elder-care reform, when the DPP (2004-2008) and KMT (2008-2016) were in power respectively.

## **The Introduction of the Ten-year Long-term Care Plan during the First Period of Taiwan's Elder-Care Reform (2004–2008)**

### **6.1 Introduction**

Given the variety of reform ideas on 'care going public' revealed by the preceding analysis here we turn to issues of which have dominated the policy development in Taiwan's elder-care reform, and why. These are the overarching research questions for this and the next chapter. This chapter examines the first period of Taiwan's elder-care reform, which began in 2004 after the DPP continued in office with a marginal election victory and ended in mid-2008 when the DPP lost the presidential election.

Although there had been some sporadic proposals since the late 1990s, it was not until the 2000s that the government launched substantial policies aimed at elder-care expansion. However, as outlined in Chapter 4, these programmes were either local pilots (e.g., the Three-year Pilot Programme for Long-term Care) or temporary measures (e.g., the Plan for Care Service Industry Development) (Council of Economic Development, 2002; Wu et al., 2004). In 2004, the Long-term Care Planning Taskforce, which was responsible for the overall elder-care reform

plan, was established in the Executive Yuan, the country's highest level of administration. The Taskforce was vital in promoting elder-care as part of the major political agenda and launched the first comprehensive elder-care programme, the Ten-year Long-term Care Plan in 2007.

What explains the introduction of the Ten-year Long-term Care Plan? This chapter addresses this key question by examining the competition among policy actors who advocated different sets of reform ideas. Three major research questions guide the analysis: *(1) What policy solutions were proposed during this period? (2) How did policy actors from different sectors react to the proposals, and who acted as the major supporters/opponents? (3) What factors underpinned the introduction of the Ten-year Long-term Care Plan that in the end shaped the early policy development of Taiwan's elder-care reform?* As with the other empirical chapters, the analysis is primarily based on documentary analysis of policy reports, official communications between government departments, minutes of official meetings, parliamentary proceedings, and interview data from policy actors who were involved in the first period of reform.

The analysis will be developed in four parts, the first part of which will introduce the contents of and reasoning behind the major reform proposals during the DPP government, i.e., the Ten-year Long-term Care Plan. The second part will demonstrate different policy actors' reactions to the proposals and identify the major groupings of actors. The third part will illuminate the political underpinning of the introduction of the Ten-year Long-term Care Plan; here the

analysis examines the power imbalance between actors for and against the proposals in the policymaking. The final part will provide an overview of the major policy developments during this period of reform.

## **6.2 The Proposals of the Ten-year Long-term Care Plan**

The DPP played a significant role in welfare expansion and democratisation during the 1990s although it has been said that its stance as a ‘social welfare promoter’ may have been a political strategy rather than a deeply seated belief<sup>11</sup> (Aspalter, 2002; Lin, 2013). However, facing a significant economic recession several months after coming into power in 2000, the newly elected DPP President soon declared the new government’s policy principle of ‘prioritising economic development, postponing social welfare’<sup>12</sup>. Aiming to create (care-related) jobs and industries during the economic recession, the ‘Plan for Care Services Industry Development’ led by economic bureaucrats represented the major elder-care policies of the DPP’s first term in power (2000–2004) (Chen, 2011b; Wu, 2011; Interviews A01, A04).

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<sup>11</sup> During the authoritarian period under the KMT regime, the DPP was the major opposition party in the late 1980s. Since the electoral competition of the early 1990s, the DPP has advocated democratisation, welfare expansion, and Taiwanese independence as its major political strategies to attract votes. The DPP successfully marked itself out by these stances, in contrast to the long-term ruling party, to gain more seats in local and central elections. In 2000, the DPP won the Presidential Election for the first time (Lin, 2012).

<sup>12</sup> President Chen Shui-bian’s statements on the new government’s main policy principles. 16th September 2000.

The DPP's welfare expansion stance was reinvigorated during its second term of Presidency (Lin, 2012; Lin, 2013; Interview A01). Immediately after the election in 2004, where the party secured a marginal victory (50.11% vs. 49.89% votes), the DPP government once again waved the flag of welfare expansion and appointed social policy Ministers to lead the reforms. The intention was not only to absorb the functional pressures of society at the time, for instance increasing care needs and social inequalities, but also to regain the support of traditional supporters of the party including farmers, the working classes, residents of economically deprived areas, welfare advocacy groups and social reformists. Several new welfare programmes and legislations were brought onto the policy table, for instance amendments to the Guiding Principles of Social Welfare Policy and reformation of the National Pension Schemes. Most importantly, the DPP established the Long-term Care Planning Taskforce as a major policymaking platform for the overall planning of new elder-care policies. The necessity of such action was highlighted in the establishment statement as follows:

*The population structure of our country is ageing rapidly, implying that the need for care services will increase significantly. However, the transformation of social structures makes the traditional functions of mutual support among family members different from before. The care costs also place significant burdens on the average family. All of these require the government and society to respond. (Committee of Social Welfare Promotion, 2004a: 5)*

Within the overall welfare expansion plan during this period<sup>13</sup>, the DPP highlighted elder-care as a ‘flagship’ policy reform and proposed the Ten-year Long-term Care Plan as the major elder-care policy proposal. We can understand the proposals by examining care services, cash benefits, and regulations related to the employment of live-in migrant workers. A major policy solution was the expansion of elder-care programmes exclusively by providing in-kind benefits to support the family and compete with live-in migrant care workers; however, the proposals deliberately avoided the adoption of carer allowances or the opening up of the for-profit market. With regard to live-in migrant care workers, the proposals were aimed to introduce direct and indirect measures to restrict their employment. The following sections will introduce these reform proposals in further detail.

#### *More generous coverage of care services excluding for-profit providers*

A key aspect of the policy proposals highlighted the importance of expanding publicly funded care services. The Ministers proposed to develop ‘extra support’ in addition to familial care by expanding the eligibility and benefits of publicly funded care programmes. The proposals included extending coverage to wider

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<sup>13</sup> The elder-care reform proposals were packaged within an overall welfare expansion plan, entitled the ‘Big Warmth Social Welfare Plan’. Framed as the embodiment of the state’s benevolence, the Plan emphasised the government’s responsibility to ‘take care of their people’ and explicitly explained the metaphor used in its title as follows: ‘Named the “Big Warmth”, the Plan aims to make our people feel warm, especially in the winter. This is what the government is supposed to do for their people in the same manner as children are supposed to take care of their parents day and night.’ (Executive Yuan, 2006a:1)

groups of senior citizens<sup>14</sup>, lowering the threshold of dependency above which one was entitled to public care programmes, and providing broader ranges of (home-based and community-based) care services (Long-term Care Planning Taskforce, 2005; Executive Yuan, 2006; Legislative Yuan, 2006b; Long-term Care Planning Taskforce, 2006; Executive Yuan, 2007a: Interview A01, A04).

The expansion of publicly funded care programmes within the Ten-year Long-term Care Plan did not involve much reasoning based on social rights. Instead, the Ministers grafted the public care reform proposals onto the existing social assistance approach to elder care. To explain, the traditional social assistance-based public care programmes targeted those without adequate financial or caring support from family members, for instance economically underprivileged families and older people living-alone. In the proposal, the social policy Minister extended the scope of 'underprivileged groups' by emphasising that elder care had become a broad social risk due to demographic and family changes (Executive Yuan, 2006). The 'average' family, rather than just those who are extremely poor and/or 'unusual', was framed as a vulnerable unit, requiring the government to provide care support and 'maintain its function' (Executive Yuan, 2007b: 17). This framing was noted in the proposal as follows:

*Long-term care has become a heavy burden for the average family [not just for the extremely poor]. It is estimated that, in the near future, there will be less than 1.5 productive people to take care of an older person on average due to low fertility*

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<sup>14</sup> The Plan aimed to provide publicly funded care services to people aged over 65, and also to vulnerable groups who may experience the negative impacts of ageing earlier. These included indigenous people aged over 55 (who have shorter life expectancy and lower socio-economic status in the Taiwanese context) and disabled people aged over 50.

*rates and increasing rates of elderly dependency. This will make a significant impact on our society. The average family is no longer able to manage the need for long-term care, requiring the government's support.* (Executive Yuan, 2007b: 8)

Despite aiming to mobilise private non-profit care providers, the proposal for expanding publicly funded care services did not allow contracts with for-profit providers. The exclusion of for-profit sector participation generally followed the principles of the existing social assistance programmes, in which the government contracted out welfare services to non-profit organisations<sup>15</sup> (Ministry of the Interior, 2005); moreover, institutional care services were not included in the expansion of care services because this type of provision largely relied on small for-profit care homes in the pre-existing self-pay market (Interview A01). The development of social welfare and the care business were therefore seen as being two rather conflicting fields, with a recurrent argument that the creation of a for-profit market would threaten 'the nature of social welfare' (Committee of Social Welfare Promotion, 2004b:3). 'Social welfare' was supposed to be limited to public and non-profit provision, and consequently the insistence on excluding for-profit care providers was regarded as an essential part of the state's efforts to secure the social purposes of 'welfare' and avert the negative effects on public care programmes caused by the profit-seeking behaviours of business players. A DPP Minister responsible for the Plan expressed the reasons for excluding the for-profit market as follows:

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<sup>15</sup> The candidates that were qualified to receive commissions from the government included social welfare foundations, charity organisations, and community and volunteer organisations. As discussed later in Section 6.4, these qualified providers were usually members of 'social welfare groups' that were prominent in the welfare expansion during the 1990s and had been active in the Long-term Care Planning Taskforce.

*They [for-profit enterprises] all have one idea: the more profits, the better...Their social purposes become less and less, but profit-seeking ones are expanding more and more...What we are concerned with is social value...Every enterprise is racing to reduce costs, lower wages, and is seeking higher profits...Finland and Sweden are opening up their market, but they have firm foundations. Nonetheless, we don't...When people have [care] needs and feel the necessity, they will support the government to take the responsibility. (Interview A01)*

### ***Avoiding carer allowances***

Focusing predominantly on the expansion of publicly funded care services, the Plan deliberately avoided all forms of cash benefits (Committee of Social Welfare Promotion, 2004a; Long-term Care Planning Taskforce, 2005; Legislative Yuan, 2006b; Long-term Care Planning Taskforce, 2006; Interviews A01, A04). Although the Plan emphasised its goals of maintaining the family's function and supporting family carers, the proposals focused on the development of home-based and community-based care services, including family carer support groups (for enhancing care skills and the mutual support of family carers).

The adoption of cash benefits was taken as a 'passive' and unsustainable strategy which was incapable of providing substantial support to families because such measures may enforce a private responsibility for care, incentivise family care provision, and encourage further employment of migrant workers. In addition, the Ministers believed that lessons needed to be learned from the social welfare expansion of the 1990s whereby politicians' competitive price-adding to the elderly allowances was not able to solve the care deficits and instead increased the financial burden on the government. In sum, DPP Ministers insisted that

(only) in-kind benefits would be able to respond to the demands for care support from the family. One DPP Minister who led the Long-term Care Planning Taskforce explained this view as follows:

*Providing in-kind benefits can directly meet their needs, but cash benefits cannot solve the problems...Just as child care allowances have not functioned to fix our low fertility rates...Cash benefits only provide money, keeping family carers at home...Price-adding contests in political competition, the government is spending more and more money. (Interview A04)*

In addition to the concerns about providing substantial care support for the family, there were worries that the adoption of cash benefits would in fact encourage the employment of live-in migrant care workers, which was regarded as a major problem that needed to be addressed. This perspective is demonstrated by a DPP Minister responsible for the planning of the Ten-year Plan:

*The adoption of carer allowances has two problems...If you provide carer allowances, are [care] needs substantially met? [Second], they [the recipients of carer allowances] may not take care of older family members themselves, but [use cash benefits to] employ live-in migrant care workers. (Interview A01)*

### ***Tightening up on the employment of live-in migrant care workers***

A third aspect of the policy proposals focused on restricting the employment of live-in migrant care workers (Committee of Social Welfare Promotion, 2004b; Committee of Social Welfare Promotion, 2005a; Long-term Care Planning Taskforce, 2005; Committee of Social Welfare Promotion, 2006; Executive Yuan, 2007a; Interviews A01, A04). The DPP Ministers tended to highlight the negative policy effects of the introduction and growth of live-in migrant care workers and

view the privately employment as a 'problem' that the Plan was to address. These beliefs underlined not only the problems of care quality and those derived from the management of migrant workers (e.g., illegal employment and runaways), but also the fact that a foreign labour force providing care was seen as a long-term retreat by the government from its responsibility for care. The Ministers not only expected the expansion and design of public care programmes to be an indirect measure to compete with foreign labour, but also proposed stricter criteria for the private employment.

One proposal to restrict the private employment was to introduce stricter assessment tools and outcomes (Council of Labour Affairs, 2005a; Legislative Yuan, 2005:94 (56)). Accordingly, only those who were assessed by more than two medical personnel as '24-hour care needs' were permitted to employ a migrant care worker at home. This was linked to another measure, which required individuals/families who were entitled to employ a live-in migrant care worker to receive a 'matching procedure' for publicly funded care services or native workers (Committee of Social Welfare Promotion, 2004c; Ministry of Labour, 2006). It is important to note that this measure did not integrate provision by live-in migrant care workers into public schemes; instead, it aimed to transfer those who intended to employ a live-in migrant care workers to publicly funded care services. Through the creation of a 'checkpoint' for the private employment, local care management centres were expected to match the care needs of families with public care programmes, rather than leaving them to autonomously employ a

migrant care worker. The rationale for this was summarised in the policy proposal:

*Foreign care workers are continuously increasing because the current application procedures for migrant care workers and the native care services system are not connected...This is disadvantageous for the development of public care services... we need to tighten the employment of live-in migrant care workers. Only those who have 24-hour care needs, evaluated by medical institutions, and fail to seek adequate native care services or workers following the social administration's introduction are allowed. (Council of Labour Affairs, 2005a: 4)*

In addition, the proposals were designed to disincentivise such private employment by indirect measures. One was the expansion of publicly funded care services itself as a competitive alternative to employing migrant workers at home out of the belief that extended coverage of publicly funded care services could encourage potential employers to transfer from private employment to using publicly funded care services :

*Long-term care for older people is a new and labour-intensive service...The introduction of [live-in] migrant care workers impedes the implementation of policies and the improvement of service quality...Comparing the Plan with the employment of migrant care workers, people will be more willing to use [publicly funded] care services and decreased their employment of migrant workers. (Executive Yuan, 2007b: 293, 294)*

Another indirect measure was the exclusion of families with live-in migrant workers from eligibility in public care programmes (Executive Yuan, 2007b: 27, 65). Not only were live-in migrant care workers regarded as an undesirable source of care provision, but their employers also were understood to be a group which the public care schemes did not need to cover. The assumption was that those who

could afford to employ a live-in migrant care worker were better off and less troubled, and did not necessarily require the government's care support (Committee of Social Welfare Promotion, 2006; Interview A01).

### **6.3 Policy actors' reactions to the proposals of the Ten-year Long-term Care Plan**

The reform packages of the Ten-year Long-term Plan proposed by DPP social policy Ministers elicited various responses among policy actors inside and outside the major policymaking platform in the administrative sector (i.e., the Long-term Care Planning Taskforce). The following discussion outlines the various reactions to the proposals among policy actors and identifies the major groupings of supporters and opponents. The major controversies centred on the exclusion of for-profit providers, the avoidance of cash benefits, and the restrictions and alterations made to the private employment of migrant workers.

#### **6.3.1 Reactions to the exclusion of for-profit providers**

Although the proposal for expanding publicly funded care programmes received wide support among policy actors, a major policy contestation took place regarding the issues related to the exclusion of for-profit providers (Committee of Social Welfare Promotion, 2005b; Legislative Yuan, 2005; Long-term Care Planning Taskforce, 2005; Legislative Yuan, 2006b; Long-term Care Planning Taskforce, 2006;

Interviews A01, A04, A09, B01, B02, D03). Social welfare advocacy groups, social policy experts, and some legislators strongly supported the exclusion of for-profit providers, whereas economic bureaucrats and certain health/economic policy experts opposed the proposals by emphasising the necessity of opening up the for-profit market. The former traditional advocates of welfare expansion generally followed the reasoning of DPP Ministers by arguing that the participation and profit-seeking of for-profit providers would produce a two-tier system and thus threaten the quality and nature of 'social welfare'. Further, the opening up of the for-profit market was believed to be more beneficial for those who are able to afford the services and products available on the market, yet fails in terms of achieving the overall goals of 'social welfare'. These sentiments were clearly expressed by one representative of social welfare groups, who later became a DPP legislator:

*We are worried that the [for-profit] care market will lead to the development of a two-tier care service. One would serve those who are at the top of the pyramid of society. Only the better off can afford it, missing the goals of the government's expansion of care services and social welfare...On the other hand, the enterprises will reduce costs and sacrifice care quality for their profits. (Wang, Jung-chang; Legislative Yuan, 2005: 94 (25))*

By contrast, with the intention of developing a care-related market sector, the economics-oriented actors opposed the exclusion by arguing the need to open up the for-profit market. This policy stance followed the rationale of earlier pilots launched by economic planning departments (i.e., the Plan for Care Services Industry Development)(Council of Economic Development, 2002; Council of

Economic Development, 2005c). The economics-oriented actors contended that elder care should not be considered as 'welfare for free' and limited to the non-profit sector provision, which they considered to be a major barrier to care-related economic development. It was expected that a modest increase in government investment (e.g., publicly subsidised care services programmes) and the loosening of legal regulations (e.g., allowing for-profit providers and tax incentives) would facilitate the mobilisation of private capital to boost the development of a care-related market. To this end, the expansion of publicly funded care programmes was primarily viewed as a 'stimulant' for the development of a care-related market, which in turn would develop a care service market by attracting market providers and creating new 'consumers'. By setting lower levels of eligibility and benefits, the actors expected that the users of publicly funded programmes would be encouraged to consume more care-related services and products in the market.

However, there were some nuances among the economics/market oriented actors. For instance, some health policy experts and legislators from both parties did not adopt such strong economics-centred tones compared to the economic bureaucrats yet also opposed the exclusion of for-profit providers by emphasising the supply of care services (Legislative Yuan, 2006b; Executive Yuan, 2007a; Interviews A09, D03). In this view, the development of 'social welfare' and a care-related market did not seem completely incompatible. These actors estimated that the existing programmes, limited to provision by non-profit organisations, would scarcely be capable of providing sufficient care services due to volume and

efficiency problems among non-profit providers. Accordingly, private capital investment in care service development, they argued, could not only provide broader coverage of (basic) care needs but also allow (advanced) choices for the users. One health policy expert, who played a leading role in the elder-care pilot programmes and held a seat in the Taskforce, expressed these ideas as follows:

*The non-profit organisations have poor efficiency due to lack of competition. Where there is a market, there is efficiency...Our public system should provide a least basic care. We can't make the [publicly funded] care services unaffordable and insufficient for the government and those in need. ...[But] we should allow the self-paid market...We need both [non-profit and for-profit providers] to cover [the needs]. (Interview D03)*

### **6.3.2 Reactions to the avoidance of carer allowances**

Policy actors expressed various opinions for and against the avoidance of cash benefits in the proposals of the Ten-year Long-term Care Plan. Again, the proposals themselves were supported by 'social welfare groups' and certain social policy experts as well as legislators from both major parties. These supporters echoed with DPP Ministers' arguments that cash benefits would not provide substantial care support, but incentivise family care provision and private employment of migrant workers (Long-term Care Planning Taskforce, 2005; Legislative Yuan, 2006b; Long-term Care Planning Taskforce, 2006). In addition, some health policy experts, who prioritised the development of care services, supported the exclusion of carer allowances. These actors contended that adopting any kind of cash benefits would mobilise greater family care provision rather than

encouraging families in need to buy care services in the market (Committee of Social Welfare Promotion, 2005a; Council of Economic Development, 2005a; Interviews A09, D03). While they may not have viewed family members as an undesirable source of care provision, the negative effects of carer allowances on the development of the care service market were a concern.

In contrast, economic bureaucrats and experts as well as some members of Parliament from both parties objected to the ignorance of carer allowances within the proposals (Council of Economic Development, 2005b; Legislative Yuan, 2006a). The prevailing argument was that family members were not necessarily an undesirable source of care provision and providing carer allowances could 'compensate' family carers for their 'sacrifices' and contributions to the family. By giving cash benefits to family caregivers, family care could be encouraged and compensated. One KMT legislator who had a long-term affiliation with the social welfare committee opposed the exclusion of carer allowances in Parliament:

*The current problem is we don't have sufficient [family] care provision. Carer allowances can encourage families themselves to provide care. We should give them allowances...Sons and daughters quit their jobs to take care of their older relatives...The government should give them some compensation since they are fulfilling their filial piety. (Hsu, Shau-ping; Legislative Yuan, 2006a:95(16))*

### **6.3.3 Reactions to the tightening up on the employment of live-in migrant care workers**

A third aspect of the proposals — regulations on the employment of live-in migrant care workers — also elicited different responses among actors. In addition

to the actors mentioned in relation to previous issues, international workers' rights activists also participated in this specific debate.

Social welfare advocacy groups, social policy experts, and their allied legislators supported the stricter private employment criteria (Legislative Yuan, 2005; Ministry of Labour, 2005; Legislative Yuan, 2006b; Long-term Care Planning Taskforce, 2006; Interview B01, B02). For these actors, the introduction and growth of migrant care workers amounted to the government neglecting its responsibility for care. It was argued that the main preoccupation of elder-care reform should be to expand the state's care responsibility by developing public care programmes, competing with, if not replacing, the existing live-in migrant care workers. This perspective was clearly outlined by one DPP legislator with extensive involvement in social welfare advocacy groups since the 1990s:

*When the [care] needs emerged ten years ago, the government was reluctant to face them and only responded with cheap migrant workers. Now [the government] is willing to respond [to the care needs], but we have already relied on migrant workers for over ten years...If we cannot develop care services as well as tighten the private employment, it will be impossible to decrease the reliance on migrant care workers...the long-term care policies are hardly to be realised...Shamefully, people in need of care are cared for by migrant workers (Wang, Jung-chang; Legislative Yuan, 2005: 94(25))*

Economic bureaucrats and experts as well as some legislators from both major parties opposed the direct private employment restrictions (Legislative Yuan, 2005; Legislative Yuan, 2006a; Long-term Care Planning Taskforce, 2006; Interview A10). These people saw a dilemma between controlling the growth of the migrant workforce and providing sufficient (market) care provision.

Politicians in Parliament opposed the proposals by questioning the feasibility of stricter criteria and procedures for the private employment of migrant care workers because of the unavailability of care services. For economic bureaucrats, rather than directly tightening the regulation of the private employment of live-in migrant care workers, there was a tendency to prioritise the development of a care service market. For those taking a market approach private employment was an inevitable choice, particularly in a context of insufficient care provision by existing public and private sources. The actors did not advocate an increase in the foreign labour force, nor did they oppose the expansion of publicly funded care programmes. In this view, the relationship between (developing) public care programmes and (existing) migrant care workers in the household was complementary rather than conflictual. Accordingly, the care provided by live-in migrant care workers would not only allow choices but also provide timely support for people in need during situations where the development of care services was unable to fill all care gaps. Government should not constrain the private employment of migrant care workers, for example by introducing stricter 'eligibility criteria' for employers. This view is exemplified by the following statements in Parliament by a KMT legislator:

*I don't oppose re-evaluating migrant workers policies, but it is inappropriate to decrease the number immediately. The native care labour force and services have not yet developed...This can help neither the unemployed [to find a job in care work], nor the family in need of care...We should allow choices. If we constrain the employment of migrant care workers but the native care services remain insufficient, we'll run after two hares and catch nothing. (Hsu, Shou-ping; Legislative Yuan, 2005: 94 (56))*

Some economics-oriented actors proposed an alternative to directly restricting the private employment of migrant care workers by building up the ‘competitiveness’ of native care workers via a subsidy programme for employers of local workers<sup>16</sup> (Committee of Social Welfare Promotion, 2005a; Council of Economic Development, 2005a; Council of Labour Affairs, 2005b; Interview A10). It was expected that the monthly subsidies would compensate for the wage gap and thus incentivise users to employ local care workers, indirectly controlling the growth in employment of live-in migrant workers. As an example, the rationale behind this policy proposal was articulated by one DPP legislator, who later became Labour Minister, as follows:

*The reason why the public prefer migrant to native care workers...can be attributed to wage gaps...I think it is important to work out some solutions to reduce the wage gaps between them, such as providing subsidies to the employers.* (Lu, Tien-ling; Legislative Yuan, 2005: 94(52))

In addition, international workers’ rights activists questioned the proposals by highlighting the ignorance of work protection for migrant workers (Wu and Hsu, 2018; Interview C05). These actors did not believe that private employment restrictions would tackle the growth and management of migrant workers.

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<sup>16</sup> In the mid-2000s, the average wages of full-time local care workers in Taiwan were estimated to be around 60,000 NT dollars (about £1,500) per month. This proposal intended to provide a monthly subsidy of 10,000 NT dollars (approximately £250) to those who chose to employ a full-time care worker from the native labour force following the introduction of Care Management Centres within local governments.

Instead, they proposed a draft of the Domestic Service Act<sup>17</sup>, which prioritised the improvement of work protection for migrant workers. The workers' rights activists demanded that, rather than tightening up the private employment, the government should legally enforce leave schemes to ensure reasonable breaks for the care workers employed in the household. A leader within this group explained their position on the proposals as follows:

*Given the fact that there were such a large number of migrant care workers in our country, at that time we did not think the policy proposals fully got the point...The points are: first, you should guarantee their rights to leave, at least one day per week; second, you should guarantee they can have a whole break time at least ten hours each day. (Interview C05)*

Overall, compared to the latter period of reform (see Chapter 7), it is noted that the numbers and range of policy actors involved in elder-care reform during this period were relatively limited. We can identify the major groupings of supporters and opponents for the proposals of the Ten-year Long-term Care Plan inside and outside the Planning Taskforce.

Within the Taskforce, two major groups of policy actors reacted to the proposals with contrasting positions. The first group consisted of 'social welfare groups' and certain social policy experts who were largely involved in the advocacy for welfare expansion during the 1990s. The traditional social welfare advocates widely supported the policy solutions proposed by DPP Ministers.

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<sup>17</sup> The international workers' rights activists began launching a series of public demonstrations to enhance the labour protection of migrant workers from 2003. In February 2003, a famous Taiwanese writer, Liu Xia, was murdered by her live-in migrant care worker. The following investigation revealed that this migrant care worker had experienced severe psychological illness due to the long-term 24-hour pressure of providing care, and this highlighted the issues of the working conditions and protection of migrant workers.

These actors tended to share common policy stances on the issues around 'care going public' with DPP social policy Ministers (i.e., *defamilialisation through the non-profit market/informalisation of the informal care labour*, cell 1 in Figure 5.2) and held long-term cooperative relationships with the DPP from the 1990s (for more discussions about the 'social welfare groups', see Section 6.4.1).

Economic bureaucrats and health/economic experts accounted for the second group within the Taskforce. These actors were generally those who advocated *defamilialisation through the for-profit market/weak formalisation of the informal care labour* (cell 2 in Figure 5.2) and tended to question the proposals by highlighting both the need to include the for-profit market and cash benefits and the infeasibility of directly restricting the private employment of migrant workers. The economic-oriented actors were extensively involved in the planning of overall national (economic) development plans, as well as major social policies, during the KMT governments (e.g., the National Health Insurance<sup>18</sup> and the Plan for Care Services Industry Development<sup>19</sup>).

Outside the major policymaking platform in the administrative sector, some policy actors raised concerns regarding specific aspects of the proposals in Parliament and civil society. Legislators from both major parties, the DPP and KMT, raised sporadic questions about the proposals in Parliament; however, the

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<sup>18</sup> The National Health Insurance, implemented in 1995, is a compulsory social insurance for medical care. It founded the basic market structure of Taiwan's healthcare system, which is operated through market provisions and social-insurance financing.

<sup>19</sup> The Plan for Care Services Industry Development was national pilots for the elder-care services development (see Chapter 4). It was designed to create new providers and consumers in the care market via government investment and deregulation.

parliamentary representatives had not yet developed strong partisan stances on specific issues and their reactions to the proposals were mixed and incoherent. Compared to the latter period, except for those who had seats in the Planning Taskforce (i.e., social welfare groups), the participation of civil society actors in the policy deliberation during this period was significantly limited<sup>20</sup>. Furthermore, although international workers' rights activists represented the limited voices of dissent, they focused exclusively on the regulations related to migrant workers. The next section will examine how power imbalance between its supporters and opponents had effects on the introduction of the Ten-year Long-term Care Plan

#### **6.4 Political underpinnings of the introduction of the Ten-year Long-term Care Plan**

Having demonstrated the different reactions among actors to the proposals launched by DPP social policy Ministers above, this section investigates the political underpinnings of the introduction of the Ten-year Long-term Care Plan during this period of reform. Its analysis identifies the role of the powerful

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<sup>20</sup> Most of the policy actors who emerged during the latter period of reform were not yet established or were prioritising other issues as opposed to elder-care policy advocacy. For example, the Home Services Providers Alliance was established in 2010. Feminist groups were one strong force in Taiwan's social movements after democratisation, but they did not actively participate in the process of elder-care policymaking for two reasons related to priority-setting (Interview C01, C04). Firstly, during the early and mid-2000s when some of their members were appointed to regular seats on the government committees on gender inequality, they prioritised issues that seemed to be more explicitly and directly related to gender inequality, such as childcare and work-life balance policy. Secondly, although there were some discussions about social care among feminist groups that had emerged since the late 1990s (e.g., Liu, 1997), some feminist activists hesitated to get involved in elder-care issues due to the concern that their involvement might enforce the stereotype and norms that 'care is women's business'.

coalition between the DPP and 'social welfare groups' in bringing forward the Plan. Firstly, it will demonstrate the establishment and constitution of the major policymaking platform for elder-care reform, the Long-term Care Planning Taskforce, and identify how the coalition between the ruling DPP and 'social welfare groups' acted as the most powerful player within it. Secondly, it will examine how the oppositions to the proposals made by other actors were ineffective because the opponents failed to occupy veto positions and also fail to establish a countervailing power against the powerful coalition between the ruling party and 'social welfare groups'.

#### **6.4.1 The coalition between the DPP and 'social welfare groups'**

Following the party's presidential election win in 2000, the DPP created the Committee of Social Welfare Promotion (Executive Yuan, 2001). The Committee was taken not only as a symbol of the party's political stances on welfare expansion but also as a mechanism for engaging civil society actors in social policymaking. Aiming to enhance and justify the decision making of the government, the then Premier highlighted the roles of the Committee at its establishment as follows:

*Any major policymaking and implementation requires the participation and consensus of representatives from all sectors. To emphasise the government's priority of social welfare and the opinions of civil society, the Committee is organised by the Premier and increases the number of non-governmental seats. We expect to make our social welfare system more perfect through all members' efforts*

*and participation.* (Premier, Chang, Jun-hsiung; Committee of Social Welfare Promotion, 2001:1)

In 2004, the Committee of Social Welfare Promotion established the Long-term Care Planning Taskforce. As mentioned previously, the Taskforce acted as a major elder-care policymaking platform at the highest level of government administration and was responsible for the overall planning of new elder-care policies during this period of reform (Committee of Social Welfare Promotion, 2004a).

The constitution of the Taskforce was legally regulated, defining the numbers and attributes of members<sup>21</sup> (Executive Yuan, 2001; Committee of Social Welfare Promotion, 2004c). The Taskforce consisted of legally assigned governmental representatives (e.g., Ministers from across different sectors) and appointed non-governmental members (e.g., welfare service providers and their alliances, professional associations, family carers advocates, unions and employers, and academics). By law, the Premier and the social policy Minister acted as the director and executive director of the Taskforce, respectively. However, although the DPP government emphasised public participation in social policymaking, there were no formal procedures for appointing non-governmental seats; in other words, the government retained the power to decide who would represent civil society.

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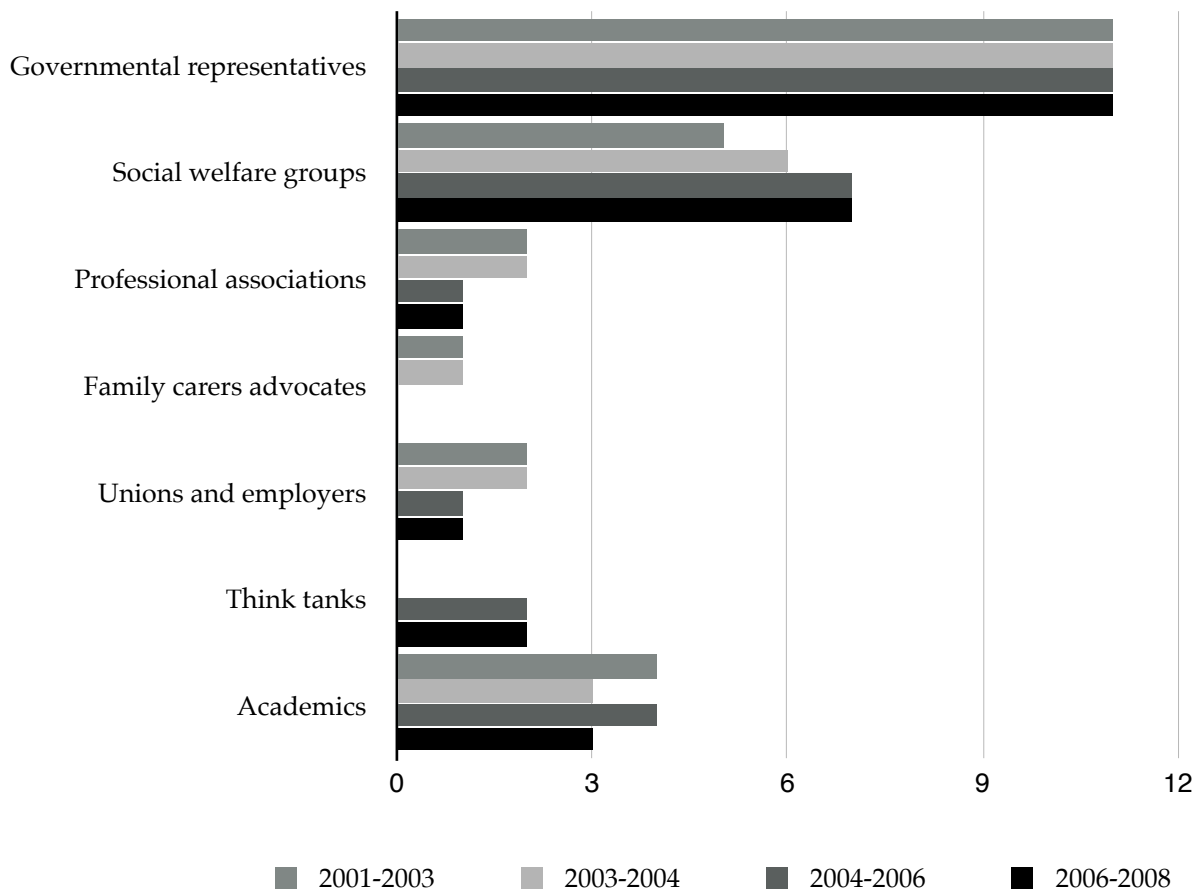
<sup>21</sup> By law, the Committee of Social Welfare Promotion consists of 25 to 31 members, including 11 seats for the government and 14 to 20 seats for non-governmental actors. The government representatives should include the Premier of the Executive Yuan and Ministers responsible for welfare-related policies, including education, health and welfare, labour, finance, national development, agriculture and affairs of indigenous people. The non-governmental members should include five to seven experts or academics, and nine to 13 representatives of non-government organisations. Each Committee term lasts for two years and the seats can be continued.

Looking into the membership of the Committee, there were two major groups of powerful actors, who occupied more than two-thirds of the policymaking positions. One consisted of DPP Ministers and the other contained the so-called 'social welfare groups', who accounted for the majority of the non-governmental seats<sup>22</sup> (see Figure 6.1). The 'social welfare groups' generally play dual roles as both advocacy groups and welfare service providers (Hsiao and Lin, 2000; Wang, 2005; Chang, 2011). As service providers, these non-profit organisations largely rely on contracts from the government's social assistance programmes for 'traditional' social welfare recipient groups, including poor older people without family support, abused children and women, and the physically or mentally disabled. As advocacy groups, they function as national advocacy bodies allied to the non-profit organisations which are directly involved in welfare service provision. Through lobbies and cooperation with politicians, they advocate for the interests of recipients and non-profit providers.

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<sup>22</sup> Among the representatives of non-governmental organisations, three organisations maintained regular seats over the four terms of the Committee during the period from 2001 to 2008 although some organisations lost their seats. The regular members included two from the 'social welfare groups', that is the Federation of the Welfare of the Elderly and the League for Persons with Disabilities, and one professional organisation, the Taiwan Association of Social Workers. It should be noted that these organisations not only kept their seats regularly on the Committee, but their representatives also held 'extra seats' due to their backgrounds in the academia, social work in particular. In contrast to the regular seats of the 'social welfare groups', the representative seats of other civil society actors were not stable. An obvious discontinuity in these representatives can be noticed after 2004. The family carer advocates received one seat in the first two terms of the Committee but were removed soon after 2004. This also happened to the representatives of unions and some professional organisations, for instance association of public health professionals and medical social workers. These seats were replaced by the think tanks which focus on community empowering and labour policy. It is also important to note that the Committee appointed a regular seat for the representative of the employers although there were some changes in the representing organisations. While the association of small and medium enterprises represented three of the four terms, a real estate company which has a strong social image of charity replaced the seat once during this period.

**Figure 6.1 The Composition of the Committee of Social Welfare Promotion (Long-term Care Planning Taskforce)**



It should be noted that these ‘social welfare groups’ have been in a long-term coalition with the DPP since the 1990s, and this coalition operated in different ways before and after the DPP came to power (Hsiao and Lin, 2000; Lin, 2013; Hsiao et al., 2018). The DPP and these ‘social welfare groups’ were all established during the late 1980s and 1990s after democratisation. The DPP, which was the main opposition party, formed a political coalition with these, at the time newly established, non-governmental organisations to demand an expansion of social welfare policy. This coalition played a facilitating role in a major series of legislation (e.g., the Amendment of the Senior Citizens’ Welfare Act in 1997) (Wang, 2000) and the ‘golden age of social welfare in Taiwan’ during the 1990s

(Lin, 2012). The partnership continued after the DPP came to power in the 2000s. Members of these social welfare groups either became DPP legislators and ministers directly responsible for social welfare, or held regular seats on the policymaking platform of the government's public participation mechanisms, for example the Committee of Social Welfare Promotion. In other words, cooperative relationships were in place between the two major groups of actors in the Long-term Care Planning Taskforce, i.e., representatives of the DPP government and the 'social welfare groups'.

The powerful coalition between the DPP and 'social welfare groups', which occupied the majority of seats in the major elder-care policymaking platform, acted as a strong power bringing forward the Ten-year Long-term Care Plan (Interviews A01, A04, A09, B01, B02). As demonstrated above, 'social welfare groups', who not only shared similar reform ideas with DPP social policy Ministers (see Chapter 5) but also held longstanding connections with the party, largely echoed what their DPP allies proposed within the Taskforce (see Section 6.3). For the 'social welfare groups', the partnership with the ruling party ensured the provision of stable and sufficient seats in the policymaking platform and provided a conduit through which their voices could be heard in the policy process. Meanwhile, these 'voices of the civil society' enhanced the power of the coalition in the Taskforce in a context where the mechanisms and importance of public participation in social policymaking was underlined during the DPP government. 'Social welfare groups', who largely supported the Plan, assisted DPP social policy Ministers in justifying their proposals to opponents from other areas of government, particularly those from economic departments.

## **6.4.2 Ineffective opposition inside and outside the Long-term Care Planning Taskforce**

In contrast to the powerful coalition between the DPP and 'social welfare groups', other policy actors appeared significantly weaker in the policymaking process and had difficulty in mounting any effective opposition to the proposals. This ineffectiveness was evident both inside and outside the major policymaking platform.

Within the Planning Taskforce, as demonstrated above, economic bureaucrats and experts acted as the major opponents to the proposals. However, these economics-oriented actors held substantially fewer seats in the major policymaking platform in the administrative sector. In addition, although economic bureaucrats were responsible for the planning of earlier elder-care pilots implemented in the early 2000s (i.e., the Plan for Care Services Industry Development), their role in the draft of the Ten-year Long-term Care Plan was weakened (Interviews A01, A04, A09). After the mid-2000s, the planning of new elder-care policies was shifted from economic departments to social welfare administration as the DPP government reinvigorated its pro-welfare expansion stances in order to appease traditional voters. Within the administrative sector, social welfare officials and experts gradually replaced the planning roles that economic bureaucrats played in earlier elder-care pilots. The failure of economic bureaucrats and experts to make effective oppositions to the proposals is evident for the case of the exclusion of for-profit providers and carer allowances (Long-

term Care Planning Taskforce, 2005; Long-term Care Planning Taskforce, 2006). As is clear from the earlier discussion, economic bureaucrats and experts questioned the exclusion during the policy deliberation, whereas 'social welfare groups' strongly rejected the policy alternatives and supported the proposals drafted by DPP social policy Ministers. Facing the strong opposition from traditional social welfare advocacy groups, who held the majority of non-governmental seats and represented the 'voices of the civil society' in the Planning Taskforce, economic bureaucrats and experts were incapable of establishing an effective opposition and were consequently unable to bring forward their policy alternatives of opening up the for-profit market.

Outside the major policymaking platform in the administrative sector, Parliament and civil society actors did not occupy a veto position nor form countervailing power to resist the proposals. In Parliament, some legislators from both parties, including those representing the interests of cross-national human resources agencies and for-profit care providers, expressed dissent in interpellation sessions. However, as demonstrated in Section 6.3, the politicians had not yet established partisan policy stances and dissenting voices were relatively incoherent. Although the then opposition party, the KMT, held nearly one-third of Parliament's seats (79 seats compared to the DPP's 89 seats), it had not formed an organised opposition on the elder-care reform issues at this stage<sup>23</sup>. More importantly, rather than involving any new legislation or revisions, policy

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<sup>23</sup> During the second period of reform (2008–2016), the KMT held 'Long-term Care Insurance' as the party's stance on elder-care reform (see Chapter 7).

reforms during this period focused on policy measures that could be implemented through administrative plans. While plans that were passed through policymaking platform of the administrative sector (i.e., the Long-term Care Planning Taskforce) did not necessarily require parliamentary approval, the opponents in the legislative sector had difficulty in occupying any veto position in the policymaking process and fail to exert any substantial influence. This is particularly evident in the stricter regulations with regard to the private employment of migrant care workers (Legislative Yuan, 2005; Legislative Yuan, 2006a). Although a few legislators from both major parties objected to the proposals by questioning the feasibility of the restrictions, the DPP Ministers were not necessarily required to revise the proposed measures as the proposals had been passed through the policymaking platform of the administrative sector and could be implemented through administrative plans. As a result, the opposition from the legislative sector was not sufficiently effective to resist the introduction of stricter private employment criteria.

Furthermore, with the exception of those who held non-governmental seats in the Planning Taskforce, voices from civil society actors were significantly limited and marginal during this period. As discussed in Section 6.3, international workers' rights activists were concerned that the proposals ignored work protection measures for live-in migrant care workers (e.g., leave regulations). However, the political weakness of these grassroots activists prevented them from bringing work protection issues onto the policy table (Wu and Hsu, 2018; Interview C05). The actors were excluded from the official channels of public

participation and never acquired a place in the policymaking or consultation platform. During this period, the grassroots activists did not systemically participate in elder-care issues nor form alliances with other welfare advocacy groups. Due to the lack of official seats in the major policymaking platform, the international labour activists campaigned to enhance the labour protection of migrant workers, particularly leave regulation, through grassroots advocacy and parliamentary lobbies. Although the rights activists established some connections with legislators with social movement backgrounds, the limited number of allied Parliament actors made it extremely difficult to advance their policy alternatives, i.e., the draft of the Domestic Service Act, onto the agenda in Parliament. In addition, the international workers' rights activists failed to form alliances with broader groups of labour activists (i.e., labour unions and organisations of native workers). One leading activist for international workers' rights with extensive experience in the labour movement described these difficulties as follows:

*They [the government] don't care about us at all. We don't have votes...We were expecting the power of [native] unions' involvement, but we were struggling to mobilise them...They care much more about work protection and pensions for themselves...They haven't realised that elder care is also an urgent problem related to the working classes. (Interview C05)*

Overall, the coalition between DPP social policy Ministers and the 'social welfare groups' was the most powerful body during the first period of reform. Although there was some opposition from Parliament and civil society, the opponents were not in a position to veto the proposals nor did they establish any countervailing power. Firstly, the policymaking processes did not allow any veto positions to the opponents; the policy reforms, which could be implemented

through administrative plans, substantially bypassed the legislative sector and thus constrained the effectiveness of parliamentary opposition. Despite the policymaking platforms emphasising the mechanisms of public participation in social policymaking, civil society actors with dissent had too few seats whereas the non-governmental seats were predominantly reserved for the 'social welfare groups', who already held long-term political connections with the DPP. Secondly, the opponents did not establish any countervailing power against the coalition between the ruling party and traditional welfare advocacy groups. Parliament actors did not form organised or partisan opposition and were incoherent in policy stances, while opponents from civil society had difficulty in forming alliances with other potentially powerful actors. Ultimately, the Ten-year Long-term Care Plan was passed in 2007.

## **6.5 Policy developments during the period of DPP government from 2004 until 2008**

Table 6.1 provides an overview of the major policy developments during the first period of Taiwan's elder-care reform. The introduction of the Ten-year Long-term Care Plan marked the major policy reforms during this period, which manifested the dominance of a specific sets of reform ideas characterised as *defamilialisation through the non-profit market/informalisation of the informal care labour* (Cell 1 in Figure 5.2).

**Table 6.1. An overview of policy development during the first period reform (2004–2008)**

<b>Dimension of Policy</b>		<b>Policy outputs</b>
<b>Care services</b>	<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Expanding the entitlements to all people aged over 65 on a universal basis</li> <li>• Lowering the eligibility criteria of needs tests</li> </ul>
	<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Providing only home- and community-based services (excluding for-profit providers)</li> <li>• Increasing range of home- and community-based services</li> <li>• Increased subsidised hours</li> </ul>
<b>Cash benefits</b>		<ul style="list-style-type: none"> <li>• No new cash benefit schemes introduced</li> <li>• Maintaining previous schemes based on strict means- and needs-tests</li> </ul>
<b>Regulations related to live-in migrant care workers</b>		<ul style="list-style-type: none"> <li>• Tightening 'eligibility criteria' for employing live-in migrant care workers</li> <li>• Introducing native workers / care services matching procedure</li> <li>• Excluding employers of live-in migrant workers from public care schemes</li> </ul>

The DPP government expanded the eligibility and benefits of publicly funded care programmes by extending the entitlements, lowering the criteria of needs-tests, and increasing the range and levels of care services subsidised. The services were no longer limited to the extremely poor or those with severe care needs, instead covering broader groups of older people with different levels of

care needs<sup>24</sup>. The range and levels of benefits were also expanded. The public programmes increased the subsidised hours for home services<sup>25</sup> and covered a wider range of home- and community-based care services, for instance respite care, meals, transport, assistive devices and environment modifications, in addition to home services and day care.

Despite these initiatives, the fundamental structure of the public care programmes experienced little change. Policy measures that may integrate the for-profit market, live-in migrant care workers or family carers into public schemes were tightened or avoided. The expanded care programmes did not provide institutional care, which largely relied on small, for profit care homes. The DPP government maintained the previous selective approach to institutional care, which was provided by public and non-profit care homes based on strict means- and needs-tests. Moreover, the reform did not introduce new cash benefits and

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<sup>24</sup> All beneficiaries who are entitled to the public programmes are required to receive needs tests by professional personnel recognised by local governments. The assessments are based on the disability level of (Instrumental) Activities of Daily Living. The items of Activities of Daily Living (ADL) include six dimensions of basic self-care tasks: self-feeding, transferring and indoors mobility, dressing, bathing and showering, personal hygiene and toilet using. The items in the Instrumental Activities of Daily Living (IADL) consist of six advanced self-care tasks: cleaning and maintaining the house, managing money, moving within the community, preparing meals, shopping for groceries and necessities, taking prescribed medications, using the telephone or other forms of communication. Based on these assessments, beneficiaries are classified as having different levels of disability: mild (1–2 items), moderate (3–4 items) and severe (5–6 items). People living alone are tested by a loosened set of criteria, the IADL, which consists of more advanced self-care tasks. They are eligible if they are unable to execute any of the IADL items independently.

<sup>25</sup> The subsidised hours of care services are differentiated and capped according to the level of disability. The subsidised hours in the Plan were increased to 25 hours per month (50 minutes/day) for mild disability, 50 hours per month (100 minutes/day) for moderate disability and 90 hours per month (3 hours/day) for severe disability, compared to the quota of 8, 16, and 24 hours in earlier pilots.

maintained the existing means-tested schemes implemented during the 1990s and 2000s. The Ten-year Plan also excluded employers of live-in migrant care workers from the publicly funded care programmes. Finally, the policy reform did not implement any measures regarding the integration or formalisation of the private employment of live-in migrant care workers (e.g., work protection).

Another major aspect of the policy development was increased restrictions and regulations with regards to the private employment of live-in migrant care workers. Two main proposals for tightening up on the employment of live-in migrant workers were enacted (Ministry of Labour, 2006). First, the Taskforce introduced the Plan for Coordinating Migrant Care Workers Regulations and Native Care-services System, implementing a 'check mechanism' in employment procedures for live-in migrant care workers. Following the needs-tests, each applicant was required to prioritise 'native' care resources, including local care workers and publicly funded care services. Secondly, in 2006, the DPP government tightened the employment criteria and assessments. The criterion for employing a migrant care worker in the household was limited to those with '24-hour care needs' (compared to an earlier looser criterion of Barthel Index Scores below 30<sup>26</sup>), with mandatory assessment by more than two medical professionals at a

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<sup>26</sup> The earlier employment schemes for live-in migrant care workers were based on a medical-oriented clinical assessment tool, the Barthel Index. Only those who were evaluated as having scores under 30 on the Barthel Index were eligible to employ live-in migrant care workers. After the modifications in 2006, the Barthel Index scores were no longer the only determinants, and clinical judgment of '24-hour care needs' was also used. This approximates the level of a score of 20 on the Barthel Index but gives greater decision-making power to clinical evaluators.

designated hospital (assessments were previously made by a single doctor at any level of medical institution).

Regardless of the initiatives outlined above, it should be noted that the policy domains related to legal obligations for care and care leave do not appear to have become part of the policy landscape of elder-care reform during this period. Indeed, few related policy proposals were brought forward in the policymaking process let alone enacted.

## 6.6 Conclusion

This chapter has demonstrated how the imbalance of power among actors shaped the policy outcomes during the first period of Taiwan's elder-care reform. Empirically, it analyses the constitution of the major elder-care policymaking platform and how the coalition between the ruling party and traditional welfare advocacy groups acted as the most powerful actor within it. The key argument is that the powerful coalition between the DPP Ministers and 'social welfare groups' is the key factor in understanding how the reform ideas on 'care going public' that excluded the for-profit market and the informal care sector from public schemes (*defamilialisation through the non-profit market/informalisation of the informal care labour*) were brought forward in the familialist regime.

The analysis demonstrates that the numbers and attributes of policy actors involved in elder-care issues were relatively limited during the first period of

reform from 2004 to 2008. Although the DPP established the Long-term Care Planning Taskforce as a public participation mechanism and major policymaking platform for the overall planning of new elder-care policies, DPP Ministers and their allied traditional welfare advocacy groups occupied the majority of seats within it. The proposals of the Ten-year Long-term Care Plan drafted by DPP Ministers received wide support from traditional welfare advocacy groups, who had long-term partnerships with the DPP Ministers and shared similar reform ideas (*defamilialisation through the non-profit market/informalisation of the informal care labour*). While the powerful coalition between the DPP and 'social welfare groups' played a significant role in the policy formation, their opponents failed to occupy a veto position and did not form any substantial countervailing power to resist the proposals. Within the Taskforce, economic bureaucrats and experts acted as the major opponents but held significantly fewer seats in the policymaking platform; outside the Taskforce, while the proposals passed in the Taskforce could be implemented through administrative plans, Parliament and civil society actors were not in a position to make effective objections. Although there was some dissent from members of Parliament as well as grassroots activists, their positions on the proposals were mixed and incoherent, and they failed to organise an effective opposition to counterbalance the coalition between the DPP and 'social welfare groups'. The ineffective opposition led to 'victory' for the approach of *defamilialisation through the non-profit market/informalisation of the informal care labour*. As Section 6.5 has shown, the major policy developments during the DPP government were marked by the expansion in availability and intensity of

publicly funded care services. However, the reforms deliberately excluded any measures that may integrate the for-profit providers and the informal care sector into public schemes.

Despite the Ten-year Long-term Care Plan brought some extent of expansion in public responsibility for care, it does not necessarily suggest that the transformation of the familialist approach to elder care in Taiwan is complete. The next chapter will explore the second period of reform, examining why the Long-term Care Insurance Proposal, which could imply a stronger deviation from the familialist regime, failed.

## **Why Have Long-term Care Insurance Proposals Failed? Policy Ideas and Political (Re-)alignment during the Second Period of Taiwan's Elder-care Reform (mid-2008 to 2016)**

### **7.1 Introduction**

This chapter examines the second period of Taiwan's elder-care reform, lasting from mid-2008 to 2016, when the Chinese Nationalist Party (KMT) was in power. Inspired by the party's earlier successful experience in National Health Insurance, and also the introduction of Long-term Care Insurance (LTCI) in neighbouring East Asian countries (Japan and Korea), the KMT government proposed LTCI as a major policy measure to expand the public elder-care system. Its legislation and implementation were not only highlighted in the party manifesto of the Presidential campaign in 2008, but also taken as a major political goal of the KMT government once in power (Executive Yuan, 2008b). However, the proposal to introduce LTCI faced strong objections from both Parliament and civil society, and was not realised before the KMT stepped down in 2016. During this period, only the Long-term Care Service Act was passed after two terms of parliamentary debates. However, as a 'partial accomplishment' of its party manifesto, the Act, to a great extent, integrated elder-care-related legislation and regulations, which were scattered among the existing Acts (Legislative Yuan, 2015a).

Here, what is puzzling is why the LTCI proposal failed in a context where people were calling for stronger public responsibility for elder care, Taiwan's past history of successfully adopting social insurance schemes to expand its social welfare and the favouring of the insurance approach by those holding power. I approach this key puzzle by looking at the interplay of policy ideas and politics. Three main research questions guide the analysis: (1) *What political coalitions existed during this period, and what sets of policy ideas did they subscribe to?* (2) *How did the actors' policy stances and political alignments change over time, and why?* (3) *How did policy ideas play a role in reconfiguring political alignments and struggles, leading to the failure of the Long-term Care Insurance proposal?* Based on documentary evidence from governmental policy documents, proceedings of major decision-making meetings, reports on public hearings and parliamentary debates, and interview data, the analysis proceeds in three parts. Firstly, I introduce the major policy contents and reasoning of LTCI proposed by the KMT government and explore policy actors' reactions to the proposal before the LTCI proposal was finalised. Based on the key issues identified in Chapter 5, I group the advocates according to their distinct treatment of the for-profit market and the informal care sector. Secondly, I explore the changes in the main reform issues and lines of contestation after the final draft of LTCI was presented, and track subsequent changes in policy actors' policy stances and the composition of political coalitions over time. Thirdly, I examine the role of policy ideas in the political (re-)alignments and struggles. The analysis is intended to demonstrate how the final draft of LTCI changed the major lines of contestation during this period and how partisan actors exploited the ambiguous and polysemic meaning of 'care going public' to resist the LTCI proposal.

## **7.2 Policy ideas and political coalitions during the period from mid-2008 to 2014**

This section will firstly describe the major policy proposals and reasoning of the KMT's LTCI proposal. Secondly, it will explore the politics of LTCI reform by examining policy actors' reactions to the proposal and their coalition building during the period from mid-2008 to 2014.

### **7.2.1 The early draft of Long-term Care Insurance**

The KMT government started to plan for the LTCI when it returned to power in mid-2008. This was not only intended to implement the KMT's Presidential Manifesto, but to also address the problems faced by existing public care programmes (Executive Yuan, 2008a; Executive Yuan, 2008b). The LTCI planning team, consisting of health policy bureaucrats and experts, emphasised three aspects of the problem that were thought to be inextricably linked under the existing tax-based programmes: insufficiency and instability of government funding for elder care, unavailability of care services, and limited coverage and benefits of public care programmes (Executive Yuan, 2009a; Executive Yuan, 2009b; Executive Yuan, 2009c; Executive Yuan, 2010a; Executive Yuan, 2010b; Executive Yuan, 2011b; Executive Yuan, 2011c; Interviews A02, A05, A08). Addressing these problems, although the detailed policy package of LTCI was not determined during the period from mid-2008 to 2014, the KMT drafted a LTCI

proposal aimed to transform the design of public care programmes in 2009. The policy package included: a social insurance scheme (re-)distributing financial responsibility for elder care, the opening up of the for-profit market to increase the availability of care services, and the inclusion of informal care sector into public care schemes by adopting cash benefits and integrating live-in migrant care workers and their employers.

Firstly, it was argued that the adoption of a social insurance scheme would be a more feasible and desirable option to fund long-term care and (re-)distribute financial responsibilities for care because the country had very low tax revenue rates. Based on the earlier successful experience with National Health Insurance, the planning team aimed to secure sufficient and stable financial resources for public care programmes and to (re-)distribute the financial responsibilities for elder care through premium contributions from the government, employers, and employees. A leading health expert participating on the LTCI planning team explained this concern as follows:

*Our country is a low tax-revenue-rates one. Using public taxes [to fund long-term care], the budget needs to compete with other policies, easily leading to the challenges of financing insufficiency and instability. In contrast, adopting social insurance can distribute the required financial costs among the insured, employers, and the government. This will not only enhance mutual support among social members but also increase the stability and sufficiency of financial resources. (Interview A02)*

It was believed that securing stable and sufficient financial resources could solve the existing difficulties in developing care services and covering wider

groups and benefits. These became the second and third main aspects on which the LTCI proposal focused. The planning team believed that insufficient funding and the exclusion of for-profit providers were the main reasons why the tax-based Ten-year Long-term Care Plan was struggling to develop sufficient care resources and expand the coverage of public care programmes. Citing the experiences of other East Asian countries which had adopted LTCI, the planning team believed that gathering sufficient (public) funds through a social insurance scheme could incentivise wider participation, particularly by the (for-profit) market sector, in the development of care services. For example, a health official responsible for the LTCI proposal described these expectations as follows:

*The current programmes are financed by public tax revenues. According to current experience, the budgets are extremely insufficient, leading to limited coverage. If we continue to rely on taxes, we can hardly expect the growth of care services. We can take some examples from other countries, such as Korea. After adopting Long-term Care Insurance, many private providers became more willing to invest [in care services], even in some rural areas. (Interview A08)*

In contrast to the concerns about the secondary effects of LTCI on the care market, some members of the planning team emphasised the opening up of the for-profit market is essential prior to the anticipated implementation of the social insurance scheme (Interview A02). It was argued that the availability of care services is a prerequisite for LTCI implementation to avoid a situation where the insured pay insurance premium but cannot acquire adequate and sufficient services. The opening-up of the care market to business sector was regarded as an immediate and effective strategy to boost the care service industry. This was expected to fix

the problems of existing care service development and thus ensure the political feasibility of LTCI implementation.

Thirdly, the LTCI planning team emphasised that the social insurance scheme covering a wider group, including older people and their caregivers, was the foundation for a 'true' universal long-term care programme. Some members emphasised that LTCI, which gathered more sufficient funding, could ensure broader coverage of publicly funded care services. The differences in scale of the budget between the (existing) tax-based system and the social insurance scheme being planned reflected assumptions about the extent of public care the programme was to cover. Compared to the tax-based Ten-year Long-term Care Plan, which had limited coverage, it was argued that the adoption of LTCI would realise a substantially more wide-reaching elder-care programme. One welfare economist on the planning team, who had also participated in the policy reform of National Health Insurance, voiced his expectations for the social insurance proposal:

*Using public taxes, like the Ten-year Long-term Care Plan, only raised a few billions each year. Long-term Care Insurance will, at the least, fund more than eighty billions per year. The differences imply that what we intend to provide is different...It is not just about money. The tax-based system can say, 'we don't have enough budget, so sorry, no services.' Long-term Care Insurance won't. If you are eligible after needs tests, the benefits will always be provided. (Cheng, Wen-hui; Executive Yuan, 2010a: 4)*

Out of some concern about coverage expansion, the LTCI planning team proposed to include the informal care sector into public care schemes. The

relevant bureaucrats and experts recognised that the informal care sector was an indispensable type of care provision, and thus a universal social insurance should cover it. However, here were also considerations of political feasibility and cost containment of the social insurance. While formal care services would not be sufficient to substitute for the existing informal care provisions (by family carers and live-in migrant care workers), it was expected that providing choices could avoid political disputes (e.g., paying insurance premium but receiving no benefits under a social insurance scheme) and also contain the financial costs for the government (e.g., lower financial costs through partially compensated cash benefits). One health economist who had played a role in the planning of the earlier universal social insurance, National Health Insurance, and was also on the LTCI planning team explained this as follows:

*Long-term care is different from healthcare. While healthcare has a strong foundation of service delivery, long-term care mainly relies on family members and migrant workers. If we don't pay them and the service delivery system is hardly established in the short term, we would face very negative impacts...Choices are very important for why people are highly satisfied with our National Health Insurance. Not allowing the choices [of cash benefits and employing live-in migrant workers] would raise significant disputes...According to German experience, cash benefits could have effects on cost containment. (Lo, Chi-chiung; Executive Yuan, 2009b: 5)*

The proposals for covering the informal care sector included the adoption of carer allowances, the extension of entitlement to employers of live-in migrant care workers, and the integration of (training, registration, and employment of) live-in migrant care workers into public care schemes. However, although the LTCI

planning team tended to include the informal care sector into public schemes, they distinguished informal care labour from the formal sector by categorising care labour into paid-formal (i.e., native care workers employed by institutions), paid-informal (migrant and native care workers employed by individuals), and unpaid-informal (family carers and volunteers) (Executive Yuan, 2011a). The draft explicitly excluded family carers and individually employed care workers from the category of so-called 'long-term care personnel' in the formal sector.

### **7.2.2 The politics of LTCI reform during the period from mid-2008 to 2014**

When the KMT highlighted the political goals of introducing LTCI in legislation, the issues related to elder-care reform received greater public attention and induced more policy actors to participate in the policy arena. Table 7.1 compares the major policy actors during two different periods of reform.

During the earlier period of reform (as outlined in the last chapter), the policy circle was largely limited to the administrative sector and the 'traditional' social welfare groups in the Taiwanese context, such as advocacy groups for elderly welfare and disability rights. Moving into the second period, the number and diversity of policy actors who became involved in elder-care reform increased substantially. When the package of policy reforms entered the legislative process, policy deliberation was opened up for wider participation through official

**Table 7.1 Major policy actors during different periods of Taiwan’s elder-care reform**

	First period (2004–2008)	Second period (2008–2016)
<b>State and party actors</b>	<ul style="list-style-type: none"> <li>• Democratic Progressive Party (DPP)</li> <li>• Chinese Nationalist Party (KMT)</li> <li>• Bureaucrats from social welfare, health, labour, and economic planning departments</li> </ul>	<ul style="list-style-type: none"> <li>• Chinese Nationalist Party (KMT)</li> <li>• Democratic Progressive Party (DPP)</li> <li>• Bureaucrats from social welfare, health, and labour departments</li> </ul>
<b>Civil society actors</b>	<ul style="list-style-type: none"> <li>• ‘Old brand’ social welfare advocacy groups (e.g. elderly welfare and disability rights advocates)</li> <li>• Social and health policy experts/academics</li> </ul>	<ul style="list-style-type: none"> <li>• Elderly welfare advocates</li> <li>• Disability rights advocates</li> <li>• Health-issue-related advocacy groups</li> <li>• Family carer advocates</li> <li>• Feminist activist groups</li> <li>• International workers’ rights advocates</li> </ul>
<b>Business sector actors</b>	N/A	<ul style="list-style-type: none"> <li>• Home care providers alliances</li> <li>• Employers’ associations</li> <li>• For-profit companies (e.g. insurance companies)</li> <li>• Workers’ unions</li> </ul>

consultation procedures and parliamentary debates. The new participants included: some who did not prioritise elder care on their agendas (e.g., feminist activists); some who were excluded by the earlier policy decision-making platform (e.g., international workers’ rights advocates); some who did not prioritise advocacy as primary tasks (e.g. health-issue-related groups); some who were newly organised (e.g. home-care providers’ alliances, which were established in

2010); and some who were potential for-profit providers in the anticipated implementation of LTCI (e.g., insurance companies)<sup>27</sup>.

The increasing number and diversity of policy actors participating in the second period of reform broadened the landscape of policy ideas and complicated the politics. As Table 7.2 summarises, the policy actors coalesced into three main groupings according to their reactions to the LTCI proposal. The groupings and stances of the policy actors were largely consistent with the three sets of reform ideas on 'care going public', identified in Chapter 5, based on the distinct treatment of the for-profit market and the informal care sector. Compared to the first period, policy actors also sought more organised power through building up formal political coalitions. The following discussion is to outline the main groups of policy actors and their reactions.

Policy actors who championed a set of policy ideas excluding both the for-profit market and the informal care sector from public schemes (*defamilialisation through the non-profit market/informalisation of informal care labour*) formed a formal political coalition, the Alliance for Long-term Care Promotion (長期照顧推動聯盟), in late 2010 (Alliance for Long-term Care Promotion, 2011; Interview B01, B02, C02, C03, C09). The diversity of its membership was relatively limited, but the Alliance consisted of 'old-brand' social welfare advocacy groups, including the

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<sup>27</sup> Some policy actors did not participate in the policy deliberation until the LTCI proposal was finalised in late 2014. Employers' associations and workers' unions joined the policy landscape because the final LTCI proposal assigned new roles/responsibilities in care provision and financing to them, for example, the sharing of insurance premium.

**Table 7.2 Three main groupings of policy actors in Taiwan’s elder-care reform (2008–2014)**

	<i>(1) Defamilialisation through the non-profit market/informalisation of informal care labour</i>	<i>(2) Defamilialisation through the for-profit market/weak formalisation of informal care labour</i>	<i>(3) Defamilialisation through the non-profit market/strong formalisation of informal care labour</i>
<b>Main actors</b>	<ul style="list-style-type: none"> <li>• (Some) Democratic Progressive Party (DPP) legislators</li> <li>• Social welfare department bureaucrats</li> <li>• Elderly welfare advocates</li> <li>• Disability rights advocates</li> </ul>	<ul style="list-style-type: none"> <li>• Chinese Nationalist Party (KMT)</li> <li>• (Some) Democratic Progressive Party (DPP) legislators</li> <li>• Health and labour department bureaucrats</li> <li>• Local government officials</li> <li>• Health-issue-related advocacy groups</li> <li>• Home care providers alliances</li> </ul>	<ul style="list-style-type: none"> <li>• (Some) Democratic Progressive Party (DPP) legislators</li> <li>• Family carers rights advocates</li> <li>• Feminist activist groups</li> <li>• International workers’ rights advocates</li> </ul>

Federation for the Welfare of the Elderly and the League of Welfare Organisations for the Disabled. These traditional ‘social welfare groups’ had a long history of participation in the field of social welfare and had long-term alliance with the DPP. They had generally played a key role, along with the DPP, in the welfare expansion of the 1990s, and in the policy decision-making platform during the first period of reform (see Chapter 6). Generally, their policy stances reflected the predominant policy ideas and implemented policy packages of the first stage of reform. That is, the core of their policy stances favoured the development of publicly funded care services in the formal sector, which could compete with migrant care workers and supplement family care. The members of the Alliance held relatively consistent policy stances on the LTCI draft.

In addition to media campaigns, they expressed opposing voices to the KMT's proposal through the deliberation of DPP allies in parliament and the participation of the Alliance's members in the LTCI planning platform. Although these actors appeared not to refuse the adoption of social insurance for elder care during this period, they expressed strong objections to the opening up of the for-profit market, the adoption of cash benefits, and the inclusion of migrant workers as well as their employers into public care schemes (Executive Yuan, 2009a; Executive Yuan, 2009b; Legislative Yuan, 2010; Legislative Yuan, 2011; Executive Yuan, 2012; Executive Yuan, 2013; Legislative Yuan, 2013; Interviews B01, B02, C09). The major arguments made were that the proposed policy measures which might incentivise the provision by the for-profit market and the informal care sector implied a retreat of the state from the expansion of care responsibility, against the promise made by the KMT manifesto of LTCI (Alliance for Long-term Care Promotion, 2011).

By contrast, the LTCI draft proposed by the KMT government received wide support from a second group of policy actors. The attributes of those categorised into this grouping were more diverse, including the ruling KMT politicians, some DPP legislators, Health and Labour Department officials, health policy experts, health-issue-related advocacy groups, home care providers' alliances, and potential for-profit providers (Executive Yuan, 2009a; Executive Yuan, 2009b; Legislative Yuan, 2010; Legislative Yuan, 2011; Executive Yuan, 2012; Association of Insurance Companies, 2013; Executive Yuan, 2013; Legislative Yuan,

2013; Interviews A02, A05, A06, A08, A09, A10, B03, B04, C07, C08, D03). These actors were those who advocated the second set of reform ideas on 'care going public' identified in Chapter 5, preferring the inclusion of the-profit market and the informal care sector into public schemes (*defamilialisation through the for-profit market/weak formalisation of informal care labour*).

Although these policy actors did not establish formal coalitions to promote their policy ideas, the members of this grouping largely participated in the LTCI planning committee, and also expressed their voice in the parliament debates by their allies from both the KMT and DPP. While these policy actors held generally supportive stances on the LTCI proposal, within this grouping, there were some voices of dissent concerning the adoption of carer allowances (Executive Yuan, 2009a; Executive Yuan, 2009b; Interviews A09, D03). The opposition was mainly made by health policy experts and officials who prioritised the development of a formal care sector. They argued that carer allowances could not substantially tackle the challenges of unavailable family care. On the contrary, providing cash benefits to families would prevent them from using formal care services, forming major barriers to the development of the care industry.

Advocacy groups for informal care labour (family carers, women, and migrant care workers) and their allied legislators comprised the third group. Reacting to the LTCI draft, these advocates established a formal political coalition, the Alliance for Long-term Care Policy Watch (長期照顧政策監督聯盟), in 2009 (Alliance for Long-term Care Policy Watch, 2011; Interviews C01, C04, C05, C06,

C10, D01, D02). This consisted of 27 non-governmental organisations, covering feminist advocacy groups, international worker activists, family carers' organisations, and health-issue-related organisations. Most members of the Alliance did not participate in and/or were excluded from the elder-care policymaking in the first period of reform. They generally demanded that the for-profit market should be excluded from care provision and the informal care sector should be included into public schemes through stronger formalisation (defamilialisation through the *non-profit market/strong formalisation of informal care labour*). As demonstrated in Chapter 6, this third set of reform ideas on 'care going public (cell 3 in Figure 5.2) were not prominent in the last period of reform.

The Alliance reacted to the KMT's draft by proposing a more aggressive version of 'care going public' in the legislative process and cooperated with a few progressive legislators from both the DPP and KMT. During the period from mid-2008 to 2014, they appeared to accept the adoption of social insurance for financing elder care, but proposed several major amendments to the LTCI draft (Alliance for Long-term Care Policy Watch, 2011; Legislative Yuan, 2011; Legislative Yuan, 2013). Firstly, the Alliance objected to the opening up of the for-profit market, particularly large commercial capital (e.g., insurance companies). Secondly, the members supported the inclusion of family carers into public schemes, but proposed advanced proposals of cash benefits. These advocates emphasised that providing financial support to family carers could recognise their contribution to care provision and support them with a different employment

status. They proposed more comprehensive compensation schemes to family carers based on their employment status, providing carer allowances for full-time family carers and wage compensation for those who left their jobs due to family care. Thirdly, the Alliance was concerned about the integration of migrant workers into public schemes. Reacting to the government draft, the actors proposed stronger formalisation of informal care labour by unifying the payments, regulations, and employment (e.g, the same levels of wage and work protection as the native workers in the formal care sector, and the institutional employment of migrant workers).

However, within the Alliance of Long-term Care Policy Watch, there were some subtle differences concerning specific issues, leading to compromises and potential conflicts among members (Chen, 2018; Interviews C01, C04, C05, D01, D02). The members diverged on two main reform issues. The first was related to carer allowances, on which family carers' rights advocates had conflicts with other members, particularly feminist activists. While the family carers supported the adoption of cash benefits for family carers with different employment status, feminists and labour activists questioned whether this would strengthen the family's (especially women's) roles and obligations in providing care at home. A second line of conflict emerged between international workers' rights advocates and other members. Although there was some consensus on the cancellation of the individual employment of migrant care workers, there were controversies over the concrete period of sunset clauses. While international workers' activists insisted

on a more aggressive proposal (within nine years), other members either preferred a longer sunset period or hesitated over the feasibility. Given these inconsistent stances, the Alliance appeared not to strongly advocate its proposals on these specific issues, although 'cancelling individual employment' and 'providing financial support to family carers' were not totally abandoned in its official statements, acting as a rather 'symbolic appeal' (Wu and Hsu, 2018; Interview C05).

Looking into the composition and policy stances within and between these groups, we can extract two noticeable points. Firstly, during the period from mid-2008 to 2014, there had not yet formed any partisan stances between the two major political parties, the KMT and the DPP. While politicians from the ruling party (KMT) did not necessarily support the government's proposal, the members of the opposition party (DPP) took even more diverse stances on these reform issues. Their policy stances and allied actors can be lodged in all of the three groups identified above. Secondly, controversies about the choice of financial system appeared not prominent during this period. Although there were controversies around specific reform issues, it appeared that policy actors generally assumed the future implementation of a social insurance scheme for long-term care (Legislative Yuan, 2011).

## 7.3 Realignment of policy actors during the period from late 2014 to 2016

In order to realise its manifesto of LTCI legislation within the term of presidency which ends in early 2016, the KMT government drafted the final proposal for LTCI in late 2014 after six years of planning by an expert panel (Executive Yuan, 2015a).

Table 7.3 provides an overview of the final LTCI proposal drafted by the government. This draft defined the rights and responsibilities of both the insurer and insured, including the entitlements, benefits, financing, and provision of the publicly funded care programmes. The proposal generally copied the design of National Health Insurance, which was generally regarded as a successful accomplishment by the government due to high public satisfaction and its

**Table 7.3 The KMT government's Long-term Care Insurance proposal**

<b>Scheme</b>	<ul style="list-style-type: none"> <li>• Single-payer compulsory social insurance</li> </ul>
<b>Entitlements</b>	<ul style="list-style-type: none"> <li>• People of all ages</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• In-kind benefits               <ul style="list-style-type: none"> <li>- Home, community, and institutional care services, and family carers' support services</li> </ul> </li> <li>• Cash benefits               <ul style="list-style-type: none"> <li>- Family carers' allowances (partial compensation)</li> <li>- Excluding direct payment for private employment of live-in migrant care workers</li> </ul> </li> </ul>
<b>Financing</b>	<ul style="list-style-type: none"> <li>• Distribution of insurance premium: Government (30%), employers (40%), the insured (30%)</li> <li>• Copayments: 15%</li> </ul>
<b>Provision</b>	<ul style="list-style-type: none"> <li>• Contracted providers (for-profit and not-for-profit)</li> <li>• Family carers</li> <li>• Live-in migrant care workers (in parallel with the LTCI scheme)</li> </ul>

international reputation (Interviews A02, A05, A08). Adopting the same design as that of NHI, LTCI was planned to be a compulsory social insurance scheme covering people of all ages by a single insurer, the government. The insurance premiums were designed to be paid by the insured, employers, and the government, in different proportions based on occupational categories. In addition, the beneficiaries using care services were required to co-pay at a rate of 15%. According to the choices of the insured and the results of needs tests, LTCI was to provide both in-kind and in-cash benefits, covering home-, community-, and institutional-based care services, and also family carer allowances. Care provision was planned to be contracted out by the government to accredited care providers from both the for-profit and not-for-profit sectors. It should be noted that the proposed LTCI scheme excluded any direct payment for the private employment of live-in migrant care workers.

The LTCI proposal finalised by the KMT government in late 2014 marked a turning point. The choice of financing system for long-term care became a major, if not the only, reform issue and created new lines of conflict among policy actors. The following sections firstly introduce the KMT's final proposal for LTCI and then identify the (re-)alignment of policy actors along the axis of supporting/opposing LTCI. Finally, I will demonstrate how partisan actors exploited ambiguous and polysemic meanings of 'care going public' to gather stronger opposition forces against the adoption of LTCI.

### 7.3.1 Policy actors' (re)alignment along the axis of supporting/opposing LTCI

The draft of LTCI raised significant controversies among policy actors, and shifted the main reform issues and conflict lines to the choice of financial design. Policy actors realigned at the two poles of supporting/opposing the LTCI proposal (see Table 7.4). There were three noticeable changes in policy actors and political alignments as compared with previously. Firstly, the political coalitions were restructured. Policy actors who had taken distinct sets of policy ideas concerning

**Table 7.4 Policy actors for and against Long-term Care Insurance**

	Pro-LTCI	Against LTCI
State actors	<ul style="list-style-type: none"> <li>• Chinese Nationalist Party (KMT)</li> <li>• Health department bureaucrats</li> </ul>	<ul style="list-style-type: none"> <li>• Democratic Progressive Party (DPP)</li> </ul>
Civil society actors	<ul style="list-style-type: none"> <li>• Family carers' rights advocates (some)</li> <li>• Health issue-related advocacy groups</li> </ul>	<ul style="list-style-type: none"> <li>• Elderly welfare advocates</li> <li>• Disability rights advocates</li> <li>• Family carers' rights advocates (some)</li> <li>• Feminist activists</li> <li>• International workers' rights advocates</li> <li>• Workers' unions</li> </ul>
Business sector actors	<ul style="list-style-type: none"> <li>• Insurance companies</li> <li>• (Institutional) care providers</li> <li>• Home care providers alliances</li> <li>• Employers' associations</li> </ul>	NA

the treatment of the for-profit market and the informal care sector, realigned along a polarised axis either supporting or opposing LTCI. Secondly, the two main parties adopted partisan stances on the adoption of LTCI. While the ruling KMT strongly promoted its manifesto pledges of LTCI implementation, the opposition DPP strongly resisted the social insurance proposal. Thirdly, new actors got involved in the debate on the LTCI proposal and chose their sides. Those who had not participated in the field of elder care (e.g., workers' unions, employers' associations, and insurance companies) started to make their voices heard since the LTCI proposal assigned them roles and responsibilities in care provision and financing. The following paragraphs will briefly introduce the composition of the pro- and anti-LTCI groups.

### **Policy actors supporting LTCI**

The ruling KMT acted as the main promoter of LTCI, with the proposal largely formulated by a planning team consisting in the main of health policy bureaucrats and experts. The proposal also received major support from business actors, including insurance companies, employers' associations, and for-profit care providers. While the KMT and health officials highlighted the expected effects of LTCI on the sufficiency and stability of financial resources and on the expansion of care services and coverage, market actors set their sights on potential profits after the social insurance scheme pooled together its collective funds. The market actors supported the LTCI proposal by arguing for wider participation of service

providers, especially the for-profit sector. They resonated with the KMT's proposal, arguing that the existing tax-based system, which excluded the participation of the for-profit sector, had led to difficulties in expanding care services and coverage. They expected that these problems could be alleviated by the loosening of associated laws for the business sector, especially wealthy insurance companies (Life Insurance Association, 2013; Executive Yuan, 2014a). In contrast to the active role of market providers in promoting the LTCI proposal, employers' associations took relatively passive positions on the adoption of LTCI. Although they argued that care for older people should be 'social welfare', for which employers were not supposed to take any responsibility, they generally accepted the LTCI proposal after the KMT Premier decided to decrease the employer's share of the insurance premium from 60% to 40% (National Federation of Industries, 2014; Executive Yuan, 2015c; Interviews A02, A06, A08). For example, a representative of the employers' associations described their stance as follows:

*In principle, we support the government's long-term care policies to respond to the needs of the ageing society... [However,] in addition to wages, employers are currently sharing significant costs of the welfare and [social] insurance of employees. The nature of long-term care is in fact a social welfare, which is supposed to be paid for out of the government's budgets. We suggest that the government should cover a higher proportion of the [long-term care] insurance premium. (Gu, Chen-yun; Executive Yuan, 2015c: 3)*

On the other hand, the LTCI proposal received relatively more modest support from civil society. Only a few family carers' rights advocates and patient groups expressed their support for the adoption of a social insurance scheme

(Legislative Yuan, 2015d; Interview C06, C10, D01). For them, LTCI was a financing mechanism capable of raising sufficient and sustainable funds to provide universal coverage, particularly of the unmet needs of those who were overlooked by the existing programmes, such as family carers and people with dementia. It was believed that insufficient funding of the existing tax-based design had been the main cause of the limitation of entitlements to and benefits of public care programmes, which were unable to provide substantial universal coverage of the broader and different needs of both care recipients and givers. In other words, LTCI was taken as an acceptable measure to realise their policy ideas of (stronger) formalisation of informal care labour by incorporating family carers into public schemes. As one major family carers' rights advocate put it:

*The current financial resources for long-term care are extremely limited because we adopted a tax-based system. This leads the government to set many exclusion criteria [in public care programmes]...We take family carers for granted. If someone is cared for by a family carer, we assume that he/she doesn't have any needs...We should treat family carers as our beneficiaries as well...they should receive needs-tests. We can thus see their needs...Our care service system should cover them. (Wang, Tseng-yung; Legislative Yuan: 10)*

### **Policy actors opposing LTCI**

The 'anti-LTCI grouping' included a broader range of policy actors, all of which tended to subscribe to different policy ideas of 'care going public'. It consisted of three main groupings. Firstly, the opposition DPP took the leading role in resisting the LTCI proposal. The party developed a strong stance opposing the adoption of

LTCI and this appeared to unite its members in Parliament, who had demonstrated a wide variety of policy ideas during earlier periods. A second grouping of opponents came from advocacy groups. They included actors who had previously joined different political coalitions, namely the Alliance for Long-term Care Promotion (e.g., elderly welfare and disability rights advocates), and the Alliance for Long-term Care Policy Watch (e.g., feminist activists and international workers' rights advocates). A third grouping of actors opposing LTCI were mainly workers' unions, which had tended to overlook elder-care issues before the draft of LTCI.

The following sections will demonstrate how the partisan actors exploited the ambiguity and polysemy of 'care going public' to attract their allies, together opposing the LTCI proposal.

### **7.3.2 The role of 'care going public' in political realignments and struggles**

The LTCI proposal extended the major battlefield of elder-care reform to Parliament, allowing the opposition party to act as a strong veto player. My analysis suggests that, by fighting against the KMT's proposal of LTCI, the opposition DPP politicians subtly (re-)drew the political cleavage of public versus private responsibilities for care by exploiting the ambiguous and polysemic meanings of 'care going public'. In this way, the opposition party framed the LTCI

proposal as a threat to public responsibilities for care, allowing themselves to occupy a 'normative high ground' of 'care going public'. This not only attracted wider support from a variety of civil society actors who generally supported stronger public responsibilities for care, but also acted as a normative weapon to shame the LTCI proposal during the parliamentary debates. Three main framing strategies used by these partisan actors to attract allies and attacked the LTCI proposal are: focusing on the inequitable redistribution effects of social insurance, highlighting the marketisation and social stratification of care, and questioning the consolidation of familial care.

### **Inequitable redistribution effects of social insurance**

The first framing strategy through which the opposition actors in parliament advanced the public versus private cleavage to oppose the LTCI proposal was by drawing attention to the inequitable redistribution effects of a social insurance scheme. Responding to the ruling KMT's LTCI proposal, politicians from the opposition DPP insisted on a tax-based system, although they had previously demonstrated more open and diverse attitudes on LTCI (Legislative Yuan, 2011). DPP politicians argued that a tax-based long-term care system implied stronger public responsibility for care, compared to the LTCI as proposed, because it would have more equitable redistribution effects between different income groups (Legislative Yuan, 2015d; Interviews B01, B02). They argued, the (extra) sharing of insurance premiums by adopting LTCI would not only increase the financial

burdens of individuals and families, but also make the sharing of elder-care costs unjust. The context here is that, those who required public care support were usually economically disadvantaged, such as the working class and people with physical and/or mental disabilities. Instead, the DPP insisted that the expansion of care programmes should be funded by levying new taxes (e.g., house and land transactions income tax, and consumption tax) and increasing tax rates (e.g., business tax), which would require the better-off to share more of the financial responsibility for care. For example, one DPP legislator, who played a leading role in welfare and labour legislation, made the following arguments in the parliamentary debates:

*The financing of long-term care should be based on the modification of tax-related regulations. Using specific taxes, including an increase in Inheritance Tax and Business Tax...would raise enough money and also realise social justice by increasing taxes from wealthy groups. (Tien, Chiu-chin; Legislative Yuan, 2015d: 8)*

The anti-LTCI arguments on the inequitable redistribution effects of social insurance gained support from old-brand social welfare advocacy groups, and workers' unions. For these actors, a financing scheme requiring stronger public responsibility for care should carry equitable redistribution effects between different income groups, rather than only sharing the financial costs with (economically disadvantaged) individuals/families. Following this line of argument, workers' unions, which had not participated in elder-care reform, objected to the LTCI proposal on the grounds that the government's stronger financial responsibilities through a tax-based system. They emphasised that long-

term care is 'social welfare' for which the government should take full financial responsibility, rather than (re-)distributing the financial costs to employees by introducing a new social insurance scheme. A representative of the workers' unions opposed the LTCI proposal as follows:

*Long-term care should be social welfare. It is not supposed to be financed like National Health Insurance, but totally by the government's budgets...We oppose the government asking the workers to pay for one more social insurance at a time when everything but our salaries is getting more expensive. (Tai, Guo-long; Executive Yuan, 2014a: 7)*

Old-brand social welfare advocacy groups (e.g., elderly welfare and disability rights organisations) opposed LTCI out of similar concerns for the inequitable redistribution effects of a social insurance scheme.

However, there were some nuanced differences between the objections of elderly welfare and disability rights advocates. Disability rights advocates, who had been involved in long-term advocacy on tax reform, questioned the social insurance medium itself and highlighted the necessity of tax reform to expand the public care system. They emphasised the superior redistributive effects of tax-based programmes, particularly for economically disadvantaged groups (e.g., those with physical and/or mental disabilities), and insisted that the sufficiency of elder-care financing should be achieved by tax reform. One representative of disability rights advocates made these points as follows:

*In fact, those who question tax-based financing [of long-term care] all assume that we don't need to reform our tax system...Why are we indulging the government not to reform the existing tax designs?...People with disabilities are those who*

*have weaker financial capabilities. A tax-based system would have stronger effects of redistribution. (Teng, Shi-hua; Legislative Yuan, 2016: 6)*

On the other hand, elderly welfare advocates appeared to take relatively ambiguous stances on LTCI. In fact, they were not so critical of the adoption of a social insurance scheme for elder care, and some members participated in the LTCI planning team (Executive Yuan, 2009a; Executive Yuan, 2009b; Legislative Yuan, 2011). They tended not to oppose social insurance itself but questioned the LTCI proposal by highlighting the occupational-based designs of premium contributions, which were totally transplanted from the National Health Insurance (Interviews B01, B02). The occupation-based contributions of the NHI had attracted long-term criticism for the inequitable redistribution effects because most of the earnings of wealthier groups could not be covered in the calculation of insurance premiums (e.g., earnings from real-estate and stock-market transactions). For example, a leader of elderly welfare advocacy groups opposed the LTCI proposal by questioning the equitability of the occupation-based design as follows:

*How we earn the insurance premium is based on the design of the National Health Insurance. However, is it an equitable mechanism?...We don't support the current planning of Long-term Care Insurance. (Wu, Yu-chin; Executive Yuan, 2015b: 8)*

## **Marketisation and the social stratification of care (by promoting the for-profit market)**

The second line of argumentation through which the DPP sharpened the political cleavage of public versus private responsibilities for care was to gather stronger oppositional forces concerned about the promotion of the for-profit market. For the KMT planning team and LTCI supporters, the LTCI proposal was taken as a solution to the long-standing problems of the tax-based Ten-year Long-term Care Plan, which faced severe difficulties in raising sufficient budgets and developing care services to expand coverage. In addition to insufficient funds, the LTCI planning team viewed the limitations of non-profit care provision as another major barrier to care-service development and intended to incorporate for-profit providers into public care schemes to boost care-service provision (Legislative Yuan, 2015d; Interviews A02, A05, A06, A08, B03, B04). It was believed that (for-profit) market provision under a single-payer social insurance scheme could not only promote sufficient care-service development but also expand the coverage of public care programmes.

However, the DPP justified its opposition to the LTCI proposal by treating the opening up of the for-profit market as a threat to public responsibility for care. These partisan actors argued that LTCI operating with the participation of the commercial sector would substantially shift care responsibilities back to the individual/family due to marketisation, profitisation, and the social stratification of care (Executive Yuan, 2014b; Ministry of Health and Welfare, 2015; Legislative

Yuan, 2016: Interviews A01, B01, B02). Particularly in a context of insufficient care services, they believed, a large amount of public funds collected by the social insurance scheme would attract private capital, such as insurance companies, to seek profits in the new market. While the government may not have effective measures in place for governing the market, the marketisation and 'profitisation' of care would not only threaten the quality of care but also lead to a deterioration of the equality of public care programmes through the creation of a two-track care provision (self-paid and publicly funded). They argued that such two-track care provision would fail to secure the availability of care services in the market for economically disadvantaged groups, leading to a threat to the public responsibility for care. For example, one DPP legislator, who had long-term allies among labour and feminist activists, objected to the LTCI proposal in parliamentary debates by attacking its promotion of the for-profit market as follows:

*Money comes after the implementation of LTCI, but care services have not been made ready yet. Where are you [people in need] going to find services? You will need to buy services on the market...Due to the sufficient funds [raised by LTCI], big business companies come to invest and bite into the big pies of long-term care insurance...Finally the long-term care system becomes marketisation and profitisation, leading to more server inequalities between social classes. (Lin, Shu-fen; Legislative Yuan: 11)*

The concerns about the negative effects of marketisation and social stratification of care resonated with a broad range of policy actors from civil society, attracting them to the anti-LTCI allies. These included advocates for elderly welfare and disability rights, and feminist and international labour

activists (Executive Yuan, 2014b; Ministry of Health and Welfare, 2015; Legislative Yuan, 2016: Interviews C01, C02, C03, C04, C05, C09). Some of these actors, who generally advocated for stronger public responsibility for care, may not have totally opposed social insurance financing itself, but joined the anti-LTCI allies out of different concerns about the LTCI proposal's promotion of the for-profit market. In general, they emphasised the potential outcomes of marketisation and the social stratification of care that LTCI implementation would occasion. For them, the social insurance scheme could be a cash machine for private capital to make profits and assume the majority of the market share within a current condition of poor care provision, weakening the public responsibility for care. Within this line of argument, advocates emphasised different aspects of the negative effects of marketisation. Some tended to question the government's ability to regulate the market, and emphasised their concerns about the quality and equality of care services. It was argued that the marketisation of care promoted by LTCI would leave those with care needs, who are usually economically vulnerable, unable to obtain affordable, good-quality care services. For example, an advocate of elderly welfare said:

*[The future LTCI] will lead to elder care becoming marketised and privatised, worsening social inequality. Older people will be unable to afford care services with reasonable prices and quality. The long-term care needs are so urgent, but the government can only think of introducing commercial investments by LTCI. We totally cannot understand. (Wu, Yu-chin; Ministry of Health and Welfare, 2015: 7)*

Some critics of the for-profit market placed more emphasis on the working conditions of care labour in the increasingly marketised care provision promoted by the LTCI proposal. Citing the Korean experience, a leading actor in the international workers' rights movement, who did not absolutely oppose social insurance financing for elder care, explained the reasons why they had joined the allies to oppose the KMT's proposal as follows:

*The reasons why we opposed the LTCI are...now care resources are very insufficient, and the government intends to encourage private capital to invest [in the care market]...It will follow in Korea's footsteps...After the private capital comes, the for-profit market will expand very quickly. It is very dangerous that the government's escape from care provision will lead to a cut-throat competition, leading to deteriorating working conditions [for care workers]. (Interview C05)*

### **Consolidation of familial care (via carer allowances)**

The third issue through which the opponents assembled and opposed the LTCI proposal was in their position regarding the adoption of carer allowances. The LTCI planning team intended to adopt a carer allowance scheme, not only to allow 'more choice' and to 'support family carers' but also considering the political feasibility of social insurance. As people pay their insurance premium, they believed, the care allowances could mitigate the potential political crisis in a condition that care services are not sufficiently developed, particularly in rural areas (Executive Yuan, 2015a; Interview A02, A06, A08).

Although the planning team emphasised that in-cash benefits were a supplementary instrument to expand coverage, the DPP and other civil society

actors strongly opposed the LTCI proposal's adoption of carer allowances, viewing it as a measure to consolidate familial care and push back care responsibilities onto the family. The opposition came from different groups of policy actors who had previously stood for distinct stances on the treatment of the informal care sector (Executive Yuan, 2015b; Legislative Yuan, 2015d; Legislative Yuan, 2016; Interviews B01, B02, C01, C02, C03, C04, C05, C07, C08, D03). There were two types of opponents. The first consisted of those who advocated weak formalisation (e.g., elderly welfare and disability rights advocates, some DPP politicians and feminist activists). These actors may not have previously opposed social insurance financing, but they were highly sceptical of any type of cash benefits. For them, only in-kind benefits could relieve the care burden and share the care responsibilities of the family. They argued that the adoption of carer allowances would not only incentivise familial care provision (family carers and live-in migrant care workers), but also undermine the development of care services in the formal sector, substantially pushing back care responsibilities onto the individual/family. For example, a DPP legislator opposed the LTCI proposal by citing the German experience of LTCI as follows:

*The LTCI proposal combines cash benefits with in-kind ones. This would follow in the footsteps of Germany, where nearly 75% of people take up carers allowances and take care of older people themselves. People will also massively employ migrant care workers at home, threatening the care labour force and service development. (Tien, chiu-chin; Legislative Yuan, 2015d: 63)*

One feminist activist, who did not oppose the social insurance financing for care, also expressed the changes in the policy stances due to the LTCI proposal of family carer allowances:

*We doubt the LTCI mainly because of the cash benefits for family carers...It will possibly encourage more family care and live-in migrant workers. If so, we are no longer thinking of LTCI, but insist on financing care through public taxes instead.*  
(Interview C02)

A second group of actors, who advocated a stronger formalisation of informal care labour (e.g., feminist activists and international workers' rights activists) joined the anti-LTCI group due to concerns about the specific design of the cash benefits scheme (Interviews C04, C05). These opponents included some members of the Alliance for Long-term Care Policy Watch. The Alliance officially supported cash compensation at a relatively higher level for family carers with different employment status, despite some controversies among members (Interviews C04, D01, D02). These actors did not totally oppose any types of cash benefits, nor social insurance itself. However, they opposed the specific design of carer allowances in the KMT's LTCI proposal, which only providing cash benefits at the level of partial compensation. For these actors, with stronger formalisation policy ideas, this specific design not only led to a deterioration in the conditions of family carers, especially women, but also consolidated the family's care responsibilities.

In sum, after the LTCI was finalised in late 2014, the DPP strongly resisted the LTCI proposal by (re-)creating a political cleavage of public versus private

responsibility for care. These actors objected to the LTCI proposal by framing it as a reform that was problematic from a value perspective in pushing back care provision and responsibility to the market and the family. Through a carefully crafted set of objections, the opposition DPP occupied the 'normative high ground' of 'care going public', emphasising that a tax-based system would defend stronger public responsibility for care. This can be summarised by a statement by one long-term DPP Member of Parliament, who was allied with labour and feminist activists, demonstrates how the partisan actors exerted the public-private cleavage to shame their rivals' LTCI proposal in parliamentary debates:

*The KMT government remains unwilling to provide sufficient public care services...and take the responsibility, but intends to orient elder care towards marketisation, profitisation, and social stratification by implementing LTCI and delivering carer allowances. People will receive allowances but be unable to afford good services. They will need to rely on themselves to provide care... Unfortunately, we have seen the government's conspiracy of creating a poor long-term care system [by the LTCI proposal] for the involvement of the commercial sector and the operation of cash benefits. (Lin, Shu-fen; Legislative Yuan, 2015b: 121)*

#### **7.4 Policy developments during the period of KMT government (from mid-2008 to 2016)**

In the face of such dissent from the opposition DPP and its allies, the KMT planning team and legislators appeared to lose their position to defend the LTCI proposal (Interviews A02, A06, A08, B03, B04). The DPP was seen to have successfully mobilised the three lines of counter argumentation to attract a broad

range of allies from civil society and frame the LTCI proposal as a 'betrayal' of 'care going public'. The opponents contrasted tax-based schemes and LTCI by (re-)creating a political cleavage of public versus private responsibility for care. While the LTCI proposal was framed as a retreat from public responsibility due to its controversial design, its opponents were able to claim the high ground of defending a position on 'care going public', despite the fact that the proposal of the opposition DPP (*defamilialisation through the non-profit market/informalisation of informal care labour*) may in fact imply weaker public responsibility for care. This made it difficult for the ruling KMT to insist upon its proposal, particularly after the democratic competition in which the party had struggled to get rid of its image of being pro-economic growth and anti-social welfare. In addition, although the ruling party had a relative majority of the seats in the Legislative Yuan during this period, the opposition DPP frequently used procedural rules (e.g., intentional absence), or refused to sign agreements on party consultation meetings, obstructing the review of the LTCI proposal and related ballots.

Facing these difficulties, the KMT suspended the LTCI proposal and put in place the Long-term Care Service Act as a compromise (Legislative Yuan, 2015b; Legislative Yuan, 2015c; Interviews A02, A06, A08, B01, B02, B03, B04). The Act did not present major policy changes and, to a large extent, just integrated existing laws and regulations related to elder care which were scattered among different legislations (for instance, the Senior Citizens Welfare Act, the People with Disabilities Rights Protection Act, and the Nursing Personnel Act). A main policy

amendment proposed in the Act was the Long-term Care Development Fund (長照服務發展基金), as a response to the contestation on the financing for elder care. The Fund was aimed to secure more sufficient financing for the development of long-term care services through legally assigned levels of public tax investment and Health and Welfare Surcharge contributions (e.g., the surcharge on tobacco products). For the KMT, the passage of the Act could be claimed as a 'partial fulfilment' of its presidential manifesto while the legislation could be framed as a 'stepping stone' for the future implementation of LTCI. In addition, the Fund proposed in the Act could temporarily mitigate the partisan conflicts over the choice of financing system. For LTCI supporters, this acted as a temporary measure to provide sufficient funding to expand the availability of care services, which the future implementation of LTCI required. For LTCI's opponents, although they appeared unsatisfied about the budget's scale and sources of the Fund<sup>28</sup> (e.g., no increase in Business Tax), the Fund did maintain the existing tax-based system. Through this compromise between the two parties, the Long-term Care Service Act was passed in 2015, while the LTCI legislation was suspended (Legislative Yuan, 2015b).

Despite the passage of the Long-term Care Act/Fund, during the period from mid-2008 until 2016, the entitlements and benefits of public care programmes

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<sup>28</sup> The Long-term Care Service Act required the government to allocate at least 12 billion NT dollars every five year for the development of elder care services. However, this was approximately equal to the budget level at the time of legislation.

experienced little change<sup>29</sup> as the KMT government had placed its hopes on the LTCI legislation to expand elder care system. When the LTCI proposal received strong opposition that made it difficult to pass in the Parliament, the government gradually loosened the criteria for the private employment of live-in migrant workers, through administrative measures, to respond to increasing care needs and accompanying political pressures from the public (Ministry of Labour, 2012; Ministry of Labour, 2015; Interviews A06, A08). During the period from 2012 to 2016, there were two major modifications in the disability level for eligibility. The employment of live-in migrant care workers was no longer limited to those who are assessed as 'totally dependent' (about Barthel Index < 20). Firstly, in 2012, eligibility was extended for people aged over 80 with 'severe care needs' (about Barthel Index < 60). Secondly, the disability level for eligibility was relaxed to include people aged over 85 with 'mild care needs' ( $\approx$ Barthel Index < 100) in 2015. In other words, these modifications substantially offset the tightening of the eligibility criteria for employing migrant care workers during the DPP period (2000-2008). For these older old, nearly all are allowed to employ a migrant care worker at home after the KMT reform.

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<sup>29</sup> The entitlements and benefits of public care programmes during the KMT government largely followed the Ten-year Long-term Care Plan, which was introduced in 2007 (see Chapter 6). A major change was the rate of copayment for publicly funded care services. For 'ordinary users', the rate was lowered from 40% to 30% in 2010. However, the rates were maintained for low-income and extremely low-income groups (respectively, 10% and no copayment). This was aimed to encourage individuals/families to use care services, as local governments observed that the copayment level influenced the willingness of care service use (Department of Health, 2010).

Regarding legal obligations for care and care leave, there were no major policy changes during the second period of reform. Only two minor amendments were made, and these were not out of the concerns about the expansion of elder care system. A first amendment related to mitigation of the legal obligations in some cases. In the 2010 Amendment of the Civil Code, a newly added article allows an exemption from the legal obligation to support parents, but only for those who have experienced domestic violence from their parents or whose parents did not fulfil their parental obligations (e.g., taking responsibility for child-care) (Civil Code Article 1118-1). Hence, the amendments based on the assumptions of intergenerational exchange did not slacken, and may even have strengthened the basic structure of the laws that enforce the caring and financial obligations of the family. The second modification took place in the eligibility for family care leave. Although the Gender Equality in Employment Act introduced in 2002 provided 7-day unpaid family care leave (which is not specific for elder care), only those employed by large companies (more than 30 employees) were eligible. The Act deleted the criterion for the size of companies in 2010 after legislators questioned the coverage of family care leave, as most enterprises in Taiwan are of small and medium scale<sup>30</sup> (Ministry of Labour, 2010). Despite the extension of eligibility, the scheme retains the previous design, which only allows very short-term family care leave and provides no compensation, not to mention that the leave is to be deducted from personal leave. Given these restrictions, Family Care

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<sup>30</sup> According to the government's census, over 95% of companies in Taiwan employ less than 30 workers, and these small companies account for nearly half of the total employment (Directorate General of Budget Accounting and Statistics, 2016)

Leave remained quite a symbolic function, rather than substantially supporting employees' execution of care for their older family members.

In sum, the policy developments during the period from mid-2008 to 2016 mainly manifested in the loosening of criteria for the private employment of migrant care workers. Although the KMT government expected to introduce LTCI in legislation to expand public care programmes, it was not successful in the end. Neither were there major policy change, albeit a few policy amendments, in the policy domain regarding legal obligations for care, care services, cash benefits, and care leave.

## **7.5 Conclusion**

This chapter has examined how the interplay between policy ideas and political actors shaped the policy outcomes during the second period of Taiwan's elder-care reform. Empirically, it analyses changes in policy ideas and political alignments, and the role of policy ideas on 'care going public' in the realignments of political actors and resistance to policy change during the period from mid-2008 until 2016. The key argument of this chapter is that policy actors exploited the polysemic meanings of 'care going public' to (re-)create a political cleavage of public versus private responsibility for care. By occupying a 'normative high ground' defending stronger public responsibility for care, the opposition DPP were able to attract public support and shame their rivals, thus resisting potential policy change.

The analysis demonstrates that a broader range of policy actors participated during the second period of Taiwan's elder-care reform, and, during the earlier stage (from mid-2008 to early 2014), they advocated various sets of policy ideas on 'care going public', which presented distinct treatments of the for-profit market and the informal care sector in public schemes. However, during the latter stage of the second period (late-2014 to 2016), the ruling KMT drafted its LTCI proposal to secure sufficient financing sources and expand the coverage of public care programmes. The LTCI proposal catalysed the cross-cutting conflict lines into polarised stances regarding the choice of financing mechanism for public care programmes. Policy actors who were previously grouped according to different sets of ideas on 'care going public' realigned themselves as supporters or opposers of the LTCI proposal. When the review of the LTCI proposal extended this major political battlefield into Parliament, allowing a veto position for the opposition DPP, the latter actors (re-)created a political cleavage of public versus private responsibility for care by exploiting the ambitious and polysemic meanings of 'care going public'. Opposing the LTCI proposal by highlighting the inequitable redistributive effects of a social insurance scheme, the marketisation and social stratification of care services, and the consolidation of familial care, the DPP framed the LTCI proposal as a reform that pushed back care responsibilities and provision to the market and family and thus succeeded in occupying a 'normative high ground' of 'care going public'. This allowed the anti-LTCI group to attract wide support and also shame their rivals, making it difficult for the KMT politicians to defend their proposal. As a compromise, Parliament passed the tax-

based Long-term Care Service Development Fund, and suspended the LTCI proposal. Over the KMT's two-term Presidency, the goal of implementing a universal LTCI was not successful.

## Conclusion

Over the past two decades, East Asian familialist regimes have experienced major elder-care reforms under strong socioeconomic and political pressures. While rapid demographic change and family restructuring is posing a significant challenge to the sustainability of these care regimes, which relied heavily on the family's obligations and provision, increasing civil society advocacy and electoral competition have given rise to a series of policy reforms in elder care. These rapid policy reforms raise questions regarding change and continuity within East Asian familialist care regimes and the explanations for these.

In this thesis, I have striven to demonstrate that the Taiwanese familialist regime, as a crucial case among East Asian democracies, has not undergone fundamental changes despite more than a decade of reform, and that this policy continuity is a result of the interplay of ideas and politics. The policy development of Taiwan's elder-care reform is not just an automatic response to functional and political pressures, nor follows an unchanging trajectory of the cultural and institutional legacies. Rather, it can be explained through the interplay of political agency and policy ideas surrounding 'care going public' and how these play out in the familialist regime. Strategic policy actors are able not only to gain success

for their policy ideas through power imbalance among actors, but also by resisting policy change through exercising the ideational ambiguity of 'care going public'.

This concluding chapter will firstly revisit the research questions of the thesis and briefly summarise the main empirical findings. Then, in the second part, I will discuss the contribution of this thesis by embedding it within the literature of relevant research fields. After reflecting upon the limitations of the research, I will present recommendations for future research and highlight the political implications derived from this thesis.

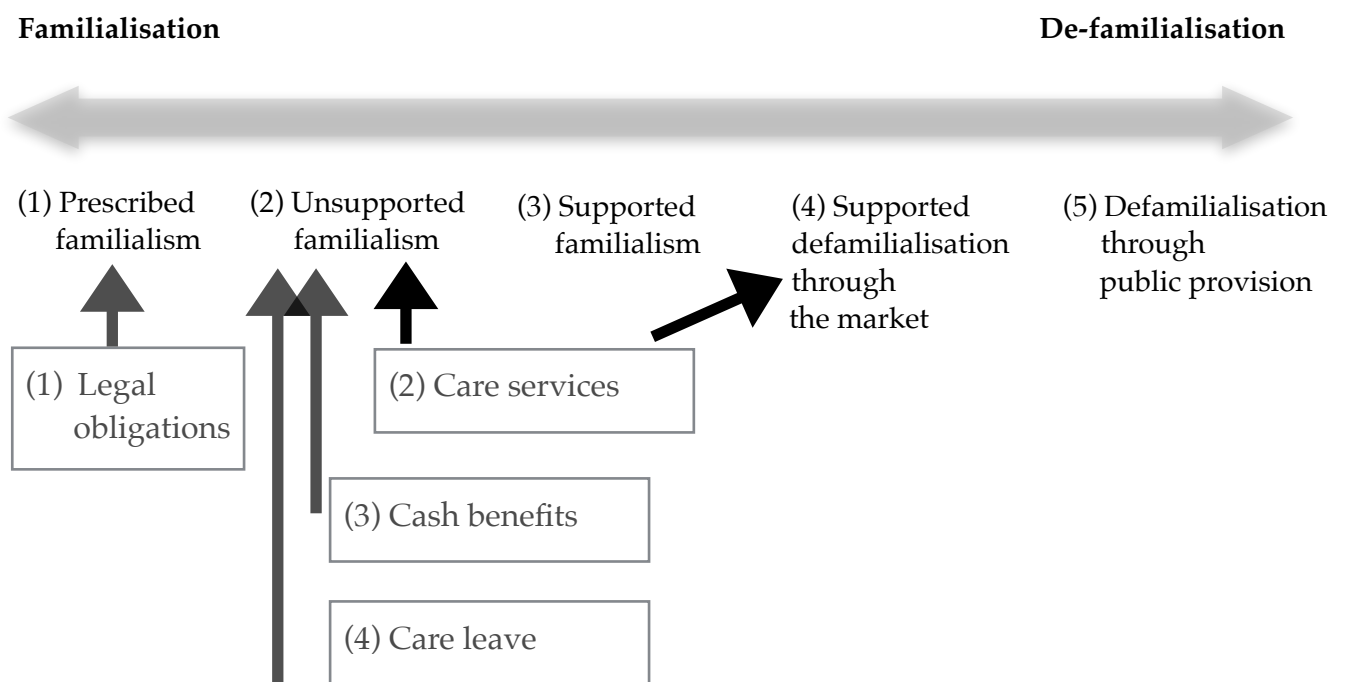
## **8.1 Farewell to the familialist trajectory?**

In a context of rapid policy reforms in elder care, it is frequently contested whether and to what extent the East Asian regimes have diverged from their previous familialist trajectories. Some have highlighted the expansion in the levels of eligibility and benefits of public care programmes and changing patterns in the welfare mix of care provision, and thus argued that the East Asian familialist care regimes have been transformed, or at least weakened, under strong functional pressures from demographic and family changes (Ochiai, 2009; Soma and Yamashita, 2011). Others have insisted on the persistence of familialism under East Asian regimes by emphasising the prevalence of traditional familial norms in policies and the continuing dominant role of the family in care provision (Kim and Choi, 2013; Abrahamson, 2017).

This thesis addresses the unsettled debates by examining the Taiwanese case. Drawing upon the evidence on the policy domains of legal caring obligations, care services and provision, cash benefits, and care leave, the empirical analysis identifies the policy moves within the different patterns of (de-)familialisation. To a great extent, this contribution suggests that it is inappropriate to contend that the Taiwanese care regime has substantially diverged from its previous familialist trajectory over more than a decade of reform.

Instead, this thesis suggests that the Taiwanese regime demonstrates a significant continuation of familialism but in a slightly different form. The examination of the policy moves in each policy domain is illustrated in Figure 8.1.

**Figure 8.1 An overview of policy moves in Taiwan’s elder-care reform**



We can underline three major aspects in the policy reforms. Firstly, we note a persistence of strong 'prescribed familialism'. The legally binding financial and caring obligations of the family for older people prescribed in the Civil and Criminal Law have acted as the fundamental rule for the distribution of responsibility for care between the family and the state. The family remains the assumed and prioritised carrier of care responsibility. Within elder-care reform, the rapid policy development has hardly dealt with these legal obligations for care, and has maintained the broad range of family relationships involved, and the level of associated punishments for non-compliance.

Secondly, there is a significant continuation of 'unsupported familialism'. Taiwan's elder-care reform appears to avoid any direct intervention into the existing patterns of informal care, despite there being a large proportion of care provision reserved within the household. We observe that there were no new policies introduced, nor any revision of existing schemes, to directly provide time- or money-related support for family carers. The reform maintained the existing cash benefit schemes based on strict means- and needs-testing, along with the family care-leave scheme (seven days of unpaid leave) for family 'emergencies'. Family care is consistently treated as an informal sector and excluded from the considerations of policy development under the reforms. In other words, there has been little extension of the formalisation of informal care labour in Taiwan's elder-care reform.

The third aspect that demonstrates the continuation of familialism in Taiwan's elder-care reform is relatively more complex and hence leads to more nuance about the claims of continuation of familialism unchanged in Taiwan. When it comes to care services and provision, we observe two concurrent policy moves: 'supported defamilialisation through the market' and 'unsupported familialism'. The policy reform that was successful largely focused on the expansion of eligibility and benefit levels of publicly funded care services, which mainly rely on non-governmental providers. Although this demonstrates a move towards 'supported familialism through the market', which may imply some extent of defamilialisation, we need to be cautious about making this interpretation of the change by considering two broader aspects related to care services and provision. One is the design of public care schemes, in particular the intensity of services covered. The major programme implemented in the reform, the Ten-year Long-term Care Plan, provided only home-based care services with extremely limited time coverage. A second reform repeatedly loosened the criteria for the private employment of live-in migrant care workers, who have been the most popular source of care provision in Taiwan. With the public care programmes hard to use due to their design, the loosening of the private employment of live-in migrant care workers reinforces a substantial continuation of 'unsupported familialism'. Hence, despite the expansion in eligibility and benefits of publicly funded care services, a large and growing number of Taiwanese families still rely on employing migrant care workers at home, at their own expense, to care for their older members.

These findings demonstrate that the policy developments in Taiwan's elder-care reform may be better understood as adaptations rather than transformations and that the Taiwanese welfare regime has not moved substantially beyond the familialist trajectory. The question thus arises: why did the Taiwanese care regime demonstrate a significant continuation of the familialist path despite functional pressures and many ideas for reform? The next section will demonstrate the findings of this thesis to provide answers to this question.

## **8.2 The ideas and politics of Taiwan's elder-care reform**

Functional pressures do not automatically reshape the agendas or outcomes of elder-care reform, whereas cultural and institutional legacies could not completely constrain the policy actors' pursuit of social policy development. This thesis notes that the policy continuity in the familialist approach to elder care in Taiwan can be more appropriately explained by the interplay of ideas and politics in Taiwan's elder-care reform. While the familialist regime was facing strong functional pressures, policy actors advocated diverging policy ideas in elder-care reform embedded within the tensions between pressures and legacies. Strategic political actors can bring forward their policy ideas as well as exploit the multivocality of the developing ideas to resist policy change in different political-institutional contexts. This thesis has developed explanations for the policy continuity observed in Taiwan's elder-care reform by means of three sets of findings. The first demonstrates the spectrum of reform ideas surrounding 'care going public', and

the other two deal with the interaction between policy ideas and political agency played out in different settings that have shaped policy development during two distinct periods of reform, respectively.

### **8.2.1 Diverging reform ideas around 'care going public' in Taiwan's elder-care reform**

Firstly, this thesis has empirically demonstrated that policy actors advocated diverging reform ideas on 'care going public' in Taiwan's elder-care reform, with the major lines of conflict being about the defamilialisation of care responsibility and the formalisation of informal care labour. Although there was a high degree of consensus on elder-care expansion, policy actors from different sectors promoted diverging policy ideas on the two dimensions. The defamilialisation dimension mainly covers issues regarding legal obligations for care and the design of publicly funded care services whereas the formalisation dimension focuses on whether and how to integrate informal care labour into public schemes, including issues regarding the protection and employment of live-in migrant care workers, and the adoption of carer allowances and care leave.

On the basis of their position on these two dimensions, the analysis has identified three main sets of policy ideas around 'care going public', which were advocated by different groups of actors.

The first set of reform ideas can be named as *defamilialisation through the non-profit market/informalisation of informal care labour*. In this view, both the market and family care provision are viewed as 'private' and thus 'care going public' should be only realised through the development of publicly funded programmes provided by care services run by the government and non-profit sector. The policy ideas exclude any proposals that might mobilise the for-profit market and those integrating live-in migrant care workers and family carers into public schemes. The second set, labelled *defamilialisation through the for-profit market/weak formalisation of informal care labour*, includes both the for-profit market and the informal care sector on the agenda for increasing public responsibility for care. In this view, the meaning of 'care going public' centres on the mobilisation of sufficient care provision to supplement or substitute for private family care. This set of reform ideas prefers the participation of for-profit providers (both in and out of public schemes) and the (partial) integration of live-in migrant workers and family carers into the public programmes. The third set, characterised as *defamilialisation through the non-profit market/strong formalisation of informal care labour*, represents the strongest version of 'care going public'. This view contends that stronger public responsibility for care should be realised through both the expansion of public and non-profit care services and the (full) integration of informal care labour into public schemes.

Hence, an important argument of this thesis is that the ideas and politics of Taiwan's elder-care reform are not just concerned with expansion, but deal with a

two major dimensions of policy contestation regarding the defamilialisation of care responsibility and the formalisation of informal care labour. Along the two dimensions of contestation, the lines of conflicts and divisions of policy actors are cross-cutting, fostering unstable actor configurations in the policymaking process and making the politics of reform uncertain.

### **8.2.2 The interaction between policy ideas and political agency in different settings**

The second set of findings deals with how the interplay of ideas and politics has shaped the policy development of Taiwan's elder-care reform. This thesis has demonstrated the interaction between policy ideas and political agency in different settings, and how these shaped the processes and outcomes of elder-care reform differently during two distinct periods.

#### **Policy ideas of powerful political actors**

An interaction between policy ideas and political agency, which I call '*policy ideas of powerful political actors*', was noted in order to aid in the understanding the introduction of the Ten-year Long-term Care Plan during the earlier period of Taiwan's elder-care reform (2004–2008).

This thesis has demonstrated that the politics of Taiwan's elder-care reform during the early period was marked by limited numbers and range of political

actors on the highly centralised policymaking platform in the administrative sector of the government. In this small, closed policy community, the particular set of reform ideas on 'care going public' (*defamilialisation through the non-profit market / informalisation of informal care labour*) gained a predominant position in the policymaking process due to the institutional and political power of its advocates. The powerful political coalition between the DPP social policy Ministers and traditional welfare advocacy groups, who shared common policy ideas and had long-term partnership in place, brought about the Ten-year Long-term Care Plan. However, the opponents were not in a position to make effective objections to the proposals because they were not able to occupy any veto positions, nor did they formed countervailing power. The power imbalance between promoters and opponents resulted in the introduction of the first comprehensive elder-care programme, the Ten-year Long-term Care Plan. However, it not only absorbed the political pressures, but to a great extent maintained the previous familialist model.

### **Policy ideas empowering political actors**

This thesis has also identified the interaction between policy ideas and political agency in another setting, which demonstrates the dynamic of reform ideas and political coalitions, and how it has shaped the politics that resisted potential policy change during the second period of Taiwan's elder-care reform (2009–2016).

My empirical analysis has shown that the politics of Taiwan's elder-care reform during the latter period experienced a dynamic change in reform issues

and actor configurations and that the draft of the Long-term Care Insurance (in mid-2014) was a catalyst and watershed. During the second period of reform, the legislation processes related to the LTCI, extending the active participants from only the administrative sector to the legislative sector, created a new political context of policymaking and made the reform more politicised. The new policymaking context provided political opportunities for a broader range of policy actors with diverging policy ideas, and created new political space for coalition restructuring.

However, the draft of the Long-term Care Insurance which emerged later in the second period (late-2014 to 2016) reduced the cross-cutting actor configurations to a polarised, single-axis rivalry (pro- or anti-LTCI), which reshaped the politics of elder-care reform. The anti-LTCI group exploited the polysemic meanings of 'care going public' to (re-)create a political cleavage along the fault-line of public versus private responsibility for care. The LTCI proposal was conceived as a retreat from public care responsibility due to inequitable redistributive effects, the opening up of the for-profit market, a relatively friendly attitude to migrant care workers, and the adoption of family carer allowances. This allowed those against the proposal not only to create a stronger anti-LTCI coalition by attracting a broad range of policy actors whose policy stances were previously at odds with each other, but also to occupy the 'normative high ground' of 'care going public' so as to shame their pro-LTCI rivals, thus successfully resisting the proposal for Long-term Care Insurance.

### **8.3 Contributions of this thesis**

This thesis involves the intersection of several research areas, including: policy continuity and change in elder care, literature on ‘varieties of familialism’, theories of East Asian welfare regimes, and ideational and political explanations for social policy development. In this section, I will discuss how the thesis could possibly contribute to these areas.

#### **8.3.1 Policy continuity and change in elder care**

The first contribution this thesis makes is to the literature on policy continuity and change in elder care. I have suggested an analytical and empirical framework that enables an examination of policy continuity and change in elder care based on the concept of defamilialisation. This framework proposes that, by considering policy development in more comprehensive policy domains of care (legal caring obligations, care services and provision, cash benefits, and care leave) along the continuum of different patterns of familialism/defamilialisation, we are able to identify not only the policy moves in each policy domain, but also the dynamic changes at the national level. This allows us to capture a more complete picture of the trajectory of the familialist regime under reform.

This insight carries two implications for the analysis of policy change in elder care. Firstly, when analysing policy continuity and change in elder care, it may not be appropriate to rely on a single policy domain or indicator, or to look

only at the provision and financing of public care services. To some extent, the distribution of the provision and financing of care provides clues for characterising care regimes or patterns of welfare mix. However, an analysis that relies only on these dimensions cannot capture the fundamental feature of social care, which involves the (re-)distribution of responsibility, labour, and costs between the state and the family (Daly and Lewis, 2000). This may explain why the existing literature on the transformation of East Asian care regimes has produced mixed, and sometimes misleading, findings. For example, it may be the reason why the Taiwanese case was regarded as one of 'the most difficult cases to judge' (Abrahamson, 2017: 100), because the expansion of public care services and the increase in the private employment of live-in migrant care workers took place concurrently.

The second implication applies to the level of analysis. Some previous analyses of elder care tended to mix up the dimensions of policy outputs and outcomes. This may provide a general picture of the characteristics of specific cases in comparative regime mapping but the lack of differentiation between policy outputs and outcomes may blur the evaluation of policy continuity and change and make its judgement more contested. In other words, we need to differentiate between changes in policy approaches to care and changes in the welfare mix of care provision (Lohmann and Zagel, 2016). This differentiation may be particularly significant for the analysis of East Asian familialist regimes, as they

are in the process of rapid policy reform and a focus on the policy (output) level could be more sensitive to early policy changes.

### **8.3.2 Literature on ‘varieties of familialism’**

The second area that this thesis contributes to is the literature on ‘varieties of familialism’. The concept of ‘care going public’ and its dimensions, defamilialisation and familialisation, provides possible theoretical contributions to the literature on ‘varieties of familialism’ and also a useful framework for analysing care policy reforms in East Asia and beyond.

To identify and compare patterns of care policy, previous literature on ‘varieties of familialism’ develops typologies of care policy patterns/regimes based on the identification of ‘familialising’ and ‘defamilialising’ policies (e.g., Leitner, 2003). However, the classification based on ‘familialising’ and ‘defamilialising’ policies may not sufficiently reflect a key dimension of care, that is the distribution of individual and collective responsibility for care. ‘Familialising policies’ may not necessarily imply a shift of care responsibility to the individual/family while ‘defamilialising policies’ may not always imply stronger collective responsibility for care. For example, marketisation (including migrant care workers in the grey market) cannot be easily classified as ‘familialising’ or ‘defamilialising’ policies but also can have different implications for the distribution of individual and collective responsibility for care in different contexts.

This thesis has developed dimensions of 'care going public', defamilialisation and formalisation, to identify different patterns of and changes in care policy (ideas). The (re-)distribution of public and private responsibility is at the heart of the analysis. The defamilialisation dimension covers issues and policies regarding legal obligations for care and the design of publicly funded care services whereas the formalisation dimension focuses on whether and how to integrate informal care labour into public schemes, including issues regarding the protection and employment of live-in migrant care workers, and the adoption of carer allowances and care leave. These dimensions of 'care going public' highlight that the distribution of public/private care responsibility does not just lie on the (re-)distribution of care provision but also concerns the characteristics of (informal) care labour.

The focus on public/private responsibility for care provides an important insight for identifying different patterns of and changes in care policies that are ambiguous in the traditional 'varieties of familialism' approach. This is particularly important and useful for analysing care policy reforms in the familialist regimes in East Asia and beyond (e.g., Southern Europe). In these countries, the market and the informal sector, including family carers and migrant care workers in the family, account for a large proportion of care provision. While these regimes are reforming their elder-care systems (generally towards an expansionary direction), the familialisation-defamilialisation approach has difficulty in adequately interpreting the nuanced policy differences and changes.

The dimensions of 'care going public' help us to identify the nuanced *differences* in policies that are classified as 'familialising'. For example, in some of these regimes (e.g., Taiwan, Singapore, and Italy) in which a large number of live-in migrant care workers have existed, distinct policies for integrating the informal labour into public care programmes (formalisation) can bring different implications for responsibility for care. Also, the 'care going public' dimensions provide a lens for analysing changes in policies in the familialist regimes. For example, cash-for-care schemes, as 'familialising' policies, may imply a shift to private responsibility for care in an advanced welfare state in which citizens used to enjoy generous public care programmes. However, in the familialist regimes, in which elder care was a private affair, the financial support for family carers can imply a shift to stronger public responsibility for care in some circumstances.

### **8.3.3 Theories of East Asian welfare regimes**

The third area that this contribution addresses is theories of East Asian welfare regimes. This thesis suggests that the development of Taiwanese welfare regimes has involved a dynamic ideational and political process, rather than being, as conventional approaches have suggested, more an automatic response to functional/political pressures or a static path of cultural/institutional legacies. Through the investigation of Taiwan's elder-care reform, this thesis has shown that the pressures from post-industrialisation and democratisation do not automatically transform the trajectories of the familialist care regime, nor do

Confucian cultural values and developmental legacies necessarily act as a major obstacle to potential policy change. Instead, we should treat these pressures and legacies as backgrounds, and turn to look at the role of political agency and its interaction with policy ideas against this backdrop. Only by going beyond the conventional approaches can we understand the dynamic of East Asian social policy development, which has been situated within a highly complex context.

This brings two implications. Firstly, it may be inappropriate to assume that cultural and family values, and their related institutional constellation, remain the decisive factors for understanding the development of East Asian welfare regimes. These conventional approaches, developed along the lines of Confucianism and the developmental/productivist welfare state thesis, may capture some earlier characteristics of East Asian social policy development during the post-war era, but these accounts tend to overlook the dynamic change in political-institutional and ideational contexts. Thus, they have struggled to adequately understand the dynamics and outcomes of social policy development in a context of welfare expansion in East Asia. It would be risky to suppose that the political-institutional underpinnings of East Asian developmental states may have remained as strong as during the post-war era, or to take Confucian cultural values as stable and fixed in a time of rapid socio-economic change. The Taiwanese case has demonstrated that policy actors can bring forward policy ideas that emphasise stronger public responsibility for care to the welfare regime, which has been assumed to have strong values of familialism.

Secondly, neither should we assume that strong functional and political pressures would promise an optimistic future or any fundamental change in the East Asian welfare regimes. While the literature on the restructuring of welfare states mainly focuses on the European experience in a climate of retrenchment, recent work on East Asian regimes largely concentrates on their recent expansionary trends under strong functional and political pressures. Indeed, post-industrialisation and democratisation have acted as two major forces driving the expansion of social policy development in East Asia since the 1990s. However, the politics of elder-care reform may not just be concerned with expansion or retrenchment, but may also involve reform issues regarding multiple dimensions. This thesis has demonstrated that the functional and political pressures can be absorbed despite there being a high degree of consensus on the need for an expansion of elder care. However, the Taiwanese case has shown that, in the name of 'care going public', strategic political actors were able to resist policy change that implies a greater extent of defamilialisation.

#### **8.3.4 The interplay of ideas and politics in explaining social policy development**

The fourth contribution of this thesis is related to the interplay of ideas and politics in explaining social policy development. This contribution suggests that ideas and politics could have multiple effects on policy development in different institutional contexts. The analysis of Taiwan's elder-care reform has demonstrated not only that policy actors can bring forward their policy ideas

through their institutional and political power positioning (*policy ideas of powerful political actors*), but also that the ideational ambiguity of 'care going public' allows political actors to reframe the politics of reform and thus influence the direction of policy development (*policy ideas empowering political actors*).

Here, we can draw two insights to add to the literature on ideational and political explanations of social policy development. Firstly, polysemic meanings of ideas do not only allow opportunities for political actors to promote policy change, but may also provide political resources for strategic actors to resist potential policy change. An emerging literature has provided insightful understandings of the role of ideas and their interaction with political-institutional factors in social policy development (e.g., Béland, 2005; Béland and Cox, 2011; Béland, 2016). However, these accounts largely focus on overcoming various weaknesses in the historical institutionalist accounts explaining policy change. Highlighting the role of ideas, they provide accounts of what policy alternatives emerge, and how political actors take advantage of the fluidity of ideas in order to bring policy change under institutional constraints. But the Taiwanese case has demonstrated a different version of these outcomes. While the diversification of policy ideas on 'care going public' reconfigured the political landscape of elder-care reform, political actors can strategically exploit the multivocality as a political resource to constrain policy changes.

This leads me to the second insight. 'Care going public' in the Taiwanese familialist regime, which involved two sets of policy contestation (i.e., the

defamilialisation of care responsibility and the formalisation of informal care labour), made the politics and outcomes of reform more uncertain. Regarding the two dimensions of policy contestation, the divisions between actors and coalitions may cross-cut conventional political cleavages, providing opportunities for the reconfiguration of political alliances. This makes it more difficult to predict the role and stances that political actors/coalitions will take in social policymaking. This thesis has demonstrated that the role of 'progressive coalitions' (civil society actors and left-leaning opposition parties) (Peng and Wong, 2008: 70), which acted as key policy actors in driving the East Asian welfare expansion during the era of democratisation during the 1990s, has become ambiguous in Taiwan's elder-care reform. Whereas these coalitions played an important role in the introduction of the first comprehensive public care programme, during the latter period of reform they became the key political coalition to resist potential policy change in regard to 'care going public'.

#### **8.4 Research limitations**

This thesis has taken a step forward in understanding the policy development and politics of elder-care reform within the Taiwanese familialist regime. However, this research is subject to several limitations. Firstly, the study design limits the ability to generalise the findings to other East Asian welfare regimes. This research takes Taiwan's elder-care reform as a crucial case among the East Asian familialist regimes under reform (Japan, Korea, and Taiwan). The findings may provide some

insights into elder-care policies and politics in East Asia, but the application of the findings to other cases should be undertaken with caution. In order to move forward with potential theory building about care policy change and politics in the East Asian familialist care regimes, further comparative study of broader East Asian cases is required.

Secondly, the application of the research findings to other policy domains should also be undertaken with caution. This research does not include other policy domains, such as childcare, and it is acknowledged that there is a limit on the generalisation of the research outcomes to the whole care regime and welfare state. For example, within the Taiwanese case, it is noted that policy developments in childcare and elder care demonstrate different, if not opposite, directions. Childcare policies in Taiwan have tended to adopt childcare-related allowances and paid leave scheme, whereas elder-care reform focuses significantly on expanding publicly funded care services (Fu and Wang, 2011).

It is noted that this thesis has suggested useful frameworks for analysing policy changes in social care and the politics relating to them. This may provide a useful starting point for further comparative studies of the East Asian familialist regimes. For example, there is potential for adapting the frameworks of this thesis to compare the directions and extents of policy changes in elder care in East Asian cases. To systematically understand the similarities and differences, it is valuable to investigate the role of (changing and different) ideas and norms related to elder care, and their diversified interactions with political and institutional contexts in shaping the politics and policy outputs/outcomes of the East Asian familialist regimes.

## 8.5 Political implications of this thesis

In conclusion, this thesis offers several insights that are relevant to policy actors and to a normative consideration of care policy reform in the Taiwanese welfare regime. Firstly, this thesis suggests that policy continuity along the familialist trajectory cannot be reduced to cultural legacies, but is a result of political struggle. We may acknowledge that cultural values and public sentiments of familialism might exist and be relevant, but they are neither eternal nor immutable. Instead, ideas concerning the distribution of responsibility for care could be changed, in particular now that rapid socio-economic changes in East Asia have undermined the functional and political underpinnings of traditional family values. Therefore, cultural values are not necessarily an obstacle to welfare and care expansion in East Asia, nor should they be taken as an easy subject for political rhetoric to resist the transformation of social policy.

A second insight that arises from the analysis suggests that it is crucial for policy actors to recognise the complexities of elder-care reform and that a complete agenda for 'care going public' involves two axes: both the defamilialisation of care responsibility and the formalisation of informal care labour. A crucial difference between social care and other policy domains of welfare is the (existing) large amount of involvement by the informal sector, which is particularly evident in the familialist regimes. This reminds us that policy reform in social care should not only focus on the development of care services in the formal sector, but also take informal care labour (e.g., family carers, live-in

migrant care workers) into consideration. In other words, the beneficiaries of public care schemes should cover both those who receive and those who provide care. It should be noted that the integration of the informal sector into the agenda of care reform should not be taken as a strategy to push the responsibility for care back onto the family. Instead, public care schemes should 'formalise' informal care labour by providing stronger work protection and support and taking migration policy into consideration. To be clear, any claim of 'care going public' may be not appropriate to exclude the reform agendas on the formalisation of informal care labour, but it needs to be taken as one of the essential pillars, alongside the expansion of public care services, supporting the road to 'care going public'.

The road to 'care going public' in the familialist welfare regime of Taiwan has not been completed. It is crucial to move from the crisis approach towards a more rights-based reform agenda. Although social care reform involves the reconfiguration of the rights and entitlements within the welfare state, the policy deliberation in Taiwan's elder-care reform appears highly utilitarian oriented. Much of the policy debates and reasoning centres largely on the feasibility and effectiveness of solutions to 'fixing care deficits'. However, the policy reform of care is not just a question of calculating 'care deficits' concerning the supply and demand of care provision in a context of demographic and family change, nor should it be understood in a negative frame, which treats the ageing of the population as a burden and a problem. Instead, 'care going public' is the recognition of a social right that calls for the re-imagination of the family and its

relationship with the state. The unfinished journey to 'care going public' in the familialist regime undoubtedly depends not only on elder-care expansion alone but also on pensions, labour policies, childcare infrastructure, migration regulations, and civil law revisions. This requires broader collective efforts to elaborate upon values and rights related to care and how our society should take responsibility collectively.

# Appendix 1: Interview Topic Guide

## Research goals and major topics of the interviews:

- What did policy actors perceive as major problems the policy reform aim to address?
- What were policy actors' main goals of reforms?
- How did policy actors formulate policy solutions?
- What were policy actors' considerations on specific policy stances?
- What were the major reform issues and disputes among actors?
- How did policy actors promote their policy ideas and influence the policy-making?

## Part I: Introduction and welcome

- **Briefly introduces the researcher and the topics of this interview and research:** the development of elder-care policy in Taiwan, including care services and provision, cash benefits, care leave and legal obligations for care.

Instructions regarding the interview: During the last two decades, we saw rapid elder-care policy development in Taiwan. We are interested in the major rationale in the processes of policy deliberation and making. In particular, we would like to know what policy ideas different actors advocated and how they tried to promote their policy ideas and influence policy-making.

- **Welcome the interviewees**

You are well-known for your involvements in Taiwan's elder-care reform. In particular you have contributed very much to the XXX Act/policy. We would like to invite you talk about your experience and considerations on the Act/policy and also share your viewpoints on elder-care policy development in general.

- **Sign the consent for research participation**
  - The contents of consent form are explained and the interviewee have the opportunities to raise any questions about the interview.
  - Here some key points are emphasised (e.g., withdraw rights, reasons for recording and confidentiality issues).

## Part II: Questions

We would like to know more about your experience in the elder-care policy reform. Firstly, in relation to your direct involvement in policy-making and advocacy, we would like to know the main roles and period you were involved.

### 1. Role and period of the interviewee participating in elder-care policy deliberation

- When were you involved in elder care policymaking and/or advocacy?
- What were the main policies/legislations that you participated in?
- What roles/positions did you hold in elder care policy-making and/or advocacy?
- Why did you get involved in elder-care policymaking and advocacy?

Secondly, we would like to know more about your considerations on elder care policy, such as what problems you aimed to address, how you formulated policy solutions, and how you promoted your policy ideas in the policy-making processes.

### 2. General questions about the rationale of elder-care policymaking/advocacy

- What were the main problems you aim to address?
- What were the main goals that you believed the reform was to meet?
- How did you formulate your policy solutions/stances?
- What were your major considerations on the policy proposals?

### 3. General questions about the policy considerations/stances

- How did you formulate your policy proposals?
- How did you consider the following specific issues on elder-care policy reform?

**Here key reform issues are raised to understand the interviewee's specific considerations on their policy stances.**

These include:

- Choice of financing system
- Eligibility and benefits package
- Service and workforce development
- Regulations on care users, (migrant) care workers, and providers
- Roles of family carers
- Legal obligations for care
- Elder-care leave
- Cash benefits

**Following the interview's response, more specific questions are raised to expand the understanding of the ideational, political and institutional factors in the policy-making.**

**4. Problem pressures the interviewee perceived and aimed to address**

- What were the main problems about elder care you aim to address?
- Why did you consider them as major problems?
- How severe and urgent did you think about the problems?
- What factors did you think which result in the problems?

**5. Policy actors and their preferences and influences**

- Who were the main policy actors in the elder-care policymaking?
- What policy proposals did different policy actors present?
- What were the main disputes among policy actors?
- Who were your alliances/rivals? How did you interact with them?
- How did you promote your policy proposals and influence the policy-making?
- What constraints were you facing in the advocacy of your policy ideas?

In the final section, we would like to know your general opinions on the overall evaluation on policies and policy-making processes.

**6. General opinions on final policies and the policy-making**

- How do you evaluate the final policies?
- What parts of the policies do you feel (un)satisfied, and why?
- How do you evaluate the overall policy-making processes?
- Have you learned anything from the experience? How would you react differently in the following reforms?

**Part III: Conclusion**

**Sum up what has been discussed, mention the positive aspects, compliment and thank the interviewees.**

- How did you like talking about the elder-care policy reforms with me?
- Is there anything important in the elder-care policymaking we haven't mentioned?
- Could you recommend any potential interviewees and documents for my research?
- If you want to follow any issues you have talked about, or to raise any concerns/questions about the interview, you can contact me.

## Appendix 2: List of Interviewees

No.	Date of Interview	Categories	Roles in elder care policymaking
A01	2018/01/26	Government official	Minister without Portfolio Professor in social work
A02	2018/02/02	Government official	Director, Long-term Care Insurance Planning Taskforce Deputy Minister, Ministry of Health and Welfare Professor in health policy
A03	2018/01/10	Government official	Minister without Portfolio Professor in demography
A04	2018/03/27	Government official	Minister without Portfolio Professor in social policy
A05	2018/03/07	Government official	Minister of Health and Welfare
A06	2018/03/21 2018/03/23	Government official	Minister without Portfolio Professor in social work
A07	2018/02/09	Government official	Director-general, Social and Family Affairs Administration, Ministry of Health and Welfare
A08	2018/03/02	Government official	Director-general, Department of Nursing and Health Care, Ministry of Health and Welfare
A09	2018/01/30	Government official	Deputy Director, Department of Nursing and Health Care, Ministry of Health and Welfare
A10	2018/03/16	Government official	Deputy Director-general, WorkForce Development Agency, Ministry of Labour
A11	2018/02/08	Government official	Deputy Mayor, Taichung City Government Secretary-general, Hondao Senior Citizens' Welfare Foundation
A12	2018/02/13	Government official	Deputy County Mayor, Pingtung County Government Former Director-general, Kaohsiung County Government
A13	2018/01/29	Government official	Director-general, Department of Social Welfare, Taipei City Government

No.	Date of Interview	Categories	Roles in elder care policymaking
A14	2019/01/29	Government official	Director-general, Department of Social Welfare, Keelung City Government
A15	2018/02/12	Government official	Director-general, Department of Social Welfare, Taoyuan City Government Former Director-general, Taoyuan Dementia Care Association
B01	2018/01/23	Legislator	Member of the Legislative Yuan Secretary-general, Taiwan Federation for the Welfare of the Elderly
B02	2018/03/19	Legislator	Member of the Legislative Yuan Director-general, Taiwan Social Welfare League
B03	2018/03/23	Legislator	Member of the Legislative Yuan Secretary-general, Taiwan Federation for Children's Welfare
B04	2018/03/22	Legislator	Member of the Legislative Yuan Chief executive officer, Taiwan Association for Vulnerable Patients' Rights
C01	2018/02/22	NGO	Senior Research Fellow, Awakening Foundation Secretary-general, Office of Member of the Legislative Yuan
C02	2018/02/07	NGO	Deputy Director-general, Peng Wan-Ru Foundation Spokesman, Universal Care Policy Alliance Secretary-general, Office of Member of the Legislative Yuan
C03	2018/02/22	NGO	Director-general, Peng Wan-Ru Foundation Professor in foreign languages and literatures
C04	2018/01/15	NGO	Director, Department of Policy, and Former General Secretary, Awakening Foundation
C05	2018/03/01	NGO	Director-general, Taiwan International Worker Association
C06	2018/02/06	NGO	Secretary-general, Taiwan Alzheimer's Disease Association

No.	Date of Interview	Categories	Roles in elder care policymaking
C07	2017/01/08	NGO	Honorary Director-general, Taiwan Home Care Strategic Alliance
C08	2018/01/24	NGO	Director-general, Taiwan Home Care Strategic Alliance
C09	2018/02/10	NGO	Director, Department of Policy, Peng Wan-Ru Foundation
C10	2018/02/01	NGO	Secretary-general, Taiwan Association of Family Caregivers
D01	2018/01/26	Academic	Former Director-general, Taiwan Association of Family Caregivers Former Secretary-general, Federation for the Welfare of the Elderly Professor in social work
D02	2018/02/07	Academic	Former Director-general, Taiwan Association of Family Caregivers Professor in social welfare
D03	2018/03/08	Academic	Director, Pilot Programme for Long-term Care Professor in health policy

## References

- ABRAHAMSON, P. 2011. The welfare modelling business revisited: the case of East Asian welfare regimes. In: HWANG, G.-J. (ed.) *New Welfare States in East Asia: Global Challenges and Restructuring*. Cheltenham: Edward Elgar Publishing.
- ABRAHAMSON, P. 2017. East Asian welfare regime: obsolete ideal-type or diversified reality. *Journal of Asian Public Policy*, 10, 90-103.
- ALBER, J. 1995. A framework for the comparative study of social services. *Journal of European Social Policy*, 5, 131-149.
- ALLIANCE FOR LONG-TERM CARE POLICY WATCH 2011. *Examining the draft of the Long-term Care Service Act: Viewpoints of the Alliance for Long-term Care Policy Watch* (民間長期照顧監督聯盟看「長期照護服務法」草案).
- ALLIANCE FOR LONG-TERM CARE PROMOTION 2011. *The Care Act is not what we want* (這不是我們要的長照服務法).
- ANTTONEN, A. & SIPILÄ, J. 1996. European social care services: Is it possible to identify models? *Journal of European Social Policy*, 6, 87-100.
- ASPALTER, C. 2002. *Democratization and Welfare State Development in Taiwan*, Ashgate.
- ASPALTER, C. 2006. The East Asian welfare model. *International Journal of Social Welfare*, 15, 290-301.
- ASSOCIATION OF INSURANCE COMPANIES 2013. *Letters to the Premier from the Association of Insurance Companies* (中華民國人壽保險商業同業公會去函行政院長).
- BÉLAND, D. 2005. Ideas and social policy: An institutionalist perspective. *Social Policy & Administration*, 39, 1-18.
- BÉLAND, D. 2016. Ideas and institutions in social policy research. *Social Policy & Administration*, 50, 734-750.
- BÉLAND, D. & COX, R. H. 2011. *Ideas and Politics in Social Science Research*, Oxford, Oxford University Press.
- BÉLAND, D. & COX, R. H. 2016. Ideas as coalition magnets: coalition building, policy entrepreneurs, and power relations. *Journal of European Public Policy*, 23, 428-445.

- BETTIO, F. & PLANTENGA, J. 2004. Comparing Care Regimes in Europe. *Feminist Economics*, 10, 85-1113.
- BETTIO, F., SIMONAZZI, A. & VILLA, P. 2006. Change in care regimes and female migration: the 'care drain' in the Mediterranean. *Journal of European Social Policy*, 16, 271-285.
- BIHAN, B. L., ROIT, B. D. & SOPADZHIYAN, A. 2019. The turn to optional familialism through the market: Long-term care, cash-for-care, and caregiving policies in Europe. *Social Policy & Administration*, 53, 579-595.
- BLYTH, M. 2002. *Great Transformations: Economic Ideas and Institutional Change in the Twentieth Century*, New York, Cambridge University Press.
- BRANNICK, T. & COGHLAN, D. 2007. In Defense of Being "Native": The Case for Insider Academic Research. *Organizational Research Methods*, 10, 59-74.
- BRAUN, V. & CLARKE, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- BRENNAN, D., CASS, B., HIMMELWEIT, S. & SZEBEHELY, M. 2012. The marketisation of care: Rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy*, 22, 377-391.
- BRYMAN, A. 2012. *Interviews in qualitative research. Social Research Methods*. 4 ed. Oxford: Oxford University Press.
- BUREAU OF LABOUR INSURANCE 2002. 敬老福利生活津貼暫行辦法. Taipei: Taiwan.
- CAIRNEY, P. 2012. *The Advocacy Coalition Framework. Understanding Public Policy: Theories and Issues*. Basingstoke: Palgrave Macmillan.
- CAMPBELL, J. C. & IKEGAMI, N. 2003. Japan's radical reform of long-term care. *Social Policy & Administration*, 37, 21-34.
- CAMPBELL, J. C., IKEGAMI, N. & KWON, S. 2009. Policy learning and cross-national diffusion in social long-term care insurance: Germany, Japan, and the Republic of Korea. *International Social Security Review*, 62, 63-80.
- CAMPBELL, J. L. 1998. Institutional analysis and the role of ideas in political economy. *Theory and Society*, 27, 377-409.
- CAMPBELL, J. L. 2002. Ideas, politics, and public policy. *Annual Review of Sociology*, 28, 21-38.
- CAMPBELL, J. L. 2004. *Institutional Change and Globalization*, Princeton, NJ, Princeton University Press.

- CARSTENSEN, M. B. & SCHMIDT, V. A. 2016. Power through, over and in ideas: conceptualizing ideational power in discursive institutionalism. *Journal of European Public Policy*, 23, 318-337.
- CHAN, R. K. H., SOMA, N. & YAMASHITA, J. 2011. Care regimes and responses: East Asian experiences compared. *Journal of Comparative Social Welfare*, 27, 175-186.
- CHANG, H.-H. 2011. Strategies and organisational transformation in disability rights movement: providing services as means of social movement? (障礙者權利運動的策略與組織變遷：提供服務作為社會運動的手段?). In: HO, M.-S. L., HSIU-SHING (ed.) *The Era of Social Movement: Taiwan's Activism in recent two decades (社會運動的年代：晚近二十年來的台灣行動主義)*. Taipei, Taiwan: Socio Publishing.
- CHAVEZ, C. 2008. Conceptualizing from the Inside: Advantages, Complications, and Demands on Insider Positionality. *The Qualitative Report*, 13, 474-494.
- CHEN, C.-F. 2011a. Management or Exploitation? The Survival Strategy of Employer of Family Foreign Care Workers. *Taiwan: A Radical Quarterly in Social Studies*, 85, 89-155.
- CHEN, C.-F. 2011b. The Planning and development of long-term care policy in Taiwan. *Community Development Journal*, 133, 192-203.
- CHEN, C.-F. 2016. Insiders and outsiders: policy and care workers in Taiwan's long-term care system. *Ageing and Society*, 36, 2090-2116.
- CHEN, C.-F. 2018. The emergence of caregivers: The Taiwanese Family Caregivers Association. In: WANG, S.-Y. (ed.) *Social Welfare Movements and Policy Impacts in Taiwan*. Taipei.
- CHEN, C.-F. & KUAN, Y.-Y. 2011. An empirical study on the organizational attribution of the long-term care providers and the transformation of the government's related policies in Taiwan. *Social Policy & Social Work*, 15, 99-135.
- CHOI, Y. J. 2013. Developmentalism and productivism in East Asian welfare regimes. In: IZUHARA, M. (ed.) *Handbook on East Asian Social Policy*. Cheltenham: Edward Elgar.
- CHON, Y. 2013. The development of Korea's new long-term care service infrastructure and its results: Focusing on the market-friendly policy used for expansion of the numbers of service providers and personal care workers. *Journal of Gerontological Social Work*, 56, 255-275.
- CHON, Y. 2014. The expansion of the Korean welfare state and its results – Focusing on Long-term Care Insurance for the elderly. *Social Policy & Administration*, 48, 704-720.

COLOMBO, F., LLENA-NOZAL, A., MERCIER, J. R. M. & TJADENS, F. 2011. Help Wanted? Providing and Paying for Long-Term Care, OECD Publishing.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceeding of the first meeting of the Committee of Social Welfare Promotion (行政院社會福利委員會第一次會議) . 2001 Taipei, Taiwan. Executive Yuan.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceedings of the Eighth meeting of the Committee of Social Welfare Promotion. 2004a Executive Yuan, Taipei, Taiwan.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceedings of the ninth meeting of the Committee of Social Welfare Promotion. 2004b Taipei, Taiwan. Executive Yuan.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceedings of the seventh meeting of the Committee of Social Welfare Promotion. 2004c Taipei, Taiwan. Executive Yuan.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceeding of the tenth meeting of the Committee of Social Welfare Promotion (行政院社會福利委員會第十次會議) . 2005a Taipei, Taiwan. Executive Yuan.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceedings of the ninth meeting of the Committee of Social Welfare Promotion. 2005b Taipei, Taiwan. Executive Yuan.

COMMITTEE OF SOCIAL WELFARE PROMOTION. Proceeding of the 11th meeting of the Committee of Social Welfare Promotion (行政院社會福利委員會第十一次會議) . 2006 Taipei, Taiwan. Executive Yuan.

COUNCIL OF ECONOMIC DEVELOPMENT 2002. Plan for the Development of the Care-Services Welfare and Industry (照顧服務福利與產業發展方案) . Taiwan: Taipei: Council of Economic Development.

COUNCIL OF ECONOMIC DEVELOPMENT. Proceeding of the meeting on Home Care Services Pilots for Disabled (Older) People (研商「失能老人及身心障礙者補助使用居家服務試辦計畫」會議). 2005a Taipei, Taiwan. Council of Economic Development.

COUNCIL OF ECONOMIC DEVELOPMENT. Proceedings of Home Services Subsidy Plan for Frail Older People and the Disabled (研商「失能老人及身心障礙者補助使用居家服務試辦計畫」會議). 2005b Taipei, Taiwan.

COUNCIL OF ECONOMIC DEVELOPMENT 2005c. The Second Stage Plan for the Development of the Care-Services Welfare and Industry (2005-2007) (照顧服務福利與產業發展方案). Taiwan: Taipei: Council of Economic Development.

COUNCIL OF ECONOMIC DEVELOPMENT 2008. Final Report of the Second Stage Plan for the Development of the Care-Services Welfare and Industry (照顧服務福利與產業發展方案第二階段總結報告). Taipei: Taiwan: Council of Economic Development.

COUNCIL OF LABOUR AFFAIRS. Proceedings of the modifications on application procedure of migrant care workers (調整外籍看護工申請作業程序配套措施事宜). 2005a Taipei, Taiwan. Council of Labour Affairs.

COUNCIL OF LABOUR AFFAIRS 2005b. Subsidy Programs for Native Care Workers Employers (雇主聘僱本國籍照顧服務員補助辦法). Taipei, Taiwan.

COUNCIL OF NATIONAL DEVELOPMENT 2017. Population Projections for Taiwan 2016-2060. Taipei: Taiwan: Council of National Development.

DALY, M. 2002. Care as a Good for Social Policy. *Journal of Social Policy*, 31, 251-270.

DALY, M. 2011. What adult worker model? A critical look at recent social policy reform in Europe from a gender and family perspective. *Social Politics*, 18, 1-23.

DALY, M. & LEWIS, J. 2000. The concept of social care and the analysis of contemporary welfare states. *British Journal of Sociology*, 51, 281-98.

DALY, M. & RAKE, K. 2003. *Gender and the Welfare State: Care, Work and Welfare in Europe and the USA*, Cambridge, Polity Press.

DELLA PORTA, D. 2008. Comparative analysis: Case-oriented versus variable-oriented research. In: DELLA PORTA, D. & KEATING, M. (eds.) *Approaches and Methodologies in the Social Sciences*. Cambridge: Cambridge University Press.

DIRECTORATE GENERAL OF BUDGET ACCOUNTING AND STATISTICS 2017. National Statistics. Taipei, Taiwan: Executive Yuan.

DWYER, S. C. & BUCKLE, J. L. 2009. The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods*, 8, 54-63.

ESPING-ANDERSEN, G. 1990. *The Three Worlds of Welfare Capitalism*, Cambridge, Polity Press.

ESPING-ANDERSEN, G. 1997. HYBRID OR UNIQUE?: THE JAPANESE WELFARE STATE BETWEEN EUROPE AND AMERICA. *Journal of European Social Policy*, 7, 179-189.

ESPING-ANDERSEN, G. 1999. *Social Foundations of Postindustrial Economies*, Oxford, Oxford University Press.

ESTÉVEZ-ABE, M. & KIM, Y.-S. 2014. Presidents, Prime Ministers and Politics of Care – Why Korea Expanded Childcare Much More than Japan. *Social Policy & Administration*, 48, 666-685.

ESTÉVEZ-ABE, M. & NALDINI, M. 2016. Politics of defamilialization: A comparison of Italy, Japan, Korea and Spain. *Journal of European Social Policy*, 26, 327-343.

ESTÉVEZ-ABE, M., YANG, J.-J. & CHOI, Y. J. 2016. Beyond familialism: Recalibrating family, state and market in Southern Europe and East Asia. *Journal of European Social Policy*, 26, 301-313.

EVERS, A. & SVETLIK, I. (eds.) 1993. *Balancing Pluralism: New Welfare Mixes in Care for the Elderly*, Aldershot: Avebury.

EXECUTIVE YUAN 2001. *Direction for the Establishments of the Committee of Social Welfare Promotion (行政院社會福利推動委員會設置要點)*. Taipei, Taiwan: Executive Yuan.

EXECUTIVE YUAN 2006. *Big Warmth Social Welfare Plan (大溫暖社會福利套案)*. Taipei, Taiwan.

EXECUTIVE YUAN. *Proceeding of the meeting on the final report of long-term care planning (我國長期照顧制度總結規劃報告(草案)研商會議)*. 2007a Taipei, Taiwan. Executive Yuan.

EXECUTIVE YUAN 2007b. *The Ten-year Plan for Long-term Care (2007-2016)*. Taiwan: Taipei: Executive Yuan.

EXECUTIVE YUAN 2008a. *Policy address of the Premier (行政院長施政方針報告)*.

EXECUTIVE YUAN. *Proceedings of the first meeting on the fulfillment of the President's manifestos (研商落實總統政見相關事宜會議第一次會議)*. 2008b Taipei, Taiwan. Executive Yuan.

EXECUTIVE YUAN. *Proceedings of the committee meeting of Long-term Care Insurance Promotion Taskforce (行政院長期照護保險推動小組第二次委員會會議)*. 2009a.

EXECUTIVE YUAN. *Proceedings of the committee meeting of Long-term Care Insurance Promotion Taskforce (行政院長期照護保險推動小組第三次委員會會議)*. 2009b.

EXECUTIVE YUAN. *Proceedings of the Premier 's instruction on Long-term Care Insurance planning (行政院長聽取「長期照護保險制度規劃」)*. 2009c.

EXECUTIVE YUAN. Proceedings of the committee meeting of Long-term Care Insurance Promotion Taskforce (行政院長期照護保險推動小組第四次委員會會議). 2010a.

EXECUTIVE YUAN. Proceedings of the Premier 's instruction on Long-term Care Insurance planning (行政院長聽取「長期照護保險制度規劃」). 2010b.

EXECUTIVE YUAN 2011a. The draft of Long-term Care Service Act.

EXECUTIVE YUAN. Proceedings of the meeting on the draft of Long-term Care Service Act (行政院審查衛生署函報「長期照護服務法」草案第四次會議). 2011b.

EXECUTIVE YUAN. Proceedings on the meeting of the Executive Yuan (行政院院會3240次：行政院長就「長期照護服務法」草案裁示). 2011c.

EXECUTIVE YUAN. Proceedings of the meeting on activating long-term care industry (長期照護之產業政策與法令鬆綁相關事宜協商會議). 2012.

EXECUTIVE YUAN. Proceedings of the meeting on the investment of the insurance industry in long-term care (保險業投資長照座談會). 2013.

EXECUTIVE YUAN. Proceedings of public hearing on Long-term Care Insurance (長照保險法草案溝通座談會). 2014a.

EXECUTIVE YUAN. Proceedings of the committee meeting of Long-term Care Insurance Promotion Taskforce (行政院長期照護保險推動小組第14次委員會會議). 2014b.

EXECUTIVE YUAN 2015a. The draft of Long-term Care Insurance Act (長期照顧保險法草案).

EXECUTIVE YUAN. Proceedings of the meeting on financial planning of long-term care (研商長期照顧保險財務規劃會議). 2015b.

EXECUTIVE YUAN. Proceedings of the meeting with associations of employers (行政院長毛治國接見七大工商團體). 2015c.

FINCH, J. & GROVES, D. (eds.) 1983. *Labour of Love: Women, Work and Caring*, London: Routledge & Kegan Paul.

FLECKENSTEIN, T. & LEE, S. C. 2017a. Democratization, post-industrialization, and East Asian welfare capitalism: the politics of welfare state reform in Japan, South Korea, and Taiwan. *Journal of International and Comparative Social Policy*.

FLECKENSTEIN, T. & LEE, S. C. 2017b. The Politics of Investing in Families: Comparing Family Policy Expansion in Japan and South Korea. *Social Politics*, 24, 1-28.

FLICK, U. 2014a. Interviews. An Introduction to Qualitative Research. 5 ed. London: Sage.

FLICK, U. 2014b. Using documents as data. An Introduction to Qualitative Research. 5 ed. London: Sage.

FU, L.-Y. & WANG, C.-C. 2011. Reform and Challenge of Care System in Taiwan: A Case of the Community Childminder Service (照顧公共化的改革與挑戰: 以保母托育體系的改革為例). *Journal of Women's and Gender Studies*, 29, 79-120.

FU, T.-H. & LU, P.-C. 2011. Population ageing and social policy in Taiwan. In: FU, T.-H. & HUGHES, R. (eds.) *Ageing in East Asia: Challenges and Policies for the Twenty-First Century*. Routledge.

GEISSLER, B. & PFAU-EFFINGER, B. 2005. Change in European care arrangements. In: PFAU-EFFINGER, B. & GEISSLER, B. (eds.) *Care and social integration in European societies*. Bristol: UK: Policy Press.

GERRING, J. 2004. What is a case study and what is it good for? *American Political Science Review*, 98, 341-354.

GOODMAN, R. & PENG, I. 1996. The East Asian welfare states: Peripatetic learning, adaptive change, and nation-building. In: ESPING-ANDERSEN, G. (ed.) *Welfare States in Transition*. London: Sage.

GOUGH, I. 2004. East Asia: the limits of productivist regimes. In: GOUGH, I., WOOD, G., BARRIENTOS, A., BEVAN, P., DAVIS, P. & ROOM, G. (eds.) *Insecurity and Welfare Regimes in Asia, Africa, and Latin America: Social Policy in Developmental Contexts*. Cambridge: Cambridge University Press.

HAGGARD, S. & KAUFFMAN, R. 2008. *Development, Democracy and Welfare States: Latin America, East Asia and Eastern Europe*, Princeton, Princeton University Press.

HOLLIDAY, I. 2000. Productivist welfare capitalism: social policy in East Asia. *Political Studies*, 48, 706-723.

HOLLIDAY, I. & WILDING, P. (eds.) 2003. *Welfare capitalism in East Asia: Social policy in the tiger economies*, Basingstoke: Palgrave Macmillan.

HSIAO, H.-H. M., KUAN, Y.-Y. & WANG, S.-Y. (eds.) 2018. *Social Welfare Movements and Policy Impacts in Taiwan, Taipei, Taiwan*: ChuLiu Publishing.

HSIAO, H.-H. M. & LIN, K.-M. (eds.) 2000. *Social Welfare Movements in Taiwan, Taipei*: ChuLiu Books.

HU, Y.-H. 1995. *Three Generation Family: Myths and Pitfalls (三代同堂：迷思與陷阱)*, Taiwan: Taipei, Chuliu Books.

- JONES-FINER, C. 1993. The Pacific challenge: Confucian welfare states. In: JONES, C. (ed.) *New perspectives on the welfare state in Europe*. London: Routledge.
- KIM, J. W. & CHOI, Y. J. 2013. Farewell to old legacies? The introduction of long-term care insurance in South Korea. *Ageing and Society*, 33, 871-887.
- KINGDON, J. W. 1995. *Agendas, Alternatives, and Public Policies*, New York, HarperCollins.
- KNAPP, M., CHALLIS, D., FERNÁNDEZ, J.-L. & NETTEN, A. (eds.) 2004. *Long-term Care: Matching Resources and Needs*, Aldershot: Ashgate.
- KNIJIN, T. & KREMER, M. 1997. Gender and the caring dimension of welfare states: Toward inclusive citizenship. *Social Politics*, 4, 328-361.
- KODATE, N. & TIMONEN, V. 2017. Bringing the Family in through the Back Door: the Stealthy Expansion of Family Care in Asian and European Long-Term Care Policy. *Journal of Cross Cultural Gerontology*.
- KORPI, W. 2000. Faces of Inequality: Gender, Class and Pattern of Inequalities in Different Types of Welfare States. *Social Politics*, 7, 127-191.
- KRÖGER, T. 2011. Defamilisation, dedomestication and care policy: Comparing childcare service provisions of welfare states. *International Journal of Sociology and Social Policy*, 31, 424-440.
- KU, Y.-W. & JONES-FINER, C. 2007. Developments in East Asian Welfare Studies. *Social Policy & Administration*, 41, 115-131.
- KWON, H.-J. 1997. Beyond European welfare regimes: Comparative perspectives on East Asian welfare systems. *Journal of Social Policy*, 26, 467-484.
- KWON, H.-J. 2005. *Transforming the Developmental Welfare State in East Asia*, Basingstoke, Palgrave Macmillan.
- LEGISLATIVE YUAN. Proceedings of public hearing on the implementation of Long-term Care Insurance (立法院社會福利及衛生環境委員會「銀色海嘯來襲：如何推動長照保險制度」公聽會).
- LEGISLATIVE YUAN. Proceedings of the meeting on the choice of financing system of long-term care (立法院社會福利及衛生環境委員會「針對家庭照顧者提供喘息服務以減輕照護負擔之具體改善作為及長期照顧服務財源採社會保險制或稅收制之國際比較與國內現況探討」).
- LEGISLATIVE YUAN 2005. *Gazette of Legislative Yuan*. Taipei, Taiwan: Legislative Yuan.

LEGISLATIVE YUAN 2006a. Gazette of Legislative Yuan. Taipei, Taiwan: Legislative Yuan.

LEGISLATIVE YUAN. Proceedings of the public hearing on the Long-term Care Legislation. 2006b Taipei, Taiwan. Legislative Yuan.

LEGISLATIVE YUAN. Proceedings of the meeting on foreign labour policy (立法院社會福利及衛生環境委員會勞委會專案報告「外勞政策方向」). 2010.

LEGISLATIVE YUAN. Proceedings of public hearing on Long-term Care Service Act (立法院社會福利及衛生環境委員會「長期照護服務法」公聽會). 2011.

LEGISLATIVE YUAN. Proceedings of the meeting on the draft of Long-term Care Service Act (立法院社會福利及衛生環境委員會審查「長期照顧服務法」). 2013.

LEGISLATIVE YUAN 2015a. The Long-term Care Service Act (長期照顧服務法). Taiwan: Taipei: Legislative Yuan.

LEGISLATIVE YUAN. The passage of the Long-term Care Service Act (長照服務法三讀通過). 2015b.

LEGISLATIVE YUAN. Proceedings of party consultation meeting on the Long-term Care Service Act (長期照顧服務法朝野協商記錄). 2015c Taipei, Taiwan. Legislative Yuan.

LEGISLATIVE YUAN. Proceedings of the meeting on the choice of financing system of long-term care (立法院社會福利及衛生環境委員會「針對家庭照顧者提供喘息服務以減輕照護負擔之具體改善作為及長期照顧服務財源採社會保險制或稅收制之國際比較與國內現況探討」). 2015d.

LEGISLATIVE YUAN. Proceedings of public hearing on the implementation of Long-term Care Insurance (立法院社會福利及衛生環境委員會「銀色海嘯來襲：如何推動長照保險制度」公聽會). 2016.

LEIRA, A. & SARACENO, C. 2002. Care: actors, relationships and contexts. In: HOBSON, B., LEWIS, J. & SIIM, B. (eds.) *Contested Concepts in Gender and Social Politics*. Cheltenham, UK: Edward Elgar Publishing.

LEITNER, S. 2003. Varieties of familialism: The caring function of the family in comparative perspective. *European Societies*, 5, 353-375.

LEITNER, S. & LESSENICH, S. 2007. (In)Dependence as dependent variable: conceptualizing and measuring 'de-familization'. In: CLASEN, J. & SIEGEL, N. A. (eds.) *Investigating Welfare State Change: The 'Dependent Variable Problem' in Comparative Analysis*. Cheltenham: Edward Elgar Publishing.

- LEÓN, M. (ed.) 2014. *The Transformation of Care in European Societies*: Palgrave Macmillan UK.
- LEWIS, J. 1992. Gender and the development of welfare regimes. *Journal of European Social Policy*, 2, 159-173.
- LIANG, L.-F. 2014. Live-In Migrant Care Workers in Taiwan: The Debate on the Household Service Act. *Asian and Pacific Migration Journal*, 23, 229-241.
- LIFE INSURANCE ASSOCIATION 2013. Letter to the Premier (中華民國人壽保險商業同業公會去函行政院長).
- LIN, W.-I. 2002. On Family Change and Family Policy in Taiwan (台灣的家庭變遷與家庭政策). *NTU Social Work Review*, 6, 35-88.
- LIN, W.-I. 2010. The coming of an aged society in Taiwan: Issues and policies. *Asian Social Work and Policy Review*, 4, 148-162.
- LIN, W.-I. 2012. *Social Welfare Policy in Taiwan (in Chinese)*, Taipei: Taiwan, Wu Nan Press.
- LIN, W.-I. 2013. Review and projects of the Democratic Progressive Party' social welfare policy over eight-years ruling period. *The Eight-years Ruling of the Democratic Progressive Party Conference*. National Taiwan University: Taipei.
- LIN, W.-I. & CHOU, W.-C. G. 2007. Globalization, Regime Transformation, and Social Policy Development in Taiwan. In: LEE, J. & CHAN, K. (eds.) *The Crisis of Welfare in East Asia*. Lanham, MD: Lexington Books.
- LIU, Y.-X. (ed.) 1997. *Women, State and Care Work (女性、國家、照顧工作)*, Taipei, Taiwan: FemBooks.
- LIU, Y.-X. (ed.) 2015. *Scandinavian Models, Taiwanese Adaption: Universal Social Care and Deliberative Democracy (北歐經驗，台灣轉化：普及照顧與民主審議)*, Taipei: Taiwan: FemBooks.
- LOHMANN, H. & ZAGEL, H. 2016. Family policy in comparative perspective: The concepts and measurement of familization and defamilization. *Journal of European Social Policy*, 26, 48-65.
- LONG-TERM CARE PLANNING TASKFORCE. Proceeding of the third meeting of the Long-term Care Planning Taskforce (行政院社會福利推動委員會長期照顧制度規劃小組第三次委員會議). 2005 Taipei, Taiwan. Executive Yuan.
- LONG-TERM CARE PLANNING TASKFORCE. Proceeding of the fourth meeting of the Long-term Care Planning Taskforce (行政院社會福利推動委員會長期照顧制度規劃小組第四次委員會議). 2006 Taipei, Taiwan. Executive Yuan.

MEAGHER, G. & SZEBEHELY, M. (eds.) 2013. Marketisation in Nordic Eldercare: A Research Report on Legislation, Oversight, Extent and Consequences, Stockholm: Department of Social Work, University of Stockholm.

MEHTA, J. 2011. The varied roles of ideas in politics: From 'whether' to 'how'. In: BÉLAND, D. & COX, R. H. (eds.) Ideas and Politics in Social Science Research. Oxford: Oxford University Press.

MINISTRY OF FINANCE 2017. Income Tax Act. Taipei: Taiwan.

MINISTRY OF HEALTH AND WELFARE 2014. Report of the Senior Citizen Condition Survey 2013. Taiwan: Taipei: Ministry of Health and Welfare.

MINISTRY OF HEALTH AND WELFARE. Proceedings of public hearing on the commercial sector participation in care services (「研商照顧服務納入商業登記之可行性」座談會). 2015.

MINISTRY OF HEALTH AND WELFARE 2016. Ten-year Plan for Long-term Care 2.0. Taiwan: Taipei: Ministry of Health and Welfare.

MINISTRY OF HEALTH AND WELFARE 2017. Long-term Care Statistics. Taipei: Ministry of Health and Welfare.

MINISTRY OF INTERIOR 1980. The Senior Citizen's Welfare Act. Taiwan: Taipei: Ministry of Interior.

MINISTRY OF JUSTICE 2015. Civil Code.

MINISTRY OF JUSTICE 2016. Criminal Code of the Republic of China.

MINISTRY OF LABOUR 1992a. Employment Service Act (就業服務法). Taipei: Ministry of Labour.

MINISTRY OF LABOUR 1992b. Temporary Measure to Address Shortages of Manpower for Providing Care for Households' Disabled (因應家庭照顧殘障人力短缺暫行措施). Taipei: Ministry of Labour.

MINISTRY OF LABOUR 2002. Gender Equality in Employment Act. Taipei: Taiwan.

MINISTRY OF LABOUR. Proceeding of the meetings on the integration of migrant care workers employment and native care services (研商「外籍看護工申審流程與國內照顧服務體系接軌修正案」配套措施事宜). 2005 Taipei, Taiwan. Ministry of Labour.

MINISTRY OF LABOUR 2006. Plan for Integrating Foreign Care Workers and Native Care Services System (外籍看護工審核機制與國內照顧服務體系接軌方案). Taipei: Ministry of Labour.

MINISTRY OF LABOUR 2010. The Amendments of the Gender Equality in Employment Act. Taipei: Taiwan: Legislative Yuan.

MINISTRY OF LABOUR 2012. The Reviewing Standards and Employment Qualifications for Foreigners Engaging in the Jobs Specified in Items 8 to 11, Paragraph 1 to Article 46 of the Employment Service Act (外國人從事就業服務法第四十六條第一項第八款至第十一款工作資格及審查標準). Taipei: Ministry of Labour.

MINISTRY OF LABOUR 2015. The Reviewing Standards and Employment Qualifications for Foreigners Engaging in the Jobs Specified in Items 8 to 11, Paragraph 1 to Article 46 of the Employment Service Act (外國人從事就業服務法第四十六條第一項第八款至第十一款工作資格及審查標準). Taipei: Ministry of Labour.

MINISTRY OF LABOUR 2017. The Statistics of Foreign Labour. Taipei: Ministry of Labour.

MINISTRY OF THE INTERIOR 1997. Amendment of The Senior Citizens Welfare Act (老人福利法修正). Taiwan: Taipei: Ministry of the Interior.

MINISTRY OF THE INTERIOR 1998. 中低收入戶老人生活津貼發給辦法. Taipei: Taiwan.

MINISTRY OF THE INTERIOR 2000. 中低收入老人特別照顧津貼試辦作業要點. Taipei: Taiwan.

MINISTRY OF THE INTERIOR 2005. Home Care Service Plan for Disabled (Older) People (失能老人及身心障礙者補助使用居家服務計畫). Taipei, Taiwan: Ministry of the Interior.

MINISTRY OF THE INTERIOR 2007. 中低收入老人特別照顧津貼發給辦法. Taipei: Taiwan.

NADASH, P. & SHIH, Y. C. 2013. Introducing social insurance for long-term care in Taiwan: Key issues. *International Journal of Social Welfare*, 22, 69-79.

NATIONAL CHENGCHI UNIVERSITY ELECTION STUDY CENTER 2020. Trends of Core Political Attitudes: Taiwanese/Chinese Identity. Taipei, Taiwan: National Chengchi University Election Study Center.

NATIONAL FEDERATION OF INDUSTRIES 2014. National Federation of Industries' Advice on the distribution of long-term care insurance premium (全國工業總會去函行政院建議「長照保險雇主保費負擔」).

OCHIAI, E. 2009. Care diamonds and welfare regimes in East and South-East Asian societies: Bridging family and welfare sociology. *International Journal of Japanese Sociology*, 18, 60-78.

OECD 2005. *Long-term Care for Older People*, OECD Publishing.

ORLOFF, A. 1993. Gender and the social rights of citizenship: The comparative analysis of gender relations and welfare states. *American Sociological Review*, 58, 303-332.

OSTERLE, A. & ROTHGANG, H. 2010. Long-term care. In: CASTLES, F. G., LEIBFRIED, S., LEWIS, J., OBINGER, H. & PIERSON, C. (eds.) *The Oxford Handbook of The Welfare States*. Oxford: Oxford University Press.

PARSONS, C. 2016. Ideas and power: four intersections and how to show them. *Journal of European Public Policy*, 23, 446-463.

PAVOLINI, E. & RANCI, C. 2008. Restructuring the welfare state: reforms in long-term care in Western European countries. *Journal of European Social Policy*, 18, 246-259.

PENG, I. 2004a. Postindustrial pressures, political regime shifts, and social policy reform in Japan and South Korea. *Journal of East Asian Studies*, 4, 389-425.

PENG, I. 2004b. Postindustrial pressures, political regime shifts, and social policy reform in Japan and South Korea. *Journal of East Asian Studies*, 4, 389-425.

PENG, I. 2012. Social and political economy of care in Japan and South Korea. *International Journal of Sociology and Social Policy*, 32, 636-649.

PENG, I. & WONG, J. 2008. Institutions and Institutional Purpose: Continuity and Change in East Asian Social Policy. *Politics & Society*, 36, 61-88.

PENG, I. & WONG, J. 2010. East Asia. In: CASTLES, F. G., LEIBFRIED, S., LEWIS, J., OBINGER, H. & PIERSON, C. (eds.) *The Oxford Handbook of the Welfare State*. Oxford: Oxford University Press.

PFAU-EFFINGER, B. 2005. Welfare state policies and the development of care arrangements. *European Societies*, 7, 321-347.

PIERSON, P. 1996. The New Politics of the Welfare State. *World Politics*, 48, 143-179.

PIERSON, P. 2001. Coping with permanent austerity: Welfare state restructuring in affluent democracies. In: PIERSON, P. (ed.) *The New Politics of the Welfare State*. Oxford: Oxford University Press.

RAMESH, M. 2004. *Social Policy in East and Southeast Asia: Education, Health, Housing, and Income Maintenance*, London, Routledge.

RANCI, C. & PAVOLINI, E. (eds.) 2013. *Reforms in Long-Term Care Policies in Europe: Investigating Institutional Change and Social Impacts*, New York: Springer.

RANCI, C. & PAVOLINI, E. 2015. Not all that glitters is gold: Long-term care reforms in the last two decades in Europe. *Journal of European Social Policy*, 25, 270-285.

RIGGER, S. 2011. *Why Taiwan Matters: Small Island, Global Powerhouse*, Rowman & Littlefield Publishers.

ROIT, B. D. & LE BIHAN, B. 2010. Similar and yet so different: Cash-for-care in six European countries' long-term care policies. *The Milbank Quarterly*, 88, 286-309.

RUMMERY, K. & FINE, M. 2012. Care: A Critical Review of Theory, Policy and Practice. *Social Policy & Administration*, 46, 321-343.

SABATIER, P. A. 1988. An advocacy coalition framework of policy change and the role of policy-oriented learning therein. *Policy Sciences*, 21, 129-168.

SABATIER, P. A. & WEIBLE, C. M. 2007. The advocacy coalition framework: Innovations and clarifications. In: SABATIER, P. A. (ed.) *Theories of the Policy Process*. 2nd ed. Boulder, Colo: Westview Press.

SARACENO, C. 2016. Varieties of familialism: Comparing four southern European and East Asian welfare regimes. *Journal of European Social Policy*, 26, 314-326.

SARACENO, C. & KECK, W. 2010. Can we identify intergenerational policy regimes in Europe? *European Societies*, 12, 675-696.

SCHMIDT, V. A. 2002. Does discourse matter in the politics of welfare state adjustment? *Comparative Political Studies*, 35, 168-193.

SCHMIDT, V. A. 2008. Discursive Institutionalism: The Explanatory Power of Ideas and Discourse. *Annual Review of Political Science*, 11, 303-326.

SCHMIDT, V. A. 2010. Taking ideas and discourse seriously: explaining change through discursive institutionalism as the fourth 'new institutionalism'. *European Political Science Review*, 2, 1-25.

SCOTT, J. 1990. *A Matter of Record: Documentary Sources in Social Research*, Cambridge, Polity Press.

SIPIÄ, J., ANTONEN, A. & BALDOCK, J. 2003. The importance of social care. In: ANTONEN, A., BALDOCK, J. & SIPIÄ, J. (eds.) *The Young, the Old and the State: Social Care Systems in Five Industrial Nations*. Cheltenham: Edward Elgar.

SOMA, N. & YAMASHITA, J. 2011. Child care and elder care regimes in Japan. *Journal of Comparative Social Welfare*, 27, 133-142.

SOMA, N., YAMASHITA, J. & CHAN, R. K. H. 2011. Comparative framework for care regime analysis in East Asia. *Journal of Comparative Social Welfare*, 27, 111-121.

SUNG, S. 2003. Women reconciling paid and unpaid work in a Confucian welfare state: the case of South Korea. *Social Policy & Administration*, 37, 342-360.

SZEBEHELY, M. & MEAGHER, G. 2018. Nordic eldercare – Weak universalism becoming weaker? *Journal of European Social Policy*, 28, 294–308.

TANG, K.-L. 2000. *Social Welfare Development in East Asia*, Basingstoke, Palgrave Macmillan.

TSAI, H.-J. 2020. Social Insurance as foundation of social solidarity and Taiwanese Identity (以社會保險作為社會團結與台灣認同的基礎). In: LIU, H.-H. & WU, R.-R. (eds.) *The Human Conditions of Taiwan's Sovereignty*. Taipei, Taiwan: Economic Democracy Union.

TSAI, P.-Y. 2012. The Transformation of Leave Policies for Work- Family Balance in Taiwan. *Asian Women*, 28, 27-54.

TSENG, C.-N. 2007. Searching for Diversifying Policy Choice, Value and Practice within the Family: A Policy Thinking of the Caring Allowance Program for the Middle-to-Low Income Elderly in Taiwan. *Taiwan Journal of Social Welfare*, 6, 131-175.

UNGERSON, C. 1987. *Policy is Personal: Sex, Gender and Informal Care*, London, Tavistock.

UNGERSON, C. 1997. Social politics and the commodification of care. *Social Politics*, 4, 362-381.

UNGERSON, C. & YEANDLE, S. (eds.) 2007. *Cash for Care Systems in Developed Welfare States*, Basingstoke: Palgrave Macmillan.

WANG, F. T. Y. 2000. Who represents for older people? The review and prospects of Taiwan's senior citizen's welfare movements. In: HSIAO, H.-H. M. & LIN, K.-M. (eds.) *Social Welfare Movements in Taiwan*. Taipei: Taiwan: Chuliu Books.

WANG, F. T. Y. 2005. Rethinking community care in Taiwan. *Taiwan: A Radical Quarterly in Social Studies*, 59.

- WANG, F. T. Y. 2011. Reforming long-term care through the movement of family caregivers. *Taiwan: A Radical Quarterly in Social Studies*, 85, 397-414.
- WHITE, G. & GOODMAN, R. 1998. Welfare Orientalism and the search for an East Asian welfare model. In: GOODMAN, R. & WHITE, G. (eds.) *The East Asian Welfare Model*. Florence: Taylor and Francis.
- WILENSKY, H. 1975. *The Welfare State and Equality*, Berkeley, University of California Press.
- WONG, J. 2004. *Health Democracies: Welfare Politics in Taiwan and South Korea*, Ithaca, NY and London, Cornell University Press.
- WORLD BANK 2016. *Live Long and Prosper: Aging in East Asia and Pacific*. World Bank East Asia and Pacific Regional Reports. Washington, DC: World Bank.
- WU, C.-J. & HSU, T.-W. 2018. The movement for care justice: Advocating the rights of migrant domestic workers. In: WANG, S.-Y. (ed.) *Social Welfare Movements and Policy Impacts in Taiwan*. Taipei: ChuLiu Publishing.
- WU, S.-C. & CHU, C.-M. 1996. Public Attitudes Toward Long-Term Care Arrangements for the Elderly in Taiwan. *Australian Journal on Ageing*, 15, 62-68.
- WU, S.-C., DAI, Y.-T., CHUANG, K.-Y., CHANG, M., LU, P.-C., TSAO, A.-L., WANG, C. G. & CHEN, C.-F. 2004. A pilot program for the development of long-term care system: concepts and practices (建構長期照護體系先導計畫：理念與實踐). *Taiwan Journal of Public Health*, 23, 249-258.
- WU, Y.-C. 2011. Long-term Care Policy for Older People in Taiwan: Retrospect and Prospect. *Community Development Journal*, 136, 251-263.
- YAMASHITA, J., SOMA, N. & CHAN, R. 2013. Re-examining Family-Centred Care Regimes in East Asia. In: IZUHARA, M. (ed.) *Handbook on East Asian Social Policy*. Edward Elgar.
- YEH, M.-J. & CHEN, C.-M. 2020. Solidarity with Whom? The Boundary Problem and the Ethical Origins of Solidarity of the Health System in Taiwan. *Health Care Analysis*, 28, 176-192.
- YIN, R. K. 2014. *Case Study Research: Design and Methods*, London, Sage.
- ZHANG, Y. & YEUNG, W.-J. J. 2012. Shifting boundaries of care in Asia: an introduction. *International Journal of Sociology and Social Policy*, 32, 612-622.