

**Historical Development and Practice
of Long-Term Care in Japan
- Helping Elderly People Live Their Own Lives -**

March 2018

Introduction

The aging of the world's population is progressing rapidly. It is said that by 2050, the total population of people over 60 years old will reach 2 billion. It is predicted that some countries in Asia will become aged societies at a rate equal to or higher than that of Japan in the past. In such countries, the need for elderly long-term care will also increase accordingly. Long-term care is not only meant for limited people in limited regions, but it is relevant to many people. In 2002, the "Madrid International Plan of Action on Ageing," was adopted in the United Nations and in 2015, ASEAN member states also adopted the "Kuala Lumpur Declaration on Ageing" through which policy principles such as respecting the dignity of elderly people, taking life-course approaches in responding to their individual needs, promotion of elderly social participation, and likewise efforts have been commenced in each country.

In Japan, rapid aging of the population has taken place since the 1970s, earlier than other Asian countries. In addition, living environment and family structure underwent rapid change due to alterations in industrial structure. This made it difficult for many families to provide long-term care to their elderly families members on their own. In order to respond to long-term care needs arising from such diverse social environments, it was necessary to develop mechanisms to support elderly long-term care at society level as a whole, rather than at individual or family levels.

Under these circumstances, the Japanese government implemented various policies to establish a public system providing long-term care service, and made effort to secure and train personnel to provide long-term care. Since the establishment of the Long-Term Care Insurance Scheme in 2000, Japanese elderly long-term care services have expanded rapidly, both in terms of quantity and quality. The number of professional caregivers, which was only 550 thousand when the Long-Term Care Insurance Scheme was established in 2000, grew to 1.71 million people in 2013, or a 1.16 million increase within 13 years. While managing the Long-Term Care Insurance Scheme, training organizations for long-term care service providers are being established simultaneously. Training contents have been reviewed for relevancy to current social needs.

Going forward, it is predicted that many countries in Asia will also face rapid aging. China, South Korea, Singapore, Thailand, and Vietnam are already facing aging societies with aging rates exceeding 7%, and Malaysia and Myanmar are expected to be in similar positions by 2025. There are other countries in which the estimated period of time between aging society and aged society (number of years taken to double) is shorter than that of Japan, so that it is expected that aging of society will progress extremely quickly in the Asian region from now on.

This publication introduces knowledge and techniques currently used in Japanese long-term care related professions, the fundamental thinking behind elderly long-term care, as well as historical development concerning elderly care. In Japan, long-term care is considered to be a form of support to enable elderly people to live their lives as they choose, which requires provision of service by well trained professionals with an understanding of the principles of long-term care, specialized skills and knowledge.

The contents of this publication describe the experience of Japan, as it developed based on Japanese culture, lifestyles, and social conditions changing over time. For other Asian countries considering ideal long-term care and personnel, some parts the Japanese experience may not be relevant. Hence, each country should take into account its own culture, customs, policies, etc. However, the principles underlying the policies adopted by the United Nations and ASEAN member states are universal, and what is introduced here is how these universal principles have been actualized in Japanese long-term care. Therefore, we believe that this document will serve as great reference for people in Asian countries that face full-scale aging in the future.

This document contains suggestions for policy makers about fundamental approaches to long-term care policy and human resources development, and tips for considering concrete approaches. For professionals already involved with long-term care, this document may help to reconfirm the basic thinking about long-term care service and points to keep in mind when providing services. For families and volunteers, this may serve as a hint in supporting elderly family members and neighbors. In publishing this basic guide, the authors hope to contribute to the ongoing creation of stable society in Asian countries facing aging populations, societies providing environments to support elderly people in continuing to live their own individual lives even when in long-term care, and societies in which all people, including elderly people and their family members, will not be burdened by long-term care and anxiety. The authors also hope that, an understanding of the approach to long-term care based on reference to the basic guide to “Support Enabling People to Live Their Own Lives” described here can be reflected in training of long-term care personnel. For these reasons, we hope this publication will be useful to many people involved with elderly long-term care in countries throughout Asia.

2017 Foreign Long-Term Care Personnel Survey and Research Project
Investigative Meeting and Working Group

[What kinds of situations do aging societies currently face?]

As aging progresses rapidly, there are many situations in which families alone are unable to provide elderly people with care.

Here is one example.

The Sato family who live in Japan tried hard to provide Mr. Sato's mother with the high degree of long-term care necessary, however, without knowledge of how to best support her, they are left with feelings of great mental and physical stress.



One day, Mr. Sato's elderly mother who lived with him had a stroke and was hospitalized.



Although she was discharged from the hospital after her condition stabilized, the left half of her body remains paralyzed.



Mr. Sato's wife provides his mother's care at home, but she doesn't know how to do it well, and struggles every day.



Mr. Sato's wife bears a great mental burden and she is suffering from lower back pain. She feels she has reached her limit providing care by herself over the long term.

[Place of Living and Long-Term Care for Elderly People in Japan]

In Japan, the following services are provided at the home of elderly people. This way, various people besides family are involved in providing long-term care at home, including professional caregivers, social workers, community volunteers, etc. The Sato family introduced above can also select various services to meet their family's needs and wishes.

Home

At home, elderly people can continue their daily lives with the support and attentive observation of family members and community volunteers. By preparing homes and facilities with “barrier-free” accessibility, elderly lifestyles are supported by communities as a whole. Home-visit care services, daycare services, temporary care at residential care facilities, etc. can be selected according to the care recipient's degree of need, family condition, and preference, etc. There are also small multifunctional facilities that can be used to combine home-visit, and in-facility services.



Facilities

There are a variety of facilities to meet different care objectives and service needs, such as residential facilities for elderly people with certified long-term care needs, facilities which provide integrated medical and long-term care, residential facilities for those whose circumstances make it difficult to live at home, people with dementia, etc.



1. Basic Approach and Historical Development of Long-Term Care in Japan

As people's living environment changes dramatically due to continued aging of the population, Japanese have been investigating and implementing countermeasures, and confronting a variety of social issues. Through trial and error, they have searched to define an ideal for Japanese elderly care, and establish institutional structures for long-term care, as well as values and approaches to be respected when administering long-term care.

This chapter addresses: (1) Basic Approach to Long-Term Care in Japan, based on an overview of "KAIGO" (long-term care) in Japan, and explanation of the specialization of long-term care; (2) The Historical Development of Long-Term Care in Japan, including Japanese initiatives aimed at creating an environment in which many more people have access to long-term care, as well as historical transitions in care.

(1) Basic Approach to Long-Term Care in Japan

Basic Approach to Long-Term Care

To begin with, what is meant by "long-term care"? There is no single definition shared across all countries in Asia. For example, assistance with activities of daily living such as eating, toileting, and hygiene is considered nursing in some countries, yet considered a part of housekeeping in others.

This section provides an overview of Japanese "KAIGO". We hope that it will serve as reference when considering the content and social roles of long-term care related professions in other Asian countries facing aging populations.

In this document, the term "KAIGO" is replaced by the more familiar terms "long-term care" and "elderly care" as appropriate, however, please understand that both "long-term care" and "elderly care" refer to the Japanese concept and practice of "KAIGO."

The Objective of Long-Term Care is to Support Daily Life

In Japan, long-term care is positioned as assistance in arranging daily life. Every person's daily life has various aspects such as "physical activity (moving)," "mental activity (thinking)," and "social activity (involvement)," and each person leads a daily life with these aspects integrated. When the mind moves (has motivation), the body responds with movement, and connections are made with other people, then each person can pursue an individual and active way of living. Conversely, if even one of these aspects (physical, mental, social, etc.) is neglected, it becomes difficult to continue his or her way of living. No matter how convenient it may seem from others, it is not the life he or she would like to live.

When providing support of daily life, it is necessary to consider the perspective of providing "assistance with maintaining an active lifestyle, including connections with and roles within society."

<Column 1>

“Medicine,” “Nursing,” and “Long-Term Care”

F. Nightingale (1820-1910), in her book “Notes on Nursing” (1860), describes the origins and basic principles of nursing, writing that nursing “ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet – all at the least expense of vital power to the patient.” It may be said that this opinion is valued by practitioners of “medicine,” “nursing,” “long-term care” and all kinds of care alike. In short, “medicine,” “nursing,” and “long-term care” share the same underlying principle.

Previously in Japan, it was nurses who were responsible for providing care to elderly people in need. This meant that long-term care (or elderly care) and nursing were provided together at the hospital. However, as overall longevity and size of aging population increased, it became difficult for nursing staff and hospitals to provide care to all the elderly people in need of support in their daily lives. As a result, the concept of long-term care was established as specialized “care” for those in need of daily life assistance without medical treatment, and demand for this profession emerged.

Long-term care in Japan is primarily concerned with providing the necessary assistance to elderly and disabled people who require help from others in their daily lives. It may be said that one distinct feature of long-term care is that assistance is provided on the stage of the recipient’s “place of daily life.”

Today, long-term care is considered a practice based on specialized knowledge, technique, and ethics, which can affect the quality of life of the care recipient. The expertise of long-term care is explained in this section.

Human Rights Awareness

Those people in need of long-term care are no different from other people. Like other people, they have lived their lives as they liked, and naturally, they are continuing with their daily lives just like any other human being would. The only difference is that they currently live in a state that requires the support of others, due to any of a variety of circumstances, including aging and disability.

No matter what circumstances people live in, each and every one is an irreplaceable existence. Each person should be respected as an individual. Even if one should need the support of another, one's existence as a holder of rights does not change. Understanding this principle is a necessary approach to long-term care.

Long-Term Care Expertise

In Japan, long-term care is considered work requiring expertise. Through means such as observation and communication, information is gathered on daily life in its entirety, including eating, toileting, hygiene, and required care. Such information is consolidated and analyzed in order to identify and understand the difficulties and care needs among elderly people's daily lives, all in pursuit of independence* and improvement of QOL (quality of life). For this purpose, it is necessary to acquire a variety of specialized knowledge and skills related to long-term care, as well as cooperate with related fields such as medicine and healthcare to maintain various aspects of the care service environment.

There is great meaning to standing in the shoes of a care recipient to consider what kind of care should be received to fulfill one's life near its end. It should go without saying that caregivers responsible for long-term care require, in addition to the expertise described above, a sense of responsibility and ethics.

*The meaning of elderly "independence" is described in the following section.

The Perspective of Professional Long-Term Care

[Long-Term Care that Respects Each Recipient's Course of Life]

Humans are social beings who pass through various stages such as entering school, employment, marriage, and childbirth as they walk through their course of life between birth and death. Individual ways of life are truly diverse, based on the presence or absence of a partner and children, health condition, economic condition, etc.

The elderly people who are care recipients are each humans who have walked far in life. The lifestyle and living environment each person has fostered over many years influence his or her current mental and physical states in various ways. For the care recipient, the present way of living in need of long-term care is also one part of his or her life. Providing support of such elderly people's daily lives (long-term care)

is also about walking into each of their life histories and lifestyles, or in short, about entering their course of life. When the caregiver is a family member who has lived with the care recipient for many years, it is likely that he or she can provide care based on familiarity with the recipient's course of life. However, when the caregiver is a third party, he or she may tend to neglect consideration from the point of view of the recipient's course of life. Caregivers must clearly understand this potential shortcoming, and consider how to best provide care to the person in front of them, from the viewpoint of the history the recipient has lived through.

To understand long-term care as a form of support of daily life and seek to provide care that respects the course of life of the recipient, it is necessary to accurately understand the recipient's mental and physical condition. This cannot be achieved well if one only considers what can be seen on the surface of the recipient's condition.

Caregivers should gather information about the recipient's early years and lifestyle while building a trusting relationship, and try to accurately understand daily life as based on his or her individual values. Then, it is also necessary to understand the care recipient's condition, not only from the perspective of the caregiver, but also from the perspective of the recipient, in order to understand the difficulties in daily life that may not be immediately noticeable. At this point, the process of selecting necessary and appropriate measures to address the recipient's "difficulties in daily life" can commence.

Understanding the care recipient's mental and physical condition from the perspective of the recipient themselves is the start of practicing long-term care which supports individual ways of living. The process from this point through to implementation requires strong communication skills, an understanding of human dignity, and expertise regarding social, mental and physical structures, etc. Here lies the expertise of long-term care.

[Long-Term Care for Support of Independence]

In Japan it is believed that long-term care which supports each individual's way of living is one which emphasizes independence, connection to society, and ambition towards life, to the extent possible despite the recipient's need for care.

Therefore, at the foundation of long-term care is the caregiver's desire to make possible the continuation of the recipient's daily life, despite his or her need for care. This is achieved by allowing the recipient to choose his way of life by his or her own will, and supporting implementation of these choices, while maintaining the recipient's remaining ability to conduct his or her daily life.

In the context of Japanese long-term care, "independence" is used to refer to improvement of QOL (Quality of Life), not only the improvement of ADL (Activities of Daily Living).

For example, long-term care should be provided based on the understanding that "care recipients may be able to live more independently if they actively choose to accept support, which could enable them to work or participate in society, instead of spending all day struggling to do everything on their own."

When it comes to providing long-term care which supports the recipient's independence, it is important

to consider care from the perspective of increasing the recipient's own motivation. Identification of support to be provided and creation of an appropriate environment should be based on assessment of each care recipient's mental and physical condition. Caregivers should consider "current needs" in support of daily life based on individual care recipient's personal history and an understanding of the recipient's feelings.

[Long-Term Care for Enriching Life through Creation of Connection with Society]

When long-term care is considered from the perspective of supporting each individual's way of life, it is also important to consider the aspect of support concerned with elderly people's participation in society.

In the context of an aging society, it is extremely meaningful that the elderly people participate in and become responsible for supporting society, in order to build a secure, dynamic, and affluent society. Furthermore, participating and playing an active role in society are expected to contribute to elderly people's health and motivation to live, as well as prevent the need for long-term care. Caregivers are expected to be creative to enrich elderly care recipients' lives by creating connections with society, based on realizing opportunities for social participation in familiar areas.

When considering social participation, it is important to let the care recipient decide for him- or herself, and to respect individual daily rhythms and aspirations. In providing such support, it is also important to focus on the recipient's ideal lifestyle, consider together how to make it a reality, and support its achievement.

Implementation of Evidence-based Long-Term Care

In the past, the approach to long-term care was defined through repeated trial and error, and layered experience based on skilled technique, sensitivity, and insight were passed from senior practitioners to junior practitioners at the work place. Although experience was accumulated at individual facilities, it was not always made systematic.

However, long-term care that meets a wide range of recipient needs cannot ride on the accumulation of experience and tradition alone. This means that every act of long-term must integrate knowledge, technique, and ethics. In Japan, it is believed that, by accumulating practice in long-term care based on such a foundation, expertise can be developed.

Currently in Japan, evidence-based long-term care is provided by applying a four-staged process to support the care recipient's daily life: "Initial Assessment (information collection ~ identification of key issues) → Care Plan → Implementation → Evaluation (confirmation of effectiveness ~ plan modification)." Furthermore, when the recipient's daily life is considered as a whole, it is important to provide support not only from long-term care professionals, but also from a collaborative team of professionals with various expertise, in order to support the recipient's daily life from various angles.

Dementia Care in Japan **~Transitions in Care Surrounding Dementia~**

Coping with dementia is a common issue in countries facing aging populations. In Japan, where the aging population is progressing rapidly, the number of patients with dementia is simultaneously increasing rapidly. When considering elderly care in Japan, dementia care holds an increasingly important position.

Historical development in dementia care in Japan dates back to the 1970s. It is said that, at that time, it was often the case that a person suffering from dementia was treated as a patient with a mental disorder and hospitalized in a psychiatric hospital, when it became difficult for family members to provide care at home. In the mid-1980s, however, a variety of surveys was conducted, including surveys among family members of people with dementia regarding the burden of providing care at home, and surveys among people with dementia receiving care regarding their actual conditions. In addition, the number of institutions that devised care methods based on identification of patients' key challenges gradually increased. These institutions began to provide care which addressed the patient's background, as seen through careful observation of the various behavioral and psychological symptoms caused by dementia (BPSD), as well as focused on the patient's personal history.

Since the beginning of the 1990s, day service and short stay began to be used as a way of relieving the burden of care on families. In addition, in the early 2000s, the Long-Term Care Insurance Scheme was introduced, and the importance of understanding the need for care from the perspective of the recipient, rather than those of caregivers' health care providers, was recognized. One example is the concept called "Person-centered Care" which was advocated by Thomas Kitwood from the UK. This philosophy respects a person with dementia as an individual "person," and provides care based on an understanding of the patient's own perspective and situation. In order to provide a patient with appropriate support based on an understanding of his or her individuality, it is important to maintain continuous consciousness of the following principles:

Principles of Dementia Care



(Author: Shohei Kuniya)

Initiatives for Achieving “Zero Physical Restraint”



When providing support of daily life, “abuse” of the recipient is in violation of his or her human rights, and therefore absolutely unacceptable. On the other hand, physical restraint is something that anybody is prone to doing, without any intention to abuse, and without recognizing that it is a form of abuse.

In Japan, there have been incidents in which a caregiver has bound the care recipient’s arms and legs to the bed to prevent the recipient from moving, has administered medication to calm the care recipient’s behavior, and has isolated the care recipient in a room which cannot be opened from the inside, as a result of prioritizing the caregiver’s own convenience in the place of care. In places where prioritization of the caregiver’s convenience is routine, restraint has come to be used as a form of care.

However, if this situation is let pass as natural, human rights of elderly people cannot be protected. Realizing individual ways of life, the true objective of long-term care, is lost sight of. Under these circumstances, improvement of the quality of long-term care cannot be expected.

In Japan, physical restraint was prohibited by the Long-Term Care Insurance Act enforced in 2000, and from this time forward, proactive efforts were initiated to abolish physical restraint. In 2001, the “Guidebook for Zero Physical Restraint” was produced by a subcommittee established by the Ministry of Health, Labour and Welfare, and distributed to people affiliated with caregiving. In this guide, specific acts considered to be physical restraint are cited, such as “binding,” “excessive medication,” “isolation,” etc. and introduces examples of ways to achieve “zero physical restraint.”

(2) The Historical Development of Long-Term Care in Japan

Socialization of Long-Term Care

In order to make progress building a society in which all people, including elderly people and their families, can live in peace and without burden or anxiety caused by long-term care, it is necessary to provide an environment in which long-term care services can be used when needed and at the recipient's own will, as well as train personnel who can provide long-term care with expertise.

In Japan, efforts have been made to cope with the growing need for long-term care since approximately 1960, when the aging of the population began to be regarded as a serious social issue. New challenges were met each time they arose, culminating in the establishment of the Long-Term Care Insurance Scheme in 2000. Since then, the number of people able to use long-term care services, as well as the range of services available has increased rapidly.

In this section, the historical development of long-term care related policies will be explained, focusing on the establishment of the Long-Term Care Insurance Scheme. We hope that by sharing the Japanese experience it will serve as reference for each country developing its own policies to support elderly people and providing an environment for training long-term care professionals.

Origins of Elderly Welfare Policy

In the period immediately following the end of the Second World War, Japanese elderly welfare policy was based on the residual welfare model, targeting only a small proportion of low-income groups. At that time in Japan, it was common for multi-generations to live together, and elderly care was considered a part of the family's work.

However, in addition to an increase in the number of elderly people, the people's way of living also changed dramatically. The core of Japanese industrial structure changed from agriculture, forestry, and fishing, to manufacturing, then service industries, so that the proportion of family businesses and self-employed decreased, and opportunities for elderly employment declined. With the progress of urbanization, the population of the working generation concentrated in major cities, so that the number of single elderly and elderly couple households increased. It was under these circumstances that, with the 1963 enactment of the Act on Social Welfare Services for the Elderly, facilities were institutionalized for the first time in Japan to support elderly people in need of care regardless of their economic condition. Japan's full-scale long-term care measures originate from this point on.

Increase in Long-Term Care Needs, and Limitations of the Welfare System

Although the Act of Social Welfare Services for the Elderly was enacted, the number of facilities was insufficient compared to the number of elderly people in need of care, and the care recipient was required to bear a portion of the cost based on household income determined by an income assessment, etc. For such reasons, the system was not always easy to use for the general public, so actual usage continued to reflect a prioritization of low-income population, etc.

In these circumstances, aging of the population progressed rapidly and the ratio of older persons aged 65 years and over in the total population increased from 5.7% in 1960, to 9.1% in 1980, and 12.0% in 1990, with the demand for long-term care increasing accordingly. In addition, response to long-term care needs based on traditional elderly social welfare systems reached its limit for multiple reasons, including increased duration and severity of long-term care due to lengthening life spans, changes in social structure (young population's large scale migration to major cities for employment opportunities and marriage), increasing nuclear families (consisting of two parents and one or more children) due to changes in thinking (increased desire to prioritize individual lifestyles, etc.), aging of family caregivers themselves, and changes in the circumstances of families providing elderly care.

It was at this point that the Long-Term Care Insurance Scheme was established as a mechanism to support elderly care as a society as a whole, and the Long-Term Care Insurance Act was enacted in 2000.

Development of Personnel Training Systems

As the demand for long-term care emerged from around the 1970s, workshops and training, etc. were held for people involved in long-term care at home and at facilities. However, no specific certification system etc. existed. At that time in Japan, no certification system existed for social welfare as a whole, much less for long-term care. For this reason, the establishment of certification system has been identified as an objective since the middle of the 1980s.

At the same time, ensuring that personnel that can handle diverse and high level needs, as well as improvement of the qualification of these personnel became necessary to meet the expansion of elderly and disabled people's social welfare needs, due to changes in living styles and economic conditions, which accompanied the declining birthrate and aging population. The need for professionals who could ensure service ethics and quality, in light of the rapid expansion of elderly people related services, also became a point of discussion. As a result of these circumstances, the national certification for care workers was born in 1987. In the next year, a certified care worker training course (two year course) was started. In 1991, organized training of Home Helpers was also started.

Although the system for training of care personnel is reviewed regularly to maintain relevancy with current trends (see Column 4), it is said that the creation of a national certification served as opportunity to formulate standards of long-term care knowledge and skills.

From Family Care to Social Support

Until the Long-Term Care Insurance Scheme was established, elderly long-term care services were partially provided to those admitted by government officials (services based on administrative measures), as well as to those within a medical framework. However, management by conventional measures meant that care services were assigned by the government to care recipients admitted by the government, and therefore recipients could not select services by their own will. Since selection of recipients and care service contents was based on government budgets, it was difficult for private companies to enter the long-term care service market, and, as a result, it was difficult to expect rapid expansion of long-term care service offerings. Meanwhile, there were limitations to managing long-term care in the framework of healthcare aimed at treating diseases, especially in terms of care provision and living environment for elderly persons in the hospital. For this reason, it became essential to work for drastic reform, rather than simple extension, of the system at the time.

With this background, the Japanese Long-Term Care Insurance Scheme was established as a mechanism by which all citizens support elderly people and their families, since elderly long-term care is not an issue for a selection of people, but rather an issue affecting society as a whole.

Figure 1: History of Elderly Welfare and Elderly Medical Policy in Japan

Period	Indices	Main Events	Supplementary Items
1960s Beginning of Welfare Policies for the Elderly People	Aging Ratio: 5.7% Average Life Expectancy: Male: 65.32 years Female: 70.19 years (1960)	1962 Home-visit Care program initiated. 1963 Act on Social Welfare Services for the Elderly ◆ Establishment of elderly welfare facilities ◆ Legislation of Home Helper Care 1969 Announcement of Results of “Survey of Condition of Elderly People Bedridden in the Home” at the National Social Welfare Conference. ⇒The number of bedridden elderly people over 70 years old (200 thousand people, approx. 5%), and the severity of their living conditions were made public.	✓ The term “long-term care” is included in the law. ✓ Positioning of general needs associated with aging as object of care system, exceeding care measures for low income earners.
1970s Increase in Elderly Medical Expenses	Aging Ratio: 7.1% Average Life Expectancy: Male: 69.31 years Female: 74.66 years (1970)	1971 Formulation of five year plan for emergency establishment of social welfare facilities ◆Promotion of initiatives to expand and quantitatively develop elderly welfare 1971 Holding of nationwide centralized training of Home Consultants (current Home Helpers) 1972 Formulation of guidelines for operation of home help program 1973 Free healthcare for elderly people 1978 Establishment of short stay program 1979 Establishment of day services program	◇ Serious issue of “Social Hospitalization” emerge whereby patients extend their stays without medical reason due to disparity in user fees between welfare institutions and hospitals, coupled with hassles in application procedures. Medical expenses for elderly people increase as a result. ◇ There was also an issue with hospitals designed to provide medical treatment, where systems were inadequate in terms of staffing and living environment to provide long-term treatment to people in need of care.
	◇ Around this time, increased awareness of the importance of home-based services, considered from the perspective of providing daily life support in the context of a familiar living area, led to its improvement.		Short Stay A service which enables care recipients short-term (approx. several days to one week) admission to stay at a facility, while receiving long-term care in daily life and care for functional training. Day Service A service which enables users to visit facilities for support of bathing, excretion, meals, etc. and other daily life activities and functional training.
1980s Emergence of Social Issue of “Social Hospitalization” and “Bedridden Elderly people”	Aging Ratio: 9.1% Average Life Expectancy: Male: 73.35 years Female: 78.76 years (1980)	1982 Act on Elderly Health ◆Introduction of fixed co-payments for elderly medical expenses, etc. 1982 Revision of guidelines for operation of home help program ◆ Regulation on introduction training for home helpers	

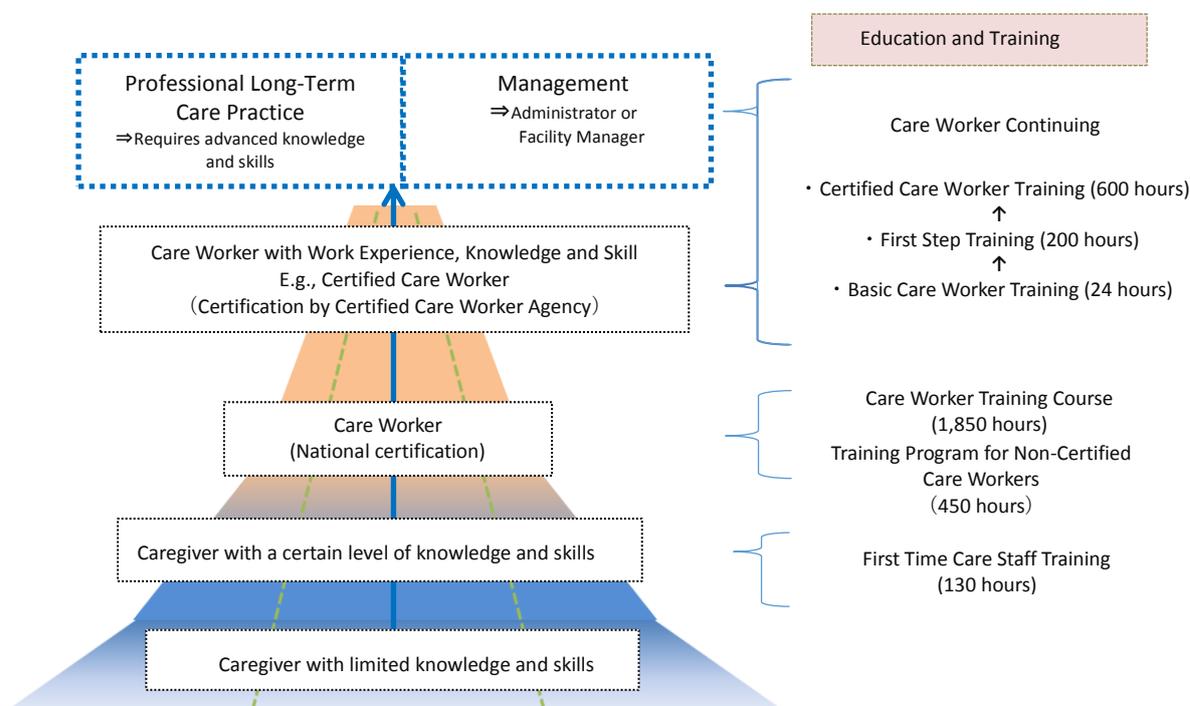
Period	Indices	Main Events	Supplementary Items
	<p>◇ Even with medical services at hospitals, groups of beds were systematically institutionalized to provide the environment and staffing suitable for long-term recuperation, to be able to respond to the needs of elderly people and other care recipients in need of nursing and long-term</p> <p>◇ A demand for provision of comprehensive and integrated medical and welfare services led to establishment of such services.</p>	<p>1983 Establishment of special licensed geriatric hospital system</p> <p>1987 Amendment to the Act on Elderly Health (establishment of geriatric health facilities)</p> <p>1989 Introduction of consumption tax Formulation of the Gold Plan(Ten year strategy for the promotion of health and welfare for elderly people)</p>	<p>Special licensed geriatric hospital Medical institutions which admit many elderly people, and are licensed to operate with less than standard number of doctors and nurses. In exchange, a fixed number of professional care providers are deployed.</p> <p>Geriatric Health Facility Facilities which provide medically controlled nursing, care, rehabilitation, etc. for bedridden elderly people with stable medical conditions, with the goal of the patient's return to home.</p> <p>Gold Plan Plan to improve infrastructure for public services in the field of elderly health and welfare, based on the introduction of consumption tax.</p>
<p>1990s Promotion of the Gold Plan Preparation for Introduction of Long-Term Care Insurance Scheme</p>	<p>Aging Ratio: 12.0% Average Life Expectancy: Male: 75.92 years Female 81.90 years (1990)</p>	<p>1991 Establishment of organized home helper training program</p> <p>1992 Amendment of the Elderly Health Law (Establishment of Elderly Home Nursing System)</p> <p>1994 Discussion on Long-term Care Insurance Scheme began in the Ministry of Health and Welfare Formulation of the New Gold Plan</p> <p>1997 Increase in consumption tax (3% to 5%) Establishment of Long-Term Care Insurance Act</p>	<p>New Gold Plan: Service goal of the Gold Plan is raised.</p>
<p>2000s Implementation of Long-Term Care Insurance Scheme</p>	<p>Aging Ratio: 17.3% Average Life Expectancy: Male 77.72 years Female 84.60 years (2000)</p>	<p>2000 Enforcement of Long-Term Care Insurance Act</p>	

Source: Various materials including “Annual Health, Labour and Welfare Report 2016 ”

Initiatives in Human Resource Development on Long-term Care

In Japan, initiatives have been taken to train personnel that can meet diverse care needs as the number of elderly people in need of long-term care as well as number of long-term care services have increased due to the progress of aging. In 1987, a national certification system for care workers was established in order to train and ensure a supply of personnel with professional long-term care skills. Until this time, professional care workers and those without as much knowledge and skill were engaged in the same work, however, recently, the condition at each caregiving site have been identified and necessary care worker functions and ability organized according to level, and caregivers provided the necessary practice and development for their career paths, as shown below.

Japanese Care Worker Career Path



Certification can be received by passing the national exam following acquisition of necessary knowledge and skills at universities, vocational schools, high schools specializing in welfare, etc. and can also be received by passing the national exam following acquisition of necessary knowledge and skills through three years or more of working experience and on-the-job training in long-term care related work.

Even after receiving certification, continued education is provided to give opportunities for improvement of qualities relevant for each career path, in topics such as training for improvement of management skills, training for the skills and ability to collaborate with other professionals to provide care for people with dementia, etc.

Japanese Long-Term Care Insurance Scheme

The “Long-Term Care Insurance Act” was enforced in 2000, initiating the Long-Term Care Insurance Scheme in Japan. All citizens are expected to join the scheme the month they turn 40 years old and pay an insurance premium. When long-term care is necessary and authorized, the insured can receive care services from service providers and benefits based on this public insurance contract.

The long-term care insurance system is one based on the principle of mutual aid, such that the source of funds is 50% public (from tax), and the remaining 50% financed by insurance premiums.

Long-term care services can be received by people over 65 years old, when in need of support or care regardless of the cause. For people between 40 and 64 years old, services are available when in need of support or care due to illnesses associated with aging such as terminal cancer and rheumatoid arthritis, etc. Generally, the user fee is set at 10% of cost needed for care services¹.

【Services covered by long-term care insurance】

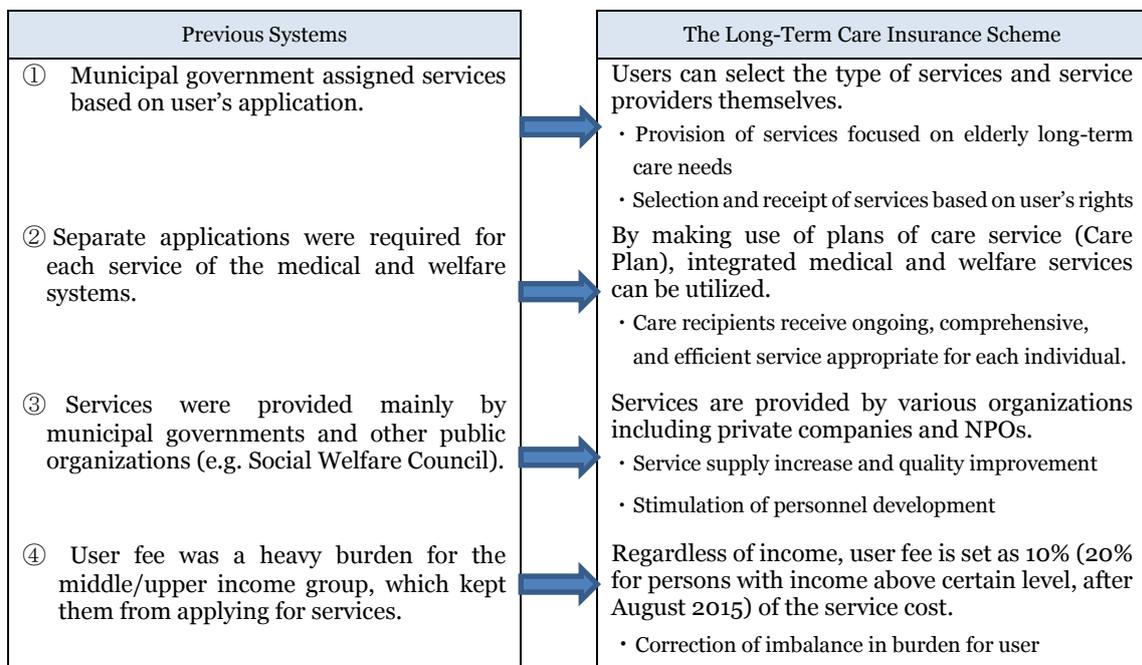
- ◇ In-home services (home-visit care, home-visit nursing, home-visit rehabilitation etc.)
- ◇ Services used while living at home (daycare, out-patient rehabilitation, temporary nursing at residential facilities etc.)
- ◇ Services to improve the living environment (rental or purchasing of welfare equipment, housing renovation, etc.)
- ◇ Residential services (elderly welfare facilities, elderly health facilities, etc.)
- ◇ Preventive care services
- ◇ Care management services (professionally provided care plans, liaison and coordination, in response to the users’ requests, so that user may receive appropriate care services)

Utilization of long-term care services rapidly expanded following the introduction of the long-term care insurance scheme. The number of users more than doubled in the first 4 years, and recognition of the long-term care insurance scheme as a mechanism supporting elderly security spread quickly.

¹ User fee is set at 20% for those whose income exceeds a certain level. Food and living expenses are not covered by the insurance, even if services are used at home. There are limits to services one can receive per month (ceilings to insurance benefit) depending on each level of care needed. Costs that exceed those limits must be paid out of one’s pocket.

Differences between the Long-Term Care Insurance Scheme and Previous Systems

The Long-Term Care Insurance Scheme was introduced with the objectives of increasing care services, reducing the burden on care recipients' families, ensuring equitable benefit and contribution, and reinforcing fiscal stability of the government. Thanks to this scheme, elderly people in need of long-term care and their families are able to select and receive integrated healthcare, medical, and welfare services provided by diverse sources. Furthermore, due to the adoption of a social insurance system with clear relationship between contribution and benefit, the Long-Term Care Insurance Scheme was established as a system supporting elderly people in society as a whole. In addition, the long-term care insurance scheme currently adopted in the Republic of Korea, is also a form of social insurance like that of Japan and Germany.



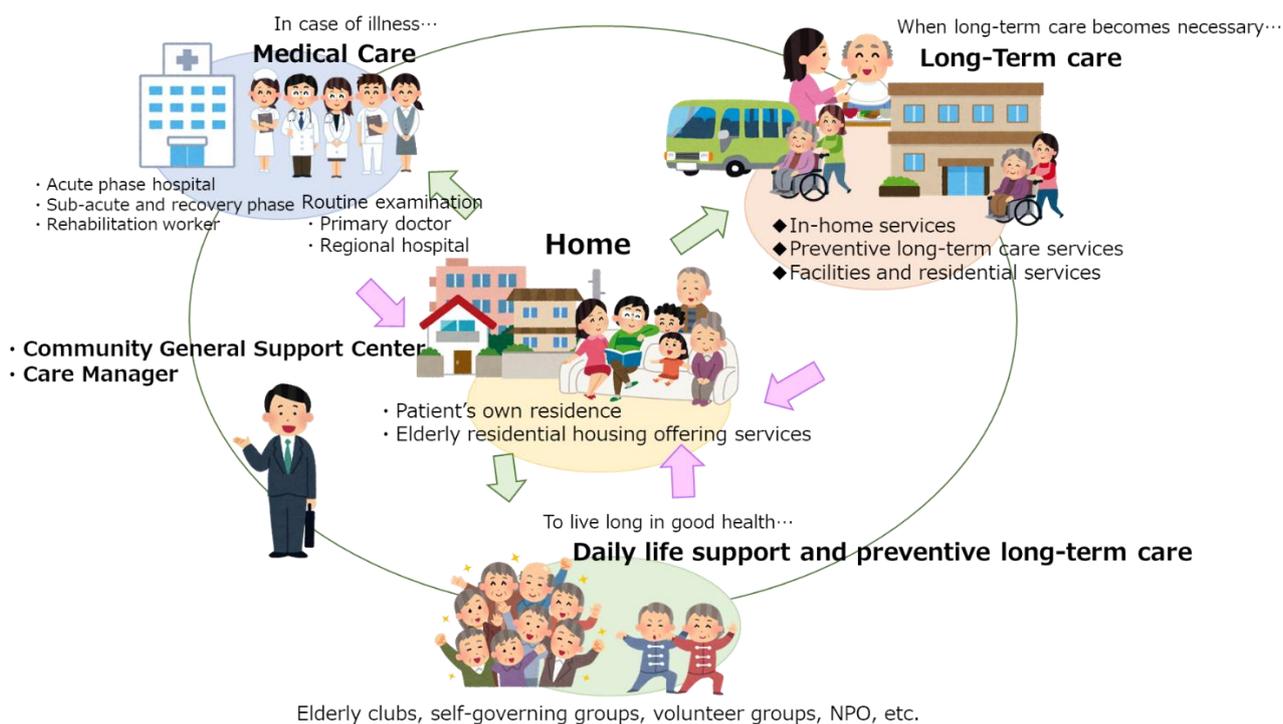
Source: General Affairs Division, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare (2015) "Present state and future role of public long-term care insurance system 2016"

Creation of a Community-based Integrated Care System

The Japanese population is aging at a speed unprecedented in the world. Since the establishment of the Long-Term Care Insurance Scheme, the long-term care service market has expanded rapidly. However, it cannot keep up with the increase in needs, and short supply of long-term care services continues to be a social issue. In particular, in 2025, the age of the generation born during the Japanese baby boom between 1947 and 1949 will exceed 75 years old representing the peak of the aging population, so it is expected that need for long-term care, including for elderly people with dementia, will increase drastically. On the other hand, more and more people are reconsidering how long-term care and medical services should be provided, in deliberate response to the desire to continue living at home with family and close friends even if one needs long-term care, as considered from the perspective of elderly people who would like to continue their individual way of life.

In such circumstances, Japan currently seeks to create a “Community-based Integrated Care System.” This system provides housing, medical care, long-term care, prevention, and daily life support so that elderly people can continue to live their own lives as long as possible in familiar surroundings.

Figure 2 : Community-based Integrated Care System Model



Source: Comprehensive Community Care Research Group Mitsubishi UFJ Research & Consulting (2013) "Investigative research report on sustainable Long-Term Care Insurance System and Community-Based Integrated Care System"

Community Care of Each Country

The formation of structures to support regional elderly people has already begun in countries across Asia.

【Case Study: Community Care in Thailand】

“Health Volunteer” Activities :

There are approximately 1.1 million paid “Health Volunteers” in the country. Based in health centers, they focus on social participation and health promotion of local residents, based on an understanding of disabled and elderly people in the region. As one part of their activities, they visit elderly people’s homes to observe their health condition (by checking vital statistics), as well as provide advice on lifestyle with medical treatment, including those of caregivers.



Health Volunteers visiting an elderly person’s home

“Family Care Team” Elderly Home Visits:

“Family Care Team” (FCT) was officially launched nationwide in 2015 and now has more than 15 thousand teams located throughout Thailand. FCT provides training for selected health volunteers as caregivers who visit homes of elderly people in the region as a team including doctors and staff from nearby hospitals, providing necessary physical and mental care to elderly people who do not have access to health service or are bedridden.



A Family Care Team visiting a home

“Schools for Elderly people”:

“Schools for Elderly People” for preventative long-term care have been made in various places throughout the country. At these schools, regional elderly people over 50 years old participate in activities like those of normal schools, such as attending lessons and morning meetings, and going on field trips. Lessons are taught on subjects including basic calculation, as well as using smartphones and SNS.



Scenes from a School for Elderly People

(Author: Shohei Kuniya)

【Case Study: Community Care in Vietnam】

“Intergenerational Self-Help Club” Activities:

In Vietnam, the establishment and activities of various clubs for elderly people have been promoted in Vietnam, and, in particular, the spread of “Intergenerational Self-Help Clubs” has been set as an important goal. According to the Vietnamese National Association of the Elderly, the number of Intergenerational Self-Help Clubs increased from 60 at the start in 2006, to one thousand across 12 provinces in 2015.



Health exercises with female Club members

In general, one club is established for every village community or two. About 70% of members (roughly 50 to 60 people) are over 55 years old, and 70% of all members are women. Although the numbers are small, there are some members who are from younger generations, as well as wealthy members who provide funding. Activities are held once a month, and in addition to activities such as physical exercise for health and health checkups, the club lends money from its funds to support members’ economic activities, or support families burdened by providing long-term care at home by doing housework, shopping, or care-related activities. At one club meeting the author participated in, it was elderly women facing challenges providing long-term care at home (rather than the few younger generation or wealthy members) who were at the center of activity.

(Author: Yoichi Hiruma)

【Case Study: Community Care in Indonesia】

Social Welfare Activities for Elderly People “Posyandu Lansia”:



A Kader checking an elderly person’s vital statistics

In Indonesia, periodic health related activities called “Posyandu” are conducted on a community basis at primary medical care health centers called “Puskesmas.” Posyandu were originally conducted for maternal and child health including activities such as infant checkups and vaccinations, however, since the 1990s, activities for elderly people, called “Posyandu Lansia,” are also being developed.

The people who support Posyand Lansia activities are volunteers called “Kader.” Kader are primarily women living in the region. Receiving only a modest compensation, they conduct periodic health activities and health maintenance along with local nurses.

(Author: Shohei Kuniya)

2. Support of Elderly People's Active Daily Lives

(1) Elderly People's Daily Routine

The daily routine of elderly people is basically no different from that of other people: they get up in the morning and go to bed at night. However, for elderly people, there are times during the day when they must receive care from a caregiver, due to aging, illness, disability, etc. Caregivers in Japan support elderly people's daily lives by first understanding changes in elderly people's mental and physical conditions due to aging, illness, disability, etc. and closely observing each person's state on a daily basis.

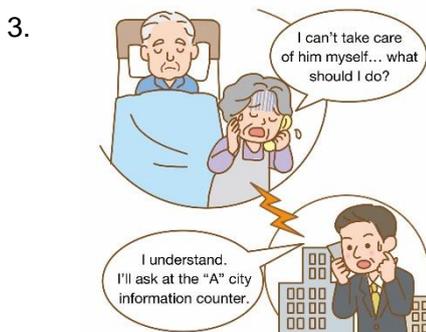
Let us introduce Mr. Yamada, who lives in the mountains of Japan, as an example. Elderly Mr. Yamada lived with his wife away from his son who lives in the city, but, one day, Mr. Yamada collapsed and is now in need of long-term care. Mr. Yamada was admitted to an elderly facility.



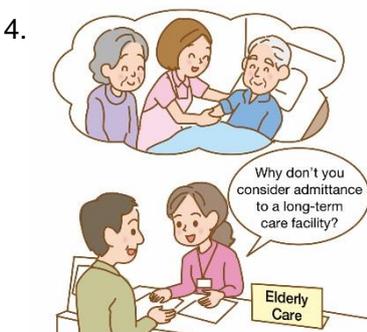
Young Mr. Yamada works and lives with his family in Tokyo, far from his parents in the mountains.



One day, his elderly father suddenly collapsed and needed long-term care.



However, most direct family members and relatives live far away, and his elderly mother was not able to provide care alone.



After consulting with local authorities, Mr. Yamada's father was certified for long-term care, and moved into an elderly facility.

In the next section, we will describe a day in Mr. Yamada's life at the elderly facility. The care described here is just one example, however we believe that, by reading the section "(2) Practice of Long-Term Care (elderly care) to Support Living with Motivation," while being mindful of the daily activity flow of elderly care recipients, you will better understand what is considered important in Japanese long-term care.

<A Day in Mr. Yamada's life at the Elderly Facility>

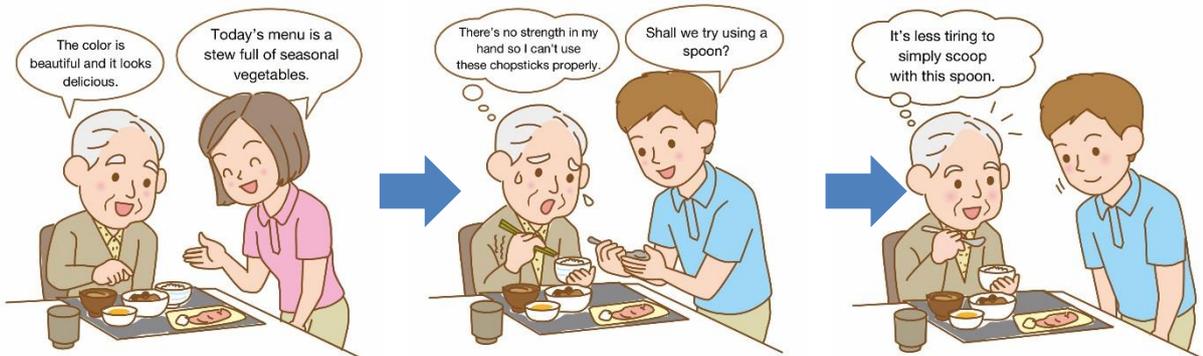
§Dressing p.41



§Mobility p.27



§Eating p.33



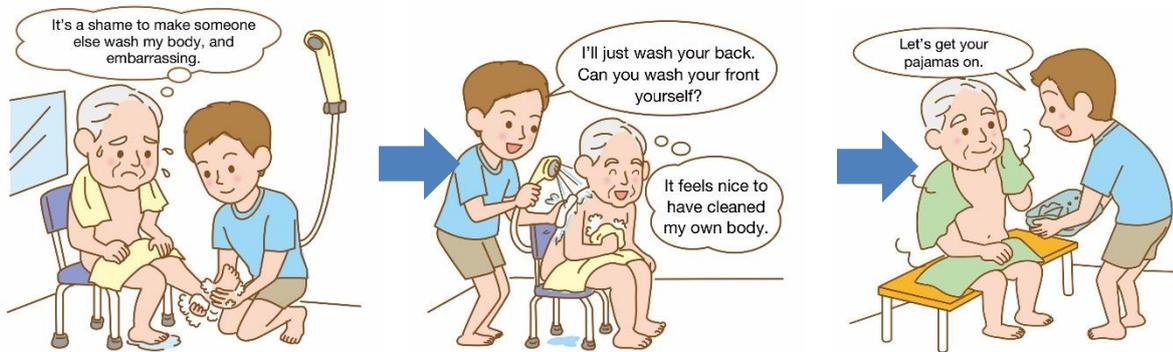
§Recreation



§Toileting p.38



§Hygiene p.44



§Bedtime



(2) Practice of Long-Term Care (Elderly Care) to Support Living with Motivation

In this section we will introduce important approaches to providing long-term care to support elderly people's living with motivation, for each of the five scenarios of "mobility," "eating," "toileting," "hygiene," and "dressing." Approaches will be described from three ideals held as important to Japanese elderly care: "care that respects each recipient's course of life," "care for support of independence," and "care for enriching life through creation of connection with society."

1) Mobility

Key Points

- ◇ Mobility is an essential means for supporting individual ways of life in comfort.
- ◇ Care recipients' own abilities should be made full use of.
- ◇ Provide support so that elderly people can enjoy going out in comfort and safety.

Important Approaches to "Mobility Care and Support"

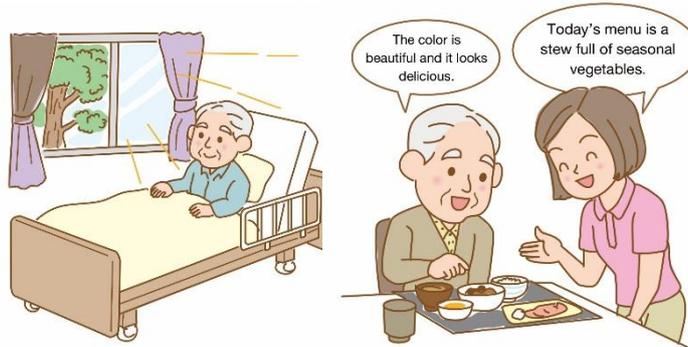
Eating, toileting, dressing, and hygiene (these will be addressed later) are activities fundamental to every person's daily life. These acts take place in various locations, such as the living room, dining room, bathroom, shower, etc. In order to conduct each activity in the most appropriate location, mobility is necessary.

[Care that Respects Each Recipient's Course of Life]

Basic Support of a Comfortable Daily Life

In Japan, support of mobility is provided because it is considered important that elderly people conduct daily life activities in the most appropriate locations, to the greatest extent possible, even if they have difficulty with mobility due to aging or disability, etc. With support, even elderly people whose bodies don't move the way they want to, can still go where they want to go. Meals, for example,

✎ Conducting daily life activities in the most appropriate places leads to a balanced and active lifestyle



seem to taste better when they are eaten while sitting in a chair at the table in the dining room, as well as become a time to enjoy connections with other people. If one is able to get out of bed to use the toilet by oneself, it is more comfortable than wearing a diaper, and one can go to the bathroom quietly without concerning anyone else. We believe that being able to conduct activities such as eating and toileting in appropriate locations rather than in bed, even if an elderly person is no longer mobile by him- or herself, is absolutely necessary to support comfortable individual ways of living.

Maintenance of Mental and Physical Functionality

Humans have increasing difficulty moving when they remain bedridden for a long time, due to bone and muscle atrophy. With insufficient outside stimulation, mental function also decreases (see Column 7). Because mobility involves posture-adjusting movements, it is a form of exercise that maintains muscular strength and joint flexibility. Furthermore, standing and other postures that resist gravity, also work to maintain bone strength. On the mental side, using mobility to go out and meet other people stimulates one's curiosity and motivation.

For these reasons, mobility is considered one part of exercise to maintain the mental and physical functionality necessary to live individual ways of life.

<Column 7>

Why “Bedridden” is not Favorable

When explaining the theme of “preservation and utilization of the care recipient’s existing mobility to support their activities of daily living” to students studying long-term care, I was asked the following question. I would like to consider why being bedridden is not favorable, from the perspective of human rights, as well as from the perspective of elderly physical and mental structures.



Even if we aim to “support independence,” I feel sorry trying to make elderly people, whose bodies don’t move freely, move their bodies. Is it so bad to keep elderly people lying down in bed?

I suppose that for elderly people, staying in bed without moving is easier, however, we must also think of the negative influence of just lying down.

For example, issues like decrease in overall muscular strength, appearance of bedsores, and restricted mobility of joints, come to mind. It is also more likely to lead to dementia. These issues make providing long-term care even more difficult for the caregiver.



Besides, consideration of elderly QOL is also important. Lying in bed looking up at the ceiling may cause low spirits, and inhibit social participation such as interaction with other people. There are even cases where bedridden patients become unable to get up.



I see! By getting up and being active, elderly people can avoid becoming bedridden, leading to an improvement in QOL. This means that our burden as caregivers will be reduced!

(Author: Shohei Kuniya)

“Mobility” to Achieve Individual Ways of Life

Human beings desire to interact with other people, play roles within groups, and pursue creative activity. These desires maintain and expand the scope of daily life, and are said to be one incentive for mobility.

It can be said that the consideration of long-term care for mobility, as part of support of daily life, is necessary from the point of view of further raising elderly people’s desire to live, by being able to go where one wants and decides to go.

[Care for Support of Independence]

Utilizing Existing Abilities

People who need long-term care of mobility often have paralysis or joint contracture. When providing long-term care for mobility, it is necessary to have basic knowledge of the structure of the human body, in order to first confirm the elderly care recipient’s degree of paralysis, joint contracture, etc. then to consider and provide the long-term care methods best suited to that care recipient.

Furthermore, it is believed in Japan that from the standpoint of encouraging independence of elderly people, long-term care should not deprive care recipients the opportunity to do what they are capable of doing, rather to preserve and fully utilize the care recipient’s existing abilities. Caregivers provide care by understanding the natural movement and

usage of the head, elbows, arms and legs, and torso which are the basis of mobility in daily living, and work with rehabilitation professionals and sports therapists to assist with natural movement.

Long-Term Care with Minimal Burden for Elderly People and Caregivers Alike

In order to maintain the mental and physical functionality necessary for daily living, caregivers try to get elderly people up and change their posture as much as possible.

When changing an elderly person’s posture, consideration is given to maintaining the elderly person’s relaxed and comfortable mental and physical state by using cushions, etc. to stabilize posture and reduce pain and fatigue. When assisting walking, caregivers should keep in mind the elderly person’s symptoms, etc. while walking, maintain a distance so that they can quickly support the elderly person’s body if necessary, and try to provide support which puts the elderly person at ease. Even in the case in which an elderly person needs full support, it is provided while using the recipient’s existing strength.

In addition, in order to provide smooth support of mobility, it is necessary to minimize the burden on the elderly person, as well as on the caregivers themselves. The basic approach to long-term care is “body mechanics,” which is the interaction between the nervous, skeletal, joint, and muscular systems. For

Even while encouraging elderly people’s independence, stand closely so as to be able to support the elderly person’s body in case of emergency.



example, by aligning the center of gravities of caregiver and elderly person and using the “principle of leverage” the caregiver can move the elderly person just by moving his or her own center of gravity. Please refer to Column 8.

[Care for Enriching Life through Creation of Connection with Society]

Support of Going Out

In order for elderly and disabled people to continue their individual daily lives in regions they are familiar with, it is important to work on improving the environment as well as to provide long-term care support for mobility. When going out, in order for elderly people to be able to enjoy themselves in comfort and safety, it is necessary to make detailed confirmation and preparation for various possible situations, such as confirmation of the travel environment etc. between home and the destination, checking of health condition, preparation of layers and change of clothing, confirmation of safety and comfort during travel, etc. Depending on the elderly person’s condition, it may also be appropriate to prepare assistive products such as wheel chairs, canes, and walkers. It is also encouraged to facilitate elderly people’s social interaction by seeking the cooperation of local friends and acquaintances as well as volunteers.

 Support of going out helps elderly people achieve active lifestyles.



 Japanese chauffer service to support elderly people’s going out.



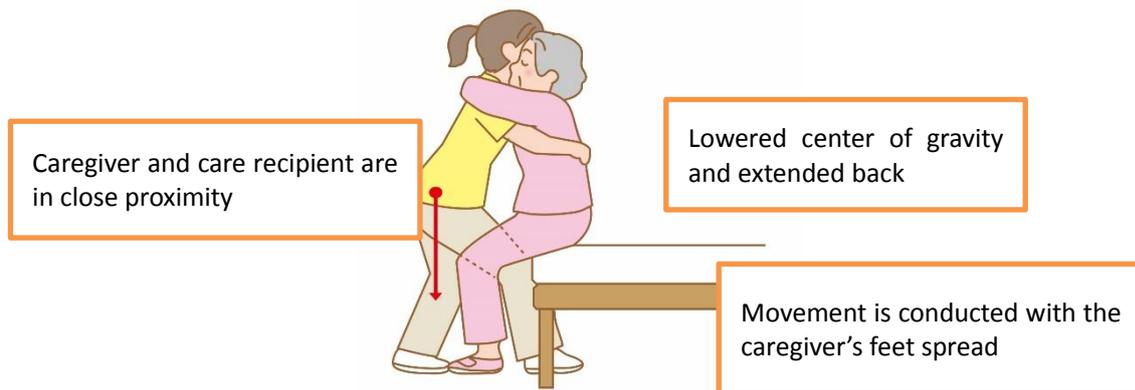
Let's Give It a Try -Support Using Body Mechanics-

Body Mechanics is the technique for maintaining movement and posture by using the mechanical origin of each part of the human body related to movement and posture. In the context of long-term care, Body Mechanics can be described as “a technique that makes use of principles of mechanics to provide long-term care with minimal physical effort.” Caregivers’ knowledge of Body Mechanics can reduce the physical burden on both the caregiver and care recipient.

1. The care recipient’s limbs are folded towards the torso (to the extent possible).
2. The caregiver stands with legs wide apart
3. The caregiver stands with lowered center of gravity and extended back
4. The caregiver and care recipient are in close proximity
5. Limit the range of the care recipient’s movement as much as possible
6. Use these principles when changing care recipients’ posture

【Specific Examples】

1. Care support transferring a care recipient with very limited mobility using Body Mechanics



2. Care support turning a bedridden care recipient using the principle of leverage



1. Align the care recipient's arms and stand knees



2. Place heels close to buttocks



3. Rotate (to side-lying position) using gentle force

(Author: Shohei Kuniya)

Long-Term Care Without Lifting **-No Lifting Policy-**

The high occurrence rate of lower back pain among caregivers, due to repetitive support of elderly transfer, mobility, toileting, bathing, and eating, is a serious issue at the site of long-term care. For this reason, the use of assistive products (lifts, sliding sheets and boards, etc.) (“no lifting long-term care”) has come to be recommended as a measure against lower back pain. For the caregiver, holding an elderly person during transfer, bathing, toileting, etc. is a source of heavy burden on the hips. In addition, for the elderly care recipient, being held not only increases physical tension, pain, and mental unease, but also increases the risk of falling and dropping. If an elderly person can maintain a sitting position, a sliding board or sheet etc. can be used to transfer them to wheelchair. For elderly people who cannot maintain a sitting position, a lift can be used to minimize lifting by human strength as much as possible.

In Japan, however, there are still many people who think, “using assistive products makes lifting a person seem like lifting an object and lacks human warmth,” or “it’s a nuisance to have to use tools,” etc. There are also many people who think that “using human strength is faster.” There are also cases in which the necessary assistive products are not available at the site of long-term care in the first place. For a professional long-term caregiver, taking care of one’s own health is requisite for making use of one’s experience by continuing to work. Caregivers must be safe and comfortable in order to ensure the safety and comfort of their elderly care recipients.

In Australia, the Victorian Branch of the Australian Nursing Federation drafted a policy in 1998 which specified “no pushing, no pulling, no lifting, no twisting, no carrying” in nursing, which was adopted and defined as the “No Lifting Policy.” Following this, a positive effect on decreasing lower-back pain was demonstrated, adherence to the policy spread throughout Australia, and now, people who do not use assistive lifts are even considered “unknowledgeable. In Japan, efforts towards realizing “long-term care without lifting” are currently insufficient, but will likely develop and become adopted in the future.



Mobile Lift



Sliding Board



Slide Sheet

(Author: Yukari Amano)

2) Eating

Key Points

- ◇ Respect the eating habits of each elderly person.
- ◇ Provide support, such as cutting food so that it is more edible, and using assistive products, so that elderly people can eat autonomously as much as possible.
- ◇ Aim to achieve a vibrant daily life by providing enjoyable mealtimes.

Important Approaches to “Long-term Care and Support of Eating”

Eating is an activity essential to maintaining life. In addition, eating delicious foods brings joy, and eating specific foods sometimes triggers memories. On the other hand, dissatisfaction with meals negatively affects mental and physical conditions. In this way, eating is an act that directly affects daily QOL.

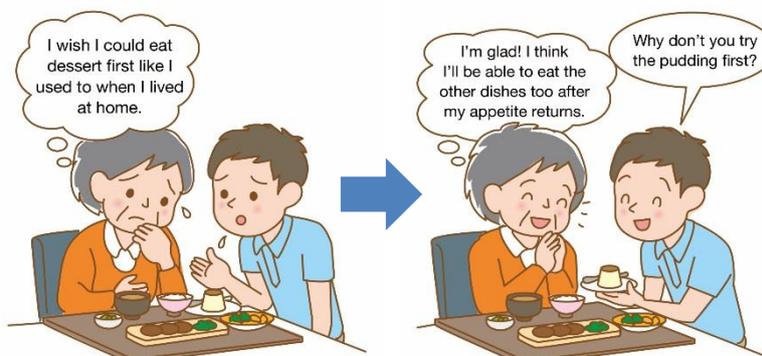
[Care that Respects Each Recipient’s Course of Life]

Long-Term Care Which Respects the Care Recipient’s Eating Habits

Eating reflects individual food cultures and preferences, which have been cultivated over many years of a person’s life. For this reason, in Japan, it is believed that understanding the memories and history associated with each elderly person’s eating habits, and providing long-term care which respects preferred eating habits, will improve elderly QOL.

In order to provide such long-term care of eating, it is important to work as a team including specialists in nutrition management and food preparation, nurses, long-term caregivers, etc. to first select the cooking methods and serving formats most appropriate for each person’s mental and physical conditions, then provide foods prepared under completely sanitary conditions, in accordance with long-term care. In addition, explaining the contents of the menu provided, including the ingredients and cooking methods used to prepare it, encourages elderly people to be interested in and eat the meal proactively.

📖 Support of eating that respects each person’s food culture and eating habits as much



[Care for Support of Independence]

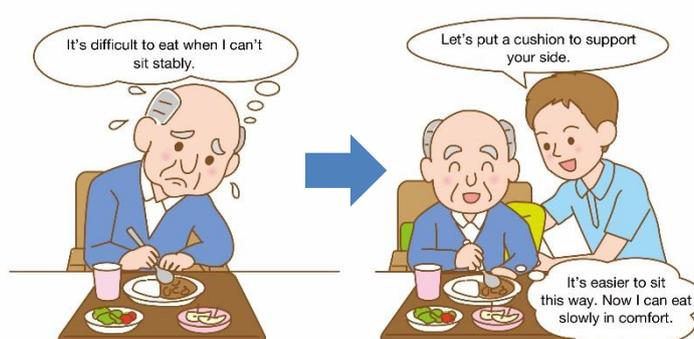
Support Autonomous Eating

Since eating requires the coordination of several physical functions, autonomous eating requires maintenance of each of these functions, and also serves to improve movement in daily life. Therefore, in Japan, it is considered important to clearly understand elderly people's physical condition and degree of disability in order to provide support of autonomous eating, to the extent possible.

Among elderly people, some are unable to maintain the posture required for eating, due to paralysis or contracture, etc. and others face difficulty with the required movement. For these elderly people, caregivers provide long-term care with attention to issues such as maintaining posture while eating, tools helpful for eating, and provision of meals appropriate for each elderly person's swallowing ability, etc. Since there is a risk of suffocation, especially in the case that an elderly person's swallowing ability is decreased, the caregiver must confirm eating posture, and whether the elderly person is swallowing properly without choking.

Even in the case that swallowing ability is decreased, tube feeding (nutrition directly injected into the stomach or intestine using a tube or catheter, etc.) will not be used immediately. As mentioned earlier, eating by mouth promotes not only independence but also elderly people's motivation to live. For this reason, eating by mouth is encouraged as much as possible, and supported by using techniques such as boiling ingredients until soft, pureeing, etc.

✎Autonomous eating is possible by simply maintaining correct posture



In addition, it is possible to prevent aspiration and support autonomous eating without using extensive strength by using assistive products, cushions, etc. to support proper eating posture (Please refer to column10) .

[Care for Enriching Life through Creation of Connection with Society]

Providing Enjoyable Mealtimes

Autonomous eating (by one's own power) is related to enjoyment of mealtimes. Even if one eats the same food, the flavor is perceived differently if it is eaten by oneself or fed by someone else. In addition, eating while enjoying conversation with family, caregivers, other elderly people, etc. rather than eating in silence, leads to elderly people's pleasure in and enjoyment of life. Providing enjoyable mealtimes leads to achievement of individual ways of life.

When an elderly person is admitted to an elderly facility, etc. and meals and eating support are provided by a caregiver, it is important not to provide meals in bed, but rather move the elderly person to the dining room and create an environment which promotes enjoyment of mealtimes. Even in the case of elderly

people not living in such a facility, it is important to provide opportunities for people in the community to eat together in order to achieve individual ways of life.

Oral Care that Enables Enjoyable Mealtimes

All people brush their teeth etc. after meals in order to keep the inside of the mouth clean. The inside of the mouth combines the temperature, humidity, and nutrition ideal for harboring bacteria. Because elderly people's overall immunity decreases with age, keeping the inside of the mouth clean by brushing teeth and cleaning dentures is especially important for maintaining their overall health.

In addition, keeping the inside of the mouth clean heightens elderly people's sense of taste. The better an elderly person can taste individual ingredients, the more enjoyable mealtimes become. In other words, support of oral care is related to providing enjoyable mealtimes.

Ways to Encourage Elderly People to Eat with Minimal Assistance -Elderly Care Meals and Assistive Products-

Is not the desire to “enjoy meals through the end of life” something common to all of us? Unfortunately, when one is elderly, it becomes difficult to eat autonomously, as was possible in the past, for various reasons such as ageing, illness, disability, dementia, etc. However, it is possible to continue to eat autonomously, even under such conditions, by adjusting the environment (table, posture adjustment, tableware, etc.), cutting food into edible sizes, selecting appropriate cooking methods, and support solutions, etc.

For example, in the case that chewing and swallowing abilities are decreased, use of techniques such as softening and cutting ingredients into edible sizes is necessary. However, making food edible by cutting and mixing alone does not make mealtime enjoyable or delicious. Furthermore, food which has been cut into too small pieces will break apart in the mouth, get stuck in the throat, and increase the risk of aspiration.

Japanese cooking relies on methods of preparation designed to minimize ingredients’ loss of color, texture, flavor, smell and temperature. The pictures below show three meals provided by a Japanese retirement home. All meals are made from the same ingredients. The first is a “normal meal.” The second is a “soft meal,” which means it is firm yet can be chewed with the tongue and gums. The ingredients have been pureed in a mixer, then combined with a thickener to recreate form. The third is a “jelly meal,” which has been made smooth so it can be swallowed easily even by those who have difficulty swallowing. The special gelatin can be used to make hot dishes as well as cold dishes. In this way, various techniques are used so that elderly people can safely enjoy delicious meals in accordance with each person’s abilities.



Normal Meal



Soft Meal



Jelly Meal

In addition, in order to eat autonomously (feed oneself), one must be able to make the movement to carry food from dish to mouth. Japanese food culture is based on the use of bowls and chopsticks, but if elderly people suffer from paralysis or contracture of arms or fingers, it is difficult to use standard tableware. In such cases, various self-help tools selected according to the user’s abilities can be used to support elderly people to eat autonomously. The Chopsticks with Grip, shown in illustration Number ① below, are like large tweezers with grips, making them easy to use to grasp food. The Bendable Spoon and Fork, shown in illustration Number ②, have a large grip so they can be held even by elderly people

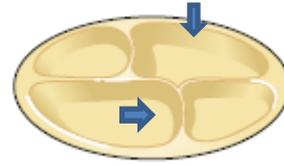
with little gripping power. Since the tips can be freely adjusted by bending, even those with limited wrist movement can use them to carry food to the mouth. The Partition Plate shown in illustration Number 3, has curved partitions making it easier to use a spoon to scoop food. It also has silicon tape on the bottom so that it doesn't slip around when placed on the table.



Chopsticks with Grip



Bendable Spoon and Fork



Partition Plate

In this way, using such self-help tools for eating can support elderly people's independence. Making an accurate assessment to select the most appropriate tool from the various tools available becomes very important.

(Author: Yukari Amano)

3) Toileting

Key Points

- ◇ Support with toileting is related to elderly people's health management.
- ◇ Support toileting with consideration for elderly people's sense of shame, so that it can be completed slowly and at ease.
- ◇ Support elderly people so they can do toileting autonomously, according to their mental and physical conditions, and degree of disability, if any.

Important Approaches to "Care and Support of Toileting"

Toileting is an activity fundamental to maintaining life and healthy daily living, as well as a barometer of a person's mental and physical health conditions.

In Japan, care and support of toileting is not perceived as simply the act of changing diapers and clothing soiled by excrement, but rather as an act which supports elderly people's health management. Support of toileting is provided based on the caregiver's understanding of an elderly person's frequency of toileting. Furthermore, in Japan, observation of excrement cannot be omitted. For example, excrement is observed to see if there is no blood in the urine, that there is no unusual smell, and that stool is an appropriate consistency, then these observations are recorded. If any abnormality is observed, the cause is identified with the cooperation of nurses and doctors, if necessary, and efforts made to improve the situation.

[Care that Respects Each Recipient's Course of Life]

Care for Toileting is a Sensitive Part of Long-Term Care

Toileting is a very private act. For this reason, it is important to provide support so that elderly people can use the toilet slowly and at ease, by understanding how much stress elderly people experience by having to rely on others to use the toilet, with consideration for their sense of shame. In addition, the timing of toileting varies by person, according to daily life rhythms and lifestyle. Caregivers must provide support with respect to timing, as well as with respect for each individual lifestyle.

[Care for Support of Independence]

Support of Autonomous Toileting

Toileting is an act essential for human life. At the same time, toileting is an act which is repeated many times a day, unlike other daily life behaviors, so autonomy in toileting has a large impact on elderly people's QOL. In addition, as mentioned earlier, since toileting is a private act, in Japan it is considered important to support elderly people's autonomous toileting, to the extent possible according to mental and physical conditions, and degree of disability, if any.

Deciding how to provide toileting support which is appropriate for each elderly person's condition requires consulting with other specialists such as nurses and physical therapists, etc. to make an assessment about

various issues, such as whether the person is conscious of the need to urinate or make a bowel movement, can move to the toilet, can undress oneself to use the toilet, can maintain posture on the toilet, etc.

For example, if an elderly person is aware of the need to use the toilet and can maintain a sitting position, he or she is encouraged to use the toilet sitting, if possible. Even if the elderly person is not mobile, the use of toileting related tools such as portable toilets is gradually being introduced. In addition, it is considered best to respect an elderly person's need to urinate or make a bowel movement, and support natural defecation without the use of laxatives as much as possible. If an elderly person is experiencing constipation, measures will be taken such as reviewing the overall water content of daily meals, utilization of rehabilitation time, and abdomen massage.

When providing toileting support, elderly people may experience incontinence upon occasion. However, recommending the use of diapers immediately after a single experience of incontinence runs the risk of hurting the elderly person's dignity. In addition, switching to diapers may be a trigger, causing elderly people to lose the energy to move their bodies, possibly causing atrophy of muscle and bone. It is important to carefully observe elderly people's condition, and consider gradual use of diapers, such as using diapers only at night at first, and encouraging them to use the toilet even when wearing diapers. In the case that diapers are used, selecting the type of diaper according to the wearer's body physique and urine volume is important for maintaining an environment suited for toileting in comfort and ease.

☞ Support of independence is important since toileting is an act important for maintaining human dignity.



<Column 11>

Supporting Independence and Japan's "Diaper Controversy"

Previously, support of toileting in Japanese long-term care facilities was entirely conducted by "regular changing," by which elderly people wore diapers in bed which were not changed until scheduled changing times. The diaper was hardly changed even when it was soiled by urine or excrement, especially at night. The situation was such that elderly people would "not complain even when suffering from wet diapers."

Long-term care facilities that questioned such caregiver-centric support began to practice "on-demand changing," by which diapers are changed immediately upon request by the elderly. As a result of "on-demand changing," sanitation of the genital area was maintained, and bedsores eliminated due to change of posture.

Fundamental questions have been raised about toileting support in the process of promoting practice of "on-demand changing." These questions do not address the choice between "regular changing" and "on-demand changing", but instead suggest that the "usage of diapers" or "the act of making care recipients wear diapers" in itself could show disrespect for the dignity of elderly people. Furthermore, they suggest that "removal of the need to use diapers" should be the ultimate goal of care. In reality, elderly people in facilities that seek to "remove the need to use diapers," and that make a distinction between the place for "eating" and the place for "sleeping," show resulting improvements in quality of life such as improvements in physical functionality and increase in initiative, etc.

On the other hand, the opinion that, although efforts to "remove the need to use diapers" are important, making everything about diaper removal is in itself a source of suffering for diaper users, and this has opened lively debate regarding support of toileting.

Controversy about toileting is related to the essence of long-term care, and continued discussion has brought support of care recipients' independent daily life closer to actualization. Even now, efforts continue to further improve toileting support in Japan, and it is believed we can come even closer to achieving elderly people's independent daily life.

(Author: Junko Umemoto)

4) Dressing

Key Points

- ◇ Connections with society motivate proper dressing.
- ◇ Consider support of dressing from the perspective of achieving active individual ways of living.
- ◇ Support elderly people to dress themselves to the extent possible according to each person's ability.

Important Approaches to “Care and Support of Dressing”

People put on clothes and get dressed without much thought, however this act fulfills several important roles in their daily lives, such as protection from hazards etc. adjusting body temperature, maintaining cleanliness, etc.

However, these are not the only roles played by dressing. When people interact with each other they dress appropriately for the occasion, wash their faces, arrange their hair, wear makeup, shave their facial hair, etc. In other words, it is because we interact with society that we dress properly. Conversely, as opportunities to interact decrease, the desire to dress properly also disappears.

Elderly people's interest in dressing fades, and when they begin to experience limitations of physical functionality, etc. when long-term care becomes necessary due to aging or illness, they are prone to thinking, “I want to get dressed but can't do it by myself and can't ask for help.”

In Japan, we support elderly people so that they can continue to be interested in dressing properly, as part of achieving active individual ways of living, despite the need for long-term care.

[Care that Respects Each Recipient's Course of Life]

Wearing Clothes with Respect for Season, Temperature and Individual Taste

In Japan, showing respect for elderly people's preferences, and preparing the clothing, hairstyle, makeup, facial hair style they select themselves is considered the starting point of dressing support. However, an elderly person cannot be dressed in anything he or she desires, especially when it comes to clothing. Elderly people become less sensitive to cold and heat, making it difficult for them to adjust their body temperature on their own. Adjusting clothing according to the season, the daily temperature, room temperature of the elderly person's facility or home, clothing material, clothing layers, etc. is part of elderly people's health maintenance. For example, clothing high in absorption should be proposed when it is hot, and clothing high in heat retention should be proposed when the temperature is low. It is also considered important to consider the economic burden in addition to the physical burden on the elderly.

📌 People dress properly when interacting with other people and society



Support Dressing with Respect for Elderly People’s Past Lifestyle Habits

Grooming of the hair and facial hair, and wearing makeup not only gives other people a clean impression but is also a source of refreshment for the elderly people themselves. However, preferences and ways of preparation vary according to the individual, so that there are some who think, for example, “I want to keep my hair short (or long),” “I want to grow my beard (or want to keep it short),” “I want to wear makeup every day,” etc.

For this reason, in Japan, it is considered necessary for caregivers to support dressing with respect for the elderly people’s lifestyle and desires as much as possible, rather than uniformly instruct to “shave every day,” or “wear makeup every day,” etc.

[Care for Support of Independence]

Support Elderly People’s Autonomous Dressing with Respect for Their Feelings

Elderly people’s autonomous dressing by putting on their own clothes etc. leads to improvement of remaining functionality. For example, if an elderly person is paralyzed on the right side, a caregiver will support him or her to get dressed by using the left hand to pull the right through the sleeve, etc.

In addition, there are some elderly people who feel ashamed to receive dressing support. For such people, allowing them to dress themselves is critical for maintaining their sense of dignity.

☞ Clothing is removed autonomously as much as possible in order to improve remaining functionality

In Japan, caregivers give full consideration to an elderly person’s sense of shame while dressing, by closing doors and curtains, covering the body with towels, etc. in order to minimize skin exposure.

When providing care and support of dressing, it is important that doors and curtains are closed to prevent the care recipient from being seen by other elderly, etc. For elderly people who can undress themselves, support is provided for autonomous undressing to the extent possible, even if it takes times. If elderly people are unable to undress some parts on their own, support is provided for this part alone, and for the remainder they are encouraged to undress themselves. In the case an elderly person suffers from paralysis or contracture, it is necessary to provide clothing (materials, shapes, use of large buttons or hook and pile fasteners, etc.) which are easy to remove.



[Care for Enriching Life through Creation of Connection with Society]

Increase Motivation towards Living through Dressing

Human beings dress properly when we have some kind of contact with society such as going out, meeting other people, etc. By dressing properly, one gains a sense of mental satisfaction, increased sociability and motivation to live. As a result, social life can be conducted in comfort and harmony.

Caregivers are required to understand what kind of clothing, hairstyle, makeup, etc. elderly people prefer, in order to help them discover the pleasure of getting dressed properly. At the same time, caregivers encourage elderly people's social participation by promoting interest in going out and interacting with other people, etc. By thinking together about the appropriate dress for each occasion, elderly people experience motivation towards and enjoyment of living.

5) Hygiene

Key Points

- ◇ Provide long-term care which places importance on the care recipient's mental and physical benefits of maintaining hygiene, while being aware of the physical risks.
- ◇ Support elderly people to maintain hygiene by themselves, while being sensitive to their feelings of modesty, shame, etc.
- ◇ Maintaining hygiene is related to maintaining connection with society.

Important Approaches to Care and Support of "Hygiene Maintenance"

Most humans desire to clean their bodies by showering or sponge bathing. Maintaining cleanliness not only prevents bacterial infections, but also promotes blood and lymph circulation, and leads to recovery from fatigue, and mental and physical relaxation. Elderly people experience decreased metabolism and restriction in joint movement, however, metabolism is invigorated by showering, and joints may also become easier to move. When showering or sponge bathing, caregivers should check the elderly person's skin condition (for bedsores, etc.) and muscle condition, and consult a nurse or doctor if any abnormalities are found.

However, it is important to note that there are risks that accompany showering, such as falling, and extreme fluctuations in blood pressure (heat shock) caused by temperature differences moving between warm rooms and cold dressing rooms and showers. Caregivers must be aware of elderly people's vital signs (body temperature, breathing, pulse, blood pressure) and provide support while paying attention to possible risks.

[Care that Respects Each Recipient's Course of Life]

Attentive to Detail Support in Line with Each Elderly Person's Mental and Physical Conditions

Maintaining cleanliness has various effects on mental and physical aspects of the elderly person. For this reason, caregivers should provide attentive support based on each individual's physical conditions and desires.

Methods of maintaining cleanliness vary according to country and region. In Japan, for example, there is a custom of bathing in a bathtub every day, and many Japanese look forward to daily bath time. Bathing in a bathtub has many risks such as those described above, and the physical demand on the caregiver is not insignificant. Even so, support of bathing in a bathtub is provided as part of the Japanese emphasis on care that respects the elderly person's lifestyle as much as possible. Regarding bathing culture, please refer to Column 12.

In order to best support elderly people's maintenance of cleanliness, it is considered important to understand each individual's lifestyle habits and culture, and respect them while providing care.

[Care for Support of Independence]

Support Elderly People's Own Hygiene Maintenance According to Their Condition

Some elderly people refuse to have their clothing changed or bodies bathed or wiped, due to modesty or shame. However, maintaining cleanliness has the various benefits described above, and also leads to maintenance and improvement of remaining functionality. For this reason, caregivers stay attuned to elderly people's feelings, and support them to maintain cleanliness to the extent possible by themselves.

For example, when elderly people wash their hair or wipe their bodies by themselves, these acts should be left up to the individual as much as possible, with the caregiver washing and wiping only areas the elderly person cannot reach by themselves. In addition, even if elderly people cannot conduct such acts themselves, even sitting and washing their own hands and feet supports their independence.

☞ Maintain cleanliness according to the elderly person's physical condition. Even wiping the arms and legs leads to maintenance and improvement of remaining functionality.



[Care for Enriching Life through Creation of Connection with Society]

Maintaining Physical Hygiene Becomes a Point of Contact with Society

Maintaining cleanliness not only brings a sense of mental satisfaction, but also gives surrounding people a good impression, which facilitates smooth human relations.

However, when long-term care becomes necessary, some elderly people pay less attention to maintaining cleanliness of their bodies due to a sense of reserve or modesty. This may become a trigger leading to limited outings, and hindering pursuit of an active lifestyle. Caregivers do not clean elderly people simply for the sake of hygiene, but also to support elderly people's maintenance of connection with society and individual lifestyles.

For example, it is important that caregivers encourage elderly people to proactively maintain cleanliness themselves, by preparing shampoo and soap in a scent the elderly person likes, or holding conversation with the elderly person while bathing. In addition, it is considered necessary to encourage cleaning the body before going out as a matter of course.

Japanese “Bathing” Culture

Historically, it was after the war that bathing become “national culture.” In other words, many of the current elderly generation had a bathtub in their homes and a lifestyle which involved bathing nearly every day.

In Japanese long-term care, there is the opinion that bathing is not just an act required for maintaining physical cleanliness. From this perspective, the most important thing about bathing is its role in communication. For example, for young children and their fathers (or mothers), bathing provides the opportunity for a different kind of communication, including “skinship” (an English inspired Japanese term meaning bonding through physical contact.)

In addition to this, bathing has various benefits. For example, bathing is recuperative. There is a form of rehabilitation called “hot-spring therapy” by which people with joint pain are recommended to move their joints during bathing. In addition, the experience that something “felt good” has healing benefits for both body and mind. Finally, bathing also has ceremonial benefits. Bathing before going out to meet people, upon returning home from meeting people, or on days of distinguished occasions (important family ceremonies, annual events, etc.) serves to make a symbolic distinction between “inside the home” and “outside the home,” between everyday activities and special events.

(Author: Yoichi Hiruma)

References

- Joy Hendry(1986)「Becoming Japanese」 University of Hawaii Press
- 小川 鑛一他(2016)「介護のためのボディメカニクス」東京電機大学出版局
- 川角真弓(2010)「生活援助技術の提供形態を視点とした高齢者介護の質に関する考察 1963年～1989年」(名古屋経営短期大学紀要 51)
- 黒澤貞夫・石橋真二・是枝祥子・上原千寿子・白井孝子編(2017)「介護職員初任者研修テキスト1 介護の仕事の基礎」中央法規
- 黒澤貞夫・石橋真二・是枝祥子・上原千寿子・白井孝子編(2017)「介護職員初任者研修テキスト2 自立に向けた介護の実際」中央法規
- 厚生労働省「介護サービス施設・事業所調査」
- 厚生労働省(2001)「平成12年版厚生白書」
- 厚生労働省(2012)「平成23年版厚生労働白書」
- 厚生労働省(2017)「平成28年版厚生労働白書」
- 厚生労働省老健局総務課(2015)「公的介護保険制度の現状と今後の役割 平成27年度」
- 国際医療福祉大学 医療福祉学部 医療福祉・マネジメント学科(2017)「福祉教科書 介護福祉士 完全合格テキスト 2017年版」翔泳社
- 新谷尚紀、波平恵美子、湯川洋司編著(2003)「暮らしの中の民俗学1— 一日 —」吉川弘文館
- 地域包括ケア研究会 三菱UFJリサーチ&コンサルティング(2013)「持続可能な介護保険制度及び地域包括ケアシステムのあり方に関する調査研究事業報告書(平成24年度厚生労働省老人保健事業推進費等補助金(老人保健健康増進等事業分))」
- 東京大学高齢社会総合研究機構(2014)「高齢者の社会参加の実態とニーズを踏まえた社会参加促進策の開発と社会参加効果の実証に関する調査研究事業報告書(平成25年度 老人保健事業推進費等補助金(老人保健健康増進等事業分))」
- 日本学術会議社会福祉・社会保障研究連絡委員会報告(1987)「社会福祉におけるケアワーカー(介護職員)の専門性と資格制度について(意見)」
- 日本認知症ケア学会編(2013)「認知症ケアの実際〈1〉総論(認知症ケア標準テキスト)」日本認知症ケア学会
- 保田淳子(2016)「ノーリフト 持ち上げない看護、抱えない介護」クリエイツかもがわ
- 岡田英志、小嶋壽一、自助具の選び方、利用のための基礎知識
https://www.hcr.or.jp/cms/wp-content/uploads/howto_2017_3_3.pdf (Information accessed February 20, 2018. Link in Japanese only)
- 公益社団法人日本介護福祉士会HP
<http://www.jaccw.or.jp/fukushishi/senmon.php> (Information accessed February 20, 2018. Link in Japanese only)
- 社会福祉法人任運社「おむつは『命』だ」(ホームと家族を結ぶミニコミ紙 終わりよければ)
<http://ninun.or.jp/uploads/6おむつは「命」だ.pdf>(Information accessed January 10, 2018. Link in Japanese only)
- 独立行政法人 福祉医療機構「WAM NET」<http://www.wam.go.jp/content/wamnet/pcpub/kaigo/handbook/service/>
(Information accessed February 20, 2018. Link in Japanese only)

Foreign Long-Term Care Personnel Survey and Research Project
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