



## Long-term care (LTC) system for the elderly in Japan

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### Abstract

This qualitative research aims to study long-term care (LTC) system for the elderly in Japan, it is using in-depth interviews to collect data from government and related private sectors, including the Health and Welfare Center (Wakaba), Shukutoku Kyoseien Institute and Shalom's Young Leaves Institution. The findings are: 1) The target group under LTC insurance is divided into 2 categories: Category 1: people aged 65 or over who request care or support services for whatever reason, Category 2: people aged 40-64 who suffer from specified 16 diseases, caused by aging. 2) Types of long-term care services included: (1) LTC requirements for levels 1-5 (2) Support requirements protection for levels 1-2 (3) Not certified; people who are still self-help, can get health promotion services for LTC preventive care in general. 3) Strong points and weak points: Strong points are (1) All forms of long-term care are similar but differ according to individual elderly situation (2) Co-payment between the government and the service users, who pays only 10-20% of their income. (3) Community-based services where people in the community participate in providing care services for the elderly to reduce hospital or institution costs, and keeping the elderly close to their family. (4) Services provision limited according to the classification of physical and mental conditions approved by the board. A Weak point is inadequate number of LTC workers to perform LTC services.

**Keywords:** Long-term Care System, Elderly

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### 1. Introduction

According to the statistic report of UN 2017 Revision, the world's population reached nearly 7.6 billion. Globally, the population aged 60 years or over is growing faster than all younger age groups. As fertility rate declines and life expectancy rises, the phenomenon, known as population aging, is occurring throughout the world. In 2017, there were an estimated 962 million people aged 60 or over in the world, comprising 13 percent of the global population. [1] With the same cause, the Japanese population is aging rapidly with longer life expectancy and lower birth rate. By 2010, the number of Japanese people aged 65 years and over had almost doubled from 15 million to 29 million, making 23% of the population and the highest proportion in the world. Currently, 33% of Japan's population are 60 years up. [1,2] The change of national situation led to reconsideration of the policy and LTC insurance system. In 2015, Thailand has the second highest proportion of elderly people (aged

60 and over) among the 10 ASEAN member countries at 15.8 percent, or about 11 million people, followed by the Republic of Singapore at 17.0 percent. [3, 4] Japan has developed a LTC system and become one of the best LTC models at present. LTC Insurance Act was introduced in December 1997. During this time, efforts have been put for continuous development until LTC system can be established later on in 2000. The Japanese LTC insurance scheme is characterized by a clear classification of the elderly based on physical and psychological needs, benefits return, etc. Japanese LTC insurance system covers preventive services, health promotion, rehabilitation and long-term care of different levels. Thailand is in the early stages of developing the appropriate LTC system. This study aims to contribute towards LTC system for Thai elderly in the near future.

### 2. Objective

To study the long-term care system in Japan to use as a guideline for developing a LTC system appropriate to Thailand.

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### 3. Scope of the Study

#### 3.1. Scope of Content

This study the content of LTC system in Japan as a guideline to develop a LTC system appropriate to Thailand.

#### 3.2. Scope of Research Sites

Government and private agencies involved in LTC service, namely the Health and Welfare Center, Shukutoku Kyoseien Institute and Shalom's Young Leaves Institute which all 3 are located in Chiba Prefecture, Japan

### 4. Terminology and Definitions

**Long-term Care Model:** Public health services and social services that are held to meet the needs of elderly people who can't move, can or cannot help themselves, or people with disabilities to be able to live a normal and happy life. The service must be provided appropriately to the context of each area.

**Guidelines:** the good practices which are useful for developing of LTC system in Thailand.

**Elderly:** male and female aged 65 years and over who are in LTC insurance system.

**Relevant agencies:** Government and private agencies involved in LTC system in Japan, i.e. municipal health and welfare centers, special homes for elderly care.

### 5. Research Methodology

The qualitative research design is chosen because it is the best approach for the purposes of the study. In-depth interview is conducted to collect data from the LTC system and services providers. The target groups for this study are the representatives of agencies involved in LTC; both government and private from 3 selected agencies; Health and Welfare Center (Wakaba), Shukutoku Kyoseien Institute and Shalom's young leaves Institute.

**The instrument for data collection:** Semi-structured interview guideline was used during in-depth interview session to collect data in details through face to face conversation.

**Data collection data analysis:** Data collection and Voice Recorder together with documents and literature review are transformed into an information system to be analyzed through content analysis approach and present in the descriptive research report.

### 6. Findings

The result of the study can be concluded as follows:

#### 6.1. Long-term care insurance system

The LTC Insurance Act was promulgated in December 1997. Later on, in 2000, LTC insurance system was established and continuously developed to LTC system. In Japanese national administration, the municipality is the primary agency to take care of the people who are in need, the municipality will have agencies in each county to serve them. Therefore the municipality must spread it's agencies to all county to serve them near their home. So the elderly and families who need LTC can reach them conveniently at their local site either contact the Ahshin Care Center or local Health and Welfare Center.

At the first step, people who need to assess a LTC system can consult the Anshin Care Center. (Anshin in Japanese means comfort) This Center is based on a government policy that 3,000-5,000 people justify the need to set up Anshin Care Center to help citizens who are struggling and defending their rights. Anshin Care Centers are set up nationwide under the supervision of the municipality. In Japan, the municipality is the primary agency in providing care to the people, when they are in trouble, the municipality will have agencies in each county to serve them. So if the elderly and families need long-term care, they can reach out to Anshin Care Center near their home or contact the local Health and Welfare Center.

#### Steps to assess LTC service

Step 1: Applicants and families must applying for LTC insurance at the Health and Welfare Center or the elderly institution (i.e. nursing home support companies, nursing institutions or Anshin Care Center) may do it for them instead. The documents required are application forms, health insurance cards and long-term care insurance cards. There are 2 categories of insured persons under the LTC Insurance System ; (1) Category 1: people aged 65 or over who request for care or support services for whatever reason (2) Category 2: people aged 40-64 who suffer from specified 16 diseases, caused by aging such as terminal cancer or rheumatoid arthritis and require care or support.

Step 2: Approval of LTC services starts with the municipal officials examining the physical and mental health of the applicant's home, contact the doctor to provide a formal document as a feedback on the patient's medical history then pass to the committee for consideration to give approval for LTC in accordance with the criteria set for each category.

Step 3: If the applicant is dissatisfied, the applicant can submit an appeal within 3 months from the date of approval. Applicants or families who have been approved a move to another location, can contact the LTC center at that new location.

#### Evaluation into service

Everybody who applies for LTC system has to be tested by 25 criteria of basic health checklist to appraise the elderly ability to do their daily life function, then classified into 2 main groups 1) the applicants

who do not pass the checklist can be sub-divided into 2 categories (1) people who should get LTC requirements for levels 1-5 (2) people who should get protection for levels 1-2 and 2) the applicants who pass the checklist can be sub-divided into 2 categories (1) people who stay alone and need help should get protection for long-term care services (2) people who stay alone but do not need help should get general care in order to prevent long-term care more intensive.

### 6.2. Types of Long-term care services

LTC Services are divided into 3 levels as follows

**(1) Services requiring support for level 1-2:** people who can do most of their daily routine, but require help for some activity, or getting worse in doing daily life routines, can receive life support protection either at home or at the institution, including: helper, day service, home service, short stay, facilities rent/buy, home improvement, home visit by nurses to take care of their health. Institutional Services are physical rehabilitation and life support services such as cooking, cleaning done by helpers. Some families bring the elderly to the daycare for health care, self-help training, exercise, and preventive service to delay future LTC.

**(2) Elderlies requiring long-term care for level 1-5:** people who got worse in doing daily life activities or memories decline. In the 1-2 stage, they receive some LTC services but not all, while in the 3-5 stage they need all LTC services because they cannot live otherwise. Most institutional services include special nursing homes, health care center for the elderly who need nursing care etc.

**(3) Health Promotion Services:** people who do not need LTC services. The elderly who can't live alone will get long-term preventive care activities, including rehabilitation services in institutions. (Short-term as an outpatient) and home visits in cooperation with the community, supported by the institution. In addition, elderly people who don't need help, will get long-term preventive care activities, such as elderly leadership training, exercise (fitness) and exercise in public (Taichi, for example).

### 6.3. Long-Term Care Services

Data from interviews with 3 organizations (government and private sector) Health and Welfare Center (Wakaba), Shukutoku Kyoseien Institute and Shalom's Young Leaves Institute. Relevant information is as follows:

**Wakaba Health and Welfare Center** is a subdivision of Chiba Municipality at district level. It is a government agency providing support services included:

*(1) Free diapers:* Elderly people with unconscious urine or stools, and those who receive services at home from their health insurance scheme, people who registered as Chiba residents, poor people without asset or bank deposits, the elderly people with incomes below 3,604,000 yen per year or families with less than

6,287,000 yen per year, can get this service. New regulations from September 2018, the person who pays tax is not entitled to receive this service because it indicates income. The service is available for the elderly classified as LTC requirement at level 1-3 only (not level 4-5). The period for free diaper service is 1-2 years. After that, the elderly have to go to the Municipal Office to check the condition for LTC and resume their insurance.

*(2) Contact emergency signal:* Elderly people living alone, when they press the emergency button, the system will connect a call to the center, when the center receives an emergency signal, it will automatically contact back, if no one answer, it will automatically contact the ambulance to go to that elderly place immediately.

*(3) Equipment for daily living:* 1) Microwave oven 2) electrical signal receiver 3) Fire extinguisher. Service Condition, elderly 65 or over and alone, if smoke is present in the room, the signal or the heat controller will cause the signal to ring and connect to the center, when the center recognizes Hazard Types, it will coordinate the relevant agencies to ensure safety. The municipality encourages the elderly to use microwave oven to minimize fire risks.

*(4) Wheelchairs:* Wheelchairs have many different types depending on the needs of the elderly. Service Condition, the elderly aged 65 and over, legs are not strong, can't walk normally.

*(5) Community care:* In each community, there will be 1-2 community representatives usually are ordinary people, retired, no minimum educational qualification, work with heart, volunteers student who informed the staff or relevant officials then go down to see the elderly. Community care is a national policy, there are regular meetings between the municipality and the community.

**Shukutoku Kyoseien** is the institute affiliated with Shukutoku University and work under Buddhist concept to help people in the community. This institute has 5 floors; B1,1 are patient treatment clinic and day care service. Floors 2, 3, and 4, are elderly LTC accommodation. The institution's services are aimed at ensuring satisfaction for all the three parties: the elderly, their family and the staff through their strong cooperation. The concept of the institute is "The three partners: the service user, their family, and the staff must work in collaboration to create better **Quality of life (QOL)**" Today, the concept is changed into "The three partners: the service user, their family, and the staff must work together to achieve their **Happiness of life (HOL)**." The institution provides physical and psychological care. For physical aspect, there are clinical and nursing care for elderly, while for psychological aspect, activities are organized for the happiness of the elderly, their families and the staff focus on making the elderly feel at home. Institute services include:

*(1) General Clinic:* providing treatment for approx-

imately about 20 patients per day, including health check-up service for the elderly in accommodation. The clinic is prompted with physicians, pharmacologist and modern medical instruments e.g. CT scan, etc.

(2) *Day Care Center*: there are 2 service groups  
1) Services for the unhealthy elderly, lack of strength, seldom spoken, unsteady mood  
2) Services for the elderly with Alzheimer or Dementia or who can not communicate. Keeping the elderly at home all day will make the family very tired. Therefore the families take them to daycare to relieve frustration, get rest and ready to take care again during the night. The service here is well prepared to create a home-like atmosphere such as cooking, tomato planting, walking around the house, festive activities.

(3) *Special elderly nursing home*: a LTC nursing home. Each elderly live in one room and for group of 10 person it is referred to as a unit. This nursing home has 100 elderly people (10 units). The institute has about 70 staff comprising of caregiver, day care staff, home care staff and care managers, etc. Each elderly will have 1 caregiver to provide varying services according to their limitations and needs.

The institute arranges Buddhist festival and Dharma convention for the elderly and their family to participate. There are Buddhist monks from various denominations who volunteer to give lectures on Dharma, each of which is different in style. In general, the proportion of Buddhist discourse around 20%, while news, Japanese drama, tradition, and cultural aspects are approximately 80%. This kind of activity is held every Friday, about 40 times a year. The president of Shukutoku is a Buddhist who does not want anyone to miss the opportunity to learn about Buddhism, while other institutions don't have this activity. Everybody who has experienced the loss of relatives or loved ones can come to worship and pray to feel at ease. This is the main purpose of organizing Buddhist Dharma meeting. After listening to Dharma, the president would lecture that death is something common and read the memoirs of the deceased, his or her history, in order to mourn and honor the deceased and comfort relatives, then the families make merit for the deceased. The institute will record the names of all the dead persons who have lived here to commemorate them. At the last period of life, the institution does not focus on medical caring, but on peaceful natural departure, comfort, like life ending at home and ascend to heaven. The clinic and the doctor can provide palliative care for the elderly until the final moment of life without having to die at the hospital.

**Shalom's Young Leaves** (Chiba city Wakaba Ward) is a branch of Shalom Higashikurume in Tokyo, which is under the Social Welfare Corporation San Iku Live. Shalom is an institution holding concept derived from the teachings of Christianity. The concept of the institution is to choose an elderly person who wants

to stay at home, be taken care at home and the institution will go to take care of the last moment of life at home. There are 4 floors in this institution: 1st floor and 2nd floor are elderly people care center, the 3rd floor is a church area providing social care services, which is the main activity, 4th floor is a special residence for homeless people, with food donated by Shalom to these people. This institution has been established for 24 years by Christian people volunteers to help the disadvantaged people. Institute services included

(1) *Nursing home care*: Nursing home care for the elderly who doesn't want to stay in the institution, but prefer to stay and die at home. Other services provided here are such as self-help training, bathing, physical therapy.

(2) *Day Care Service Center*: the institution will go to the elderly's home to provide daily care such as eating, sleeping, communicating with others, sometimes the elderly is brought to the day service center for rehabilitation because of better facilities than at home. An elderly can also come to the daycare service center to get help for their daily lives, such as bathing, dressing, etc.

(3) *Home Renovation*: is a service from the LTC insurance system, such as floor smoothing, railings fixed, home renovating etc.

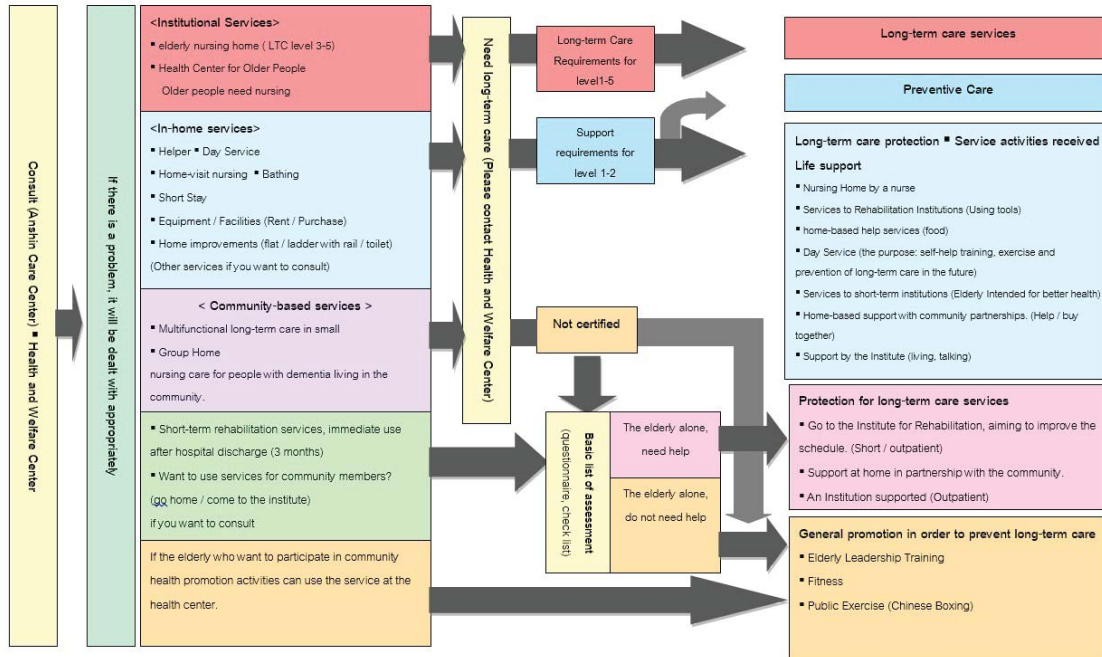
(4) *Anshin Care Center* is a consulting center for people in the area about LTC insurance system. At the first step, people come to this Center to consult about the insurance system, Anshin Care Center make people feel comfortable, relaxed and free from distress. This center provides information and recommend how to do it. In addition, sometimes the center offers telephone counseling by specialists such as care managers, social workers, insurance staff and nurse who specialize in solving specific problem.

(5) *Group Home Rainbow House*: while nursing home is a place where the government helps elderly people who can't live alone, Group Home Rainbow House is a community-based business nursing care for supporting dementia in daily life activities. The Group Home Rainbow House cherish the lifestyle in home atmosphere, all rooms are private and well protected for safety.

(6) *In-home care support*: the helper is sent to take care of the elderly at home.

## 7. Conclusion

The findings are: 1) The target groups under LTC insurance is divided into 2 categories: Category 1: people aged 65 or over who request care or support services for whatever reason, Category 2: people aged 40-64 who suffer from specified 16 diseases, caused by aging. 2) Types of long-term care services included: (1) LTC requirements for levels 1-5 (2) Support requirements protection for levels 1-2 (3) Not cer-



Source: Chiba City, Health and Welfare Elderly, (2018: pp.33-34) [5], translated by the researcher

Figure 1: Long Term Care Insurance System (Kaigo hoken).

tified; people who are still self-help, can get health promotion services from LTC preventive care in general. 3) Strong points and weak points: Strong points are (1) All forms of LTC are similar but differ according to individual elderly situation (2) Co-payment between the government and the service users, who pays only 10-20% of their income. (3) Community-based services where people in the community participate in caring services for the elderly to reduce hospital or institution costs, and keep the elderly close to their family. (4) Services provision is according to the classification of physical and psychological conditions approved by the board. A weak point is inadequate number of LTC workers to perform LTC services. Shown as figure 1-2.

### 8. Discussion and Recommendations

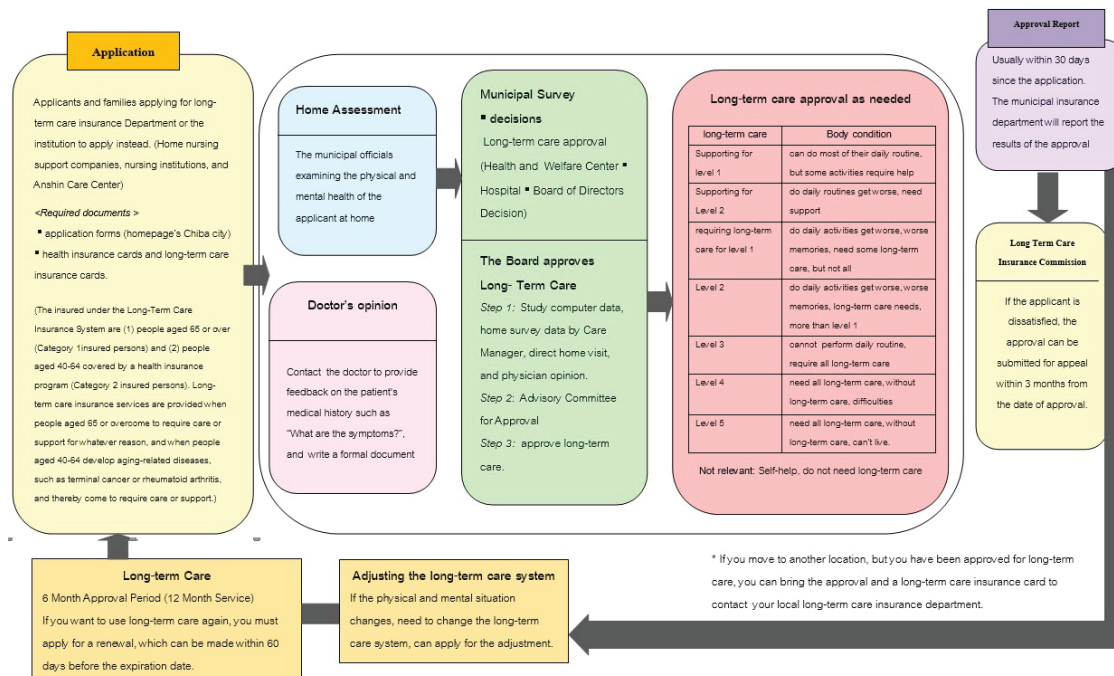
#### Discussion

The 3 prominent findings that define LTC system in Japan cannot be compared with other countries since it is based on unique cultural context; the current situation, users' needs of services and service concept.

1) The current situation: The situation and problem at the national, provincial and local levels determine the format of the service. Japan's population is aging rapidly with long life expectancy and low birth rate, by 2010, the number of people aged 65 years and older had almost doubled from 15 million to 29 million, making 23% of the whole population and the highest proportion in the world. Currently, Japan's elderly

(60 years up) made up 33% of total population. [1,2] This is the national situation that determines the policy and LTC insurance system. In addition, the rapid increase of people with dementia is another condition that causes higher demand in long-term care services for the elderly. According to data of the World Health Organization report, there are an estimated 36.5 million people with dementia worldwide, who need long-term care. The incidence of dementia is projected to grow from 47 million worldwide in 2015 to 75 million in 2030. [6] For instance, in the United States, nearly 40 percent of the population aged 85 years and older suffer from Alzheimer's and Dementia. An increasing rate has also been found in Japan. Asada (2012) [7] studied the prevalence of dementia among the elderly people aged 65 years and older in Japan using the data from a recent nationwide survey, the results of this survey were collected from seven sites in Japan, the prevalence rate was estimated to be 15.75% (95% CI: 12.4-22.2%) which was much higher than what had been estimated before. Alzheimer disease is the most common illness that causes dementia. Therefore, LTC services are correlated and directly proportional to dementia incidence. LTC for people with dementia such as Group Home, nursing care for people with dementia living in the community, support at home in partnership with the community, etc.

2) The needs of service user: From an exploratory study of the Patterns of Long Term Care in 29 European countries by Damiani et al. (2011) [8], the main findings are the majority of Nordic countries have high



Source: Chiba City, Health and Welfare Elderly, (2018: pp.35-36) [5], translated by the researcher

Figure 2: Steps to apply for long-term care service.

levels of formal care with strong state responsibility for providing formal care [9] including Denmark [10]. That means these countries have to shoulder a big amount of budget for LTC. According to the research of Ayumi et al. (2014) [11] study clarified combinations of community-based services and factors associated with each combination in the Japanese LTC insurance system which are 9 categories found: (1) day care; (2) daycare and assistive devices; (3) day care, home helper, and assistive devices; (4) home helper and assistive devices; (5) assistive devices; (6) home helper; (7) daycare and home helper; (8) home helper, visiting nurse, and assistive devices; and (9) others. The use of services was determined by care need level, cognitive function, living arrangements, and medical procedures rather than characteristics of care management agencies. These researches show that the important factor in providing long-term care services is the needs of the elderly. As a conclusion, in Europe, formal services and the development of nursing homes for older persons are needed to provide long-term care, rather than informal services. But In Japan, there is a combination of institutional services, home services, and community-based services to form long-term care services based on the needs of the service users.

3) The service concept is very important in defining the service system equally to government policy, current situation and needs of a service user. The concept is the identity of the institution which represents the image of the institution explicitly seen. From

visiting and interviewing the 3 selected institutions; Health and Welfare Center (Wakaba), Shukutoku Kyo-seien Institute and Shalom's young leaves Institute revealed that the institutions strictly recognize "Philosophy, Mission, and Ethics" in doing their work. The concept of the institution is at the heart of the services. In the past, long-term care services focused on well being or the ability to do daily activities, but nowadays, the emphasis was on honoring and respecting humanity, as defined by the World Health Organization that "the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedom, and human dignity" [6]. In consideration of service, the pattern requires an understanding of the present situation, and human nature, not just the basic needs, but the internal needs; self-esteem, joy, peace, spirituality, respect in each other's differences. The accomplishment of the service business is not based only on competitive ability or profitability, but it is the result of the inner growth of the minds of service user and service providers.

### Recommendations

This study should be used as a guideline for developing the LTC system in Thailand.

### 8.1. Recommendation for Improvements at the Policy Level

(1) The government should have a law on LTC insurance to take care of the elderly and reduce the burden of expenses which will increase in the future, as well as be able to plan and implement effective LTC service.

(2) The government should have the policy to enforce all sectors to participate and cooperate in the LTC system for the elderly by clearly defining roles and contribution for each sector.

### 8.2. Recommendations for Improvements at the Operational Level

(1) Local administrative organizations should work collaboration with the Provincial Public Health Office to examine the elderly, classified by physical, psychological and social conditions, in order to make a clear and convenient classification for LTC services provision.

(2) The local administrative organization should issue a certificate of evaluation for the elderly to make the family aware of the elderly physical and psychological conditions. It is useful for choosing the type of service to meet the needs of the elderly.

(3) Local administrative organizations should inspire the community to participate in caring for the elderly such as arranging a contest for the best participative community

(4) The service unit or the sub-district health promotion hospital should be fully supported to provide a variety of services, including protection services, and LTC services.

(5) The service unit or the sub-district health promotion hospital should focus on proactive services rather than routine-based services, focus on providing services at home and giving consultation to their local families.

### 8.3. Recommendations for Further Studies

The further study should be about problems and factors affecting the LTC system for the elderly in Thailand in other aspects, i.e., budget, a readiness of local administrative organizations, provision of other various types of services.

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## References

- [1] United nations, Department of economic and social affairs, Population division, World population prospects the 2017 revision, Key findings and advance tables. Working Paper (2019) 19.
- [2] UN population division. World population prospects 2010 revision population database,(2018). Available from: <http://esa.un.org/unpd/wpp/index.htm>
- [3] Department of older persons. Main documents and resolutions of the National Elderly Assembly. "How will the elderly society build the power to enter the ASEAN community?". Ministry of Social Development and Human Security (2558) 1.
- [4] Foundation for Thai gerontology research and development institute (TGRI) and institute for population and social research, Mahidol University. Thai elderly situation, 2015. Bangkok: Amarin Printing and Publishing Public Company Limited (2016) 7.
- [5] Chiba City, Health and welfare elderly, Summary of health and welfare for the elderly 30(2018) 33-36.
- [6] World health organization. World report on ageing and health. Geneva (2015).
- [7] T. Asada, Prevalence of dementia in japan, Past, present and future. Rinsho (2012).
- [8] G. Damiani, V. Farelli, A. Anselmi, L. Sicuro, A. Solipaca, A. Burgio, D. F. Iezzi, W. Ricciardi, Patterns of long term care in 29 european countries, evidence from an exploratory study. BMC Health Services Research. 11(2011) 316.
- [9] American Association for retired persons public policy institute, European experience with Long Term Care. France, the netherlands, Norway and the united kingdom. 2006,(2018), Available from: <http://www.aarp.org/research/international/report/leadership-study-reports.html>. Google Scholar
- [10] E. Schulz, The long term care system in Denmark. [European network of economic policy research institute, Research report no. 73]. DIW Berlin (Deutsches Institut fuer Wirtschaftsforschung, 2010,(2018), Available from: <http://www.ancien-longtermcare.eu/node/27>. Google Scholar.
- [11] I. Ayumi, I. Tomoaki, S. Tomohiro and Y.M. Noriko. Combinations of long-term care insurance services and associated factors in Japan: a classification tree model. Igarashi et al. BMC Health Services Research 2014,(2014), Available from: <http://www.biomedcentral.com/1472-6963/14/382>