

Topics: Recent topics in public health in Japan 2021

< Review >

Current topics in residences for elderly people with services in Japan

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Abstract

In Japan, housing for older people is becoming an issue. This comes against the backdrop of a declining and aging population with a declining birthrate, and expected future increases in older single-person households and the demand for medical care for people aged 75 and over.

In Japan, there are several types of housing that cater to the condition of users, such as welfare facilities for the elderly requiring long-term care, fee-based homes for the elderly, and residences for elderly people with services, which have been increasing in recent years.

The residences for elderly people with services system was launched in October 2011, but with the remarkable increase in the number of such facilities, there is a need to evaluate their quality.

This paper summarizes residences for elderly people with services from the perspectives of living environment, functions, supply and location, improvement and assurance of service quality, appropriateness of service use, and future perspectives.

It is necessary to evaluate the quality of the functions of residences for elderly people with services. There are perspectives of structure, process, and outcome, and it will be important to establish a database for individuals to evaluate which kind of service is needed for which kind of residents and the results of matching them.

keywords: residences for elderly people with services, residence, function, quality, evaluation

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I. Introduction

Japan is one of the countries with an aging population and declining birthrate. Changes in the composition of households and people's attitudes toward retirement are becoming clearer. Specifically, the generation accounting for the largest part of the population, the baby boomers born between 1947 and 1949, will all be 75 years or older in 2025. In addition, it is estimated that the number of people aged 85 and over will also increase in the future. The number of people aged 75 and over will show a marked increase until around 2030.

Although the number of households is estimated to peak out in 2025, the number of older single-person households will continue to increase[1]. From the 2030s to the 2040s,

the demand for acute care will gradually decrease, and care that supports people's lives while providing housing will be required. However, in the current situation, many people wish to live in their familiar communities for as long as possible.

According to the Ministry of Internal Affairs and Communications, the percentage of owner-occupied houses among households with older people aged 65 and over is 82.1%, which is higher than the 61.2% of owner-occupied houses among the total number of households, and many of these are detached houses[2]. Comparing the percentages of those aged 65 and over, 75 and over, and 85 and over who are certified as needing long-term care, it is found that the percentage of people who are certified as needing long-term care increases significantly as they get older. The certifica-

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tion rate for those aged 65 and over is 18.6%, for those aged 75 and over it is 32.1%, and for those aged 85 and over it is 60.6%[3]. There are not enough human resources in Japan to support the future number of older people who will need long-term care living in detached houses scattered throughout the community.

Japan is also characterized by an increase in the number of older people who will need support in the future, especially those with frailty and dementia, diversifying their care needs, and a lack of housing for low-income people. Against this background, the future of housing for older people has become an issue. This paper summarizes the situation and the future challenges of residences for elderly people with services, which has seen remarkable development in recent years.

II. Residences for elderly people with services from the perspective of living environment

Currently, there are several services in Japan that provide housing for the older.

The main ones are welfare facilities for the elderly requiring long-term care, fee-based homes for the elderly, and residences for elderly people with services. In 2020, there will be approximately 620,000 users of welfare facilities for the elderly requiring long-term care, 540,000 users of fee-based homes for the elderly, and 248,000 users of residences

for elderly people with services[4]. Among these, residences for elderly people with services are rapidly being developed.

1. Types of housing for elderly people in Japan

As the name implies, residences for elderly people with services are simply “houses” for individual residents, and are places where they can live permanently.

There are many different types of homes for older people who need long-term care services. The table below compares welfare facilities for the elderly requiring long-term care, fee-based homes for the elderly, and residences for elderly people with services in terms of facility standards related to living environment, such as room area, corridor width, capacity per room, and room requirements.

This section describes the positioning of the three kinds of residential facilities for older people shown in the table.

Welfare facilities for elderly people requiring long-term care are facilities under the long-term care insurance system that provide daily care such as bathing, meals, and excretion, as well as functional training and medical care to those who need care. At present, they house older people who require level 3 or higher long-term care. In the past, facilities with architectural designs similar to hospitals, mainly four-bed rooms (multi-bed rooms), were the mainstream, and group care was the norm for efficient care. However, with the institutionalization of private room unit-

Table1 Comparison of residential facilities for the older

	Welfare facilities for the elderly requiring long-term care (unit type)	Fee-based homes for the elderly	Residences for elderly people with services
Overview	Facilities for the purpose of admitting and protecting older people aged 65 and over who require constant care and have difficulty receiving care at home.	Facilities that admit older people and provide care like assistance with bathing, excretion, meals, provision of meals, housekeeping or health care, etc., but are not welfare facilities for the older, group homes, etc.	Housing for older people that provides situational awareness services, lifestyle consultation services, and welfare services necessary for daily living.
Establisher	Local governments, social welfare corporations, etc.	Social welfare corporations, medical corporations, private companies, etc. (individuals are not acceptable)	Social welfare corporations, medical corporations, private companies, individuals, etc.
Target	Older people aged 65 and over with level 3 or higher long-term care needs	No regulations (in case of specified facilities, those who meet the criteria of the specified facilities)	Older persons aged 60 and over, and persons under 60 who are certified as requiring support or care
Capacity	No regulations (29 or fewer in case of community-based)	No regulations (29 or fewer in case of community-based)	No regulations
Room Fixer	1 person (or 2 if deemed necessary)	1 person (or 2 people)	No regulations
Room area	10.65 m ² or more (excluding the lavatory) Double occupancy 21.3 m ² or more	13 m ² or more	25 m ² or more 18m ² or more (if there is a shared living room, dining room, kitchen, etc.)
Corridor width	1.8 m or more in single-sided corridor type More than 2.7 m in corridor on both sides room	1.8 m or more in single-sided corridor type More than 2.7 m in corridor on both sides room	No regulations
Required rooms	In each unit: Rooms, common living room, washroom, and lavatory In the facility: Bathroom, doctor's office, cooking room, laundry room, waste disposal room, etc.	Nursing care room, functional training room, cafeteria, bathrooms, restrooms, face washing facilities, medical room, conversation room, office room, etc.	Each dwelling unit shall be equipped with a kitchen, a flush toilet, storage facilities, washroom facilities, and a bathroom (however, if there is a kitchen, storage facilities, and a bathroom in a common area, they do not need to be in each dwelling unit).

type facilities in 2002, architectural design based on small units accommodating approximately 10 people is now recommended, and the quality of the homes is being improved.

Fee-based homes for the elderly are mainly managed by private companies and can be classified into two main types: care type and residential type.

The care type is a fee-based homes for the elderly that has been designated to provide daily life care for elderly people in specific facility under the long-term care insurance system. The staff in the facility take care of bathing, meals, and excretion. With the revision of the Long-Term Care Insurance Act in 2005, local governments can now restrict the opening of a new care type to avoid an increased burden on the long-term care insurance.

The residential type provides barrier-free housing, meals, and daily life support services. It differs from the care type in that care services are provided by staff from outside the facility, rather than by staff employed by the facility. In addition, due to the revision of the Act on Securement of Stable Supply of Elderly Persons' Housing, a registration system for residences for elderly people with services was launched in 2011, whereby even fee-based homes for the elderly are registered if they meet the criteria. If a facility is registered as a residences for elderly people with services, it is no longer required to submit notification as a fee-based home for the elderly.

Residences for elderly people with services are available for seniors aged 60 years and over, and people aged under 60 years who are certified as needing support or care. They can move in by signing a lease contract. It is mandatory to provide safety confirmation and life consultation services. Many of these are managed by joint stock companies, accounting for more than 60% of the total[5].

Residences for elderly people with services provide housing for older people where they can continue to live to some extent even if they need long-term care, and the room area standard is wide, ranging from 18 to 25 m². While long-term care welfare facilities are designed for older people who require heavy long-term care, these residences are mostly for older people who require light long-term care. Residents use such long-term care services, etc. as needed, so the residences for elderly people with services can provide an environment similar to that of a long-term care insurance facility for residents with light care needs.

Although there is some overlap in the target population for residences for elderly people with services and fee-based home for the elderly, the facility standards are different as described above, and setting of usage fees, subsidies, and tax treatment are also different. In 2020, a policy was announced to strengthen information coordination between prefectures and municipalities regarding the development

of residences for elderly people with services and fee-based home for the elderly. This is to ensure that those who require long-term care living in residences for elderly people with services can use the long-term care insurance services in the area.

2. Actual conditions of housing with services for elderly people

According to a survey[5], the actual distribution of room size is 21.9% for 25 m² or more, with a volume zone of 18 m² or more but less than 20 m², which is close to the minimum area standard, which is the most common. This is a level comparable to that of studio apartments and other general housing for single persons, and it is thought that such an area is necessary for relatively healthy older people to live with their own furniture.

The rooms often do not have a bathroom, kitchen area, or other water facilities inside the room itself. This is probably to reduce the construction costs of providing water facilities in each room, and these facilities are therefore often installed in common areas.

In terms of building size, 26.7% of respondents reported between 20 and 30 units, followed by 20.6% with between 30 and 40 units, and 65.9% of the respondents reported between 10 and 40 units, while 70% of the respondents reported three or fewer floors.

III. Functions of residences for elderly people with services

Residential functions, including residences for elderly people with services, are expected to play a role in two aspects: community-based care and integrated care. In addition to the residential function, the main functions of residences for elderly people with services are care function, nursing function, life support function, support function at the time of admission to and discharge from hospital, end-of-life care function, and community development function.

As for the care function, nursing function, and life support function, many long-term care service offices are located in the same building as the residences for elderly people with services. Approximately 80% of them have some kind of care service in the same building[5]. In particular, day services, home-help care services, care management services, and home-nursing services are often provided. In other words, residences for elderly people with services support the management function of services, including nursing functions and care management functions. It is also possible for staff of attached services to serve concurrently, which makes it possible to provide efficient services from the perspective of information sharing and staff management, and

also provides residents peace of mind.

As for the support function at the time of admission to and discharge from hospital, for example, it plays an important role as a discharge destination when an acute phase hospital needs to discharge patients. This is because prolonged unnecessary hospitalization is known to impact activities of daily living (ADL). Since there is a shortage of housing for low-income people, it is also a valuable discharge destination for people from low-income groups, also because shortening of the average length of stay is one of the most important management indicators for acute care hospitals in Japan.

It also plays the role of providing appropriate information on a resident when the resident needs to be hospitalized. Many older people who require long-term care are repeatedly admitted to and discharged from hospitals. Since there are financial incentives for hospitalization and discharge support and end-of-life care on the long-term care insurance, the residential function can have continuity with the medical and long-term care functions.

End-of-life care function is included because the number of hospital beds will decrease in the future and there has also been an increase in the number of deaths outside the hospitals in recent years. According to a survey conducted by the Cabinet Office, a majority of people aged 60 and over of 51.0% answered that they would like to spend their final days at home if they would become terminally ill[6]. The breakdown of the place of death in 2019 was 71.3% in hospital and 13.6% at home[7]. Looking at the annual trends, the percentage of people who die at home is gradually increasing. Considering that the ratio of discharges from residences for elderly people with services is contract termination due to death at approximately a third[3] and that the percentage of residences for elderly people with services providing end-of-life care is increasing at 22.4% in FY2018[8], it is assumed that they will continue to play a larger role.

One of the important functions of residences for elderly people with services is to improve the QOL (quality of life), not only of residents but also of citizens in the community by collaborating with local non-care insurance services and the community. Since a residence for elderly people with services is a place to live, it is required to not only provide medical and long-term care, but also lifestyle support functions.

The challenge is how to foster community functions that make it easier for all, from infants to older people, to live there, rather than only attracting older people in a society with a declining population.

IV. Efforts and future perspectives to improve the quality of residences for elderly people with services.

As mentioned above, the supply of residences for elderly people with services has steadily been progressing as a home for elderly people. Efforts have been made to improve the quality. Considering the evaluation of the quality of residences for elderly people with services in this chapter.

1. Situation of supply and location

The supply of residences for elderly people with services is steadily increasing nationwide, although there are variations depending on the region[9]. There is also a problem with their location: approximately 30% is located outside urban areas[9]. Some residences for elderly people with services are in areas with poor access to public transport or medical settings. Older persons have to be able to obtain medical and long-term care services needed in the future. The following efforts have been taken to establish the required amount of residences for elderly people with services in appropriate locations.

The plans and supply policies for residences for elderly people with services must be set depending on the local situation such as an increase/decrease in the number of older people by municipality[10]. It is also indispensable to cooperate with the long-term care policy to supply housing for older people. However, it was difficult to collaborate because the jurisdictions were different; municipalities, owned the long-term care insurance administration while prefectures owned the plan for securing stable housing for elderly people. Therefore, municipalities have also been able to formulate plans to secure stable housing for elderly people in consultation with prefectures due to the 2016 amendment of the Act on Securement of a Stable Supply of Elderly Persons' Housing[11]. Municipalities will also be notified and can grasp the registration of residences for elderly people with services, if the prefecture accepts the registration[12]. It is, more over, required to formulate and write the situation of installation of residences for elderly people with services locally, and the plan considering this situation on the Prefectural Insured Long-Term Care Service Plan and Municipal Insured Long-Term Care Service Plan from 2020[13], because the role of residences for elderly people with services and the required number of them differs depending on the region.

The location of residences for elderly people with services, should preferably be in areas with easy access to public transportation and medical institutions. It is therefore necessary to incorporate the location guidance policy for residences for elderly people with services on a regional

basis and to plan supply[11]. In some municipalities, a residential guidance area has been created, and the tax reduction rate has been sharpened inside and outside that area to ensure the proper location of residences for elderly people with services[12].

2. Ensuring/improving the quality of services

Two services: safety confirmation and life consultation services are essential in residences for elderly people with services as mentioned above. The staff who reside in the residences for elderly people with services are required to grasp the situation of the residents daily, respond to consultations on daily life, and provide support to receive medical and long-term care services if necessary. Qualification holders must be stationed 365 days during the day when providing 2 essential services, from the perspective of ensuring the safety and security of residents[14]. There are large variations, however, in the number of staff during the day as well as the qualifications of staff in the system for safety confirmation and life consultation services[9]. Approximately 24% of the residences for elderly people with services have fewer than 4 employees per 50 residents during the day, while approximately 36% have 10 or more employees[9]. In addition, approximately 8% of businesses are providing safety confirmation and life consultation services by staff who do not have certain qualifications[9]. The qualifications, number and resident status of staff will be examined in the future, while education such as training for employees and efficient service provision using ICT should also be considered simultaneously.

In addition, the staff of residences for elderly people with services often double as long-term care service providers, making it difficult for residents to know whether they are using life support services as a service of the residences for elderly people with service or as a long-term care service. This can lead to problems with costs[15]. There was a website called, "Information service for residences for elderly people with services" where people can search for residences for elderly people with services in their desired area, the services provided and the costs. They also started providing operational information on two essential services: safety confirmation and life consultation service from May 2017[16]. They added information such as resident information, common life support service, optional life support service, features of the building, support status of long-term care and medical services, and items showing the management policy of the office[16]. The information system has been improved so that older people can select residences for elderly people with services according to their needs.

3. Optimizing the use of long-term care services

As for the co-location of care services within the same building site, some residences for elderly people with services only allow residents to use services of the same corporation or provide more services than are necessary[10]. Residents should be respected for their free choice and use of external long-term care services.

Therefore, appropriate management and supervision of local governments was promoted. A guidebook was created and disseminated for proper utilization of external services by business associations[10]. The long-term care fee is also subtracted when providing services to users in the same building site because the time and cost required for travel are less than when services are provided to separate home user[17].

4. Future perspectives in residences for elderly people with services

Residences for elderly people with services are fulfilling a certain role as a residence for older people. The next thing we need to do is evaluating the quality of residences for elderly people with services effectively.

Donabedian a researcher from the U.S. proposed evaluating the quality of medical care from the three aspects of "structure," "process," and "outcome"[18,19]. The three-element approach he advocated is widely used in the evaluation of quality in the fields of medical care, health care and welfare policy.

The efforts addressing the above-mentioned issues mostly involve structure including location, manpower and qualifications, and process including enhancement of the information system, according to Donabedian. Outcome, referring to the condition of the user resulting from the use of health and medical welfare services, should be evaluated, but the quality of residences for elderly people with services has not systematically been evaluated yet. It is necessary to assess how to maintain/change the condition of residents, not only physical aspects including the severity of the disease, ADL (Activities of Daily Living), but also psychological and social aspects such as QOL (quality of life), satisfaction, well-being when the quality of residences for elderly people with services is evaluated. Alternatively, it would be worthwhile to evaluate perspectives such as social participation or contact with society. Life functions related to activity and participation can be measured by WHO-DAS2.0[20,21] established by WHO (World Health Organization) applying the biopsychosocial model based ICF (International Classification of Functioning, Disability and Health), or SCRQoL (social care-related QOL) can be measured by ASCOT (the Adult Social Care Outcomes Toolkit) [22,23,24]. It is possible to conduct a new survey that in-

cludes the items needed for evaluation, or if that is difficult, it is possible to perform a secondary analysis of existing data such as home care survey, daily needs survey, long-term care certification data and long-term care claims data. The amount of service used by residents, care need-level, ADL, and the degree of independence of older people with dementia in their daily life can be evaluated with these data. There are, however, few data available to track residents individually and analyze the details overtime. Residences for elderly people with services are not performed under the long-term care insurance system unless the services are designated to provide daily life care for elderly people in specific facilities, so these do not appear in the long-term care claims data. Whether it is reflected properly is not clear, even if the data appear in the claims data, because there are no rules regarding the input of data related to long-term care certification[25].

Future efforts are necessary to improve the quality of residences for elderly people with services based on the evaluation of the outcomes of residents using well-organized data, and to design incentives for improving the care.

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References

- [1] 国立社会保障・人口問題研究所. 日本の世帯数の将来推計 (都道府県別推計). 2019年. http://www.ipss.go.jp/pp-pjsetai/hpjp2019/houkoku/houkoku_4.pdf (accessed 2020-12-18)
National Institute of Population and Social Security Research. [Household projections for Japan by prefecture : 2015-2040.] http://www.ipss.go.jp/pp-pjsetai/hpjp2019/houkoku/houkoku_4.pdf (in Japanese) (accessed 2020-12-18)
- [2] 総務省統計局. 平成30年住宅・土地統計調査 調査の結果. https://www.stat.go.jp/data/jyutaku/2018/pdf/kihon_gaiyou.pdf (accessed 2020-12-18)
Statistics Bureau of Japan, Ministry of Internal Affairs and Communications. [Heisei 30 nen jutaku tochi tokei chosa no kekka.] https://www.stat.go.jp/data/jyutaku/2018/pdf/kihon_gaiyou.pdf (in Japanese) (accessed 2020-12-18)
- [3] 厚生労働省. 第184回社会保障審議会介護給付費分科会. 地域包括ケアシステムの推進. <https://www.mhlw.go.jp/content/12300000/000668761.pdf> (accessed 2020-12-18)
Ministry of Health, Labour and Welfare. [Chiiki hokatsu care system no suishin.] <https://www.mhlw.go.jp/content/12300000/000668761.pdf> (in Japanese) (accessed 2020-12-18)
- [4] 国土交通省住宅局安心居住推進課. 高齢期の居住の場の現状とサービス付き高齢者向け住宅の課題について (令和2年11月4日修正版). サービス付き高齢者向け住宅に関する懇談会資料第4回資料3. 2020年9月17日. <https://www.mlit.go.jp/jutakukentiku/house/content/001371075.pdf> (accessed 2020-12-18)
Resident support division, Housing Bureau, Ministry of Land, Infrastructure, Transport and Tourism. Dai 4 kai Service tsuki koreisha muke jutaku ni kansuru kondankai. Shiryo 3. [Koreiki no kyoju no ba no genjo to service tsuki koreisha muke jutaku no kadai ni tsuite.] 2020. <https://www.mlit.go.jp/jutakukentiku/house/content/001371075.pdf> (in Japanese) (accessed 2020-12-18)
- [5] 高齢者住宅協会. サービス付き高齢者向け住宅の現状と分析 (令和2年8月末時点). https://www.satsuki-jutaku.jp/doc/system_registration_02.pdf (accessed 2020-12-18)
Senior Housing Association. [Service tsuki koreisha muke jutaku no genjo to bunseki.] https://www.satsuki-jutaku.jp/doc/system_registration_02.pdf (in Japanese) (accessed 2020-12-18)
- [6] 内閣府. 令和元年版高齢社会白書 (全体版). https://www8.cao.go.jp/kourei/whitepaper/w-2019/zenbun/01pdf_index.html (accessed 2020-12-18)
Cabinet Office. [Annual report on the ageing society FY2019.] https://www8.cao.go.jp/kourei/whitepaper/w-2019/zenbun/01pdf_index.html (in Japanese) (accessed 2020-12-18)
- [7] 厚生労働省. 令和元年 (2019) 人口動態統計 (確定数) の概況. <https://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei19/index.html> (accessed 2020-12-18)
Ministry of Health, Labour and Welfare. [Vital statistics.] 2019. <https://www.mhlw.go.jp/toukei/saikin/hw/jinkou/kakutei19/index.html> (in Japanese) (accessed 2020-12-18)
- [8] 国土交通省住宅局安心居住推進課. 高齢期の居住の場とサービス付き高齢者向け住宅の現状に関する調査報告. サービス付き高齢者向け住宅に関する懇談会資料第3回資料2. 2020年1月29日. <https://www.mlit.go.jp/jutakukentiku/house/content/001326861.pdf> (accessed 2020-11-19)
Resident support division, Housing Bureau, Ministry of Land, Infrastructure, Transport and Tourism. Dai 3 kai Service tsuki koreisha muke jutaku ni kansuru kondankai Shiryo 2. [Koreiki no kyoju no ba to service tsuki koreisha muke jutaku no genjo ni kansuru chosa hokoku.] 2020. <https://www.mlit.go.jp/jutakukentiku/>

- house/content/001326861.pdf (in Japanese) (accessed 2020-11-19)
- [9] 国土交通省. サービス付き高齢者向け住宅の整備等のあり方に関する検討会とりまとめ参考資料. <https://www.mlit.go.jp/common/001132654.pdf> (accessed 2020-11-19)
- Ministry of Land, Infrastructure, Transport and Tourism. [Service tsuki koreisha muke jutaku no seibi to no arikata ni kansuru kentokai torimatome sanko shiryo.] 2016. <https://www.mlit.go.jp/common/001132654.pdf> (in Japanese) (accessed 2020-11-19)
- [10] 国土交通省. サービス付き高齢者向け住宅の整備等のあり方に関する検討会とりまとめ. 平成28年5月. <https://www.mlit.go.jp/common/001132653.pdf> (accessed 2020-11-19)
- Ministry of Land, Infrastructure, Transport and Tourism. [Service tsuki koreisha muke jutaku no seibi to no arikata ni kansuru kentokai torimatome.] 2016. <https://www.mlit.go.jp/common/001132653.pdf> (in Japanese) (accessed 2020-11-19)
- [11] 国土交通省住宅局安心居住推進課. サービス付き高齢者向け住宅の現状と課題. サービス付き高齢者向け住宅に関する懇談会第1回資料2. 2018年1月31日. <https://www.mlit.go.jp/common/001222402.pdf> (accessed 2020-11-13)
- Resident support division, Housing Bureau, Ministry of Land, Infrastructure, Transport and Tourism. Dai 1 kai Service tsuki koreisha muke jutaku ni kansuru kondankai. Shiryo 2. [Service tsuki koreisha muke jutaku no genjo to kadai.] 2018. <https://www.mlit.go.jp/common/001222402.pdf> (in Japanese) (accessed 2020-11-13)
- [12] 厚生労働省老健局. 介護サービス基盤と高齢者向け住まい. 社会保障審議会介護保険部会 (第84回) 資料1. 令和元年10月28日. <https://www.mhlw.go.jp/content/12300000/000560215.pdf> (accessed 2020-11-19)
- Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare. Dai 84 kai Shakai Hoshō Shingikai Kaigo Hoken Bukai. Sankō Shiryo 1. [Kaigo service kiban to koreisha muke sumai.] 2019. <https://www.mhlw.go.jp/content/12300000/000560215.pdf> (in Japanese) (accessed 2020-11-19)
- [13] 厚生労働省. 基本指針の構成について. 社会保障審議会介護保険部会 (第91回) 資料2-1. 令和2年7月27日. <https://www.mhlw.go.jp/content/12300000/000651884.pdf> (accessed 2020-10-05)
- Ministry of Health, Labour and Welfare. Dai 91 kai Shakai Hoshō Shingikai Kaigo Hoken Bukai. Shiryo 2-1. [Kihon shishin no kosei ni tsuite.] 2020. <https://www.mhlw.go.jp/content/12300000/000651884.pdf> (in Japanese) (accessed 2020-10-05)
- [14] 厚生労働省老健局・国土交通省住宅局. 高齢者の安全・安心の観点等を踏まえたサービス付き高齢者向け住宅制度の適確な実施等について. 老高発0731第1号・国住心第84号. 平成25年7月31日. <https://www.mlit.go.jp/common/001267585.pdf> (accessed 2020-10-05)
- Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare/ Housing Bureau, Ministry of Land, Infrastructure, Transport and Tourism. [Koreisha no anzen / anshin no kanten to o fumaeta service tsuki koureisha muke jutaku seido no tekikaku na jissshi to ni tsuite.] Ro Ko Hatsu Dai 1 go/ Koku ju shin Dai 84 go. 2013. <https://www.mlit.go.jp/common/001267585.pdf> (in Japanese) (accessed 2020-11-30)
- [15] 絹川真理. サービス付き高齢者向け住宅におけるサービスの実態と課題. 都市住宅学. 2016;93:43-47.
- Kinukawa M. [Service tsuki koreisha muke jutaku ni okeru service no jittai to kadai]. Urban Housing Sciences. 2016;93:43-47. (in Japanese)
- [16] 国土交通省住宅局. サービス付き高齢者向け住宅に関する現状. サービス付き高齢者向け住宅に関する懇談会資料第2回資料1. 2019年3月8日. <https://www.mlit.go.jp/common/001278965.pdf> (accessed 2020-11-19)
- Housing Bureau, Ministry of Health, Labour and Welfare. Dai 2 kai Service tsuki koureisha muke jyutaku ni kansuru kondankai. Shiryo 1. [Service tsuki koreisha muke jutaku ni kansuru genjo.] 2019. <https://www.mlit.go.jp/common/001278965.pdf> (in Japanese) (accessed 2020-11-19)
- [17] 厚生労働省. 第102回社会保障審議会介護給付費分科会. 高齢者向け住まいについて. 平成26年6月11日. https://www.mhlw.go.jp/file/05-Shingikai-12601000-Seisakutoukatsukan-Sanjikanshitsu_Shakaihoshoutantou/0000048000.pdf (accessed 2020-11-19)
- Ministry of Health, Labour and Welfare. Dai 102 kai Shakai Hoshō Shingikai Kaigo Kyufuhi Bunkakai. [Koreisha muke sumai ni tsuite.] 2014. https://www.mhlw.go.jp/file/05-Shingikai-12601000-Seisakutoukatsukan-Sanjikanshitsu_Shakaihoshoutantou/0000048000.pdf (in Japanese) (accessed 2020-11-19)
- [18] Donabedian A. The Definition of Quality and Approaches to Its Management. Explorations in Quality Assessment and Monitoring, Vol 1. Ann Arbor, Mich: Health Administration Press; 1980.
- [19] Donabedian, A. Evaluating the quality of medical care. 1966. The Milbank Quarterly. 2005;83(4):691-729. doi:10.1111/j.1468-0009.2005.00397.x.
- [20] Ustun TB, Kostanjsek N, Chatterji S, Rehm J. Measuring health and disability: manual for WHO Disability Assessment Schedule (WHODAS 2.0). World Health Organization; 2010. <https://apps.who.int/iris/han>

- dle/10665/43974 (accessed 2020-12-10)
- [21] 筒井孝子. WHO-DAS2.0日本語版の開発とその臨床的妥当性の検討. 厚生指標. 2014;61(2):37-46.
Tsutsui T. [WHO-DAS2.0 Nihongo ban no kaihatsu to sono rinshoteki datosei no kento.] Journal of Health and Welfare Statistics. 2014;61(2):37-46. (in Japanese)
- [22] 森川美絵, 中村裕美, 森山葉子, 白岩健. 社会的ケア関連QOL尺度the Adult Social Care Outcomes Toolkit (ASCOT) の日本語翻訳: 言語的妥当性の検討. 保健医療科学. 2018;67(3):313-321.
Morikawa M, Nakamura H, Moriyama Y, Shiroya T. [Japanese translation of the Adult Social Care Outcomes Toolkit (ASCOT) as social care related quality of life measures: focus on the linguistic validation.] Journal of the National Institute of Public Health. 2018;67(3):313-321. (in Japanese)
- [23] Nakamura-Thomas H, Morikawa M, Moriyama Y, Shiroya T, Kyougoku M, Razik K, et al. Japanese translation and cross-cultural validation of the Adult Social Care Outcomes Toolkit (ASCOT) in Japanese social service users. Health and Quality of Life Outcomes. 2019. Doi:10.1186/s12955-019-1128-7.
- [24] 森山葉子, 森川美絵, 中村裕美, 白岩健, 田宮菜奈子, 高橋秀人. 日本語版ASCOTによる要介護高齢者の社会的ケア関連QOLの測定と関連要因. 保健医療科学. 2020;69(5):460-470.
Moriyama Y, Morikawa M, Nakamura-Thomas H, Shiroya Y, Tamiya N, Takahashi H. [Measurement of social care related quality of life among elderly people with long-term care needs using the Japanese version of the Adult Social Care Outcomes Toolkit (ASCOT).] Journal of National Institute of Public Health. 2020;69(5):460-470. (in Japanese)
- [25] 三菱UFJリサーチ&コンサルティング. 平成30年度老人保健事業推進費等補助金老人保健健康増進等事業「要介護認定データを活用した地域分析手法に関する調査研究」事業報告書. 平成31年3月.
Mitsubishi UFJ Research & Consulting. Heisei 30 nendo Rojin hoken jigyo suishinhi to hojokin. Rojin hoken kenko zoshin to jigyo. [Yokaigo nintei data o katsuyo shita chiiki bunseki shuho ni kansuru chosa kenkyu jigyo hokokusho.] 2019. https://www.murc.jp/wp-content/uploads/2019/04/koukai_190410_20.pdf (accessed 2020-12-10)

＜総説＞

サービス付き高齢者向け住宅の現状と今後の展望

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抄録

日本において、高齢者の住まいのあり方が課題となっている。これは、人口減少と少子高齢化、高齢の単身世帯の今後の増加、75歳以上の医療介護需要の増加が見込まれていることを背景にしている。

日本には、介護老人福祉施設、介護型の有料老人ホーム、住宅型の有料老人ホーム、近年増加しているサービス付き高齢者向け住宅といった利用者の状態に応じた住宅がある。サービス付き高齢者向け住宅は、2011年の10月に始まった制度であるが、著しく増加してきているなかで質の評価の必要性が生じている。

本稿では、サービス付き高齢者向け住宅について、居住環境、機能、供給と立地、サービスの質の向上と確保、サービスの利用の適切さ、今後の展望といった観点から整理を行なった。

サービス付き高齢者向け住宅の有する機能について、質の評価が求められる。ストラクチャー、プロセス、アウトカムの視点があるが、どのような入居者にどのようなサービスが必要になって、何が得られたのかを個人が紐付けされたデータベースを構築した上でアウトカム評価をすることが必要である。

キーワード：サービス付き高齢者向け住宅、居住、機能、質、評価