

Fifteen Years of Carer-blind LTCI System in Japan

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Old and Current LTC Systems in Japan

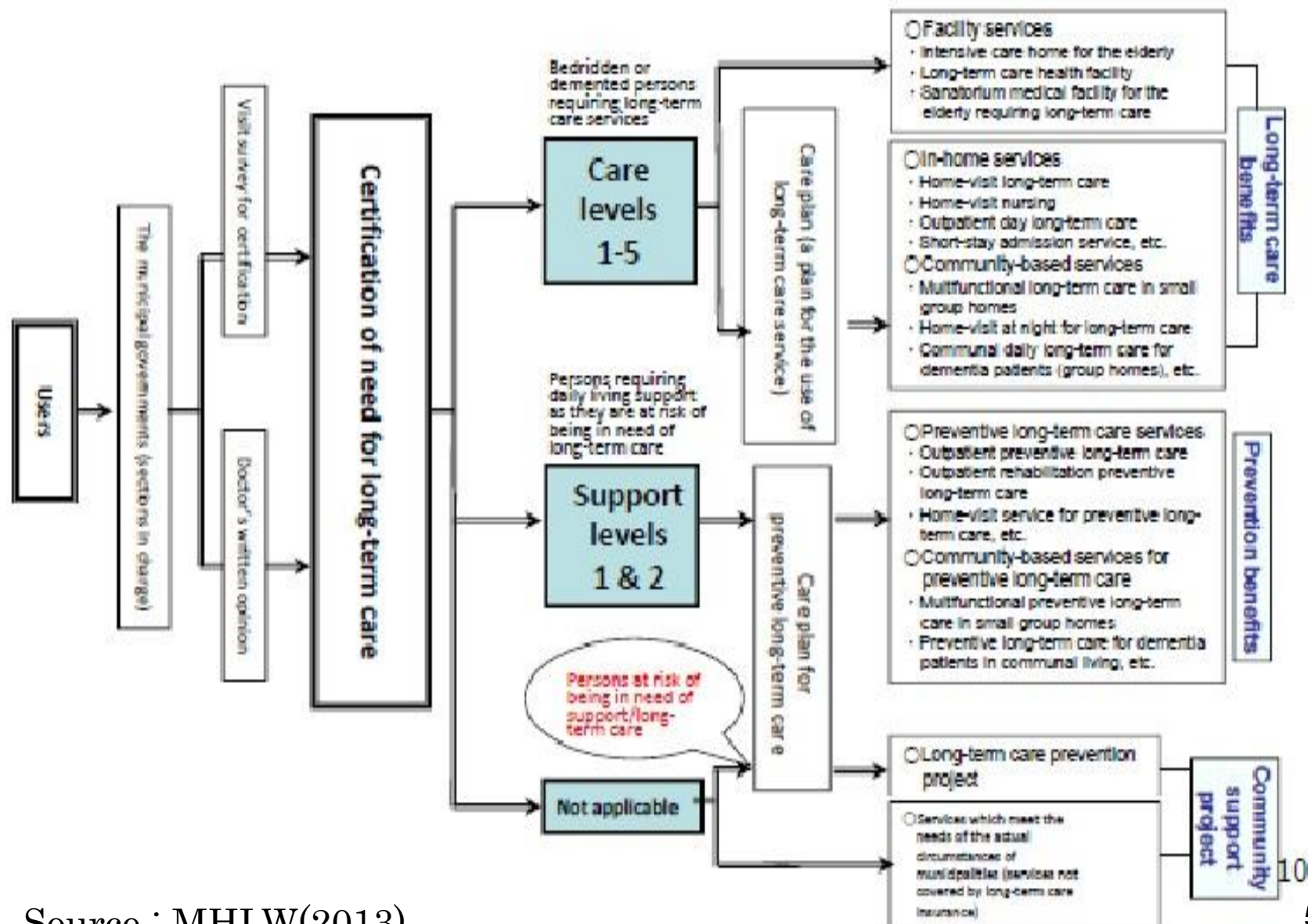
LTC system before 2000

- Local governments organised LTC services for the frail elderly. But their services were discretionary, means-tested and financed by taxation.
- Family members were responsible for caring their parents. The elderly with low incomes and without caring families had access to public LTC services.
- Along with ageing population and changing family structures, home help gradually became an universal service for the frail elderly, provided they paid fees.

LTCI system since 2000

- **The LTC market was small for better-off people.**
The old system was no longer sufficient by 1980's to cope with increasing burden of caring families.
- **Japan adopted a social insurance system**
The relationship between benefits and burdens would be made clear, which would easily gain public understanding.
- **Characteristics of new LTCI: universal / user friendly**
The frail elderly who meet eligibility requirements are entitled to public LTC services regardless of income and can make choices out of various services.

Procedures for the Use of Long-term Care Services



Source : MHLW(2013).

Numbers of certified people and service users

(ten thousands)

	April 2000	April 2005	April 2010	April 2013
numbers of insured elderly	2,165	2,516	2,895	3,103
numbers of certified people	218	411	487	508
numbers of service users	149.0	328.6	403.3	471.4
community-based care	97.1	250.5	319.5	382.8
residential care	51.8	78.1	83.8	88.7

Source: MHLW, Annual Reports on the Status of the LTCI

Shift from care by family to care by society

- **Assessment for LTCI eligibility is carer-blind.**

All eligible elderly people have access to LTC regardless of their family caring situations.

But, this does not mean carers can have equal access to their own support.

- **no positive recognition of carers**

LTCI benefits mainly targeted for the elderly

Carers have respite, but only when their cared-for persons use LTC services.

- **limitations to domiciliary care in progress**

Carer Support

Indirect Carer Support

LTCI Services for the Eligible Elderly

Home & Community Care: respite care for carers

home help, domiciliary and personal care

day services, short stays

home nursing, group homes, etc.

Residential Care

Direct Carer Support

Two out of three municipalities provide various services;

personal care products, carer training courses, reward monies, carer gatherings, etc.

- **Employment support for carers**
 - paid care leave up to 5 days every year
 - unpaid care leave up to 93 days during one's career
a benefit equivalent of 40% of one's wage from the
Unemployment Insurance System
 - Employers must provide, on request of employees,
flexible work arrangements such as shortened working
hours, flexible working time, etc.

- **No financial support to carers through cash
allowances**
 - Feminists favored development of a LTC market.

Popular home care services

(thousands)

	Fiscal 2001	Fiscal 2005	Fiscal 2013	2013/2001
home help	991.6	1,695.2	1,391.9 (608.6)	1.40 times
day care	898.6	1,478.2	1,747.5 (671.9)	1.94 times

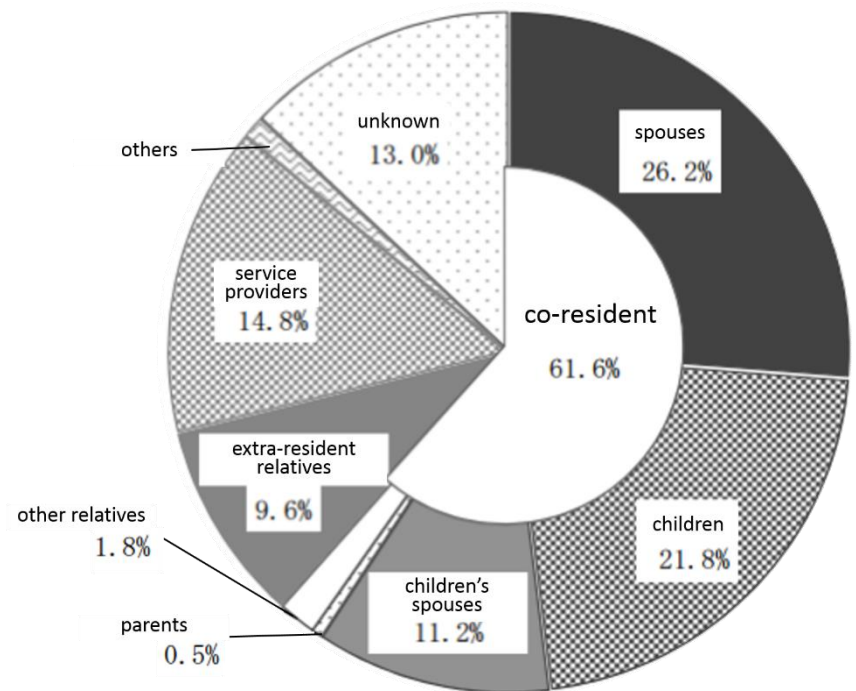
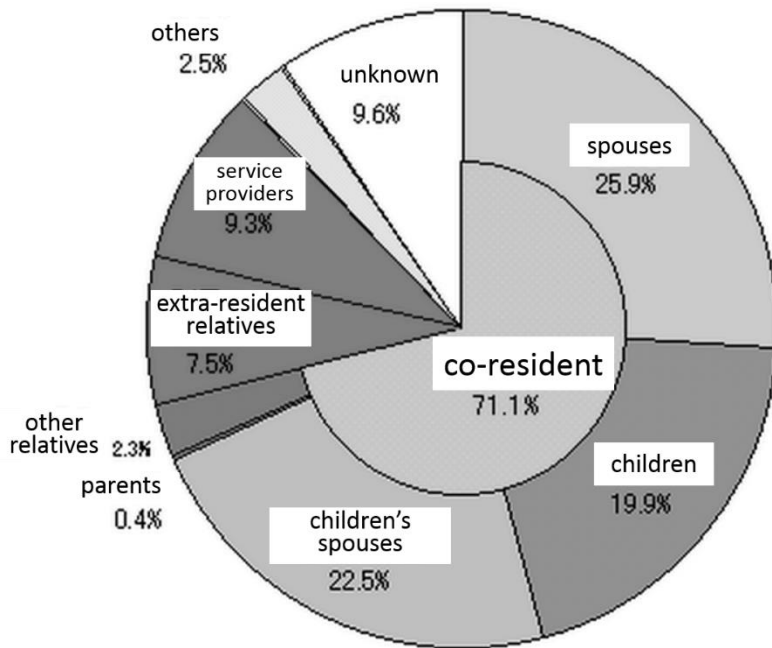
Source: MHLW, Surveys of LTC Expenditures

The figures in brackets are figures for preventative care services.

Profiles of Carers

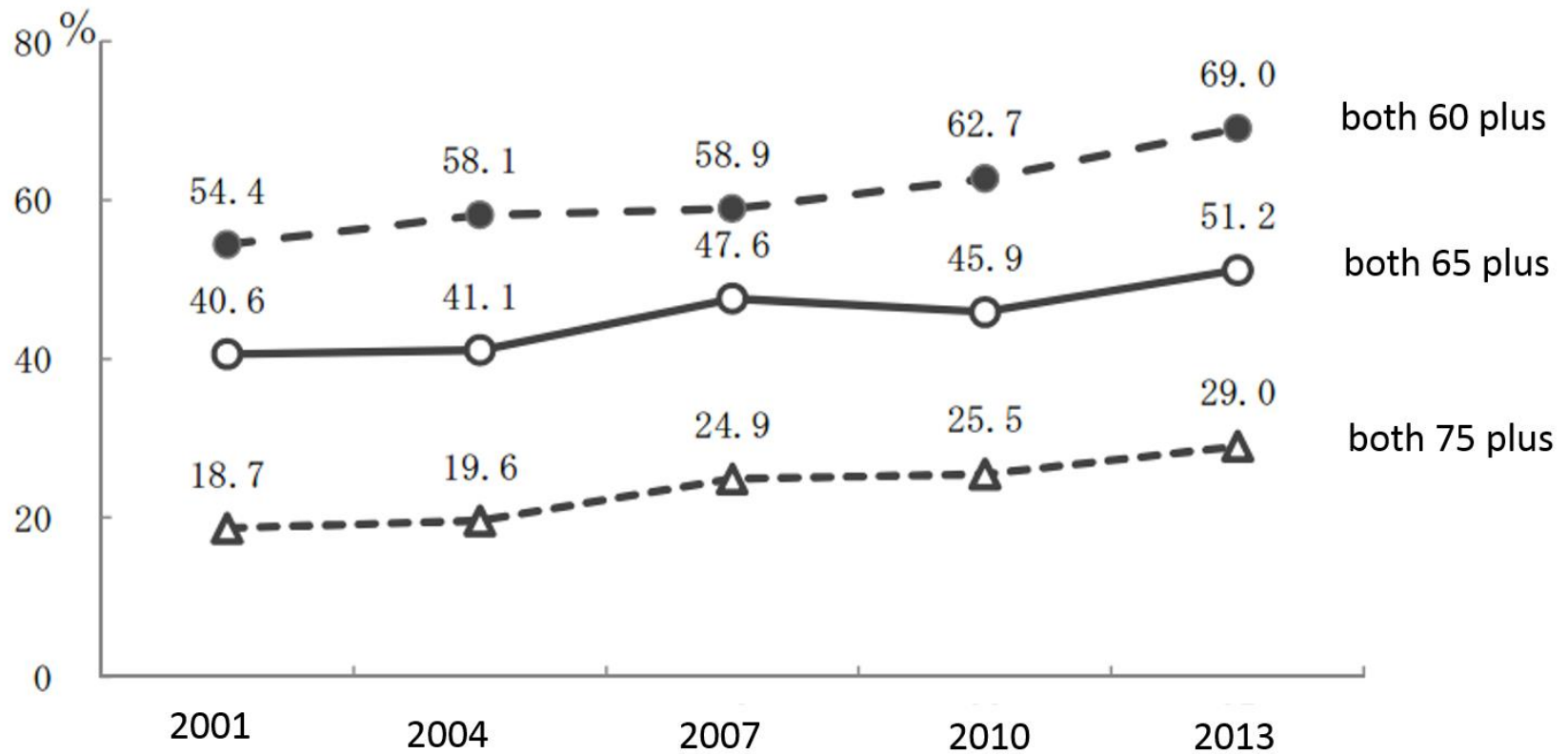
- **Almost seven million carers**
6,829 thousand persons aged 15 plus, 6% of the population, are usually engaged in caring in 2011, compared with 3,566 thousand persons in 2001
- **Some 70% of main carers are female.**
- **Relationship of certified elders to main carers**
 - Caring by co-resident family members is decreasing.
 - Service providers and extra-resident relatives are increasing their presence.
 - Older spouses and biological daughters are replacing daughters-in-law.
- **Less than 40% of co-resident main carers work.**

Relationship of LTC certified elders to main carers



Source: MHLW, Comprehensive Survey of Living Conditions

Age of main carers and cared-for persons



Source: MHLW, Comprehensive Survey of Living Conditions

▪ **Intensity of caring**

- More than one third of co-resident main carers spend almost all days for certified elders with care levels three and above.
- The period of caring is becoming longer ; nearly 60% of certified elders need three years' caring or even longer.

▪ **Impact of caring**

Health

- Nearly 70% of co-resident carers are suffering from distress or feel stress, especially over family's illness and caring.
- 317 persons committed suicides in 2010 due to exhaustion from nursing or caring.

Financial

- Main carers work far less than non-carers.
- Around one hundred thousand caring employees, 0.1% of the whole employees, annually quit jobs due to caring responsibilities.

Social

- One out of four carers have less than two hours a day free.
- Some 40% of carers reduced their time for hobbies, voluntary and other social activities.
Some even feel isolation as a result.

LTC Reforms and Decline in Carer Support

- 1 Gradual limitations of home help services**
- 2 Tightening LTCI eligibility in 2005**
- 3 Devolution of home care and day care services to municipalities**
voluntary first, then compulsory by 2017

Gradual limitations of home help services

- **Restrictions to eligibility and coverage of domiciliary care**

MHLW Circular Notice 2000

- Unlike personal care and hybrid care, domiciliary care is limited to the elderly living alone or whose family members can hardly care because they are disabled, sick or in unavoidable situations.
- Domestic help includes cleaning, washing, cooking and other domestic support activities other than personal care but should not be for family members or dispensable support for daily living.

- **Requirement of documentation about actual unavoidable situations** MHLW Circular Notice 2003

- MHLW circulars called for careful rather than categorical judgments on individual family situations, but restrictive practices in care planning continue. Hybrid care was abolished.

2005 LTC reform

- **Promotion of preventative care**

- The lowest care level category was converted to support level category with lower benefit limits.
- The elderly in support level category receive only preventative care benefits.

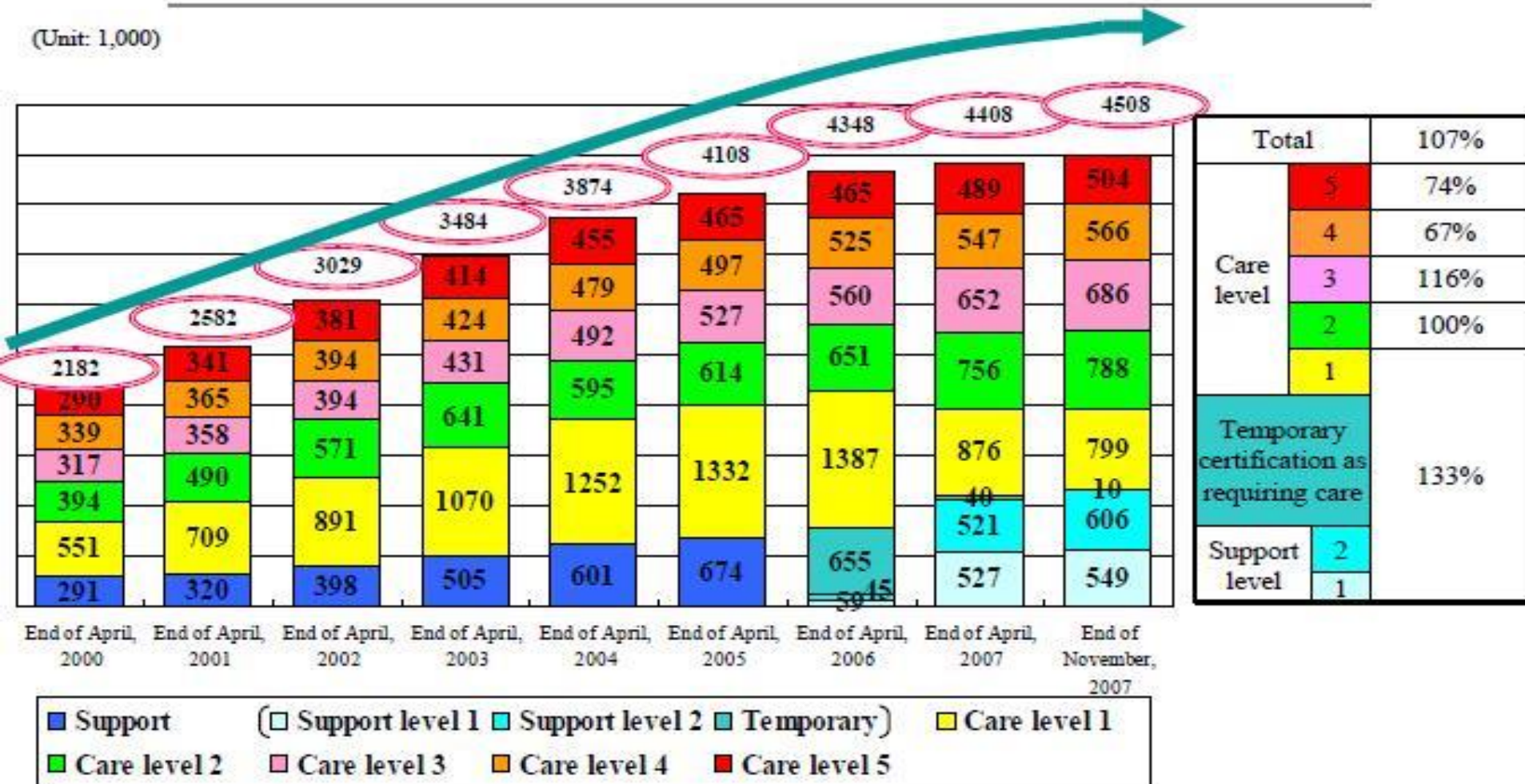
Tightening of LTCI eligibility

- **Shift from residential to community care**

- Care homes became under government planning control.
- Hotel costs on a means-tested basis were introduced for residential care in addition to co-payments.

Trend of LTC certification

(Unit: 1,000)



Source: MHLW, Annual Reports on the Status of the LTCI

Effects of 2005 LTC reform

- The expenditures slowed down a little but soon resumed rising.
- MHLW claimed preventative activities had made some noticeable results, but tentative and we still need further researches.
- Researches indicate some frail elderly persons were left out of public LTC services or relied on carers.

FY2004	2005	2006	2007	2010	2014 Budget
62,025	63,957	63,615	66,719	78,204	99,934

(¥ 100 million) 20

2011 LTC reform

1 Promotion of community-based integrated system

- Intensive home care for the heavily dependent elderly; short/multiple time home help, personal & nursing care combined visits, etc.
- Expansion of supported housing
- Devolution of domiciliary care to voluntary municipalities

2 Exceptional reduction of reserves for LTCI funds

- Mitigation of LTCI contribution increases to minimal levels

2014 LTC reform

1 Promotion of community-based integrated care

- **promotion of integrated care**
- collaboration of medical care & LTC in delivery and planning within local governments
- special prefectural funds to improve service delivery systems
- **devolution of home help and day care services by 2017**
- Municipalities combine these services with various community services.
- Integrated services may be possible for elderly persons.
- **restriction of residential care to the elderly with mid to severe disabilities**

2 Fee increases for better-off recipients

- higher co-payments and hotel costs

Where to? new combined services

- may enable municipalities to mobilise formal and informal resources to provide meals, neighbourhood safety patrols and other daily life support services, with cost savings
- Municipalities may curtail service volumes or prices within budgetary limits, which may oblige the elderly to be content with reduced or low quality services, or rely on carers
- Will mobilised community resources supplement reduced public LTC services?
 - More researches are necessary into the impacts of successive reforms on carers looking after elderly persons with light support needs.

Summary Conclusions

- **Japan's carer-blind system has been eroded.**
 - LTC as of right for the elderly has been firmly established. This does not necessarily mean families are free from caring duties. Japanese carers merely have respite only when their cared-for elderly persons use LTC services.
 - On the pretext of rationing LTC resources, MHLW has restricted eligibility. Resulting limitation of LTC for the elderly has not been filled up by additional carer support.
- **Support for both carer and cared-for persons should be put into perspectives.**
 - Mobilised community resources may supplement reduced public LTC services to support the frail elderly?
 - If the role and contribution of carers continue to be unrecognised, they may be discouraged to continue caring? We may pay the price.

Thank you for your attention!