Workshop 6 - Housing & Living Conditions of Ageing Populations

Housing and subjective well-being of the Japanese elderly: From long distance moving with poor timing to moving in time for successful aging in place

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Housing and subjective well-being of the Japanese elderly: From long distance moving with poor timing to moving in time for successful aging in place

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Abstract
The importance of community-based care and housing to support aging-in-place is increasingly being promoted in Japan. Especially elderly housing, where one can live independently utilizing community-based care, is receiving attention as one useful strategy to delay or avoid institutionalization. The purpose of this paper is to investigate the act of moving domicile and the factors influencing the subjective well-being of the elderly living in elderly housing. Questionnaire surveys including face to face interviews with 88 residents in 6 elderly housing settings were conducted, and the respondents’ subjective well-being was measured using the PGC scale (Philadelphia Geriatric Centre Morale Scale). The tendency of moving long distances, and seeking a sense of security and experiencing frightening accidents as incentives to move were explored. As a result, three factors were found to be related to the subjective well-being of the residents: 1) the timing of the move, 2) independent housing conditions, 3) the confidence of being able to live in a house without later moving to a nursing home (continuity). Considering these factors, better and more elderly housing should be developed in Japan.

Key words:
Japanese elderly, elderly housing, subjective well-being, aging in place, the timing of the move
1. Introduction

To delay or even avoid relocation to a nursing home through aging-in-place has been a challenging issue. “Aging in place” refers to the trend whereby older persons are “living in their own residences and communities as long as possible, despite increasing frailty and its associated problems” (Ivry, 1995). In this context, elderly housing as a substitute for older peoples’ own house is getting wide attention today. From the elders’ point of view, however, moving is a high-risk event no matter whether it is done early enough to act preventively or too late to get good results.

In Japan, nursing homes have developed marvelously towards deinstitutionalization in recent years. For instance, modern nursing homes called ‘SHINGATA-TOKUYO’, which are required to have individual rooms which are at least 13.4 square meters in size and small-group-care system called ‘UNIT-CARE’, have emerged as new residential settings and are expected to take the place of old nursing homes in the future. Moreover, the revised public long-term care insurance, which has just been implemented since April 2006, encourages the elderly to age in place with several new kinds of community-based services and facilities. To develop this tendency of aging in place, we Japanese need more elderly housing which will enable older persons to live in their community independently with a high level of well-being, longer than in their own houses, perhaps even until the end of their lives.

Concerning the elderly themselves, almost 60% of them want very strongly to stay in their own houses as long as possible (Cabinet Office, 2004), just as in other countries. But once they become very frail and need 24-hour care, they must move to a nursing home against their own will because they cannot get enough care in their own house due to the lack of community-based care and architectural barriers in the house.

Housing is quite an essential matter. However, the provision of elderly housing is inadequate in Japan (Matsuoka, 2005). Only 0.4% of the elderly over 65 years old live in elderly housing, and more than 4% live in nursing homes. In European countries, there are accommodations, including nursing homes and elderly housing, for 10% of the elderly population as a matter of social security.

In this paper, the focus is placed on the factors influencing the subjective well-being of the residents in elderly housing, and the actual conditions of moving into elderly housing will be described additionally to get some useful implications for the development of elderly housing in Japan.

2. Review of the Literature

Munroe (2005) illuminated two issues; the need for structural and service support, as matters which community-dwelling older persons face if they wish to live their own houses as long as possible. Lawton has also stated that housing provided a sense of mastery and competence, and the appropriate services reduced the number of older persons who would have to leave their homes prematurely (Lawton, 1985). Housing and services have been the essential factors for aging-in-place.

Earlier, in many European countries, housing had been the central pillar of the welfare state (Harloe, 1995). Especially Denmark put a great priority on housing policy and took a unique

In the reports of “Ældre Kommissionen (Elder Commission)”, which was established in 1979 in the Danish Cabinet, the suggestion was made for the necessity of the provision of elderly housing, and the expansion of 24-hour community-based care through three principles for the elderly: 1) continuity, 2) activation of own resources and 3) self determination. The reports also made an appeal for the importance of social relationships in the community (Kähler, 1992).

Since around 1995 in Denmark, moving in time to elderly housing has become a trend among the elderly (Andersen, 1999; Matsuoka, 2001). Several studies about relocation indicate that voluntary relocation can control stress and enhance morale (Lawton & Cohen, 1974).

Through a review of references as above, four factors influencing well-being were hypothesized as follows: 1) the timing of the move to elderly housing, 2) independent housing conditions, 3) social relationships, 4) the confidence of being able to live in a house without later moving to a nursing home (continuity).

In Japan, there was almost no research about the residents in elderly housing from the viewpoint of subjective well-being. Furthermore, this will be the first research in Japan focusing on the timing of the move and independent housing conditions as independent variables.

3. Method

The main purpose of this focused investigation is to discover what are the important and effective factors for Japanese elderly to live in elderly housing with high well-being. The explanatory variables have been hypothesized on the basis of previous research as mentioned.

Sample

Participants were 88 elderly persons who actually have moved and live in six elderly housing settings which are around 4 years old (table-1) and agreed to participate this survey. The six elderly housing settings were selected from among those which were established between 1999-2001 in the western and eastern part of Japan to avoid the bias of housing age and regional differences. Especially we Japanese in the western region had a big earthquake in 1995, so careful sampling has been done to avoid a bias related to this tragic disaster.

<table>
<thead>
<tr>
<th>Table-1 6 Houses Characteristics</th>
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<tbody>
<tr>
<td>House A</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>region</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>size of the house</td>
</tr>
<tr>
<td>total units</td>
</tr>
<tr>
<td>respondents</td>
</tr>
<tr>
<td>monthly rent</td>
</tr>
<tr>
<td>support + food fee</td>
</tr>
<tr>
<td>support staff (profession)</td>
</tr>
<tr>
<td>security alarm</td>
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<tr>
<td>food service</td>
</tr>
<tr>
<td>common room</td>
</tr>
</tbody>
</table>

*Group house is a rented collective housing for the elderly without public financial support
**Elderly rented housing is built with a little public financial support and regulated with alarm call system, no-steps and wide corridor. A part of residents can be subsidized for rental fee.
***Residential home is one kind of private nursing home with food service and life support services, where the residents get community-based care when they get frail.
**** 10,000 euro is paid for at once in moving as 10 years rent.

The distribution of the participants’ ages was 62 to 92 (M=74.5). The number of those between 62-69 was 15 (17.0%), 70-74 was 24 (27.3%), 75-79 was 26 (29.5%), 80-84 was 14 (15.9%), and over 85 was 9 (10.2%). The average age of the residents, 74.5 years old, were a little younger than the average age (81) in private nursing homes and quite a bit younger than the average age (84) in public nursing homes. The average age for males was 73 (26.1%), and for females was 65 (73.9%).

In terms of their family status: 57 were single (67.8%) , 27 were couple (30.7%), 4 were other (4.5%), while their marital status was: 47- married and have children (53.4%), 23-married but no children (26.1%), and 18- not married (20.5%).

Perceived state of health was: 46-healthy (52.3%), 38-quite fine but under continuous medical treatment (43.2%), and 4-not fine (4.5%).

ADL (Ability of Daily Life) was: 74-independent (84.1%), 3-need assistance for walking (3.4%),
6-walker user (6.8%), and 5-wheel chair user (5.7%).

The admitted level of long-term care insurance was: 59-independent (67.0%), 9-group 0 (10.2%), 16-group 1 (18.2%), 1-group 2 (1.1%), 2-group 3 (2.3%), 1-group 4 (1.1%). Groups 3, 4 and 5 are regarded as groups needing heavy care, but they made up only 3.4% of the sample. This figure is quite low compared with the figure of 34.1% in private nursing homes in Japan.

The distribution of education attained was: 23-university level (26.2%), 54-high school level (61.2%), 9-primary school level (10.2%), 2-unknown (2.3%).

Occupational status was: 83-retired (94.3%), 4-employed (4.6%), 1-unknown (1.1%).

**Measures**

Data were collected through both a questionnaire survey with a structured format and a half-structured interview described in the following sections.

**Actual conditions:**

Participants were asked through a structured format about the age at which they moved into elderly housing, the previous address, their previous house tenancy, and then were asked about the incentives of moving, and the reasons for selecting the specific housing by utilizing half-structured interview method, and the responses were coded into values later.

**The timing of the move:**

Participants were asked about the timing of the move into elderly housing, based on 4 indexes including before developing a disability (voluntary moving) or after developing a disability (compulsory moving), having an alternative option for housing at the time or not, whether active consideration was taken about moving or not, holding strong confidence in that house after visiting several houses and attending some lectures or not. Participants were divided into 4 groups regarding these 4 indexes: the too late group, the late group, the preventive group, and the well-considered group.

**Independent housing conditions:**

Independent housing indicators consist of 5 items, including the size of the house (coded with 2 points for over 40 square meters, 1 point for 25-40, and 0 point for under 25), the condition of the kitchen (coded with 2 points for ordinary kitchen, 1 point for kitchenette, and 0 point for no kitchen), the bath & toilet (coded with 2 points for bath with tub and toilet, 1 point for only shower & toilet, 0 point for only toilet), the level of independence of the housing (coded with 2 points for external corridor, 1 point for inner corridor, 0 point for no corridor), the separation of sitting room from sleeping room (coded with 2 points for perfect separation, 1 point for ambiguous separation, 0 point for no separation).

**Confidence in continuity:**

This item was measured by the answer to the question: “Do you have confidence to live here until the end of your life without moving to a nursing home?”

**Social relationships:**

This was measured by the number of close friends living in the same house and in the community.
Subjective well-being (dependent variable)

To measure the residents’ well-being, the Philadelphia Geriatric Center Morale Scale (PGC scale), which consists of 17 questions (table-2), was used. The perfect score with all positive answers is 17 points. In Japan, both the validity and the reliability of these questions have been proven and the stability of the instrument has also been proven over the last 5 years (Ishihara, 1999).

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1 Things keep getting worse as I get older.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 I have as much pep as I had last year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 I feel lonely a lot.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Little things bother me more this year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 I see enough of my friends and relatives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 As you get older, you are less useful.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 I sometimes worry so much that I can’t sleep.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 As I get older, things are better than I thought they would be.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 I sometimes feel that life isn’t worth living.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 I am as happy now as I was when I was younger.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 I have a lot to be sad about.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 I am afraid of a lot of things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 I get made more than I used to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Life is hard for me much of the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 I am satisfied with my life today.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 I take things hard.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 I get upset easily.</td>
<td></td>
<td></td>
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</tbody>
</table>

Analysis

A combination of qualitative case study and quantitative measures were used. To evaluate the relationship between the explanatory variables and subjective well-being, a simple correlation coefficient analysis and variance analysis have been used.

4. Findings

First of all, a brief overview of the act of moving will be described. Caution must be taken not to generalize this summary about moving for the reason that this survey is based on non-random sampling. Secondly, the relationship between subjective well-being and the other variables will be described.
**Descriptive analysis**

**Previous address:**

Surprisingly, more than 60% of the residents have come from outside of the cities where they currently live, 6.8% of them came from other prefectures. And only 9.1% have moved just within the local primary school district, while 30.7% moved within the city limits.

**The incentives of moving:**

The most frequent incentives for moving, which were ascertained through the half-structured interviews and coded later, included a frightening accident such as breaking a bone or falling down some steps or on the floor, or experiencing heart palpitations or shortness of breath in the middle of the night. Almost half (46.6%) have moved on account of some frightening accident. But the other incentives vary widely among such factors as decayed houses (10.2%), change in children’s conditions (8.0%), retirements (5.7%), human relationship trouble (5.7%), and so on.

**The reasons for selecting the specific house:**

The most significant index of specification for the house is that it was an elder-friendly structure (20.5%), with the next ranked indexes being location near a station (19.2), the free and independent philosophy of the house (17.0%), and location near their children (10.2%).

**Subjective well-being and independent variables**

**Subjective well-being:**

The subjective well-being of the residents measured by the PGC scale was an average of 10.84 points (M=11.79, SD=3.99). In relation to the profiles, perceived health (-0.363**, P<.01), admitted level of long-term care insurance (-0.295**, P<.01), level of ADL (0.288**, P<.01) showed valid correlation coefficient, as generally demonstrated by previous research.

**Timing for moving:**

The participants were divided into 4 groups in regard to the timing and the initiative of moving, such as the ‘too late group (15.9%)’, the ‘late group (19.3%)’, the ‘preventive group (29.6%)’ and the ‘well considered group (35.2%)’. In the single variance analysis, the well-being score of the ‘too late group’ was significantly low (6.14 points). On the contrary, the score of the ‘well-considered group’ was quite high, at 12.77 points (table-3). Actually, the variable of this timing most positively related to subjective well-being when regarding these groups on an interval scale (0.538**, P<.01). The earlier the moving related actions take place, the higher the well-being scores are.

<table>
<thead>
<tr>
<th>Tabel-3 Timing of the moving and subjective well-being</th>
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<tbody>
<tr>
<td>composition</td>
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<tr>
<td>-------------</td>
</tr>
<tr>
<td>too late group</td>
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<tr>
<td>late group</td>
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</table>
More exploratory study found that the strong purpose of the ‘well-considered group’ included two items such as 48.4% for starting a new life and 38.7% for a sense of security, although almost all (92.9%) of the ‘too late group’ aimed to get a sense of security in moving. More interestingly, the index of specifications for new housing in the ‘well-considered group’ was the location near a station (35.5%) and the free and independent philosophy of the house (32.3%). Concerning the ‘too late group’, main purposes were living close to children (42.9%) and an elder-friendly structure (50.0%).

A case in the ‘too late group’: Mrs. O (87, morale point 4) moved over 100km to live near her daughter after her heart disease was diagnosed and following her husband’s death. She did not want to bother her daughter’s family, so decided to live in elderly housing. “I gave up everything and moved” She said.

A case in the ‘well considered group’: Mr. and Mrs. M (81-68, morale point 16-12) took care of their parents for a long time and learned a lot about active and positive living after retirement. They looked into many private nursing homes by themselves, but found out that all were for the frail to get care. They sought and got at last a house with convenient location to live actively until the end of their lives.

Individual housing conditions:
Concerning the condition of individual housing, because the research target was elderly housing, the score was quite high, such as 6 points (12.5%) and 8 points (6.8%), and even a perfect 10 points (80.7%). And the correlation coefficient analysis showed a positive relationship between the housing condition and well-being (0.325**, P<.01). The average score of well-being of each group was as follows, 7.18 points for the 6 point group (low independence), 11.33 points for the 8 point group (medium independence) and 11.37 points for the 10 point group (high independence) (table-4).

<table>
<thead>
<tr>
<th>Composition</th>
<th>Well-being Score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 point -low independence</td>
<td>12.50%</td>
<td>7.18</td>
</tr>
<tr>
<td>8 point-medium independence</td>
<td>6.80%</td>
<td>11.33</td>
</tr>
<tr>
<td>10 point-high independence</td>
<td>80.70%</td>
<td>11.37</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>10.84</td>
</tr>
</tbody>
</table>

*the deference of the average was valid except between 8 point-10point.
A case of a 25 square meters house: Mrs. O (87, morale point 4) ’s house is too small to live independently. She walked independently when she moved into this location, but now she uses a walker. It is quite hard to use the walker in her house because the room is occupied by a bed, table and sofa. There is almost no space to walk around safely, so she stays on the sofa and requires more help.

A case of a wheel chair user: Ms. A (65. morale point 14) uses a wheel chair outside, but she can do everything with a cane in the house, which has 45 square meters and a kitchen. She looks at shopping advertisements every day and tries to buy things cheaper and cook everyday.

A case of an electronic wheel chair user: Mr. U (75, morale point 15) needs a lot of help in eating, toileting, bathing and transferring after his stroke. He enjoys listening to music and drawing while in the wheel chair in his 45 square meter house. His daughter and public helper support his life.

Confidence in continuity:

27.3% of the participants had a strong confident feeling to live the house until the end of their life without moving to a nursing home later (continuity). This confident feeling a little positively related to subjective well-being when regarding these groups on an interval scale (0.211*, P<.05). The average score of well-being for each group is as follows (table-5).

<table>
<thead>
<tr>
<th>composition</th>
<th>well-being score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>strong confidence</td>
<td>27.30%</td>
<td>12.04</td>
</tr>
<tr>
<td>vague confidence</td>
<td>54.50%</td>
<td>10.67</td>
</tr>
<tr>
<td>no confidence</td>
<td>18.20%</td>
<td>9.56</td>
</tr>
<tr>
<td>average</td>
<td></td>
<td>10.84</td>
</tr>
</tbody>
</table>

*the deference of the average was valid at 0.05 between ‘strong confidence’ and ’no confidence’.

Social relationships:

Social relationship was investigated by the number of the close friends in the house and in the community. Surprisingly, 39.8% of the participants have no close friends in the house, and 67.0% have none in the community. Unfortunately, there was no valid relationship between social relations and subjective well-being. The story told by a house leader and a resident help us to see the reason for this phenomenon.

“The residents in this house are getting along well with the others while maintaining some psychological distance. They have an adult attitude.
A resident said this,
“The key to get on well with the others is to keep some distance. Too close a relationship may lead to unhappy results.”

For getting on well all together superficially, they selected to live isolated psychologically rather than to get too close. Social relationship was too complex to measure with validity and reliability.

5. Discussion

This study illuminated the fact that more than 60% of the participants moved across the city and the most frequent moving purpose is to get a sense of security. The most frequent incentives for moving are the experiencing of frightening accidents. And the most significant index for house selection is an elder-friendly structure, with the strong tendency of the ‘too late group’ to live close their children, and of the ‘well-considered group’ to live near the station and have independent living.

The moving timing, the independent housing condition, and the confidence in continuity in the house were observed to be positively related to subjective well-being through correlation coefficient analysis and variance analysis. Interestingly, the moving timing most positively related to subjective well-being.

*Long distance moving: for a sense of security? Or for starting new life?*

Long distance moving (across the city) causes a loss of human relationships in the community (Ohara, 1992). And this makes it difficult for the elderly to create a new network in the new community. The results of this study were consistent with this discourse. As a matter of fact, more than 60% of all respondents had moved across their city, and the study discovered that the participants’ social network was very limited. Almost 70% of long distance movers had no close friends in the community, although 66.7% of the movers within the city had many close friends in the community (chi square=.005).

When the results were examined further, however, it was found that long distance moving had a positive aspect also. The elderly moved across the city border not only to get a sense of security (52.8%) but also to start new life positively (24.5%). A large number of *elderly housing units* are useful for stopping long distance moving not only for the ‘too late group’ but also for the ‘well-considered group’.

‘too late ’? or ‘well-considered’?

The timing of the move showed the most important correlation coefficient with subjective well-being. And the valid factors related to moving timing were the purpose of the move, the house selection index and the number of close friends in the community.

The study revealed that in the case of moving too late after an accident or after becoming impaired, one very strongly seeks a sense of security and has a tendency to live close to one’s children and to attach great importance to an elder-friendly structure. They also have a high possibility to have no close
friends in the new community. It is supposed that they are frail/weak enough to desire a sense of security, which partly means living close to their children, and shortage of the time to consider well where they live.

Ambiguous anxiety for the future promotes the incentives of moving into elderly housing (Suzuki, 2003). The result that a frequent purpose of moving was to get a sense of security was consistent with this discourse of Suzuki. In Japan, community-based care is not yet adequate to ensure aging-in-place, although long-term care insurance was implemented five years ago. Consequently, generally speaking, the elderly can not believe firmly in the possibility that they can live in their own houses in safety as long as possible, although they want strongly to do this. Many Japanese have this anxious feeling. When a frightening accident occurred in the midst of this anxiety, the action of moving realized immediately that the timing was too late. Unfortunately at that late timing, there is not enough time to select the best among several good alternatives and to consider them sufficiently. This is almost a forced moving, and causes the low subjective well-being.

On the contrary, if one starts to consider moving early in life and has enough time to consider and to select, one can get the preferable elderly housing to start a new life as well as achieve security, a fulfilling life, and the possibility of successful aging in place.

Independent house condition to live independently

In this study, it was proven that the independent condition of a house was also an effective factor for subjective well-being. Adequate inner spaces help persons to keep and enhance their ability in daily life by making it possible to use the wheel chair freely in their home (Hayakawa 1993, Suzuki 2003). In addition to this, a series of daily life activities, such as choosing foods, cooking, checking newspaper flyers and shopping, and managing money, promote the initiative to live a community-based life (Miura, 2002). A person who manages daily life with some support is not a passive receiver of the service any more but a positive human-being.

Mrs. O may have been able to cook by herself if her room were considerably bigger and had an ordinary kitchen rather than a small one. It is crucially important for elderly housing to have enough space with full kitchens and toilets and baths to support an independent life as a positive human-being with high subjective well-being.

A sense of secure continuity (Confident feeling)

The persons who had a confident feeling of being able to live in their house without moving to a nursing home later showed high subjective well-being (13.05 points, F 2.85=46013, P=.0001). The half-structured interview illuminated the fact that this confidence comes from two factors. Some elderly housing had nursing rooms where the residents could get intensive care from the familiar staff members for a certain emergency period or in the last stage of life. The residents in such a house have possibility to feel confidence in this continuity of residence. The other is that even in a house without a
special nursing room, the residents can feel confidence in continuity through sufficient communication
with the house leader and frequent discussion about their anxiety and demands concerning long-term
care or terminal care. However, the residents in houses without any staff have no chance to talk about
these matters, so 9 out of 15 took it for granted that they would have to move to some nursing home
when they needed more care. Elderly housing is not a temporary bridge to a nursing home, but a house
to age in place.

6. Conclusion

From long distance moving with poor timing for a sense of security
to short distance moving in time for successful aging in place.

Our essential purpose is to develop elderly housing for aging-in-place in Japan. The most important
issue was the timing of the move. But in Japan, generally speaking, older people want to live their own
houses as long as possible. In the case of impairment or disability, however, the spouse/children try to
keep them in the house with gentle care, and finally give up and decide to put the elderly into a nursing
home against their will. This situation is ‘too late moving’. The elderly do not even know the presence
of elderly housing. In addition to sufficient elderly housing infrastructure, to promote familiarity with
elderly housing, as well as its usefulness and meaningfulness, nation-wide announcements involving
local governments, building companies, and every kind of elderly associations are required. A
financial support system to sell the old house and buy a new one is also required.

Second, more elderly housing, which is independent housing with enough space, a full kitchen, bath
and toilet, is required to be built in the community at the rate of 5% of older people (over 65 years old).
To enable short distance moving, it would be better to build a lot of small-scale settings consist of around
20 housings of adequate size in the community.

Third, more community-based care is required to enhance a sense of security toward aging in place.
New community-based care systems in which small-scaled, multi-functional facilities support aging in
place with various services such as day centers and home-help/nursing and short stays, have a great
possibility to work together with elderly housing in the community.

This study discovered that we Japanese move over a long distance with poor timing to achieve a
sense of security, with the result of low well-being. These findings suggest that basic implementation
of aging in place based on elderly housing in Japan is a complex endeavor, requiring a continuous
commitment of housing policy, long-term care policy, and financial policy, as well as the elderly
themselves and their education.

Limitations

There are limitations to this investigation that help to highlight the potential direction for future
research. This survey is based on non-random sampling, so the descriptive analysis is not able to be
generalized. In addition, the survey concerning the validity of correlation between social relationships
and subjective well-being must be continued.

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