Hospice Foundation of Taiwan

HFT Newsletter

Forever Love, Endless Care

September 2026

Envisioning the Co-living Care Home from Afar

On Life's Final Journey, Everyday Life Still Goes On

Practicing Co-living Care in Local Communities

Keeping People Rooted in Life, Living Well to the Very End

When Care Happens Beyond the Hospital

How Taiwan Is Growing a Network of Symbiotic Communities

Hospice Foundation of Taiwan
www.hospice.org.tw

No. 45, Minsheng Road ,Danshui District, New Taipei City 25160 Taiwan
Tel: +886-2-28081130 Fax: +886-2-28081137 Email: hospice@hospice.org.tw

Like us on Facebook Like us on Instagram

Envisioning the Co-living Care Home from Afar

On Life's Final Journey, Everyday Life Still Goes On

A co-living care home is based in a regular residence or a neighborhood living space. By combining home medical care, long-term care, and family companionship, it allows individuals with disabilities, severe illnesses, or those nearing the end of life to live out their final days surrounded by familiar relationships. As society rapidly ages, the concept of the co-living care home is moving from advocacy into pilot programs and practice. Though still in its early stages, this model invites us to rethink long-term care and a peaceful end of life—whether everyday life can still go on even at the very end of life's journey.

Originating in Japan, the "co-living care home" is a new care model based in neighborhood homes. This concept stems from the Japanese "Home Hospice" movement, first put into practice by "Kasan's House" (Mother's House) in Miyazaki. It allows five or six elderly residents who require intensive care to live together in a community setting. By integrating home medical care and long-term care support, residents can spend their remaining days in a familiar living environment, even at the final stages of life.

In Taiwan, the "co-living care home" is still a relatively new concept. Unlike the clearly defined systems of hospitals or the traditional care framework of institutions, it raises a different question: when people become disabled, grow old, and need care, can they still maintain their daily lives and social relationships?

Dr. Sang-Ju Yu of Home Clinic Dulan found the beginnings of an answer at Japan's "Kasan's House." Meanwhile, Yi-Ying Lin, founder of the Plahan Symbiosis Care

Labor Cooperative, has been bringing this concept to life in Taiwan step by step, allowing co-living care homes to take root and flourish in their own language and soil in Taiwan.

Discovering an Alternative Vision for Care in Japan

Dr. Yu used to be a hospice and palliative care physician who accompanied many patients through their final moments in the hospital. However, one scene in the clinical setting always stayed with him: many elderly patients simply wanted to go home, but because of a lack of connection between the medical and care systems, they were forced to move repeatedly between hospitals, homes, and care facilities. Some finally made it back home by ambulance only at the very last moment of their lives.

"Kasan's House" (かあさんの家) is an innovative care model rooted in ordinary neighborhood homes.

As Taiwan transitions into an aging society, this scenario is becoming increasingly common. Dr. Yu kept wondering: if the medical system can only keep people in hospitals, can Taiwan truly handle the challenges when the population ages further? With this question in mind, he began researching Japan's home medical care system and visited Japan multiple times, hoping to find a care model different from hospitals or traditional institutions.

Elderly residents living together and keeping each other company in a regular home—this is the ideal vision of a co-living care home.

In 2015, during a visit to Kyushu, Japan, he stepped into a seemingly ordinary house called "Kasan’s House." Inside, a few elderly residents were living together—some chatting, some cooking, with staff members keeping them company. A medical team was nearby in the community, ready to provide support whenever needed.

"There was no smell of a hospital ward, nor the rigid discipline of an institution. It felt more like a household that was still functioning," Dr. Yu recalled, deeply moved. He further explained that “asan’s House” practices a life-centered philosophy of co-living. Typically, only five or six residents live together in a home, keeping each other company. The care approach is adjusted according to each person's rhythm of life rather than dictated by institutional rules. When life draws to a close, family members can naturally be there to accompany them, and the community also takes part in saying goodbye.

"End-of-life care isn't about how much doctors intervene, but about how capable the community is in providing companionship." For Dr. Yu, a doctor trained in hospital hospice care, this reminder from the Japanese practitioners was a profound, almost

transformative realization.

He gradually understood that a true co-living care home does not rely on expanding medical care indefinitely. Instead, it places resources where they are most appropriate, bringing in doctors and nurses only when necessary. Most of the daily care is supported by caregivers and the community. "This way, when family members visit, they don't have to focus only on technical care tasks. Instead, they can spend their time on what is truly important—being there for their loved ones."

When Care Begins, the Feeling of "Home" Vanishes

Dr. Yu translated the concept of "Kasan's House" as a "co-living care home" and introduced it to Taiwan through articles and lectures. However, he remained practical, knowing that Japan's experience could not simply be copied word-for-word. "Japan's Home Hospice model could thrive because it is backed by a mature system of home medical care, home nursing, long-term care resources, and private foundation support. It has had rich soil to grow in."

He admitted that this was why he didn't dare to push for co-living care homes back then—after all, at that time, even home medical care had not yet truly taken root in Taiwan.

Later, it was Yi-Ying Lin who took the baton to make co-living care homes a reality in Taiwan. With 30 years of experience on the frontlines of long-term care, Lin had seen too many families fall apart at a moment's notice. It usually starts with a sudden emergency—a heart attack, a fall, a stroke, or a cancer test report. The person is rushed to the hospital, and acute medical care takes over quickly. But when the condition stabilizes and it's time for discharge, the real challenge begins.

"What do we do now?" This is the question Lin heard most often in her work. Lin noted that the true anxiety for many families begins with post-discharge care. Home care services often can't start until the patient returns home, and the hours are limited. While families might manage during the day, caregiving duties often fall back on family members during nights, weekends, or unexpected changes. "If the original family structure cannot cope, they often have only one option left: moving their loved one into a residential care institution."

Consequently, someone who once lived in the community slowly drifts away from their familiar surroundings and further away from "home." Lin reflected that it isn't that support systems don't exist, but that they are too disconnected from one another. "Hospitals handle acute treatment, long-term care handles daily support, and institutions handle residential care. Each segment seems complete on its own, but we lack a place that can connect the entire journey together."

This disconnect—the feeling that "no one is there to catch you in the middle"—is precisely the pain point of Taiwan’s current care system. Having witnessed these struggles firsthand, Lin understood how co-living care homes should begin: "A co-living care home needs more than just a single service; it needs an entire community care network."

Co-living care homes are usually located in ordinary residential houses, preserving the original character and feeling of home. (Dongshi Co-Living Care Home)

The most important thing about a co-living care home isn't the number of services it provides, but creating the feeling of home.

—Yi-Ying Lin,
Founder of the Plahan Symbiosis Care Labor Cooperative

In a Co-living Care Home, Everyday Life Never Stops

Dr. Yu pointed out that for a co-living care home to take root in a community, at least three conditions must be met: first, there must be home medical support in the community; second, there must be adequate long-term care resources; and finally, there must be enough staff to provide 24-hour care.

"That’s what I admire most about Yi-Ying," Dr. Yu said, his admiration clear. "She didn't just talk about the vision; she actually built these conditions in Taiwan, step by step."

In Yi-Ying Lin's vision, a co-living care home has never been just “a cozy little house." It is a living base that can embrace people at different stages of life. Some move in because of temporary disabilities, some stay for a short period because of family caregiving pressures, and others spend the final chapter of their life's journey here.

Inside this space, everyday life does not stop because of illness or approaching death. Someone is cooking in the kitchen, someone is sunbathing in the yard, and others are chatting or watching television. Medical treatment and care have not disappeared, but they recede into the background of daily life, becoming a source of support rather than a system that dictates everything.

"The most important thing about a co-living care home isn't the number of services it provides, but creating the feeling of home," Lin said firmly. Here, individuals are not just people being cared for; they remain people with roles, relationships, and a life of their own. "The true value of a co-living care home is not just offering an alternative care model, but allowing people to live as themselves, even on the very last stretch of life's journey."

As Taiwan officially enters a super-aged society, care is no longer just a matter of medical or long-term care systems; it is about how a society understands the choice of “living until the end.” The philosophy behind co-living care homes may still be in its exploratory, early stages, but it opens up another vision of a peaceful end of life for Taiwanese society—the possibility that the final stretch of life need not simply be about being placed somewhere, but about being accompanied within familiar communities and relationships, allowing people, even on the final journey of life, to continue living as themselves within the rhythms of everyday life.

Practicing Co-living Care in Local Communities

Keeping People Rooted in Life, Living Well to the Very End

Even as the care system becomes increasingly comprehensive, gaps in care inevitably remain. In Wenshan, Taipei; Dongshi, Taichung; and Chingliu, Nantou, three co-living care homes each respond in their own way to the same question: As people grow old, can they be held and supported within relationships, and continue to live their lives?

As Taiwan's long-term care system has developed, institutional care and home care services have gradually established the basic framework of caregiving. Yet, between the two, there remains a gap that is difficult to fill. Families who are unwilling or unable to enter institutions, but also find it difficult to rely entirely on home care services, often have no choice but to struggle to keep things going.

It is precisely within this gap that co-living care homes have slowly emerged as another possibility. They are not alternatives outside the formal system, but an extension that is closer to everyday life, bringing care back to the people and relationships at its heart.

✪ Wenshan Co-living Care Home ✪

Rebuilding a "Home" at the Boundaries of the System

In a quiet alley in Wenshan, Taipei, an old house with a garden and plenty of sunlight has been given new life. A group of people who need care live here. Some

are recovering from illness, while others have difficulty moving around. Yet, within this space, there is no such thing as a "care recipient." Instead, everyone contributes according to the physical abilities they still have. Some prepare meals, while others greet visitors. It feels less like an institution and more like a family that supports one another.

An 87-year-old granny teaches a care worker how to fold dumplings.

However, this space did not begin with an idealistic vision. It grew out of disappointment with and questions about the existing system. Mei-Chu Lin, a board member of the Bliss and Wisdom Charitable Foundation who was involved in developing the Wenshan Co-Living Care Home from the beginning, has spent her career across the medical and social welfare systems. From working as a psychiatric social worker to managing a large-scale senior care institution, she spent many years working within the system and therefore came to see its boundaries even more clearly.

"The essence of an institution is management, making sure that risks do not occur." Lin once oversaw the care of 300 seniors in a long-term care institution. Yet even with sufficient staff and a complete system, residents' movements were restricted to prevent falls. There were not enough staff to wake residents and take them to the bathroom every two hours, so diapers became the solution. For the sake of efficiency, residents were often fed even when they were still capable of eating on their own.

During the Lunar New Year, neighborhood residents and co-living care home residents enjoy writing spring couplets together.

Local elders and co-living care home residents explore every corner of the community's alleys using walking poles.

"It became a place of wheelchair culture, diaper culture, and feeding culture. It wasn't that the staff were unwilling to care; it was that the system left them with no other choice."

"This kind of care is certainly safe, but it also causes people to lose what it means to be human." During her first three months on the job, Lin says she cried almost every night in the darkness. "The seniors' daily needs were well cared for, but we couldn't see smiles on their faces. There was no joy or dignity. Everyone felt that coming here simply meant waiting to die."

One House, Making "Symbiosis" a Daily Reality

"What would it look like if care could return to everyday life? If a person could still retain a role and dignity while receiving support?" Years later, when Lin encountered the concept of co-living care homes, her question to the system finally found an answer.

"I hardly hesitated before getting involved," Lin says with a smile. Although she was only one step away from making her dream a reality, that one step took her

more than half a year. "The biggest difficulty was finding a house."

She spent three months searching for a suitable space in Taipei. The properties were either too small, too expensive, or lacked an elevator. Just when she was almost out of options, a twist of fate led her to this house in Wenshan. "The moment I first stepped inside and saw the garden, the sunlight, and the open, airy layout of the rooms, I immediately knew this was the place!"

"A co-living care home is not a miniature version of an institution, but a practice of living together." Whenever a new "family member" moves in, Lin patiently explains that the space here is shared and relationships are equal. "The relationship between the caregiver and the care recipient is not hierarchical. We need one another, and we support one another."

This change is not limited to the level of ideas; it truly happens in people's lives. The story of "Chief Yeh" unfolded in just such an everyday setting.

When Chief Yeh first came to the Wenshan Co-Living Care Home, neither his physical condition nor his overall state was stable. He had suffered several nearly fatal injuries, and his movements had become slow and difficult. Yet, compared with his physical limitations, his guardedness toward other people was the greatest challenge to his initial adjustment to the co-living care home. He once thought that he had "been sent to another institution," and therefore strongly resisted being "placed" there.

During that period, he spoke little and rarely interacted with others. The change came in a seemingly ordinary moment. During an activity, someone needed to call out the rhythm, but the room remained quiet, and no one was willing to speak up.

A co-living care home is not a miniature version of an institution; it is a practice of living together.

—Mei-Chu Lin,
Board Member of the Bliss and Wisdom Charitable Foundation

At that moment, Chief Yeh stepped forward and took on the role. With a strong, resonant voice and full of energy, he led everyone.

"From that day on, I started calling him 'Chief,'" Lin says with a smile. The name unexpectedly touched the part of Yeh that longed to interact with others. Today, at the Wenshan Co-Living Care Home, Chief Yeh is no longer simply someone receiving care; he is someone who takes the lead. From his earlier withdrawn and unsettled state, he has gradually become willing to participate in all kinds of details of everyday life.

"A nickname redefined his position in this space and helped him find himself again," Lin says. To date, the Wenshan Co-Living Care Home has welcomed more than ten "family members." Some voluntarily help wash the dishes, some are responsible for opening the door and welcoming visitors, and some notice when a visitor might need a cup of tea. "These seemingly small actions all represent care recipients becoming people who once again have abilities and can contribute."

✪ Dongshi Co-Living Care Home ✪

When Someone Catches You, Care Is No Longer Something You Simply Have to Endure

If the Wenshan Co-Living Care Home answers the question of how "home" can be

reconstructed, then the Dongshi Co-Living Care Home in Taichung takes the idea a step further, showing how a person or a family on the verge of no longer being able to cope can be firmly supported.

Ching-Hui Chen, Director of the Dongshi Co-Living Care Home, believes that whether people are being noticed and supported is far more important than systems or models.

Following the slopes of the Dongshi mountain town, a renovated wooden house sits quietly. The space is quite simple: the first floor is a shared living area, while the second floor has several rooms for short-term stays. There are no clearly defined institutional boundaries here. Instead, it feels more like a home that continues to change as people come and go—a place willing to catch and support people when they need it.

"We are not trying to replace institutions, nor are we trying to replace Long-Term Care 2.0," explains Ching-Hui Chen, Director of the Dongshi Co-Living Care Home. Institutions provide structured and centralized care, while Long-Term Care 2.0 fills in the support provided through home services. Yet there is still a gap between the two. "Families who don't want to enter institutions, but cannot completely rely on one-on-one home care services, need an option that is closer to everyday life. A co-living care home is exactly suited to that need."

When Chen talks about the Dongshi Co-Living Care Home, she cares less about systems or models and more about "whether someone is being caught and

supported." In her view, many caregiving difficulties are not simply caused by a lack of resources, but by the absence of somewhere to support a person when they can no longer manage on their own.

Take Brother Chou, who can often be found busy in the kitchen preparing lunch. All three daily meals at the Dongshi Co-Living Care Home come from his skilled hands.

"His blood sugar had been unstable for a long time, and he needed someone to care for him. Originally, his brother and sister-in-law were going to send him to a nursing home," Chen says with a smile. Who would have imagined that this soft-spoken man with a smile on his face once declared, "If you send me to an institution, then you'd better be prepared to come and collect my body!"

"This wasn't simply something he said in anger. It was a strong resistance to losing control over his own life." Chen recalls that when Brother Chou first arrived at the Dongshi Co-Living Care Home, both his emotions and physical condition were tense. Rather than rushing to place him into a care routine, they asked him, "What can you do? What can you do here?"

So he went into the kitchen and began helping prepare meals—from chopping vegetables and watching the stove to eventually managing the entire cooking process. Chen jokes that from the very first day Brother Chou moved in, he was not someone who needed to be cared for. "He's the person in charge of cooking in this home. If he takes a day off and goes home, we'll go hungry."

"When a person regains a role, their whole demeanor changes." Brother Chou, who once resisted every arrangement, now always wears a smile and has rediscovered his willingness to interact with others. "He helps us plan the menus for all three meals and writes the shopping list, then asks us to accompany him to

Rather than just offering a place of care, we want to give people the chance to return to life. We also hope that when families are about to reach the point where they can no longer hold on, we can be there to catch them.

—Ching-Hui Chen,
Director of the Dongshi Co-Living Care Home

the market to buy the ingredients." This is what a life of caring for and accompanying one another looks like.

At the Dongshi Co-Living Care Home, those who are supported are not only older adults, but also the caregivers who have spent long periods holding an entire household together. On the second floor, three rooms have been set aside as places where family members can temporarily stay and rest.

There was once a caregiver who came here when she was almost completely exhausted. She didn't say much. She simply went into a room, closed the door, and slept.

There were no cries in the middle of the night that she needed to respond to, and she did not have to keep her nerves constantly tense. That night, she was temporarily able to put down the responsibility of "having to take care of someone," and, after a long time, she finally had a good night's sleep.

"The next day, when she saw me, she hugged me and cried. She said it had been a very long time since she had slept so well." As Chen moves through the second-floor space, what she sees is more than bedsheets and duvet covers. She sees relief and understanding. "For her, this wasn't ordinary rest. It was a kind of lightness she hadn't experienced in a very long time, as if someone had helped take the weight from her shoulders."

Not Only Seniors—Caregivers Are Given a Place, Too

Chen admits that within the existing system, caregivers are often taken for granted. But here, they do not need to prove how hard they have worked, nor do they need to push themselves to the limit before anyone notices them. "They can temporarily let go, or even simply sit quietly."

At the Dongshi Co-Living Care Home, those who are supported are never only individuals; sometimes, it is an entire family. When four sisters came together to the Dongshi Co-Living Care Home, none of them had a smile on her face.

At first, out of filial devotion and a desire to share the responsibility with one another, they agreed to take turns caring for their sick father. But as time passed, exhaustion accumulated. The division of responsibilities became increasingly unbalanced. One felt she was carrying more of the burden, while another felt she was not being understood. The words remained unspoken, but the emotions slowly piled up. Caregiving, which had begun as an expression of love, became a source of tension.

When they brought their father to the Dongshi Co-Living Care Home, they brought not only the challenge of caregiving, but also relationships that had already become strained. Chen saw what was happening, so she chose a gentle way to begin: "Let me be your little sister. We can take care of Dad together, okay?"

At that moment, the atmosphere began to lighten, and the places where things had become stuck slowly began to loosen. Chen's open and welcoming attitude allowed the caregivers to accept that bringing their father to the co-living care home was not an act of shirking their responsibility.

Brother Chou is now the head chef of the Dongshi Co-Living Care Home.

"When someone is willing to come in and carry the burden together, the breath of a family that was about to break can slowly be restored," Chen says with a smile. Today, when the sisters come, their interactions are filled with happiness. Even their father has gradually settled down and can openly say, "This is my second home."

Chen is no stranger to this kind of transformation, because she has walked a similar path herself. When she speaks about her mother-in-law, her voice is calm, but her words carry a sense of heartache. "After my mother-in-law moved into an institution, she began to deteriorate. She could still speak at first, but gradually became more and more silent. Eventually, she would even shout loudly at night, as if she were trapped inside a dark box."

"During that period, it felt as though we could only watch helplessly as she moved farther and farther away from life." Later, Chen decided to bring her mother-in-law to the Dongshi Co-Living Care Home. As the way she was cared for changed, subtle changes gradually appeared. "Although her physical abilities did not completely recover, she began to recognize her family again, and her ability to speak slowly returned."

This experience further convinced Chen that when life is reduced to being cared for, arranged, and managed, a person's abilities also gradually disappear. "Therefore, what the Dongshi Co-Living Care Home truly wants to do is not only provide a place for care, but also give people the opportunity to return to life. We also hope that when families are about to reach the point where they can no longer hold on, we can be there to catch them."

The second floor of the Dongshi Co-Living Care Home features three rooms, serving as a sanctuary where many family caregivers can temporarily anchor themselves.

✪ Chingliu Tribe Co-Living Care Home ✪

Growing Old Quietly on Familiar Soil

Wenshan and Dongshi show us the possibilities of "home" and of being "caught and supported." In the Chingliu Tribe of Nantou, the co-living care home goes one step further by answering another question: “Can a person remain rooted in the land they know, and grow old there in peace?”

At the Chingliu Tribe Co-Living Care Home in Ren'ai Township, Nantou County, Director Yu-Chin Lee's understanding of aging began taking shape very early in her life. "I was raised by my grandparents." As she recalls her grandparents growing older and becoming ill enough to be hospitalized, her usually cheerful voice gradually softens. "In the hospital, language became the most immediate barrier. My grandparents couldn't understand what the medical staff were saying, and they couldn't accurately express where they were uncomfortable."

The true essence of a co-living care home is not about piling on more services, but about bringing care back to everyday life in a way that is closer to people.

—Yu-Chin Lee,
Director of the Chingliu Tribe Co-Living Care Home

That profound sense of helplessness stayed with her. From that moment on, she repeatedly asked herself: “Since growing old is inevitable, can we find a way for people never to have to leave their homes?”

This question gradually assumed a clearer shape through her subsequent life and career. Having worked for many years at the local public health center, Lee had walked through almost every corner of the tribe. She witnessed changes in the population structure and watched the challenges of aging slowly emerge. In the past, elders were mostly cared for at home by their families. But as younger generations left the tribe to work elsewhere, the traditional support system began to loosen. Living alone, disability, and caregiving pressure gradually became realities that could no longer be ignored within the tribe.

Therefore, after retirement, Lee did not leave this issue behind. Instead, she became even more directly involved. When Long-Term Care 1.0 was just beginning, she chose the most direct way to respond to the need—she opened the doors of her own home. There was no complicated design or system. In her home, elders in the tribe who needed care gathered together. Beginning with the basics—companionship, meals, and everyday activities—she gradually brought care back into daily life.

Continuing the Rhythm of Life: Bringing Care Closer to Everyday Life

Yu-Chin Lee, Director of the Chingliu Tribe Co-Living Care Home, recognized the challenges of an aging population within her tribe at an early stage.

"Back then, the elders I encountered were usually already very frail," Lee reflects, a hint of sorrow in her voice. "Care always seemed to arrive too late. If we could intervene earlier, offering support while the elders still retain their independent living skills, perhaps the outcome would be different."

Through this continuous process of trial, error, and practice, the "co-living care home" gradually became Lee's direction for caregiving. Here, care is no longer simply an arranged process; it returns to life itself. Everyone eats together, chats together, and interacts in familiar language, while daily life continues at its original pace. This kind of environment has also allowed some situations once considered difficult to take on a different appearance.

"We once had a family member come to the Chingliu Tribe Co-Living Care Home whose family felt embarrassed to tell us that, at home, he often played with his own feces," Lee says with a smile. "At first, I was also very worried. But our concerns turned out to be unnecessary, because he has never exhibited this behavior here."

Puzzled by this, Lee gradually worked through the possible reasons and eventually found the answer. "Here, someone is present around the clock. When he has a bowel movement, we take care of it immediately. But before, he was often alone. His needs were not being noticed, so he could only express his discomfort in the most direct way."

Yu-Chin Lee chose to open the doors of her own home, deeply weaving “a sense of daily life" into practice through the care provided at the co-living care home.

When someone is present to accompany a person and respond to their needs, behaviors that were once seen as troubling can gradually disappear. Lee explains that the true meaning of a co-living care home "is not about providing more services, but about bringing care back to everyday life in a way that is closer to people." When people can live in familiar surroundings and be seen and responded to by people they know, growing old does not require them to adapt to a completely new life. It simply becomes a continuation of the life they have already been living.

Returning Care to the "Source of Life"

Whether it is witnessing how "home" can be refashioned in Wenshan, understanding how a "safety net" operates in Dongshi, or feeling the deep peace of "aging on one's own land" in the Chingliu Tribe, the co-living care home model is not a rigid template, but an evolving practice of communal living.

It allows care to move beyond simply being an arrangement of systems and resources, returning instead to the most fundamental question of everyday life: As a person gradually enters the later stage of life, can they still be understood, needed, and gently supported within the familiar language, relationships, and land that have shaped their lives?

When Care Happens Beyond the Hospital

How Taiwan Is Growing a Network of Symbiotic Communities

In response to an aging population and the growing demand for long-term care, Taiwan is revamping its system to bring care back into local neighborhoods, rebuilding the supportive networks that connect people with one another. From the shift toward Long-Term Care 3.0 to the promotion of the Compassionate Community initiative, the idea of a "symbiotic community" is more than just a policy blueprint. It is a vision for a way of life in which living well and dying with dignity can happen at the same time.

Late at night, the hospital room light is still on.

A senior in his 70s sits by the bedside, repeatedly asking the same question: "When I go home, who is going to take care of me?" The nurse standing nearby knows that his physical condition has stabilized and, in principle, he is ready to be discharged, yet no one feels confident making that final decision.

His wife is even older, his children work in other cities, and the family has neither a suitable environment for caregiving nor a reliable caregiver. Medical care can treat an illness, but it cannot solve the realities of everyday life after a person returns home. Scenes like this are all too common in Taiwan's hospitals.

When Medical Treatment Ends, Who Takes Over Daily Care?

According to statistics from the Ministry of Health and Welfare, the average life

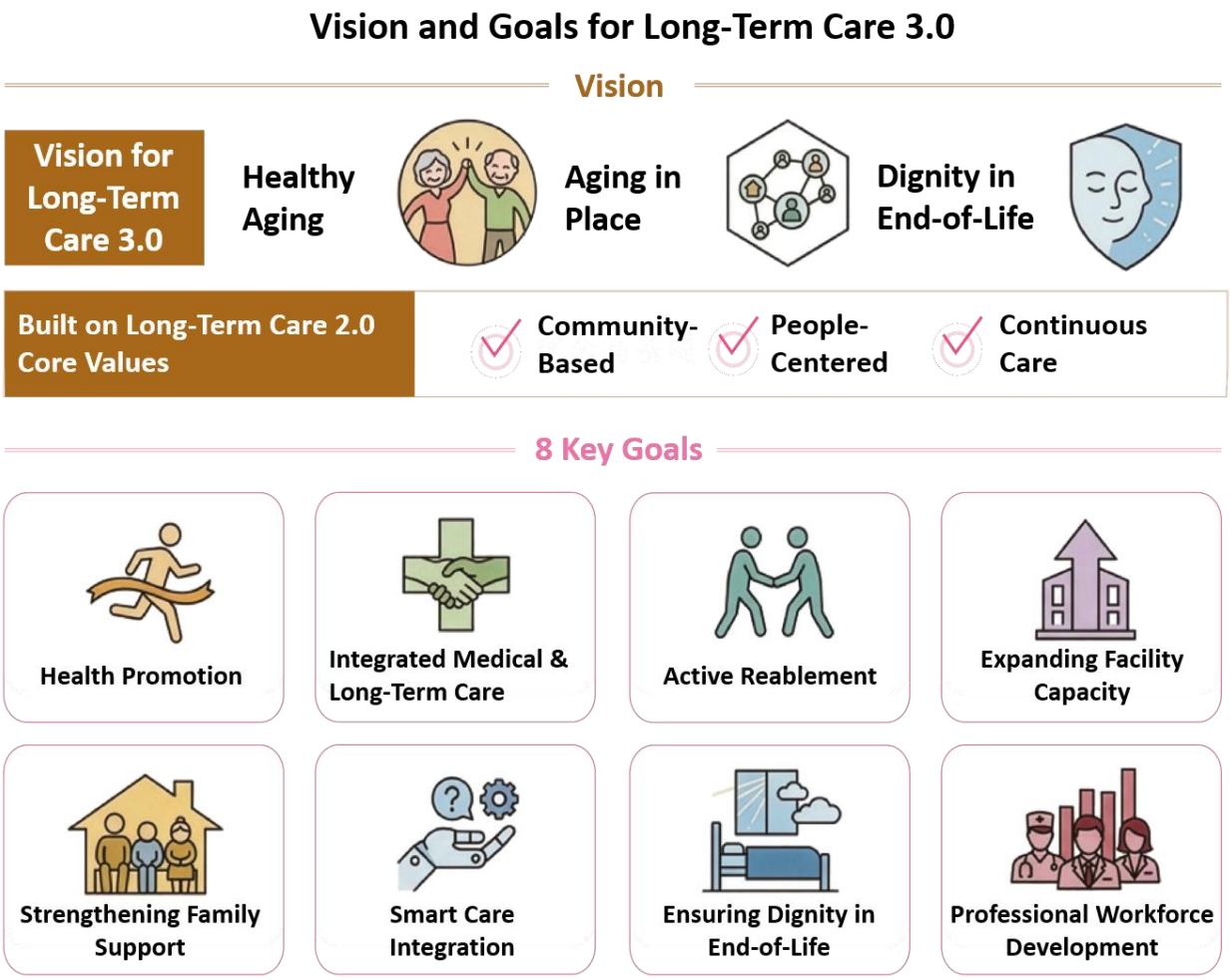
expectancy in Taiwan has surpassed 80 years, but the average period of unhealthy life expectancy ranges from 7.5 to 8.5 years. In other words, there is a significant gap between the years a person can move about freely and their actual life expectancy.

In recent years, more and more seniors are not suffering from acute illnesses, but are instead living for extended periods between chronic illness and physical frailty—a prolonged period of "living with illness." There is no clear endpoint. Instead, during the final year of life, many repeatedly move back and forth between hospitals and home, with daily life and caregiving becoming deeply intertwined.

When caregiving is no longer a brief medical process but an ongoing condition embedded in everyday life, the once-clear boundaries begin to blur. Hospitals cannot take on a person's daily life indefinitely, and care facilities cannot replace a familiar environment. This raises the questions: Where should a person be cared for? And who will care for them?

"The community must be the most important setting for daily life; ultimately, all care needs to return here," says Jen-Der Lue, Deputy Minister of Health and Welfare. Over the past decade or more, Taiwan's long-term care policies have gradually built a system centered on service provision: home care, day-care centers, and residential placement, each addressing different needs at different stages of aging. However, in the planning of Long-Term Care 3.0, there has been a key shift in perspective.

Compared with the past focus on care after a person becomes disabled, Long-Term Care 3.0 extends its reach further upstream, placing "prevention" and "delaying disability" at the center. The setting for this transformation is no longer simply medical institutions, but the place people know best: their own communities.



The Shift to Long-Term Care 3.0: Bringing Care Back to Everyday Life

"Local care stations are like distribution channels. Once the points are established, care has a real chance to enter people's daily lives," Lue says. Over the next eight years, the goal is to establish "one care station per village or neighborhood" across Taiwan's more than 7,000 villages and neighborhoods, reconnecting them into a comprehensive care network.

He adds that these local care stations initially focused mainly on activities such as shared meals and health promotion. Today, however, they are being repositioned as key nodes in the care network. Faced with rapidly rising care needs and a shortage

of caregivers, residents will be able to access basic care support within a 30-minute driving radius of where they live.

The core spirit of Long-Term Care 3.0 is "symbiosis." Different groups with different needs—including seniors with disabilities, people with physical or mental disabilities, and even people with psychiatric conditions—can share the same care station space. At the same time, smart assistive devices, caregiving robots, and automated bathing equipment can help reduce the pressure of one-to-many caregiving.

Lue also highlights the concept of "reablement," that is, no longer viewing older adults simply as recipients of care, but helping them maintain their abilities, participate in daily life, and even regain the ability to care for others. New measures launched this year, such as the "Family Caregiver Co-Prosperity Circle," adopt a concept similar to a time bank. Multiple families share the same care station, while the government provides one full-time professional caregiver and family members take turns serving as volunteers. This allows families to find a balance between caregiving and respite, while also allowing care to circulate within the community rather than remaining the burden of individual families.

This shift also extends to end-of-life preparation. Lue points out that the government has allocated funds to subsidize Advance Care Planning (ACP) consultations for specific groups, prioritizing middle-aged and older adults or patients with severe illnesses. At the same time, spiritual care courses from Germany have been introduced at certain care stations to help seniors organize their life experiences and face both relationships and mortality.

From Dying Well to Living Well: Caring for One Another Starts in the Community

"We aren't just talking about hospice; we are looking at the entire state of living through the lens of 'palliative care,'" says Dr. Ying-Wei Wang, a current board member of the Hospice Foundation of Taiwan and Director of the Palliative Medicine Center at Hualien Tzu Chi Hospital. This is also the reason he has spent years promoting "Compassionate Communities."

A "Compassionate Community" is not a new service model; it is more like a reimagining of relationships within a community. Centered on the person who needs care, it radiates outward in concentric circles of support: family, neighbors, friends, and even the wider community. These relationships exist within everyday life and can become active sources of support when needed.

Dr. Wang observes that many older adults still live in familiar communities. During the day, they may go out to buy groceries or sit for a while at the corner of their street. Yet, as their bodies gradually become weaker, the first thing to disappear is often not their ability to move, but their connection with other people. Once they stop going out for several days without anyone noticing, or an accident happens at home without being discovered in time, someone who could have continued living in the community may ultimately be forced to leave their familiar surroundings.

Dr. Wang admits that Taiwan does not yet have a "typical" Compassionate Community. Most efforts are still in the stage of experimentation and gradual accumulation of experience. Yet, in reality, everyone has the ability to become part of the care network. A familiar shopkeeper might pay closer attention to an

older person living alone; a neighbor might accompany them to a medical appointment; someone skilled at home repairs might install fall-prevention grab bars for an older adult; or someone might simply help care for a household pet or walk alongside a person for part of the way. These seemingly small actions can become key conditions that allow people to continue living in their communities.

Taiwan to Host the First PHPCI Conference in Asia in October 2026

PHPCI Hosts First Asian Conference: Letting End-of-Life Care Grow in Communities

In recent years, this philosophy has also been promoted through international initiatives. PHPCI (Public Health Palliative Care International) approaches end-of-life care from a public health perspective, emphasizing the role of the community in caring for people at the end of life. It seeks to transform "dying well" from a medical issue into a life issue that society as a whole faces together, so that every person can be well accompanied during the final stretch of life, while those

experiencing grief after a loss can also find support within the community and gradually emerge from the shadows.

Dr. Wang points out that this October, the PHPCI Annual Conference will be held in Asia for the first time, with Taiwan chosen as the host location. This is more than simply an international exchange event. It is also an opportunity to move the concept of "Compassionate Communities" from discussion and advocacy into more concrete local practices. The conference will connect healthcare, social welfare, communities, and civic organizations through forums and activities, creating opportunities for different groups to see one another and discover more possibilities for where and how care can happen.

In Taiwan, the "symbiotic community" is still taking shape in its own unique way. From Long-Term Care 3.0 to the transformation of local care stations, the government is trying to weave scattered services into a care network that is more closely connected to daily life. Yet, what truly allows this network to work still depends on the connections and understanding between people beyond the formal system, allowing symbiotic communities to truly take root and flourish.

Perhaps, when a person can no longer live independently, there will still be someone by their side who is willing to stay.

That is the answer the symbiotic community is ultimately seeking.