Everyday Experience of Front-Line Professionals and In/ Formal Carers: Long Term Care of Older People in England, the Netherlands and Taiwan

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ABSTRACT

To address the risks to families of the availability of care for their older family members, this paper explores the impact of different care systems on the way that relevant care actors contribute to the long-term care of older people. It is based on an empirical study of the care needs assessment and care provision in England, the Netherlands and Taiwan. The participants in the study include 143 care actors at national, regional and local levels across the countries. It found that the objective of providing care needs is similar in each of the countries studied. However, the everyday life of professionals and in/formal carers differs based on the care culture and care policy in each country. Overall, care professionals and formal carers experience satisfaction in their caring role when sufficient time is available for them to work with individuals. Face-to-face contact with older people is important to care professionals if adequate needs assessment could be performed. Helping informal carers extend their ability to carry out their role may improve their well-being as carers and reduce the demand for formal care services.

Keywords: Care Assessment, Care Professionals, Care Provision, Formal Carers, Informal Carers

INTRODUCTION

The paper is under the journal-special issue of ‘East Asian Risk Societies and Families at Risk: the Spectrum of Public and Private Spheres’. It focuses on how front-line professionals and formal/informal carers meet the needs of older people who are frail and disabled since caring for older people has become one of the potential family risks in East Asia and many industrial countries in the West for a number of reasons. On the one hand, the rise in life expectancy and multiple disabilities means the number of older people requiring long-term care has increased. On the other hand, the decreased younger population with increased female employment calls into question the continued availability of family carers and requires support from public and formal carers to help them to care for their older family members for as long as possible.

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(Moss & Cameron, 2002). Although the special issue focuses on East Asia, the paper draws on a study in England, the Netherlands and Taiwan to include a wide range of readers from East and West. One of the main reasons to include the three countries is that in East Asia, e.g., Taiwan, the responsibility of care for older people is no longer sustainable by the family alone. In contrast, Western society, such as England and the Netherlands, has shifted caring responsibilities from the public to individuals and families to meet the increasing demand of ageing care. As a result, the difference between the challenges of ageing care in the three countries has closed somewhat.

Generally, meeting the care needs of frail and disabled older people required identifying their needs through assessment and providing care support through relevant formal and informal care actors, such as care professionals, service providers, hands-on care workers and family carers. With regard to the objective measurement of care needs for older people, the key principle of social policies in England, the Netherlands and Taiwan were similar. Based on the theories of human need of Maslow (1943) and Doyal and Gough (1991), firstly, one of the factors that make older people require long-term care is that they lose their ability to do so - a sense of security; a sense of belonging; a sense of continuity; a sense of security; a sense of achievement; and a sense of significance (Maslow, 1943) - and require help to do so. Policy has to make sure that these are taken into account in the minimal standards of long-term care provision. Secondly, the ideology of a service must have as an objective that older people need not only to survive but also to have some quality of life (Doyal & Gough, 1991).

However, the way of meeting the needs of older people are complex in practice. The thresholds of public funding support in meeting needs of older people in long-term care were different between the countries. Various English reports have indicated the focus on those with the highest demand on basic need – i.e., wash, dress, food. - and the lowest incomes (DH, 1997a). Similarly, in Taiwan where focused on those with lowest incomes, but the majority older people’s needs have been met by their family or self-funding. In contrast, the Dutch public support threshold is comparably more generous, which not only includes what the other two countries provide, but also the satisfaction of higher ranked needs and guidance, such as supporting and activating/advising (Schrijvers, Jeldeoo, Jorg, & Hoogerduin, 2001).

How much care support should be provided is an issue in all three countries but is associated with their historical welfare development and care culture. In the case of England, Langan (1998) and the latest Dilnot Report (Dilnot, 2011) highlighted the way in which historical budget and allocation restrictions have affected the outcome of assessment. This means that there is a great variation in the amount of service support within the country. Although there is a lack of literature on this issue, in Taiwan, it is widely acknowledged that there are great variations in assessing public funding entitlement because of a lack of central and local guidelines. The Netherlands is the only country of the three, which actively addresses service inequality by centralising objective assessment criteria and independent professional mechanisms (i.e., The Regional Assessment Board (RIO)) carried out since 1997/1998 (Ex et al., 2004).

In both England and the Netherlands, there are formal timescales for the process of assessment, with decisions required after a maximum of six weeks (Ministry of Health, 1997; Schrijvers et al., 2001; DH, 2004). A number of English research studies have shown that the face-to-face work of assessors with service users has declined in the past ten years (Levin & Webb, 1997; Audit Commission, 1999; Weinberg, Williamson, Challis, & Hughes, 2003; Samuel, 2005). Rushing the judgment would be likely to result in the offer of a single, often basic, support service (Fuller & Tulle-Winton, 1996; DH, 1997a). The Commission for Social Care Inspection (2004) conducted research into the impact of the English Delayed Discharge Reimbursement Scheme (HCHC, 2002) and expressed similar concerns. It found that a third
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