

Successful Ageing Amongst Older People Needing Care: International Comparisons Seeking Solutions

Henglien (Lisa) Chen, *Loughborough University, United Kingdom*

Chen, H. (2009) "Successful Ageing Amongst Older People Needing Care: International Comparisons Seeking Solutions", *Social & Public Policy Review*, 3, 1, pp. 1-16.

Successful Ageing Amongst Older People Needing Care: International Comparisons Seeking Solutions

HENGLIEN (LISA) CHEN

PhD Student, Department of Social Sciences,
Loughborough University, United Kingdom

Abstract

Quality of life is one of the main concerns in long-term care amongst ageing populations in many countries. This problem is historically unique and increases the demand for research material. This paper explores the way that long-term care of older people is organised between the East and West, and considers how three countries (England, the Netherlands and Taiwan) may learn from one another in their search for solutions.

Keywords

International comparison; Long-Term Care; Older People; Social Inclusion; Social Participation; Needs; Wellbeing; Resources; England; The Netherlands; Taiwan.

Introduction

This paper forms a part of research to understand and evaluate current long-term care systems for social inclusion support at the macro, meso and micro levels of welfare. The research was designed to include the views and experiences of all the actors in the three examples of welfare systems from the EU and East Asia concerning the demand and supply of care resources and the impact of policy upon the provision of social inclusion in long-term care services. It focused on three countries: England, the Netherlands and Taiwan. Most service users in the research supported the view that improvement in social well-being would increase their quality of life.

Background to the research

Policy concerning the long-term care of older people depends on the social expenditures, political ideologies and welfare system as a whole. Demographic

factors have an important role to play in the development of social policy. In terms of geographical size, Taiwan and the Netherlands are small countries, which cover an area of land about 35 percent the size of England. England is the most densely populated country, numbering 40 million followed by Taiwan, with 21 million and the Netherlands, with 15.6 million. Each country can expect to have a similar percentage (14 percent) of over 65s by 2020.

All three countries seem to constitute hybrids of the Esping-Andersen (1997) welfare system typology. England can be identified as a “liberal-social democratic” type of welfare regime which has limited elements of universal social democratic governance while the selective liberal element is rising (Taylor-Gooby, 1991). The Netherlands can be classified as a “democratic-conservative” type of welfare, based on a general social security system with high social spending and is a more comprehensive welfare services model. Taiwan, like Japan, contains a “liberal-conservative” welfare regime with the strong role of non-government organisations, as well as privileged occupational welfare.

From the macro perspective, the Netherlands emerged with the highest statutory support with England a close second (Department of Social Affairs, 2004; Huijbers and Martin, 1998). In spite of recent development Taiwan remains a state welfare laggard. The Dutch and English welfare systems seem to have developed over a long period of time as part of their systems of representative democracy. However, Taiwan has rapidly caught up in this area since the 1980s. The culture and traditions of England and the Netherlands are not so dissimilar but Taiwanese tradition represents a considerable contrast to the other two. What is different in Taiwan is the high value of family integration with an expectation that community welfare will rise above individual interest (Liu and Tinker, 2003; Phillips, 2000). However, it may be that the practice level - private and familial welfare- goes some way to narrowing the gap between Taiwan and the other two countries (Goodman and Pen, 1996; Jacobs, 1998; Adema and Einerhand, 1998).

There are several forms of community and institutional services in the long-term care of older people available in the three countries. The majority of services are provided by NGOs in the Netherlands; a combination of NGOs and the private sector in Taiwan; and local authorities and the private sector in England (Brodsky, Habib and Mizrahi, 2000; Bartless and Wu, 2000; Cheng 2000). The long-term care system in the Netherlands has the resources and the ideological frame work that allows practitioners to give more time, flexibility and autonomy to clients. On the other hand, Taiwan has minimal centralisation but strong consumerism and family involvement. By contrast the care system in England has been seen as safety net and dependent upon local resources. Care provision systems primarily performs day-to-day personal care tasks. Overall, Dutch services are more imaginative and are aimed at facilitating social inclusion. This also applies to some aspects of the Taiwanese system which has been stimulated by market competition and family pressure. However, in England the quality of care is relatively restricted.

The concept of social activities and participation amongst long-term care recipients

The concept of social activities and participation has been a key element of successful ageing and social inclusion. As Strawbridge, Wallhagen and Cohen (2002) point out, many older people with chronic conditions and with functional difficulties still rated themselves as ageing successfully. The earliest definition of “successful ageing” was proposed by Havighurst (1961) - which has been used in many further approaches, such as Rowe and Kahn (1998) - who stressed the importance of high engagement with life as the key to quality ageing.

Social exclusion is commonly used to refer to the process that leads to the breakdown of the relationship between society and the individual (Room, 1998). It is a dynamic process involving multi-dimensions of the social, economic, political and cultural components of everyday life (Silver, 1994; Oppenheim and Harker, 1996). Social exclusion may endanger society as a whole with loss of collective values and destruction of social fabric (Silver, 1994). Social inclusion in relation to older people is expressed in the recognition of older people as a diverse group (like other generations), one that has a right to access, contribute and participate in society.

It is apparent from diverse research (Hyypä *etc* 2006, Philp, 2006; Victor *etc*, 2005) that social inclusion policies and practices promote not only health and emotional well-being, but also increase social interaction leading to reduced pressure both on social and health care services as well as on families.

Social participation as an aspect of social inclusion has received considerable attention in European social institutions (European Commission, 1994). Attention has by and large focused on material factors, in particular poverty employment and income (SEU, 1997; Lawless, Martin and Hardy, 1998; Murray, 1994), and the issues of exclusion in later life have only just begun to be recognised in the Netherlands and Taiwan and to some degree in England.

At the policy level, the Netherlands has a number of statutes which are intended to promote social participation. They include the Service for the Disabled Act (WVG), the Social Welfare Act and certain sections of the Exceptional Medical Expenses Act (AWBZ). From 2007, the relevant provisions were brought together within the Social Support Act (WMO) whose intention was to make local authorities responsible for social inclusion implementation, all subsidised by the Ministry of Health, Welfare and Sport (VWS 2003). It is to be followed by an experiential Social Activation/ Social Intergeneration programme (Nicaise and Meinema, 2004).

Taiwan has placed an emphasis on promoting the Implementation Plan of Mobile Circuit Service for Senior Citizens' Leisure and Recreation (2004) and the Prevention Care Plan (2005) to develop long-term care for older people (Social Affairs, 2006). However in England, a new report (SEU, 2006) is a relatively recent development, including as it does, older people in the concept of social

exclusion. This was not apparent in previous health inequality programmes, such as the National Service Frameworks of 2001.

Methodology

International comparisons as a means for learning from the successes or failures of care systems are increasing in importance. International organisations (such as the UN, OECD, WHO, EU and ASEAN) have begun to produce comparative materials which encompass a variety of factors. However there remains a limited amount of qualitative comparative research.

This research, conducted in 2004 and focusing on England, the Netherlands and Taiwan, used identical qualitative research methods. Face to face individual semi-structured interviews were carried out on three levels in each country: national, county and municipal. In order to minimise create greater focus within this comparative research, it concentrated on female service users aged over 60 with a similar range of physical disabilities living in suburban areas.

A “holistic” approach was adopted, by “centring” on the views of local services users radiating out to their carers, professionals, local administrators, service providers, civil servants and voluntary agency officials. Seven interview schedules were designed to meet each actor’s specific role in the care system. The research was conducted with the whole range of actors who supported each older person and even though the number of older people in each group was small, a total of 133 interviews were undertaken. Becker’s “sequential” methodology was used in the systematic coding and analysis of the interviews and some thematic characteristics emerged (Becker and Bryman 2004: 300-303). The research was undertaken by a single researcher enabling a uniform approach to the field research and analysis of findings

An awareness and vision of social inclusion as part of a broader context

The key findings demonstrated how experiences of social inclusion would be influenced by political ideologies, market forces, the views of the relationship between rights and responsibilities and the members of care actors in society.

Perspective at the micro-level: the views of service users and carers

Long-term care is not just about personal care, daily living tasks, nursing care etc. Doyal and Gough (1991) have commented that human participation and interaction are the basic needs of persons. When the older participants were asked what additional help they wanted nearly all of the English service users (7 out of

9), nearly half of the Taiwanese (4 out of 9) and a few Dutch (2 out of 8) wanted increased help with social contact and cultural activities.. In addition, one Dutch service user said she would like to have some help for her to help others.

All of the formal-care participants in England and Taiwan and most in the Netherlands supported the views of the service users that social inclusion is important in improving or slowing the development of physical and mental frailty. However, nearly all of the English formal care interviewees (4 out of 5) said there were no clear guidelines and a lack of human and service resources to promote social inclusion for older people who need long-term care.

[laughter] I don't know. I've never asked ... I'm not quite sure how that stands, actually, ... maybe four or five years ago, we've been told, Well, we haven't got the resources to do that... so there's, there's no point in asking [the service users]" (Formal carers [home carer] re Mrs Holmes, UK).

By contrast, carers in the Netherlands and Taiwan have showed both the awareness and initiative to meeting their service users' needs. Nearly all of the formal carers in the Netherlands (7 out of 9) and Taiwan (8 out of 9) provided examples in practice which we will address further in the later sections.

Perspective at the macro level: the views of civil servant and NGO senior officials at the national level and local administrators

De-institutionalisation, community care and supporting people to live in their own home are at the top of the political agenda to promote social inclusion in all three nations. However, the English civil servant from the Department of Health argued that with inadequate service support, people may experience further exclusion in their own home.

actually living at home is not fun, when you're stuck in your flat or your house and you see somebody very rarely" (Civil servant in DoH, England).

There are considerable differences at the macro level between the different countries in their attention to social exclusion. The tension between "rights" and "responsibilities" has been better addressed in the Netherlands and Taiwan than in England. This may relate to the different social meaning of social inclusion among older people who need care in the different countries. The Dutch valued social inclusion as "equal rights", "normality" and "coherence" within wider society. It is the state's responsibility to ensure the older people have the rights to be socially included.

The vision of the Dutch government is that we want elderly people or disabled people to live as normally as they want in Dutch society” (Civil Servant in VWS, the Netherlands).

when they [older people] don’t have any one to support them, and they need facilities for care, I think well, they [the state] have to supply them, because otherwise, they [older people] are not an equal citizen in society, they can’t behave as equal citizens” (Senior official in CSO, the Netherlands).

In Taiwan, the civil servants at the national level confirmed, at the early stage of the developing care system, that the needs for social interaction and participation have yet to develop at the macro care system. However, interviews with local administrators have revealed an enthusiasm to cooperate with the service providers in order to promote their rights of social inclusions and activation.

On the other hand in England, policy at the national level believe emphasises social inclusion for older people is the responsibility of the local communities, individuals and families. It seems rights do not appear to be an issue in England. The local administration participants of this study viewed the social inclusion of older people as limited and as having a low priority for relevant parties in the local agenda as a result of implementation difficulties.

you have to be careful not to make central government responsible for everything, that communities have a role, and we need to support communities in that” (Civil servant in DoH, England).

there’s a long way to go... we’ve got things like local strategic partnerships that’s meant to bring all the different organisations in an area to work together but a lot of them haven’t put older people as one of their key focuses...there’s no great obligation to look at older people... they are often the last groups that’s thought of” (Director of Social Services, England).

The perspective at the meso level: the views of professionals and service providers

Cooperation between local authority and care providers in promoting social inclusion among the older people needing long-term care was found in the Netherlands and Taiwan but not yet in England. The means by which Dutch service providers seek to enhance social inclusion is by keeping older people motivated and active thereby helping them to feel useful and promote better health and wellbeing.

Yeah, it's very important. We think that people staying more active feel better, it's also better when you feel better, it's better for your body and your health when you have the idea that you do have something useful to contribute" (Nursing home manager re Ms Reginek, the Netherlands).

A similar point of view has found in Taiwan. Moreover, social inclusion is also important in promoting the power and autonomy of the older people.

Social inclusion is very important for older people to improve their health and keep their satisfaction of life. Its also significant to avoid the impression that their rights have been over looked and their existence has been ignored" (Home care manager re Ms Fu and Ms Bai, Taiwan).

On the other hand, in England, the meaning of social inclusion is rather passive in that it depends on the individual's ability and willingness to prevent isolation.

we try and encourage people not to remain isolated and to interact with other people" (Residential home manager re Ms Powell, England).

The Dutch assessors most frequently had a broad knowledge of the needs of social inclusion and were able to identify needs in the broad context, followed by Taiwanese assessors. Most of the English assessor respondents felt they struggled to address needs because of limited choice and poor quality of resources.

Failing to identify needs because there are no resources to meet them may encourage people to ignore the needs of older people, slow down service developments and make it hard for the individual to receive appropriate support. This was particularly apposite to England.

Mm, as a social worker [assessor], I think we have a duty to include the clients and to widen their social network as much as we possibly can, but generally, we don't. At the moment, there is no way our services can offer that sort of scope for wider opportunities" (Social Worker re Ms Powell, England).

Clearly service provider and professional interviews have shown the issue of social inclusion to be better addressed at the meso-level in Taiwan and the Netherlands than in England.

Cross-national Practice in relation to Social Inclusion

A series of interviews with the participants in the three countries illuminated the following themes in respect to social inclusion: successful social relationships, accessible community and services, culture and leisure activities as well as civic activities.

Social relationships

Having a role (as family member, friend, or community member) and active participation are significant protective factors against loneliness, social isolation and therefore provide opportunities for social relationships to develop and for personal identity to flourish. Nearly all of the older Taiwanese participants (8 out of 9) expressed satisfaction with their social relationships rather higher than those in England and the Netherlands. Many participants across the countries identified a good relationship as regular contact and visits.

Taiwan's efforts to maintain a family-orientated culture provided the most obvious way to address social relationships amongst older people. At the meso-level, the local authority cooperated with the home care provider to organise activities and trips for both the service users and their families. Moreover, a "support saving account" programme was set-up by NGOs to encourage care contribution from the healthier ageing group.

those older people who live alone at their own home, sometimes, can [go] without seeing any body all day... there are more and more healthy ageing population who are willing to help those people voluntarily. They can have a points system, for instance, if they have been a volunteer for 14 hours, they can have similar support from others when they need support in the future" (Assessor Nurse re Ms Bai and Fu, Taiwan).

At the micro-level, the carers (especially foreign care workers) act as escorts to assist the older people to visit people (families, friends and neighbours) and community facilities such as shops, clubs and hospital. Similar support was found in the Netherlands. Taiwan in addition, has a "care charging reduction" program introduced by the service providers to encourage the families' involvement, especially to the service users who live in the care homes to remain in family contact and maintain the family identity of the older people.

the family will get a reduction with their older family members' care fees, by the numbers of visits they make to their older family members. The family are well involved with their relatives in the home and our residents

also feel they are still been cared for by their family” (Nursing home manager re Ms Li, Taiwan).

On the other hand, England attempts at social inclusion have primarily depended on individuals, due to a lack of human and service resources.

I think there ought to be more people to try and encourage the elderly to go out and meet people so their social life is moving on... there's too much for us to have to do now. I think there ought to be somebody else to promote that sort of thing” (Home care manager re Ms Munro, England).

Access to basic services and neighbourhood inclusion

For most people and particularly older people, living in a strong, open community is desirable in itself. Access to shops and community resources, to be safe on the road without falling, are basic human needs. Interviews with the service users found most of the older Dutch participants had the opportunity to visit a wide range of people and places. The Taiwanese came a close second and English came a distant third. Greater family, formal and volunteer support has made it possible for older participants to go out when they wanted to in the Netherlands and Taiwan. In addition public transportation for service users is well advanced in the Netherlands.

Sometimes I visit people for a coffee for instance. I could go out to visit people if I want to. I have to phone the ..taxi I used to a lot,... my granddaughter said... if I want to [visit her], phone her and she will come and fetch me” (Service User Ms Veltman, the Netherlands).

Sometimes, I need people to take me out. Sometimes the carer will do it and my son will take me out when he has time” (Service User Ms Tsai, Taiwan).

In contrast, the mobility of English service users has been restricted by lack of support according to a few of the older English people interviewees.

I was able before, but not now, because I can't walk on my own. Oh the staff haven't got time, [they are] so busy. They always say how busy they are” (Service User Ms Powell, England).

Living space is still a private matter in Taiwan. It is noted that England has emphasised the improvement of older people's living environment by housing adaptation (SEU, 2006). However, a series of interviews revealed that the

Netherlands has broader plans to improve not only housing but the whole community in which the older people are living. It is based on City Planning and joint working between local authorities, older people's pressure group, housing associations and service providers. This is aimed to ensure people are safe to go on the road and that resources are geographically accessible.

if you have your house adapted, which is not even the main objective for the inhabitants... people have got to have social activities and involvement because people are more scared of being lonely than of falling. The Government needs to create the type of streets that are in a good state so you don't fall... the whole community is involved in the location of the care centre, shops and welfare activities, so its easy to get access for the older people as well as carers. The carers can't work well with bad travelling conditions" (Policy Officer, the Netherlands).

Culture and social activities

Accessible social, recreational and leisure activities with available help, transportation and facilities and financial support is significant to older people needing care. Most of the Dutch service users (6 out of 8) were able to follow their interests and some of them were able to develop new interests since they received care. By contrast, nearly all the English had restricted mobility and poor care support. Most of the Taiwanese (8 out of 9) never had interests due to the traditional long-working-hours culture.

Watching television is one of the daily leisure activities in the three countries. People can watch television passively in the sense they hardly take anything in, and actively in the sense their minds are working and are stimulated. The autonomy of having a choice of programmes allows the Dutch and Taiwanese to have interaction with society indirectly.

I watch all the current affairs programmes, I want to know what's going on in the world" (Service User Ms Duijts, the Netherlands).

By contrast, in England, older people, especially those who are in care homes share the television in the lounge and are not able to change the channel. Although they are surrounded by people they are not socially included.

I spend [a lot of time] in the lounge,...you just sit in front the television, look out the window and watch the world go by" (Service User, Ms Sempik, England).

The recreational and social activities in both the Netherlands and Taiwan have been well organised. Most of the Taiwanese service providers from institutional care (3 out of 4) and all institutional managers in the Netherlands confirmed sound social activities and recreational framework responsible by qualified social workers or activity organiser to use the resources of volunteers, students and families. They not only have activities available for their residents, but some events are provided for both residents and communities to bring the clients and the community together.

We have recreational activities and social events [that] take place inside the home or community on a regular basis [run] by social workers, volunteers and students who come from local schools and universities. We have good volunteer resources to take people out to the local churches and temples. Our staff need to be active to provide the national and local news to the residents and consult with them about what's going on in the community and encourage them to join the activities" (Nursing home manager re MS Yen, Taiwan).

we are trying to get our clients outside the house, so, we have activities outside the house, but also, bringing people from outside the house into the house. We have schools with very little children, and they had a project in that once a month the school had an activity for four hours in our home, so the people had contact with little children and know their needs and their feelings, too" (Nursing home manager re Ms Reginek, the Netherlands).

The problem with the care provision in England is the emphasis on single, all embracing-all participating activities which do not necessarily reflect the needs of their clients. The English service users, especially those who live in care homes spend most of their time watching television and occasionally joined in activities organised by the care services. Budgeting resources that limited staffing levels was accompanied by a reluctance to consider volunteer resources.

we tend to ask families more than anybody else, because... we're dealing with such a vulnerable group of people (yeah) erm we don't tend to rely on volunteers from outside in the community" (Nursing home manager re Ms Gould, England).

Taiwan is the only country where the home care service actively promotes social and cultural activities for older people with subsidies from the central government and cooperation with the local authority. The idea is to improve the older people's sense of happiness and wellbeing as well as strengthen the families' and community's participation.

During an important social occasion, the volunteer, carers and social workers from the home care will go to the older people's house to help with home decoration. Many older people like to join the trip because they rarely go out by themselves and they also enjoy the tourism and activities we organised with their family. There are also some occasions where we co-operate with the community to invite the clients to see the performers and the community volunteers would cook and provide a lunch party" (Local Authority Home Care Developer, Taiwan).

Civic activities

Participants were asked about civic activities including voting at elections and being a member of pressure groups. Most of the older people in the three countries were generally inactive in these respects. However, the Dutch older participants were slightly more active, the Taiwanese come second and the English a distant third. All of the policy makers in Holland, nearly all in Taiwan (5 out of 6) and most in England (2 out of 3) valued the way in which grey power had pressurised the state's attention on the care of older people. However, most of them were concerned that increasing grey power was limited to younger and healthier older people, unless there was some support available for those vulnerable older people enabling them to participate. Nonetheless, the Netherlands was the only country where older people had the opportunity to participate in local policy planning through local pressure groups.

At the micro level, both England and the Netherlands had official channels for clients to address their views regarding care. However, many English older respondents felt less able to exercise their right. Many service providers supported the older people's view that clients are heavily reliant on private resources like family to advocate their right. The situation was similar in Taiwan.

The Dutch seemed to have stronger systems: a client board was established in each institution/organisation where the clients were able to raise various issues regarding care with support from their families and independent legal professionals and this was taken seriously by the providers.

they can have their say in that and it is certainly taken into account and not just swept [under the carpet]" (Nursing Home Manager re Ms Reinaerds, the Netherlands).

Conclusion

This paper has looked how different societies promote or fail to promote the social inclusion of their elderly population. We have seen that the welfare regime in Holland has higher statutory support in holistic city planning, and ensuring the rights of the older people to participate in local policy making and care provision. Taiwan primarily relies on family support and the care services in addressing these issues. England however seems to be characterised by confusion and little evidence can be found to support social inclusion of older people in needs of long-term care. This is because in England, care is provided as cheaply as possible, and carers have little time to spend on any activities outside the matters such as food and shopping.

In England the needs of older people both in care homes and in their own home are only met by social services at a very basic level. Social inclusion is largely ignored, with the result that many older people are isolated and excluded. This has major implications for social and health provisions. In Taiwan, the service providers receive subsidies from the central government and cooperate with the local authority to stimulate new ideas - such as the “support saving account” and “care charging reduction” programmes - in promoting social inclusion in developing care system. Older people in Taiwan are partly included because they are respected as a member of the family and the family are often heavily supportive of them. The new policies are aimed at continuing this inclusion as families becomes less able to offer full-time support.

Acknowledgements

The author would like to thanks all the participants in the three nations and especially thanks the valuable criticisms from Professor Harriet Ward, Director of the Centre for Child and Family Research, Loughborough University.

References

- Adema, W. and Einerhand, M. (1998) “The Growing Role of Private Social Benefits”, *Labour Market and Social-Occasional Paper*, 32, OECD, Paris.
- Bartlett, H.P. and Wu, S. C. (2000) “Ageing and Aged Care in Taiwan”, In D. R. Phillips (ed.) *Ageing in the Asia-Pacific Region: Issues, Policies and Future Trends*, New York: Routledge.
- Becker, S. and Bryman, A. (2004) *Understanding Research for Social Policy and Practice: Themes, methods and approaches*, Bristol: The Policy Press,
- Brodsky, J., Habib, J., and Mizrahi, I. (2000) *Long- Term Care Laws in Five Developed Countries: A Review*, Jerusalem: Brookdale Institute of Gerontology and Human Development.
- Cheng, S.Y. (2000) “The Relationship Between the Welfare Organisation and Statuary- the Example of Older people Residential Care in Taiwan”, In S. Y. Chen *Long Term Care*, Taipei: YuChen (Chinese).
- Council for Economic Planning and Development (2004) *Taiwan Statistical Data Book*. Taipei: Executive Yuan. (Chinese)
- Department of Social Affairs. (2004) “2004 home care supplement project to middle low income disabled older people”, *Departmental Memo 0930062794*, Taipei: YuChen. (Chinese).
- Department of Social Affairs. (2006) “Senior Citizens’ Welfare”, Ministry of Interior, Taipei: YuChen,
<http://www.moi.gov.tw/outline2006/society1.html> (view on 12 July 2006).
- Doyal, L. and Gough, I. (1991) *A theory of Human Needs*, London: Macmillan.
- Esping-Andersen, G. (1990) *Three Worlds of Welfare Capitalism*, Cambridge: Polity Press.
- Esping-Andersen, G. (1997) “Hybrid or unique?: the Japanese welfare state between Europe and America”, *Journal of European Social Policy*, 7 (3), 179-189.
- European Commission. (1994) *European Social Policy: A Way Forward for the Union*, Brussels: Office for Official Publications of the European Communities.
- Goodman, R. and Peng, I. (1996) “The East Asian welfare states”, in G. Esping-Andersen (ed.) *Welfare State in Transition*, London: Sage.
- Havighurst, R. J. (1961) “Successful Aging”, *The Gerontologist*, 1(1): 8-13.
- Huijbers, P. and Martin, A. (1998) *AWBZ: Care Insurance in the Netherlands*, Utrecht: Netherlands Institute of Gerontology.
- Hyypä, M. T., Mäki, J., Impivaara, O. and Aromaa, A. (2006) “Leisure Participation Predicts Survival: a population-based study in Finland”, *Health Promotion International*, 21 (1).
- Jacobs, D. (1998) “Social Welfare System in East Asia: A Comparative Analysis Including Private Welfare”, *Case Paper 1*, London: London School of Economics.

- Langan, M. (1998) *Welfare: Needs, Rights and Risks*, London: Routledge.
- Lawless, P. Martin, R. and Hardy, S. (1998) *Unemployment and Social Exclusion: Landscapes of Labour Inequality*, London: Jessica Kingsley.
- Liu, L. F. and Tinker, A. (2003) “Admission to nursing homes in Taiwan”, *Journal of Social Policy and Administration*, 37 (4), 376-394.
- Ministry of Interior (2006) *Statistical data of Taiwan’s Demographic*, Department of Social Affairs, Taipei: YuChen. <http://sowf.moi.gov.tw/04/07/07.htm> (Chinese).
- Murray, C. (1994) *Underclass: the Crisis deepens*, London: IEA Health and Welfare Unit.
- Nicaise, I. and Meinema, T. (2004) “Experiments in Social Activation in the Netherlands”. Synthesis Report, the Netherlands. www.peer-revire-social-inclusion.net.
- OECD. (2006) *OECD Factbook 2006: Economic, Environmental and Social Statistics*, Paris : OECD.
- Oppenheim, C. and Harker, L. (1996) *Poverty: The Facts*, 3rd edn., London: CPAG.
- Percy-Smith, J. (2000) *Policy Responses to Social Exclusion: towards inclusion?* Maidenhead: Open University Press.
- Philip, I. (2006) *A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People*, London: Department of Health.
- Phillips, D.R. (2000) *Ageing in the Asia-Pacific Region: Issues, Policies and Future Trends*, New York: Routledge,
- Room, G. (1998) “Social exclusion, solidarity and the challenge of globalisation”, *International Journal of Social Welfare*, 8 (3), 166-174.
- Rowe, J. W. and Kahn, R. L. (1998) *Successful aging*, New York: Pantheon Books.
- Silver, H. (1994) “Social exclusion and social solidarity: Three paradigms”. *International Labour Review*, 133.
- Social Exclusion Unit (1997) *Social Exclusion Unit: Purpose, Work Priorities and Working Methods*. London: HMSO.
- Social Exclusion Unit (2006) “A sure Start to Later Life: Ending inequality for older people”, *A Social Exclusion Unit Final Report*. London: Office of the Deputy Prime Minister.
- Strawbridge, W.J., Wallhagen, M.I. and Cohen, R.D. (2002) “Successful Aging and Well-being: Self rated compared with Rowe and Kahn”, *The Gerontologist*, 42, 727-733.
- Taylor-Gooby, P. (1991) “Welfare state regimes and welfare citizenship”, *Journal of European Social Policy*, 1 (2), 93-105.
- Victor, C. R., Scambler, S. J., Marston, L., Bond, J. and Bowling, A. (2005) “Older People’s Experience of Loneliness in the UK: Does Gender Matter?”, *Social Policy and Society*, 5 (1), 27-38.

VWS. (2003) *What does the Government do for Older People? Information on Government Policy on Older People*, The Haug: VWS (Ministry of Health Sport and Welfare).