Aging in Democracy: An Examination of Long-Term Care Policy in Post-Authoritarian Taiwan

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Presentation Outlines

Research Background

- Taiwan is facing one of the fastest-growing aging populations globally, with older adults expected to exceed 20% of the population by 2025
- The Long-Term Care Services Act (2017) institutionalized LTC as a universal service with a centralized delivery network
- Democratic politics played a pivotal role in establishing LTC policies through legislation and electoral dynamics in post-authoritarian regime

Critiques: LTC policies, established through democratic regime and parliamentary politics, disconnected from people's living experiences of care

Research Questions

This paper investigates how democratic governance shapes older adults care policy in Taiwan, focusing on the interplay between administrative rationales and local caregiving practices

01

How does the state's logic of providing LTCs differ from the values and practices of local communities?

02

How do various administrative techniques shape the delivery of care in the LTCs system?

03

How do LTCs in Taiwan reflect (or not) the people's sovereignty in a post-authoritarian representative democracy?

Literature Review

Democratization and Welfare Reform in Taiwan

Authoritarian Era (1949–1987)

Welfare programs prioritized economic productivity and state security; benefits were distributed as "welfare clientelism." Social welfare as a state establishment trajectory (Skocpal, 1995)

Post-Martial Law (1987)

Grassroots campaigns advocated for human rights and welfare expansion. Electoral incentives drove the passage of thirteen major welfare laws during the "Golden Decade" (1990–2000).

Expanding Older Adults Welfare (1990-)

Political transformation empowered older adults as "developmental voters," influencing policy decisions through electoral participation, e.g., the Seniors Allowance program in the 1993 municipal election

Long-Term Care Services (LTCs): Achievements

LTCs emerged as an institutional response to Taiwan's aging society and growing caregiving burdens

Ten-Year LTC Plan (2007):

- Established a tax-funded system with defined procedures for care services, need assessment, and subsidies.

LTC Plan 2.0 (2017):

- Expand subsidies to four categories: personal and professional care, transportation, assistive devices, and respite care.
- Introduced the "ABC Network," dividing preventive care, intensive care, and case management among providers.
- Building local networks via governmental contracts
- Increase service fees to attract care labor supply
- Incentivizing marginalized regions through affirmative initiatives
- Promoting community-based preventive services

Long-Term Care Services (LTCs): Challenges

Challenges in LTC Implementation

1. Restricted Autonomy:
   - Centralized delivery limits recipients' choices; services are provided in kind rather than cash, reducing flexibility.
2. Standardized Assessments:
   - Disability index reduces complex needs to numerical data; lacks cultural sensitivity for diverse populations like Indigenous communities.
3. Tax-Based Funding:
   - Financial instability compared to insurance-based models like Japan/Korea; constrained by annual tax variations.

The bureaucratic logic of administration is distant from the roots of its legitimacy, the people.

Methodology: Multimethods Case Study

A multimethod case study was conducted at six Adult Foster Care (AFC), a service model that emphasizes home-setting and "aging in place"

01

Case Selection: Adult Foster Care (AFC)

This purposeful sample includes six AFCs in County X. Five of these AFCs are located in rural Indigenous villages, where Indigenous people constitute the majority of residents.

02

Data Collection

Participant Observation (N=500 hrs), Content Analysis, and Supplemental Interviews (N=4)

03

Data Analysis

Field notes, documents, interview transcripts been organized through thematic coding and translated to English

04

Reflexivity

Initial findings were shared with the AFC providers and social workers to foster a sense of shared ownership of the research outcomes
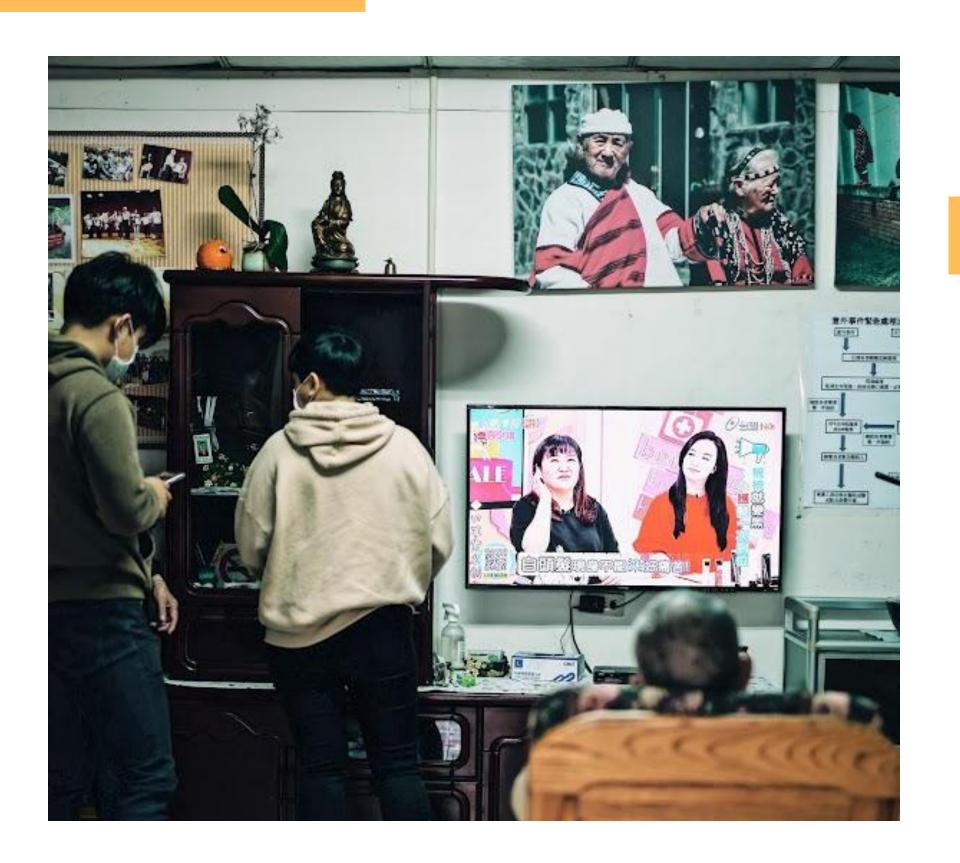
Finding

01

Concretizing Safety: Licensure and Professionalism
Permit and Licensure as the techniques of monitoring safety

- Sophisticated regulations of qualified architectures to operate AFCs, care providers faced challenges finding legally compliant buildings

- Personnel credentialing has professionalized caregiving, prohibiting the unauthorized, unprofessional task

Finding (Cont.)

02 **Calculating Care: Scientific Assessment and Service Standardization**

Mechanisms turning older adults into numbers

- The disabilities index and service fee table is useful for assessing needs and monitoring public expenditure, but reduces their complex conditions to a limited number of levels to determine the appropriate allocation of public resources

- The division of labor between care providers and care specialists in the service planning process mirrors Fordist mass production principles to uphold efficiency, but ignores the nuanced and changeable situation in the care practice

Finding (Cont.)

03 **Prevention of Market Competition**
The dilemma between public service neutrality and interpersonal connection

- Case assignment system upholds the neutrality and universality of public service provision but neglects the interwoven relationships within the community and the generational kinship system of Indigenous people

- Coinsurance system prevents the overuse of public service by distributing the responsibility to service users but contradicts the sense of duty and solidarity among community members

Discussion & Implications

Administration of Care

01

Licensure & Professionalism

Credentialing and permitting improve safety, but governance relies on printed and electronic documents, which mediate the regulations to centralize public services

02

Scientific Assessment and Service Standardization

Allowing the government to legitimize the monitoring and allocation of public resources, but transform care into a reductionist variable.

03

Prevention of Market Competition

Client-initiated services prioritize self-determination, but implied the nuclear famliy kinship and rational decision-making values

Care work has dissociated from a cultural construct to a governable activity

The Missing Voice of The People

The paradox of democracy and aging policy in Taiwan:

- Claiming the LTCs as a democratic product based on electoral momentum may be reductive and oversimplify the complexity in establishing LTCs programs

- Elected representatives often perpetuate existing social inequalities, and their decision-making processes prioritize dominant techno-expertise, excluding local perspectives

- The construction of LTCs demonstrates a form of governmentality, where population security and statistical data are emphasized in the representative framework

Making Public Care Democratic

- Searching back to Greek origin: "*demokratia*" refers to the capacity of the people to actualize their power in the public realm and accomplish their mutual goals instead of a form of government

- Participatory democracy: Empowering marginalized individuals to govern their everyday lives is key to ensuring security for decision-making participation (Jackson, 2018)

- Existing efforts: community-oriented campaigns (Sakul, Luluna, Macaqu, etc.), municipal participatory budgeting, and digital platform deliberation

Acknowledgments

Thank You

Please share your feedback and comments!

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