Community-oriented care services in Okinawa, Japan  
— from the viewpoint of user, family, and community —

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Abstract

In 2006, with the revisions to the long-term care insurance system, a new form of service was introduced: “Community-oriented care services” which municipalities have designated to assist seniors who need care services, as well as their families, in enjoying life in their community by providing them with diverse and flexible services. Since it has not been long since these services were launched, it shows large variations in service providers’ understanding of the ideal, contents and qualities of these services, functions, or situations of prevailing in each municipality. The purpose of this study is to clarify the essential functions of community-oriented care services, especially “small-scale and multi-functional in-home services” and “group homes,” and to analyze the issues that the municipalities should tackle.

We researched several municipalities, and adopted the approaches of staying at each facility as volunteer workers and interviewing senior users, care workers, and managers of these services. In analyzing the functions of these services, we used the “PIE,” “Persons In Environment,” conceptual framework that is based on social work’s needs assessment and illustrated the functions of 1) empowerment of users, 2) family support, and 3) community building as the essential functions of community-oriented care services.

Keywords: community-oriented care service, small scale and multi-functional care service, group home, daily living area, long-term care insurance

1 Establishment of a Long-Term Care Insurance System

One of the biggest social problems in Japan is the unbalanced population ratio resulting from the combination of a rapidly increasing elderly population and a decreasing number of children and youth.

To cope with the increase in the elderly population requiring long-term care due to the rapid aging of society and changes in the environments of families, including an increasing orientation toward the nuclear family, the Long-Term Care Insurance System was established in April 2000 to support the nursing care of the elderly throughout society.

2 Status and Trends of Aging

The current state of aging in Japan shows that one in every five people is elderly. As of October 1, 2006, the total population of Japan stood at approximately 127 million, based on the 2005 National Population Census. The number of people aged 65 or older reached a record high of 26.60 million with the percentage of the elderly in the total population also increasing to 20.8%.

<Chart1 Transition of and Future Estimates Regarding Aging>
3 Rapid increase in the number of elderly requiring nursing care

Since the establishment of the Long-Term Care Insurance System, living bases offering nursing care services are improving rapidly. In addition, the number of users has swiftly increased, and the Long-Term Care Insurance System has now been firmly established in the minds of the elderly as a system that will support them during old age.

The number of people aged 65 or older certified as requiring nursing care in the Long-Term Care Insurance System was 4.175 million at the end of FY2005, an increase of 1.704 million from the end of FY2000, and accounted for 16.6% of the total elderly population.
4 The Condition of the Elderly and Present Situation and Trends Surrounding Them

How have families and households with elderly people changed?
The number of households with elderly people account for approximately 40% of all households, with “One-person household” and “Household of couple only” occupying the majority. More specifically, of the number of households with elderly people aged 65 or older in 2005, 4.07 million (22%) were a “One-person household”, 5.42 million (29.2%) were “Household of couple only”, 3.01 million (16.2%) were “Household of couple with unmarried children”, and 3.95 million (21.3%) were three-generation households. Moreover, elderly one-person households and households of couples are only increasing in number.

<Chart3 Number of households with elderly aged 65 years or older and their percent distribution> (classified by structure of household)

5 Revisions to the Long-term Care Insurance Act in 2005

While the Long-Term Care Insurance System has been firmly established, the expenditures of the system are increasing rapidly due to the speedy growth in the number of users. Because Japan is facing a further birth rate decline and an aging of its population, securing a sustainable long-term care insurance system has become an important issue for the future.

Furthermore, as the number of elderly with dementia and the number of elderly single-person households are expected to rise, the creation of a “bright and vigorous super aging society” is being called for, through establishing living bases where they can be self-sufficient in the communities they are familiar with for as long as possible. To cope with these problems, the Long-Term Care Insurance Act was revised in 2005. Efforts are now being made to promote long-term care and establish a system of community-based comprehensive care, and a new form of service has been introduced, called
“community-oriented care services” which municipalities have created to assist the elderly needing care, as well as their families, in enjoying life in their community by providing them with diverse and flexible services.

6 The survey of applicants for nursing homes

Until 2005, beneficiaries had only two choices: in-home services or services at facilities (residential care services). A survey displayed that over 60% of the applicants for residential care services could live in their homes or communities. Most elderly hope to live in their own homes. The survey also revealed that it is extremely difficult for the elderly to continue to live in their own homes if they need care.

<Chart 4 Urgency of situation for the applicants to a nursing home>

The other survey also displays the high percentage of the elderly who wish to continue living in their own homes.

<Chart 5 Desirable living style in case of being fragile>

7 The outline of community-oriented care services (CCS)

It is essential to create a system to ensure round the clock services for the elderly requiring nursing care. Community-oriented care services was established in April 2006 for insured persons who need nursing care to lead an independent life in the community they are accustomed to living in.

Thus, CCS, which provides comprehensive service packages, should be allocated in each daily living sphere which is the term in the Long-term Care Insurance Act, such as
elementary or junior high school districts. CCS is required because a comprehensive care system, especially for the elderly with dementia, needs to be established.

CCS includes six types of services: 1) small-scale multi-function care services (SMCS), 2) nighttime home nursing care, 3) day nursing care at facilities for those with dementia, 4) nursing care at community welfare-based nursing homes, 5) communal nursing care for those with dementia, and 6) community-based nursing care for persons admitted to special facilities.

The insurers of the Long-Term Care Insurance System will be municipalities that have the authority to designate the CCS services.

8 Small-scale Multi-function Care Services (SMCS)

We will now focus on the small-scale multi-function care services (SMCS), because this type of service was established legally based on various practices of nationwide citizen groups or NPOs intending to care for the elderly by providing comprehensive services in their communities.

The basic function of small scale multi-function care services is to support the elderly to continue living a self-sufficient life by providing a combination of multi services such as home visits, day services, or short stays, which are the basic three services, according to the elderly person’s condition or preference.

The number of SMSC users are limited to fewer than twenty-five and the number of users for day services are also limited to fewer than fifteen, which is the upper limit according to the legislation, thus reflecting the ideal of small-scale services. Each SMCS should be furnished with five or more bedrooms for short stay services.

The number of users of Community-Oriented Care Services in April 2009 was approximately 228,700 across the country and approximately 1,500 in Okinawa prefecture. The number of users of SMCS in April 2009 was approximately 28,800 across the country and approximately 700 in Okinawa prefecture. In January 2009, there were 1,896 small-scale multi-function care services across the country and 55 in Okinawa prefecture.

9 Field work research

We researched several municipalities, and adopted the approaches of staying at each facility as volunteer workers and interviewed the senior users, care workers, and managers of these services.

In analyzing the functions of these services, we used the “Persons In Environment,” (PIE) conceptual framework based on social work needs assessment that illustrates the three essential functions of SMCS: 1) empowerment of users, 2) family support, and 3) community building.

10 Meal services
In the past, most elderly persons with dementia were prohibited from cooking, not only in their own houses, but also in nursing homes, because of fire safety concerns arising from their inability to handle the fire stove. In nursing homes they can only eat the three meals provided to them daily by the staff. They cannot think about meals or shopping for foodstuffs like meat, fish, or vegetables, or cooking for themselves. They are in a state of passivity.

Sometimes, the menus in these SMCS are not planned. For instance, the staff in charge of cooking may ask, “What do you want to eat for lunch?” or may say, “The neighbors gave us some vegetables this morning, so we will have a meal with vegetables like soup or salad.” The elderly persons who have some ability to cook participate in cooking, cleaning the table, or preparing the meal and so on.

The staff may ask the elderly, “How can we cook these vegetables more deliciously?” In this situation, the elderly are able to assume the position of teaching the staff to cook.

11 Going out

Newspaper article on the wall of a small-scale multi-function care service home in Okinawa

The elderly who need care services experience difficulty in going out. For instance, one elderly person who was accustomed to going to the barber in his community was unable to do so later because of a decline in his mobility. As a result, he could no longer get his hair cut the way he liked.

The staff helped him by driving him to familiar places like the barber, bookshops, his friend’s house, or community festivals, and other traditional events.

12 Family supports

In Japan, approximately 400,000 elderly people live in nursing homes, and about the same number are on the waiting lists for nursing homes. Despite using full in-home care services, most families experience difficulty in caring for their elderly family member. A large number of family members who provide care are old themselves, are physically weak, or are even suffering from dementia. One of the important functions of SMCS is to assist families in all areas of domestic life. They attempt maintaining the relationship between the user and the family member who takes care of him or her.

As a result, they try maintaining frequent contact with family members, and invite them to join the events such as outings or taking the bus to go shopping. On such excursions, family members may detect interest and liveliness in the user’s facial expressions for the first time. Such opportunities also have the benefit of sending message to the family members that the user is capable of such experiences.

13 Community building

A large number of the elderly hope to continue living in their own homes in their communities, even if they need care. However, living in a nursing home means that the elderly person loses his or her relationship with the community.

The SMCS emphasizes maintaining the relationship between the user and the community he or she belongs to and identifies with. For instance, the SMCS collaborates with community resources to hold exchange programs such as songfests, playing the sanshin (a traditional Okinawan three-strings musical instrument), and recreational activities for the elderly and elementary school students at the neighborhood elementary school.
The elderly users explained the meaning of each photo to the staff.

One of the SMCS, located on an isolated island, held a photo exhibition in October 2008. They collected the photos taken by ethnologist approximately fifty years ago, and the elderly users explained the meaning of each photo to the staff. The staff then documented these narratives and made a caption for each photo. These efforts not only reminded the elderly of good old memories, but also created opportunities to teach the children born on the island about traditional lifestyles, as a result of which people live on the island could expand their identity and sense of self.

14 Management by municipal government

Unlike prefectural governments, which have the authority to designate residential care services and other in-home care services, the municipal governments have the authority to designate community-oriented care services. Thus, it is crucial for each municipality to devise a plan or policy for CCS. One city with a total population of approximately 55,000 has a positive plan to assist the establishment of SMCS by introducing a national subsidy. The national government supports municipalities in developing a long-term care service infrastructure through providing grants for services such as community care and welfare space development. This grant allows for each municipality to exercise discretion and initiative in the development of an infrastructure that suits the actual conditions of local communities. When the Long-Term Care Insurance System was revised, the city had considerable public facilities because five municipalities, including one city, two towns, and two villages, had then recently merged to form a new city in 2005. The city office offered unused facilities, such as a senior welfare center, a child day care center, and an isolated island welfare center to use as SMSC facilities without charge. The city officer praised the efforts of the SMCS because it contributed to maintaining the lives of the elderly and their families without moving the elderly into nursing homes.

15 Conclusion

In Japan, the percentage of the elderly among the total population is the highest in the world. We also experience a shortage of workers for long term care services. We should try various means to improve the user’s quality of life and the quality of care services and working conditions. One of the important efforts should be reconstructing the relationship between users and their environment and the empowerment of communal efforts through a variety of services offered by community-oriented care services, especially the small-scale multi-function care services managed by municipal governments.

Bibliography
