

Preventive Care or Preventing Needs? : Re-balancing Long-Term Care between the Government and Service Users in Japan

**Mie Morikawa¹, Harumi Sasatani², Shizuko Nagata³,
Rie Yamanoi⁴, Mai Yamaguchi⁵, Akiko Saito⁶**

¹ National Institute of Public Health, Japan (m.morikawa@niph.go.jp)

² Hokkaido University of Education

³ Sapporo International Junior Collage

⁴ Meisei University

⁵ Utsunomiya Junior Collage

⁶ Hosei University

Abstract

Long-term care (LTC) insurance in Japan was revised in April 2006. The major changes included a new "preventive benefit." Those who are not in serious conditions and reclassified from the "needing care" categories into one of the "needing support" categories receive the new benefit. However, the upper limit of the benefit is set much lower than that in the previous LTC insurance. Local support centers (LSC), newly established by municipalities, play a unique role in care management for those who receive the preventive benefit; the LSCs evaluate needs of and draw up a care plan for each individual. Thus, they decide the distribution of LTC responsibilities between the government and service users. In order to examine how they construe the new benefit and the reduced upper limit, we interviewed the staffs at five LSCs located in three cities, by using semi-structured questionnaires. The results indicated that these staff employees have struggled to arrange services within the limit of the new benefit. They understand the benefit in terms of "preventing needs for care" in addition to "preventive care" and described their works as optimizing services to encourage users and their families to support themselves. Thus, the changes of the LTC

system under the name of "prevention" signify a strategic propensity toward redefining needs in the current LTC policies; the governmental sector has become more in charge for determining needs for care, while shifting more responsibilities for practical care to service users and their families. The present report underscores the importance of considering how needs for care are defined in the distribution of care.

0. Introduction

This report presents an investigation of the impacts resulting from the redistribution of responsibility for care among individuals themselves and the government brought about by revision of long-term care (LTC) insurance, and how such impacts, in the LTC of elderly persons in Japan, are linked to the political nature of the definition of care-related needs.

First, the need for focusing on the political nature of the definition of care-related needs will be shown from the relationship with previous research regarding the concept of care.

Next, as examples of the remarkable changes in the interpretation of care-related needs due to the revision of LTC insurance in recent years, discussed will be the reduction of benefits and changes in service contents for elderly who are not in very serious conditions.

Related thereto, next will be shown results of semi-structured interviews of employees of Local Support Centers (LSCs), who play a decisive role in terms of division of care responsibilities for the elderly whose conditions are recognized as not so serious. The interviews focused on how such employees think about the changes (reductions) in services and care-related needs.

Finally, shown will be some issues suggested by interview results. With regard to revision of LTC insurance, changes in the interpretation of "just what are the needs that are worthy of consideration for public care and/or public services" can be understood as the process of government administrators urging their ideas on users and their families. In this process, regarding decisions of "needs worthy of care by the public sector," while on the one hand the national and government administration sectors execute strong authority, in the provision of the practical care that sustains the daily activities of those receiving care, there is an increasing tendency to place much of the burden on the elderly themselves and on their families.

1. The political nature of the definitions of "care" and "needs"

The concept of "care" has been employed—especially by feminists—as an analytical category made to be related to the welfare state, and this concept has been refined in detail (Daly & Lewis 1998). There has also developed the critiques of the feminist concepts of care from a disability perspective. Fine (2006:92–5) summarizes the critiques into the following two points.

The first point regards a one-sided approach from the side providing care. That is, arguments hitherto have been one-sided arguments from the carers, with the presumption that the recipients of assistance are passive and dependent, and that they are a "burden".

The second point is that, the feminist concepts of care can fail to examine the factors which underlie the need for assistance. That is, this critique suspects the view of the self-apparent nature of "what is care (the care concept configuration)" and "care-related needs," and states that such a perspective lacks the ability to see the care concept as comprised of political and social aspects.

There exists a research on LTC at the "micro level" that has pointed to the problem that, in the systematic definition of the care concept, the "caring" that occurs in professional care work has been ignored—that is, in the systematic definition, there is no statement of the importance of relationship components and emotional aspects (Neysmith & Aronson 1996). However, in the "macro level," namely, LTC policy level, there have been few empirical studies (other than in terms of disability studies) concerning the political nature of the definition of care and care-related needs¹.

The present report focuses on the field of LTC of the elderly, and attempts an investigation of the impacts resulting from the redistribution of responsibility for care among individuals and the government brought about by revision of LTC insurance, and how such impacts, in the LTC of elderly persons in Japan, are linked to the political nature of the definition of care-related needs.

¹ With regard to the systematic and political components of care within a welfare state, what the feminists have chiefly seen as problematic are the conditions under which care is carried out, or the attributes and rewards (whether these formal or informal, whether they to be paid or not, etc.) attached to care; feminists have been weak in terms of the political aspects of the constructions of care-related needs. For example, Daly and Lewis (1998), a study concerning the analytic potential of the concept of care, while on the one hand set out the broad conceptualisation of care as providing the context for the country case analyses, they noted that "the individual authors utilise for the most part the conception of care which prevails in their country" (Daly and Lewis 1998:7); for the political aspects of care from the standpoint of effects of the welfare state extending to the definition of care within each country, such was not an object of analysis.

2. Changes in Japan's LTC insurance: Changes in benefits and services to elderly persons "requiring care" on the basis of the "prevention" concept

From April 2006, a large-scale revision has been made of LTC insurance². One of the major changes is the new emphasis on "prevention," and, based on this, there have been changes in the benefits and service contents for elderly who are not in very serious conditions.

In the pre-2006 LTC insurance system, the number of seniors certified for the two lowest need levels, "needing support" and "needing care level 1," accounted for 49% (>2million) of certified elderly persons in June 2005 (Tsutsui & Muramatsu 2007). The government policy have made all the persons with "needing support" and the majorities of those with "needing care level 1" in the pre-2006 system as being persons "needing support" (level 1 and level 2) in the new system. Approximately 40% (1.7 million) of certified seniors are expected to be in the new "needing support" category. Those with the new "needing support" category become eligible for newly provided "preventive benefits."

Below is described the monetary amounts of the preventive benefit plus an overview of the services provided to persons classified in the "needing support" category.

Benefit amounts: Compared with the maximum benefits for persons classified before the changes as "needing support" and "needing care level 1," the maximum preventive benefits have been cut by large amounts. For example, the payment limit amount for one month for the new "needing support level 2" category is ¥104,000; in the case where a person classified in the old system as "needing care level 1" has been changed to a "needing support level 2" category, it has become a reduction of the payment limit in 61,800 yen.

Services: The purpose of services under preventive benefits is to prevent or improve mental and physical decline, or the so-called provision of preventive care. The government has designated as a core service for preventive care the "day services" at day-care facilities. With regard to the "home help" considered before the revisions as a core of in-home services, the government emphasized the point that a problem that occurred under the previous system was a "reverse-function" of services—that is, the services tended to foster decline, instead of improvement,

² For more details of Japan's LTC insurance reform, see Tsutsui & Muramatsu (2007).

of the daily life functions of service users. Thus, the home help provided under preventive benefits has "prevention" as its purpose, and launches a policy where there is a strict reexamination of the need for services from the viewpoint that functions are not to be performed by home-helpers that can be performed by the recipients themselves.

Care management: Care management for persons eligible for preventive benefits is to be, in principle, provided at LSCs to be newly established in local municipalities (cities, towns, and villages). The operation of these Centers is to be the municipality itself or a corporation consigned to that task by the municipality. Center employees are to assess care-related needs of elderly persons, to summarize the assessment in a care plan that combines LTC services with other local and informal services, and to perform benefit management along with monitoring the services.

3. New interpretation of "care" and "needs" and consent formation: Results of interviews with LSC employees

In the distribution of responsibility for care for persons "needing support," it is the employees of LSCs who, via care management, play a decisively important role. Discovering how LSC employees think with regard to the decrease in benefits and the reexamination of services for elderly persons who were before "needing care" and now newly designated as "needing support" is an effective method for ascertaining the current situation of the specific distribution of the care responsibility. Thus we performed an interview-based research of LSC employees.

An overview of the research is as follows below.

Subjects of research: Local Support Center (LSC) employees in charge of care management for preventive benefits.

Sites: Five Centers (TA, TC, SA, SB, and SC) located in TA city, TC city, and S city.

Dates: June to August 2006

Method: Semi-structured interviews. Interviews were recorded with the understanding of informants; at a later date, transcripts were made of the tapes, and the interviews were preserved in writing.

Results: We classified the interview data in three aspects. One aspect is about the "new interpretation" and consent formation. Another is about the decisions on "which needs are worthy of public care and services". The last is about wavering

on the appropriateness of the interpretation of "needs". Each aspect of the results is described in the followings.

The "new interpretation" and consent formation

According to Center staff employees, in the case of persons who were previously categorized as "needing care" and newly certified as "needing support," a situation occurred whereby there was a fixed amount of decline in both number of times home help was used, and the number of usage hours per each one time. In a situation where there had been "a decline in usable services," employees explained the new situation, for an understanding of the context, to users from the viewpoint of prevention. Here, however, as for "the viewpoint of prevention," rather than consisting of "the provision of preventive care," this was focused on the fact of "not relying on public care services."

"Since none of [the elderly] had a consciousness of what 'care prevention' is, [. . .] since the system changed in April, we have been telling them something like this: 'Try to do all you can to call up a power from within yourself, and strive to be happy and healthy.'"

(TA: Chief Care Manager)

"Although we care managers had the same tendency, up until now, users were also relying on [LTC services—*authors' note*]. 'We can really do it,' was the new thought. We considered the move to preventive benefits as not a limiting of usage, but rather a chance to change one's way of thinking, to recognize one's own power, and to become more positively involved oneself."

(TC: Chief Care Manager)

Decisions on "which needs are worthy of public care and services"

With regard to the dispatching of a home helper, many understood (TC, SB, SC) that such a dispatch for services, simply for the reason that an elderly person could not do something, and that said person wanted help, was not consistent with the idea of "prevention."

In considerations of "needs that should be responded to with public care and services," employees were negative about relying on the interpretations of users

themselves, with their (the employees) stated grounds being the goal of prevention. On the basis of this "prevention" purpose, what employees considered important were decisions about and selections of "needs worthy of public care and services," and the explanation of such decisions/selections to users.

"[. . .] For portions where one thinks, 'Well, this [service, etc.] has an unnecessary part,' cases have arisen where, after one makes a thorough explanation to users or to their families, such is reflected in a new care plan."

"Among those persons who have had everything performed for them previously, there are now those who, through making an effort, are able to do some things for themselves. Here, we also provide specific explanations as to just how such things can be done."

(SA: Center Director)

"From among our cases, there were those where the helper performed all the cleaning—of toilets, the kitchen, and so on. Now, one says something like, 'Well, you wipe the top portion, and the helper will clean the bottom parts.' (That's because it is hard for the elderly to squat down.) So we talk about such things with the person, urge that they can do this part here, while we can ask the helper to do the rest. In that way, we carry out care management, and revise the plan right then and there."

(SB: Chief Care Manager)

Wavering on the appropriateness of the interpretation of "needs"

Nevertheless, situations occurred where the appropriateness of the interpretation of needs from the perspective of prevention was not always fully believed in by the employees themselves, and this situation arose via actual mutual interactions between employees and users.

"One person has just entered their seventh year [of having home help—*authors' note*], and with this help, the person's life has gone round. [. . .] The person is quite old, and experiences functional decline. [The current home help—*authors' note*] is once a week, or twice at most. The person says, for example, 'Just to perform preventive care for an hour or an hour and a half, well

that just covers things on the surface—to say it does anything more is just sticking to theory.’ I get the feeling that that’s really about all I can say about it. [. . .] Most of the time, that person is doing everything by themselves.”

(TC: Public Health Nurse)

4. Conclusions

A summary of research results is presented below.

1) Center employees plan services for preventive benefits from the perspective of preventing needs for care (namely, the needs that require care that must be provided by the public sector).

2) Center employees are working with the elderly (and their families) from the standpoint that, for those needs which can no longer be covered by the more limited public services, employees work to form consent of the elderly and their families to meet such needs on their own power and efforts.

3) In the interpretation of "needs worthy of public care and services," with their grounds being the goal of prevention, employees have a negative attitude about relying on the interpretation of the users themselves. What is emphasized is the need for the employees themselves to make decisions, and then to explain and share together with users those decisions.

4) However, via actual mutual interactions among employees and users, situations are occurring where employees are wavering over the appropriateness of their interpretation of needs from the perspective of prevention.

Finally, indication is made of points suggested concerning the distribution of the responsibility for care of the elderly.

With regard to revision of LTC insurance, changes in the interpretation of "just what are the needs that are worthy of consideration for public care and/or public services" can be understood as the process of government administrators urging their ideas on users and their families. That process includes the following tendency. That is, in this process, regarding decisions of "needs worthy of care by the public sector," while on the one hand the national and government administrative sectors execute strong authority, with even further narrowing of "needs worthy of public services," in the provision of the practical care necessary for the continuation of the daily activities of those receiving care, there is an increasing tendency to place much of the burden on the elderly themselves and on their families. It seems that the governmental sector has become more in charge

for determining needs for care, while shifting more responsibilities for practical care to service users and their families.

However, the interpretation of "needs worthy of public care" as generated against the background of the concept of prevention has not in fact been pushed to complete penetration at actual care sites. In mutual interactions with users, there exists wavering about the appropriateness of interpretations. Although not investigated in the present report, there is the possibility that a "reinterpretation" of needs may be occurring at sites where concrete care is being provided³.

The politics of interpreting care and needs is an essential issue for research concerning distribution of the care responsibility. There will be a need for even further accumulation of verification research into the future.

References

- Aronson, J. & S. M. Neysmith (2006). 'Obscuring the costs of home care: Restructuring at work,' *Work, Employment and Society*, 20(1):27-45.
- Daly, M. & J. Lewis (1998). 'Introduction: Conceptualising Social Care in the Context of Welfare State Restructuring', in Lewis, J. ed., *Gender, Social Care and Welfare State Restructuring in Europe*, Ashgate, 1-24.
- Fine, M. D. (2006) . *A Caring Society?: Care and the Dilemmas of Human Services in the 21st Century*. Palgrave Macmillan.
- Tsutsui, T. & N. Muramatsu (2007). 'Japan's Universal Long-Term Care System Reform of 2005: Containing Costs and Realizing a Vision,' *Journal of the American Geriatrics Society*, 55:1458-1463.

³ With the emphasis of prevention in the LTC policies, more attention has been paid to the subjectivity of elderly persons, who are to manage the risk of being dependent by themselves. However, such subjectivity is often constructed from the providers' or policymakers' view/interests, rather than from the elderly persons' view/interests.

Such a situation as the subjectivity of the elderly persons is made to the object may expand. There will increase a need to investigate more carefully the location of the views and voices of elderly persons/service users in the LTC system.