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Institutional care for people with disabilities in Taiwan: A national report between 2002 and 2007

Chia-Feng Yen^a, Jin-Ding Lin^{b,*}, Jia-Ling Wu^c, Shih-Wan Kang^b

^a Graduate Institute of Life Sciences, National Defense Medical Center, Taipei, Taiwan

^b School of Public Health, National Defense Medical Center, No. 161, Section 6, Min-Chun East Road, Nei-Hu, Taipei, Taiwan

^c Taiwan Research Center for Intellectual Disability, Chung-Hau Foundation for Persons with Intellectual Disabilities, Taipei County, Taiwan

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ABSTRACT

The purposes of the present study were to describe the institutional care for people with disabilities included service types, service capacity and service utilization from 2002 through 2007 in Taiwan. Data were obtained from four ways of national data: (1) The condition of service institution for the physically and mentally disabled; (2) The physically and mentally disabled population by aged and grade; (3) The physically and mentally disabled population by cause; (4) Taiwan general population by age. We used percentage and overtime trend figures to examine the change in service capacity and the institutional care utilization of people with disabilities. The results revealed that the administrative prevalence of disabilities was increasing from 3.69% to 4.45% from 2002 to 2007 (increase rate 22.8%) in Taiwan. The number of disability institutions was increasing from 223 to 254 and yield an increasing rate 12.2%. The service capacity of institutional care was 16,664 persons in 2002, and it was increasing to 20,707 persons in 2007 (increase rate = 24.3%). The cases admitted to institutional care were increasing from 12,611 in 2002 to 17,002 in 2007 (increase rate = 34.8%). The male individuals with disabilities were more likely to admit to institutional care than the female cases. The data of the present study provided can be a basis for further discussion on the debate of institutional care or community care for people with disabilities in Taiwan community.

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* Corresponding author. Tel.: +886 2 87923100x18447; fax: +886 2 87923147.

E-mail address: a530706@ndmctsg.edu.tw (J.-D. Lin).

1. Introduction

Deinstitutionalization has resulted in the growth of community or residential care (Lakin, Prouty, Anderson & Polister, 1999; Lakin, Prouty, Polister & Smith, 2002; Lakin, Prouty & Coucouvanis, 2006). Recent data illustrated that community services spending growing and the spending in institutional care (state-operated institutions or privately operated institutional facilities) declining gradually, but the public/private institutional care still consumed a significant amount of the U.S. budget (Braddock & Hemp, 2006). However, the aging of society directly influences demand for disabilities services. As the family caregivers age beyond their caregiving capacity, the institutional care or other formal supervised living arrangements must be estimated to support their family members with disabilities (Braddock, 1999). The deinstitutionalization movement has been popular in the Western countries yet, the long-term benefit of community care needs to be analyzed, and we should examine the psychological and social segregation that may persist despite physical integration. In Taiwan, the residential services for people with disabilities (particularly for people with intellectual disabilities) still provided by formal care systems have tended to grow in number, and these include both large and smaller residential settings (Chou & Schalock, 2007). However, the above study narrowly provided the information only focused on people with intellectual disability; it is lacking the general service trend analysis of institutional care for all people with disabilities in Taiwan. Therefore, the purposes of the present study were to describe the institutional care for people with disabilities included service types, service capacity and service utilization from 2002 through 2007 in Taiwan.

2. Methods

According to Article 3 of 'The Taiwan Physically and Mentally Disabled Citizens Protection Act' (1997) in Taiwan, the disabled referred to people whose functions of participating in the society and engaging in the production activities are restricted or can not be brought into full participation due to physical or mental factors. There are 16 types of registered disabilities: (1) vision disability; (2) hearing mechanism disability; (3) balancing mechanism disability; (4) voice or speech mechanism disability; (5) limbs disability; (6) intellectual disability; (7) losing functions of primary organs; (8) suffering facial damage; (9) unconscious chronically; (10) senile dementia; (11) autism; (12) chronic psychosis; (13) multi-disability; (14) epilepsy; (15) physical or mental disability caused by infrequent disease; and (16) other disabilities. Those cases with disabilities are classified and defined by the health authorities, and then registered by the social welfare authorities for the living support beneficiary. The Act regulates the governments should provide places, equipments, and funds or integrate the resources of the public and private sectors to provide welfare services for the disabled according to the actual requirements of people with disabilities. Those services include full-time day care, temporary and short-term care, home services care, rehabilitation services, etc. We analyzed data for the present study mainly from the Department of Statistics, Ministry of the Interiors, Taipei, Taiwan. Data from the national data were obtained from four ways between 2002 and 2007 (MOI Department of Statistics, 2008a,b,c,d): (1) The condition of service institution for the physically and mentally disabled; (2) The physically and mentally disabled population by aged and grade; (3) The physically and mentally disabled population by cause; and (4) The Taiwan general population by age. We used percentage and overtime trend figures to examine the change in service capacity and usage of institutional care from 2002 through 2007 in Taiwan.

3. Results

The governmental statistics in Table 1 revealed that the registered number of people with disabilities drastically increased from 831,266 to 1,020,760 and the administrative prevalence of disabilities was increasing from 3.69% to 4.45% from 2002 to 2007 in Taiwan. In terms of gender, the distribution among people with disabilities, the statistics illustrated the imbalance in the disabled population. Male cases (roughly 57.83–59.22%) occupied a greater percentage than females with

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