‘Moving in time’: is this a recommendable concept?
A study on the composition of the timing to move into elderly housings

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Abstract
The purpose of this paper is to explore the composition of the timing to move into elderly housings and to investigate whether the action of ‘moving in time’ contribute the subjective well-being of older persons.
One-to-one interviews were carried out towards 88 residents in 6 elderly housings in Japan, and the 4 elements which compose the timing to move into elderly housings were extracted:
1) The occurrence of accident which caused the disability
2) Having alternative housing option or not
3) Active consideration for best housing
4) Strong confidence in the housing as good one
Following these 4 elements, the interviewee were divided into 4 groups; too late group, late group, preventive group, well considered group. The subjective well-being score of these 4 groups were measured by PGC morale scale, which showed a significant difference among these 4 groups. ‘Moving in time to the elderly housings’ was verified as a recommended concept. In Japan, however, this concept is not yet familiar among older persons. Moreover, we do not have enough elderly housings for ‘moving in time’ in Japan. I would like to think about how we can make this concept popular and develop the place for ‘moving in time’.

Key words: Timing of the moving, Japanese elderly housing, subjective well-being, aging in place.

Introduction
‘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. Until the 1970’s, older adults housing in special sheltered housing and residential care facilities was widely considered as a sign of a highly developed care system. In the 1970s, this changed. A combination of considerations concerning the importance of autonomy, privacy and the older adults’ right to choose on the one hand, and the necessity to reduce the costs of collectively financed facilities, particularly residential care, on the other, lead to a spectacular drop in the number of older adults living in residential care in the northern countries. In the 1990s, in almost every country the focus...
shifted to a further extension of home care and other possibilities to grow old in one’s own familiar surroundings. In European and other western countries there have been a flood of innovations in the past few decades in the areas of housing and care for older people. One important driving force behind these innovations is the desire for ‘ageing in place’ (Houben, 2001, 657; Pastalan, 1997). ‘Ageing in place’ is regarded as effective to delay or even avoid relocation to a nursing home. Elderly housings for ageing in place have been forefront issue.

In Japan, we have had a strong tendency of heavy rely on nursing home care and other institutions with 3.1% of older population over 65 years old, since ‘Elderly welfare law’ came in to force in 1963, whereas the elderly housings are provided with only 0.5% of older population over 65 years as table-1 shows. In the past decade, we had an innovative change of nursing home. In 2003, ministry of labor and welfare regarded ‘modern nursing home (SHINGATA-TOKUYO)’ as a standard, which is regulated by ‘single room’ and ‘small-scaled care style like home within 10 persons’. And then in 2005, the financial support from central government for building new nursing homes was quitted. Only few public supports are done by local authorities. These changes can be interpreted as the significant movement forward ageing in place.

Through all these challenges, however, the field where Japanese central government are actually promoting forward ageing in place is only residential care one. The elderly housings are continuing standstill. The lack of the elderly housing and the community-based care means the backwardness of well-balanced ageing in place.

We Japanese are fronting with the most aged society in the world (22.75%, 2010). The aged rate will reach to 30.5% in 2025 and 40.5% in 2055. The policy making for older persons forward ageing in place is one of the most urgent matter. 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 same 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) (Table-1). Only 0.5% of the elderly over 65 years old live in elderly housing, and more than 4% live in nursing homes and residential facilities. In European countries, there are accommodations, including nursing homes and elderly housing, for 10% of the elderly population as a matter of social security policy.

<table>
<thead>
<tr>
<th>Elderly housing (independent)</th>
<th>Residential care facility</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public elderly housing ★</td>
<td>23</td>
<td>Group home for dement</td>
</tr>
<tr>
<td>Private elderly housing</td>
<td>53</td>
<td>Private nursing home</td>
</tr>
<tr>
<td>KO-YU-CHIN* ★</td>
<td>33</td>
<td>CARE HOUSE 72</td>
</tr>
<tr>
<td>KO-SEN-CHIN** ★</td>
<td>19</td>
<td>KO-SEN-CHIN 25</td>
</tr>
<tr>
<td>Subtotal: 128(0.5%)</td>
<td>Subtotal: 393(1.4%)</td>
<td>Subtotal: 859(3.1%)</td>
</tr>
<tr>
<td>Total: 128(0.5%)</td>
<td>Total: 1252(4.5%)</td>
<td></td>
</tr>
</tbody>
</table>

*KO-YU-CHIN (25㎡~, 1987~) means ‘elderly rental housing with good quality’. This is the rental housing for older persons have been build by private sector with public subsidy for some common area since 1998.

**KO-SEN-CHIN (25㎡~) means ‘elder rental housing’. This is the rental housing for older persons build by private sector without public subsidy. This has been build since 2005 under ‘Elderly housing law’. Even fail elders can live the collective housing type of KO-SEN-CHIN with getting institutional care or community-based care.

★The one with this mark is regulated under a housing law.
In this paper, the focus is placed on the ‘moving in time to elderly housing’. The purpose of this paper is to explore the composition of the timing to move into elderly housing and to investigate whether the action of ‘moving in time’ contribute the subjective well-being of older persons.

<Definition of elderly housing>
Elderly housing is the house designed/built for the elderly whose physical/mental competence declined under a housing law and not include institutions. The residents are the tenants and live there utilizing community-based care. Elderly housings are based on the concept of ageing in place and on the theory of separating housing and care.

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 deinstitutionalization strategy. The Danes started building normal dwellings for the elderly called ‘Ældreboliger’ instead of building new nursing homes (Hansen, 1998; Gottschalk, 2000). Interestingly, this deinstitutionalization is regarded as a separation of dwelling-function and care-function. Especially Hansen (1998) focuses on the importance of round-the-clock care services in the community as a factor of successful deinstitutionalization, and Gottschalk (2000) emphasizes the concept of self-contained houses. The self-contained house means a housing unit with a kitchen, toilet and bath with drainpipe to enable residents to live independently.

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 (Kåhler, 1992).

Since around 1995 in Denmark, ‘moving in time to elderly housing’ has become a trend among the elderly (Andersen, 1999; Matsuoka, 2001) although the frequency of moving in aged stage of life is getting down.

Several studies about relocation indicate that voluntary relocation can control stress and enhance morale (Lawton & Cohen, 1974).

Through a review of references as above, the timing of the move to elderly housing is quite important for older persons’ well-being.

In Japan, there was almost no research about ‘moving in time to elderly housing’.

Method

The main purpose of this focused investigation is to explore whether the concept of ‘moving in time to elderly housings’ is recommendable or not. To achieve this purpose, I would take three steps as below:

1) STEP1: to explore the composition of the concept of ‘the timing of moving to elderly housings’.
2)  STEP2: to divide the residents in elderly housings into suitable groups
3)  STEP3: to illustrate and to measure the subjective well-being score of each groups for judging the suitability of the concept ‘moving in time to elderly housings’
Data collecting

Participants of this survey were 88 elderly persons who have moved and live in six elderly housing settings which are around 4 years old (table-2) 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-2 6 Houses Characteristics</th>
<th>House A</th>
<th>House B</th>
<th>House C</th>
<th>House D</th>
<th>House E</th>
<th>House F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>western</td>
<td>eastern</td>
<td>western</td>
<td>eastern</td>
<td>western</td>
<td>western</td>
</tr>
<tr>
<td>Category</td>
<td>group house *</td>
<td>group house *</td>
<td>elderly rented housing**</td>
<td>elderly rented housing**</td>
<td>residential home***</td>
<td>residential home***</td>
</tr>
<tr>
<td>size of the house</td>
<td>24-25m²</td>
<td>28-52m²</td>
<td>46m²</td>
<td>37-52m²</td>
<td>28-55m²</td>
<td>40-60m²</td>
</tr>
<tr>
<td>total units</td>
<td>16</td>
<td>10</td>
<td>22</td>
<td>22</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>respondents</td>
<td>13</td>
<td>7</td>
<td>15</td>
<td>19</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>monthly rent</td>
<td>900</td>
<td>900</td>
<td>400-560</td>
<td>550-860</td>
<td>1000****</td>
<td>1000****</td>
</tr>
<tr>
<td>support +food fee</td>
<td>700+350</td>
<td>250+350</td>
<td>85+0</td>
<td>85+0</td>
<td>500+430</td>
<td>500+350</td>
</tr>
<tr>
<td>support staff (profession)</td>
<td>day time (helper)</td>
<td>day time (nurse)</td>
<td>none</td>
<td>day time (s. w.)</td>
<td>all day (nurse)</td>
<td>day time</td>
</tr>
<tr>
<td>security alarm</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>food service</td>
<td>yes</td>
<td>yes</td>
<td>none</td>
<td>none</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>common room</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</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 at once in moving as 10 years rent.

Measures

Data were collected through one-to-one interview containing both a questionnaire survey with a structured format and a half-structured interview described below. And the responses were coded into values later to discover the composition of the concept of ‘the timing of moving to elderly housings’

Questions with a structured format:

- Participants were asked through a structured format at first,
  - Basic profile: their age and the age at which they moved into elderly housing, family status, marital status, perceived status of health, ADL
  - the previous address (distance of the moving), their previous house tenancy
  - social relationship
Questions with a half-structured interview

- ‘why did you move to this house? (the incentive and the purpose of moving)
- ‘Why did you select this house?’

Subjective well-being
To measure the residents’ subjective well-being (for STEP3), the Philadelphia Geriatric Center Morale Scale (PGC scale), which consists of 17 questions (table-3), was used. The perfect score with all positive answers is 17 points. For Japanese older persons, both the validity and the reliability of these measures have been proven and the stability of the instrument has also been proven over the last 5 years (Ishihara, 1999).

Table 3. Philadelphia Geriatric Center Scale (questionnaire form)

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Things keep getting worse as I get older.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2 I have as much pep as I had last year.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3 I feel lonely a lot.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4 Little things bother me more this year.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5 I see enough of my friends and relatives.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6 As you get older, you are less useful.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7 I sometimes worry so much that I can’t sleep.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8 As I get older, things are better than I thought they would be.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9 I sometimes feel that life isn’t worth living.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10 I am as happy now as I was when I was younger.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11 I have a lot to be sad about.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12 I am afraid of a lot of things.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13 I get made more than I used to.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14 Life is hard for me much of the time.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15 I am satisfied with my life today.</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>16 I take things hard.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17 I get upset easily.</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Analysis

<STEP 1: the composition of the concept of ‘timing of the moving’>

For analyzing the text data of the interview, we recorded whole interview with electronic voice recorder and wrote down. And we extracted the elements of the concept which constructs ‘timing of the moving to elderly housings’ through reading whole text data.

After these procedures, we went back to each residents’ statement and put/code a value for each element. This procedure is so called ‘after-coding’.

<STEP 2: dividing into some groups>

Following the results of ‘after-coding’, we divided the residents into suitable groups following regulations in table-4.

<STEP 3: investigation on the effect of the timing on subjective well-being>

To judge the suitability of the concept ‘moving in time’, we looked into the difference of the well-being score among the groups with the correlative coefficient analysis and the single variance analysis.
Results

First of all, a brief overview of the profile of the participants of this survey 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, results of STEP 1, STEP 2 and STEP 3 will be described.

Profile of the participants of the survey

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 public 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.

<STEP 1>

The incentives for moving / the process 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%).

The purpose of the moving

The most significant one is ‘seeking for security and safe’ (58%) and secondly ‘hope to the new life’ (24%) , and last ‘seeking for the convenience of the life’ (13%).

The conceptual composition of ‘ timing of the moving’

According to the results overviewed, it was ascertained that the structural concept of ‘timing of the moving to elderly housings’ consist of 4 ellements shown below;

1) The occurrence of accident which caused the disability: Was it before or after a frightening accident?
2) Having alternative housing option or not: Did they have the housing alternatives other than they selected?
3) Active consideration for best housing
4) Strong confidence in the housing as good one: Did you get the confidence that this house is the best for me after looking at various kind of elderly housings?
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.

<STEP 2>
The division of suitable groups:
The participants were divided into 4 groups in regard to the timing and the initiative of moving, such as below:
- the ‘too late group (15.9%)’
- the ‘late group (19.3%)’
- the ‘preventive group (29.6%)’
- the ‘well considered group (35.2%)’.

Table 4. Division of groups and regulations

<table>
<thead>
<tr>
<th></th>
<th>Too late group</th>
<th>Late group</th>
<th>Preventive group</th>
<th>Well considered group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of distribution</td>
<td>15.9%</td>
<td>19.3%</td>
<td>29.6%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Before/after a frightening accident</td>
<td>after</td>
<td>after</td>
<td>before</td>
<td>before</td>
</tr>
<tr>
<td>Housing alternatives</td>
<td>non</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Positive thinking</td>
<td>non</td>
<td>non</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Confidence of the house</td>
<td>non</td>
<td>non</td>
<td>non</td>
<td>yes</td>
</tr>
</tbody>
</table>

We would describe the profile of the typical resident of each groups.

☆ A case in the ‘too late group’: Mrs. O (87, female, morale point 4) moved over 500km 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 of the ‘too late group’: Mrs. A (87, female) has been hospitalized with stroke for 3 months at her 81 years old. Later, she was hospitalized several times for high blood pressure, broken leg and cataract. At the last discharge, her relative recommended her to live near from them. She moved to elderly housing over 100 km.

☆ A case of the ‘late group’ : Mr. K (92, male) had a spouse passed away 10 years ago. He lived alone near 10 years independently. His doctor advised him to live in some elderly housing for safe and security.

☆ A case of the ‘late group’: Mrs. Y (70, female) has been living with her son’s family. She did not get along well with a daughter in law. Her daughter knew that situation and found out a elderly housing and recommended her mother to move.

☆ A case of the ‘preventive group’: Mrs. H (70, female) lost her husband at her 50 age. She is quite fine, but she feels ambiguous anxiety for the future. Her daughter found out a elderly housing for her mother at her 66 age.

☆ A case of the ‘preventive group’: Mr. H (75,male) lived alone in the apartment independently without any social relationship in the house. He felt anxious about the future life, and found out the elderly housing in the city hall.
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.

A case in the ‘well considered group’: Mrs. A (78, female) lived alone for 7 years after her husband’s death. She became to feel a little anxiety, and start to look for the elderly housing to live in free where she can get back even after long hospitalization.

<STEP 3>
In the correlation coefficient analysis actually, the variable, the element of this timing, most positively related to subjective well-being when regarding these groups on an interval scale (0.538**, P<.01). In the single variance analysis, the well-being score of the ‘too late group’ was significantly low (6.14 points, 0.05 level). On the contrary, the score of the ‘well-considered group’ was quite high, at 12.77 points (0.05 level) (table-5). But we cannot get the valid difference between ‘late group’ and ‘preventive group’. The earlier the moving related actions take place, the higher the well-being scores are. The proposition whether the concept of ‘move in time’ is recommendable or not was approved validly.

Table 5. Timing of the moving and subjective well-being

<table>
<thead>
<tr>
<th>Composition</th>
<th>Well-being score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>too late group</td>
<td>15.90%</td>
<td>6.14</td>
</tr>
<tr>
<td>late group</td>
<td>19.30%</td>
<td>10</td>
</tr>
<tr>
<td>preventive group</td>
<td>29.60%</td>
<td>11.62</td>
</tr>
<tr>
<td>well considered group</td>
<td>35.20%</td>
<td>12.77</td>
</tr>
<tr>
<td>average</td>
<td>10.84</td>
<td></td>
</tr>
</tbody>
</table>

*the deference of the average was valid at 0.05 level between ‘too late’ and the other and between ‘well considered’ and the other.

More exploratory study found that the strong purpose of the ‘well-considered group’ included two items such as 48.4% for the hope of 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%).

Findings & Discussion

This study illuminated the fact that ‘moving in time’ effects positively and strongly at 0.583 point on subjective well-being of the elderly housing residents.
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. The ‘too late group’ have the strong tendency to live close their children, and the ‘well-considered group’ to live near the station and have independent living.
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 safe’ with 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 just a sense of security, which partly means living close to their children, and shortage of the time to consider well where they live. They do not have enough time and alternatives other than nursing home like house with around 25㎡ size.

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 and safe 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 ten years ago. Consequently, generally speaking, the elderly cannot trust the institutions or the central/local government 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 an 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 sufficiently. This is almost a forced moving, and causes the low subjective well-being.

On the contrary, if one starts to consider moving at early stage of the life, such as at retirement or at the death of a spouse, and has enough time to consider and good alternatives, 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.

In addition to this discourse, these days they are so eager for getting sufficient personal care, such as eating/toileting/bathing help in case of impairment, and for getting a guarantee of ageing in place, that is the guarantee of living continuation in the house till the end of life.

Conclusion

Our essential purpose is to develop independent elderly housing for aging-in-place in Japan. The most important issue is to build sufficient independent elderly housings with good quality in each community not for nursing home like house. And it is necessary for older persons to think about the place they get old and end their lives.

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 moving within their community, 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 system in which small-scaled, multi-functional facilities support aging in place comprehensively with various services such as day centers and home-help and short stays, have started since April 2006. The users of this service, however, are only 40,000 with the contract of 860,0000 residents in residential care facilities.

In addition to this, 24 hour periodic community-based nursing care with emergency call system is just starting from April 2012 under the amendment of public long-term care insurance law.

This study discovered the importance of ‘moving in time to elderly housings’. Under the new housing law for older persons and the amendment of public long-term care insurance law, we would develop ‘ageing in place’ with sufficient independent elderly housing and with the action of ‘moving in time’ and with community-based care.
‘Mixité’: an urban and housing issue?

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 ‘timing of the moving’ and subjective well-being must be continued.

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