

conduct care planning for all individuals to be cared, regardless of whether they are cared at home or in facilities for insurance coverage. The results of this study indicate clearly that caretakers are preparing for that, studying care management and assessments. This change in knowledgeability and attitude on the side of care-taking staff can lead to a drastic change in quality of care for the elderly in Japan after the launch of the insurance program in April 2000.

Meanwhile, in the UK, a white paper entitled “Modernizing Social Services (November, 1998)” pointed out the following problems particularly in connection with Community Care:

1. The standard of provided services became less clear due to the introduction of care management.
2. Reviewing and revising of care plans are not carried out.
3. Follow-up activity for care-takers is not performed sufficiently.
4. The coordination of community care as social service and other social services are not sufficiently made (Department of Health, 1998).

In comparison, the Japanese public care insurance program has clearer standards for providing services (Ikegami, 1997). However, with regard to other problems mentioned above, the Japanese system also has the possibility to face them in the future. Reviewing and follow-up activities should be carried out after the program has been launched.

In conclusion, the legislation of public long-term care insurance program leads to more recognition and knowledgeability on the side of hospital managers, regarding the methodology of care management and comprehensive assessment. In spite of the large number of problems to be solved before and even after the enforcement of the law in April of 2000, the significance of long-term care for the elderly as well

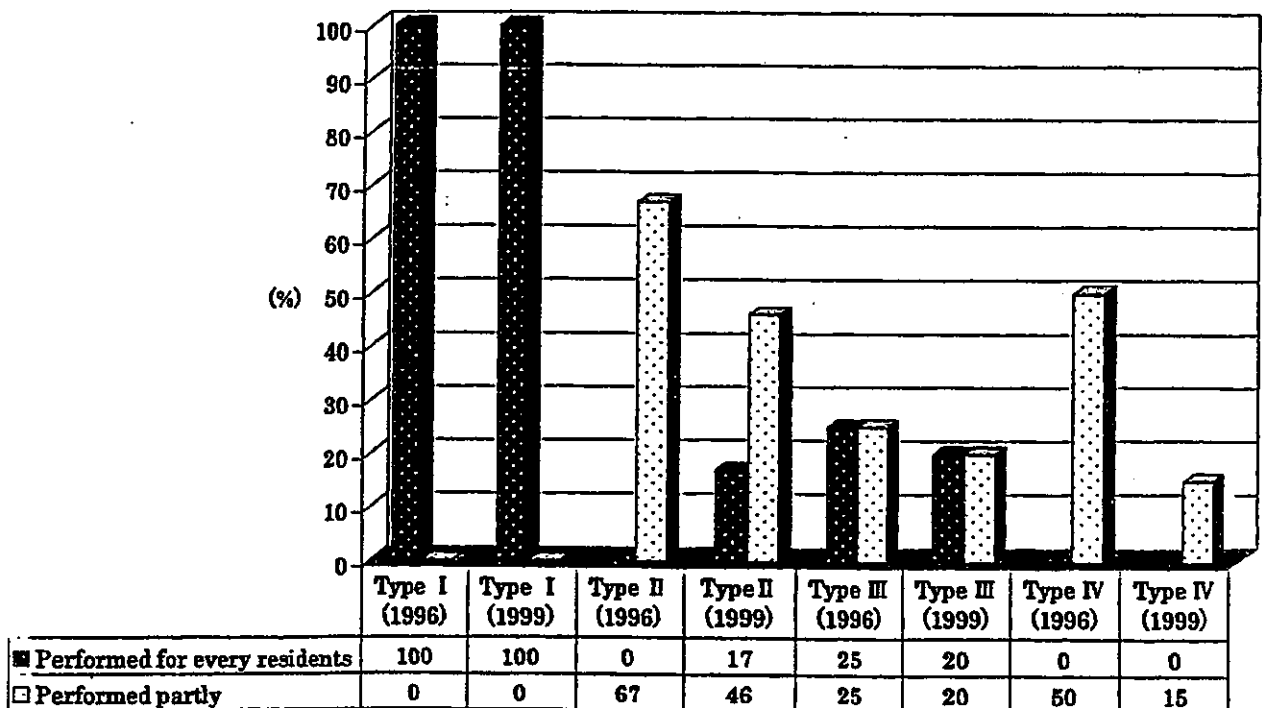


Fig. 3. Rates of care planning.

as a concrete methodology for that has been recognized, and understanding on these matters has increased.

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