

Japan

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In Japan, the term “general housing” refers to residential properties which households own or rent contractually, while the term “institutions” refers to residential facilities in which elderly residents can receive medical care, long-term care and welfare services according to a service agreement. “General housing” is supervised by the Ministry of Land, Infrastructure, Transport and Tourism (MLIT), while “institutions” are controlled by the Ministry of Health, Labour and Welfare (MHLW). Housing policy was not previously viewed from a social security perspective, but recent partnerships between the ministries have led to their taking joint responsibility for the provision of rental housing for older people.

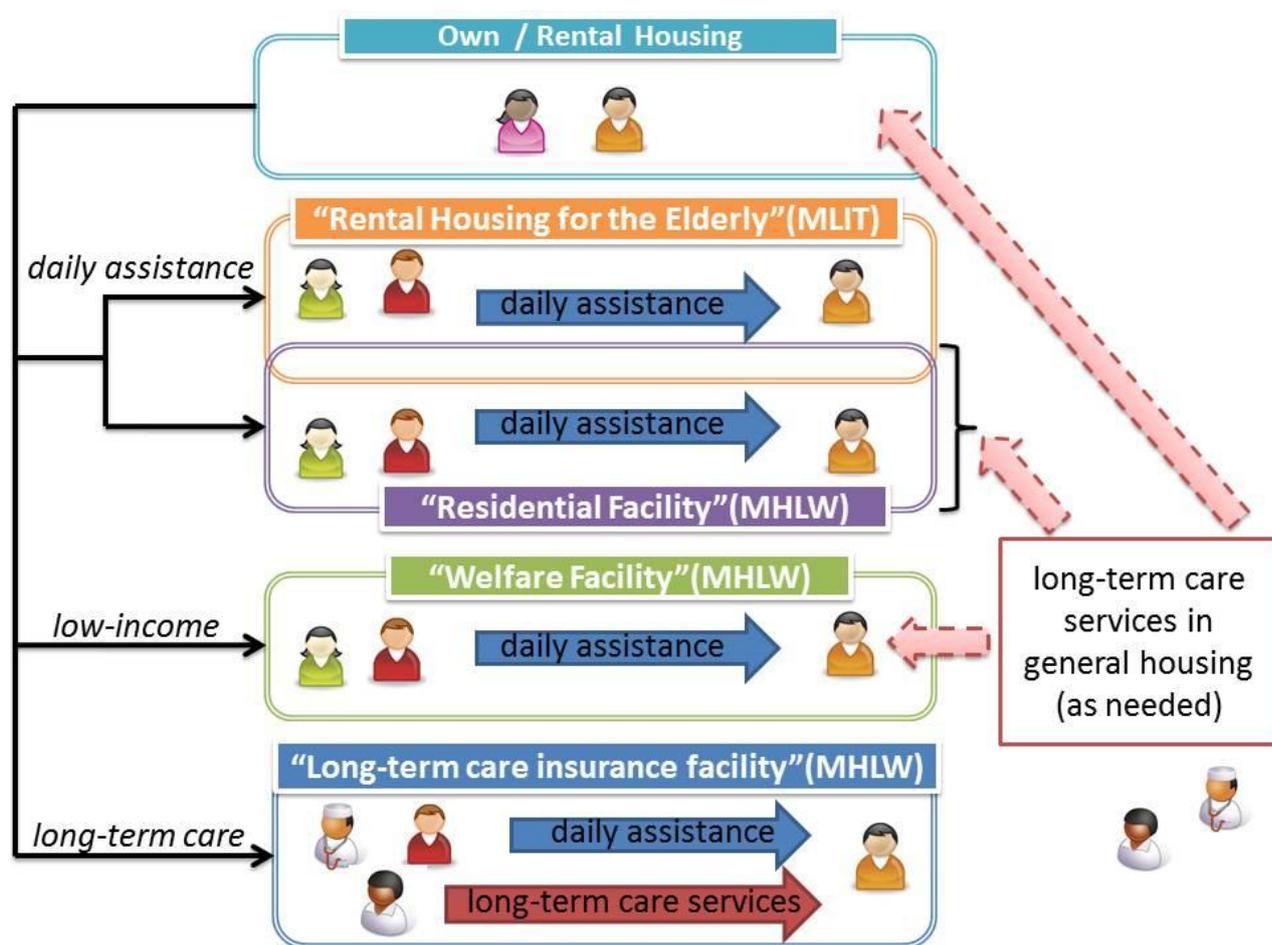
Types of housing and their suitability for older people

The majority of older people in Japan live in a dwelling which they own, which falls under the category of “general housing.” After the Second World War, the government encouraged people to own their home, by establishing a public home mortgage system and reducing taxes for those paying a mortgage. Although the public home mortgage system no longer exists, tax reduction for mortgages is still effective. Eighty-three point four per cent of households with an older member occupy a house or apartment they own, while 16.1 per cent rent their dwelling, compared to all households of which 61.1 per cent own their house/apartment and 35.8 per cent rent it. Hence, a greater number of older people than younger people reside in a property they own.¹

A main advantage of owning a house if one is old and lives in Japan is having an asset and thus housing security. However, not all houses are equipped for elderly occupants: no handrails may be fitted and the building may have stairs. Forty-eight point seven per cent of general housing is indeed equipped for older persons, while 15.7 per cent of dwellings owned by the occupants, among whom is an elderly person/s, were remodeled between 2004 and 2008 to accommodate the older occupant’s needs.² The Japanese Long-Term Care Insurance compensates up to US\$2100 (\$1=95 yen) for remodeling of a house to suit elderly occupants.

Older persons who “age in place” (remain living in their home, and do not relocate to a facility) and need care are able to receive care in their dwelling from a visiting nurse or caregiver through long-term care insurance. Between March 2010 and February 2011, the greatest proportion of such care was rendered to occupants of general housing (79.6%), while a fifth (20.4%) received care in institutions.³

The number of households constituted of only an elderly couple or a single elderly person is likely to increase in future. These persons tend to move to a facility where they can obtain long-term care when they are older and their physical abilities have deteriorated. Descriptions of these people and their housing options are shown in the figure below:



Housing policy and the provision of specialist housing

In 2012 the MLIT reformed the rental housing system for older people. The reforms are expected to lead to the development of rental housing that meets older tenants’ needs. Ideally, buildings will be elderly-friendly, e.g. barrier-free, and at a minimum someone will be available to check on the older tenants regularly, such as the Warden

system in the UK, to ensure they are safe and to consult with them should they need help. Rental housing for older people is established and managed by private sector organisations. (3,393 buildings)⁴

Previously, the MLIT was responsible for housing policies in general, while the MHLW dealt with the housing issues of people who needed welfare and/or long-term care.⁵ Subsequently, both ministries worked together on the rental housing law reform of 2012, as both agreed there was a need to expand the provision of housing for elderly persons in need of daily support services urgently.

In Japan older people have a tendency to apply for admission to a long-term care insurance facility even if they do not need the care as such. A main purpose of the reform of 2012 has been to reduce a demand for admission to a long-term care insurance facility.

A “residential facility” provides residents with meals and daily support services. These facilities are for older persons with an above middle income. Residents categorised as below middle income are able to receive similar services at a “welfare facility.” It is not required of residents to need long-term care or welfare assistance to be admitted to a facility. Affluent individuals who are independent can therefore simply enter such a facility. If or when their physical and mental condition declines and they need long-term care services, they can receive same through long-term care insurance. These facilities range from small-scale and inexpensive places, to luxurious facilities for affluent residents. (4,144 facilities in October 2010)⁶

The establishment and management of “welfare facilities” and “long-term care insurance facilities” for older persons are restricted to public organisations whose specific purpose is to provide welfare and medical care. Norms and standards are set specifying room size, equipment and staff assignments. A “residential facility” on the other hand may be established and managed by a private sector organisation. Few restrictions apply to these facilities and they are proliferating in number.

Challenges for the provision of rental housing for older people and residential facilities include the following: The two are similar and together constitute housing that fulfils both requirements. However, the systems are complicated and difficult to understand. I argue that the systems could be made more comprehensible for older people if the ministries involved went a step further and overcame the barrier of independence.

A “welfare facility” is for persons who need welfare support, such as those with low

income or those who need daily support services. Admission to such a facility is not contractual; the public administration decides who is admitted. Compared to other facilities, welfare facilities have the broadest mandate to provide government aid to the poor; indeed, the facilities were established originally for recipients of public assistance. Individuals who do not require long-term care may be admitted to these facilities. When the residents' physical and/or mental condition has declined to the point that they need long-term care, they are able to source it from outside providers.

Concomitant with an increase in the number of older persons in need of care is an increase in the number of "long-term care insurance facilities." The number of "welfare facilities" remains the same, however. An explanation for this disparity is that an original purpose of a welfare facility was to help low-income people, and the provision of long-term care was merely an additional service. It is expected that the number of welfare facilities will decrease in the future. (2,873 facilities)⁷

A "long-term care insurance facility" provides long-term care services and daily assistance, which means that residence and long-term care services are combined. To be eligible for admission to such a facility, an individual must be in need of long-term care. Costs for care services are met through long-term care insurance. Three categories of facilities are available, depending on the physical and mental care requirements of a person seeking admission:⁸

- Facilities which provide services such as meals, and help with bathing and toileting. The facilities are aimed at persons who need 24-hour care. Medical care is not usually provided. (6,241 facilities – daily care assisted type.)
- Facilities which primarily provide rehabilitation services. The facilities are aimed at helping persons recently discharged from a hospital who require rehabilitation to be able to return to their home. (3,709 facilities – rehabilitation type.)
- Facilities which provide both medical care and long-term care. The facilities are aimed at persons who need medical care. (1,883 facilities – medical care type.)

Challenges exist for long-term care insurance facilities. The Long-Term Care Insurance Act does not recommend that older persons reside in a long-term care insurance facility. Rather, older people are encouraged to remain living at home. That said, a survey of the Cabinet Office showed that 66.4 per cent of older persons aspire to continue living in their own home even after their physical and mental health

has declined.⁹

However, current long-term care services and daily assistance services are insufficient to meet the growing demand for services from elderly persons who aspire to age in place. Consequently, demand for long-term care insurance facilities is high, and according to the MHLW, as of December 2009, 421,000 people were on the waiting list for admission to one of these facilities (daily care assisted type).¹⁰ Even though an elderly relative's admission to a long-term care insurance facility may reduce the burden of care on family members, problems may arise for the relative. For instance, when a resident becomes seriously ill, he/she may need to be admitted to a hospital, or transferred to a medical care type facility. Hence, ageing in place may not always be possible because of changes to a person's health. Moreover, many facilities are located in remote areas and an elderly person may lose social capital, such as ties with friends and families, if relocated to a distant facility.

Innovative housing models

The revised Long-Term Care Insurance Act has been in effect since 2012. A purpose of its revision was to support elderly people who live at home. To realise this ideal, total care support systems need to be established in local communities, which provide not only long-term care, but medical care, prevention, daily support services and secure housing as well. This goal and the development of new systems were added as articles in the revised Long-Term Care Insurance Act. The development of rental housing for older people is viewed as part and parcel of the development of this new integrated care system.

In order to build such an integrated care system, linkages need to be strengthened between different systems for medical care and nursing care as well as with different organisations which operate the facilities. Local governments usually have community centres which serve as comprehensive counseling locations for older persons and can now act as coordinating agencies or sites. For example, a network of organisations such as government agencies, nursing care enterprises, medical institutions and non-profit organisations for welfare in a local area can provide comprehensive help through various social resources. To help older people to remain living at home, nursing care, medical care and welfare agents should meet for each case to determine what an individual's problem is and what care support should be provided from local resources. Overall, an older person's needs need to be determined holistically and team care support responses then coordinated.

A new category of service added to the Long-Term Care Insurance Act for people who age in place is “around the clock” and “integrated” care. First, a 24-hour visiting service was established. Home visiting services were previously undertaken usually once or twice a day, but under the new service, carers visit a client regularly or whenever called. Five to seven such visits a day has become the norm. Next, integrated care services were developed, and comprise care-giver home visits, visiting nurses, day care at an institution, and short stays at an institution (for say a week at a time) to offer families respite. The new service has a single organisation/enterprise managing multiple services. It is expected that this arrangement will facilitate flexible responses to various situations of older clients.

Several issues remain, however. For the new system to work effectively, it is crucial that community centres play the role expected of them. Key moreover is better understanding, and a strengthening of the skills of involved specialists and staff members about team care. Lastly, two other issues need to be tackled:

- *Securing housing for low-income older people.* An important premise of the new system of the Long-Term Care Insurance Act is that older persons should have housing security. In truth, however, residential facilities and rental housing for elderly clients are costly, unless one has above middle income. At the same time, the number of welfare facilities for low-income elderly has remained static. Moreover, Japan has no permanent housing allowance system, thus no assistance is available to meet rent payments. It is imperative therefore that housing for low-income elderly is expanded.
- *Improving the visiting physician system.* Visiting physicians’ services are not common in Japan and are seen as a last resort for patients who cannot go to a hospital. Such a service system is not well-established, and needs to be expanded urgently for the new integrated care system to become fully functional.

Such are housing conditions of older persons in Japan at present. Previously, the MLIT oversaw buildings and the MHLW oversaw how occupants lived. Now, the two ministries work together, and housing policies and social welfare policies are about to merge. Crucial is acknowledgement of the importance of housing policies in social welfare as well as within academia.

References

- 1 "Housing and Land Survey," Ministry of Internal Affairs and Communications (2010).
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- 5 Rental housing for low-income households is managed by the MLIT, but certain social welfare characteristics exist in policies of the MLIT.
- 6 The number of facilities as of October 2010. Source: "Annual Health, Labour and Welfare Report 2012",MHLW. <http://www.mhlw.go.jp/wp/hakusyo/kousei/12-2/dl/08.pdf>
- 7 Same as #6.
- 8 The number of facilities as of May, 2011. Source: "Survey of Institutions and Establishments for Long-Term Care Service," MHLW (2012).
- 9 "White Paper on Aging Society" (2012), Cabinet Office.
http://www8.cao.go.jp/kourei/whitepaper/w-2012/zenbun/s1_2_6_01.html
- 10 The number includes people not in need of urgent admission, but who are applying for admission sometime in the future.

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