



# Japan's long-term care policy for older people: The emergence of innovative “mobilisation” initiatives following the 2005 reforms



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## ABSTRACT

Japan leads the global race for solutions to the increasing long-term care demand from an ageing population. Initial responses in 2000 saw the launch of the public Long-Term Care Insurance (LTCI) system which witnessed an unexpectedly substantial uptake — with doubts raised about financial viability and sustainability. The post-2005 LTCI reform led to the adoption of innovations — including the “mobilisation” of active, older volunteers to support their frailer peers. This strategy, within the wider government's “2025 Vision” to provide total care for the entire older population, sought to secure financial viability and sustainability. Drawing on qualitative in-depth interviews with 21 provider organisations this study will examine three “mobilisation” schemes and identify those factors contributing to overall strengths while acknowledging complexities, diversities and challenges the schemes encountered. Initial literature written by mobilisation proponents may have been overly optimistic: this study seeks to balance such views through providing an understanding and analysis of these mobilisation schemes' realities. The findings will provide insights and suggest more caution to policy-makers intending to promote such schemes — in both Japan and in countries considering doing so. Furthermore, more evaluation is required to obtain evidence to support financial feasibility and sustainability.

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## Introduction

Worldwide, industrialised countries are facing mounting challenges to address the growing demand for long-term care from increasing ageing populations (Colombo, Llana-Nozal, Mercier, & Tjadens, 2011; Swartz, 2013). With the fastest ageing population globally, Japan is currently addressing these challenges in meeting the unprecedented demand for long-term care (Muramatsu & Akiyama, 2011; Takasaki, Kawachi, & Brunner, 2012). Already, 25% of Japan's 127 million population are aged 65 or over — this proportion is currently the world's highest and it has been predicted to rise to 30% by 2025 and to 40% by 2055 (National Institute of Population & Social Security Research [NIPSSR], 2012).

In response, despite the prolonged recession, in 2000 the Japanese government launched an ambitious mandatory insurance-based long-term care system for its older citizens known as the Long-Term Care Insurance (LTCI) system. In general, this system proved to be both relatively popular and successful. However, the challenge of bringing about financial viability and sustainability loomed large — requiring imminent reforms (Ministry of Health Labour & Welfare [MHLW], 2006, 2012). Amongst a range of reforms the LTCI embraced was the key focus on sustainability, and one of the main platforms for service delivery within the search for sustainability was the mobilisation of an active, older population to provide support to their frailer peers (Localized Comprehensive Total Care Research Committee [LCTCRC], 2010, 2013; MHLW, 2011d, 2012, 2013c, 2013d).

Since its inception in 2000 LTCI has generated a considerable literature within and outside Japan (Campbell & Ikegami,

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2000, 2003; Hayashi, 2014a; Mori, 2008; Niki, 2010; Tamiya et al., 2011). A growing body of non-Japanese, mainly English-language, literature has contributed significantly to expanding comparative and transnational studies of long-term care (LTC) policies, foregrounding the Japanese model as an instructive example (Campbell, Ikegami, & Gibson, 2010; Campbell, Ikegami, & Kwon, 2009; Curry, Holder, & Patterson, 2013; Fernandez & Forder, 2012; Hayashi, 2013). This reflects the growing global interest in a subject of increasing importance (Colombo et al., 2011; OECD, 2005; Swartz, 2013). Although available studies have contributed to our knowledge and understanding of LTC models, many remain focused on the financial and administrative structures and operations of LTC systems, at the expense of providing an analysis of recent reforms including the requirement for sustainability. More recent research has begun to compensate for this shortfall (Hirai & Kondo, 2010; Ikegami, 2007; Ishibashi & Ikegami, 2010; Tsutsui & Muramatsu, 2007), and this article is intended to add to this process.

Specifically, the article will explore initiatives of utilising and deploying an active, older population i.e. the Third Age and mobilising them in the role of supplementary peer-support for the frailer i.e. the Fourth Age. Perspectives towards an understanding of this concept of mobilisation have been recorded in transnational literature (Komp, 2011; Komp & Béland, 2013; Komp, Van Kersbergen, & Van Tilburg, 2012; Laslett, 1996). However, while commentary on the theoretical basis is extant, an understanding of grassroots delivery (together with an evaluation of their impact) remains scant. In particular, such literature remains relatively scarce in relation to the reforms of the Japanese LTCI system. Where it does exist, it reflects the concern for celebrating “successful” examples of the providing organisations and has mainly been produced by the LTCI proponents (Japan Research Institute [JRI], 2014; MHLW, 2013e, 2014b).

This article intends to add to current insights by introducing perspectives on what were essentially previously relatively neglected issues, including the impact of LTCI reforms since 2005 and especially the introduction of the “mobilisation” strategy. By “mobilisation” this article refers to the potential of the “well” older members in the community being recruited and organised to become peer-support providers for the community’s frailer members. My findings should add to the knowledge and understanding of the similar situation being faced by a range of other nations. In particular, my empirical research into the mobilisation strategy undertaken within the overall LTCI reforms should enrich the current transnational debate about the wider concern for the future sustainability of long-term care provision.

The article begins with a summary of the introduction in 2000 of the LTCI system and its early contribution – and why it was felt necessary to introduce reforms by 2005. It then tracks a range of the key subsequent LTCI reforms and their impact. This focus on establishing financial viability and sustainability took place alongside parallel measures to achieve the ambitious aspiration of the establishment of a localised, comprehensive “total” care provision – the “2025 Vision” – the precepts of which were integrated into the LTCI reforms (Hayashi, 2014b; MHLW, 2011d, 2012, 2013c). These new measures often, paradoxically, incurred pump-priming start-up costs – and the article will examine one of these initiatives: the mobilisation strategy. The article will

offer the opportunity to reflect on the concern for sustainability in the wider sense than financial viability. Drawing on field studies involving in-depth, semi-structured interviews and a local documentation analysis, this empirical study examines three from a wider range of reform-driven local initiatives which demonstrate and exemplify mobilisation in action:

- a neighbourhood-watch style scheme<sup>1</sup>
- a daily-living support scheme
- a volunteer supporter with “rewards” scheme.

In conclusion, the article will revisit the stated aims and implications, and, through linking the findings from the field studies, reconsider the standing of the ongoing search for sustainability.

### The public Long-Term Care Insurance (LTCI) system

In 2000 the Japanese government launched a mandatory public LTCI system as a universal right for every older person deemed to need it. Crucially, the LTCI funding was – and remains – open-ended and pay-as-you-go. Users were required to contribute 10% of the cost of their entitled services, with those receiving public assistance being entirely exempt from paying user-fees (MHLW, 2011a). The LTCI system was co-funded drawing equally from tax revenues and insurance contributions paid in by those aged over 40 (MHLW, 2011c) and some 1700 municipalities across Japan played a critical role as insurers of it.

The system guaranteed a transparent and initially generous entitlement for everybody aged 65 or over, along with some people aged between 40 and 64 who had age-related disabilities (MHLW, 2011a). An objective assessment for entitlement was based only on clinical need, disregarding social or financial circumstances. LTCI provision was uniform, nationwide and generous by international standards, including home, community and residential care services together with a medical component (Curry et al., 2013). Unsurprisingly, initial response was substantial, in particular the uptake of community-based (home and community) services and of the service providers – for example, within five years of its inception, the number of home care providers had more than doubled (MHLW, 2011b).<sup>2</sup>

Central to the LTCI philosophy was the introduction of market mechanisms into service delivery, ostensibly introducing choice and competition and so enhancing service quality and efficiency (Campbell & Ikegami, 2003). Consequently, this initiative enabled the move from exclusive commissioning by municipalities (under the previous social care system) towards a direct and free contract between an older eligible person and LTCI provider organisation with the help of an assigned care manager (Hayashi, 2013). Marketisation opened up LTCI community-based services to a spectrum of provider organisations, including the private and voluntary sectors.

<sup>1</sup> The neighbourhood-watch style scheme referred to in this paper is not in any way related to a crime prevention initiative as in the UK. It is a locally organised human network.

<sup>2</sup> In 2000, 2.2 million, or 10% of the over-65 s, were eligible, with 1.5 million, or 6.9%, actually using services. By 2005, these figures had risen to 4.1 million (16.3%) and 3.3 million (13%) respectively (MHLW, 2011b).

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