Housing for Elderly Persons—Reconsidering the Role and Function of Special Skilled Nursing Homes

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1. Introduction

In *Tales of Tono* (*Tono Monogatari*), ethnologist Kunio Yanagida describes an old village custom of casting away 60-year-old people into the *denderaya*, the wilderness that will be their final resting place. In the daytime, the castaways would come to work in the fields, earning bare sustenance; and at nightfall they would return to their resting place. To this day, local expressions used for commuting to and from work (*haka-dachi* and *haka-agari*) are thought to derive from the word for grave (*haka*). The *Tales of Tono* were chronicled by Yanagida in 1909 based on interviews with a local resident named Kyoseki Sasaki.

Almost a century later, Japan has implemented a new long-term care (LTC) insurance system that provides universal coverage for the elderly. The system, which shifts the burden of care from individuals and families to society, represents a huge leap in the quality of elderly welfare from the old days. But in a sense, while no longer being mercilessly cast away, elderly persons today are still compelled to choose to leave home and live in a facility. This choice, which comes from a strong sense of obligation not to burden one's family, in many ways resembles the *haka-agari* of old. Of course, we are not saying that facility care is at fault here; the withholding of care and other rampant cases of elderly abuse painfully demonstrate the need for such facilities. But there is something deplorable about a situation in which elderly persons move into a facility simply to await death. This paper examines issues regarding housing for the elderly and the provision of long-term care.

2. Are the Elderly Still Being Cast Away?

The LTC insurance system provides benefits at three types of facilities, of which residency is most emphasized at special skilled nursing homes (*tokubetsu yogo rojin homu*). Since LTC insurance was initiated, there has been a sharp increase in applications to these special skilled nursing homes, and waiting periods of six months to one year are not unusual. The waiting period continues to grow as more users apply in advance in case their condition should deteriorate unexpectedly. This creates a vicious cycle wherein the longer the waiting

period grows, the more people apply in advance, further extending the waiting period.

Several factors account for the flood of applications to special skilled nursing homes. First, the facilities provide skilled nursing care around the clock. Second, they are inexpensive, costing approximately 50,000 yen per month for all daily living and care expenses. Third, they alleviate the family's physical and emotional burden of caregiving. The fact that facility care is less expensive than home care is obviously attractive to elderly persons with limited incomes and to their children, who are financially burdened as well. In addition, when home care is complicated by senile dementia behavior such as temper tantrums and wandering, the family's burden of care is all the more severe. In this case, the scarcity of facilities that provide care for senile dementia makes special nursing homes the next best choice. Thus special nursing homes play an important role when people cannot afford to pay insurance premiums or deductibles, and in cases that require serious care such as senile dementia.

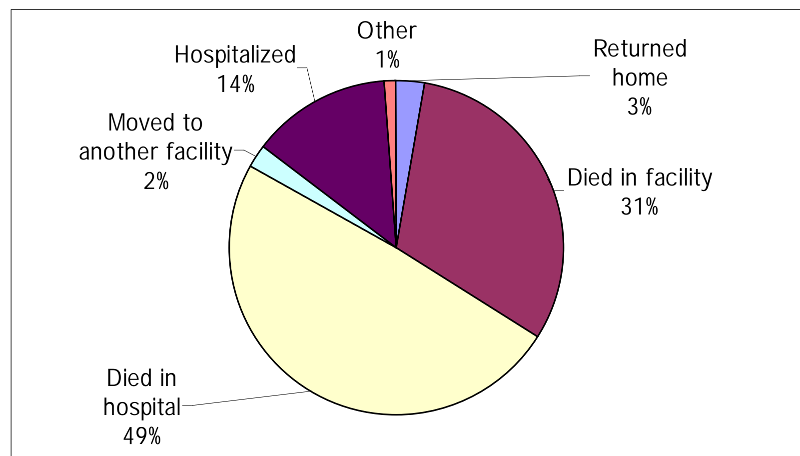
Still, such hardship considerations do not automatically justify casting away elderly persons into special nursing homes; indeed, doing so is little different from how old people were cast away into the *denderaya* wilderness at the age of 60.

3. Considerations Regarding Admission

Let us consider once again what is involved when people enter a special skilled nursing home. Upon entering, they must complete their life up to that point. Renters must terminate their rental agreements; and everyone must dispose of their furniture, appliances and other possessions—things that helped define how they had lived.

The move can be viewed as part of the life cycle. When people first get married, a small dwelling is sufficient; they subsequently move into a larger home to raise children. Once the children grow up and leave home, the couple can move into a smaller dwelling, and then if long-term care becomes necessary, the next move might be to a nursing home. Although all these moves are rational choices from the standpoint of life stage and housing needs, in this final life stage, people cannot simply disrupt the sense of life continuity and abandon the home that has been an integral part of their life. According to the *Survey of Daily Living and Awareness of Elderly People* (Ministry of Public Management, Home Affairs, Posts & Telecommunications), over 60% of elderly persons want to continue living at home even if their physical condition deteriorates (Figure 1). The survey notes a similar sentiment among elderly persons in other countries as well.

Figure 1 Desired Residence When Physical Condition Deteriorates



Source: Aged Society Policy Council, Cabinet Office, *Fifth International Comparison Survey of Daily Living and Awareness of Elderly Persons* (fiscal 2000).

However, entering a special skilled nursing home marks the final stage of life, forcing people to discard everything related to the lifestyle they had grown accustomed to. The similarities with the elderly villagers cast away into the *denderaya* wilderness are disturbing.

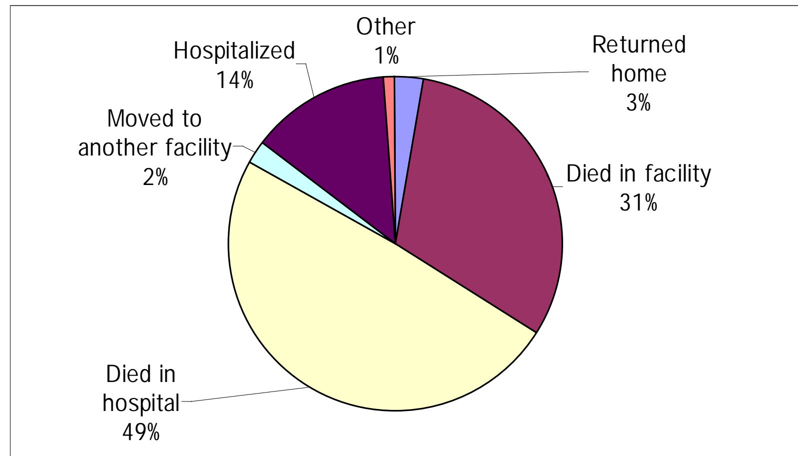
Special nursing homes serve three meals a day plus snacks. Residents take two to three baths a week, and more often in the hot summer months. Though such services are not to be taken for granted, the more important point is that residents actually have no say in what to eat or when to bathe. That is, living at a special nursing home means giving up one's rights and responsibilities regarding day to day choices.

In addition, while private rooms are on the increase, most residents still live four to a room with little privacy except for curtains or movable partitions; a roommate may be using the portable toilet less than one meter beyond the curtain. While nursing homes take pains to provide more privacy, they can only do so much as long as rooms are shared.

Thus residents have no choice but to accept the care and meals that are provided them. In this environment, which denies the right to choose, people are in a sense deprived of their fundamental independence.

Even more alarming is the fact that 80% of residents leaving a special nursing home do so due to death (Japanese Council of Senior Citizens Welfare Service, *Basic Survey Report of Elderly Homes in Japan*, March 2000; Figure 2). This statistic includes residents who are transferred to a hospital and subsequently die.

Figure 2　Reasons for Leaving Special Skilled Nursing Homes (fiscal 2000)



In contrast, only 2.9% of residents leave a facility to return home. The survey also found that the average length of stay at a special nursing home is three years and 11.8 months, or almost four years (Figure 3). While similar statistics are unavailable for comparison from the *Tales of Tono*, there is an uncanny resemblance in how elderly people nearing the end of life are gathered together in one place. True, special nursing homes may be more humane in that they provide care and assistance in daily living. But like the *denderaya* wilderness, special nursing homes are nonetheless a place where people come to quietly wait for the end.

Figure 3　Average Length of Stay at Special Skilled Nursing Homes

Category	No. of facilities	No. of residents	Average length of stay	
All skilled nursing homes	2,663	187,928	3 years	11.8 months
Public	237	17,199	4 years	5.0 months
Social welfare corporation	2,267	157,519	3 years	11.2 months
Publicly built, privately managed	156	13,035	4 years	2.0 months
Other	3	175	5 years	4.0 months

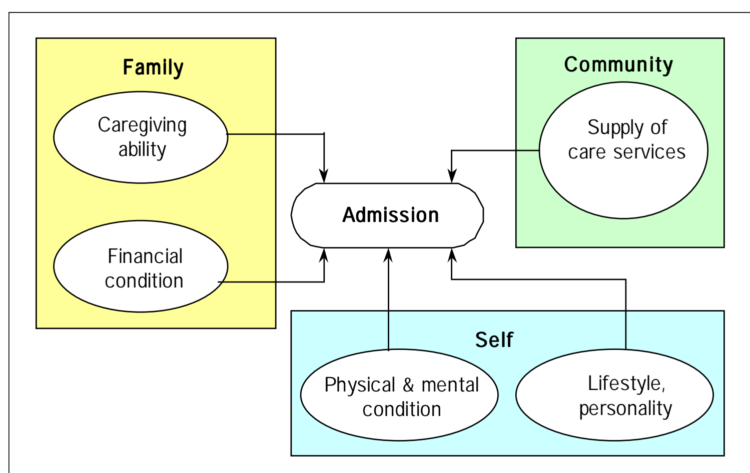
Source: Aged Society Policy Council, Cabinet Office, Fifth International Comparison Survey of Daily Living and Awareness of Elderly Persons (fiscal 2000).

We do not intend here to criticize the existence of special skilled nursing homes. Indeed, we respect their devoted service in providing care and assistance in daily living. However, if the aim is to enable more elderly persons to live normal lives as long as possible without relying on these facilities, we need to find ways to extend life prior to entering the facility, before personal dignity and freedom are lost.

4. Reasons for Admission to Special Skilled Nursing Homes

To find out why people enter special skilled nursing homes, we interviewed care managers, who act as care service consultants to families. The reasons elderly people choose to stop living at home to enter a special skilled nursing home can be grouped into three categories: the elderly person's physical and mental condition, ability of the family and community to provide care, and income considerations (Figure 4).

Figure 4 Reasons for Admission to Special Skilled Nursing Home



Source: Compiled by NLI Research Institute based on interviews with nurses, care managers, and social welfare workers.

(1) Physical and Mental Condition

Special skilled nursing homes often admit persons who need serious care not available at home, and persons needing milder level 1 or 2 care but afflicted with senile dementia. In particular, abnormal senile dementia behavior such as wandering or violence is often a factor in admission among relatively healthy persons.

Moreover, facilities admit relatively healthy persons who are at risk of suicide or self-inflicted injury, and those who by temperament would enjoy greater independence in a collective living environment. Also, persons with personal histories indicating an inability to take medication or otherwise manage their daily life are often admitted for monitoring.

(2) Ability of Family and Community to Provide Care

Next in importance is the family's ability to provide care. Family support is indispensable even if home care services are available. Care recipients are often admitted if they live alone, or if the caregivers are ill, working, or also elderly. Moreover, care recipients are often admitted if there are signs of abuse from caregivers, particularly due to stress after years of

caregiving. Another important factor for admission is the condition of the dwelling; in many cases, dwellings of elderly persons tend to have deteriorated beyond repair and become unsuitable for caregiving.

The community's ability to provide care refers to the supply of local care services. In mountainous and remote areas, the shortage of short-stay and day services to support home care is a factor for admission in view of the inordinate care burden placed on the family. In areas lacking basic home care services such as nurse visits and bathing, people are admitted to ensure that they receive a good quality of nursing care.

(3) Income

Facilities often admit persons from indigent households on livelihood assistance, as well as care recipients who rely solely on pension income and other cases of financial need. Monthly expenses at the facility amount to 50,000 to 60,000 yen, which is substantially less costly than receiving care at home, where housing and meal expenses alone can easily cost more. However, efforts are underway to correct the disparity between home care and facility care expenses, and in the near future facility residents will likely have to bear more living expenses, thereby reducing the cost advantage.

5. Alternatives to Special Skilled Nursing Homes

These admission factors suggest that a special skilled nursing home can indeed improve the quality of life of elderly persons needing care. Moreover, admission is often based on several factors that complicate attempts to continue life at home. However, a closer look at the factors will reveal solutions to the problems of living at home—indeed, there may be ways to incorporate long-term care and live one's accustomed lifestyle undisrupted to the very end.

For example, consider the family's ability to provide care. It is assumed that without the family's support, persons needing care cannot continue to live at home. But this can be alleviated using 24-hour nurse visit services under the LTC insurance system. Of course, doing so would not accommodate severe cases such as persons who are bedridden or who have senile dementia. But other persons, even those living alone, can be fully accommodated by using emergency call services in addition to the services available under LTC insurance. Home care services under LTC insurance could also be augmented with extended nurse visits.

Home care services were originally intended to provide care for persons without family assistance. Under proper care management, these services can thus be used to extend the

usefulness of home care.

Regarding services available in the community, efforts are being made to reduce local disparities so that the same level of care services will eventually be available everywhere. Thus aside from remote mountain villages and other special areas, the problem of care availability should be resolved in time.

Regarding the income factor, since LTC insurance is administered under the social insurance system, users must pay a 10% deductible in addition to premiums. Inability to do so poses a practical constraint on LTC insurance (persons receiving livelihood assistance are provided with LTC insurance premiums and deductibles). Since insurance premiums and deductibles are not covered by livelihood assistance, if people cannot afford to pay them, social welfare services need to be provided in their place.

The decision to receive care services at home or at a facility should be based on the person's condition, and not on cost considerations. But as long as facilities can provide 24-hour care at low cost, users will continue to flock to the facilities. We can justify admission based on need, even if the general public must pay for the extra burden. But alternative solutions must be found if the increase in applicants and resulting strain on public finances are being caused by distortions in the system.

Lastly, there is the matter of the care burden on families. To provide temporary relief from care burdens, LTC insurance offers short-stay and adult day services for care recipients. Although care recipients may become somewhat disoriented by frequent changes in living environment, these services provide indispensable relief to families, since long-term care involves not only care recipients but their families as well. While LTC insurance is premised on providing services to promote the autonomy of care recipients, the same level of services is also needed to alleviate the burden on families. Indeed, under current conditions, care recipients would rather enter a facility than knowingly impose a painful burden on their families.

6. Recommendations for Special Skilled Nursing Homes

Under LTC insurance, admission to special skilled nursing homes is adjusted between facilities and applicants. Due to universal coverage, many facilities admit residents on a first come, first serve basis regardless of level of care need. While the LTC insurance system tries to ensure fairness, the result is a perverted situation in which those with the greatest need for care are being bypassed by relatively persons who can still live at home. This problem

arises because of the lack of consensus regarding admission criteria. We need to reexamine admission criteria based on the roles sought of special skilled nursing homes. That is, admission criteria will differ depending on whether facilities specialize in care to the end of life, or in residential living augmented by specialized care.

If facilities force people to abandon their lifestyles and spend their remaining years at a facility, special skilled nursing homes will only resemble the *denderaya* wilderness all the more. Thus we propose distinguishing two types of special skilled nursing homes: facilities that would specialize in providing medical care for serious cases, and facilities that would allow residents to live their accustomed lifestyles without disruption.

In residential-type special skilled nursing homes, residents would be able to continue their present lifestyle, while paying for living and other expenses. For persons receiving livelihood assistance, expenses would be covered by allowances for daily living and long-term care. The difference from ordinary dwellings would be that daily living services such as meals and baths would be provided, and living quarters would meet specifications for home care. Of course, persons would be able to bring their furniture and other belongings. When long-term care becomes necessary, a staff member acting as care manager would assign home care services available in the community. The facility would be characterized by a sense of security residents can get from having a specialized staff on duty, something which is unavailable with home care. Facilities would offer emergency care, which is a major concern of persons needing care. The facilities would thus provide a continuity of lifestyle along with a sense of security.

Recently, low-cost fee-charging nursing homes have succeeded in reducing the cost of facility care by using home care services. The expertise of such private operators could allow them to construct residential-type special skilled nursing homes. Moreover, many other options are available to fully utilize private sector expertise, including outsourcing of home operation to private companies, and renting of land for homes to private companies for free.

As for special skilled nursing homes specializing in medical care for serious cases, we would emphasize serious care and rehabilitation functions that enable persons to return to life at home. Since daily living and other expenses would be paid by residents, the basic system is the same as residential-type facilities. Medical care-type facilities would need to be clearly depicted as places for people to live temporarily until they have recuperated enough to return home. Thus people would be able to live normally at home until they die. While this resembles health facilities already available for the elderly, the difference is that the resident’s condition during residency would be determined by specialists such as doctors and care managers. Long-term stays would also be possible.

Admission criteria for residential-type facilities should allow residents to enter as early as possible so that the residential aspect of facilities is emphasized. Thus people should be admitted when they retire at age 60, and if couples are being admitted, only one of the couple need be age 60. On the other hand, at medical care-type facilities, admission criteria should address the level of care and condition of senile dementia problem behavior.

Today's special skilled nursing homes resemble a place to discard elderly persons precisely because they represent a dead end solution, and the flood of applications has resulted from the multiple roles these homes play as an end-of-life care solution for low income and livelihood assistance. We must above all do away with places for people to gather and wait to die.