At the Frontier of Long-term Care—Establishing Care that Supports the Dignity of Elders

by Keiko Yamanashi
Life Design and Social Development Research Group
yamanasi@nli-research.co.jp

1. Introduction

In 2006, the public Long-term Care Insurance (LTCI) system underwent a major reform that, among other things, set a new goal of "establishing care that supports the dignity of elders." Based on case studies of two innovative service providers pursuing this new goal, we examine the role of LTC services in supporting the continuity of normal daily life, and consider the quality of care that will be demanded from the LTCI system in the future.

2. The National Vision for Elder Care

1. New Emphasis on Home Care

Since its launch in 2000, the public LTCI system has grown and gained stature as a program for supporting the autonomy of elders and offer choices in long-term care services. Meanwhile, however, unappealing employment conditions in the care service industry have led to serious staffing shortages, prompting enactment of a law in May 2008 that seeks to improve compensation of care workers (Exhibit 1). Since the quality of human resources is critical to and directly impacts the quality of care services, debate is being cautiously advanced on funding issues, including possible premium hikes. Ultimately, however, spending on the LTCI system, the quality and quantity of services demanded, and social security contribution and benefit levels are matters of public choice.

Exhibit 1 Law Concerning the Improvement of Treatment of Care Workers

Law no. 44 (enacted May 28, 2008)

Law Concerning the Improvement of Treatment of Long-term Care Workers and Others for the Purpose of Securing Human Resources for Long-term Care

The government, recognizing the importance of long-term care workers and others in realizing a society where elders can live securely, and with the aim of securing superior care workers, shall consider current wages and other conditions in studying policies to improve such treatment, and take actions as deemed necessary based on these results by April 1, 2009.

Supplementary provision: This law shall take effect upon enactment.

(Signed by the Minister of Health, Labor and Welfare, and the Prime Minister)

Source: Website of National Diet House of Representatives, 169th ordinary session (in Japanese). http://www.shugiin.go.jp/index.nsf/html/index_housei.htm

In the 2006 reform, the emphasis of Japan's elder welfare policy shifted from facility care to home care. For example, hospital convalescent wards for long-term care are slated to be phased out by 2011. However, due to lingering concerns about the relocation of patients and adequacy of home care support measures, the policy shift has come under increased scrutiny and criticism.

On the other hand, the new emphasis on home care represents a significant advance for long-term care in Japan. It is expected to reduce the social (non-medical) hospitalization of elders, and revert the focus of long-term care from institutions back to a familiar home and communal setting. This is consistent with the normalization principle adopted by advanced welfare countries in northern Europe.[1] To reap the full benefits of normalization, however, the general public needs to recognize two key points aside from funding issues: (1) that normalization is instrumental to achieving care that supports autonomy and dignity; and (2) that their own needs and demands will shape the LTCI system in the future.

2. Long-term Care in 2015

When introduced in 2000, the LTCI system vowed to move boldly forward and "think on the run" rather than to risk delay. In April 2006, the system underwent a major reform based on recommendations of the Research Committee on Long-term Care in 2015, an unofficial advisory group to the director of the Health and Welfare Bureau for the Elderly (MHLW).

The committee was launched in March 2003 to study the medium-term prospects for the LTCI system. Its basic research underlies policy formulation for Japan's LTCI system and services in the 21st century. The year 2015 refers to when the entire baby-boom generation will have reached age 65, pushing the elderly population ratio above 25% (Exhibit 2). Under the theme of "establishing care that supports the dignity of elders," the report captures the essence of LTC services, and presents a vision for 2015 without being sidetracked by debate on system technicalities and funding concerns. The report consistently emphasizes respect for each individual's way of life even after long-term care becomes necessary, and seeks to improve LTC services (care that supports dignity) as an arrangement to support that way of life. Thus rather than narrowly focusing on physical care needs such as meals and personal hygiene, the report adopts a holistic approach that supports all facets of daily life.

Four areas are addressed: (1) disability prevention and rehabilitation, (2) new structure of LTC services to support continuity of daily life, (3) new care model for senile dementia, and (4) assurance and improvement of service quality (Exhibit 3). Many of the committee's proposals were adopted in the 2006 reform. For example, in prevention and rehabilitation, supportive care was reconstructed specifically to address the autonomy of mildly disabled persons who need assistance, as opposed to long-term care. Regarding new LTC services to support continuity of daily life, the reform created a new category of localized services to support home care with 24-hour, 365-day-a-year service, providing the same sense of security as facility care. The new localized services, which form the core of elder care, rely on small-scale service providers located inside the user's daily activity area. A disclosure system was also created to help users select reputable services and ensure service quality.

Exhibit 2 Population Projection for Japan by Age

Year	Composition by age (%)		
	0-14	15-64	65+
2005	13.8	66.1	20.2
2010	13.0	63.9	23.1
2015	11.8	61.2	26.9
2020	10.8	60.0	29.2
2025	10.0	59.5	30.5
2030	9.7	58.5	31.8
2035	9.5	56.8	33.7
2040	9.3	54.2	36.5
2045	9.0	52.8	38.2
2050	8.6	51.8	39.6

Source: National Institute of Population and Social Security Research, *Population Statistics of Japan 2008.*

Exhibit 3 Framework for LTC Services in 2015—Establishing Care that Supports Dignity

1. Prevention and rehabilitation
(1) Prevention of disability
(2) Rehabilitation
(3) Delivery methods of LTC services
2. New LTC services to support continuity of daily life
(1) Security of 24-hour, 365-day home care service
(2) New dwelling alternatives besides own home or facility
(3) New role for facilities that support home care: localization of facility functions, growth of unit care, reorganization of facility functions
(4) Establish comprehensive localized care system
3. New care model, care for senile dementia
(1) Establish care services for senile dementia
(2) Current conditions surrounding senile dementia
(3) Characteristics of senile dementia, and basics of care
(4) Universal care for senile dementia
(5) Community mechanisms for early detection and support
4. Ensuring and improving service quality
(1) Selection of services by elderly
(2) Services information and evaluation
(3) Support for selection of services
(4) Standardization of care quality
(5) Code of conduct for LTC service providers
(6) Mechanism to eliminate inferior services
(7) Securing human resources for LTC services
(8) Promoting both LTCI and other service types (market-based, volunteer)

Source: *Long-term Care in 2015: Report of the Research Committee on Long-term Care*, June 2003.

3. Gap Between Dwelling Needs and Preferences in Old Age

In the context of the new emphasis on home care and dignity of elders, below we look at survey results regarding the awareness of future users of the LTCI system.

In a 2006 survey by the Ministry of Health, Labor and Welfare, 11,086 respondents were asked about their future dwelling preference when they grow old and alone (Exhibit 4). The most frequent response (56.0%) was that after losing a spouse, they would want to "stay in my own home," followed by "live with children" (10.5%), and "relocate to a dwelling away from children" (9.5%). Thus in total, as many as 76% of respondents prefer to continue living at home. On the other hand, less than 10% prefer to live collectively in a group home with unit care (4.9%) or nursing home (3.9%).

However, when asked about dwelling preference in the event they themselves come to need LTC, only 27.5% said they want to live at home, while over 50% prefer to relocate to a facility (10.4% to group home, 27.1% to nursing home, and 17.3% to medical institution). Thus many people who express a desire to continue living at home apparently prefer facility care when confronted by the realities of care and burden on the family.

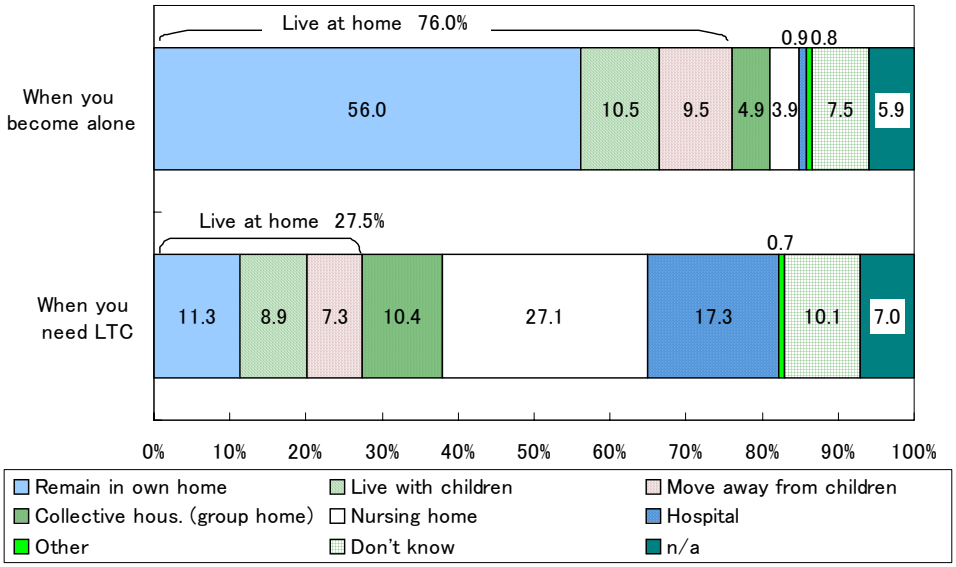
In fact, demand for facility care remains high. All of the nation's 6,000 designated nursing homes now operate at full capacity, and maintain waiting lists for admission. Even experts such as care managers recommend that people apply in advance for facility care because of the risk that care will eventually become an overwhelming burden.

A key advantage for users of facilities is the security of having 24-hour, 365-day service and close attention of specialized staff. In return, however, users must relinquish longstanding personal relationships, adjust to the regimen of institutional life, and endure life in a sterile environment.

Despite such drawbacks, demand for facilities continues to thrive because of the severe stress and strain of home care on family members, depriving both the care giver and recipient of a satisfactory life. As the burden grows, the family often feels compelled to institutionalize the care recipient without obtaining consent. Meanwhile, the care recipient often regrets putting a burden on the family but feels insecure or incapable of living alone, and thus sees institutional care as the only viable alternative.

Ironically, many elders—even those who wish to continue living in familiar surroundings—genuinely believe that admission to a facility is the best outcome. Seeking relief from immediate concerns, they fail to recognize or assert their right to live as they wish and maintain their dignity. Sadly, this situation reflects the current state of affairs in Japan. The objective of establishing care with dignity thus not only poses structural issues for the system, but raises fundamental issues about the value of life in old age, and about psychological well being in Japan.

Exhibit 4 Future Dwelling Preference in Old Age (MHLW Survey)



Source: MHLW, *Report on the Survey of Awareness of Social Security in Old Age (Fiscal 2006).*

3. Advances in Care—Two Case Studies

Against the backdrop of the 2006 reform, care providers are striving to address the immediate needs of elders through a trial and error process. To see how the public LTCI system is evolving at the working level after eight years of operation, we present two case studies involving care providers who have adopted the new goal of care that supports dignity.

1. Day Care Center *Jizodo*—Collaboration with Local Community Boosts LTC Prevention and Motivation of Users

Location: Tsubame-shi, Niigata-ken

Corporate name: Social Welfare Corporation *Sakurai no Sato* Welfare Group for Life Motivation

Name of facility: Life Motivation Plaza *Jizodo*

Services: day care service (outpatient), rental housing (a non-LTCI service), other

Capacity: 35 users for the day care service, 10 rooms for long-term residency

Established: October 2006

Description: The service provider fashioned the service in a way that they would personally want to use. At most conventional day care services, the aim is to fulfill basic needs such as preventing withdrawal from social contact, maintaining physical and mental functions, assisting with personal hygiene, etc. At such facilities, users often spend the day doing a set routine of activities such as medical checkup, bathing, eating meals, functional training, recreation, etc. However, since users vary considerably in age from 40 (in cases of mild category 2 disability) to over 100, many of them resist doing the set routine. In addition, group participation in activities such as recreation, walking, and singing with volunteers tends to discourage self expression.

Life Motivation Plaza Jizodo sought to improve day care service by addressing such complaints as: "there is no free time," "the service is passive," "no choices are offered," and even that "day care is like being abducted and held captive (by being confined and forced to perform the same routine with others)."

1. Concept

The concept for "Life Motivation Plaza Jizodo" was developed by a steering committee of local residents and groups such as the elders' club, federation of community center users, and federation of volunteers. The following principles were emphasized: (1) convenience without confinement; (2) mingling of people of different ages; (3) multi-purpose use; (4) Jizodo as community; (5) day care service that extends off-campus and engages the entire local community. The idea is that through physical and mental stimulation, users will spontaneously find the motivation to start new endeavors.

Photo 1 Interior of Jizodo

Source: Photographs 1–8 were provided courtesy of Jizodo; permission for use was granted by the facility and users.

Users consist of relatively healthy elders who do not need care, and mildly disabled users. Responding to the desire of elders to live independently and in familiar surroundings for as long as possible, the service seeks to help users remain motivated and active throughout life.

Photo 2　Setting up the daily schedule

Photo 3　Computer classroom

Photo 4　Gathering bamboo leaves for dumplings

Photo 5　Making dumplings in the kitchen

2. Structure and amenities

Opened in October 2006, the facility is located at a site familiarly known as "Jizodo chushinchi" (Jizodo refers to a small Buddhist statue, and chushinchi means center point). Since the day service is qualified under the LTCI system, the fee is only 508 yen per day for users with category 1 disability, and 828 yen for users with category 5 disability. The service is also available at full cost to healthy elders without LTCI coverage if they live alone or with an elderly spouse, or are otherwise left alone during the day.

The facility's architectural design is shaped by several themes: (1) avoiding an institutional look, (2) evoking nostalgia with décor from the Showa and Taisho eras; (3) allowing local residents to come and go freely; and (4) enticing users to venture off campus. A prominent fixture is the warm foot bath located just inside the front entrance, which is readily accessible to insiders and outsiders alike and serves as a local gathering spot.

The first floor contains a lobby, common space, dining room, and personal computer classroom. The second floor has a bath room, pottery classroom, movie viewing room, tatami-mat room that also serves as a lounge, and kitchen. The rest of the second floor and entire third floor consist of rental housing for elders and disabled persons, and is operated separately from the LTCI service. Room rent is approximately 2,000 yen per day. Handrails were intentionally omitted from the hallway design to avoid an institutional look. Instead, benches and other furniture are carefully placed to facilitate movement.

3. Personalized daily schedules

A unique feature of the day service is that users can set up their own daily schedule on a board in the corner of the room (Exhibit 2). Users simply arrange magnetic placeholders that are marked with activities such as pottery, PC, cooking, or movie viewing. Over 50 different choices are available related to daily living activities, including time to relax and watch TV, bathing time, and free time. Staff workers keep track of the schedules and assist each user accordingly. This arrangement differs sharply from a conventional day care service, where the daily schedule is pre-arranged with group-based activities.

Photo 6　Exterior of Jizodo

4. Outings

To better integrate the day service into the daily life of users, frequent outings and shopping runs are conducted during the day. On community market days (held six times a month), regular shopping tours are scheduled, and the neighborhood coffee shop cooperates by welcoming users to drop in and socialize. Jizodo's aim is to become a staging point for day care activities that extend off-campus and span the entire neighborhood. Doing so requires a daily effort by the service provider to remove or prevent barriers from cropping up which might isolate the home from the local community.

Photo 7　Jizodo market day (held 6 times a month)

Photo 8　Shopping by Jizodo users

2. Small Localized Nursing Home *Tsukatani*—Collaboration with Local Community Profoundly Alters the Daily Life of Users

Location: Kaga-shi, Ishikawa-ken

Corporate name: Social Welfare Corporation *Kakuju-kai*,

Name of facility: Small-scale Designated Nursing Home *Tsukatani*

Services: Localized long-term care welfare facility

Capacity: 17 (15 long-term residents, 2 short-stay users)

Established: October 2007

Description: The 2006 reform created a new service category in April 2006 called localized service. It allows people to receive care without having to move away from their neighborhood, thereby preserving personal relationships with family, friends, and the community, while providing as much assistance as possible to conduct normal daily life. Tsukatani belongs to the sub-category of small localized designated nursing home with a capacity of 29 users. Originally, it belonged to the large designated nursing home category with a capacity of 80 users. But in the course of pursuing personalized care and creating a residential atmosphere, it relocated the entire unit care facility to the present neighborhood, and now operates as a group home assisting users in normal daily life.[2]

This case study illustrates how the change from a large facility to small localized facility can profoundly impact the daily life of users and quality of care.

1. Changes to daily life

To better grasp the unique features of a small localized group home, we first describe the setting at a large conventional designated nursing home. Photo 9 shows residents sitting in a typical large cafeteria while under staff supervision. Since staff workers do all household chores such as laundry, cooking and cleaning, users have no special role or responsibility to perform. Outings are planned in advance and assisted by staff workers to ensure safety, while safety within the facility is assured by screening visitors. At the facility, the only food-related activity available to users is to eat the nutritionally balanced meals served to them. Since the facility operates at full capacity with limited staffing, users generally receive standardized care delivered in a belt-conveyor fashion. Moreover, provision of 24-hour, 365-day service tends to make daily life highly regimented, depriving users of opportunities to perform tasks, pursue self expression, or exercise competence.

Photograph 9 Interior of a conventional large designated nursing home

Source: Photographs 9–20 were provided courtesy of Tsukatani; permission for use was granted by the facility and users.

The Tsukatani small localized group home takes a completely different approach to food-related activities, starting with food preparation. First, while large-facility users are not even allowed into the kitchen to see groceries being stocked, Tsukatani users actually go shopping for groceries every day with staff workers. For users, shopping offers a chance to visit local stores, meet store employees, and be treated the same as anybody else. For local residents, the contact offers an opportunity to learn about senile dementia and to realize that proper care can prolong normal daily life.

Next, while the large facility has an industrial kitchen that mass produces meals out of sight from

users, Tsukatani's kitchen is located right next to the living room, and comes alive with noises and aromas as mealtime approaches. Users interact freely with staff workers, and often help out with the cooking. Even with senile dementia, experienced housewives can still show staff workers a thing or two about cooking, and users confined to wheelchairs can do cooking chores at the dinner table. With proper instructions from staff workers, many users can still do chores just as well as they did in the past. Thus compared to the large facility, where food-related activity is limited to eating meals, a small facility can turn this important aspect of daily life into an integral component of care.

At Tsukatani, supportive care is adjusted to specific needs and abilities, allowing users to continue living independently at their own pace. Since no fixed daily schedule is imposed, users can set up their own schedule depending on their mood, physical condition, and even the weather. These arrangements make daily life more closely resemble living at home.

For elders, wellbeing depends not only on good nutrition and basic care, but on experiencing community life, discovering one's role and self worth, and finding motivation. These factors are also the components of rehabilitation in daily life. In fact, in less than one year of operation, the average disability level at Tsukatani has decreased by an impressive 1.0 point. In contrast, the belt-conveyor type care commonly seen at large facilities actually causes physical and mental functions to deteriorate. According to the manager of Tsukatani, "Our aim was to break away from the care offered by conventional large facilities, where everything from meal times to bed times are controlled, and people are forced to participate in so-called recreational exercise and music therapy."

2. Changes to the local community

Local residents often oppose construction of a community-based elder care facility out of misgivings and unfounded concerns. To avert this problem, Tsukatani spared no effort to gain the confidence of local residents, emphasizing the building of a mutual relationship. Convinced that users could not enjoy a normal daily life without the help of local residents, Tsukatani repeatedly sought to persuade local residents that the community-based LTC facility would be a collaborative community resource. As relationships strengthened among users and their families, local residents, and staff

Photograph 10 Grocery shopping

Photograph 11 Cooking with users

Photograph 12 Making inari sushi

Photo 13 Living room

workers, barriers between the facility and community further dissipated, giving rise to genuine collaboration.

A good example of collaboration is the vegetable garden on the campus lawn. The local elders' club first proposed growing vegetables on the large lawn facing the living room window, which led to collaboration with school children. The elders' club now gladly tends to the garden without being asked. The garden serves as a focal point of collaboration with everyone eagerly looking forward to the harvest. Through direct contact with the home, local elders learn about the home's services, which instills them with a sense of security in case they themselves someday need LTC.

Another occasion for local contact is the monthly Buddhist memorial service held at the home. It began when a user lamented to a staff worker that he could no longer attend his monthly service after being admitted. The staff worker immediately obtained a donated altar from a local vendor, and enrolled the voluntary services of the local Buddhist priest. The success of this effort can be attributed to the strong relationship and daily contact that was already established with local residents. Today, local interest remains strong, and the service schedule is always announced in advance to the local community.

Moreover, as interactions with the local community deepened, nearby farmers started supplying a steady flow of free fruits and vegetables. As these examples suggest, staff workers need not worry about keeping users occupied—users are already busy day to day with an endless list of community collaborations involving the children's group, summer festival, elders' club, daily shopping, and even pickling of donated vegetables.

3. Collaboration with child care

Attached on the left side of the elder care facility is a child care center which accommodates 13 children, most of whom are 6 to 7 years old. The center serves as a pillar of support for families raising children in the Tsukatani area. Below we look at the synergies produced by the side-by-side placement of two facilities serving the very young and very old.

We found that the presence of children generates an indescribable warmth that pervades the elder care facility. For example, the children are usually loud and boisterous when they roam inside the child care center, as one would expect. But the moment they enter

Photo 14 Participating in a local event

Photo 15 Shopping for gardening needs

Photo 16 Gardening with local residents

Photo 17 Attending the monthly Buddhist ritual

Photo 18　Exterior of children's day care facility

Photo 19　Children cleaning the elder care facility

Photo 20　Children accompanying an elder as the end nears

the elder care facility, they immediately calm down and behave properly. This sudden shift to a self-control mode reveals their keen awareness and respect for differences in the rhythm of life and physical condition of elders.

Meanwhile, elders watch over the children and converse with them in a relaxed and casual manner. This contrasts sharply with the scene at a large conventional facility, where children's groups are occasionally invited for events such as singing with residents. These formalized interactions, however, differ markedly from the casual daily interactions at Tsukatani. Although many elders at Tsukatani have senile dementia and cannot remember children's names and faces, we noted that their faces seem to brighten up simply from sharing a daily living arrangement with children.

4. Changes to care

Approximately eight months after the opening, an inevitable event finally happened at Tsukatani when an elder began approaching the end of life. At the family's request, and with the cooperation of the primary physician, a care regimen was set up to minimize stress on the patient. Since a new environment can cause great stress to an elder with senile dementia, it was decided not to transfer the patient to a hospital. The patient would instead be cared for at Tsukatani for as long as possible, which would require teamwork between the family, care worker, nurse, and primary physician.

As the end neared, the patient's bed was moved from a private room to the tatami-mat lounge next to the living room. It was thought that hearing people's voices as they socialized would be more comforting than resting in quiet solitude. Working together in the final stage of care apparently was not difficult for either the family or care workers, because ever since the opening, a key priority has been to foster comfort and communication with the family. Near the end, accommodations were made for the family to stay around the clock, while the staff worked tirelessly to make the situation a memorable one. The close cooperation generated a strong sympathy between family and staff, which apparently had a soothing effect on the patient.

In Photograph 20, the patient is seen smiling two weeks before passing away. Although our visit to the home occurred one month she passed away, when we glanced inside the tatami-mat room, the child showing us around remarked, "This is where grandma slept with a needle in her arm." He then pointed to the Buddhist altar at the back of the room and said, "Now she's in there."

Apparently, the time children spend with elders becomes etched into their memory, and the repeated interactions seem to teach important lessons about aging and death. The innovative actions of this

small-scale facility represent a gallant yet natural effort to support the dignity of elders in the final stage of life.

Tsukatani consistently seeks to reinvent care by overturning the stifling and regimented care provided at large facilities. The aim is to support users in attaining self expression and contentment in daily life. Indeed, when we consider that the purpose of facilities is to serve elders, the trend toward refined and personalized care is a natural outcome.

4. Toward Localized Care

1. Common Features of the Two Facilities

We observed two key similarities at the two facilities. First, they share a similar ideal for care: support is aimed at enhancing the quality of life by encouraging personal interactions, maintaining familiar relationships (with people, things, and environment), developing motivation, and creating roles for elders to perform. Needless to say, physical needs (such as meals and personal hygiene) are fully addressed, and sufficient expertise is shown in health management, medical collaboration, and safety.

Another key similarity is the emphasis on collaboration with the local community. The facilities see their role as not being confined to campus, but instead extending to the family and local community where users live and maintain stimulating relationships. Thus mutual relationships are actively sought and established with the local community. Through daily interactions, users become part of the local community, while local residents learn to value the facility as a community resource. As a provider of localized services for elder care, the facilities embrace the possibility of regenerating the community that once existed.

2. Toward Care that Supports Dignity

As pointed out in the 2015 report on long-term care, care must not be imposed on people, but instead provided in a way that respects the individual and is personalized to best accommodate their needs and desires. As such, the structural arrangements of the system must be redesigned to support this ideal of care.

In the era before public LTCI existed, welfare policy strongly emphasized relief measures, giving no heed to concerns about individuality, self expression, or personal choice. The idea was that since caregivers are “helping out” their dependent patients, both sides needed to grin and bear the difficulty. Today, with individuality and freedom of choice taken for granted, the next generation of LTC recipients is unlikely to accept homogenous care that ignores individuality and lifestyle. This means that a new approach to care and new methods of support will be necessary.

To achieve the vision expressed in the 2015 report, policies and services will inevitably need to evolve by trial and error. Key issues remain unaddressed, including the interface between long-term care and medical care, and funding of health insurance and LTC insurance. Above all, to discuss long-term care in a meaningful way that transcends system technicalities and funding issues, the public needs to start thinking seriously today about their own needs and desires for the LTCI system in the future.

3. Harnessing the Local Community

Despite adopting the new theme of care that supports dignity, the LTCI system still faces serious issues with funding and staffing. Unfortunately, while some aspiring service providers continue to move forward, inferior service providers remain difficult to weed out. A major reason for this is that service quality cannot be ensured simply by administrative guidance, supervision, and evaluation. To improve care, specific new methods and concepts of care delivery need to be transmitted throughout the system.

The impressive results of Jizodo and Tsukatani were not achieved by costly upgrading or expansion of the staff. Rather, they can be attributed primarily to an operating concept that treats users as

ordinary people engaged in normal daily life instead of as disabled persons. Acceptance of this normalization principle by the local community is also critical, because their involvement in facility operation adds a new dimension to service quality.

Just as the average severity of disability decreased among users at Tsukatani, service quality can be improved at no additional cost simply by realizing that the physical and mental condition of elders tends to improve when they regain motivation and energy in daily life. The challenge ahead is to not only to improve service quality by engaging specialists and family members, but to enhance the support measures for elders by harnessing the local community. Local governments will need to play a growing role in achieving this aim.

Endnotes

1. The normalization principle advocates a society in which elders, disabled persons, and healthy persons alike can live together and enjoy a normal community life. It grew in the 1960s primarily in northern Europe. The origin is attributed to a campaign by parents in Denmark to take children suffering from mental disabilities out of institutions and give back a normal life in the community.

2. In facility care, unit care refers to a shared living arrangement for a group of approximately five to nine residents. Meals, bathing and other services are provided to the group collectively instead of individually, encouraging a home-like atmosphere while respecting individuality and privacy.

References (in Japanese)

Research Committee on Long-term Care. 2003. *Long-term Care of Elders in 2015: Establishing Care That Supports Dignity.* Tokyo: Hoken Corp.

Iwao, Mitsugu. 2004. Day Care as Community Care. *Journal of the Japanese Society for Day Care Treatment* 8(1): 19–29.

NPO Community Activity Support Center. 2007. *Essential Localized Care Services as Taught by Experts*. Tokyo: Chuohoki Publishers.

Yamanashi, Keiko. 2005. Localized Services are Changing the "Shape" of Long-term Care. *NLI Research Institute Report*. October. http://www.nli-research.co.jp/report/report/2005/10/li0510b.pdf