

## Topics: Recent topics in public health in Japan 2024

### < Review >

# Community-based inclusive society and integrated care in Japan: Concepts and challenges for practice

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#### Abstract

Since the 1990s, the concept of integrated care has been used to examine methods of care delivery that ensure quality while increasing efficiency. Japan has developed a service-delivery system that specializes in independent long-term care through universal public long-term care insurance to respond to the growing care needs of its aging population. This caused a fragmentation of medical care, rehabilitation, and other welfare services, and the concept of community-based integrated care was proposed as an attempt to integrate these services. As the development of the welfare system for older adults was followed by the development of support for various target groups such as the needy, children and families, and people with disabilities, the concept of community-inclusive society was proposed in the context of the need to overcome the vertical system that characterized the welfare system in Japan. This concept of community-based inclusive society can be explained as including the Japanese concept of integrated care, in which community-based integrated care is provided regardless of the target population, and the concept of community building, which is promoted through collaboration between “supporters and receivers of care” or “people and communities”. Efforts to build an integrated support system to achieve community-based inclusive society have been a policy initiative since FY2016, and the Multilayered Support System Improvement Project by the municipality has just begun in FY2021. In order to facilitate the building of this system, the project is expected to identify ways to develop strategies and initiatives in the project that reflect historical, cultural, and social factors in the region.

**keywords:** community-based inclusive society, community-based integrated care, integrated care, integrated support system, Multi-Layered Support System Improvement Project

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## I. Introduction

Demographic change in the form of declining birthrates and aging is a global issue, mainly caused by the rapid increase in the proportion of older adults associated with longer average life expectancy and lower birth rates. The global population is aging rapidly, with the older-adult population projected to increase from 1 to 2.1 billion between 2019 and 2050 [1]. To tackle this problem, health-system reforms are needed to increase efficiency while ensuring quality, and

the concept of integrated care has been explored since the 1990s [2]. The World Health Organization also published a framework for integrated care [3] and guidance on integrated care for older adults [4].

The population of those aged 65 and over in Japan in 2023 was 29.1% and is expected to continue increasing, the highest percentage among countries and regions with populations of 100,000 or more [5]. The birthrate has also not stopped declining, and according to data released by the Ministry of Internal Affairs and Communications, the per-

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centage of the population under 15 years old in Japan's total population as of 2023 is 11.5%, a 49-year continuous decline [6].

As a front runner in the aging society with a declining birthrate, Japan has been fast in responding to the growing care needs of its older adults. Three years after the long-term-care insurance system was enacted in FY2000, the need for community-based integrated care was described in a national report, and policies have been developed since 2006 to actualize this concept. After 2015, in the process of extending the community-based integrated care approach in long-term care insurance to other welfare services, guidelines for a new welfare system were presented, and the concept of a community-based inclusive society was proposed. In FY2016, the reform process toward its actualization was presented, and from FY2021, the project to establish a multi-layered support system was established as a policy to promote an integrated support system to achieve a community-based inclusive society.

This paper introduces the background of the Japanese government's proposal of this community-based inclusive society and clarifies this concept through a comparison with

the community-based integrated-care system. This paper also focuses on the Multi-Layered Support System Improvement Project for actualizing this concept and discusses the issues with this project.

## II. Background of proposing concept of community-based inclusive Society

### 1. Characteristics of Japanese welfare system

As shown in Table 1, Japan's welfare system was developed during the period of rapid economic growth after World War II and has evolved into several sub-systems by target group, including older adults, the needy, children and families, and persons with disabilities. By emphasizing benefits for the target population, the welfare system has provided little support regarding the informal care provided by family members and community residents. Thus, the system is unable to regulate support that takes into account the circumstances of all people, so the support for people not covered by the system could be said to depend on informal support. While demographic changes, such as falling birthrate and aging population, have led to an increase in

**Table 1 Chronology of establishment of major welfare sub-systems by target group**

	Needy person	Child and Family	Person with a disability	Older adult
1940–1959	1950 Public Assistance Act	1947 Child Welfare Act	1947 Act for the Welfare of Persons with Physical Disabilities 1950 Old Act on Mental Health and Welfare for the Mentally Disabled 1951 Old Act for the Welfare of Persons with Intellectual Disabilities	
1960–1979		1964 Act on Welfare of Mothers with Dependents and Widows (Establishment of support measures for single-parent families)		1963 Act on Social Welfare for the Elderly
1980–1999			1995 Act on Mental Health and Welfare for the Mentally Disabled 1999 Act for the Welfare of Persons with Intellectual Disabilities	1982 Health and Medical Service Act for the Aged
2000–2009			2006 Services and support for Persons with Disabilities Act (Unification of services previously divided by type of disability)	2000 Long-Term Care Insurance Act 2006 Revision of the Long-Term Care Insurance Act (Establishment of community support projects)
2010–	2015 Act on Self-Reliance Support for Needy Persons (Establishment of support for needy people without income regulations) 2022 Revision of the Act on Self-Reliance Support for Needy Persons (Establishment of community building project)	2015 Child and Child Care Support Act (Establishing community childcare support project)	2013 Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities (Addition of patients with diseases for which treatment methods have not been established)	2015 Revision of the Long-Term Care Insurance Act (Enhancement of community support projects)

care needs, they have also produced changes such as family diversification and individualism, and government censuses have revealed that the community ties that supported informal care have weakened as a result [7].

One major change in the welfare system as an adaptation measure was the introduction in FY2000 of a mandatory public long-term-care insurance system that promoted the socialization of care and marketization of service provision. The trend is returning to an emphasis on the role of local governments, mutual aid by community residents, and volunteer activities of community residents. This movement is called “(re) regionalization” and has become a characteristic of Japan’s recent welfare system [8]. Tsutsui also explains this trend in terms of three phases: care by family, care by society, and care by community [9]. This regionalization promoted by the long-term-care insurance system has also been applied to other areas of the welfare system. Specifically, community support by municipalities was introduced for the disabled in FY2006, for families raising children in FY2015, and for the needy in FY2022.

With the increasing number of dual-earner households and the growing number of older adults requiring more support for childcare and long-term care than ever before, the content and quantity of welfare services stipulated by uniform national standards as benefits by target group have been developed. Since the supply of services could not be met with uniform benefits at the national level, community-support projects were designed to be undertaken at the discretion of municipalities according to local conditions. However, the increasing number of single-person households and the shift to nuclear families, as well as the increasing concentration of population in cities and growing number of people living in housing complexes, have led to the weakening of ties among local residents, which has caused challenges in promoting community-based initia-

tives. In response to this situation, a policy paper entitled “Vision for the Provision of Welfare in a New Era” was released in September 2015, proposing reforms to the welfare system to overcome social challenges [10].

## 2. Three social challenges to welfare system identified in 2015 policy paper

### (1) Emergence of people who need to coordinate services spanning multiple areas

With advances in the progress of medical science and other factors, the numbers of older adults, persons with disabilities, and children living in the community while receiving healthcare have increased, and the need for welfare services to support the lives of these individuals have grown accordingly. Community living for those in need of care requires not only long-term care but also housing arrangements as a prerequisite for living, support for self-reliant living, and medical care, nursing care, and rehabilitation by professionals as needed. Care recipients and their families also need psychological support as they have various anxieties [11]. To provide such support, coordination of services across multiple areas is necessary.

As shown in Table 2, however, it is clear from the survey data of those eligible for consultation support provided under the Self-Reliance Support System for the Needy that started in FY2015 that many in need have two or more difficulties in their lives [12]. When dealing with such multiple difficulties, it is necessary to coordinate services across multiple systems.

To address such concerns, it is important to achieve a sense of unity from the user’s point of view, in which the user feels that a variety of services and support are provided by a unified team, even if they are provided by multiple providers and professionals. However, actual services and support are generally provided by a variety of corporations,

**Table 2 Types and number of difficulties faced by new consultants who used welfare system for supporting self-reliance of the needy [12]**

Type of difficulties (Multiple answers)	%	Number of difficulties	%
Economic hardship	46.4	5 or more	16.2
Difficulty in finding a job	23.6	4	10.4
Illness	20.6	3	14.9
Family problems	17.4	2	16.9
Housing instability	15.9	1	14.9
Mental health problems	15.1	No specifics, unknown	26.8
Household financial management challenges	12.4		
Employment retention difficulties	11.4		
Multiple debts/Over-indebtedness	11.3		
Homelessness	7.2		
Other	7.1		
No specifics, unknown	26.8		

Note: N=106,422, The top ten difficulties are described.

organizations, and businesses, and in many cases, users end up having to deal with multiple providers individually. In response to these issues, it is necessary to regain the capacity to support the entire community. At the same time, a situation has arisen in which providing consultation and support by target group, as has been the case in the past, does not always result in sufficient consultation and support. It was pointed out that the existing specialized and vertically segmented welfare system has made it increasingly difficult to deal with households that are currently facing life issues and complex difficulties not covered by the system, and that it is necessary to make it possible to provide integrated consultation and support, regardless of the area, in accordance with the situation of the target group [10].

**(2) Necessity of an effective service delivery system in response to the shortage of workforce**

According to estimates for 2023 [13], the aging rate is expected to increase until 2042, and the number of people requiring long-term care will continue to increase (Table 3). More welfare personnel will also be needed to enhance wel-

fare services to meet increasingly complex support needs, and more effort will be needed to secure welfare personnel than ever before. However, due to the rapid decline in birthrates and the aging of the population, Japan's overall labor force continues to decline, and various sectors, not just welfare, are suffering from labor shortages due to their inability to secure the necessary human resources. Given this gap between demand (support needs) and supply (welfare personnel), it is expected to become even more difficult to dramatically increase the number of personnel in the welfare sector, which is still suffering from a labor shortage. Therefore, it was pointed out that to make welfare services sustainable in a society with a declining population, it is necessary to study effective and efficient service delivery systems and study the use of human resources in the welfare sector, including how careers should be organized [10].

**(3) Necessity to achieve an inclusive society that responds to diversity of community**

In a welfare state that pursues the well-being of its people, an inclusive society is expected where all people,

**Table 3 Population trends by age group in Japan [13]**

year	Population (thousand)	0-14	15-64	65-
1950	83,200	35.4	59.7	4.9
1955	89,276	33.4	61.3	5.3
1960	93,419	30	64.2	5.7
1965	98,275	25.6	68.1	6.3
1970	103,720	23.9	69	7.1
1975	111,940	24.3	67.7	7.9
1980	117,060	23.5	67.4	9.1
1985	121,049	21.5	68.2	10.3
1990	123,611	18.2	69.7	12.1
1995	125,570	16	69.5	14.6
2000	126,926	14.6	68.1	17.4
2005	127,768	13.8	66.1	20.2
2010	128,057	13.1	63.8	23
2015	127,095	12.5	60.8	26.6
2020	126,146	11.9	59.5	28.6
2025	123,262	11.1	59.3	29.6
2030	120,116	10.3	58.9	30.8
2035	116,639	10	57.6	32.3
2040	112,837	10.1	55.1	34.8
2045	108,801	10.1	53.6	36.3
2050	104,686	9.9	52.9	37.1
2055	100,508	9.6	52.8	37.6
2060	96,148	9.3	52.8	37.9
2065	91,587	9.1	52.5	38.4
2070	86,996	9.2	52.1	38.7

Data Source : National Institute of Population and Social Security Research.  
 Population Projections for Japan: 2021-2070, 2023  
 Note: Values after 2025 are estimates.

including the older adults, people with disabilities, children, and the needy, who are the target of welfare services, can live harmoniously in the community regardless of their generation or background. Depending on the region, the situation that will be faced in the future will differ greatly, for example, the young population will decrease while the older-adult population will increase, or the decrease in the young population will further accelerate and the older-adult population will also decrease. In each region, it is important to take these circumstances into account and proactively consider how the necessary welfare-service delivery system should be while considering future changes in welfare needs. For this reason, it is necessary to establish a service-provision system by diverse entities that can respond to future changes in support needs in the community and enable the provision of welfare services that the community considers appropriate in light of its circumstances, while aiming to achieve an inclusive society in which everyone is supported [10].

**3. Four reforms of the welfare system proposed in 2015 policy paper**

The 2015 policy paper proposed four reforms to overcome the three social challenges described above. First, the new community-based integrated support system includes: “1. An integrated consultation and support system that is implemented through a one-stop consultation service or through collaboration among agencies,” and “2. An integrated service-provision system for older adults, the disabled, children, and the needy through the development of

multi-generational exchange and multi-functional centers for welfare and community building”.

Regarding the environment that supports this system, the committee then proposed “3. Providing effective services by using advanced technologies such as robots or ICT [information and communication technology] and assessing the quality of services” and “4. Human resource development for integrated support systems”. These reform proposals are the basis for the concept of a community-based inclusive society.

**III. Characteristics of concept of community-based inclusive society and responses toward its implementation**

The Plan for Promoting Dynamic Engagement of All Citizens [14] introduced in 2016 presents the concept of a community-based inclusive society, a society in which all people, including children, older adults, and people with disabilities, can create and enhance their communities, lifestyles, and purpose in life together. It also states that the actualization of this concept requires a system that does not divide people into supporters and recipients but rather enables all community residents to have roles and support each other and cultivate local communities where they can be active in their roles while helping each other in cooperation with local public services such as welfare.

The current definition of community-based inclusive society offered by the Ministry of Health, Labour and Welfare, however, is “a society that transcends the vertical divisions

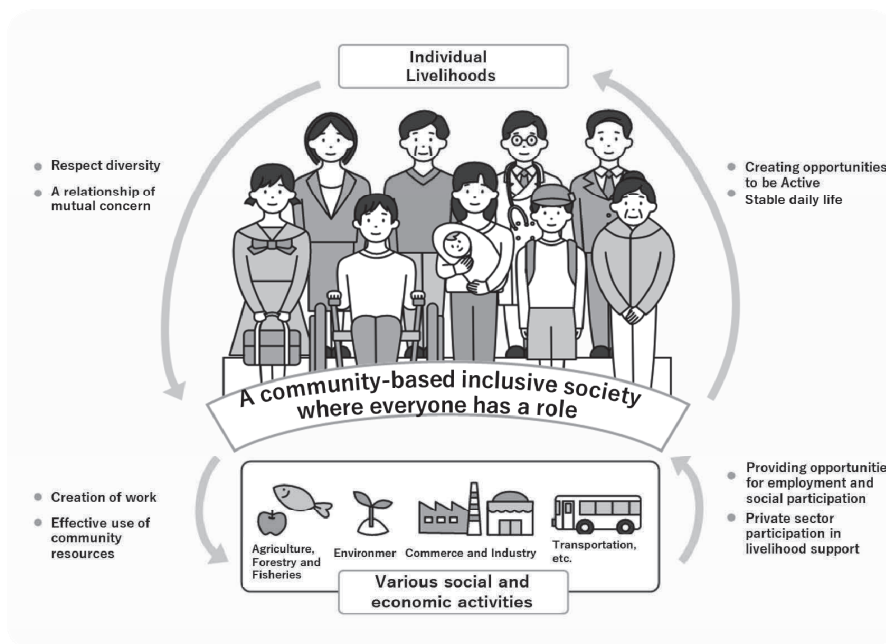


Figure 1 Ministry of Health, Labour and Welfare’s image of community-based inclusive society [15]

in each system and area, and the relationship of supporter and recipient, and creates a life and motivation for living for each resident and the community together through the participation of local residents and diverse local entities, and by linking people to people and people to resources beyond generations and areas” [15]. Along with this definition, the Ministry of Health, Labour and Welfare provides the image shown in Figure 1.

From the above definition, a community-based inclusive society has a component of community building, in which people and communities co-design and co-produce, and Ehrenberg et al. [16] describe this new approach as integrated community care. Harada [17] also focused on the collaborative relationship between supporters and recipients and explains it in terms of the concept of caring community. Since the definition also includes information on the use of local public services such as welfare, it can be said that an integrated system for providing these services is also included in its components. Harada [17] organizes the integrated support system for achieving a community-based inclusive society and community-based integrated care system for older adults as a higher-level concept that also extends to other target groups.

The Ministry of Health, Labour and Welfare defines this system as “a community-based integrated care system that provides integrated support and services to enable older adults to continue living their own life to the end of their lives in their familiar community as long as possible, with the objective of preserving their dignity and supporting independent living.” [18]. In other words, it is an integrated community system for providing support and services in common, thus does not specify the target group. Tsutsui [19] points out that the unique characteristic of Japan’s community-based integrated care system is that it encompasses

the two concepts of community-based care and integrated care, and the integrated support system to achieve a community-based inclusive society can be categorized as a Japanese-style integrated care concept with the same characteristics.

In 2017, the Social Welfare Law was revised to reflect the concept of a community-based inclusive society, which includes “ensuring that community residents have opportunities to lead their daily lives as members of the community and participate in social, economic, cultural, and all other fields of activities” and “identifying and resolving difficulties in community life through cooperation among relevant parties. The responsibilities of community residents, professionals and institutions involved in support, and municipalities to work together were clarified [20].

#### IV. Promotion of building integrated support system and establishment of multi-layered support-system-improvement project

In 2019, a study group of experts was convened to discuss measures to promote the nationwide building of an integrated support system in municipalities, and recommendations were compiled to promote the building of an integrated support system in municipalities to meet the increasingly complex and complicated support needs of community residents [21]. In response to these recommendations, the Multi-Layered Support System Improvement Project was established in April 2021. In order to apply for this project and be eligible for a government grant, it is a prerequisite to implement the Integrated Consultation Support Project, the Participation Support Project, and the Community Building Support Project. The reason for this is that these three are envisioned as the core of the integrat-

**Table 4 Five projects comprising the Multi-Layered Support System Improvement Project [22]**

Project name	Content to be implemented
Integrated Consultation Support project	<ul style="list-style-type: none"> <li>· Integrated consultation regardless of demographics or generation</li> <li>· Provide support by using the network among support organizations</li> <li>· Connect complex and compounded issues to multi-agency collaborative projects when appropriate</li> </ul>
Participation Support Project	<ul style="list-style-type: none"> <li>· Provide support for building connections with society</li> <li>· Enable Matchmaking based on the needs of clients and planning of activity content</li> <li>· Provide support to clients for job retention and finding employment</li> </ul>
Community Building Support Project	<ul style="list-style-type: none"> <li>· Develop places and gathering places where people can interact across generations and demographics</li> <li>· Coordinate individual activities and people to create opportunities for exchange, participation, and learning</li> <li>· Forming local platforms and activating activities in the community</li> </ul>
Outreach-based Continuous Support Project	<ul style="list-style-type: none"> <li>· Reach out to those who are not receiving support</li> <li>· Identify potential consultants through meetings and networking with related organizations</li> <li>· Focus on support for building trusting relationships with clients</li> </ul>
Multi-agency Collaboration Project	<ul style="list-style-type: none"> <li>· Establish an integrated consultation and support system for the entire municipality</li> <li>· Play a central role in the multi-layered support-system-improvement project</li> <li>· Promote shared roles among support organizations</li> </ul>

ed support system, which is also being verified through a pilot project from 2016 to 2020. However, this requirement is one of the reasons this project has not progressed. This is because, even without implementing all three projects, the local resources and systems of the municipality would allow for the integrated consultation system, integrated community building, and promotion of social participation of community residents that are intended to be achieved through these projects. Moreover, “Continuous Support Project through Outreach” and “Multi-Agency Collaboration Project” are also included in this project content, and these are optional. The content to be implemented in each project is shown in Table 4.

Financial support from the national and prefectural governments to municipalities in the Multi-Layered Support System Improvement Project will be granted in a package, including financial resources from existing systems. This is expected to promote team support by related organizations. Municipalities are required to formulate an implementation plan for appropriate and effective implementation of the project. Through this plan, municipalities are required to exchange opinions with residents, related persons, and related organizations and foster a common understanding of the principles of the project implementation and direction it should take.

There are 189 municipalities that plan to implement the project in FY2023, and 280 municipalities that are preparing for the transition [23]. The effectiveness of the Multi-Layered Support System Improvement Project must be verified through comparison of municipalities that have implemented the project with those that have not yet implemented the project, but the methodology for this is still being explored. According to previous studies, evaluating integrated care is not simple, and while evidence is emerging that the project has been effective in reducing unnecessary services and improving the quality of services, there are few studies demonstrating its cost-effectiveness [24].

For the community-based integrated care system, which is the leading integrated care system in Japan, there is a sub-system to evaluate the efforts of municipalities at the national level and provide financial incentives in accordance with the results, but no evidence has been presented on the outcomes and cost effectiveness of this system. Thus, an analysis of a national-level database should be conducted [25].

When devising the evaluation of a multi-layered support system, there is no national-level database that indicates the quality of life, mental and physical condition, and social status of the people receiving support. There are also many entities involved in the project, making it difficult to identify which type of support affected the project’s effective-

ness. Therefore, it is more important to develop strategies based on specific historical, cultural, and social factors and to evaluate what changes have occurred in the supporters and the support process as a result of efforts based on these strategies, rather than to identify changes in those who have received support for a specific intervention. Hirano [26] refers to such attempts as evaluative thinking, which is a necessary skill for municipal officials who promote multi-layered support-system development.

Municipalities, which are responsible for the administration of long-term-care insurance, are expected to be the main actors in building a community-based integrated care system, but they will also have a significant role in the building of an integrated support system. The population of the 1,741 municipalities in Japan varies widely, and regional disparities are widening. To reduce this disparity, it is necessary to visualize initiatives through evaluation and support municipalities through the national government and prefectures.

## V. Conclusion

Japan’s declining birthrate and aging population are expected to continue, and the population is expected to decline. The Japanese approach to integrated care that is being promoted in this context is characterized by its community-based approach, starting with community-based integrated care that mainly targets older adults, and is being extended to a community-based inclusive society that does not specify the target group. Initiatives to establish integrated support systems and multi-layered support systems to achieve such a community-based inclusive society are underway. These initiatives are led by municipalities, but their regional resources differ greatly. In order to reduce the predicted regional disparities in the future, evaluation methods for the initiatives and ways to support the municipalities will be needed.

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## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this article.

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<総説>

日本における地域共生社会と地域包括ケア  
—概念と実践に向けた課題—

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抄録

少子高齢化という人口動態の変化はグローバルな課題であり、これに対応したヘルスシステムの変革が求められている。1990年代から統合ケアという概念によって、質を確保しながらその効率性を高めていくケアの提供手法について検討されてきた。日本は、高齢化の進展に伴い増大するケアニーズに対応するために介護保険制度を創設し、介護サービスに特化した提供システムを整えてきた。これによって、医療やリハビリテーション、その他福祉サービスとの断絶が起こったため、その統合にむけ「地域包括ケア」という概念が提唱され、この実現に向けた取り組みが継続的に実施されてきた。その後、高齢者福祉領域で実施されてきたこれらの試みを他の領域（生活困窮者、子ども家庭、障害を持つ人など）の支援へと展開し、その充実を図る過程において、縦割りの制度の克服や地域づくりが求められ、「地域共生社会」という概念が提案された。この概念は、世代や分野を問わず地域を基盤として包括的にケアを提供していくという日本型の統合ケアの概念と、ケアの支え手と受け手や人々と地域の共同性を推進する地域づくりの概念という2つの概念を内包するものと説明できる。この地域共生社会を実現するための包括的支援体制の構築に向けた政策は2016年度以降実施されてきており、2021年度より市町村による重層的支援体制整備事業も創設された。現在、これらの取り組みを地域の実情に応じて推進していくための、戦略の立て方を含む方法論の確立が求められている。

キーワード：地域共生社会， 地域包括ケア， 統合ケア， 包括的支援体制， 重層的支援体制整備事業