

Chapter 5: Summary and Implications for Japan

Section 1: Systems and Trends in Each Country

	Denmark	Netherlands	United Kingdom
% of older people (2012, OECD)	17.4 %	16.5 %	16.6 %
Long-term care and living support systems	Professional long-term care and some domestic services are provided through social services (financed by municipalities through general revenue).	<ul style="list-style-type: none"> Professional long-term care is provided through AWBZ (long-term care insurance). Domestic services are provided through WMO (Social Support Act, financed by municipalities through general revenue). 	Professional long-term care and some domestic services are provided through social services (financed by municipalities through general revenue)
Certifying care needs	<ul style="list-style-type: none"> Each local municipality is responsible. There is no nationwide uniform tool or scale to assess an applicant's needs for support and eligibility 	<ul style="list-style-type: none"> Needs Assessment Center (CIZ) is responsible. For home-based care, an indication defines the type and volume of care to be provided. For institutional care, there are 10 levels of nursing/personal care. 	<ul style="list-style-type: none"> Each local municipality is responsible. There are 4 eligibility levels: critical, substantial, moderate and low. In many municipalities, only the critical and substantial patients are eligible for services.
Living support and volunteering	<ul style="list-style-type: none"> Volunteers provide psychological and social support which are not provided through social services. Local municipalities provide financial support for these activities. Working with municipalities for residents rather than working for municipalities. Voluntary activities "supplement" public services. 	<ul style="list-style-type: none"> WMO services are provided directly by municipalities (can be contracted to private organizations) and voluntary organizations. Local municipalities provide grants for voluntary activities. Voluntary activities "supplement" and "fill the gap of" public services (supplement < filling the gap). 	<ul style="list-style-type: none"> Voluntary organizations provide living support not provided through social services. Although local municipalities provide grants for voluntary activities, their size is becoming smaller. Voluntary activities "supplement" public services.
Care prevention	<p>【Prevention under Act on Health】 Activities on foods, smoking, alcohol and physical exercise as well as activities targeted at chronically ill people to promote independence.</p> <p>【Prevention under Act on Social Services】 Promoting programs for non-smoking, moderate alcohol intake and exercise through "Prevention and maintenance strategies"</p>	<p>Provided by local municipalities under the National Public Health Act.</p> <p>【Examples of programs】</p> <ul style="list-style-type: none"> Fall prevention program Prevention and detection of depression Educational programs on healthy foods and exercise Social interaction, someone to talk to (secondary goal) 	<p>While there are no national or local social insurance schemes with clear goals of "care prevention," there are individual programs.</p> <p>【Examples of programs】</p> <ul style="list-style-type: none"> Fall prevention program Social interaction, someone to talk to (secondary goal)
Trends in long-term care and living support	<p>【Care prevention and rehabilitation: Active days】</p> <ul style="list-style-type: none"> Training which is based in plejecentres, etc. Dividing clients into "improvement group" and "maintenance group" when providing care Bringing out a person's potential through "care with hands behind the back" rather than "care to do what the person cannot do." <p>【Temporary-stay beds】 Setting up "temporary-stay beds" at health centers where visiting nurses provide care to prevent hospitalization.</p> <p>【Privatization of home-based services】</p> <ul style="list-style-type: none"> Dividing City of Copenhagen into 5 districts, selecting the 2 cheapest organizations in each district through bid and having them provide services. <p>【Streamlining in all aspects, welfare technology】</p> <ul style="list-style-type: none"> Reducing frequency of home-delivered meals (delivery in bulk). Shopping support: from going to shops to delivering products. Promoting development of assistive devices at a national level to enhance older people's independence, to improve quality of care, to improve work environment for staff and for more effective job allocation. 	<p>【Revising the scope of services under AWBZ】</p> <ul style="list-style-type: none"> Transferring domestic services and non-institutional counseling to WMO. Home-based care will be transferred to WMO, and nursing care will be transferred to ZVW (Medical Insurance Act) (2015~). <p>【Multigenerational cohesiveness and mutual support】 Initiatives to promote mutual support in a community, such as village projects in Amsterdam (StadsdorpZuid) and caregiving cooperative in Hoogeloon.</p> <p>【Stricter eligibility criteria for institutional care】 People with ZP 1 and 2 are not eligible for institutional care (2013~). Also from 2014, those with ZP 3 no longer have access to institutional care.</p>	<p>【Introducing a lifetime cap and an option to defer payment】</p> <ul style="list-style-type: none"> A cap will be introduced on the costs that people have to pay for care. The lifetime cap is proposed to be set at £72,000 (about 11.52 million yen). Moreover, a new system will allow people to keep their home until they die, rather than having to sell it in their lifetime, to pay for care. <p>【Setting the minimum eligibility criteria in a country】</p> <ul style="list-style-type: none"> Discussing ways to set the minimum eligibility criteria across the country, which currently vary from one municipality to another. A proposal to set "substantial" as the national minimum criteria, as a number of municipalities already do. <p>【Additional information: Re-ablement】 Social workers, care workers and occupational therapists provide intensive support for 6 to 10 weeks after a patient is discharged from a hospital to maintain and improve his/her daily living skills.</p>