

## Research Papers

**A Verification Study of the Supply Policy for Senior Housing  
with Medical and Nursing Care in Japan :**  
The Points at Issues and Problems in Community-Based Rental Housing Instead  
of Expensive Senior Home Facilities

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**Abstract:** Japan is an aging society with its birthrate rapidly declining and its population also decreasing. The number of people over 100 years of age was more than 50,000 at the end of 2012 and that number is increasing still. However, people over 75 pay far more medical expenses and use more care service than people of other age groups. The Japanese Government policy focuses on health and longevity and is planning to utilize its welfare revenue for special medical checks of people over 40 in order to find or prevent lifestyle-related illness. Furthermore it is planning to shift focus from the traditional "care at nursing homes" to "care at patients' own houses" to support patients to live on their own within the context of cost performance and QOL. The government has put deregulation into practice in order to reduce the number of people with senile dementia or other diseases on waiting lists for special care homes. It also started to supply senior housing with fulltime life-support in October 2011, the aim of which is to support seniors to be cared for at their own houses. The authors verify how the welfare business should be from the view of consumers and suggest administrative role and responsibilities.

**Introduction:**

At the end of 2012, the number of Japanese people aged over 100 was more than 50,000. People over 65 in general pay more medical expenses and their chronic diseases tend to get rapidly worse from the age of 75. Especially in the case of patients with artificial anus, gastrostomy, dialysis, diabetes, senile dementia and so on, the care demands on other elderly family members is a big burden. Murders by caretakers and death in solitude are increasing. Additionally in the cold and snowy regions in Japan, going to see a doctor is hard in winter and there are not enough measures to deal with emergencies and this is the main cause of long treatment in hospitals or nursing homes. From the viewpoint of cost performance and QOL, new

medical treatment or nursing, new life support and new housing environment have become necessary. The Japanese government conducted "a big deregulation" as a part of the economic growth policy. As the main plan, it began to supply "senior housing with fulltime life-support" in October, 2011. This "senior housing" provides people suffering from serious disorders like senile dementia, some chronic diseases, or people who need nursing care with appropriate medical treatment, nursing, nutrition, relief and safety and it also provides 24-hour emergency support, three meals in a day, and various kinds of consulting services. The author describes the present conditions two years after the supply started, outlining problems that have arisen, and suggests remedies for victims, regulation against

vicious enterprises, and the responsibilities and roles of the government in general and local governments in particular.

### 1. The aim of the study.

1-1. The verification of the present conditions of "senior housing with fulltime life-support" policy of the Japanese government and its contribution to welfare.

1-2. The comparison of welfare philosophies in advanced aging countries with that in Japan.

1-3. Problems in the collaboration between senior citizens and the medical system in administering welfare.

1-4. The characteristics of Japanese senior people and their problems.

1-5. The roles and responsibilities of the government, prefectures, and local governments.

### 2. The method of the study.

2-1. Analysis of local investigations in Sweden, Denmark, Holland, the United States of America from 1972 to 2006.

2-2. Analysis of case studies in Osaka, Kansai District, Tokyo, Chiba, Kanagawa, Hokkaido, Japan.

The following is the data collected through the above analyses.

1) The personal room size, plan and facilities (toilet, bathroom, communication tools in emergency)

2) Space and facilities for common use (public bathroom, rehabilitation facilities, exercise tools), washing machines and dryers, recreation rooms, accommodations for patients' families, storage spaces, gardens, musical instruments such as pianos, karaoke machines, and large TV sets.

3) Pet hotel service (dogs, cats, and so on).

4) The number of medical doctors and nurses, medical treatment, rehabilitation facilities.

5) 24-hour caretakers, staff qualifications, communication tools in emergency and rescue systems.

6) Meal service, kitchen and cooks.

7) Admission fee, deposit, monthly fee, ability to move out.

8) Reasons for deciding to move in or reasons for moving out.

9) Daily activities, activities in winter, quantity of exercise, relationship with a regional community.

10) Financial support by the government and local governments, special reduction of taxes, administrative disposition or guidance.

11) Inspection by a third party to save residents, an evaluation system.

### 3. The list of the study results.

3-1. Basic policy concerning housing supply for elderly people in Northern Europe.<sup>3)</sup>

Holland, Sweden, Denmark and Germany became aging societies with their birthrate declining much earlier than Japan. People in these countries are assured to get medical treatment, education and houses in exchange for paying high taxes. They also deny prolonging life treatment and initially enacted the euthanasia law. As for housing supply, local governments do not directly construct houses in principle, but indirectly support people by means of financing or tax reduction. Furthermore, they are responsible for construction, advertisement, maintenance and the repayment of financing in cooperation with nonprofit housing associations and nonprofit organizations (i.e. religious organization, occupation associations and so on). Houses for physically or mentally handicapped people and seniors who need nursing care are incorporated in as a part of urban planning in cooperation with local governments. Residents are induced to organize "a community"

and to support each other as if they were a big family. It is not profit-making but a part of welfare service. The government and local government supply houses by means of financing with low interest rates, subsidy, or the offer of public land. Nonprofit housing associations adopt a membership system and make members prepare for an initial payment with installment savings. Members can buy the right of living in a new residence with capital from installment savings. For seniors who need 24-hour care, local government provides senior housing with full-time life support or group homes which are different from the residences for ordinary people.

### 3-2. The Dutch concept of senior housing <sup>3)</sup>

After "Housing Law" was enacted in 1901, Holland Housing Associations (HA) was legally approved and given restrictions as an NPO with associated tax reductions. Now about 850 associations belong to HA and they supply 37% of all the residences and own 80% rental houses. The government set up a public fund to expand HA's ability to raise private capital on the one hand and has focused on the marketing of HA and its independent management with the reduction of financing or subsidy by the government on the other hand.

#### 3-2-1. Town planning with nursing care for self-help; "Stag Model" <sup>3)</sup>

This is the concept of universal design in town planning introduced by Stag Institute in Holland as a result of long demonstrative research. There are life support stores (supermarkets, post offices or banks, pharmacies, drug stores and so on) and convenience stores as a service foothold. Public transportation systems connect each district with bus, subway or railway stations. Young students or workers can commute by bicycle on the bicycle roads. People can

be moved into housing with 24-hour life support as the need arises. This community welfare plan called "Stag Model" was introduced to Sweden and other Northern European countries and Canada. In northern regions, buildings are connected by "sky tubes" (corridors in the air). They prevent people from slipping on the frozen road and breaking a bone or being buried in the snow.

#### 3-2-2. The Humanitas Foundation; the idea and actual circumstances of senior housing "Acropolis". <sup>3)</sup>

In Rotterdam housing with nursing care are built in cooperation with its` local government and local community. An NPO corporation undertakes 24-hour management service and administers various kinds of care services. In the corporation, the original senior housing research center was set up to develop senior houses in accordance with the climate conditions in every area of the country, the circumstances of the area, and patients' conditions, and to construct them in cooperation with the community. Rotterdam is in a cold region, so people who need nursing care cannot live by themselves. In this senior housing, there is a nursing home for seriously ill patients in the building near the entrance and has a 24-hour management service station "Acropolis" next to it as well as some houses for seniors who need little help are around it. All the buildings are surrounding a park and each building is connected to other buildings with long "sky tubes", so people can commute between buildings without going outside. The glassed-in corridors are fit for walking exercise, rehabilitation, and sunbathing. In the middle of the park, there are huts for goats, sheep, rabbits, chickens and a small zoo, which are taken care of by volunteers in the community. Children in the neighborhood or residents' families visit the housing to see those animals. Residents pay a rent but people can get some aid from the local government in

accordance with the sum of their pension. The 24-hour support service is managed by public-care insurance and subsidies from the federal and local government and care staff from various countries. Many people in the community, and residents' families also support the system.

On the first floor, there are public facilities open to both residents and people in the community; restaurants which serve a variety of folk dishes, supermarkets, post offices, banks, pharmacies, stores for commodities or assistant tools like shoes and sticks. A large hall is also on the first floor and is open to seniors in the community for hobby activities or meetings. Seniors can enjoy shopping, talking or exercising with their friends, taking part in volunteer activities or visiting their families, relatives or friends living on the upper floors. The idea of universal design is evident everywhere. Seniors are allocated housing based not on their income level, but by their care needs and physical conditions.

### 3-3. Senior houses in Sweden.<sup>3)</sup>

Senior citizens and people who need nursing care (handicapped) principally live in public houses. Local governments are responsible for their citizens' life support and nursing care. There are small differences in the various financial conditions of governments and citizens' demands, but the basic idea is common throughout the country. People can receive a visiting care service or a meal delivery service at home and when people have difficulty in living at home, they can receive a 24-hour care service at group homes. There are detached houses, apartment houses and senior houses. Many people live in senior houses in cold regions. They directly connect to public stations and there is a restaurant, a nursing care service center for the community, a public office, a pharmacy, and a rehabilitation center on the first floor. From the

second floor up, there are rental apartment houses for individuals. In another model, senior housing is located in the general shopping area; there is a large supermarket, a drug store, a bank and a post office, amusement facilities. On the ground floor of the housing, there are washing and drying machines for common use and a large hall on the first floor and a common living room on each floor. However, the houses are designed for individuals. When the special staff of the city judges a senior as being inadequate to live in senior housing, he or she will move into a group home. Even people using a wheelchair, pacemaker or artificial anus find it difficult to gain entry to a group home if they are of sound mind. Some local governments entrust some parts of the service to a private company in order to reduce the expenses. Some local governments cooperate with religious organizations or nonprofit organizations with a long history in building construction and care service.

#### 3-3-1. Service houses and senile dementia group homes in Yonsherpin City<sup>3)</sup>

Nonprofit housing management company (HSB) constructed two buildings in an urban area and is responsible for the maintenance and management. In the buildings are rental houses, condominiums and group homes for senile dementia patients. Currently 5% of people over 65 years of age suffer from senile dementia and 20% over age 80, so 24-hour support housing and daycare service in the daytime have become important. The first floor is used for public services such as a community restaurant, a caretaker's room, emergency call center, an administrative office of the City Hall, rehabilitation rooms, a mechanical bathroom, an all-purpose hall, a pharmacy, and a clinic. Upper floors are used for residences. Seriously handicapped persons and slight senile dementia patients can live on their own. The buildings are

located near railroad stations and there are elevators and roads in good condition, so people are free to go shopping to town in their wheelchairs. The residents enjoy their active life there because caretakers come to help them in an emergency at night. People except serious senile dementia patients are encouraged to do their housework, which prevents them from getting disuse syndrome or being bedridden. Many young people working at senior housings as military service make the atmosphere cheerful.

### 3-4. Senior Housing in Denmark <sup>3)</sup>

In 1938, the urban planning law was enacted which obligates a community with over 100 residents to make an urban plan. It was revised in 1949, and with the revision of local government laws in 1970 and 1975, ①the division between a housing district and an industrial district and the prevention of pollution, ②land development and the protection of the natural environment have become the main focus. Mainly nonprofit house supply organizations constructed the buildings; about 700 organizations own and manage 450,000 houses (20% of all the houses). Nonprofit organizations can borrow money from the government or local governments at no or low interest rates and get a subsidy for constructing the buildings. There are many restrictions such as the total sum of construction costs, plan, outward appearance and rental fees.

Financial support to residents includes housing allowance, housing assistance, deposit loan, and subsidies for houses for seniors and the handicapped. There have been pensioner houses, seniors' collective houses, houses with care support, Priem (senior home with special care service) however Priem is currently changing into a new type of self-help house. NPO foundation "Housing Society", represented by KAB and DAB, provides senior housing with subsidies and a loan with a low interest. Many are two-storied houses

and one building consists of ten houses and a living room with a kitchen for common use, a sunroom and the entrance. Several buildings are built around a park. All the members live alone and help each other like a family. One caretaker stays at night for the residents' safety. During daytime seniors take care of the safety of children in the neighborhood. Medical expenses are free (paid by the nation) in principle, but this mutual support system and the idea of not prolonging life can reduce medical expenses; it's Denmark style of welfare.

#### 3-4-1. "Siberius Parken" in Copenhagen <sup>3)</sup>

Copenhagen has a European open atmosphere. This housing were built between 1984 to 1986 and managed by DAB Denmark housing society. They are next to industrial regions in an urban area. They are two or three-storied houses. 169 houses have two or three rooms (54-95 m<sup>2</sup>) and 22 houses have one room for young people. More than 20 years have passed, so the residents have gotten very old and single seniors with senile dementia are increasing. Then the buildings were remodeled partially and are beginning to be changed into group homes.

### 3-5. Welfare for senior citizens and housing policy in the United States <sup>1)</sup>

#### 3-5-1. The housing policy and ideas of HUD ( the US department of housing and urban development)

There is a subsidy policy for public housing incorporated into the tax system in the US. It is for mostly senior citizens with low income, physically handicapped people, and people with low income.

Sec 232 nursing homes, middle care homes with a guaranteed housing loan.

Sec 231 rental housing for seniors with guaranteed housing finance.

These are direct financing policies guaranteed by HUD and intended only for seniors.

The US policy for seniors began in 1935 as a social security pension system. Public housing was systematized in 1937 as a part of the New Deal Policy. The government subsidized local housing administrations in 50 states and made them manage the construction, ownership and maintenance. After 1945 workers in the war industry and soldiers' families began to live in the houses, so a great number of houses were built. After the war, financing for owning houses was liberalized and people in the middle class began to acquire houses, so the demand for public housing decreased, and public housing was supplied for seniors or people with low income. In 1956 the government began to provide a subsidy for special planning for seniors. In 1959 policies for seniors and handicapped people, Sec 202 and Sec 231, were introduced and there was a strong interest in housing for seniors. From 1960, single people over age 65 were allowed to move into public houses as a result of the increased budget for senior housing. In 1970 the US housing law was revised and the main focus was shifted to the assistance of rental fees and direct loan to nonprofit organizations. In 1980's it changed into the supply of congregate housing. Now a variety of groups --- religious groups, racial groups, international Rotary Club and voluntary groups --- supply housing and care service for seniors. "Sun City" in Arizona is a town developed and sold by a private enterprise, where seniors make use of their experiences, help each other and live actively. Other new challenges are seen all over the US.

### 3-5-2. Basic policy of nursing and medical care service<sup>3)</sup>

In the U.S the costs of family care are higher than that in Japan, and many families suffer from a care burden.

The demand for care service is increasing because of some social factors such as increase in working women and financial difficulties. As for care service at home, the state governments use a managed care method to reduce their tax burden, provide overall medical and care service and are making an attempt to implement PACE, which aims both for quality improvement and efficient use of expenses. However, the less the burden of service is, the lower staff's quality is and the more often serious problems such as abuse and neglect occur.

### 3-6. Actual cases in the US<sup>3)</sup>

#### 3-6-1. Care for senile dementia patients by Hearthstone Group

This is a senior housing with care service practiced by Dr. John Zycel in Harvard University, who investigated the treatment of senile dementia patients without using drugs. The housings are in Boston and New York and many Jewish people live there. Rental expenses are different but sleeping drugs or tranquilizers are not used and they attempt to improve the living environment through the introduction of such things as gardening and art therapy. In an old hotel remodeled as housing, senile dementia patients are made to visit NY modern museums on a day the museum is closed to appreciate great works such as Picasso. Triggering old memories is designed to revive and activate patients' brains. On the first floor of the hotel, there is a big restaurant and it is open to the public. The residents of the same care level live on the same floor, and the elevator and entrance doors of the floors where senile dementia patients live are locked.

#### 3-6-2. The welfare activities of Rogerson Community in Boston.<sup>3)</sup>

Mr. Jimmy Seagull, a social worker who manages

a building company, a real estate agent, clinics and so on, cooperates with medical doctor's and Boston city and local governments to develop housing with care service. He bought an old hotel burned in a fire, a closed high school and so on for one dollar (about 100 yen) and remodeled them into rental houses for seniors or houses for people who need nursing care and accepted singles with low income or the homeless. In suburban areas, they develop detached houses with gardens in cooperation with a real estate agent and rent them to seniors. The residents can get emergency service at night, meal delivery service, and home-help service and so on at low cost. At the entrance of the housing complex is a large house a charitable person in the neighborhood offered and it is used as a day service center where people in the neighborhood and seniors who need nursing care can receive 24-hour care service. While they are healthy, they can live in their own houses and move into houses with care service as the need arises. The personal and management expenses of nonprofit organizations are paid for from rental fees, donations, and from the profits of various charity shows or parties by volunteer artists or entertainers. These houses are for seniors who need little help and when they develop senile dementia or other serious diseases that need care, they are moved into other specialized care homes.

### 3-6-3. The case of public housing for seniors "Parkway Meadow"<sup>3)</sup>

Ann Arbor City, Michigan, is located near the border with Canada and is very cold in winter. The city directly built public housing for seniors with low income. In a unit there is a living room and a library (a lounge) for common use. There is no 24-hour caretaker or care staff. In emergency, the resident himself, neighbors, or friends call an ambulance. The residents help each other in everyday life and their

families, relatives and friends often come to help them too. Various services including nurse visits and home help service are available but they are all charged a fee. People with low income are helped by themselves, their families, neighbors and friends. The residents belong to many organizations such as religious groups, volunteer activities, a parents' association, an alumni association and so on. This strong relationship with others is useful for rescue or support in emergency.

### 3-6-4. Long care homes for seniors suffering from senile dementia managed by a racial group "Pororo Chinese Home" in Honolulu, Hawaii <sup>3)</sup>

In the past most of the people from Asia (Chinese, Japanese, Philippines and so on) were poor and had no pension. Chinese-American members of a municipal assembly and businessmen collected contributions from enterprises and individuals and built senior housing. Japanese-Americans or other Asian Americans live there. The staff, nurses, cooks, and caretakers commute to work there, but the residents' families or relatives also visit them to talk or help them go out almost every day. So a fusion of Asian family care and American home care is seen here. Thanks to Hawaii's warm climate, the atmosphere is open and friendly and seniors living in the neighborhood come together to day care service. In 2005, when the author visited the home, it was under reconstruction to be enlarged and renewed in order to meet the demand of increasing number of seniors who need nursing care. A handicapped lawyer and member of a municipal assembly were energetically collecting subsidies from the government and donations from enterprises and individuals.

### 3-6-5. The actual state of public support policies by local government

Policies differ from government to government. Though it depends on climate or regional traits, basically there is little support for seniors in their own homes. Local governments supply public houses for only people with low income or no pension. Other choices are as follows.

1) A luxury senior's home managed by enterprises.

Expenses are quite different but the residents pay an entrance fee and an expensive service fee every month.

2) A nonprofit-type home built by a racial group or religious group with donations and subsidy.

A group of staff takes care of and support residents.

3) Care service provided by a private enterprise or a personal agent.

4) A house shared by students or friends.

Meals, electricity, and heating expenses and housework are shared and residents help each other in emergency.

5) To live with family, relatives, friends.

This case is seen especially when children or grandchildren cannot support them financially.

3-7. The characteristics of Japanese "senior housing with care service".<sup>3)</sup>

"Laws concerning the steady supply of senior housing" were revised on April 27, 2011 and enforced on October 20. The aim of the laws is to provide seniors with places for living in a familiar and relaxing area. All people over age 60 can live in the housing after a rental contract is made whether they are healthy or not. The required floor area is minimum of 25 m<sup>2</sup> but if the house has a space for common use, a minimum of 18 m<sup>2</sup> is acceptable. When the criteria for the plan (barrier-free), service (a safety check and consulting), and the contract are satisfied, the house is admitted as a senior housing with service by a prefecture or a city. A construction subsidy by the Japanese government is 10% of the total construction fee or one-third of the

fee of remodeling, and income tax, a corporation tax and a fixed property tax are reduced for five years. Four kinds of registration standards are as follows.

1) Standards about residents.

2) Standards about the size and facilities of the housing.

3) Standards about service.

4) Standards about contract.

The housing Bureau of the Ministry of Land and Infrastructure will continue to support the supply of senior housing by a subsidy totaling 34 billion yen per year. The Ministry of Health, Labor and Welfare will prolong the reduction of a fixed property tax and a corporation tax.

Consumer protection measures are as follows.

1) The obligation to explain all details about services and fees to consumers before contract.

2) The obligation of the release of registered data; the company's address, the manager's or the representative's name.

3) Obedience to contract.

4) Prohibition against exaggerated advertisements.

The direction and supervision by the administration are as follows.

1) The imposition of reports and inspection into offices or registered housing.

2) Advice on business affairs.

3) The revocation of registration in case of the violation of directions or failing to meet the standards of registration

Other support measures are financing from Japan Housing Finance Support Organization, the use of Reverse Mortgage Finance and so on. However, these measures might be changed in five years, which will be a disadvantage to corporations.

3-7. The case of Tokyo, Japan<sup>5)</sup>

3-7-1. Amille "Oji Kamiya" (Joint Venture of Sekisui House Ltd., Tsuji Cooking School, Message Ltd. and

so on).

People over age 60 can live in the housing. They live a free life and can receive care service at home as the need arises. Land and building rental contract is under the management of Sekisui House Ltd. In the management office a staff member is stationed 24 hours a day and they send a home-helper to their house in case of emergency. Some residents plan to move near a hospital when they need care service. The entrance fee is free and they only pay rent, food expense and management fee, so it is easy to move out.

3-7-2. "Nippori community" in Tokyo (managed by Seikatsu Kagaku Ltd.)<sup>5)</sup>

Seikatsu Kagaku Ltd. opened multi-welfare facilities in Arakawa, Tokyo in 2003. A clinic, a day nursery, an all-purpose room and a local restaurant are on the first floor and on upper floors there are collective houses, pay senior homes with nursing care, and senior houses with nursing care. The second floor consists of collective houses, where a young family and single senior citizens live together. The residents can move to other floors when they get old and need 24-hour care. Young couples can take care of their parents and children while working outside. This housing attracts attention of local government staff and there are many inspection requests. Unit care (ten people in a group) system was introduced in senior houses with nursing care. It enables a group of about ten people to live together like a family in a house with a living room, a kitchen, and a dining room. The residents are made to do housework like cooking or serving food for the purpose of rehabilitation or occupational therapy. However, living with unrelated people is a new challenge and there are still problems that arise as a result.

3-7-3. Hokkaido family Doctor's Home Nishioka Sapporo<sup>3)</sup>

Three homes were built in Sapporo, Hokkaido and opened on June 30, 2012. The characteristics of this business model are as follows.

- 1) One room for a single senior (18 m<sup>2</sup>).
- 2) The residents can live with their pets like dogs and cats (principally small dogs, vaccination and rabies shots are obliged). Causing trouble or annoyance for other residents is forbidden.
- 3) An individual room has a toilet, a washstand, a closet and a bed.
- 4) A pay laundries and dryers are installed on each floor.
- 5) Two kinds of special bathroom for people paralyzed on one side.
- 6) A large dining room, a kitchen and a living room for common use.
- 7) A day service center for pets next to a day service center for residents, pet hotel and grooming or trimming service.
- 8) A reputable medical corporation participates in the management, which gives residents a sense of safety.

#### 4. Discussion

4-1. An outline of housing policy, financing policy, subsidy policy by the government.

The characteristics of senior welfare policy of Northern European welfare nations such as Sweden, Denmark and Holland are support systems of renting good public houses to seniors. The governments secure the right for everyone to live in a healthy house and provide the housing allowance for people with low pension or low income. As for houses, the least floor area per person is fixed and the installment of a toilet,

a washstand and a bathroom for wheelchair users is standardized. In Sweden it is obligatory to keep indoor temperature over 15 °C in winter and to prevent mold and harmful insects like ticks. Also regular ventilation and the installment of a balcony with an adequate area are required.

Care specialists employed by the government judge whether a patient should move into 24-hour support housing or a group home from his or her health condition and the rent is 80,000 yen on average (not low). Meal coupons are given and care service fees are paid according to their income. The government pays the surplus expense. Therefore even seniors who need nursing care pay the expenses necessary for "a healthy and cultural human life". Medical treatments are free in principle and prolonging life is prohibited.

People's housing is not directly built or managed by the government or local governments. Governments entrust the business to a nonprofit housing association and indirectly support it. The people become a member of any association and acquire the right of buying a house as they save money. Using an accumulated fund of the members, financing from banks, and subsidies, associations build houses and sell them. The houses for people who need support are built near railway stations in accordance with its local government's transportation plan. In high-cost urban areas, people rent land and buy the right to live in a house and the right of using facilities and space. After moving in, they pay maintenance and repair fees. Tax is allotted to a part of the construction costs as a financing policy. The business is not for profit.

Expected problems of Japanese senior welfare policies are as follows.

- 1) The bipolarization of service quantity and living environment (rich and poor).
- 2) Increasing business collapse and the lack of caregivers.

- 3) The entry of predatory enterprises or agencies.
- 4) The increase in abuse of seniors and accidents.

4-2. The range of welfare policies, leadership, participation of local governments.

Senior housing with care service started for the purpose of support for seniors who need nursing care. Moreover the use of private power, the development of local economy, the expansion of employment, the reuse of idle land or closed schools were also counted. However, the fact is that the government put the responsibility of welfare and care service on private agencies and residents.

The assistance policies of governments now are as follows.

- 1) The reduction of fixed property tax for a fixed period.
- 2) The offer of long-term repayment and financing at low interest (only for houses and agencies that satisfy certain standards).
- 3) Administrative measures against predatory agencies.

Since the public-care insurance system started in April 2000, prefectures have revoked the authorization of public-care insurance of the managers of some group homes for senile dementia patients.

4-3. The participation of private agencies, NPO, people in the community in the management.

In big cities like Tokyo, Osaka and Kobe, large companies in the medicine, food, and housing industries organize Joint Venture with financing or real estate agents and provide products with high quality and low cost and good service. In Kyushu, the Kyushu Electric Company, in Osaka Panasonic and Sekisui House, and in Tokyo Secom, Watami

Group, Japan Housing Public Corporation and JR have joined the venture. In contrast in local cities or under-populated areas, smaller enterprises or clinics organize cooperative agencies in order to expand their business area or to stabilize management. Some NPO (non-profit organization) are vicious and their social credit is poorer in the provinces. Some private agencies run boarding houses for seniors; a house has one room, toilets for common use, and no bathroom. A lot of spaces for common use make it impossible for residents to hide abuse or accidents and make them help each other open-mindedly.

It is essential to give consumers correct information about the characteristics and the risks of a large company, a smaller company and a private agency.

#### 4-4. Human rights, dignity and prevention of abuse.

##### 4-4-1. A report to a third party and whistle blowing.

Sexual abuse or a restraint often occurs but reporting of such occurrences is very rare and often ends tragically for the whistle-blower. The profit of managers or caretakers is thought to be a higher priority than the human rights of whistle-blowers.

##### 4-4-2. Intervention and rescue by a third party.

Japanese people often say "put a lid on the scandal", so they tend to conceal inconvenient truths. However, the human rights of the weak patients who cannot report problems because of their mental or physical disorder should be respected.

1) An ombudsman in Sweden is a third party and independent of the authorities concerned. It has its own right of inspection, order of improvement, rights of a public information act. Japanese people should change their attitude from ambiguity to clear solution.

2) A rescue call should be set up and strict punishment to predatory agencies, the rescue of victims and the

establishment of shelters are also necessary.

3) Major newspaper companies and mass communication companies should accept reports of abuse by fax or e-mail.

##### 4-4-3. Orders or punishment to agencies

##### 4-4-4. Rescue systems for victims

4-5. The need for education or training of managers, directors and helpers.

The number of qualified staff working as nurses, care workers, physiotherapists, occupational therapists, and home helpers is decided by the Ministry of Health, Labor and Welfare or prefectures according to the kind and scale of a home.

Since October, 2011, the representatives of senior housing with life support have been obliged to open their names to the public, which has made it possible to research details about their previous career, social evaluation, nationality, past crimes, and personal bankruptcy. However, in most of the Japanese senior houses, there is only one 24-hour staff qualified as a home helper or with no qualification. Special training or educational programs for the persons in charge of welfare service will be necessary from now on. Furthermore it will be desirable for them to inspect senior homes of high quality in Scandinavia, Germany, and Holland to exchange views with the staff there and to better understand successful cases. Now there is a shortage in staff qualified as care workers or nurses, so support for the training of staff is our urgent task.

4-6. International comparison about the initiative and the sense of independence or mutual help of users.

From the author investigation, the atmosphere of residents in a Japanese traditional paid senior home is quite different from that in a senior housing with

care service. The residents in the latter take pride in themselves and want not to trouble their family about their care. They decide for themselves and look younger and more energetic than their age. However, their way of life is different from that of senior citizens the authors met in the US Canada, Denmark and Sweden. Japanese people feel uneasy about receiving care or life support service from people who are not related by blood. They are lacking understanding of their rights to receive welfare service. The American AARP (American Association of Retired Persons) is famous for its politic influence on Presidential elections. An annual membership fee is 16 dollars (1,600 yen). Their activities range from the purchase of sanitary goods or other commodities to planning low-cost overseas travel and giving information about the latest medical treatment, health, investment, property management, and insurance. The Japanese have to learn from their positive and challenging attitude toward life.

The retired Swedish organize a senior committee in each community and participate in the management of their community and participate in processes that decide policy. They have contributed to the maintenance of the social environment, for example welfare service, the extension of the time for pedestrians on traffic lights, barrier-free roads, and the separation of a sidewalk from a motor-road.

In Holland, active seniors take part in volunteer activities, such as talking with more serious handicapped persons or seniors suffering from senile dementia. In a local senior center in Canada, a variety of seniors' voluntary activities can be seen. Those activities not only reduce personal expenses but also give volunteers something to live for. In the hall, an old pianist plays the donated piano and people living in the community exchange clothes or commodities (Tax-free market). In Japan, "Togenuki Jizo" in Sugamo, Tokyo is a town for senior citizens but this is

a rare case and not nationalized.

## 5. Conclusion.

5-1. Whether "a senior housing with care service" is successful or not depends on the support of medical doctors. Cooperation with good local hospitals, local support centers, day-care homes, and the unity of medical care and nursing care, are expected to be an advantage in management.

5-2. The clarification of the responsibility of supervisors as a welfare policy.

The managers of housing business are local governments, social welfare corporations, NPO corporations, join-stock corporations, corporations, and individual agencies. To our regret, there is no competition between them. Welfare business is government-oriented. Periodical inspection by governments into "rental houses with care service" is necessary to keep good service quality and stable management.

5-3. The range of welfare policy and responsibility the government and local governments should undertake.

The social status, salary and working condition of people in charge of care service should be fixed in order to secure competent staff and to improve service technique. In the case of Holland and Germany, periodical inspection and evaluation by a third party, and official certification are obligatory. "An ombudsman system", which started in Sweden and changed its form in other countries or societies, is for the rescue of victims and the solution of problems. It is one of the duties of the government.

5-4. Problems in Japan.

The generations who received an American influenced democratic education are becoming senior citizens in Japan. They are pro-active and have ability to solve problems. However women who have lived as house wives cannot live on their own. Some parents spent too much money on their children's education. Senior citizens are not yet mature in that they cannot cooperate with each other and take advantage of their organizing ability and financial advantages. "Senior housing with care service" should be provided as public houses by local governments.

5-5. A new taxable income allowance for donation.

Senior housing, long-term care houses, and hospices are local property. The reduction in inheritance tax because of individual donations and the preservation of the names of donors are necessary. Local enterprises should be officially commended for their contribution to local welfare.

5-6. A program about the promotion of volunteer activities for local welfare and the introduction of care robot technique.

Volunteer activities should be one of the compulsory subjects in high schools and universities. They should be added to the entrance requirements of medical universities. Volunteers' participation plays the role of `learning on the job`. The government and local governments should support the introduction of care robots instead of compensating a shortage of workers and finance with foreign workers. The spread of consulting on the Internet, a CCTV system, and emergency call buttons and safety check robots are desirable.

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## 日本における医療・介護サービス付き賃貸住宅供給政策に関する 国際的比較検証研究

—高額負担高齢者介護施設に代わる賃貸住宅の課題と問題点—

鎌田 清子

**抄録：** 日本では100歳超高齢者が急増し、2012年度末で50000人を超えた。75歳未満の前期高齢者に比べて75歳以降の後期高齢者は他の世代に比較し、医療費、介護費用を多く消費する。日本政府は健康長寿の推進と生活習慣病に起因する病気の予防策として40歳から特定健診で予防を重視する政策をとっている。同時に税財源の削減、QOL重視の視点から伝統的な「施設収容型介護」から「在宅介護支援」に大転換した。急増する認知症患者、他の脳疾患に起因する患者を収容してきた「特別養護老人ホーム」入所待機者の解消策として「大胆な規制緩和策」を実施し、民間活力導入に踏み切った。これこそが2011年10月入所開始した「サ付き高専賃」つまり24時間管理人常駐型高齢者専用賃貸住宅の大量供給である。著者は消費者側の視点に立ち厚生労働省、地方自治体、福祉行政の責任と最低限の義務に関して北欧諸国、アメリカ、オランダなど国際的視野から検証し警告を試みている。

