

The Methods of Promoting Welfare Housing and Utilizing Regional Resources in Japan

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1. Introduction

Japanese aging society now has entered a new phase. The number of people over 100 years old exceeds 10,000 and more than 10,000 dementia patients are missing each year. An increasing number of elderly persons are involved in railway traffic accidents in urban areas and their families (most are also elderly) have to pay a large sum of money to compensate the railway company concerned for damages, so care by elderly families is coming to a standstill. The support for single parents' child care, people with senile dementia, physically handicapped persons, dialysis patients, and malignant cancer patients is also in an urgent need. In order to solve these new social problems not by a source of public tax but by regional private sources, new challenging attempts are beginning to appear.

2. Aims

- 2.1 To investigate the 'cohabitation housing style like a family' of nuclear families and singles
- 2.2 To investigate the cohabitation housing style of the handicapped and people who are on social security
- 2.3 To investigate the supply of cohabitation housing with child-care support services for single parent families
- 2.4 To investigate housing with home care support services for elderly cancer patients or dialysis patients
- 2.5 To investigate the contribution of medical corporations toward the management of houses with support services for elderly persons
- 2.6 To propose a new way of public support for housing managers and real estate agents.

3. Methods

- 3.1 Inspection visit and research through interviews
- 3.2 To get information on Web sites and to offer information
- 3.3 Research through questionnaires to and interviews with the managers of medical corporations

4. Objects

4.1 'Share House C' in Tokyo

An old apartment house for families near a women's university, a new building on the adjoining land, and a court between the two buildings were remodeled into a new cohabitation house. All the communal facilities and equipment for the residents are on the first floor of the new building, and large rooms of the old apartments are remodeled into private rooms of SB (study & bed room) plan with furniture, a shower and bath room, a laundry room, and a small communal living room on each floor. Men and women live on separate floors. On the first floor of the new building, there are a hall, lockers for mails or things delivered to the residents, a communal reception and living room, a study equipped with IT facilities, a library, a large dining room, and a kitchen with

a large refrigerator-freezer. The floor can be divided by a sliding door into small rooms for private use, but usually they are used as one open room. The kitchen is equipped with a large sink, a special gas cooker, an oven and so on. There is a cupboard near the wall for every resident to store dry food, so they need not store it in their private rooms. Since all residents carry their own ingredients to the kitchen and cook the food they like, the meal cost is reasonable and they can enjoy communication with other residents. Most of the residents are young and all the apartments are always occupied. There are always residents in the house, which helps prevent crimes and makes them feel safe in case of emergency. Each apartment of SB plan is small but furnished with a bed, a toilet and a washroom, a closet, a desk with a light and a chair, and a study with a bookshelf, so it is convenient for people who have to move many times with the fewest goods to carry. They can freely use a living room, a shower and bath room, and a laundry room on each floor. All the residents pay the rent, the charges for the maintenance of communal equipment, and the bill for electricity, gas and water. The cost of the residents' amusement is shared by the residents but the part of the cost each resident pays is not always equal. A full-time manager is responsible for tenants and the procedures such as checking the tenants' papers or interviews when the tenants move in or out, the contact with the room cleaner about daily matters and so on. The tenants rely on the manager and there's no serious problem between them.

4.2 'Town Hakuyo' in Kita-ku, Sapporo

An estate agent bought an old two-storied apartment house which had been a boarding house for university students and remodeled it into 'a group house' for people in low income to live together. It is a more than 50 years old building and its steep stairs and the step between the entrance and the hall are dangerous for elderly people. It is a two-storied wooden house and has 23 apartments---the room area of 22 apartments is 6 tatami-mat (9.9 m²) and one apartment has a 8 tatami-mat room (12.96 m²). Each apartment is equipped with a closet (its breadth is 1.8m), heating and a phone. Communal facilities---a bath available for 24 hours, five toilets, three washing machines, a massage chair, a dining room and a living room---are free. The rent for a 9.9m²room is 36,000 yen and the charge for three meals is 42,000 yen a month. The management fee including electricity, gas and water is from 7,000 to 26,300 yen, which varies according to the tenant's income, but on average 15,000 yen. The sum total amount is about 93,000 yen a month and people who are on social security can spend 15,000 yen on something they like. A tenant has to pay 2 months' room rent as deposit and one month' rent as a management fee before moving in. All the rooms are occupied, so the estate agent bought a neighboring apartment house and opened it as the same type of housing.

The house stands in an urban area. There are a ward office, an elementary school, a general hospital, a business district, a theater with sports facilities, a subway station and public bus stops.

The residents are singles who are on social security, mentally or physically handicapped persons, persons in low income, or people without guarantors. The estate agent is in charge of selection and the life management of the tenants, but the tenants do their housework by themselves; wash their own clothes, clean the communal space, cook in the kitchen, serve meals and wash dishes, so this is a rented house of the participation and cohabitation type. In the case of a 90-year-old woman who lived with her daughter's family and couldn't eat any food, recovered her health after she was taken to this house. This is where solitary elderly persons and handicapped

persons can live like a family and help each other. On each floor, there are a communal washroom, a laundry room and private rooms. A private room is furnished with a bed, so all the tenants have to bring is a TV set or a radio. The tenants are charged for care services. In the daytime healthy tenants clean the hall or the living room and help cook meals or enjoy talking or watching TV in the communal living room on the first floor. Although some tenants suffer from schizophrenia or slight senile dementia or use wheel chairs, they consider and console each other and need each other. The idea of the founder of this house is “to do a little better than public welfare and to go a step ahead of public offices” but the management is not easy because of a rush to build similar rental apartments with care services for elderly persons. At present these houses can receive no public support and are in a financial crisis. Financial support such as subsidies for labor costs or remodeling cost are essential.

4.3 ‘Single Parents Share House P’ in Kanagawa Prefecture

An architect, a manager of a nursery school and two other persons have organized ‘Team Parenting Home’ and rented one floor of a rental apartment house and remodeled it into 8 rooms (each 9.9 m²) for a family, a communal LDK (49.7 m²), and a communal bathroom. Nine people (mothers and children) of four families live there now. The rent is from 65,000 to 70,000 yen a month and the charge for communal space including electricity, gas and water is 25,000 yen, so the total pay is 90,000 to 95,000 yen. The charges are shared by all the families, so the expense of each family becomes lower. Babysitters are sent to this house twice a week to stay with children for four hours in the evening and cook supper. The aim of the house is to support single mothers financially and mentally, to encourage children to help each other, and to prevent children from feeling lonely or isolated. The victims of domestic violence or mothers in financial need are given priority in admission to cooperative houses or life support houses for mothers and children which have recently been organized all around Japan under the Child Welfare Law. The number of the tenants of these houses, however, is small and most single mothers have to find houses and jobs, and raise their children by themselves. It is certain that raising children with other people like a family in a cohabitation house gives mothers the power to start a new life. Delicacy is necessary when, for example, a family with a girl should leave the house before she becomes adolescent. This is not a lifetime residence but it supports single parents in getting special qualifications, being financially independent, or reducing the burden of child-care.

4.4 ‘IGH House’, (a multi-generational place)

This house opened on the 10th to 12th floor of the 12-storied building near Fujisawa Station in Kanagawa Prefecture in 2007. It is a community house for rent where 26 families live, and multiple generations associate and help child-care. On the three floors, there are 26 apartments, a large communal space, day nursery where professional caretakers stay all the time, meeting or study rooms, and so on. The characteristic of the house is that it was built by 20 out of 200 members of CHAMP (Cross Hands Association of Mature Persons), which was organized in 1998, modeled after AARP (American Association of Retired Person), in which members older than 50-years do volunteer activities, help each other, and develop association programs, making use of each member’s knowledge and experiences. On the top floor there are a kids’ room which is open from early morning to midnight, an entrance library where the residents enjoy communication, an academy where they can

study or get knowledge, and a Japanese-style guest room for visitors. It is near the station where the land price is high and there were fewer tenants at first. After accepting university students as tenants, all the rooms soon became occupied.

A housemother lives there and undertakes consultation or support of the residents for 24 hours. She helps the residents solve problems such as stalking victims, accompanies an emergency case to hospital in an ambulance, and takes care of the residents like their mother. Now people of different generations (4 families with infants, 3 elderly families, university students, families with children and single researchers) live and help each other on the basis of 'safety and relief'. The house is managed by the club members whose backgrounds are checked and cleared which also gives the residents a feeling of safety.

4.5 'Doctor's Home M' in Sapporo

This house accepts dialysis patients, progressive cancer patients, chronic diabetics whose care at home is hard for their families and furthermore patients with Parkinson's disease, Alzheimer's disease, patients under the treatment of gastrostomy, balloon catheter, home oxygen therapy, end-of-life care, and patients who are certified to receive public-care after leaving hospital. In northern regions where winter climate is severe, going to hospital and returning home is really a big problem for patients and their families. Transportation to hospitals, meals according to the treatment, the management of water intake, continuous care, and rehabilitation are secured here. In particular, blood vessel exercise and massage to dialysis patients are introduced and the specialized rehabilitation menu is prepared for developing muscle, preventing patients from being bedridden, and preventing complication of dialysis. It is very hard for patients' families to cook meals required according to the treatment, but here patients can enjoy appropriate and nutritious meals cooked by dietitians so that calorie and the amount of salt, nutrients such as protein, phosphorus or potassium may be adjusted to each patients need. Sometimes special meals are served in a buffet style on some special occasions such as New Year's Day, Girls' festival, a moon-viewing party, Christmas Day and so on.

This is a four-storied house, built on the site next to the hospital in Minami-ku, the suburb of Sapporo City. It has a nursery school for the staff's and neighbors' children on the first floor, a clinic and facilities for common use on the second floor, and apartments for residents on the third and fourth floor. A private apartment is 18 m² and has a toilet, a washroom, and a closet. On each floor there are a bathroom and a LDK for common use. Three meals are carefully prepared in the kitchen in accordance with the tenants' condition. They can eat in their rooms or eat with their friends in the dining room according to their physical condition. There is no strict schedule, which is usual in care houses. The house helps its tenants live freely at their own pace. A manager stays for 24 hours and the residents can have a doctors' or nurses' visit them for treatment or care and can be sent to a cooperating hospital in case of an emergency.

The family of a diabetic who needs dialysis and has suffered many times from cerebral thrombosis and cerebral infarction told the author that the patient can be treated in the hospital next to the house and that he can return to his own apartment after leaving the hospital.

The rent is 36,000 yen, meal charges 45,000 yen, charges for communal space 15,000 yen, a basic service fee (a health consultation fee, charges for an emergency call system, a reception service fee for visitors or delivery

service staff and so on) 20,000 yen, consumption tax for meals and a basic service fee 5,200 yen, so the total amount a month is 116,000 yen. When they move in, they pay 252,000 yen (including some deposit) at the most. In winter (from November to April), they pay 8,000 yen for heating and its consumption tax 640 yen a month. Annual cost in the case of a general house is 1,443,840 yen and they have to pay extra money for medical treatment or care services. A dialysis patient generally pays 10,000 yen a month for medical treatment but from April, 2015 the cost of care insurance for a patient will rise 20%, so he will have to pay more.

Now 30 apartments are all occupied and the second house for elderly people with care services is under construction on a neighboring site. After it is completed in October, 2014, it will accept new tenants. It is designed as a home-care support house for patients who need advanced medical care. Bathrooms are large enough for people who need help in taking a bath, and the tenants of the next house can also use it. On the highway in front of the house there is a public bus stop but buses don't run very frequently. Patients use taxi or ambulance to go out or go to another hospital. This is a problem peculiar to the suburbs.

4.6 'Morning' in Shiroishi-ku, Sapporo

A social medical corporation, 'Keiyukai Sapporo Hospital', which is famous for its performance in the treatment of malignant progressive cancer, opened a rental house with services in October, 2012. An estate agent built a house on the site next to the hospital and manages it for 24 hours and provides meals. There is a clinic in the house and a care worker office offers public care insurance services, Nurses visits, life support services in cooperation with the hospital. Recently a system called Diagnosis Procedure Combination (DPC) has been introduced in many hospitals and the time patients can be in hospital is shortened, so the burden of the families of cancer patients is getting larger. Some patients need 24 homecare, such as the disinfection of wound, the exchanges of stoma, or the disposal of excrement. The control of calories or nutrition is the most important for patients but in many cases it is very hard for their families. Here special dietitians who know nutrition control peculiar to cancer patients such as taste disorder caused by anticancer drugs elaborate menus, so patients and their families can receive the best and reliable care at home. The rent of type A for singles (18 m²) is 50,000 yen, the fee for common service is 30,000 yen and general management fee 25,000 yen, so the sum is 90,000 yen a month. In the case of type B for couples (36 m²), the rent is 80,000 yen, a fee for common services 30,000 yen and for management 50,000 yen, so the sum is 160,000 yen. In addition, heating cost in winter is 10,000 yen a month, and the meal charge 1,500 yen a day plus consumption tax. Other food, drinks, commodities or diapers are at personal expense. A tenant in type (A) pays 100,000 yen, type (B) 160,000 yen as deposit and also pays for fire insurance when the contract is signed.

A fee for common services includes the consumption of water, electricity and gas of common space, a management fee includes personal apartments, and a life support fee such as a consultation fee and consumption tax is added to them. In the case of this house, since there are many progressive cancer patients soon after operation and under anticancer drug treatment, it is important to train staff for special medical treatment to support their life and 24-hour emergency services. Soon after the house opened, all the rooms were occupied. Especially a lot of couples want to move into the house, which shows that the house is effective in relieving physical and mental burden of patients' families, and lightening their burden of housework such as cooking and

releasing them from anxiety.

5. Conclusion

5.1 Rapidly increasing number of vacant houses and used apartment houses should be remodeled into cooperative welfare housing under local government regulations instead of being sold by the owners. Furthermore, the barrier-free design of houses should be promoted by subsidies or the reduction of fixed property tax as a government policy. In those houses a cohabitation life style should be realized, where a kitchen, a bathroom and household equipments (washing and drying machines, a clothes press, vacuum-cleaners, cleaning equipment and so on) are for common use, while the privacy of the residents is secured.

5.2 Handicapped persons, people who are on social security or elderly persons in low income, in particular, need a house where they can live within 100,000 yen a month including meals, heating and electricity, gas and water expenses. Rental houses with services for a low income bracket are essential.

5.3 With 20% rise in one's own expenses for public care service, patients' families (traditionally daughters or daughters-in-laws) may bear the heavier burden of care. Residents' care or life support with each other will be necessary.

5.4 The latest home appliances, housekeeping robots, care support robots, watch robots and so on, which are effective in self-support, should be introduced as self-help welfare devices, to which the public-care insurance system can be applied. A place where residents can share those tools at low charges is desirable.

5.5 A medical center which offers a house with medical and nursing care for patients who suffer from serious chronic disease such as progressive cancer or required dialysis should be exempted from corporation taxation and fixed property taxation as a social medical corporation and their management should be supported.

5.6 Good welfare service and its flexible management are possible by making good use of the existing private resources instead of public resources of revenue. Local governments should be responsible for offering information about welfare houses in their region, checking and watching the management of those houses, and taking severe administrative measures to the offices concerned while saving the victims if some problems such as abuse happen.

5.7 Welfare staff of local governments should hear citizens' reports, regularly visit and inspect a spot check toward a welfare houses, and make them get and put up a certification mark, 'Inspected' so the vicious managers would not use welfare houses as es.

6. Tasks to be done

6.1 Legal support strategies to remodel existing vacant houses or lots or used buildings into welfare houses

A law which encourages people to remodel houses and used public buildings (elementary or high schools, dormitories, hospitals and so on) into welfare houses should soon be established. It is necessary for the government to assure financing for remodeling, to assure rent security and to reduce owners' fixed property tax, so that it can be easier for house owners to remodel houses instead of selling them.

6.2 A management guideline which clearly distinguishes 'business to the poor' and 'welfare service business' and a system to watch regular interviews with residents

6.3 A support plan for the child care of single parents who suffered Tohoku Earthquake and Tsunami
Cohabitation housing in low rent is needed all around Japan for families of mothers and children who are taking refuge from radioactive contamination.

6.4 Training administrators with special knowledge such as labor and social security attorneys, estate transaction specialists, and welfare housing environment coordinators

6.5 It is urgent that Japanese consumer support groups with a membership system should be organized, modeled after a NPO group, AARP. The negotiation of the prices of goods for trips with a guide helper and commodities such as diapers, detergent with disinfectants, deodorizers, diet or supplemental food will be possible. Helping oneself and helping each other financially in a group will be more and more necessary.

References

- International Association of Homes and Services for the Ageing, 2013, *Being Old and Healthy in Japan*, International Longevity Center-Japan, (http://www.ilc-japan.org/aging/doc/booklet_genki100.pdf)
- Kamada Kiyoko, 2014, "A verification Study of the Supply Policy for Senior Housing with Medical and Nursing Care in Japan," *Bulletin of Hokkaido Bunkyo University*, 38: 11-25.
- Kamada Kiyoko, 2014, "A Study on the Supply and Demand for Cooperative & Cohabitation Housing Suitable for an Aging and Internationalized Society," *Journal of Hokkaido Bunkyo University*, 15: 87-109.
- Kamada Kiyoko, 2013, "The Housing Design & QOL Guarantee system for the Care-Needed Aged People in the Netherlands," *Journal of Hokkaido Bunkyo University*, 14: 143-160.
- National Public Safety Commission, The National Police Agency (NPA), 2008, *The white Paper on Police 2008*.
- Tamiyo Kondo, Lisa Kuzunishi, 2012, "Possibility of Shared Housing for Single Mother Households," *Urban Housing Sciences*, 79: 77-81.

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Abstract: The declining birthrate and the aging population in Japan brought the increase in the rate of vacant houses and hence a fall in land prices and rent for houses, which has caused the depression of the Japanese real estate market. In recent years, however, some of the old apartment houses, dormitories for employees or detached houses have been remodeled into cooperative and cohabitation housing, which has attracted considerable attention. It is a new housing business model which guarantees safety, management responsibility and added value such as the reduction of financial burden of rent, the improvement of quality of life and the creation of residents' pleasure and hobbies. collaboration on child care & housework by residents, also ease the sense of isolation among single parent households. In this study the author analyzes the possibilities where Western idea of cohabitation might be developed in the Japanese real estate market by way of reusing old and unfashionable real estate and suggests future possibilities or tasks which have to be done. Furthermore the author investigates the problems peculiar to Japanese society and Japanese people in applying the northern European idea of collective housing, group homes, and welfare services for working couples, physically handicapped persons or elderly persons who need to be cared for, to the Japanese housing market.