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"Care Going Public" in the Familialist Welfare Regime: Diverging Policy Ideas in Taiwan's Elder Care Reform

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Abstract

The characteristics of the familialist welfare regime clash with the social needs of recent socio-economic changes in East Asian countries. Under pressures of demographic change and family restructuring, Taiwan, as other East Asian familialist welfare regimes, has experienced a series of elder care reforms since the 1990s. Although there is a high degree of consensus on elder care expansion, policy ideas on "care going public" have been contested. What does "care going public" imply for the familialist welfare regime? What policy ideas emerged in Taiwan's elder care reform? Who subscribed to the distinct sets of policy ideas, and why? This article addresses these questions by analysing documentary data from governmental and non-governmental sources, and in-depth interviews with major policy actors, including high-profile government officials, legislators and representatives of advocacy groups. Firstly, it identifies main reform issues and lines of conflicts in Taiwan's elder care reform. Secondly, the reform issues are categorised into two dimensions: (1) defamilialisation of care responsibility, and (2) formalisation of the informal care labour. The dimension on defamilialisation covers the issues related to legal obligations for care and the design of care services, and the dimension on formalisation addresses the policies concerning the informal care labour, including live-in migrant care workers and family carers. Based on policy actors' stances on the two dimensions, this contribution identifies three main groups of policy ideas on "care going public" in Taiwan's elder care reform: (1) moderate defamilialisation with weak formalisation; (2) moderate defamilialisation and formalisation; and (3) strong defamilialisation and formalisation. These three sets of policy ideas, advocated by different groups of actors, hold distinct assumptions about the effects of formalisation on defamilialisation and the relationships between the developing public care schemes and the exiting familial care, treating them as *threat, choice* and *enhancement* respectively.

Keywords: Elder care, policy ideas, defamilialisation, formalisation of care labour, familialist welfare regime

Contents

1. Introduction

> *We are advocating "care going public". They responded, they don't oppose it, but are pursuing it as well. They said, "We made more efforts than you in pursuing long-term care going public."* (Interview with a NGO representative)

The characteristics of the familialist welfare regime clash with the social needs of recent socio-economic changes in East Asian countries (Yamashita et al., 2013). Under pressures of demographic change and family restructuring, Taiwan, as other East Asian familialist welfare regimes, has experienced a series of major elder care reforms since the 1990s (Campbell and Ikegami, 2003, Nadash and Shih, 2013, Chon, 2014). Although there appears a high degree of consensus on care expansion, policy ideas on substantial developments of elder care have been continuously contested. In the contexts of care expansion, what does "care going public" imply in the familialist welfare regime? This article focuses on demonstrating the spectrum and advocates of diverging policy ideas in Taiwan's elder care reform. Two leading questions guide the analysis: (1) What policy ideas emerged in Taiwan's elder care reform? (2) Who subscribed to the distinct sets of policy ideas, and why? This article addresses these questions by analysing documentary data from governmental and non-governmental sources, and in-depth interviews with major policy actors, including high-level government officials, legislators and representatives of advocacy groups and academics.

This article consists of four main parts. In section 2, I will briefly discuss the levels of ideas this analysis address and how policy ideas are examined. Conceptually, I identify two main dimensions of "care going public", namely defamilialisation of care responsibility and formalisation of the informal care labour. Empirically, I categorise the main reform issues in Taiwan's elder care reform into the two dimensions. The following sections will explore main lines of conflict and actors' ideational stances on each reform issue. Section 3 demonstrates policy ideas on the dimension of care responsibility and section 4 examines those regarding the informal care labour. After demonstrating policy ideas on each reform issue, I will identify main group of policy ideas based on actors' relative positioning on the two dimensions. In addition to the similarities and differences between and within each group, I will compare each sets of policy ideas' assumptions on the relationships and interactions of the two dimensions of "care going public". The final section draws conclusions of the analysis.

2. Dimensions of policy ideas on "care going public"

In this article, *ideas* refer to the organised principles, assumptions and casual beliefs in which policy proposals and alternatives are embedded (Béland, 2005). For the study of social care, the ideational approach addresses the major characteristics of care. Care is a policy domain concerning 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). In Daly's words, it is "both a policy good and social good", whose rights and entitlements are not only manifested 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 the 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 (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. Kingdon, 1995). While public philosophies and national mood are understood as dominant, and sometimes fixed, political and socio-economic assumptions across substantive policy areas in a given period, they appear too vague to capture the detailed elements of policy ideas and to demonstrate the contested processes among actors. Another level of ideas examines problem definitions. This focuses on how socio-economic problems are defined by the policy actors. In other words, policy problems are not understood as a given but as a contested area in which various actors interpret and frame the socio-economic contexts by different ways. The problem definition level of policy ideas not only links to policy assumptions, but also involves the processes of agenda setting which limit the spectrum of policy choices (Kingdon, 1995, Mehta, 2011).

This article examines the actor's ideational positions by looking at a third level of ideas: policy solutions. This most direct form of ideas provides us with a more concrete basis to capture the actor's ideational stances. In this article, the actors' policy ideas will be examined in two steps. Firstly, I will demonstrate the main content and reasoning of actors' policy proposals on major issues in Taiwan's elder care reform. This part intends to provide detailed accounts of the policy ideas emerging in the reform and also highlight major conflicting lines of policy ideas among actors. Conceptually I identify two major dimensions of "care going public" in the familialist welfare regime, namely (1) defamilialisation of care responsibility: the distribution of care responsibility between the state and the family (Leitner, 2003, Saraceno, 2016); and (2) formalisation of informal care labour: the transferal of care work from private household to public employment (Geissler and Pfau-Effinger, 2005). The reform issues are categorised into two dimensions (see Table 1). On the dimension of care responsibility, six reform issues are examined, covering mainly legal obligation for care and the design of public-funded care services. As for the dimension of care labour, there are five main issues concerning whether and how to integrate the informal care labour (i.e. live-in migrant care workers and family carers) into public schemes, including work protection of migrant care workers and the adoption of carer allowance/paid care leave.

In the second step, I will identify main groups of policy ideas and actors according to their stances on care responsibility (familialisation and defamilialisation) and the informal labour (informalisation and formalisation). The overall picture of the actors'

positions allow us to better understand relative positioning among actors and to identify potential groups of policy ideas and political positioning of key actors.

Table 1. Reform issues and dimensions of policy ideas on "care going public"

Dimensions	Reform issues
(1) Defamilialising care responsibility	
	• The exemption of the family's legal care obligation
	• Entitlement and eligibility of public care programs
	• Benefits of public care programs
	• The choice of financing system
	• Provision of public-funded care services
	• Criteria for employing migrant care workers
(2) Formalising the informal care labour	
	• Work protection of migrant care workers
	• Integrating migrant care workers into public schemes
	• Cancelling individual employment of migrant care workers
	• The adoption of carer allowances
	• The adoption of paid care leave

3 Defamilialising care responsibility: policy ideas and conflicts

In this section, I will demonstrate policy ideas and main conflicting lines on reform issues on the dimension of defamilialising care responsibility. The advocates and their arguments for supporting specific policy proposals are examined. Here are six major reform issues. A first addresses the care responsibility most directly, focusing on the exemption of the family's legal care obligations. The following four reform issues concern the design of public-funded care services, which were the most contested area in the reform. Although there appeared a consensus on the expansion of elder care programs, policy actors demonstrated distinct sets of policy ideas on how the expanding system should be organized and reform carried out. The major differences and conflicts among the actors resided in four aspects: (1) who is to be covered (entitlements and eligibility); (2) what is to be covered (benefits); (3) how to fund (financing schemes); (4) who provides (provision). A final controversial issue addresses the criteria for employing live-in migrant care workers. The loosening or tightening of the criteria implies distinct policy ideas on the re-distribution of care responsibility between the state and the family.

3.1 Exempting the family's legal care obligation

A first reform issue regarding care responsibility focuses on the exemption of the family's legal obligation for care. The Government proposed an amendment of the Civil Law to exempt the family's care obligation in 2010. However, it is limited to some exceptional cases, such as those where older members committed domestic violence or did not fulfill their responsibilities for child-bearing (Ministry of Justice, 2015). A legislator who participated in the amendment explained the rationale:

> *We were then amending the law because there were some cases of domestic violence on children… When they grow up, their parents come to ask him/her to treat them with filial piety…asking for money…For the children, how can it stand?* (Interview B1)

Regarding the legal care obligations, some feminist actors believed that the exemption should become a more general principle, not just limited to exceptional cases (Interview C1, C2, C3, C4). They argued that the (total) exemption of the family's legal obligation would force the Government to take stronger care responsibility by developing a more comprehensive care system, rather than using the legal regulations as an excuse for shifting the responsibility. However, these advocates admitted that they did not strongly promote the ideas due to potential negative effects of an underdeveloped care system on older people with care needs. A feminist actor explained the dilemma:

> *We think it [elder care] should be prescribed legally as the state's responsibility…We often discuss if the "Offenses of Desertion" in the Civil and Criminal Law should be abolished. It is obviously enforcing the family's obligations, even treating it as a crime…Here is a complicated issue…Those families with these legal issues are usually a vulnerable group. If we abolish it [the family's legal obligation], there may be a risk that no one takes the responsibility because the welfare system may possibly fail to do this* (Interview C4).

Almost all respondents (28 of 32) oppose the idea on (total) exemption of the family's legal care obligation because it is regarded undesirable and infeasible in the Taiwanese context. First, it is believed that the state is unable to take the care responsibility since the low tax policy makes it unaffordable for the Government (Interviews A1, A2, A6, A7, A8, A9, A10, B1, B2, B3, C7, C8). Second, it is argued that traditional family ethics, such as filial piety, cannot and should not be abandoned because it is regarded as a fundamental element of society (Interviews A3, A7, B1, B2, D2). A leading government official in the social welfare department summarised these concerns:

> *The finance of the Government is one major problem. Are you willing to pay more tax? We might be able to afford 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 yourselves first. The community and neighbors can support later. The Government should be the final one. Self-help, mutual help, and public support (自助、互助、共助)* (Interview A7).

3.2 Entitlements and eligibility of public care programs

Compared to the high consensus on the maintenance of the family's legal obligations, there were significant controversies on the design of public care programs. Different policy ideas were advocated on the issues regarding the entitlements and eligibility, benefits package, financing and provision of public-funded care services. A first reform issue concerns entitlements and eligibility of the elder care program. Nearly all policy actors (31 out of 32 respondents) agreed that the previous mean-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 is questioned whether the traditional family's caring functions can be sustained. A government official who was responsible for the first universal elder care program, the Ten-year Long-term Care Plan, voiced the concerns for the need to expand coverage of elder care:

> *Obviously, we need to respond. The fact is here that the family does not have enough labour force to care for their older members….The family was expected for elder care…(but) under the substantial change in socio-economic conditions, such as increasing older population, decreasing fertility rates and household size, we need to think of some other ways out. The role of the state (in elder care) needs to expand. We need to establish a more universal system* (Interview A1).

However, although universal entitlements gained a high consensus among actors, one government official with an academic background in demography argued that the programs should be maintained on the basis of residual coverage at least until 2025. The belief expressed here was that any kind of universal programs cannot be sustained because of the financial burdens resulting from the dramatically increasing ageing population. The respondent thought the Government need to use the "residual function" of the family to allow more "financial reserves" in the future:

> *I think, current older people are a generation who have the most numbers of children in our history, that is baby-boomer generation. Of course, the programs need to care for those who maintain their living with difficultly and alone. For those who have a relatively complete family, the Government is not supposed to provide universal support. I think it is 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 for the financial sources. If you blow the money, is it good for the next generation?* (Interview A3)

Despite high consensus on universal entitlements, there were controversies on the eligibility of those who employ migrant care workers at home. Some actors (7 of 32 respondents) insisted that the employers of migrant care workers should be excluded from using publicly-funded care services. The advocates included government officials and legislators with social work backgrounds, and women's organisations which promote female labour participation by running care businesses. The exclusion of the families using migrant care workers is based on two main arguments. First, the proponents regarded those employing foreign workers as a better-off group and the limited

government resources need to support those who cannot afford to employ live-in workers (Interview A1, B2). A government official who insisted on the exclusion put it thus:

> *Family employing migrant care workers are better-off. The average family cannot afford the wages or to provide an extra room for the worker to live in. Since they have these economic conditions, it means their needs for the Government's intervention are not so urgent. As a result, we need to prioritise those who are more vulnerable* (Interview A1).

Second, it is assumed 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 believed to threaten the development of native care resources (Interview A7, B2, C2, C3, C9, D3). An academic who was responsible for the early policy design mentioned these concerns:

> *If you employ migrant care workers, you cannot use our services. The migrant care worker is a very important barrier to the development of community resources. I don't mean that the workers themselves, but if we include the employers, people would prefer employing migrant care workers. This definitely worsens our long-term care development* (Interview D3).

However, nearly two-thirds of respondents are of the view that the family which hires migrant care workers should be covered by public care services. Actors across different sectors and backgrounds support the inclusion due to different reasons. First, some government officials responsible for policy planning at different stages stressed that a "truly universal system" should not exclude any tax payers with care needs (Interview A2, A4, A9). In particular, as some respondents with local government and/or NGO experience emphasised, the public care system should not "punish" the families with migrant care workers since they have no other choice when the amount and qualities of care services are obviously insufficient and inadequate (Interview A11, A12, A13, C8) . On the other hand, some feminist and workers' rights advocates and government officials in the labour department focused on the improvement of working conditions of migrant care workers after the 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 (Interview A10, C1, C4, C5, C10). An international workers' rights activist questioned the exclusion as follows:

> *The migrant workers need regular holidays…Why does't the Government provide any support? They [the families with live-in migrant care workers] told me that, they are not eligible for the public resources. Then I knew that the exclusion of the families who employ migrant care workers. I think it is unreasonable* (Interview C5).

3.3 Benefits of public care programs

A second contested area regarding care services is related to the benefits of the public care programs. Here the major issues focus on whether the Government's proposal for home- and community-based care is sufficient and adequate to cover various care

needs. Some actors raised issues about what the domiciliary service should cover. Health-related NGO actors argued that the programs should be extended to cover dementia-specific services, for example, which involve different care needs to physical disability (Interview C6), and some feminist organisations which act as care providers advocated the expansion of the scope of "home services" to broader domestic help, such as housekeeping (Interviews C2, C3, C9) . A leader in a feminist NGO highlighted the differences and the gender issues behind:

> *Home care should be "care of the home", not just "care of the person". If you [the care worker] go to users' home 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 men are leaving, who will do this for women?* (Interview C3)

Apart from the content of home care, major differences on benefits packages emerge on issues regarding whether institutional care should be covered. Government officials, academics and elderly welfare NGO representatives who were involved in the basic contours of the public programs in early planning stages insisted on the exclusion of institutional care from the benefits package. While the Government's financing resources are limited, government officials saw the exclusion of institutional care, which was believed to be more expensive, as a cost containment strategy (Interview A1, A7). In addition, academics and NGOs actors in elderly welfare believed that the public care schemes should encourage the development and adoption of home- and community-based services because they were preferable to institutional care and severely insufficient (Interview A4, B1, C8, D1, D3). Here concepts such as "ageing in place" and "de-institutionalisation" were usually cited to justify the exclusion of institutional care. A leading government official in the social welfare department stated the rationale for why institutional care should not be included in benefits package thus:

> *Institutional care was developed earlier, and home and community care was later and underdeveloped…We encourage "ageing in place", but not go 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 go to care homes. This will make the resources of home and community care fail to grow* (Interview A7).

However, most policy actors (about two-thirds of the respondents) advocated the inclusion of institutional care to cover broader care needs. The advocates included government officials in local government and those who played stronger planning roles in the KMT government, the KMT legislators and most NGOs actors. Their reasons for the inclusion of institutional care focused on the care needs of older people and/or the quality of care homes. Some argued that a certain proportion of people may not be suitable to receive domiciliary services because of their intensive care needs (Interview A2, A9, A14, A15, B4, C7). In particular, while the financial burdens of institutional care are usually higher, it was argued, the exclusion of institutional care would be unfair for the residents

and their families (Interview A12, B2, B4, C10). A government official leading policy planning in the KMT period emphasised the fulfillment of various care needs:

> *We should first consider what a person with disability and his/her family need. Some cases who require intensive services are not suitable to stay at home. Home care cannot support him/her, but institutional care make better and more efficient arrangements… When they support only home care by saying "de-institutionalisation", they ignore the care needs of those requiring institutional care* (Interview A2).

Another reason emphasised that the inclusion can improve the quality of care homes (A2, A11, A14, B4, C4, D2). It is argued that "de-institutionalisation" is not a real issue in Taiwan since the occupancy rates of care homes are relatively low because of poor care quality and public disfavour. The extension of public programs into institutional care was believed to provide financial support to care homes, which can improve their care quality. A local government official and a legislator with a disability rights NGO background stated these points:

> *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 in Taiwan stigmatizing care homes is a very terrible ideology. I think any kinds of care services should be promoted and we should stop defaming institutional care. Our policies [covering institutional care] can help them upgrade* (Interview B4).

3.4 The choice of financing the system

A third issue to emerge relates to the choice of funding system. There is high consensus on the need to establish a new financing scheme for the expansion of elder care system. Only one respondent expressed his ambiguous stance about the expansion for funding elder care. He was a government official with an academic background in demography who framed his opinion thus:

> *Even though long-term care insurance cannot survive….It's cheating if we say it is sustainable. We should postpone some time…allowing next generation to have chances to decide….allowing new technology to develop…I think we cannot do this for them [next generation]. That's arrogant, arrogance of our generation. No way.* (Interview A3)

However, apart from him all respondents were in favour of a new funding system for elder care, but they diverged in the choice between a tax-based system and long-term care insurance. The majority of policy actors (20 interviewees) supported the establishment of a compulsory Long-term Care Insurance. They included most government officials, KMT legislators, and NGO actors (family carers, home care providers, and dementia rights advocates). The supporters regarded social insurance as an institutional design which follows Taiwan's previous policy trajectories. This was seen to render it more acceptable

for citizens and more feasible for the Government to provide universal coverage of elder care (Interview A2, A4, A5, A6, A8, A9, B3, B4, D3). In addition, Taiwan has long-term adopted a low tax policy which is believed to constrain the Government's financial capabilities for extending welfare benefits. The introduction of a new Long-term Care Insurance is taken 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 were influenced very much 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 of long-term care are increasing with the rising older population….We emphasise the stability and sufficiency of the funding…23 millions people pay the premium* (Interview A2).

> *No matter how you criticise the National Health Insurance, most people regard it as a successful experience….Using general tax 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 at the position for 7 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 A8).

In contrast to the technical concerns, an academic who participated in family carers rights advocacy emphasised that the social insurance design can change the public understanding of long-term care, from a social assistance for the poor to a universal social rights:

> *The most major reason for social insurance is that it can 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 is not social assistance anymore…When the Government recognises it as an unavoidable risk across the life span, and responds it by universal programs, people will finally realise that they are not for the poor…The most important thing is: the policy will change our ideas for social policy* (Interview D2).

The proposals for Long-term care Insurance raised significant opposition from two main groups of actors: (1) the DPP government officials/legislators and (2) feminist activists and international workers' rights advocates. About a third of respondents (11 of 32) supported a tax-based system. The government officials and legislators from the DPP insisted on a tax-based system due to the concerns of political feasibility in two aspects: (1) citizens' willingness to pay; and (2) the government's capabilities of cost containments (Interview A1, A7, B1, B2). First, the DPP officials disregarded elder care as a universal risk and believed that it is not fair and unfeasible to ask all citizens to pay a premium for a 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 pension is justified for their*

universal risks, but long-term care aren't. The risks are relatively low, involving only a few people. Like poverty, we won't adopt a social insurance for poverty. Social assistance always exists (Interview A1) .

Second, a funding system based on general taxation was believed to be able to better tackle financial and political pressures. In particular, the experience of the National Health Insurance demonstrated that the care market in a social insurance system made the rising costs difficult to tackle financially and politically:

To make it feasible and political 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 the experience of the National Health Insurance. It makes the social insurance schemes always face financial and political pressures that is difficult to tackle. When you want to increase the insurance premium, it always stir a political backlash (Interview A1).

On the other hand, some NGO actors supported a tax-based design mainly due to worries about the effects of a long term care insurance on the condition of care services development. Citing the experience in Japan and Korea, which experienced substantial marketisation of elder care after the introduction of Long-term Care Insurance, these respondents worried that the social insurance programs introduced into a system without sufficient care services will rapidly marketise elder care, deteriorating care quality and working conditions of care labour (Interview C2, C4, C5, C8; Liu, 2015)). An NGO actor with long-term participation in labour rights movement mentioned her reasons for opposing the proposal of Long-term Care Insurance:

The reasons why we oppose the Long-term Care Insurance is 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 deteriorate the care quality and labour conditions…It's dangerous (Interview C5).

3.5 Provision of public-funded care services

In addition to the design of eligibility, benefits and financing, a fourth issue concerning care services centred on the provision. The main points of difference here centred on the inclusion of for-profit providers. About two-thirds of respondents advocated opening the care market to for-profit organisations, whereas the remainder insisted only non-for-profit providers be allowed. The supporters for the inclusion of the business sector questioned the capabilities of non-for-profit organisations for providing sufficient care services (Interview A2, A4, A5, A9, A11, A12, A13, A14, A15, B3, B4, C6, C7, C8 C10, D2, D3). The statements of a legislator who had NGO experience and led the

KMT's policy in the Parliament gives a good idea of the main arguments of the proponents:

> *What can people do if there are no services? They insist only non-for-profit organisations can act as providers, but they [the NPOs] don't have enough capabilities. If you don't open, this would make many people with care needs wait there…In particular, I myself participated in the non-for-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 B3).

A government official in the local government questioned the capabilities of the non-for-profit sector to provide broader coverage of care services by describing his experience of contracting out services to non-for-profit organisations:

> *NPOs don't have enough resources and personnels. It's our reality. When we want to contract out care services, there are not enough NPOs to provide care services….Many officials in the non-metropolitan areas also told me that they intend to extend the programs, but fail to seek NPOs to participate* (Interview A14).

In addition to the concerns about developing care services, some supporters took an optimistic view of the for-profit sector's capabilities to improve efficiency and quality of care. They argued that the involvement of the for-profit sector can increase market competition and usually the business sector has better performance in quality and efficiency (Interview A2, A6, B3, B4, D3). A KMT legislator expressed her view of the market sector participation as follows:

> *What we common people want is that we can seek and afford care services…Who provides? 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 3 billion dollars to Terry Gou[1] each year, what kind of quality and efficiency will he accomplish?* (Interview B3)

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

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

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[1] Terry Got (郭台銘) is a Taiwanese business man who is the founder and chairman of Foxconn, the world's largest manufacturer of electronics. In the interview, the respondent cited him to emphasise the view of the business sector involvement's effects on quality and efficiency improvement.

In contrast to these optimistic view of the market, about one-third of the respondents hold more cautious attitudes towards the for-profit sector involvement. The opponents consisted of most NGO actors and the DPP officials/legislators. Respondents from feminist groups believed that the introduction of enterprises into care provision implies a retreat of the state's responsibility for elder care (Interview C1, C4). They worried that opening the market for private capital, such as insurance companies, would be taken as with the introduction of migrant care workers to shift the Government's responsibility. In addition, most actors who opposed the opening mainly worried about the Government's capabilities for governing the market. The opponents highlighted the negative effects of poor market regulations, including threats on cost containment, price control, care qualities and labour conditions. (Interview A1, A7, B1, C1, C2, C3, C4, C5, C9, D1). A number of pints were made here. First, the opponents believed that the entry of for-profit enterprises would push up the average price of care services, which may weaken the Government's capabilities for containing costs and also bring adverse selection effects on the user. That is, price elevation would exclude economically vulnerable groups from public care programs. Secondly, the Government was believed to hardly regulate large capital, bringing the worries about monopoly in the care market. An academic who has been active in broader NGOs related to elder care mentioned his worries:

> *I saw profitisation and marketisation as a threat….The entry of big hospitals and insurance industry….may in fact bring monopoly. You want to increase competition, but lead to market concentration and monopoly. There are many examples abroad…In Germany, they can avoid monopoly of big companies may be because they have corporatist traditions and power of labour union. But in Taiwan, do we have any mechanisms for controlling the capital? It's worrying* (Interview D1).

A further dimension of market regulation failure that the opponents highlighted 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 behaviors deteriorate care qualities and care labour conditions which are hard to monitor effectively. A workers' rights activist highlighted theses points about care quality and labour conditions after the opening of care market:

> *The financial capital want to enter, big companies want to enter…and run the system on the market mechanisms. I feel it terrible. It's a severe disaster. Can this kind of market provide good care services and protect the labour? This is what we highly question* (Interview C5).

3.6 "Eligibility criteria" for employing the migrant care worker

The Government set criteria (based on the age and disability level of older people) for employing migrant care workers since the introduction in 1992. Although few actors advocated totally abolishing the regulations, there has been constant controversy on whether it should be loosened or tightened.

In this study, most policy actors interviewed (22 out of 32 respondents) insisted that the criteria should be more strict, thereby limiting the employment of live-in migrant care workers. These respondents generally regarded migrant care workers as threats to the development of native care services and labour (Interview A1, A2, A5, A7, A10, A13, B1, B2, C2, C3, C9, D3). Because migrant care workers tend to provide 24-hour services and require lower payments, they are regarded as a strong competitor with the developing public care programs. It is believed that the tightening of the criteria can balance the competitive power between public programs and migrant care workers, which would be more beneficial for the development of native care resources. Several leading government officials emphasised these viewpoints:

> *We think it should be tightened. It [the reliance on migrant care workers] is opium, making the native care labour force fail to develop* (Interview A5).

> *If we keep loosening the employment of migrant care workers, the [native] care workforce cannot develop. The supplies and demands are highly 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 A9).

For the supporters for loosening the criteria, migrant care workers were regarded as one type of care provision with lower costs. The supporters mainly included KMT government officials and legislators, and some local officials, which represent about one-third of the respondents. They are of the view that, since the public has substantial and urgent care needs and existing care services fail to meet, loosening regulations for employing migrant care workers can provide immediate support to the family (Interview A6, A8, A12, A14, A15, B3, B4). In particular, migrant care workers provide cheaper choices of care provision. A minister and a legislator from the KMT explained why they support the loosening:

> *The care needs are huge. The number of our care workers are not enough and have high turnover rates. If families have an older member requiring care, what can they do? …The development of out native care resources are not sufficient* (Interview B3).

> *I insist the loosening and the Prime Minister supported because of his own experience, too unforgettable….The native worker don't want the job…neither younger people nor middle-aged women….How many families can afford [native care workers]?* (Interview A6).

4. Formalising the informal care labour : policy ideas and conflicts

After demonstrating different policy proposals related to care responsibility, this section focuses on the policy ideas on reform issues concerning the formalisation of the informal care labour. Here two types of informal care labour are addressed, including the family carer and the migrant care worker. 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. Five reform issues emerged from the evidence, three pertaining to the migrant care workers and the other two for the family carer. These are: work protection of migrant care workers; integrating migrant care workers into public schemes; canceling individual employment of migrant care workers; the adoption of carer allowances; the adoption of paid care leave.

4.1 Work protection of migrant care workers

A first issue focuses on work protection of migrant care labour. The background here is that government has established a standard of payment and leave for migrant workers, but the levels of work protection are lower than native standards. The payment levels are set at 80% of national basic wage. Migrant care workers are legally allowed one day leave each week, but in fact few workers have this break because of no adequate care support during the leave.

The evidence from this study identifies a main 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 (Interview C1, C4, C5). About half of the respondents (including most ministers, legislators and some NGOs who are also care providers) took conservative or ambiguous positions towards the enforcement, keeping some extent of "flexibility" of the leave regulations. These actors admitted that the availability of insufficient care services creates difficulties in substituting for the care work during the leave. A legislator who participated in elderly welfare advocacy mentioned the dilemma:

> *The labour organisations are discussing about the legislation, asking to let them [migrant care workers] have at least ten-hours substantial break. But who take care work during the ten hours? It's our dilemma. If there is no sufficient native care services, how can we allow them to take a break?* (Interview B1).

NGO actors who do not act as direct care providers, and local governmental officials (representing about half of the interviewees), supported the improvement of working conditions of migrant care workers, at least the enforcement of one-day leave every week. Most advocates emphasised migrant care workers' wellbeing and basic human rights to have a regular break. It is argued that long-term pressures staying at the employer's home without an adequate break brought significant health hazards on migrant workers. A workers' rights activist described her observations in workers' shelter centres:

> *Our main appeal focuses on the leave right of migrant workers…We are not supposed to make them continuously work with any break…We have some shelters centres [for migrant care workers], and there saw many workers who got mental problems. Most of them are care workers…They stay in the employer's home, always in work and have no break. Under these conditions, many become mad* (Interview C5).

Some advocates focused on the improvement of overall working conditions in the care industry (Interview A13, A14, C4). They believed that the poor working conditions of migrant care workers lower the overall conditions of care labour market. Only if work protection of migrant care workers were enhanced, can the overall conditions of care work be improved. A 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 take. They are not supposed to be lowered through the adoption of migrant workers…When there exists such a cheap care labour market, the native one is impossible to be paid well. It is thus regarded as "an act of charity[2]"* (Interview C4).

4.2 Integrating the migrant care worker into public schemes

In addition to work protection, a second reform issue related to the formalisation of the migrant care labour; the discussion here concentrated on their integration into public schemes. All policy actors agreed that the privately employed migrant care workers should be integrated into public care programs, but they proposed different versions of integration. Some actors focused on their 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.

Half of the respondents (15 out of 32) believed that migrant labour can be integrated into public care schemes by training and registration (Interview A1, A4, A8, A14, A15, B1, B2, C6, C7). This 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 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 argument proposed is that migrant care workers should be integrated into public care programs since they accounted for a large proportion of care provision without accreditation of care quality. They are supposed to receive formal training (e.g. language and care skills) and be registered with public care programs. A government official who played a leading role in the legislation of the Long-term Care Act represented the rationale:

> *I think it is better to treat them as supportive personnel of long-term care. They help the family at home, so I don't see them as professional personnels…At present stage, we need to do this [integrate migrant care workers] because they are too many. So many [migrant care workers], and thus what shall we do? You need to train them, languages, skills and others…*(Interview A8).

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[2] The current Prime Minister, Lai Ching-te (賴清德), "praised" care work as "an act of charity (做功德)", raising significant controversies when working conditions of care labour received high public attentions in early 2018.

The other half of the respondents (17 out of 32) proposed a stronger version of integration. Their point was that migrant care workers should be treated as a *formal* labour force within public care programs and be incorporated into public schemes. A feminist activist explained the differences between the strong and weak integration by citing her experience in a consultation meeting about regulations on 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 family members or labour. I feel ridiculous. How can a Government's meeting set such an agenda? Isn't it obvious that they are workers? …But they want to draw a line, to justify that migrant care workers are not formal labour that the Government is supposed to intervene* (Interview C4).

The advocates who supported the strong integration by treating migrant care workers as formal labour were drawn from both government and NGO actors, who put their eyes on this for different reasons. Some actors who were more inclined to the Long-term Care Insurance supported the strong integration due to the considerations of human resources utilization. They suggested that the integration into public programs can make more efficient utilisation of the foreign labour force since the existing arrangements provide one-to-one care supports which may "waste" human resources (Interview A2, A6, A9, A10, A11, A13, B3, B4, C8, D3). Some NGO actors and labour department officials emphasised potential effects of strong integration on the improvement of working protection. While migrant care workers are excluded from public intervention, their working conditions are hardly under effective scrutiny and thus vulnerable to exploitation (Interview A10, C1, C4, C5). A government official who was responsible for foreign labour affairs concluded these two main reasons for supporting the strong integration of migrant care workers into public schemes:

> *First, this [the integration] will equip the migrant worker with strong protection. They will be not 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 be not welcome by their employers and thus be "changed"….[By the integration] we can increase the flexibility of dispatching labour to the family…they can also work with native workers* (Interview A10).

4.3 Cancelling individual employment of migrant care workers

A third issue concerns the regulations of individual employment of migrant care workers. Some actors proposed that the individual employment should be totally cancelled and substituted by institutional (either local governments or care institutions) employment. The advocates mainly consisted of NGO actors who support the strong integration of migrant care workers into public schemes out of work protection reasons. Although the supporters were not of one voice on detailed policy designs, such as the buffer periods of a sunset clause, they highlighted two main reasons to support their

proposals (Interview B4, C1, C4, C5, C10, D1, D2). First, cancelling the individual employment was taken as a further enforcement of work protection. The argument here is that 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. Employed by care institutions and collectively dispatched to the user's home, the workers are able to have stronger work protection as the Government can more effectively intervene into care institutions, compared to individual employers. Second, the cancellation of individual employment was regarded as a substantially, if not the only, effective strategy to strengthen public care programs. The advocates believed that, since employing a migrant care worker is a preferable choice for the public, public care programs face unmanageable difficulties in attracting the user and developing care resources of services and labour. A workers' rights activist explained the reasons why they advocates the proposal of cancelling individual employment:

> *I was thinking how to protect their [migrant care workers'] 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 labour who are protected by laws…If the Government's track of long-term care system wants to grow, we can avoid the problems of individual employment….If not, it is impossible…People are use 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 C5).

Although few disagreed with allowing institutional employment of migrant care workers, most actors (25 out 32) did not support the proposal for totally cancelling individual employment. Instead, a broad range of policy actors insisted on a two-tracks system: allowing institutional employment without canceling the individual one. The actors generally believed that totally abandoning the family's employment of migrant workers is not politically feasible in at least three aspects. A first aspect emphasised the preference and urgent care needs of the public (Interviews A2, A6, A8, A10, A11, A12, A13, A14, A15, B1, B2, B3). It is argued that people are used to employing migrant care workers, which stay in more than 250,000 families, and thus the cancelation would cause signifiant opposition from the public. Furthermore, it is argued, the care needs of the public are so urgent, and thus cancelling the family's employment would bring great care gaps that the developing public care services fail to fill. A government officials in the labour department disapproving the cancellation said:

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

Second, neither care institutions nor (local) governments were thought to have sufficient capabilities to manage the vast number of migrant care labour (Interview A4, A7, B2). A leading official responsible for social and family affairs mentioned:

Regarding institutional employment, either by non-for-profit organisations or others, the problems are the management [of migrant care workers]. They used to act as providers and are not good at managing migrant workers, especially the numbers are large. The management is not an easy thing (Interview A10).

Third, private agencies which import workers from abroad have formed a strong lobbying power with great economic and political interests which politicians hesitate to confront (Interview A4, B2, B3, C9). These potential pressures from private agencies were expressed by politicians from both of the major parties:

They make very much money from it [the business of migrant care workers]. Do you know how many people earn their money by it? Private agencies would come flip over your table. There may be some death-causing accidents. How can we dare to do that? (Interview B2)

You may know that private agencies have become a powerful lobbying power. This involves significant interests. Every time when some legislators propose related policy ideas, there would be always some powerful politicians prevent the discussions…Do you think it [the cancellation] possible? (Interview B3)

4.4 The adoption of carer allowances

Apart from the issues related to the migrant care labour, the evidence revealed controversies about whether and how to integrate family carers into public schemes. A first controversial area relates to the adoption of carer allowances. Respondents' ideas on carer allowances diverged into three groups. Some government officials and legislators proposed a cash benefit scheme with partial compensation, some family carers' rights activists advocated fully paid carer allowances, but most policy actors (about two-thirds of the respondents) opposed the carer allowances proposals.

Government officials and legislators advocating Long-term Care Insurance proposed a cash benefits program which is to provide partial compensation to full-time family carers. The advocates highlighted two main functions, one for the development of elder care system and the other for the family carer (Interview A2, A6, B3, B4). First, the advocates recognised the family care was one part of elder care system which is to be integrated into public schemes. In particular, care resources outside the family are not sufficient and the family carer can cover the gaps at relatively lower financial costs of the Government (Interview A2, B3, B4). Second, the supporters took cash benefits as a model and strategy to provide both choice and support to the family. The underlying opinion here is that public programs 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, it is believed that carer allowances are able to provide partial (financial) compensations.. A government official who played a leading role in the planning of the Long-term Care Insurance concluded these points for advocating carer allowances:

One of the characteristics of long-term care is that there have been some proportions provided by the family. We cannot ignore this… If we want all care to become professional one, it would inevitably increase two burdens. One is financial burden of the Government, and the other is care burden of the family…There are always some people who want to take care for family members themselves. The logic of cats benefits aim at allowing these choices…There are indeed not many [care] resources and also it [cash benefits] is cheaper…(Interview A2)

The advocates emphasised that the design of relatively low payments aims at compensation and support, which is not to encourage people leave their jobs for family care (Interview A2, A6) :

Of course, women's groups would say it [cash benefits] forces them to stay at home…In fact many people reflect, "I have chosen to care, what bad is it if you [the Government] give me some money? " …It is not to encourage the choice of cash benefits, nor to incentivise people to stay at home caring 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, shall the Government thanks them [family carers] by giving some compensations? (Interview A2)

Family carers' rights activists favoured an enhanced version of cash benefits by advocating a carer allowance scheme paid at a level of a full-time work. These respondents emphasised the public care programs should recognise the family care as one type of care provision and carer allowances are taken as a way to integrate the family care into public schemes. Furthermore, it is argued that public care programs should allow various choices for the family, both older people and their family members and the choices of family care cannot be excluded (Interview C10, D1, D2). However, compared to the proposals for lower levels of compensations, family carer organisations emphasised a payment level of a full-time job. It is 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 family's obligation to paid labour. An academic who long-term participated in family carers' right advocacy explained these ideas:

I believe family carers should be paid as a labour, but not be understood as a practice of filial piety…If the Government pays you at 30% or 40% wage levels, what are the assumptions behind? …The family carer is exact a care worker…I support cash benefits, but not like them, based on the viewpoints for saving money (Interview D1).

Regarding the proposals for carer allowances, most actors (18 out of 32) across different sectors and backgrounds expressed an opposition. Three main dimensions were highlighted to disapprove of cash benefits, relating respectively to the family, care services development and the government.

A first set of reasons focused on the effects of carer allowances on the family. It is worried that the adoption of cash benefits would enforce the family's (especially women's) care responsibility (Interview A7, A12, B1, C1, C2, C3, C4, C8, C9). A feminist actor highlighted the negative effects of cash benefits:

Cash benefits, such as carer allowance, would possibly keep more women stay at home providing care…Give women, the family carer, such a little money to brush them off. Is it the role of the Government? (Interview C1)

On the other hand, several government officials highlighted family reciprocal relationships as their reasons for opposing cash benefits for the family carer (Interview A8, A9). A government official in social welfare department expressed these ideas:

I take care for you, and you do it for me. There are some inter-dependent relationships among family members…How would the dynamics of the family be changed after the state intervene [by cash benefits]? (Interview A8)

A second dimension emphasised 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 the labour force supply and employment (Interview A4, A13, C2, C8). For the care system, it is worried that providing cash benefits would not only encourage family care but also the employment of migrant care workers, which would inhibit the development of care services and (native) care labour (Interview A13, B1, C1, C2, C3, C5, C6, C9, D3). A legislator involving 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 B1).

Third, two government officials in local government social welfare departments opposed cash benefits out of worries about "payment contests" under political competition (Interview A12, A15). According to their previous experiences and understanding of (local) politics, they worried that once any type of in-cash benefits were introduced, the payments levels would be increased inevitably in the highly competitive political environment. This may increase local government's financial pressures and also crowd out the budgets for other programs. A government official who worked in local governments of different cities said:

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

4.5 The adoption of paid care leave

Another reform issue involving family care that emerged strongly from the findings related 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 was advocated by family carers' organisations. For the advocates, care leave is regarded as one type of policy solution for supporting those who have both paid work and family care responsibilities. The advocates emphasised care leave as a strategy for work-life balance, rather than encouraging family care (Interview C10, D1, D2). A family carers' rights advocate with academic backgrounds in gerontology highlighted their goals of "care without quitting your job (照顧不離職)":

> *I believe that the 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 D2).

Some feminist activists supported the proposals of elder care leave, but they hesitated to advocate these policy ideas due to concerns about political feasibility, barriers of female labour participation and enforcement of women's care responsibility (Interview C1, C2, C3, C4, C9). First, the feminist activists interviewed expressed the view that the political feasibility of elder care leave is low since the Government just extended parental leave, forming strong financial pressures on the Government and the employers. Second, it is worried that care leave would enforce women's care responsibility. The feminist actors believed that care leave, in practice, may incentivise people to leave their jobs. This would mostly happen to family members with lower salary, who are usually women since the salary gaps between men and women remain. Third, it is worried that care leave form a barrier for women to participate in the labour market since female family members are usually assigned stronger care responsibility. A feminist activists who worked in the Parliament concluded:

> *It is a double-edged sword. Giving care leave with compensations may form more barriers for women to enter the job market…There is also one problem…Those who have lower salary may be required to go back home [to take care of family members]…Mostly, it would be women* (Interview C2).

Most policy actors (18 out of 32) took undetermined positions on paid care leave, however, with some admitting that it was not in their scope of long-term care policy planning (Interview A2). Only five respondents expressed clear opposition towards care leave. Their discourse identified two major reasons (Interview A3, A9, B1, C8, D3). First, for some government officials, care leave was not considered as an effective strategy to provide care support. They emphasised the main preoccupations should focus on the development of care services. For these actors, policy proposal other than care services, such as care leave and cash benefits were considered as a shift of the state's care responsibility when the Government is facing difficulties in developing care services. A government official expressed this viewpoint of "care services first":

> *I think, it [care leave] means that our Government provide no support and just easily give you a favour by allowing leave…Why shall we establish a comprehensive care system? …Thus people*

don't need to take such long leave for caring their family members..I think giving leave or cash is unable to solve the real problems (Interview A9)

Second, some actors opposed care leave from the employer's viewpoints. They believed that the care responsibility should not be shifted to the employer by allowing paid care leave. In addition, it is argued that realistically the adoption of paid care leave would result in the adverse effects that it is designed to prevent, making the employee to leave the labour market. A NGO actor who was also an employer of several care institutions explained:

I don't support care leave because it is unclear who is supposed to take the costs. Shall the employer shoulder the care responsibility? The family still has the responsibility…Care leave shift the responsibility to the employer. I don't think it's good…In the current situation, if you have to take the leave to care for family members, you won't be able to go back. You must have no chances anymore (Interview C8).

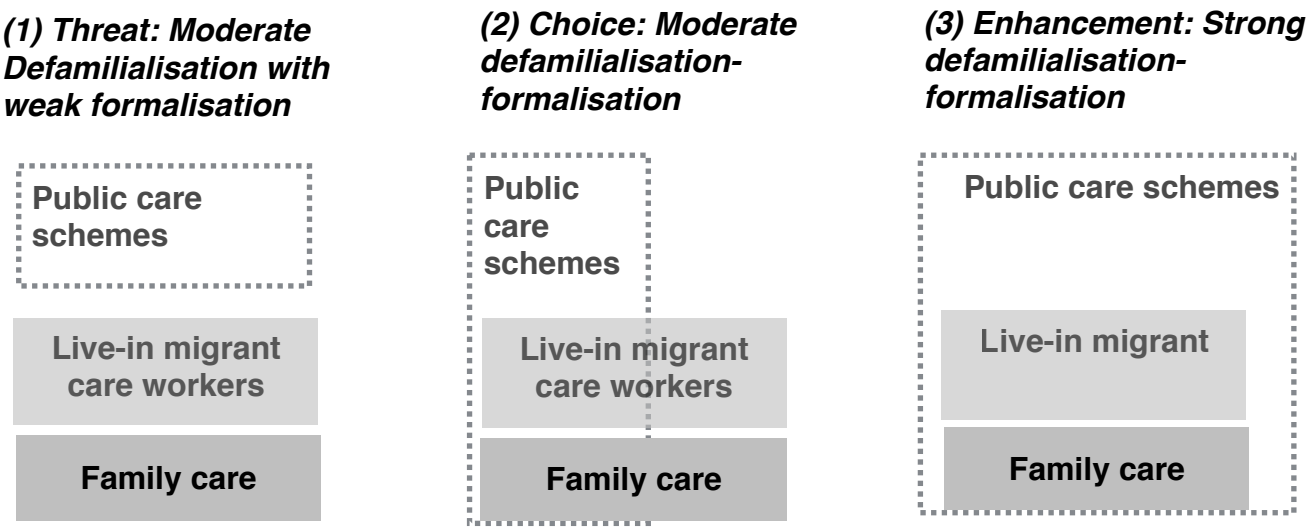
5. Three groups of policy ideas on "care going public": Threat, choice, and enhancement

Aggregating all of the evidence on reform issues in Taiwan's elder care reform, in this section, I seek to give an integrated picture by comparing actors' overall positions on the two dimensions of "care going public", namely defamilialisation of care responsibility and formalisation of the informal care labour. There appears a common tendency on the re-distribution of care responsibility. Nearly all actors emphasised the needs to increase the state's care responsibility although the intensity varies. However, there is much less agreement regarding the informal care labour, namely live-in migrant care workers and family carers. Under what I call "care going public", the actors advocated distinct sets of policy ideas on whether and how to integrate the existing care provision by the informal sector into the public schemes.

According to the average positions of policy actors on the two dimensions, we can identify three sets of policy ideas: (1) moderate defamilialisation with weak formalisation; (2) moderate defamilialisation-formalisation; and (3) strong defamilialisation-formalisation. Each set of policy ideas has its main advocates and distinct sets of policy proposals on reform issues (see Table 2 and Table 3). The similarities and differences within and between the groups are discussed in the following sections.

It is noted that the dimensions of defamilialisation and formalisation were not treated separately. Instead, the three sets of policy ideas hold distinct assumptions about the effects of formalisation on defamilialisation, taking it as either *threat, choice or enhancement* in each version of "care going public". Also, related to the assumptions on the effects of formalisation on defamilialisation, they developed distinct assumptions about the relationships between the developing public care schemes and the exiting informal care (see Figure 1).

Figure 1. Assumed relationships between public care schemes and the informal care in three groups of policy ideas in Taiwan's elder care reform



5.1 Threat: Moderate defamilialisation with weak formalisation

A first set of policy ideas, I name as "*moderate defamilialisation with weak formalisation*", advocates a moderate increase in the state's care responsibility but took more oppositional stances towards the formalisation of the informal care labour. This group, which accounted for about one-quarter of the respondents (7 of 32), consisted of DPP ministers and legislators, social welfare bureaucrats and elderly/disability welfare advocates. They generally had academic and/or clinical backgrounds in social work and played leading roles in the field of social policy making during the 1990s and early 2000s in Taiwan (Hsiao and Lin, 2000).

Policy actors with this set of policy ideas generally treated formalisation of family carers and migrant workers as a threat to defamilialisation of care responsibilities. The cores of the policy ideas emphasised the development of publicly funded care services in the formal sector, which can compete with migrant care workers and supplement the family carers. The formalisation of the informal care labour were regarded as a threat to the development of "native" public care services, which was thought to serve as a main pillar of defamilialising care responsibilities. Advocates presented an expanded version of existing social assistance approaches for elder care. They prefer minimal intervention into the formalisation of informal care.

On the issues regarding care responsibility, this group of respondents generally emphasised a double enforcement of both the state and the family's responsibility for elder care. They supported the exemption of the family's legal obligation for some exceptional cases, but emphasised that this exemption is not to be extended as a general principle. As for care services, there is high consensus on the expansion of care services and tightening of live-in migrant care workers' employment regulation and conditions. They support the

extension of public care programs from means-tested to universal entitlements, but they tend to exclude families employing live-in migrant care workers. In addition, they believed that public care programs should prioritise home- and community-based services, leaving the institutional care uncovered. As for the financing and provision of care services, they strongly insisted a tax-based system, allowing only the non-for-profit sector to participate. For these actors, the migrant care worker was attributed as a main barrier for the development of public care programs, and thus was to be tightly controlled by limiting the criteria of employment.

Regarding the formalisation of the informal care labour, the *defamilialisation-weak formalisation* group of actors generally avoid any strong intervention. For them, care provision by migrant care workers should be treated as a separate track from public care programs, and reform is not necessary. Generally, they adopt conservative attitudes towards stronger work protection of migrant care workers and see the need only for more training and registration for them. However, these respondents did not support the abolition of individual forms of employment of migrant care workers, recognising the double-track of such employment by both the individuals and care institutions. As for the reform of family care, their stance is also non-interventionist. Seeing the proposals of cash benefits/care leave as threats either on care services developments or on the state's responsibility enforcement, they strongly oppose the adoption of carer allowances and pay little attention to the matter of care leave.

5.2 Choice: Moderate defamilialisation-formalisation

A second group of policy ideas, here named as *"moderate defamilialisation-formalisation"*, generally advocates moderate enforcement of the state's care responsibility. However, compared to the first group, the actors favour higher levels of formalisation of the informal care labour. Nearly a half of all respondents (14 out 32) fall into this group, representing the dominant position among those surveyed. The group includes a broad range of actors from different sectors and backgrounds. The state actors include bureaucrats in the health and labour departments, government officials in local government, KMT ministers and legislators, and some DPP ministers. On the other hand, this group also includes some civil society actors, including health-issue advocates and home care providers alliances.

Policy actors in this group took more functional views about "care going public". They generally aimed at extending the coverage of publicly funded care programs by allowing different choices of benefits and care provision. Actors with this view treat informal care labour as a choice in public schemes. Compared to the first group, actors in the second group held relatively more friendly stances on the inclusion of family carers and migrant care workers into public schemes. However, it is noted that they tended to maintain the boundaries of the formal and informal care labour by differentiating the levels of payments and regulations.

In relation to care responsibility, this group of actors hold similar opinions to those in the first group, but they advocate a different mix of policy ideas. Like the first group, these actors emphasise the legal care obligations of both the state and the family. However, they are in favour of universal care programs with broader coverage and benefits. They emphasise that public care programs should cover various care needs, including families with live-in migrant care workers and those who require institutional care. To extend the coverage, they propose different sets of policy ideas on financing and provision of care services. These respondents tend to support the proposal of Long-Term Care Insurance, which is regarded as an appropriate and feasible financing system for raising sufficient funds. In addition, the entry of the for-profit sector is seen as an effective strategy to expand care services.

Regarding informal care labour, this group advocates higher levels of integration of migrant care workers and family carers into public schemes. To expand the care labour force, they support treating migrant care workers as formal labour in public care programs by incorporating them into public-funded care services. However, they prefer maintaining lower work protection for and individual employment of migrant care workers. As for family carers, the actors see carer allowances as providing partial compensation.

However, there are some divergences of opinion. Positions on the criteria for employing migrant care workers and the adoption of care leave varied. Although most actors in this group (8 of 14) are in favour of tightening the criteria for employing live-in migrant care workers, a minority believe that loosening the criteria can immediately fulfill the unmet care needs of the public. Opinions vary also regarding care leave. While most have reservations about the introduction of paid care leave, preferring the current short unpaid arrangements, some strongly oppose care leave/or supported paid leave.

5.3 Enhancement: Strong defamilialisation-formalisation

A third set of policy ideas can be described as "strong defamilialisation-formalisation", advocating the strongest version of defamilialisation and formalisation. These are held by about one-fifth of the respondents (6 of 32), exclusively drawn from civil society actors, including feminist activists, family carers' and workers' rights advocates. For them, the integration of family carers and migrant care workers into public schemes was not regarded as a threat to defamilisation of care responsibility, nor just a choice in publicly funded care programs. On the contrary, the formalisation of the informal care labour was treated as another essential pillar constructing their versions of "care going public". They assume that the public care schemes should directly intervene in the existing informal care arrangements by formalising the informal care labour.

These actors emphasise stronger care responsibility of the state. They hold consistent positions on the extension of entitlements and eligibility, insisting that the public care programs should cover a broader population, including families with live-in migrant care workers, on a universal basis. They advocate that both domiciliary and

institutional care should be covered by public-funded programs, and that provision needs to exclude the involvement of big capital, such as insurance companies. Regarding formalisation of the informal care labour, these actors hold the strongest positions of all. Generally, they believe that both the family carer and migrant care worker should be regarded as formal labour for the purpose of public care schemes. For migrant care workers stronger work protection is recommended, which would ensure the same level of payment and leave as native workers. In addition, with a sunset clause, it is proposed the abolition of individual employment practices of live-in migrant care workers. This, it is suggested, would not only enforce the full labour status of these workers but also help the development of public care programs.

Within the group, there are some different ideas on issues about the choice of financing system and the adoption of carer allowances. In regard to the former, feminist and international workers' rights activists respondents insisted on a tax-based system. It is worried that the introduction of Long-term Care Insurance into a system without sufficient care services would lead to potential negative effects, such as profitisation and marketisation of care services. By contrast, family carers rights advocates tend to hold a relative open attitude on either a tax- or social-insurance-based funding system. In regard to the adoption of carer allowances, family carer organisations advocated carer allowances with full payment to recognise and support family carers. However, worrying that cash benefits to the carer would enforce the family's care responsibility, feminist and international workers rights activists strongly opposed the proposal.

Table 2. Main advocates of three groups of policy ideas in Taiwan's elder care reform

	(1) Moderate defamilialisation with weak formalisation	(2) Moderate defamilialisation-formalisation	(3) Strong defamilialisation-formalisation
State actors	• DPP ministers • Social welfare department bureaucrats • DPP legislators	• KMT ministers • Some DPP ministers • Health and labour departments bureaucrats • Local government officials • KMT legislators	Nil
Civil society actors	• Elderly welfare organisations • Disability rights groups	• Health-issue-related advocacy groups • Care providers alliances	• Family carers organisations • Feminist activist groups who are not care providers • International worker organisations

Table 3. Three groups of policy ideas in Taiwan's elder care reform

	(1) Moderate defamilialisation with weak formalisation	(2) Moderate defamilialisation-formalisation	(3) Strong defamilialisation-formalisation
Defamilialising Care responsibility	**Moderate**	**Moderate**	**Strong**
Exempting the family's legal obligation	• Exempting the legal obligations for some exceptional cases	• Exempting the legal obligations for some exceptional cases	• Exempting family's legal obligation for care (as long-term goals)
Entitlements and eligibility	• Universal entitlements • Excluding the family with migrant care workers	• Universal entitlements • Covering the family with migrant care workers	• Universal entitlements • Covering the family with migrant care workers
Benefits	• Home-based care	• Institutional care • Home care	• Institutional care • Home care
Funding system	• Tax-funded	• Social insurance	• Tax-based • Social insurance
Provision	• Non-profit private providers	• For-profit providers • Non-profit providers	• Non-profit providers • Exclude big companies
Criteria for employing migrant care workers	• Tightening	• Loosening / tightening	• Tightening
Formalising the informal care labour	**Informal**	**Partial**	**Full**
Work protection	• Regulated, but lower than native worker	• Regulated, but lower than native worker	• Regulated as native worker
Integrating into public schemes	• Training and registration	• Integrated as professional care labour	• Integrated as professional care labour
Canceling individual employment	• Individual / organisational employments	• Individual / organisational employments	• Canceling individual employments
The adoption of carer allowances	• Opposing carer allowance	• Carer allowances with partial compensations • (Some) opposing carer allowances	• Full paid carer allowances • Opposing carer allowances
The adoption of paid care leave	• No clear proposals for care leave	• Various	• Supporting well-paid care leave

6. Conclusion

This contribution demonstrates diverging policy ideas on "care going public" in Taiwan's elder care reform. Conceptually, I identify two dimensions of "care going public" in the familialist regime. The first dimension is related to defamilialisation of care responsibilities, focusing on the re-distribution of care responsibilities between the state and the family. The second dimension concerns formalisation of informal care labour, referring to the transferal of care work from private household to public employment. Empirically, I identify main policy ideas in Taiwan's elder care reform by examining policy actors' stances on main reform issues on the two dimensions. The defamilialisation dimension mainly cover reform issues regarding legal obligations for care and the design of public-funded care services. The formalisation dimension focuses on whether and how to integrate the informal care labour into public schemes, including protection and employment of migrant care workers, the adoption of carer allowances and care leave.

The key findings of this article are that policy actors opened up a two-dimensional policy space of "care going public" in Taiwan's elder care reform, advocating three main groups of policy ideas although there appeared a high degree of consensus on the necessity to expand elder care. They include: (1) moderate defamilialisation and weak formalisation; (2) moderate defamilialisation-formalisation; (3) strong defamilialisation-formalisation. Nearly all policy actors advocated at least moderate level of defamilisation of care responsibilities, but compared to the dimension of defamilisation, policy actors diverged more significantly on the dimension of formalisation. Each set of policy ideas was advocated by distinct groups of policy actors and the divisions of policy actors were cross-cutting. Advocates supported distinct sets of policy solutions based on specific assumptions on the relationships and interactions between the (existing) familial care (i.e. family carers and live-in migrant care workers) and the (developing) public care schemes.

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