The Development of a Community-based Welfare Delivery System in Japan

Prospects of introducing a community welfare operation system

1. Distinctive features of the Japanese Welfare System in a Global Context

Internal comparative study revealed that Japan's welfare delivery system has the following three characteristics.

First, Japan established its welfare delivery system by target groups and each target group is supported by different financial resources. While establishing the system, Japan went through much trial and error, but had its first success in providing welfare to the elderly. The financial resource to deliver welfare service to the elderly is not from a tax-based social welfare system, but from care insurance, a type of social insurance (Table.1). For welfare service for the disabled, care insurance was tried as well, however, currently the service is funded with taxes. With the adoption of Care Management the framework of delivering services shares a lot of similarities from one target group to another.

Second, the welfare delivery service system is held responsible by municipalities – cities, towns and villages and they are the insurers. When cities, towns and villages are sometimes unable to run the welfare deliver service system, they form an alliance with other municipalities. Although efforts to merge municipalities are now underway, Japan still has 1,723 municipalities. There are 47 prefectural governments and among them, Hokkaido has the greatest number of municipalities at 178 while Toyama at 15, the fewest. Some say it would be more financially stable for prefectural governments to be the insurer, however, the policy decision took the view of the delivery of welfare service, cities, towns and villages should be the insurers because they are the closest to the insured. A decentralized system is certainly possible in that cities, towns and villages set insurance premiums on their own to secure financial resources, however, the Japanese government still maintains a central grip on them with regulation as it sets welfare service standards in detail and even more detailed guidelines to the care of insurance plan that cities, towns and villages release every three years. Service discrepancy is possible as the quality or coverage of welfare services can differ from one area to the next and when the number of people who use welfare facilities grows, care insurance premiums could rise. So the task remains for municipalities to bring a level of fairness to welfare areas.

Third, Japan has a community-based welfare service system seen on Table.1 (C. community service). For a community-oriented welfare service, Japan encouraged local residents in its policy to participate in a welfare delivery system and developed a new area of welfare services, called citizen participatory in-home welfare services (jumin sankagata zaitaku fukushi saabisu). For the diversification of welfare service, two-pronged efforts to include private welfare and a community-oriented welfare service have been underway. Some have criticized the community-based welfare service as a system that shifts public responsibility onto the citizens. However, on the other hand, it is also acknowledged as a new system to reduce the rigidity of Japan as a welfare state. Article 4 of the Social Welfare Services Law of Japan -Promotion of local welfare services- stipulates "Community residents, operators of businesses aimed to provide welfare services to local residents or those engaged in activities related to social welfare shall cooperate with each other to promote community welfare so that local residents in need of welfare services may be able to lead their lives as members of the community and to obtain opportunities to participate in all areas including social, economic and cultural fields." So now cities, towns and villages need to come up with plans to better promote community welfare and ensure that Article 4 is observed by clarifying

residents' roles and participation in the welfare delivery system as the policy paradigm is shifting toward social inclusion. As of now, 60 percent of cities, towns and villages have their plans in place. Since the end of March 2009, 63.6% of cities and 27.1% of towns and villages had a community welfare plan in place.

While on the topic of the welfare delivery system at this time, the Livelihood Assistance System, a part of public assistance that guarantees minimum standards of living for those living in poverty will not be included as livelihood assistance is mainly about providing money. Now as the number of recipients of livelihood assistance is rapidly rising, some service programs to help in self-support have been adopted. In that sense, there is a need for an effective delivery system to provide not just money but also more various service assistance.

Table1. Three Systems Compared

	A Care Insurance 2000.4. Amended 2006.4.	B Welfare for the Disabled 2006.10.	C Community Welfare 2000.4. 2003.4.(took effect)
1. Municipalities welfare administrative body and resources (same service at municipality level)	Care Insurance administration (Insurer +Care Insurance administration) Care insurance resource (tax = Nationwide 25%, prefectural government 12.5%, municipality 12.5%, insurance premium 50%)	Subsidy for welfare for the disabled Nationwide 50%, prefectural government 25%, municipality 25%)	Community welfare administration (not defined in some prefectural governments) Independent resources (subsidies from prefectural government to attract service providers)
2. Service provider and resources	From social welfare organizations to for-profit groups (designated by the prefectural government • municipality) 10% of Care fee went to taxes	From social welfare organization to non-profit groups (designated by prefectural government 10% of Care fee went to taxes	From social welfare organization to resident groups Commission fee or volunteer
3. Planning implementation	Care Insurance Project (Central government guidelines, target=abolished in 2011)	Welfare plan for the disabled (guideline by the central government)	Community welfare plan (country's policy guidelines, prefectural government's guidelines)
4. Assessment 1) Quality control	①Condition check : audit (prefectural government • municipality), information disclosure(mandatory=to be abolished in 2011) ②Quality improvement : by third party (prefectural government)	①Condition check : audit (prefectural government)	
2) Performance Evaluation	Central government to release its policy target to be abolished by 2011		

2. Development Process of Welfare Delivery System from "Operational" Perspective

1) Operational Framework of Welfare Delivery System

When discussing the welfare delivery system one cannot help avoiding 'Operational' aspect. The following are the ways to enable the welfare delivery system at the municipality level –cities, towns and villages – and they are not part of theoretic framework but are tried and substantiated case studies while Japan went through much trial and error.

To run a welfare delivery system, at least the following four qualities should be considered ① how to set the placement unit for the welfare service area to guarantee integration of the welfare service, ② how to diversify the organizations that deliver welfare service, ③how to secure care management organization for user assessment and ④how to ensure close links and partnerships among diversifying welfare service organizations. The above four qualities can be divided into two categories: first, spatial arrangement or placement of service organizations

to provide better service to recipients(①, ②) and second, improving recipients' access to welfare service by linking various services provided(③, ④).

2) Development of welfare delivery system and changes in the operational system

In Japan, the welfare delivery system has gone through three phases to become what it is today. (Table 2). Then what changes have been made to the above-mentioned four operational qualities in each phase?

To understand the process the welfare delivery system has been deployed in Japan, I set the starting point at the 1989 Gold Plan, the plan to align service resources by the Japanese government and the 1990 amendment of the Eight Welfare-related Laws including the amendment of Welfare Laws for the Elderly, which delegated authority to run the welfare delivery system to cities, towns and villages. In 1987, to link different welfare services from an operation perspective, or more particularly users' access to the service, the "Elderly Service Coordination Council" was formed and the In-Home Care Support Center was set up in 1990. At the In-Home Care Support Center, the organization that supports recipients' use of services is independent from the government administrative system. At the time, a total of 10,000 in-home care support centers were supposed to be set up, one for each middle school district.

Table 2. The Development and Operation of the Welfare delivery system

Three phases	①Setting up the Welfare Service Area	②How to Attract Service Provider	③Who has the authority to decide who needs what care and who will support recipients?	④Partnership /Alliance
1989 Gold Plan 1990 Amendment of Eight Welfare-related Laws including Welfare Laws for the Elderly <municipalities=responsible party>	setting welfare service areas according to Elderly Welfare Plan	With government subsidies	In home care support center established (1990), recipient support was commissioned by the government administrative body. Authority for decision at municipalities	Elderly Service Coordination Council (1987), administrative work done by secretariat
2000 Public Long Term Care Insurance (Amendment of Social Welfare Law) <municipalities=the insurer>		For-profit organizations were allowed for the in-home care market	Authority for decision went to care manager	Succeeded by 'community care meeting'(not fully functional)
2006 Amended Public Long Term Care Insurance (Law to Support Self Support of the disabled) <municipalities=restricted in some aspects of decision making>	'daily life area' in the plan	Intentionally attract community welfare service provider =government grant for community care and alignment of welfare area	care manager decides who needs care and community general care center decides who needs support	'Community General Support Center" held alliance/ partnership meeting
Assessment	The concept of 'daily life area' took root. Lacks completion in setting Welfare area by each Middle school district.	Failed to attract welfare service providers to all areas with low profitability	Role of care manger and Community General Center was blurred/issue with care manager's qualities	Not successfully arranged partnership venue based on Care Insurance

In the second phase, public Long Term Care Insurance was introduced to improve the quantity of service, secure financial resources and give more choice to users. Also with the amendment of the Social Welfare Act, to protect the interest of the users of the care service, a Grievance Committee was set up and a disclosure of care service information and and the Right Protection Project were started. As Long Term Care Insurance was adopted, the right

to decide who could be the recipients of the service was shifted from an administrative body to a "Care Manager" and limit regulating how much service one can use was set in order to keep the use of service at an adequate level.

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In the third phase, with the amendment of Long Term Care Insurance in 2006, service was expanded to a certain quantitative level and then more importance was placed on making welfare service possible within the vicinity of those in need of the service, which led to the adoption of community care service. And the authority for community care service was delegated to cities, towns and villages. As community care service is designed to provide care service to those in need in their vicinity they are accustomed to around the clock, care service centers to be set up within the areas where they lead their everyday lives. In addition, as Long Term care Insurance spreads, government's financial support for elderly welfare is reduced, leaving the elderly who did not require immediate care vulnerable. To address that, under Long Term Care Insurance, the prevention-based program for care preventive services, also known as Community Support Programs, and caregiver support programs were more emphasized than before. (To be further explained below). However, such programs complicated Long Term Care Insurance, and brought confusion to the approach needed to understand the welfare delivery system.

3. The Development of Care Service from the Perspective of the Placement of Service Organizations and a Link to Different Services

1) Placement of Service Groups

Development from the perspective of spatial arrangement(①, ②) is as follows.

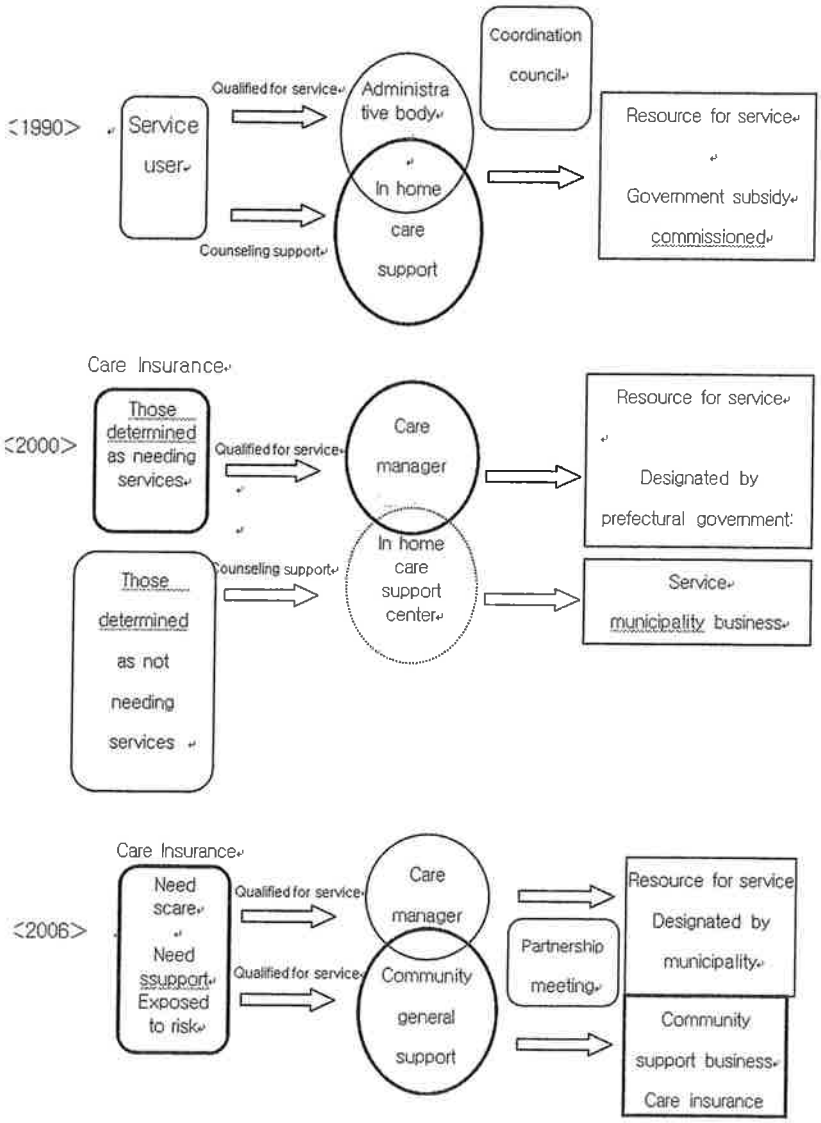
In 1990, a middle school district was set as a unit to allocate & set up a Day Service Center and In-Home Care Support Center. In 2000, with the adoption of Long Term Care Insurance, regulations on at-home care were eased, allowing new entrants into the market such as for-profit groups. With the new entries, as it was considered possible for the care service market to cover a larger region, prefectural governments took over the care service. As a result, municipalities' policy of setting up care centers based on middle school district lost its reasonable grounds. After 2006, Japan adopted a new category of community care service including small-scale, multi-purpose in-home care and planned a self-sufficient system where the demand and supply of care service is met within one welfare area by setting up a "daily life area" and ensuring the same care service is provided within the same area. As a part of efforts to realize the self-sufficient system, Japan introduced an imbalanced allocation of subsidies for community care and the alignment of welfare service district in favor of those municipalities- the insurer –of which the Care Insurance Project has a priority for community care.

2) Process to access care service(③, ④)

Changes in the process of accessing financial resources for care services are closely linked to how to determine the service recipient. To better explain the point, Picture 1 describes the process in three aspects – recipient, access to service resources and service resources available. In 1990, recipients were the elderly who required care services. Around that time, there was no clear distinction between care service and livelihood support and the government administrative system decided what care service would be provided to whom. To support in home care, a Home Support Center was set up, which was not run by a government administrative body but by welfare service resources together with facilities-based service. Through the process, Japan gained the know-how for the introduction of care management. In 2000, under Public Long Term Care Insurance, the recipient category was divided into two –those who require immediate care and those who don't. The authority to decide who requires immediate service was delegated to Care Manager. However, all other support still remained at the government administrative system. In 2006, among recipients, those who are determined as requiring futher services are further classified into "requiring support" and "requiring care". And support for those who are not acknowledged as requiring services was also provided under Public Long Term Insurance. As the scope of service expanded, In Home

Support Centers were replaced by Community General Support Centers. Since care managers still decided who required "care" while Community General Support Centers decided who was in need of "support," the process became complicated. For those who were not categorized as requiring services but were exposed to risk were also supported under the Community Support Program with financial resources for Public Long Term Care Insurance and access of recipients to the service was decided by the Community General Support Center.

As for support through an alliance or partnership among service groups, which was sought via the Coordination Team Council which performed the function in 1990, it was not realized under Public Long Term Care Insurance. Alliance were formed via the Community General Support Center only for difficult and tough cases, such as abuse. However, as for the costs to run the "meeting for alliance," who should bear how much remains to be solved. Some suggest that it would be better for care managers to come up with a care plan for Public Long Term Care Insurance and for those who require support while the Community General Support Center needs to dedicate itself to forming a community network.

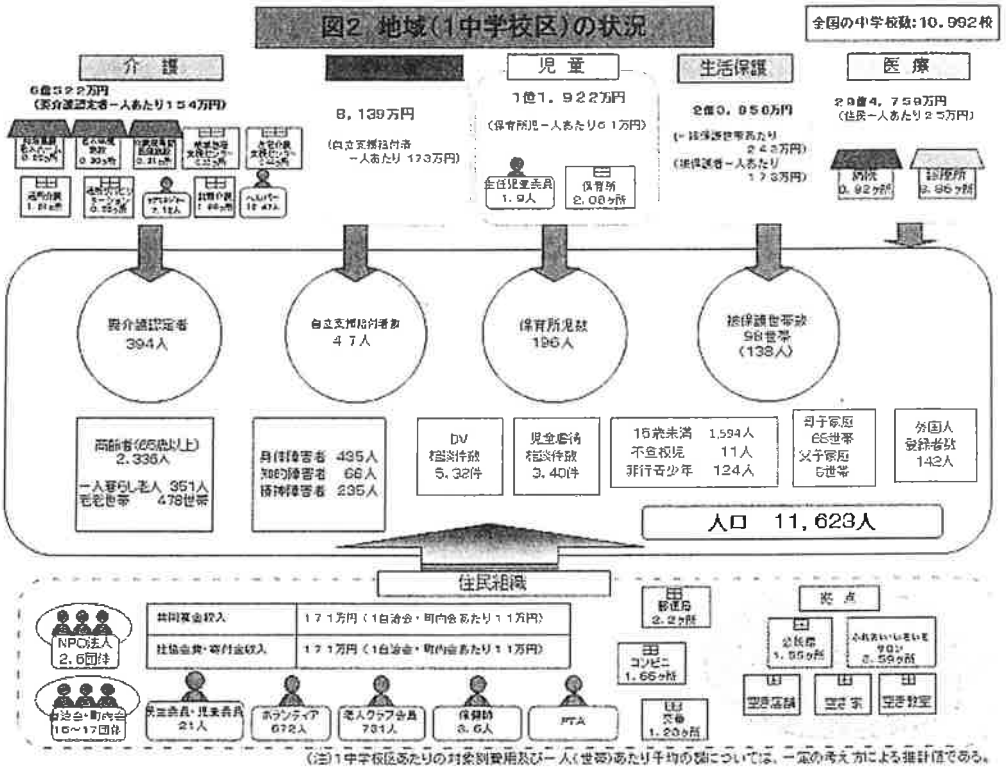


Picture1. Change in users and approaches to service resources

3) Welfare service delivery based on the placement unit of junior high schools

Picture 2 describes the process of welfare service delivery based on the unit of junior high schools, mainly for

services under Public Long Term Care Insurance. The picture shows average figures, so this paper will not discuss the differences among each care district.



Picture 2.

4. Operation system of community welfare services and the welfare delivery system – task to deal with elderly citizens with dementia

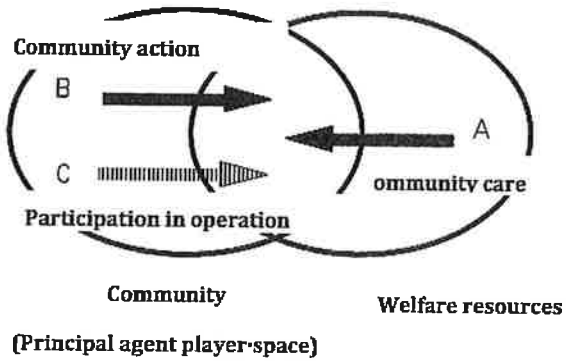
Public Long Term Care Insurance plans are amended every three years and 2011 will witness another amendment. Japan's guideline for the amendment is "beefing up the community comprehensive care system." The community comprehensive care system is a local welfare system where housing is provided that meets the needs of residents and in order to secure safety, relief and health, a variety of support and welfare services including medical service and care are offered in the area where residents lead their daily lives. It is more comprehensive than welfare service in that its service includes housing and medical service and it is more local because of its daily life support service, it requires the role and participation of the residents. However, it has a top-down mechanism but does not have a specific action plan to realize its purpose. When the guidelines are carried out with specific policies, it will bring significant changes in the welfare delivery system.

From the perspective of desirable operations of community welfare, the welfare delivery system for community comprehensive care has two tasks. First, since Public Long Term Care Insurance takes center stage in delivering welfare service, the delivery system is vertical in structure. So in order to achieve comprehensiveness, more horizontal activities are necessary. The other task is that community welfare needs to systematically approach residents' participation in its operation to achieve locality.

For the first task, prefectural governments are seeking symbiotic care. Let me define symbiotic care. First, its secures

a small residence from which people can lead comfortable lives, second, it makes welfare facilities and services available to those who want to make use of them regardless of their age or handicap. Third, run the residence to become a new community where people live together with each other. Ensuring the horizontal access of welfare service by anyone within the community poses an important task in the welfare delivery system since service resources must be also considered. A more horizontal structure is important in providing a one-stop counseling service, and a community comprehensive support center is expected to develop to play this one-stop counseling role, however, current conditions are lacking. This paper would stop at this and not discuss comprehensiveness further with regard to making the current structure more horizontal.

As for the other task of ensuring the role of local resident, I would like to present my own framework and conclude discussion on the tasks faced by welfare delivery system. Picture 3 describes the participation of residents from the viewpoint of a community-based welfare delivery system,



Picture 3. Three Vectors of Community Care

Vector A or Community Care is about providing services such as small-scale, multi-purpose in home care services and group homes to realize care within the community. Vector B or Community Action is about residents participating in solving community issues on their own, for example, the election of a representative of the community by residents to take responsibility for the community support program. It is highly likely that a new "Daily Life Support Service" would have similar structure. The Vector C, Participation in Operation is about residents participating, for example, in running community services as a member of an "Operational Council."

Those three vectors compose a community-based welfare delivery system for the elderly citizens with dementia. And under Public Long Term Care Insurance, two vectors are playing their roles, especially for elderly patients with dementia. It has been required that care should be provided within the community, not from facilities away from the community. To ensure that, various methods have been introduced including setting up a group home in an urban, satellite-type facility care and small-scale, multi-purpose service, which are all categorized into Vector A, giving rise to unique Japanese type community care. In dealing with such community care, residents emerge to take responsibility.

In forming a community welfare delivery system, ①community care is provided to residents in their vicinity (= consider community as a space and secure welfare resources to within the community, the area where the two circles overlap the picture above) ② the service is not only provided to those with have expertise (Vector A, community care and it is not about securing welfare resource outside the community) but also by residents within the community (Vector B, Community Action). But what is more important is that ③ together with Vector A and Vector B, which takes care of services and secures welfare resources, other residents participate in operations (Vector

C), ensuring those in need of welfare services are able to lead there daily lives as members of the community and ④ expand their relationship with the community in various fields, which is the purpose of community welfare stipulated in Article 4 of the Social Welfare Act. In operating a community-based welfare delivery system, residents' participation in operation is quintessential.

In fact, when the welfare structure of municipalities and their efforts to secure financial resources are taken into consideration, community welfare systems could never make a big impact on Public Long Term Care Insurance. Even so, considering the fact that the community welfare delivery system is linked to the operation of a decentralized welfare administration, it becomes necessary to change the welfare administrative structure of municipalities. It is important to assess locality not only from the perspective of the effectiveness of delivering a welfare service, but from of its operation. As users of a welfare service, local residents want to choose a community-based service as a community as well as have personal choice. When emphasis is put on giving the community a choice, they would be more satisfied with the welfare delivery system. It is also important for a Community welfare system to define itself to play an additional role as a department in charge of the general operations of a welfare delivery system.

In addition, social welfare organizations and NPOs are now raising valid questions about exclusion from the welfare system, the community welfare system needs to address whether it excludes someone from its services in its administrative process or operation system. As of now, what is considered a problem is some are denied the opportunity to express their opinions. And when such problem is addressed and they are given opportunities to express themselves, social exclusion still remains as a task for community welfare. In Japan, families who provided care for elderly members with dementia already overcame such exclusion by forming networks and alliances. They conducted family meetings and expressed their thinking at variable opportunities, which led to a "daily life area" service and their participation in operation. They take responsibility for the service, securing more service users and protecting users' rights. Policy tends to put an emphasis on addressing the needs of people who do not have the ability to function properly and require special care by strengthening comprehensive services and securing persons who would deliver opinions on their behalf. However, setting policy goals to support such people by considering them people with the ability to function as member of society is a new approach, But such an approach requires a clear expression of themselves and the participation of persons who would take actions on their behalf and it is necessary to bring this new approach to the operation of a welfare delivery system.

Now new tasks with regards to the welfare delivery system are about a community's participation in running the system. At a time when it is difficult to link welfare institutions and make them to form a network, it is all about making possible a network of users and caregivers who are participating in the operation. Although this paper looks into the welfare delivery system based on two categories of placement(①, ②) and access mechanism③, ④), when more emphasis is given to community participation in the operation, then even the two different categories can be integrated.