Reform of Veterans Care Homes in Taiwan: From Charity to Quality Care

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Historical Background of the Veterans Care Homes in Taiwan

After the KMT government was resettled in Taiwan, four Veterans Care Homes at Hsinchu, Tainan, Pindung, and Hualian, were established in 1953. These Veterans Care Homes were the forerunners in the history of institutional care for the elderly in Taiwan. In 1954, Veterans Employment Commission was set up to assist veterans to find employment or permanent placement for those ill and disabled without family members. All veterans were given the title ‘honourable citizens’. The purpose of the Commission at that time was to meet the needs of the large number of veterans after WWII on one hand, and to keep the social and political status quo on the other hand. In 1966, the Commission was extended to include multiple affairs of continuing education, employment, health care and placement of veterans and the name changed to Veterans Affairs Commission.

From the very beginning, the spirit of comradeship has been kept at the Veteran Care Homes. President Chiang Kai-shek ordered repeatedly that taking care of the veterans should be like taking care of our own family members. With the background and ideology of the veterans from the KMT era, the Veterans Care Homes were treated as a symbol of charity that the nation would remember the contributions of the veterans throughout their lives. Tens of Thousands of veterans have taken the Veterans Care Homes as their own homes over the years. In reality, most veterans had no other homes. Due to the military ban for marriage in the early years, many veterans had never got married in Taiwan and had no wives, no children, and no homes in Taiwan.

However, the architectures, the interior designs and the life style of the Veterans Care Homes were in fact more like military camps than like ordinary people’s homes. Similar buildings were lined up one by one with dull-coloured outlooks. One captain was assigned to each building to manage the residents. Military rank-and-files were diligently observed. Whenever conflicts occurred, they would be most likely oppressed than resolved by appropriate mediation or psychosocial intervention. Residents’ right for privacy was often neglected. For example, it was not uncommon that shower rooms or personal spaces were without curtains or doors.

It might be said that the residents of the Veteran Care Homes were an obedient group. They had been an army of soldiers. They had devoted their youth to fight for their country, and had left their home land and their families in Mainland China. At their old age, they were lonely and frail. Nevertheless, they remained to be an army. Their lives within the walls of the Homes were not revealed or understood by the ordinary folks in the society. Degree of social exclusion was high. But they took their destiny gracefully and never made any uproar.

In the new millennium of the 21st century, the Veterans Affairs Commission had started a series of mega plans to rebuild the Veterans Care Homes, many of those had
been more than half a century old by then. As in many instances in other countries, the opportunity for reforms came with the tearing down and the reconstruction of old buildings. Several factors had contributed to the Veterans Affairs Commission’s journey of reforms. First of all, renovation projects were a golden opportunity to present the Veterans Affairs Commission’s new vision. They needed not only to catch up with the national laws and regulations regarding the welfare of the elderly people, but the international standards for quality care. Secondly, great pressures were posed on the Veterans Affairs Commission to make their operations more transparent and shared their resources. Thirdly, with the ageing and expiration of the WWII veterans, the population cared at the Veterans Care Homes had dropped rapidly. Without a change of paths, the Veterans Affairs Commission would soon lose their legitimacy. The Veterans Affairs Commission was fully aware of their challenges and pressures to open up and meet the external care requirements. They decided to take on a transformative journey.

Changes of the Elderly Welfare Act in Taiwan

Mui & Yang (2005) categorized the development of social welfare for the elderly in Taiwan into four periods. The first period started from WWII till the early 1950s when the KMT government had gone through external and internal wars and had tried to resettle and recuperate in Taiwan. It was during this period when the earliest four Veterans Care Homes were established.

The second period was represented by the early local social welfare development in 1960s and 1970s. As the dream of defeating the Communist Party and returning to Mainland China had become dimmer and dimmer, the government started to develop more realistic social policies and social programs. The foci then were anti poverty programs and employment programs. The services for the sick and the old were mainly to put them in institutional settings, so not to disrupt the society and the economy. The issues of basic human rights had not come into play yet.

The third period was marked by the Elderly Welfare Act of 1980. The enactment of the Elderly Welfare Act, together with the Welfare Act for the Disabled People of the same year and earlier the Children Welfare Act of 1973, signified the turning points of legalized welfare rights. The Military Curfew was eliminated in 1987 after the National Security Act was enacted. People’s freedoms of speech, of public gatherings, of organization, and of media were formerly sanctioned by national laws. At the same time, the whole society had freed up. Social forces had been liberated. The 1980s were an era of burgeoning welfare services and programs. An umbrella program named ‘Taiwan Province Plan to Comfort the Senior Citizens—Welfare Services to Care for Senior Citizens’ included multiple domains of services, such as
health, learning and volunteering, recreation, home care services and institutional care services. Social work programs mushroomed and the number of social workers increased dramatically. Many admirable social welfare NPO’s and foundations began to take major roles in the delivering of social services. Welfare advocacy also became a possible means to aid the disadvantaged, including the elderly. After numerous efforts, the Elderly Welfare Act was finally amended to better fit the practice reality. Thus, the amended Elderly Welfare Act of 1997 marked the beginning of the fourth period of elderly welfare development in Taiwan.

In the Elderly Welfare Act of 1997, elderly welfare agencies were categorized into five groups, i.e., long term care institutions, care homes, residential homes, cultural and recreational agencies and service agencies. The Act also specified the designated authorities of these elderly welfare agencies. But the Veterans Care Homes were not under the auspices of the Elderly Welfare Act. The Veterans Affairs Commission and its specific rules and regulations held authority over the Veterans Care Homes. In other words, the Veterans Care Homes were legally different from the ordinary ranks of other public and private care homes in Taiwan. Only veterans could live at the Veterans Care Homes. With an independent administrative system and an earmarked client population, the Veterans Affairs Commission held their own standards of care and their own customs and culture of providing care.

Long Term Care Reforms in the United States

(1) 1987 OBRA

In 1987, The Omnibus Budget Reconciliation Act (OBRA) was enacted, which had aimed to transform nursing homes from a medical model to a residential model. It is also termed the ‘demedicalization’ of nursing homes. (Lopez, 2006). The overarching goal of OBRA ‘97 was to make nursing homes a place like home, rather than a hospital ward. In addition to meeting residents’ physical needs, their quality of life also needed improvement. In order to reach this goal, individual care and choices were emphasized and practice supporting such values was encouraged. Specific requirements of OBRA ‘97 included the following:

a. Each resident must be fully evaluated upon admission and each year thereafter in regards to health, memory, hobbies, habits, etc. They must gauge the ability to walk, talk, eat, dress, bathe and understand other people and be able to communicate with them. Further, a plan must be drawn up to maintain and potentially improve their condition.

b. Residents have a right to privacy.

c. Residents have a right to complain without reprisal.

d. Residents can demand not to be restrained.
(2) Community-based care

In 1980’s and 1990’s, reformers of long term care strived to develop a variety of community-based services. The trend had reached its climax in the Supreme Court’s 1999 Olmstead decision, in that the Supreme Court ruled to support the integration mandate of the Americans with Disabilities Act. People with disability and needing long term care have a right to receive community-based services, which would enable them to stay in the community and to be integrated into the normal social environment and social activities. Nursing home placement should be the last resort clinically and legally.

Vladeck (2003) pointed out that the increase of community-based long term care services had significantly changed the nursing home population. Nursing home residents have changed to be more cognitively demented than they previously were and also more of the current residents have no family members or friends to arrange for community-based services. Ironically, the importance of institutional long term care has also been confirmed by Vladeck’s findings. However, in order to better satisfy the residents’ needs, long term care facilities need to respond to the population change by changing their environment and their care model. How to make the care from an ‘unloving’ culture to a ‘loving’ culture continued to pose challenges to long term care institutions.

The Veterans Affairs Commission’s Determination to Reform

The above-mentioned two reforms have affected the current conditions of long term care institutions significantly. These trends have directed the social service reforms around the world. With regards to the Veterans Care Homes, though they had not been like hospitals, they had actually been like military stations. So, they would need to transform from a culture of military management to a culture of social care, and from a culture of authority and orders to a culture of client-centered services. Besides, the Veterans Care Homes had been excluded from the society. The veterans had had little social interactions with their nearby communities, and the general public had kept stereotypical views about the residents at the Veterans Care Homes. In sum, the Veterans Care Homes needed to be transformed to be a place like home. The organizational culture needed to be changed into a caring and normalized social environment. Interactions with the local communities needed to increase. The Veterans Care Homes needed to find ways to connect with the ordinary people’s lives and activities and they needed to share the resources held in their large scaled pieces of lands and facilities.

In the year of 2002, the Veterans Affairs Commission made an initiative to be
connected and reconciled with the mainstream social welfare for the elderly people. This initiative was full of determination and commitment. The Commission set a previously unthinkable task to have all the 18 Veterans Care Homes, including 14 subsidized homes and 4 consumer self-paid homes, inspected by a group of scholars and service specialists. The 2002 inspection used a modified set of quality indicators based on the standards used for elderly welfare agencies accreditation regulated by the Social Bureau, Ministry of Internal Affairs. Two more inspections followed in 2005 and 2008. For the next two inspections, the quality indicators were the same as the ones used in the agency accreditation run by the central government. With firm determination, the Veterans Affairs Commission has set their course on reform since the year of 2002 and has moved forwards in full speed.

Institutional, Managerial, and Technical Reforms in the Organization, Management, and Governance of the Veterans Care Homes

In the theoretical literature, an organization can be approached and investigated from a variety of viewpoints. We can start from the traditional structural-functional approach and clarify and study the components and functions of an organization and the inter-relationships among these components. We can also utilize a systems perspective and estimate how much an organization is dependent upon its environment. Or we can speculate how a potential market will be formed by the interplay of the actions by the customers and the strategies used by the suppliers, and then estimate its effects on the focal organization. The choices can be endless. However, Scott (2006) and most of the students in the organizational field argued that organizational and management phenomena were best described and discussed at three different levels. These are called technical, managerial, and institutional levels.

In the following sections we will discuss and describe the activities at these levels, and also their reforms, in the Veterans Care Homes, and where applicable, we will also speculate the implications and impacts of these reforms.

(1) The Technical Level

The technical level of organizational and administrative activities has to do with all the facilities and device requirements, and the day-to-day routines of production or services in an organization. At this level, the Veterans Care Homes are supposed to provide all the necessary housing arrangements, rehabilitation equipments, and care and services to the elderly veterans, to maintain the veterans’ independence, or to avoid their further deterioration. Basically, in order to fulfil these purposes, there are two major types of technical requirements and activities at this level.
The first type has to do with a variety of environmental and housing arrangements, and equipments and facilities that help to keep the elderly safe, comfortable, and easy to maintain their abilities in daily lives. For instance, there are a variety of safety devices, fire-prevention devices and systems, and hygiene-related utensils and also hardware for the prevention of contagious diseases. The second type is related with the day-to-day services for the elderly.

The Elderly Welfare Act of 1980 set the benchmark for the development of elderly welfare in Taiwan. However, as noted before, the 1980 Act was more of a symbolic recognition for people’s welfare rights than of specific technical standards of welfare services. The two later amendments of 1997 and 2007, though having made significant contributions to the technical levels of elderly services, have had less legal authority over the Veterans Care Homes than the Veterans Act.

Prior to the first comprehensive inspection in 2002, basically all the Veterans Care Homes operated in a relatively closed system. They did not have enough exposure to and contacts with the outside world. Although the Veterans Affairs Commission had internal standards for the facilities and operations in the Homes, these standards were well below those required by the Elderly Welfare Act. The 2002 inspection brought a tremendous change at the technical level since at that time all the indicators were new to the Homes. For instance, more than a dozen of veterans had lived in a room, without dividers or curtains to provide minimal degree of privacy. Both the service providers and the clients had served in the military before they came to work or live in the Veterans Care Homes. They had been so accustomed to the work and life together in military settings for such a long time that they had never considered of such living conditions as inappropriate or substandard to be called homes.

Situations had improved a lot by the second inspection in 2005. Most of the facilities, services, and staff conditions were much closer to the standards or quality of their civilian counterparts. By the third inspection in 2008, the goal to be equal competitors in the long term care market had been declared firmly. Most Homes had either completed the reconstruction of old buildings or had planed to start the reconstruction projects. With great determination and resources, many Veterans Care Homes today have not only caught up with the normal standards set forth by the Elderly Welfare Act and related rules and regulations, but become even better than some of the care homes in the civilian market in terms of per capita share of space, architectures, scenic and environmental designs, human resources, and the caring spirit of their services.

(2) The Institutional Level
According to Scott (2006), the institutional level is placed at the interface between the organization and its external environment. Actors at this level are responsible for the high-ranked internal decision-making, external environmental scanning, and the linkage between the internal and external responsibilities. Looking outwardly, the actors have to scan the external environment in terms of legal, educational, social, political and technical dimensions, and also looking for possible opportunities and threats. Looking inwardly, they have to figure out an organization’s internal weaknesses and strengths and try to set up a set of possible trajectories. Prior to the 2002 inspection, all the Veterans Care Homes had little differences among themselves because the Veterans Affairs Commission had taken all the control. However, political, demographic, and social and legal changes in the external environment have forced the Veterans Affairs Commission to reform. Individual Veterans Care Homes were also challenged to develop their own characters and meet the service demands in their local communities.

From the institutional level the Veterans Care Homes had had five big challenges to face before the onset of inspections. First, they needed to respond to the fast ageing population of the current residents. At the first inspection in 2002, the average age of residents was 76.9 years old. By the third inspection, the average age of residents was well above 80. The total number of residents living at the 18 Veterans Care Homes had decreased due to natural expiration. They had to find ways to sustain the legitimacy of the organization. Secondly, they had to reconstruct the old and military looking buildings, many of which were over 50 years old. Seizing the opportunity of the reconstruction plans, the Veterans Care Homes also remodelled their open spaces as parks and exercise fields. The ideal was to transform military stations to safe and comfortable homes with a lot of greens and the nurturing nature. Thirdly, they needed to be cognisant to the trends and standards of the general elderly services. With this regard, they ought to incorporate the external rules and standards into their own culture and operational patterns, such as the safety measures, barrier-free environment, privacy protection, personal dignity and social participation and social inclusion. Fourthly, the Veterans Affairs Commission shall start a strategic plan to find the appropriate mix of care for the Veterans Care Homes as a whole and allocate appropriate composition of professionals and paraprofessionals to deliver the planned care. Each Veterans Care Home shall also explore its own particular developmental paths. Finally, the Veterans care system had great resources in both health and social care components and the goal of providing the most efficient model of care was yet to be reached. The most efficient model of care was proposed to be an integrated service model to strengthen the partnerships among regional hospitals, the Veterans Care Homes, and the Community Veterans Service Centres. (Wang, et al., 2005) Whether
this integrated model a successful alternative or not remains to be followed.

Cheng (2005) illustrated the various components of the current long term care facilities. On average, the Veterans Care Homes took care of the most residents per home. An average residential home housed about 50 residents; an average nursing home housed about 55 residents; but an average Veterans Care Home housed 723 residents! The size of the Veterans Care Homes has made them key service providers of institutional care for the elderly in Taiwan. The improvement in the quality of care at the Veterans Care Homes would not only benefit their own residents or comrades, but also the general level of services for the public. Thus, the reforms of the Veterans Care Homes were highly expected and long hoped for.

Table 1, Number of Residential Homes, Nursing Homes, Veterans’ Homes, Day Care, and Home Care Centers (by Administrative District, August, 2005)

<table>
<thead>
<tr>
<th>County</th>
<th>Residential Homes(94.8.30)</th>
<th>Nursing Homes(93.12.31)</th>
<th>Veterans Homes(93.12.31)</th>
<th>Day Care (93.12.31)</th>
<th>Home Nursing (93.12.31)</th>
<th>Total Beds</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>898</td>
<td>44,709</td>
<td>250</td>
<td>13,799</td>
<td>18</td>
<td>13,022</td>
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<td>Taipei C</td>
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<td>7,457</td>
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<td>746</td>
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<td>Kaohsiung C</td>
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<td>2,909</td>
<td>36</td>
<td>1,760</td>
<td>1</td>
<td>500</td>
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<tr>
<td>Taipei c</td>
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<td>6,865</td>
<td>17</td>
<td>776</td>
<td>2</td>
<td>2,413</td>
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<tr>
<td>Ilan c</td>
<td>26</td>
<td>834</td>
<td>6</td>
<td>284</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taoyung c</td>
<td>54</td>
<td>2,859</td>
<td>16</td>
<td>996</td>
<td>2</td>
<td>2,174</td>
</tr>
<tr>
<td>Hsinchu c</td>
<td>11</td>
<td>729</td>
<td>6</td>
<td>334</td>
<td>1</td>
<td>580</td>
</tr>
<tr>
<td>Maoli c</td>
<td>7</td>
<td>575</td>
<td>8</td>
<td>466</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taichung c</td>
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<td>1,509</td>
<td>16</td>
<td>745</td>
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<td>0</td>
</tr>
<tr>
<td>Changhua c</td>
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<td>2,143</td>
<td>12</td>
<td>857</td>
<td>2</td>
<td>1,346</td>
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<tr>
<td>Nanto c</td>
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<td>1,374</td>
<td>6</td>
<td>295</td>
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<td>0</td>
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<tr>
<td>Yunlin c</td>
<td>15</td>
<td>844</td>
<td>8</td>
<td>416</td>
<td>1</td>
<td>620</td>
</tr>
<tr>
<td>Chiayi c</td>
<td>21</td>
<td>849</td>
<td>5</td>
<td>303</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tainan c</td>
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<td>2,648</td>
<td>14</td>
<td>640</td>
<td>3</td>
<td>1,740</td>
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<tr>
<td>Kaohsiung c</td>
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<td>24</td>
<td>1,222</td>
<td>1</td>
<td>1,133</td>
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<tr>
<td>Pington c</td>
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<td>3,056</td>
<td>9</td>
<td>503</td>
<td>1</td>
<td>744</td>
</tr>
<tr>
<td>Taitung c</td>
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<td>521</td>
<td>3</td>
<td>182</td>
<td>2</td>
<td>935</td>
</tr>
<tr>
<td>Hualien c</td>
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<td>353</td>
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<td>8</td>
<td>379</td>
<td>0</td>
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</tbody>
</table>

This table shows the number of residential, nursing, and veterans homes, as well as day care and home nursing facilities by administrative district in August 2005. The total number of beds ranges from 1,643 to 4,317 across the districts.
<table>
<thead>
<tr>
<th>City</th>
<th>Code</th>
<th>Total</th>
<th>Beds</th>
<th>Beds for Elderly</th>
<th>Beds for Less-Disabled Elderly</th>
<th>Beds for Veterans</th>
<th>Beds for Day Care</th>
<th>Beds for Home Care</th>
<th>Beds for Other</th>
<th>Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hsinchu</td>
<td></td>
<td>667</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td>Chiayi</td>
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<td>1,797</td>
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<td></td>
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<tr>
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<td></td>
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<tr>
<td>Kinmen</td>
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<td>130</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Lienchiang</td>
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<td>20</td>
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<td></td>
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</tr>
</tbody>
</table>


Note:

(1) Chinese translations are included in the parentheses following the names of the institutions. “Residential Care Institutions” include “Homes for Healthy Elderly” (安養機構), “Homes for Less-disabled Elderly” (養護機構), and “Long-term Care Institutions” (長期照護機構). “Nursing Homes” (護理之家).

“Veterans’ Homes” (榮民之家), “Day Care” (日間照護), “Home Care” (居家護理)

(2) Capital C for “City”, small c for “County”.

(3) The Managerial Level

The Elderly Welfare Act of 2007 divided the facilities of elder care into three categories: the long-term-care facilities, the residential homes and the other type of facilities. This typology has created more confusion than clarification. For example, nursing homes belong to the category of long term care facilities, but they are mandated and regulated by a different Act, the Nursing Personnel Act. Another example would be the Veterans Care Homes. Which category do they belong to? In practical terms, how would a Veterans Care Home manage its mixed levels of care under the regulations of different laws such as the Elderly Welfare Act, the Nursing Personnel Act, the Welfare Act for the Disabled People, and other related laws in public health, in architecture and construction, in fire precautions and disaster rescues, etc.? In order to maximize its designated resources, the Veterans Care Homes have a lot of managerial decisions to make in order to find their niches in the current industry of services for the elderly people in Taiwan.

In order to enlarge their potential clientele, the Veterans Act has already been amended, and veterans’ family members were given access to be served by the Veterans Care Homes. The Homes also have to be more closely connected with and be friendlier to their neighbouring communities in sharing their natural and physical resources. It has been obvious that the care and services at the Veterans Care Homes have been more normalized from 2002 on. In the 2008 inspection, most of the Care
Homes had already envisioned their future developmental plans strategically and had been ready to implement them.

Cheng(2005) raised another issue worthy of our attention. He asked: “Is residential care an act of charity, or is it just another ‘business’ in an emerging market?” This is a crucial question for the organization with regards to its management orientation. In Taiwan, the early establishment of institutional care was out of compassion for the disadvantaged, and thus residential care for the elderly was regarded as an act of charity. These traditional ideas of helping the needy remain to be true in the society today. And some of the managers and staff members in the earlier established, traditional, philanthropic and charitable institutions might argue that since taking care of the old is out of compassion and charity, as long as the aged have enough food and shelter, there is no need to consider the ideas of ‘customer rights’, ‘consumer voices’, and ‘quality of care’.

Meanwhile, the rising ratio of elderly population has attracted business-oriented entries into the institutional care sector. These new competitors argue that the elderly they care for should receive quality services, and of course, they will also charge ‘reasonable prices’ accordingly to reflect the level of services provided.

From a policy perspective, the ideal residential social care for the old is a mixed market, with public, for-profit, and non-profit providers running and collaborating together to supply quality and integrated care. In the Globalization Age the government in Taiwan is also trying to promote a new Care Service Industry so that more care alternatives for the elderly can be available and obtained in their homes, their nearby communities or in institutions. The Care Service Industry is perceived as a potentially huge job market that may absorb professionals as well as low skilled workers, such as care workers, transportation workers, and cleaning staff.

The Veterans Commission and the Veterans Care Homes have the responsibility to make decisions on the managerial level and to develop a service model that most fits the Commission’s mission. The care model must comply with the standards of social welfare and social services, and meet the effectiveness and efficiency criteria of quality services, while balancing the budgets and keeping the political legitimacy. The Veterans Care Homes do not exist in a vacuum. The three times of inspection declared the managerial vision to participate in the mainstream service industry and comply with the same rules and regulations.

Professionalization

(1) Increase of professional staff and Enhanced Training

Originally, the Veterans Care Homes employed mostly non-professional workers
to care for their elderly. Especially with regards to their everyday life care and with their psychosocial care, many younger veterans take jobs such as care workers or counsellors at the Veterans Care Homes as a second career. This human resource strategy fulfils the Veterans Affairs Commission’s two missions: one to help veterans find employment and the other one to help care for the frail veterans. Having someone who is very familiar with the military culture to care for the residents seems an excellent idea. But due to the limitations of the professional knowledge and skills, the level of service intervention often was quite superficial. Case reports have repeatedly shown that troubled cases were not appropriately handled.

In the Inspection Report of 2002, Professor Wang from National Taiwan University, Department of Social Work, being the Chair of the inspection specialists, urged the Veterans Care Homes to implement professional social work services and psychosocial counselling. He wrote in the report: ‘Interpersonal maladjustment was one of the primary reasons for social problems. Through processes of interviews and professional advises, individual maladjustment and social problems could be prevented or eliminated and personal strengths could be enhanced.” He suggested the Veterans Affairs Commission to hold on-the-job trainings for those care workers without appropriate professional background. He also suggested that collaboration with nearby social work schools might be a short cut to improvement of professional social services.

In the same report, Professor Lin from National Yang-Ming University, School of Nursing wrote: ‘Professional workers showed an unsatisfactory level of professional assessment and intervention in residents’ physical, psychological and social problems. The roles and functions of professionals and non-professionals were not differentiated, so some professional workers have been doing non-professional tasks.’ Professor Lin suggested that nursing professionals at the residential care units should be responsible for health education, health promotion and infection control, and nursing professionals at the care units should be responsible for disease prevention and rehabilitation, and to facilitate an inter-disciplinary team work of life care.

Since the first inspection in 2002 till the third inspection in 2008, the Veterans Care Homes had progressed amazingly in terms of staff professionalization. The ratio of professional staff members has been increasing. At the present time, all nursing staff are registered RN’s. Almost all the care attendants had received the standard 100 hour training courses for attendants. All the counsellors have completed the core courses of social work training (20 credits). Some homes have successfully recruited licensed social workers. The third inspection in 2008 found that the Bai-Her Veterans Care Home, the Yun-lin Veterans Care Home, and the Gun-San Veterans Care Home, for example, have already had full time licensed social workers. On-the-job training
and case conferences are held periodically. A cultural change is under way to transform the Veterans Care Homes from rank-and-file military stations to places like home with high quality of care.

(2) Joining the Professional Activities

Inspection specialists had been advising the Veterans Care Homes to join the professional activities and be an active member in the professional circles. The Veterans Affairs Commission issued a regulation in 2006 that all the Veterans Care Homes were to invite professional consultants to supervise their social work and nursing care. Many Veterans Care Homes had started to do so since and the professional knowledge and skills had improved accordingly. Ways of such supervision and collaboration included group supervision, joint program implementation, case conferences, academic conferences, joint research, agency visits to other reputable facilities, etc..

(3) Improvements in casework, group work, and community work

Influenced by an ideology of philanthropy and social control, social services in the Veterans Care Homes before 2002 were quite preliminary. In many Veterans Care Homes, social and recreational activities might be regarded as social group work; having a chat with their elderly people might be regarded as social casework; having a tour might be regarded as community work etc.. Human resources were focused on the management level. No professional social worker was employed in any Veterans Care Home. Although the personal care workers did the basic care jobs well, some of care workers were designated to help elderly people in the titles of social workers. Understandably the social services were way below the professional standards. Some care procedures might even violate the human rights of elderly people. In sum, the professional social work services were nearly absent before 2002.

Since 2002, changes with regards to social work services had occurred. Concurrent with the change of organizational culture, the professional social work service system was gradually being built. After the first inspection in 2002, many group activities in the Veterans Care Homes were modified. Regular group process
records and evaluations were required. Leisure and recreational activities increased the level of residents’ social participation, for example, Kara OK, calligraphy, drawing, handicraft, folk dance or reminiscence therapy and so on.

Another issue is volunteerism and social resources utilization. The majority of Veterans Care Homes started to have a stable group of volunteers and some of them were able to mobilize the needed social resources for the elderly veterans. Most of them were younger generations from nearby communities. They invited the Rong-Shin Voluntary Team (which had been organized to serve the veteran elderly in the community several years ago) to serve elderly people in the Veterans Care Homes. In addition, two thirds of homes provided the general or social welfare consultation services as well (Cheng, 2005).

Now many social services have been improved. Skills of case-work have been promoted. The third inspection in 2008 found that most of the Veterans Care Homes had better case-work records, although records might not be altogether consistent with high-quality contents, and some case interventions had much room for further improvement. Moreover, skills of social group work have also been improved. Some of the Veterans Care Homes demonstrated professional knowledge and skills in social group work and evaluated their performance with standardized measurements. The Ping-Tung Veterans Care Home and the Bai-Her Veterans Care Home both showed such social group work and indicated significant effects obtained from such work. However, they were the elite cases. Professional group work still needs further promotion in many Homes from north to south in Taiwan.

In addition, community work which helps the elderly people to have social participation and to be an integral part of the society continues to call for attention. Besides regular leisure activities and seasonal tours, the third inspection in 2008 revealed that many Veterans Care Homes had set up community care stations to extend their care to the community neighbors. There were even some healthy and active residents at the Veterans Care Homes joined the Rong-Shin Voluntary Team and helped care for the community residents who lived alone.
Conclusions

The Veterans Care Homes have upheld historical significance in Taiwan. But the political, economic and social changes, plus the rapid ageing of resident population, posed great challenges on their legitimacy. With the steel will and discipline, the Veterans Care Homes have turned the threats into opportunities. In the past decade, they have successfully promoted a reformed culture from a culture of military management, charity and social control to a culture of professionalism and quality of care.

In 1999, the United Nations declared the five principles working for the elderly people. They are the so-called five elderly human rights: Care, Dignity, Participation, Self-fulfillment, and Independence. All service providers should hold true these five principles and support the realization of these principles in our everyday practice.

Tremendous progresses have been made with the reforms at the Veterans Care Homes, which deserves a lot of appreciation and encouragement. However, the pursuit of excellence and tender, loving care has no limitations. With the continuation of reconstruction projects, the increased level of professionalism, and most importantly, the change of culture to a client-centered, personal care model, the Veterans Care Homes are expected to further their reform achievements and be faithful guardian angels of the elderly human rights.
Reference