

## Services and Housing for the Elderly in Japan ②

In the previous article, I briefly explained Japan's current situation, where the population is aging at the rate the world has never experienced, and the types of services offered to the elderly and the facilities available for the elderly.

In this article, I will touch on Japan's long-term care insurance system.

The current long-term care insurance system is a system established according to the Long-Term Care Insurance Law came into effect in 2000.

Until then, it was an era of measures as the government decided on the necessity of welfare services for the person who said to be required such services, decided on the services he/she would receive, and also decided on the nursing homes he/she would be placed in. Funds came from taxes and users of such services. The government checked the user's income and a high-income person was charged higher fees.

In the long history of Japan, against a rapid aging population, the government introduced a long-term care insurance.

The elderly welfare policies began in the 1960s, and the Act on Social Welfare for the Elderly was enacted in 1963 and the Law of Health and Medical Services for the Elderly was enacted in 1982.

The current aging rate (the percentage of persons aged 65 and over in the total population) is approximately 29%; however, it was 5.7% and 9.1%, back in 1960 and 1982 respectively and 17.4% in 2000, when long-term care insurance was enacted.

The reasons behind the introduction of the long-term care insurance system include that with the aging of the population, the number of the elderly requiring nursing care has increased, the needs for such care also have increased, and the period of care has become longer. In addition, there are issues concerning families as caregivers. As the number of nuclear families increase, there are getting fewer hands to provide care within the family and such family members providing care are also aging. Since the conventional welfare and medical system for the elderly reached its limit, the Long-Term Care Insurance Law was enacted in 1997 then came into effect in 2000.

The long-term care insurance system has three pillars.

- Support for independence: Supporting for the elderly's independence comes first. It is not just about taking care of the elderly.
- User-oriented system: Users are allowed to choose and receive healthcare and welfare services comprehensively from the wide range of providers.

- Social insurance scheme: Adopting a social insurance scheme to make benefits and burdens clear.

50 % of the long-term care insurance is financed by insurance premiums and another 50% is by public funds.

Covered by those nursing care insurance premiums collected from the persons aged between 40 and 64 and public expenditure (taxes by the national and local governments), the insured (user) can choose and use the nursing-care providers or services required for him/her by himself/herself with an out-of-pocket expense of 10% (20-30% depending on income) in principle.

The Long-Term Care Insurance Law is reviewed every three years.

The process to use the long-term care insurance system is as follows. A user or a user's family member applies for certification of long-term care and support needs at a municipal office. Then the responsible division will make the primary decision, using the computer based on the report called certification investigation, in which a certified investigator assess the user's physical and mental condition, and the user's attending physician's written opinion. As the secondary decision, the certification committee whose members consist of the experts who have relevant knowledge and experiences in the field of health care, medical care, and welfare, makes a decision, examining the primary decision and the attending physician's written opinion. Based on this result, the municipality certifies the applicant's certification of long-term care and support needs. There are five categories for the condition of need for long-term care according to the elderly's degree of requiring nursing care. Available services differ by the certification category. After consulting with a user and/or a user's family to select specific services such as facility, residential or home base services, a care coordinator called a care manager creates a nursing care plan. With this care plan, a user signs a contract with care providers or facilities to start to use long-term care insurance services.

Next, I will introduce the housing for the elderly.

In Japan, we have a special expression, *Tsui no sumika*. It means a place to live until the end of one's life, or a place where one can live in peace at last. The place could be a nursing facility or one's own house using in-home services.

As I mentioned in my previous article, there are many kinds of facilities available for the elderly.

Such facilities for the elderly include intensive care homes, fee-based homes, serviced housing, group homes, and apartments. Even the same kind of facilities, one might take care of the resident till the end of his/her life but another might ask the resident to leave

once he/she comes to require specific types of medical support.

Actual services will be selected after getting aforementioned certification of long-term care, and it is not an easy task at all to choose a facility to live.

Often times, the person's health suddenly deteriorates so that he/she has to find a facility without being able to give enough consideration.

Each facility sets the different resident criteria for their physical condition to admit. At the same time, for the residents there are many factors to choose from. Such factors may include price, location, available services, and facility employees.

The first question to start with for a facility to live is that if or not you require nursing care. If yes, the following question will be that if you require medical support, or if you are diagnosed as dementia. Moreover, if you require medical support, is it advanced or moderate? Types of medical support might affect your options. Your degree of dementia, severe or mild, is also an important criterion for selecting a facility.

Even the elderly currently do not require any kind of nursing care services have different options depending on whether or not they have long-term care certification. There is also an age limit to enter facilities.

You might pay attention that specific facilities require specific condition as intensive care homes basically accept only persons with level 3 of long-term care certification and above, and group homes basically accept persons with level 2 of long-term support certification and above.

A health services facility for the aged cannot be one's final bode but rather, it is a facility to assist the elderly to return their own home.

Fee-based homes have 3 types: Residential type, With nursing-care service type, and Hospice type

In my next article, I will provide a more detailed introduction to housing for the elderly and provide tips on how to choose such facilities.

#### References:

The Statistics Bureau of Japan (2023, September 17) Statistical Topics No. 138, "Statistical Observation over Japan's elderly - In honor of "Respect for the Aged Day" Ministry of Internal Affairs and Communications Homepage (URL) <https://www.stat.go.jp/data/topics/pdf/topics138.pdf> (Japanese)

Long-Term Care Insurance System of Japan (2016)

Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare

Homepage (URL) <https://www.mhlw.go.jp/content/000801559.pdf> (Japanese)

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