Chapter 13
Meeting the Care Needs of Older People: Long-Term Care Practice 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 chapter explores the impact of different care systems on the way that relevant care actors contribute to the long-term care of older people. 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.
INTRODUCTION

To address the risks to families of the availability of care for their older family members, this chapter explores the impact of different care systems on the way that relevant care actors contribute to the long-term care of older people. 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 (Moss and 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 be able to meet the six senses of human needs themselves - 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 and 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 et al., 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