Role of NPOs to Promote "Aging in Place"

Enhancing the Establishment of an Informal Support System in the Neighborhood

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I. Background

In 2008, the percentage of Japanese people aged 65 and over was more than 22%, which is widely known as the highest ratio in the world. Among the older adults, 16% lived alone and 37% lived only with their spouse (Ministry of Health, Labour and Welfare (MHLW), 2008). These statistics indicate that it becomes more difficult to maintain life at home as one gets older.

Because of the increased concern among Japanese people regarding the rapidly aging population and growing need for long-term care for the elderly, the Long-Term Care Insurance system (LTCI) was established in April 2000. This was a completely new system that introduced the concept of a social contract into the sphere of care and social welfare. It also made clear that all members of society should bear the cost of long-term care for the aged through tax and insurance premiums.

To use these welfare services, one must be over 65 years old (or aged 40–64 with a certain disease) and be certified as requiring long-term care or support. LTCI made it possible for new providers such as private enterprises and non-profit organizations (in addition to social welfare corporations) to provide a wide range of care services. However, services through LTCI are not sufficient to support frail elderly and their family caregivers (Soeda, 2006; Tamura, 2006). Especially, subsequent to the revision of Long-Term Care Insurance Law in 2005, it has become more difficult to use services for the aged who need only minimal care in their daily lives.

"Aging in place" is the concept of helping older people remain at home. This can enhance

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one's well-being and overall quality of life. At the same time it is regarded as a cost effective solution to the problem of expanding budgets for health and social care for the elderly (On Kwok, 2008). This concept has become very popular among Western countries where one's independence is highly valued, even at an advanced age. For example, since the late 1980s, "aging in place" has become a key component of UK policy on care of older people and housing (Sixsmith & Sixsmith, 2008). In the United States, "aging in place" has been broadly supported as a guiding principle for promoting older people's well-being and develop better care delivery services (Bookman, 2008). Also in Hong Kong, new policy initiatives such as Enhanced Home Care Team and Integrated Home Care Services Teams have been launched since 2000 to create a better environment for achieving aging in place (Chui, 2008).

 Most of the Japanese elderly also prefer to live in their home until they die (The Cabinet Office, 2007). In addition, there are not sufficient long-term care institutions, and people often have to wait as long as two years on average to be accepted. Presently, around 420,000 people are waiting to move into long-term care institutions nationwide (MHLW, 2010). Therefore, it is incumbent upon society to support the frail elderly and their family caregivers, so that the elderly can continue living in their homes as long as possible.

However, since LTCI is half-funded by public sources, it is not designed to meet every need of each frail elderly person in the community (Yamamoto, 1999). It is intended mainly for providing care, and while certain types of services are not provided within the LTCI yet, they are nevertheless indispensable for the frail elderly to continue living in their community (A Report on a Fact-Finding Survey of Services out of LTCI by NPO in Kobe, 2010). Therefore, unfortunately, the LTCI has not been successful in supporting the independent life of the elderly in their own homes. Accordingly, the informal sector (such as family members, neighbors, volunteers, and NPOs) is expected to give complementary support to those people in need (Yamaoka, 2008).

There are some previous studies on the social care by the informal sector. Most of them are case studies of a non-profit organization that provides particular personal care services or information (Asakawa, 2003; Oba, 2002). In contrast, Hirose's study (2004) formally examined the main cause of the formation of the welfare network. According to Hirose, the independence of organization leaders and non-profit organizations and their search for a group identity can facilitate the formation of a network of welfare organizations. However, her study was limited to a network of non-profit organizations for welfare and did not consider networks of other types of organizations or groups such as for-profit organizations and mixtures of both for-profit and non-profit community organizations.

Currently, non-profit organizations are expected to play an important role, to not only provide direct social care but also take initiatives to form a network of welfare organizations of all types, including for-profit organizations and public organizations (Tanaka, 2003; Nakamura, 2006; Jinno, 2004; Fujii, 2008), to promote aging in place for the elderly in the community.

This study aims to present a model of a network system that was established by an NPO in Kobe. We intend to illustrate the process and the results of forming a network system of various organizations in the community to support frail elderly and their families. A cause for the formation of the network is also examined to see whether a group identity within the community among member organizations was an important factor, as concluded by Hirose in her study.

II. Methods

A case study was conducted on the NPO's project called "Total Care System." The project began in 2003, and the system launched actual services in 2006. The project was examined through participative observation of the whole process from March 2005 to March 2009. Interviews of staff and other stakeholders were conducted, and records of regular meetings and forums, newsletters, and other published matters were reviewed.

III. Case Study

1. Community Support Center Kobe (hereafter CS Kobe)

CS Kobe was established in October 1996 as an intermediary support organization, whose mission was to build a community-based organization on the concept of independence and symbiosis. Its former body is called "*Higashinada Chiiki Tasukeai Network*" (Higashinada Community Mutual Help Network), which was formed immediately after the Hanshin-Awaji Great Earthquake in January 1995. Since the former organization mainly provided direct-care services for people in need, Nakamura, director of CS Kobe, decided to form a new entity to play a more important intermediary role for supporting organizations and groups of citizens, so that a community that makes much of one's independence and symbiotic relationship with others can be build by citizens themselves.

This new organization became a non-profit corporation in April 1999; the first certified NPO in Hyogo prefecture since the NPO law was enacted. Its annual budget is approximately 80 million yen. A breakdown of revenues is as follows: 82% consigned business, 8% own business, 5% donation and membership fee, 3% subsidies, and 2% others. A breakdown of expenses is as follows: 70% consigned business, 9% own business, 1% support business, 20% administrative costs. CS Kobe's board of trustees consists of 7 members including 2 auditors. Although the number of regular members is only 17, that of the supporting members are more than 270. There were 8 full-time staff, 26 part-time staff, 1 research worker and about 100 volunteers as of March 2009. The activities of CS Kobe can be classified into four categories: (1) planning and development, (2) exchange of human resources and information, (3) business support, and (4) community business. The Total Care System is one of the projects in the community business section.

2. The Total Care System

The purpose of establishing the Total Care System was to form a network of various organizations from all sectors that provide different types of services and aid to the elderly in their local communities beyond the framework of LTCI. In other words, it aims at building a community where residents can pursue aging in place. (See Figure 1)
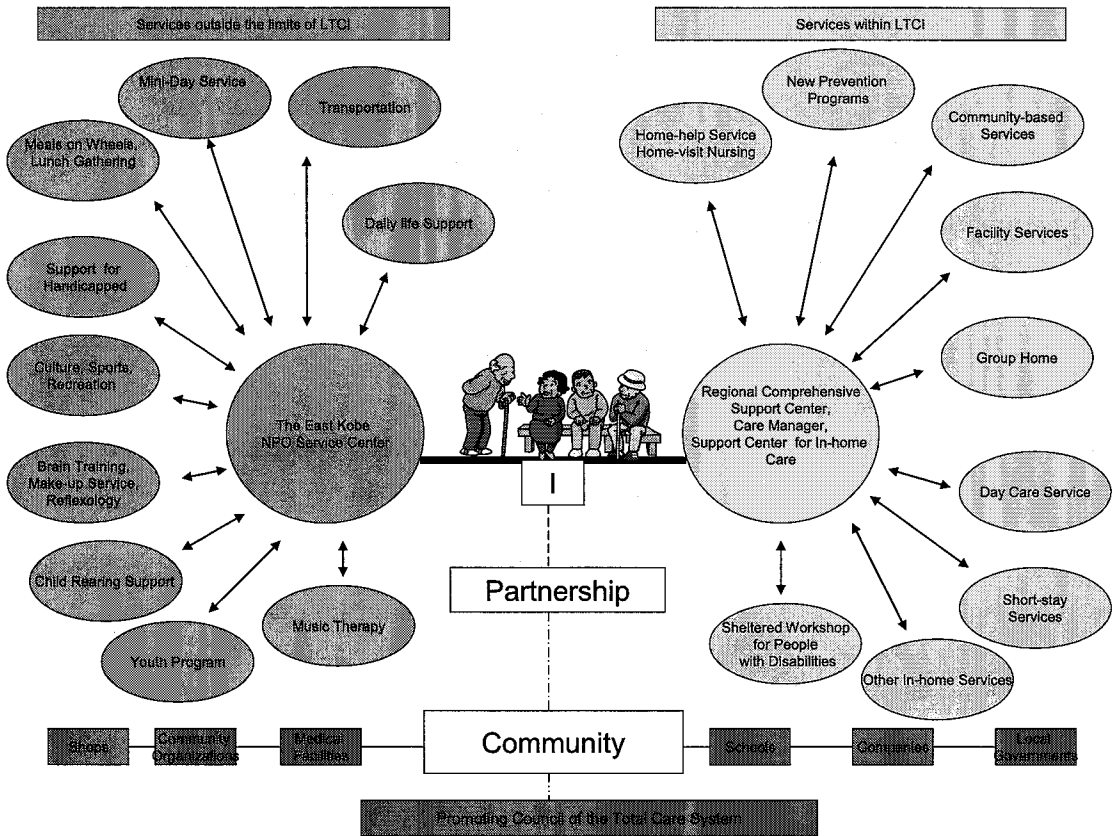
Figure 1: Aim of the Total Care System
Source: Promoting Council of the Total Care System, 2007

(i) Target area

In this study, "local community" refers to the geographical community that covers approximately 60 square kilometers within two wards in the eastern part of Kobe City. The descriptive data on the target area is as follows. (See Table 1)

Table 1: Descriptive Data on the Target Area

	Higashinada Ward	Nada Ward
Area (km^2)	30.36	31.4
Total population	206,041	128,050
Number of households	89,694	61,377
Population 65+	34,846	26,908
Proportion of the aged (%)	16.9	21.0
Number of the aged who live alone	6,652	7,043
Number of persons certified as requiring long-term care or support	6,364	5,196

Source: National Census, 2005 and Kobe Municipal Department of Health and Welfare, 2005

(ii) Process of establishing the Total Care System

CS Kobe played a vital role in organizing the system. First, before establishing the system, it conducted forums four times almost every year since 2002 to raise local people's awareness of the need to support the elderly in the community. Second, it conducted a survey on the needs and seeds of the local community. Third, it called upon both non-profit and private sector organizations in the neighborhood to participate in the Total Care System. Fourth, it established a public relations council to promote and share the sense of responsibility and cooperation.

(iii) Organization and role of the Total Care System

The East Kobe NPO Service Center was established within CS Kobe, aspiring to be a one-stop service center, and coordinating necessary services for clients in the community. Figure 2 shows the organization of the Total Care System.

The main roles of the East Kobe NPO Service Center are to (1) send and receive information, (2) establish a network, (3) enhance and circulate services in the neighborhood, (4) develop various programs, and (5) train volunteers and encourage the local talent.

1) To send and receive information

The East Kobe NPO Service Center publishes a newsletter and sends it to member organizations every four months. It prepares a brochure of the Total Care System to diffuse knowledge on a network. It also maintains a website to disseminate information.

2) To establish a network

The Total Care System is composed of 16 organizations from the non-profit sector, each of which provides services outside the limits of LTCI, and 15 additional organizations from both
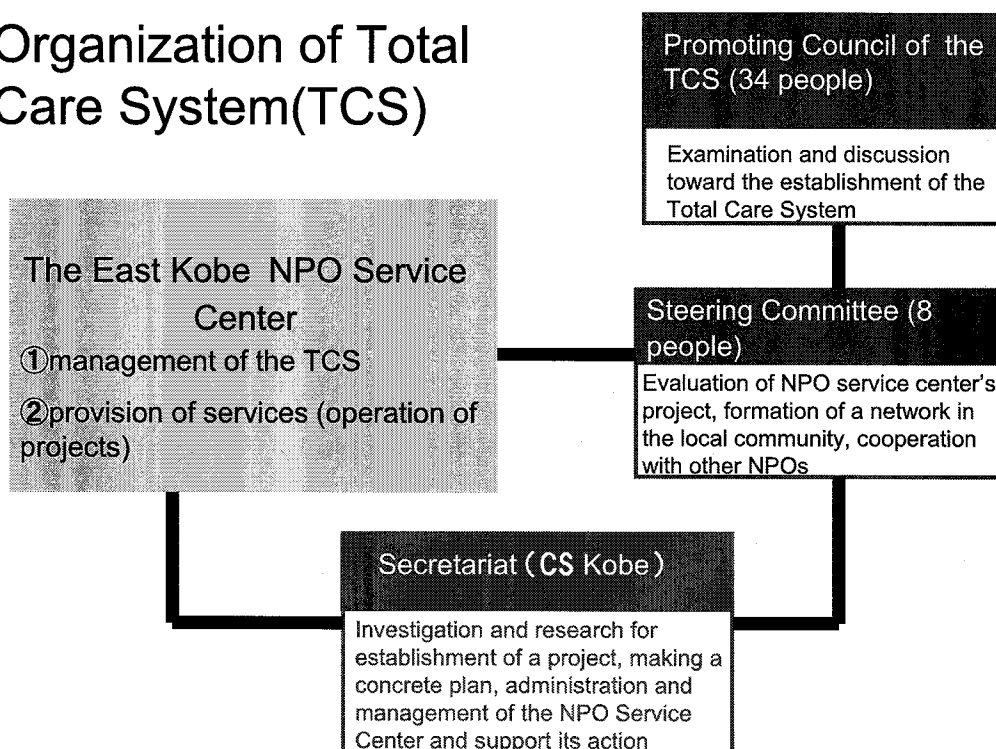
Organization of Total Care System(TCS)

Promoting Council of the TCS (34 people)

Examination and discussion
toward the establishment of the
Total Care System

The East Kobe NPO Service
Center
①management of the TCS
②provision of services (operation of
projects)

Steering Committee (8
people)

Evaluation of NPO service center's
project, formation of a network in
the local community, cooperation
with other NPOs

Secretariat (CS Kobe)

Investigation and research for
establishment of a project, making a
concrete plan, administration and
management of the NPO Service
Center and support its action

Figure 2: Organization of the Total Care System
Source: Promoting Council of the Total Care System, 2007

private and non-profit sectors that provide services within LTCI. To strengthen the network, a meeting of member organizations was held twice a year to exchange opinions and ideas.

The Total Care System requires a membership, and its fee for non-profit organizations is ¥2000 per month, and that for organizations providing services within LTCI is ¥3000 per month. It charges ¥5000 per year for an organization and ¥2000 per person per year, as supporting members. Since the range and type of services of non-profit organizations varies, it is important to ensure the quality of services. It is not a collusive gathering of non-profit organizations but rather a group of qualified service providers. To assure the services supplied by the Total Care System, members of non-profit organizations were recommended to self-evalute their organization by using a common self-evaluation form. (See Table 2)

3) To enhance and circulate services in the neighborhood

The actual flow of services is depicted in Figure 3. Inquiries of services come from either clients (the elderly or their family) and professional workers such as care managers at the local LTCI offices or neighbors such as *Minsei Iin* (community welfare commissioners). Immediately after the East Kobe NPO Service Center receives inquiries, it refers them to members of the Total Care System. When an available non-profit organization is not found,

Table 2: Benchmark for Self Evaluation (Non-Profit Organizations)

Items	Evaluation Items	Contents	Result Well done	Result done	Result Not yet
Administration of services	Explanation of the services	①Explain by documents and obtain client's agreement.			
	A proper report to clients	②When some change has been made, Inform clients beforehand.			
	Human rights of clients · Protection of privacy	③Provide a training program on respect, dignity and privacy of the elderly.			
	Management of service content and response	④Keep records on the situation and change of clients.			
	Linkage with agencies（care managers）	⑤Exchange information regularly with other agencies which provide services within LTCI.			
Local community	Linkage with other organizations	⑥Make much linkage with public organizations, hospitals, schools, local shops, and private companies to support a comfortable and safe daily life.			
Agency/ system	Training of staff and volunteers	⑦In order to provide better services, train all staff and volunteers regularly.			
	Appoint a person in charge of complaints	⑧A system is set up and a person in charge of dealing complaints is appointed.			
	In case of emergency	⑨Know a contact person in case of emergency for every client.			

Source: Promoting Council of the Total Care System, 2007

it provides services directly. In this way, it acts as a one-stop service and aims to respond to all the requests of the elderly who need help in their daily lives at home.

4) To develop various programs

It is not a main purpose of the East Kobe NPO Service Center to provide direct services to clients because it may hinder other non-profit organizations from expanding their activities. Instead, its role is to manage and expand a system by developing various programs rather than to provide direct services. Therefore, it provides services only as a last resort.

5) To train volunteers and encourage the local talent

It also trains volunteers and staff through the "Uni-Mate training program." This is a four-day program with multiple training sessions on the necessary knowledge and skills needed to help the elderly. So far, it has been conducted five times, and 71 people in total have participated in the training program. Many of them are now affiliated with the non-profit organizations of the Total Care System through a "match-up session" at the end of the training program.
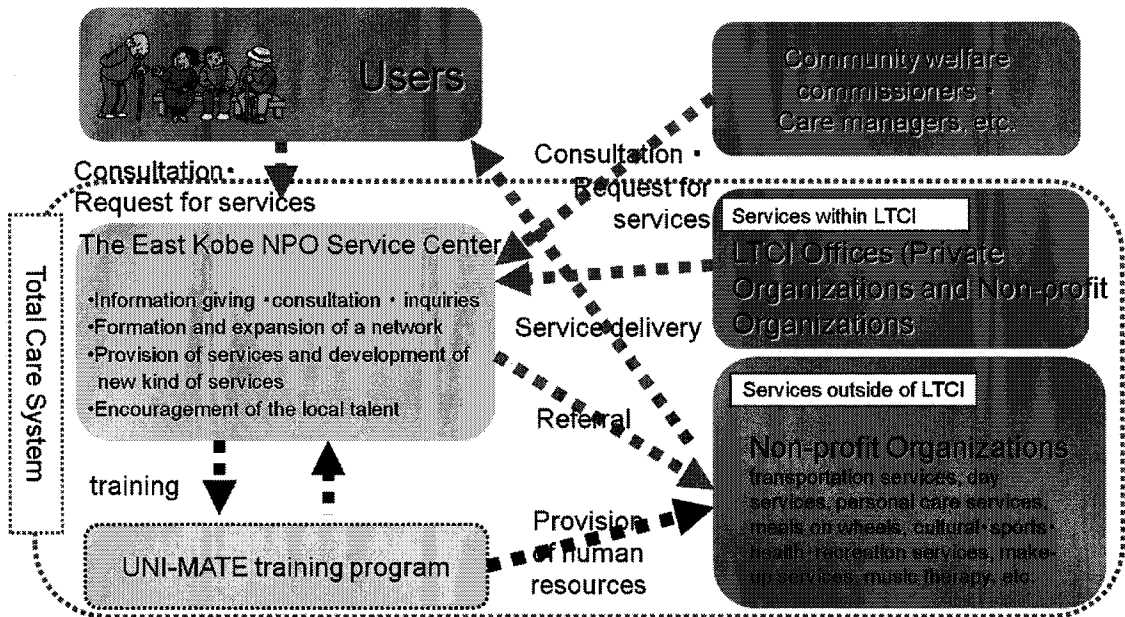

Figure 3: System of Services
Source: Promoting Council of the Total Care System, 2007

(iv) Actual result of the Total Care System

1) Number of cases

In 2006, there were 362 cases of inquiries on information and consultation, and 467 cases of actual services provided by non-profit member organizations. In 2007, there were 58 cases of inquiries and 546 cases of actual services. In 2008, there were 27 cases of inquiries and 294 cases of actual services. In total, there were 447 cases of inquiries and 1307 cases of actual services provided in the three years since its inception.

2) Content of services

The content and hours of services provided by the East Kobe NPO Service Center in 2006 are as follows. (See Table 3)

Table 3: Content and Hours of Services

Content	Cases	Hours of services
Household chores (shopping, cooking)	125	228.5
House cleaning	120	206.5
Throwing garbage	86	98.5
Accompanying to clinics	14	33.5
Attend the elderly	10	26
Gardening	6	37
Housekeeping	4	10
Others	3	4
Total	368	644

IV. Discussion

In the process of establishing a network system for the elderly in the community, it helps to first clarify the following problems (1) service limits of the public system (including LTCI), (2) lack of training and matching of human resources to non-profit organizations, and (3) low awareness of services provided by non-profit organizations. After 4 years of struggle, a network of non-profit and private organizations in the community was established at last to provide services to the elderly and their family. The process of forming a network was not an easy task. It was found that CS Kobe showed initiatives and led other non-profit organizations and groups to think that a network of all types of community-based organizations is necessary. It appealed to both non-profit and private sectors to contribute to the new system by presenting the results of the survey on needs and seeds in their community. The Total Care System is a new type of system that endeavors to be a one-stop service for the elderly and their immediate family, so that they can get access to proper services and remain in their homes for as long as possible.

During the 10 years since LTCI started, people have observed the financial restraint and control of eligible users. Consequently, the limits of LTCI services impact the care that the elderly can receive. As Soeda (2006) emphasized, it was not designed to meet every need of each frail elderly person in the community, and unfortunately, it has not been successful in supporting independent life of the elderly in their own home. Therefore, it was necessary for the non-profit sector to provide additional aging services for the elderly in need.

However, it is not possible for a single group or organization to support every need of the elderly in the community. As Cullinane (1992) argued in his article "Neighborhoods that make sense: Community allies for elders aging in place," since understanding and involvement of people at the neighborhood level is essential, we should make allies of all

types of organizations in the community to facilitate the development of caring communities among older people. In other words, it was necessary for CS Kobe to form a new network of organizations beyond the traditional aging network in the community to support the elderly as a whole. In this study, a search for a group identity of the member organizations was also observed, as pointed out by Hirose in her study. It was a sense of responsibility and a strong attachment to their own community.

The Total Care System has also impacted other organizations in the non-profit sector. It has tried to establish even a wider network in Hyogo prefecture ("*Hyogon Net*") to obtain funding to investigate the present conditions of services provided by non-profit sector. It aims to make policy suggestions based on research conducted independently (A Report on a Fact-Finding Survey of Services out of LTCI by NPO in Kobe, 2010).

It also served to encourage other non-profit sector organizations to establish similar types of systems in their local communities. That is, it succeeded in transplanting or diffusing a network model to other communities. The actual method of forming a network system was prepared in a package of information. It includes the information on the organization of a system, membership fees, minimum necessary capital to cover initial cost, and so on. The package of information was made available to those who are interested in forming a similar network in the community. Currently, a new network system is getting ready in Neyagawa city, Osaka prefecture, following the Total Care System.

Since this study was limited to a certain network in the eastern part of Kobe, results of this study cannot be generalized, and therefore the process of forming a network may be more varied. Although it presented the possibility of forming a network among the local organizations with a variety of backgrounds, several problems still remained. That is, the Total Care System still faces unstable budget conditions and shortages of manpower as well as other NPOs. These problems are great threats to its existence. However, it presented a model for other groups of non-profit organizations to emulate promoting aging in place. These systems should be supported financially by local governments for the purposes of securing finances and getting those organizations involved in generating care communities. For the future studies, it will be also necessary to follow up the activities and the outcome of the Total Care System and further investigate the effects of a network system in different communities.

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