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Huang, Hong-Ming; Soong, Jenn-Jaw

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# ASEAN Migrants: A Boon for Taiwan's Aging Populace

Hong-Ming Huang      *Graduate Institute of Political Economy,  
National Cheng-Kung University.*

Jenn-Jaw Soong      *Graduate Institute of Political Economy,  
National Cheng-Kung University.*

## **Abstract**

*Taiwan is home to a rapidly growing aging population as life expectancy rates increase and birth rates go down in this island. The government of Taiwan opted to bring in migrant workers to care for the elderly following a shortage in adequate domestic manpower who were willing to take on the positions of caregivers for the elderly. In time, eldercare in Taiwan switched hands: from the actual families of the elderly to migrant workers coming in from across the Southeast Asian region. Questions have arisen in light of this development. Is the government policy that allows for Southeast Asian migrants to care for the elderly in Taiwan a good one, or a bad one? Who benefits most from this deal: the elderly, their families or the migrant care workers? Is providing care for the elderly in their own homes by just one caregiver the only option? And can such a policy help both ends: the elderly person who requires safer care, and the migrant care worker whose labor rights require full protection? This paper, drafted out following the review of relevant literature and the conducting of interviews by Hong-Ming Huang and Jenn-Jaw Soon, analyzes the political-economic aspects of this policy and offers certain recommendations and conclusions. One conclusion is the fact that Southeast Asian workers take better care of the elderly in Taiwan when eldercare is provided through institutions, rather than if the care was provided by just one foreign caregiver engaged directly by families of the elderly. The positive effects of 'institution-style' workers are reflected in the work performance, life quality and management as well as labor rights protection.*

Keywords: ASEAN, migrant care workers, elderly policy, political economic.

## **Introduction**

The onset of a growing number of elderly individuals, who can be disabled, chronically ill or both, has boosted the demand for eldercare professionals on the island. The number of Southeast Asian

migrant caregivers coming into Taiwan increased to a little over 195,000 in 2011, up from 103,700 in 2001. The primary caregivers of the elderly in Taiwan changed hands gradually in the course of a decade – from the families of the elderly folk to migrant workers from Southeast Asian

nations. The Taiwanese population rose slightly from 22.405 million in 2001 to 23.174 million in 2011, while the number of households went up from 6.8 million in 2001 to 7.98 million in 2011. Questions that have arisen from this include when exactly did Southeast Asians end up becoming the majority of the workforce that specifically deals with elderly care in Taiwan, and what was the corresponding policy toward these care workers? Observations from different work-fields show that migrant workers from Southeast Asia providing homecare did not only face problems in terms of skill or language, but also socio-cultural adaptation problems and with the protection of their labor rights.

Through media reports (Wang, 2006, April 30), it was revealed that problems faced by migrant care workers included the lack of adequate eldercare experience, being forced to work overtime with measly wages and inadequate welfare. So, researchers linked to and advocates of migrant care agreed that policies on migrant care workers needed to be reviewed and that the caregivers should be given the necessary assistance to protect themselves. Moreover, the workload of those caring for the elderly needed to be properly regulated to prevent possible abuse of their roles as caregivers.

Questions have also arisen on the issue of migrant workers coming from different cultural and religious backgrounds. For those migrant care workers (Liu, Xie, 2004) who follow Islam, Mahayana Buddhism, Theravada Buddhism, Catholicism or Christianity, what kind of policy should Taiwan's government implement to protect their rights over freedom of religion and culture while continuing to work effectively, and protect their labor rights? What could make them be content to work for the elderly and also contribute in line with their expectations (Luo, You, Wu, 2004)?

This paper, viewed from the point of political economic aspects, compared the problems faced by the caregivers who were directly engaged by families of the elderly (home-style) and those working for institutions or centers that would hire out the help to the families of the elderly (institution-style). The paper also looks into the implemented policy of the government toward migrant workers on the island to find out whether the policy deserves further examination and reflection, or encouragement.

### **An Aging Populace and Taiwanese Families**

The average life expectancy rate in Taiwan increases year after year. Birth rates meanwhile are on the decline. Both led Taiwan's government to pay close attention: the issue could no longer be neglected. It was effecting the market demand for eldercare in Taiwan. Divorce rates in the island had risen through the years and with that, so did the number of single-parent households (Department of Household Registration, M.O.I., 2014). This chapter shall hopefully provide with further analysis on the aging populace in Taiwan.

#### The Development of the Aging Society

Official records of the Taiwanese government show that the average life expectancy rate of the Taiwanese increase steadily. As shown in Table 1, the average life expectancy of men in 1970 was 66.66 years old. Every 10 years or so since, there has been an increase: 1980 [69.56 years]; 1990 [71.33 years]; 2000 [72.67 years] and 2009 [75.9 years].

According to the 2010 records of the Council for Economic Planning and Development, the average life expectancy of women in 1970 was 71.56 years old. Since then, an increase was recorded every 10

years or so: 1980 [74.54 years]; 1990 [76.75 years]; 2000 [78.44 years] and 2009 [82.5 years].

Because of declining birth rates, increased divorce rates and single-parent families, as well as the increase in average life expectancy rates, the issue of long-term care for the elderly became more important than ever before. Issues linked to the environment of elderly living and elderly home-care must be faced seriously (Chen, 2004). From the official birth population documentation in Taiwan, the number of births was recorded at 422,740 people in 1961. The following recorded births were noted for the following years: 1971 [382,797 births]; 1981 [414,069 births]; 1991 [321,932 births]; 2001 [260,354 births]; 2011 [196,627 births].

Then there are the documented rates of women of childbearing age steadily falling: 1951 [7.04]; 1991 [1.72]; 2002 [1.34] and 2009 [1.03]. The birth rates rapidly decline while the average life expectancy rate rises. Taiwan's societies may face a zero population growth and even a negative growth dilemma in the coming years to come.

definition of an 'elderly' or an older person, and an aging society as to mean that the proportion of the elderly population is noted to be over 7 percent of the society (Li, 2012). From official documentation, the elderly population ratio stood at 3.64 percent in 1976, 4.41 percent in 1981, and continued to increase to 10.6 percent in 2009. This continuing spike has left Taiwan to become one of the world's countries with the fastest growing elderly population in the world.

Going by Table 2, over 5.5 million people fell in the category of those aged between 0-14 years in 1990, and this gradually decreased to a little over 4.2 million people in that same category by 2008. Meanwhile, over 1.26 million people fell in the category of those aged 65 years in 1990. The figure under this age category spiked to 2.05 million by 2008. The aging index stood at 22.96 percent in 1990, and rose to 61.5 percent in 2008.

**Table 1 Average lifespan of Taiwan's population**

Year	1970	1980	1990	1995	2000	2009
Men	66.66	69.56	71.33	71.85	72.67	75.9
Women	71.56	74.54	76.75	77.74	78.44	82.5

Source : Directorate General of Budgeting, Accounting and Statistics, 2010

### A Changing Market Demand for Eldercare

As birth rates decline, the supply of eldercare professionals shall decrease in the future. Additionally, the trend of an accelerated aging population shall continue. So, how has the Taiwanese government strategized to deal with this matter? The World Health Organization (WHO) accepts the chronological age of 65 years as a

By the end of 2009, the elderly population reached nearly 2.23 million in Taiwan. Averagely every 7.55 persons of the labor force had to take care of an elderly person. In 2020, the data evaluated is estimated to reach a ratio of 6.73 caregivers: 1 elderly person. The predicted results may bring greater impact in the future on the society and the economy in Taiwan.

**Table 2: The Age Structure of the Elderly Population in Taiwan**

Age structure	Age structure					
	Population(person)				Percent (%)	
Year	0~14years	15~64 years	65 years	Total	Total of elderly	Aging index
1990	5,525,365	13,607,309	1,268,631	20,401,305	6.22	22.96
1995	5,076,083	14,650,294	1,631,054	21,357,431	7.64	32.13
2000	4,703,093	15,652,271	1,921,308	22,276,672	8.62	40.85
2008	4,259,049	16,294,530	2,057,639	22,611,218	9.10	61.50

Source : Taiwan Ministry of the Interior Statistics Report, 2010 (*Population: Series summary, 2013*)

The Taiwanese Interior Ministry said the elderly living with their children amounted to 67.17 percent in 1993 and 38.53 percent in 2009 (*Survey Report: Series summary, 2013*). In the report, the proportion of the elderly folk who are unable to conduct daily activities themselves stood at 18.81 percent in 2009, up from 12.67 percent in 2005.

Aging can lead to chronic illnesses, tissue degeneration, dementia, degradation of physical functions, disabilities, paralysis, organ dysfunctions, a bedridden condition and a possible reliance on respiratory ventilators. The elderly population rose dramatically through the years in Taiwan and they needed long-term, daily care.

Aside from the above facts, there were lesser high-skilled and high-paying jobs available for the young population in Taiwan. The young in Taiwan went to mainland China or overseas for work. This worrying trend effected the manpower industry in the Taiwanese care market, and how it would be more stretched and could worsen in the future (Huang, 2001).

Although the government proposed a policy to protect the care network system, provide with adequate home care, establish nursing agencies to provide health care services, encourage community involvement and community voluntary care for the elderly, all of the above were not well-prepared. Not to mention affording adequate education, training on nursing for the elderly, related subsidies and other policies linked to the elderly.

There were few matters prepared for eldercare which were accomplished by the government (Sung, 2003). At present time, Taiwanese societies also needed to face the flight of the youth to foreign locations or to mainland China. As a result, foreign care workers arriving in Taiwan, not surprisingly, received official and swift approval from the Taiwanese government.

### **Southeast Asian Migrant Workers in Taiwan**

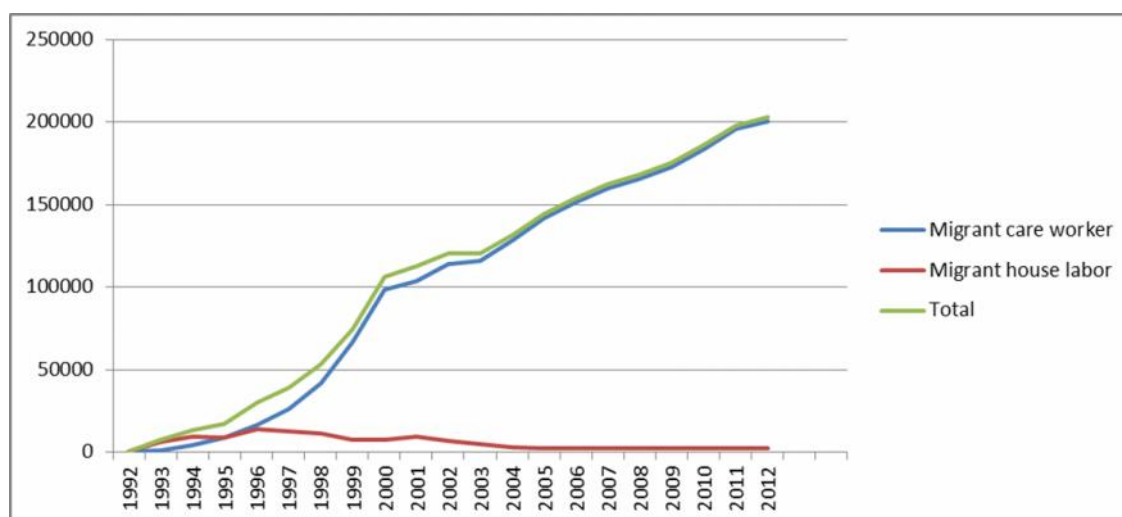
According to official Taiwanese government records, migrant care workers who provided homecare for the elderly stood at 195,905 people, and those who provided care through institutions stood at

11,477 (Liu, 2013). Most of the caregivers from Indonesia (*Foreign workers in productive industries and social welfare by various type*, 2013), and the majority of the remainder come from Southeast Asian nations. The main purpose for hiring them was to provide care for the disabled elderly in Taiwan. All the migrant care workers were asked to adapt to the characteristics and the needs of the elderly in Taiwan in many fields.

### Current observation of ASEAN migrant care workers

As of August 2010, according to official documentation, the foreign labor market amounted to 372,146 people in Taiwan. By the end of 2012, there was an addition of 21,130 persons. In terms of nationalities: Indonesians [40.77 percent]; Vietnamese [21.18 percent] and Filipinos (20.73 percent) were the majority in Taiwan (CLA VTC, 2010). All are from Southeast Asian nations.

**Figure1 Number of migrant care workers in Taiwan**



Source: Council of Labor Affairs VTC, 2010.

As the Taiwanese Interior Ministry reported (*Elderly Survey Results Summary Analysis*, 2005), the health-related problems faced by the elderly in Taiwan were serious: 65.02 percent suffered from chronic or serious diseases; 55.16 percent suffered from circulatory system problems; and 82.81 percent had to visit the health clinic regularly. In terms of self-care ability for the elderly, 13 percent had difficulties in conducting daily activities, including getting a lift on their own (22.81 percent), going shopping (18.03 percent), out for a walk (14.46 percent). Going by the above statistics, the employment of migrant care workers became the primary option for eldercare in Taiwan.

The number of foreign caregivers in Taiwan jumped from 8,902 persons to 181,282 persons from 1995-end to 2010 (see Figure 1). Care of the elderly in Taiwan was dependent on Southeast Asian migrant care workers on a day-to-day basis. In fact, it also reminded the Taiwanese government to pay more attention to their ethnic and cultural differences of the migrant care workers, and the impacts of the relevant socio-cultural and political economic changes (Wang, 2006).

The four main countries where these migrant workers who cared for the elderly in Taiwan - Indonesia, Philippines, Vietnam and Thailand - may all be from Southeast Asia but they had very different languages,

as well as cultural and religious differences. Due to these differences, one can conclude that some conflict will arise in relations between the care workers and the elderly in Taiwan. These differences could affect the quality of their work, maintaining the health and even security of the elderly.

### Challenges and Adaptation

What challenges will Southeast Asian care workers face in Taiwan? Communication problems, long working hours, sickness, inability to express clearly their needs, deteriorating physical condition, and putting the needs of bedridden patients above their own. They also need to overcome language problems with the elderly they are caring for, cultural differences and possibly live together with other family members of the elderly. Adapting to these changes is no easy feat.

These adaptations need to be made not only for the care workers, but also for the elderly, a great pressure which cannot be easily overcome.

The 2007 labor policy (Ou, 2013) told of the relevant provisions for migrant care workers in Taiwan, and their employment were recorded by the family or social welfare institution that dealt with the patients, who were diagnosed with either mental illness, severe disability cases or paralysis. The main purpose of the labor policy was to introduce the migrant workers into the Taiwanese workforce to make up for the deficiency in domestic supply, limit the kinds of industries and the quantity of foreign migrant workers coming into Taiwan, extend to the source countries for migrant labor, and their employment should be categorized as below prioritizing domestic workforce.

From the above policy, we could not find any clear-cut programmatic stages or plans within the policy for migrant care workers and the elderly. The 'temporary

hire' of migrant care workers began in 1992. This paper used the scope of related conditions of the labor workforce to compare and analyze and to learn more about the content of the Taiwanese policy on migrant care workers.

### **Exploring the Migrant Care Workforce from Different Work Fields**

The current workforce of migrant care workers can be divided into two categories: those who are directly engaged by the family of the elderly, referred to as home-style workers, and those who are hired by companies, or institution-style workers. In 2013, there were 195,905 home-style workers and 11,477 institution-style workers (Liu, 2013). The latter comprises of 5.5 percent of the elderly care migrant workforce while home-style workers make up the bulk – or close to 95 percent – of that particular workforce. The difference? Those engaged by the family are directly in touch with the family members, their customs, religion and culture, and are forced to work anytime if necessary. Those working for the elderly through an institution are recruited by companies, they work according to a set schedule, they undergo routine training and enjoy regular vacations. This means that more than 195,000 migrant care workers need to face cultural differences on their own, and they are the only ones whom the elderly patient can fully or wholly rely on. The Taiwanese migrant care labor policy is supposedly something that was drafted out to focus on such an issue which involves – the migrant worker, the elderly person and family members of the person.

### Policy Expectations and the Actual Outcome

The Taiwanese government, in accordance to the priorities of the migrant

labor policy, only allowed for limited industries and numbers of the foreign labor workforce to enter the island, in order to limit the number of foreign laborers coming in. Care for the elderly in Taiwan was apparently not a principal goal of the policy. However, foreign migrant workforce figures increased year upon year, something which is not in line with government expectations. The facts were this: Southeast Asian workers were the primary choice as the Taiwanese families preferred them above all other options, if any. Despite the cultural and language gaps between the migrant workers and the elderly people they were caring for, the rights of the migrant workers and the elderly Taiwanese folk should be protected.

#### Two Different Ways of Adaptation to Life in Taiwan

Unlike those migrant workers who are directly engaged by family members of the Taiwanese elderly, things are different for those hired out by institutions. The institution acts as a buffer for the foreign migrants, and these migrants come from the same socio-cultural countries and share the same backgrounds, so they can communicate and train together. The institutions themselves will hold the relevant training workshops and conferences when necessary.

The institutions also provide educational courses for rights and obligations, so that the migrant workers can conduct themselves effectively in their daily lives in Taiwan, enjoy better abilities at working, know more about the protection of labor rights and face lesser problems adapting to life in Taiwan (Ye, 2004). They can also enjoy what they experience at home, for example, Islamic foods and freely engaging in Islamic prayer like Djuhur, 'Asr and Maghrib.

In contrast, those carers who are directly engaged by family members of the elderly receive lesser opportunities at training, lesser opportunities to educate themselves in a structured manner on what can make their lives better in Taiwan. They also face cultural conflicts head-on and daily life pressures. They may be able to afford some time to rest when family members of the elderly are present, but they must be awake and be of immediate assistance to the elderly when demanded to do so. Often, their daily dietary needs are neglected. For example, Indonesian migrant workers could be served with pork. Unlike their counterparts who are out by institutions, they on the other hand, do not enjoy regular holidays or rest periods, and sometimes are unable to find time to meet friends from their own homeland and are forced to keep an eye on the elderly at all times. In the following paragraphs, the five related impacts of these two different categories – home and institution - shall be explored.

#### Social and Cultural Impact

In the 'home-style' category, foreign migrant workers need to face head-on, Taiwanese family cultures, including different dietary preferences, religion and rituals, customs and languages. Meanwhile, with the 'institution-style' category, foreign migrant workers enjoy the company of people from their own homeland who share the same cultural backgrounds, dietary preferences, religions, customs and most of all, the ability to communicate without problems. They are also not required to stand by the patient's side 24 hours, seven days a week. They are far better-off than their 'home-style' counterparts.

#### Work Performance

In terms of work performance, home-style workers need to be on-call 24-hours.



Institution-style workers only work in accordance to 12-hour shifts, or just 8 hours a day. Home-style workers also sometimes end up caring for the elderly person alone, and must be there to feed, bathe, medicate and care for the elderly person physically. Sometimes, due to the burden, they require help from the family members of the elderly (Liang, 2002). Meanwhile, with institution-style workers, they can actually help each other because there are just more people there to do the varied sort of difficult tasks: giving shots, chest examinations, sputum suction, feeding and medicating them, changing their diapers and also affording other means of support (Piper, 2004).

These factors have provided with a more positive working environment to improve the quality, performance, security and help required by both the migrant workers and the elderly of Taiwan they care for (Cai, 2001).

#### Training and Daily Life Management

As pointed out by the statistics above, the elderly being cared for normally suffer from chronic or serious diseases, and are disabled. Many suffer from circulatory-related diseases, and also suffer from the difficulty of being unable to care for themselves in daily life. It therefore becomes a necessity for the carers of the elderly to educate and train in basic healthcare and the provision of active assistance for the elderly. In the case of 'home-style' workers, more often than not, there is just one person doing the job. It is difficult for this person to attain education or training for that particular job.

This is different with 'institution-style' workers where training and educational workshops are available and provided for them including essential training such as: respiratory tract care, care for wounds, dietary control, pipeline safety, accident prevention, and even going for clinical

lectures (Li, 2006). These courses can greatly improve the work of the carers and the safety and health of the elderly these carers are charged with.

Due to the fact that 'home-style' carers need to be there to watch out for the elderly patient at all times, the scheduling and quality of the carers' life management is entirely dependent on the elderly patient and the patient's family members. With 'institution-style' workers, they work fixed hours and enjoy holidays. Their colleagues are from their same country as they come from, so they go to work with a better mood. They also receive training and leisure time for themselves. They have far better and more effective opportunities to securing a balanced life in Taiwan.

#### The Elderly and Their Families

For the elderly in Taiwan and his or her family members, their 'home-style' carers are the people they fully depend on in terms of eldercare. The carers are also hugely dependent on the patient and the patient's family members for living a decent life in Taiwan. The conditions are not only restricted to the home, but these carers accompany the elderly and family members to the market, to dining outside of the home and are basically dependent on one another. With 'institution-style' carers, this is not the case. Since they work in shifts, they spend lesser time with the elderly person they wait on and have lesser contact with family members of the elderly. With home-style carers, most live with the employer, assist with housework and help bring the children – if there are any in the house – to school (Guo, 2003). These home-style carers are sometimes engaged not just to care for the elderly. The family members of the elderly ideally should gain the consent from the carer and it should all be in accordance to existing laws. This is sadly not always the case.

### Protection of Labor Rights

'Home-style' caregivers live in vulnerable conditions. When unpleasant incidents occur between the carer and the elderly or family members of the elderly, these caregivers face it alone. Most of them do not have regular fixed rest periods and fixed working hours. They are at times deprived of holidays which they are legally entitled to. They are vulnerable and open to facing insults, or in extreme conditions, endure physical and even sexual abuse. The conditions are worse for 'home-style' workers: the more isolated they are with terrible communication problems, the more tragic the conditions could become for them (Loveband, 2004).

In contrast, 'institution-style' workers are able to support and help their colleagues. They face less controversy when it comes to labor rights protection. The institution-style workers receive far more reasonable and humane treatment as workers than home-style carers.

### **Migrant Workers in Taiwan - Political and Economic Issues**

As the lack of eldercare professionals exacerbates problems with Taiwan's rapidly aging population, Taiwan's government is still unable to bring about a policy that properly deals with issues linked to migrant care. Taiwan's government tried using the 'Barthel Index' to avoid criticism from the domestic labor workforce and activists (*Barthel provoke discontent, who is responsible*, 2013). It was the government's major policy - Southeast Asian migrant care workers introduced into the homes of the Taiwanese elderly. It was challenged from various ends because it was not well-prepared. By way of the political, economic and social viewpoints, this paper has attempted to

reflect on the related advantages and disadvantages linked to the policy of elderly care in Taiwan.

### Political Reflection

It is the duty and responsibility of Taiwan's government to respond to public needs and social expectations through way of policy. The policy on migrant care for the elderly however was introduced reflexively, without a detailed, proper assessment. It brought on new problems. Firstly, there should have been a proper evaluation conducted that the demand market for eldercare was truly increasing.

Secondly, the supply market was shrinking due to low birth rates in Taiwan and therefore, looking for carers from outside of Taiwan became a necessity (Zeng, 2004). Questions such as the kind of carers that are most suitable, and what should be the pre-recruitment procedures - on language, customs, professionalism criteria - should have been considered.

Thirdly, which option is most suitable: institution-style or home-style? And if it is the home-style carer who is preferred, will it not hurt the carer's health and well-being in the long run? What measures should be taken to protect the carer's labor and human rights? What are the rules and regulations on provision of training, education, and a thorough understanding of their rights and obligations? No matter what style is selected, there should be a provision on translation services, particularly in the emergency divisions of hospitals at any time. This is because carers from Southeast Asian nations might be the only ones bringing in the sick elderly patients in Taiwan to hospitals at the time of need.

### Economic Reflection

What arrangements are the most cost-effective for eldercare in Taiwan? We made a comparison of 20 elderly persons

receiving care from home-style carers and institution-style caregivers. With the home-style carers, 20 care workers spent 24 hours a day with the elderly in 20 separate households. The institutions or centers only spared 9 to 12 carers. If the number of elderly people increased, the costs, including health supplies, food, drugs, and manpower could be lowered per unit. Institutions were found that day to day, they worked to earn more profit (Guo, 2003)<sup>1</sup>. Whether in the cities or the countryside, all kinds of private nursing homes and special care centers too opened up more and more.

Meanwhile, as low birth rates continued through the years, only the Southeast Asian carers were the ones accompanying disabled elderly patients at home all day. Most times both could not communicate with each other. As life expectancy rates increased, the shortage of the eldercare professionals worsened. Differences between logical thinking and language barriers were clearly found between the elderly and the caregivers (Zhou, Fu, Fu, Cau, Gao, Qiu, Zheng, Xin, & Xie, 2005). For the elderly being tended to by home-style carers, there were cases found where there was no peer group for the elderly to communicate with. This not only contributed to the degradation of the elderly person's physical health, but also contributed to the worsening of working conditions and poor performance of the carer.

In all, if we are to take the cost-profit principle and all the above factors into consideration, caring for the elderly through the assistance of 'institution-style' workers, rather than the 'home-style', is

more economical, efficient, and better (Ye, 2003).

#### A Sociocultural Reflection

The introduction of nearly 200,000 'home-style' migrant care workers into Taiwanese homes was arranged directly or indirectly by Taiwan's families - by way of one migrant worker into one Taiwanese household. The languages and cultural identities of the migrant workers were not considered a major issue, and this was another factor that caused care workers further depression in Taiwan. If these 200,000 migrant care workers were instead hired out for eldercare in Taiwan through 1,000 or 2000 institutions - instead of individual households - there would have been at least 100 migrant workers working together and supporting each other. These arrangements could have effectively reduced their adaptation pressures and fears of loneliness.

The diversity of Southeast Asians, their colorful customs and cultures, could add some positive note to the lives of the elderly people. It could also help them reduce their daily working pressures. Even though the institution-style carers spend less time with the elderly people and their families, they receive training for their work. It is a better and a safer workforce that the elderly face with institution-style workers because they are more organized, receive training and are more well-balanced (Croissant, 2004).

#### **Conclusion and Recommendations**

Even as nearly 95 percent of the foreign migrant workforce is categorized as the 'home-style' workforce, Taiwan's government pays scant attention to eldercare-related policy. This is particularly true when linked to the management and protection of Southeast Asian workers and

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<sup>1</sup>. Guo, L. W. (2003). The efficiency and the plight of foreign care workers assigned in elderly care institution. *Community Development Quarterly*, 104, 402-412.

the safe environment of the elderly folk in Taiwan. The care problems of the Taiwanese elderly folk worsen by the day. Institution-style workers enjoy better work performance, training facilities and better life management. They also have their labor rights protected – unlike the home-style workers. It is frustrating that the Taiwanese government is not striving to solve eldercare-related problems effectively. It is not seriously considering the provisions of training and education in order to better facilitate the needs of the elderly in Taiwan.

The government is also doing nothing in terms of labor rights protection of migrant care workers for the elderly and this is especially true for home-style carers. The Taiwanese government seems to have completely ignored issues on cultural conflict, adaptation pressures and poor communication between the elderly and foreign caregivers.

Taking these observations into consideration, this paper strongly recommends the Taiwanese government to actively work toward establishing and developing institutional migrant care centers, specifically for elderly care. For the current home-style migrant care workers, the government cannot proclaim indifference, and need to effectively address eldercare-related issues in Taiwan (Huang, 2005). Owing to the different languages in the elderly care field, the government should anticipate problems in terms of language barriers, and provide for not just Southeast Asian language translators but also emergency support for them, in their own native languages.

#### About the Authors

Hong-Ming Huang is Ph.D. Candidate, Graduate Institute of Political Economy, National Cheng-Kung University. Attending Physician of Emergency Department of Chiayi

Branch, Taichung Veterans general Hospital. He can be contacted at [sunshinekuang@hotmail.com](mailto:sunshinekuang@hotmail.com)

**Jenn-Jaw Soong** received Ph.D in Sociology, from the University of Florida, USA. Currently is a Distinguished Professor, Department of Political Science and Graduate Institute of Political Economy, National Cheng-Kung University.

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