



1. Introduction

1.1 In Hong Kong, nearly four-fifths of elderly people aged 65 and above have chronic diseases.¹ Coupled with the projected upsurge in the elderly population from 1.42 million in 2020 to 2.13 million by 2030, public provision of long-term care ("LTC") services are expected to face intensified pressure in the future.² Relative to hospitalization and residential care services ("RCS"), local elderly people generally prefer to receive LTC in the familiar community or at home (i.e. community care services ("CCS")). The Government has also been promoting "ageing in place" since 1977 in the light of the cost-effectiveness of CCS.³ During 2010-2020, the provision of subsidized CCS for those with moderate to severe impairment has expanded by 118% to 15 400 places, while the pilot voucher scheme for CCS was launched in 2013.⁴ Annual recurrent expenditure on CCS has thus tripled within a decade to HK\$3.8 billion in 2020-2021.

1.2 Yet this pace of development still lags far behind the robust growth in LTC demand amidst ageing in society, as indicated by a lengthening in the average waiting time for subsidized CCS to 7-11 months in May 2021.⁵ Also, inadequate CCS support (e.g. respite services) is allegedly one of the key factors leading to physical exhaustion and mental depression of many carers looking after their elderly family members.⁶ As such, there is a persistent advocacy in Hong Kong to review the breadth, depth and financial sustainability of LTC, including CCS.⁷ In the Legislative Council, Members have discussed the subject of CCS on at least 15 occasions over the past five years.⁸

¹ According to a survey conducted in 2019, 965 100 or 78% of elderly persons had various sorts of chronic diseases. See Census and Statistics Department (2019a).

² Census and Statistics Department (2020).

³ Elderly Commission (2011) and GovHK (2017).

⁴ Labour and Welfare Bureau (2021b).

⁵ Social Welfare Department (2021).

⁶ GovHK (2017) and Legislative Council Secretariat (2018 and 2020).

⁷ Elderly Commission (2011 and 2017).

⁸ Legislative Council Secretariat (2014, 2018 and 2021).

1.3 At the request of Hon Holden CHOW Ho-ding, the Research Office has studied CCS for the elderly in selected places, along with their institutional features. Germany and Japan are chosen for further study because of (a) greater quantity and diversity of CCS; (b) better financial sustainability upon establishment of dedicated LTC insurance systems and enlargement of private markets for LTC services; and (c) global recognition of their "successful" LTC system.⁹ This information note begins with a review of recent development of CCS in Hong Kong, followed by a brief summary of global trends of CCS. It will then switch to CCS in Germany and Japan, along with a concise table for easy reference (**Appendix**).

2. Recent development of community care for the elderly in Hong Kong

2.1 Local population is ageing fast amidst its high life expectancy, with the size of elderly people aged 65 and above soaring by 109% to 1.42 million during 1997-2020, so did their proportion in overall population from 10.5% to 19.1% (**Figure 1**). ***Looking ahead, as the elderly population is projected to leap further to 2.13 million by 2030, Hong Kong will become the second place in the world with the highest ratio of elderly people (27%), next to Japan only.***¹⁰ Based on a recent survey of the Census and Statistics Department, 78% of the elderly people suffered from chronic diseases (e.g. hypertension, diabetes mellitus, heart diseases, cancer and stroke) in 2019. Local demand for LTC services is thus expected to intensify significantly in the coming decades.

Figure 1 — Elderly population and related public expenditure in Hong Kong

	1997	2010	2020	2030
1. Size of elderly people (million)	0.68	0.93	1.42	2.13
- Proportion in total population	10.5%	13.1%	19.1%	26.9%
2. Public expenditure for elderly services (HK\$ million)	1,635	3,735	9,951	-
- Share of CCS	36%	35%	38%	-
- Share of RCS	64%	65%	62%	-

Sources: Social Welfare Department and Census and Statistics Department.

⁹ World Health Organization (2012) and The King's Fund (2014).

¹⁰ Census and Statistics Department (2020) and Organisation for Economic Co-operation and Development (2021).

2.2 ***In its LTC policy, the Government declares that it has accorded a higher priority to CCS for four decades since 1977, in the light of the principle of "ageing in place as the core, institutional care as back-up".¹¹ Conceivably, CCS engenders a couple of social benefits.*** *First of all*, most of the local elders prefer to receive LTC at home or in the community, as over 80% of the elderly respondents indicated in a survey that they would like to live at home (not institutions) even with worsened health conditions.¹² *Secondly*, CCS can enhance the physical and cognitive status of the elderly, preventing and mitigating premature hospitalization and RCS.¹³ *Thirdly*, CCS is much more cost-effective than RCS and hospitalization for certain diseases. In 2020-2021, the average unit cost of CCS offered to a frail elderly person in a day care centre was HK\$10,900 per month. This was far lower than the corresponding cost of HK\$16,000-HK\$25,700 for RCS and HK\$180,600 for general hospitalization.¹⁴ *Fourthly*, diversion of LTC to CCS can considerably reduce the pressure faced by RCS and local hospitals, given that almost three-tenths of local population will be elderly people by 2030. Study findings also point out that 65% of LTC demand could be handled by CCS.¹⁵ *Fifthly*, CCS can relieve the physical and mental pressure faced by unpaid carers. In 2013, some 285 000 carers were looking after their family members with disabilities or chronic diseases, and a majority of the care recipients were elderly. Reportedly, 30% of these carers offered more than 60 hours of care per week.¹⁶

2.3 ***Local subsidized CCS is largely operated by subvented organizations, with a wide range of services though not in adequate quantity.***¹⁷ Needy elderly persons can ask for a care assessment conducted by the Social Welfare Department ("SWD"). Those evaluated as with moderate or severe impairment are eligible to subsidized CCS assigned by SWD in accordance with their assessed needs, but they need to wait under a Central Waiting List ("CWL") beforehand. In May 2021, the average waiting time for CCS was 7-11 months, longer than 5-9 months in 2010. SWD spent some HK\$3.8 billion on CCS in 2020-2021, accounting for 38% of recurrent expenditure on LTC for the elderly. In short, there are four broad types of CCS at present:

¹¹ Elderly Commission (2011 and 2017).

¹² Census and Statistics Department (2009).

¹³ Elderly Commission (2017).

¹⁴ Monthly unit cost of subsidized home care services was even lower, at HK\$2,700-HK\$8,400 in 2020-2021. See Lou (2014) and Copur (2016).

¹⁵ Elderly Commission (2017).

¹⁶ Census and Statistics Department (2014) and Legislative Council Secretariat (2020).

¹⁷ CCS in Hong Kong include housekeeping, meals delivery, nursing care, day care, respite care, personal care, rehabilitation exercises, escort services, carer support services, 24-hour emergency support, etc.

- (a) **Home-based CCS:** CCS is delivered at home under two schemes, namely Integrated Home Care Services for Frail Cases ("IHCS(FC)") and Enhanced Home and Community Care Services ("EHCCS").¹⁸ There were 11 900 places of home-based CCS in 2020, with a total cost of HK\$1.8 billion (**Figure 2**);
- (b) **Centre-based CCS:** Or else, CCS is delivered in day care centres or district elderly community centres.¹⁹ There were 3 500 places of centre-based CCS in 2020, with a total cost of HK\$454 million;
- (c) **Respite services for carers:** To relieve the pressure of carers with short breaks from their caring duties, respite care services (i.e. day care or short-term residential care) are offered to their elderly care recipients by day care centres and subsidized care homes. Yet there were just 531 places in 2020; and
- (d) **Preventive services for least impaired elderly:** For elderly persons with no to mild impairment, some basic home-based services (e.g. household duties, escort and meal services) are provided under IHCS (Ordinary Cases) ("IHCS(OC)").²⁰ In 2020, there were 15 600 cases of such preventive home-based services.

¹⁸ Both IHCS(FC) and EHCCS provide similar home-based CCS (e.g. care management, nursing care, rehabilitation exercises, day care, escort services etc.) to moderately and severely impaired elderly persons. The major difference is that IHCS(FC) also covers non-elderly persons with severe disabilities.

¹⁹ Labour and Welfare Bureau (2021a).

²⁰ Spending on these preventive services is not counted as expenditure on subsidized CCS by SWD, however. See GovHK (2019).

Figure 2 — Subsidized CCS for the elderly in Hong Kong in 2020

	Home-based care		Centre-based care	Respite services	Preventive services
	IHCS(FC)	EHCCS			IHCS(OC)
1. Number of service providers	61	34	90	285	61
2. Number of places	2 620	9 245	3 548	531	15 593 ⁽³⁾
3. Average unit cost (HK\$ per month)	2,679 ⁽¹⁾	8,417	10,878	N.A. ⁽²⁾	_(1)
4. Annual expenditure (HK\$ million)	832 ⁽¹⁾	935	454	N.A. ⁽²⁾	_(1)

Notes: (1) Including both IHCS(FC) and IHCS(OC) as SWD does not have statistical breakdown.

(2) Information not available.

(3) Number of cases handled instead of service places for the elderly.

Sources: Labour and Welfare Bureau and Social Welfare Department.

2.4 In an attempt to encourage the elderly to use CCS and to attract private operators into the elderly care market, the Government launched the first phase of the Pilot Scheme on CCS Voucher for the Elderly ("CCSV") in September 2013. The Scheme has entered into the third phase in October 2020. In short, those needy elderly on CWL of subsidized LTC services are invited to join the Scheme, subject to an annual quota recently expanded to 8 000 in 2021-2022.²¹ Successful applicants can choose any monthly value of CCS vouchers between the ceiling and floor voucher values (i.e. HK\$4,170 and HK\$9,980 respectively) for purchase of home-based and centre-based CCS "that suit their individual needs".²² Yet users need to co-pay 5%-40% of the service package cost depending on their affordability, with the rest covered by government subsidy. Under the Pilot Scheme, CCSV holders have a greater degree of flexibility to choose the kind and mixture of CCS they need under the "money following the user" principle, instead of assignment by SWD. Moreover, the Pilot Scheme attracts more service providers, with its number expanding from 62 in 2013 to 227 in 2020. While two-thirds of them come from social organizations, the rest are new entrants from the private sector. As such, the number of CCS places under the Pilot Scheme has surged by 14-fold to 14 300 over the past seven years. For the three phases taken together,

²¹ Legislative Council Secretariat (2021).

²² There were six co-payment level ratios (i.e. 5%, 8%, 12%, 16%, 25% and 40%). On average, the monthly subsidy per CCSV holder received was HK\$5,672 in 2020.

some 7 700 CCSV holders had used the vouchers at a total cost of HK\$917 million.²³ More recently, new initiatives are also launched to assist older people in low-income households to use home-based CCS on the one hand,²⁴ and to provide enhanced transitional CCS for elderly patients newly discharged from public hospitals to pre-empt their re-hospitalization on the other.²⁵

2.5 *Notwithstanding the aforementioned initiatives and increased spending in recent years, CCS for the elderly in Hong Kong is still rather "underdeveloped", with a number of major concerns over institutional issues.*

First and foremost, the supply of CCS lags far behind the demand. The Elderly Commission points out that there will be a shortfall of 18 000 CCS places by 2026, more than the existing places of 15 400 in 2020.²⁶ Right now, certain services like night care and home care during holidays are in acute shortage.²⁷ *Secondly*, LTC is mostly public-led, as the Government subsidizes 90%-96% of the unit cost of home-based and centre-based CCS. Fiscal sustainability of LTC in the longer term is thus in doubt, giving rise to suggestions of alternative financing models.²⁸ *Thirdly*, there is a lack of private practitioners in the CCS market, as they could be easily priced out by the subsidized CCS charging low service fees.²⁹ *Fourthly*, despite the policy objective of "ageing in place", the majority (62%) of the recurrent elderly expenditure went to RCS in 2020-2021, with just 38% on CCS. *Fifthly*, almost two-fifths (37%) of CCSV holders did not use the vouchers for purchasing CCS, indicating low utilization of the Pilot Scheme.³⁰ There are suggestions to regularize the Pilot scheme and extend it to more elderly persons for sustainable development of a private market for CCS.

²³ Private operators under the Pilot Scheme must comply with the operating requirements (e.g. at least one-year service experience and rules on hiring professional staff and price-setting of services) set out by SWD. See Labour and Welfare Bureau (2016 and 2020).

²⁴ In December 2017, CCS has been extended to cover low-income elderly persons with mild impairment waiting for IHCS under another pilot scheme. At end-2020, some 3 500 elderly persons benefited from the scheme at a cost of HK\$107 million.

²⁵ In February 2018, an initiative was launched to provide vouchers to elderly persons newly discharged from public hospitals in need of transitional CCS (e.g. home care, carer training and rehabilitation) and RCS, in a bid to reduce the risks of re-hospitalization. The cumulative expenditure was HK\$88 million.

²⁶ Elderly Commission (2017).

²⁷ Legislative Council Secretariat (2018).

²⁸ Elderly Commission (2011 and 2017) and Audit Commission (2014).

²⁹ Based on limited figures of non-subsidized CCS for the elderly, there are 72 self-financing day care centres operated by social organizations as at April 2021.

³⁰ This could be due to the fact that only moderately or severely impaired elderly persons on CWL without receiving any RCS/CCS could use the vouchers. See Legislative Council Secretariat (2018).

2.6 ***There are also concerns over operation of CCS at present***, including a severe manpower shortage in the elderly care sector, partly because of lower remunerations. Moreover, the existing case management system of CCS is alleged to be just service referral (rather than customized care plans tailor-made for the elderly in need), as frontline case managers lack the authority to ask the service providers of CCS to work together on a coordinated care plan.³¹ Furthermore, the existing care needs assessment system operated by SWD since 2000 is criticized as too focused on the impairment level, with relatively little consideration of the individual care need of the elderly for self-dependency.

3. Global development of community care services for the elderly

3.1 ***Global demand for LTC especially CCS is buoyant amidst ageing.*** Taking the Organisation for Economic Cooperation and Development ("OECD") as a whole for illustration, the proportion of the elderly population has risen from 11.6% to 17.2% during 1990-2018 (**Figure 3**).³² These governments on average spent 1.6% of Gross Domestic Product ("GDP") on LTC in 2018, far more than that of 0.4% in Hong Kong. More specifically, the proportion of LTC expenditure spent on CCS has leaped from 17% to 39% over the past three decades, reflecting a stronger preference of the elderly to age at home on the one hand, and the "ageing in place" policy pursued by many governments on the other.³³

Figure 3 — Indicators on community care services for the elderly in OECD

	1990	2000	2010	2018
1. Share of elderly persons to total population	11.6%	13.1%	14.7%	17.2%
2. Ratio of public expenditure on LTC to GDP	0.7%	1.0%	1.3%	1.6%
3. Ratio of CCS in public expenditure on LTC	17%	26%	34%	39%
4. Proportion of elderly people receiving home care	42%	58%	64%	68%

Note: Data in this table are average annual figures of OECD member states as a whole.

Source: Organisation for Economic Co-operation and Development.

³¹ Service prioritizations are mostly determined by professionals meeting the users less frequently than case managers in Hong Kong. Also, case managers are quite difficult to access medical and care records of their clients in different institutions. See Lou (2014) and 鄭浩賢 (2015).

³² Organisation for Economic Co-operation and Development (2019).

³³ In the United States, receiving home care for 60 days could save US\$4,514 (HK\$35,056) per discharged elderly person from hospitals in 2019, as compared to RCS for similar health outcome. See The Economist (2016) and World Economic Forum (2020).

3.2 Before the 1990s, LTC in OECD countries was mostly provided by the governments and usually in the forms of hospitalization and RCS. Yet the public-led model of LTC provision turned out to be financially unsustainable due to (a) shrinking workforce; (b) enlarging LTC demand, (c) rising costs of institutional care; and (d) wide variations in care needs amongst the elderly.³⁴ As such, **many governments in advanced places introduced policy reforms on LTC since the 1990s, resulting in a couple of structural changes.** First, CCS replaced RCS to become the core of elderly care, with the allocation of additional resources (e.g. Finland and Japan).³⁵ Secondly, private practitioners were encouraged to enter into the elderly care market for a greater diversity of CCS, whereas some governments even almost retreated from public provision of LTC (e.g. the Netherlands and the United Kingdom).³⁶ Thirdly, voucher system or personal budget for elderly care is introduced in some places, providing more flexible and wider care choices for needy elderly. This in turn stimulated the development of a private market for LTC (e.g. France and Denmark).³⁷

3.3 **Meanwhile, member states of OECD also introduced reforms to enhance the financial sustainability of its LTC system.** Some places (e.g. Germany, Japan and South Korea) have set up a dedicated LTC insurance system, requiring mandatory monthly contributions from the workforce to pay for LTC services for the elderly. With new resources pooled from the entire economy (not just the governments), it facilitates steady formation of a private market for elderly care.³⁸ Based on a study, the global market for home care services was valued at US\$260 billion (HK\$2 trillion) in 2020, and it could grow seven-fold to US\$1.8 trillion (HK\$14 trillion) by 2027.³⁹ For those Nordic welfare states without a dedicated LTC insurance (e.g. Norway and Sweden), they tried to reduce the fiscal burden either by encouraging private expenditure on elderly care through tax deduction or by increasing user fees for public LTC services.⁴⁰ **While these reforms may improve the financial situation, LTC systems in advanced places are facing other challenges as well,** such as (a) global shortage of care workers; and (b) how to render effective support to family carers amidst rapid ageing.⁴¹

³⁴ Organisation for Economic Co-operation and Development (2011).

³⁵ World Health Organization (2012).

³⁶ Angermann (2011).

³⁷ Ghibelli et al (2017).

³⁸ Organisation for Economic Co-operation and Development (2011) and Elliott et al (2015).

³⁹ Businesswire (2020).

⁴⁰ Vaarama (2012).

⁴¹ World Health Organization (2012), Chen (2020) and World Economic Forum (2020).

4. Community care services for the elderly in Germany

4.1 After its reunification in the early 1990s, the elderly population in Germany has surged by 50% to 18.1 million in 2019, along with a steep rise in its share of the total population from 15.0% to 21.8%, one of the highest in Europe (**Figure 4**). As the size of elderly people is projected to rise further to 21.6 million (or 26.1% of total population) by 2030, the German government established a mandatory LTC insurance scheme in 1995, enlarging the private market of LTC for the elderly. With mandatory monthly contributions from employers, employees and pensioners, the financial sustainability of the LTC system in Germany has improved significantly. This "successful story" inspired some countries (e.g. Japan and South Korea) to follow suit.⁴²

Figure 4 — Elderly population and related public expenditure in Germany

	1992	2000	2010	2019	2030
1. Size of elderly people (million)	12.1	13.7	16.8	18.1	21.6
- Proportion in total population	15.0%	16.6%	20.6%	21.8%	26.1%
2. Public expenditure for LTC (€ billion)	15.1	30.0	43.2	76.1	-
- Share of CCS	33%	43%	42%	51%	-
3. Elderly persons receiving LTC (million)	0.79 ⁽¹⁾	1.41 ⁽¹⁾	1.78 ⁽¹⁾	3.07	-
- Share of CCS	-	68% ⁽¹⁾	66% ⁽¹⁾	72%	-

Note: (1) Figures in 1995, 1999 and 2009.

Sources: Federal Statistical Office Germany and Organisation for Economic Co-operation and Development.

4.2 Prior to the 1990s, elderly care in Germany predominantly funded by the government was limited in scale and under pressure. ***In January 1995, the Long-term Care Act was enacted to (a) set up a dedicated LTC insurance system financed by mandatory monthly premiums pooled from the workforce; and (b) share the LTC costs across the society and bolster the development of a private market for elderly care.***⁴³ After four legislative amendments during 2002-2017, 88% of the German population is now LTC-insured. The Federal Ministry of Health is the regulatory authority, deciding contribution rates and

⁴² Nadash et al (2018).

⁴³ Contributions are levied on employment income, with an annual income ceiling of €58,050 (HK\$547,412) in 2021. The maximum monthly contribution of an individual was €147.5 (HK\$1,391). See Nuffield Trust (2019).

care entitlements and monitoring the financial situation of the LTC insurance system. Yet specific implementation of LTC is left to local governments.⁴⁴ Needy elderly who have paid premiums for at least two years within a decade can go through an independent care need assessment. They are then assigned a care level ranging between Level 1-5 for LTC entitlements either in the form of cash, in-kind benefit, or a mixture of both. They can choose from a wide range of licensed service providers contracted by 157 LTC insurance funds responsible for collecting monthly premiums.⁴⁵

4.3 Under the LTC insurance system based upon the guiding principles on "prevention and rehabilitation before LTC", and "home care before institutional care", CCS is accorded a high priority in Germany.⁴⁶ Here is a summary of the key features of CCS in Germany:

- (a) **Greater diversity of CCS to meet elderly needs:** In the mid-1990s, the German government built more LTC facilities and provided financial incentives to encourage private service providers to get into the elderly market.⁴⁷ With additional resources under the LTC insurance system after 1995, there is a significant expansion of LTC services in acute shortage, such as night care, 24-hour emergency care and respite care mostly offered by private providers now. To relieve the pressure faced by family caregivers, additional annual grants (on top of entitlements of LTC insurance) of up to €3,224 (HK\$30,402) have been provided to the needy elderly since 2012 to strengthen the provision of these services;⁴⁸
- (b) **Diverting LTC demand from RCS to CCS:** Policy measures were introduced to curb the growth of RCS in Germany. They include the exclusion of occupancy cost of RCS from entitlements of LTC insurance system, enhancing financial attractiveness of home care in relative terms.⁴⁹ Moreover, CCS entitlements have expanded

⁴⁴ Federal Ministry of Health (2021a).

⁴⁵ Elderly persons with care Level 2-5 could receive €316-€901 (HK\$2,980-HK\$8,496) per month for cash allowance in 2021, or €689-€1,995 (HK\$6,497-HK\$18,813) per month for in-kind benefits in terms of LTC services. For those requiring Level 1 care (mildly impaired), they have monthly entitlements of €125-€214 (HK\$1,179-HK\$2,018) for CCS/RCS. Some seven-tenths of the licensed LTC insurance funds are closely linked with public health insurance funds, while the rest are private LTC insurers. See Federal Ministry of Health (2021b) and Nuffield Trust (2019).

⁴⁶ Gibson and Redfoot (2007).

⁴⁷ World Health Organization (2013).

⁴⁸ World Health Organization (2020).

⁴⁹ Total monthly out-of-pocket costs for RCS are in the region of €1,400-€1,800 (HK\$13,202-HK\$16,974). See Nuffield Trust (2019).

annually by over €1 billion (HK\$9 billion) since 2012 with more reimbursable items for home care (e.g. care equipment, hiring companion caregivers and volunteer helpers);⁵⁰

- (c) **Promoting preventive CCS:** Germany places more attention on preventive CCS and social inclusion at its core of LTC, enabling the elderly to live in a home environment independently as long as possible. For instance, "**Shared housing arrangements**" ("SHA") have been developed as a new type of home care since the 2000s, under which a small group of elderly people (mostly dementia sufferers) rent private rooms in apartments and share a common space for domestic support and nursing care together. Small and home-like facilities under SHA can provide more autonomy and ample leeway to needy elderly for engaging individual activities (e.g. cooking and cleaning). Residents of SHA are entitled to a monthly supplement of €214 (HK\$2,018) funded by LTC insurance since 2012. In 2017, around 4% of LTC-insured elderly received care in SHA.⁵¹

This apart, the German government deployed a new ageing strategy in 2016 to strengthen community-based support in major cities. For example, the "**Living for help**" programme piloted in the 1990s was formalized and expanded, encouraging older and younger people to live together. While elderly participants provide affordable housing to students or young professionals, the latter can return with assistance in-kind (e.g. cooking, cleaning, shopping, and guiding the usage of technical devices) and company, instead of rent payment. In over 30 German cities, local governments are working with universities and social organizations to match suitable participants and premises under the programme;⁵²

- (d) **Supporting family caregivers:** Family caregivers are entitled to a number of benefits to relieve their hardship, as an integral part of home care encouraged by the LTC insurance system. These include: (i) cash benefits (€316-€901 (HK\$2,980-HK\$8,496)) provided to the elderly can either be used to compensate care

⁵⁰ World Health Organization (2013) and AARP (2017).

⁵¹ Doetter and Schmid (2018) and Federal Ministry of Health (2021c).

⁵² As a guideline, younger residents are required to provide an hour of help per month for every square foot of their living space. See AARP (2017).

duties of family carers or to purchase suitable LTC services by themselves, subject to regular home inspections to avoid elder abuse; (ii) 10-day paid care leave for family caregivers as employees every year; and (iii) additional subsidy of up to €4,000 (HK\$37,720) per eligible item (e.g. ramps, remodelled furniture and bathroom) to assist caregivers in discharging care duties.

In 2013, the German government launched the Age-appropriate Rebuilding Programme to assist home modifications for the elderly, with a maximum grant of €6,250 (HK\$58,938) and a low-interest loan of up to €50,000 (HK\$471,500) per premise. During 2013-2016, over 120 000 residential units had participated in the programme at a total cost of €2.3 billion (HK\$22 billion);⁵³

- (e) **Quality assurance system for CCS:** Germany is one of the few OECD countries that has accreditation for CCS providers, with (i) licensing qualifications of care workers; and (ii) minimum standards of CCS quality set out by the independent Medical Advisory Boards. The Boards conducts regular audits over the quality of home-making and home nursing services. Audit results are published to the public for comparison. The LTC insurance funds will not renew contracts with CCS providers assessed with poor quality;⁵⁴ and
- (f) **Incentivizing entry of professional care workers:** Manpower shortage is also one of the acute challenges faced by the German LTC system, with at least 25 000-30 000 vacant care posts in 2018. It is expected to grow to 60 000-200 000 by 2025. In 2019, the German government introduced a reform to improve the working conditions of the LTC sector and to attract new entrants into the LTC workforce. For instance, the hourly minimum wage for care workers will be increased from €11.50-€12.50 (HK\$108-HK\$118) in 2021 in phases to €12.55-€15.40 (HK\$118-HK\$145) by 2022, depending on attained qualifications. The monthly contribution rate of LTC insurance was raised by a 0.2 percentage point to cover the costs in 2019 as a result.⁵⁵

⁵³ AARP (2017) and Federal Ministry of Health (2021c).

⁵⁴ According to the law, home care services must be led by fully qualified nurses. The LTC insurance funds may not reimburse those service providers with irregularities. See Schulz (2010) and Organisation for Economic Co-operation and Development (2013a).

⁵⁵ These are higher than the statutory minimum wage in Germany at €9.5 (HK\$90) per hour. See Nuffield Trust (2019).

4.4 ***In spite of resources pooled mandatorily by a dedicated LTC system, the German government still needs to amend the LTC insurance system at least four times during 2002-2017 to maintain its overall financial sustainability and contain caring costs.*** For instance, the monthly contribution rate had tripled from 1% of employment income in 1995 to 3.05% in 2019. Childless adults are also levied an extra contribution rate of 0.25% in anticipation of stronger demand for LTC services when they grow old. In 2015, a triennial review mechanism was introduced to strengthen monitoring of fiscal sustainability of the LTC insurance system. As the capped LTC entitlements are said to cover basic LTC costs, co-payments of users (about 20% of service cost) are usually required for certain services to prevent abuse.⁵⁶

4.5 ***CCS and LTC insurance system in Germany seem to be able to widen the service choices of the elderly without exerting much pressure on the fiscal system.*** Its effectiveness "is widely accepted among citizens" since 1995.⁵⁷ As such, supply of home care providers has more than tripled to 14 700 during 1994-2019, with the proportion of private operators rising from 51% to 67%. Concurrently, qualified workers of home care services have expanded by 129% to some 420 000 persons in two decades. With additional resources available, recipients of respite care and day/night care exhibited exponential growth by 69 times to 374 300 during 1995-2020. Reportedly, there are "no significant waiting times" for elderly care in Germany.⁵⁸ Due to the offer of cash benefits to elderly for purchase of LTC themselves, an influx of 120 000 migrant care workers also helped address the workforce shortage and keep the cost down, though most of them are alleged to be without proper training.⁵⁹

5. Community care services for the elderly in Japan

5.1 In Japan, as many as 36 million people or 28.8% of its population were elderly in 2020, the highest in the world (**Figure 5**). During 1995-2019, those elderly persons with care needs surged by six times to 5 million, along with a seven-fold increase in public expenditure on LTC to ¥10.2 trillion (HK\$725 billion) in 2020, equivalent to 1.9% of its GDP. Following the German model, the Japanese government established a mandatory LTC insurance system

⁵⁶ World Health Organization (2020).

⁵⁷ Nadash et al (2018).

⁵⁸ Gibson and Redfoot (2007).

⁵⁹ Nuffield Trust (2019).

in 2000, drawing monthly contributions from employers, employees aged 40-64 and pension from retirees for provision of LTC services.

Figure 5 — Elderly population and related public expenditure in Japan, 1990-2030

	1990	2000	2010	2020	2030
1. Size of elderly people (million)	14.9	22.0	29.5	36.2	37.2
- Proportion in total population	12.1%	17.4%	23.0%	28.8%	31.2%
2. Public expenditure on LTC (¥ trillion)	1.35 ⁽¹⁾	4.09 ⁽¹⁾	6.84	10.20	-
- Share of CCS	-(⁽¹⁾)	39% ⁽¹⁾	61%	63%	-
3. Elderly persons receiving LTC (million)	0.86 ⁽¹⁾	2.33 ⁽¹⁾	3.92	5.07 ⁽¹⁾	-
- Share of CCS	72% ⁽¹⁾	69% ⁽¹⁾	78%	79% ⁽¹⁾	-

Note: (1) Figures in 1995, 2001 and 2019.

Sources: 厚生労働省, Statistics Bureau of Japan and Organisation for Economic Co-operation and Development.

5.2 In December 1997, the Long-Term Care Insurance Act was passed in the Japanese National Diet for implementation in April 2000, followed by six amendments during 2005-2020. The Ministry of Health, Labour and Welfare is the regulatory authority overseeing pricing and entitlements of LTC services under seven care levels after assessment.⁶⁰ Local governments in Japan play a bigger role in implementation, collecting monthly LTC contributions and offering monthly in-kind benefits to users for purchase of LTC services.⁶¹ However, unlike Germany, family caregivers in Japan are not entitled to statutory benefits (e.g. cash allowance and paid care leave) or monetary compensation, as carers are encouraged to shift some of their caring duties to formal services under the LTC system.

⁶⁰ In Japan, LTC care levels are divided into "Support Level 1-2" for those with no or mild impairment receiving preventive care and "Care Level 1-5" for those with formal LTC needs. Adults aged 45-64 may also receive entitlements if they suffer specific diseases (e.g. terminal cancer).

⁶¹ Unlike Germany, there is no cash benefits in Japanese LTC insurance system. In 2021, the monthly in-kind benefits for Support Level 1-2 range between ¥50,320-¥105,310 (HK\$3,578-HK\$7,488), and those of Care Level 1-5 are in the range of ¥167,650-¥362,170 (HK\$11,920-HK\$25,750).

5.3 Here are the key features of CCS under LTC insurance in Japan:

- (a) **Greater quantity of CCS:** In the Ten-year Strategy to Promote Health and Welfare for the Aged announced in April 1989, the Japanese government aimed to set up additional 10 000 day care centres and 50 000 more beds of respite services by 2000, along with an expansion of home care workforce by 100 000. Even with further upward revision in 1995, these targets were met in 1999. Moreover, implementation of LTC insurance system in 2000 enriched service diversity of CCS (e.g. night care and 24-hour emergency care);⁶²
- (b) **Diverting LTC demand from RCS to CCS:** To reduce the demand for RCS, the Japanese government attempted a number of measures as from 2000. They included: (i) capping the ratio of overall RCS places to the elderly population at 3%; (ii) excluding major living expenses of RCS (e.g. bed and board charges) from LTC entitlements; (iii) lowering LTC benefits for RCS and hospitals; and (iv) raising the entitled benefits for home care services;⁶³
- (c) **Promoting preventive CCS:** As the proportion of singleton elderly households in need of care almost doubled to 28.3% during 2001-2019, Japan pays extra attention to preventive CCS. Over the past decade, 3%-6% of the annual income of LTC insurance system was spent on preventive CCS. For instance, healthy older people (Support Level 1-2) are entitled to activities organized by community centres and funded by LTC insurance for early detection.⁶⁴

In 2015, the Japanese government expanded the pilot scheme of "salons" implemented in 2007, in an attempt to alleviate the pressure faced by older family caregivers (as the proportion of LTC recipients looked after by family carers aged 65 and above leaped from 41% to 60% during 2001-2019). Under the scheme, about 87% of Japanese municipal governments finances the establishment of salons in small and local community hubs within

⁶² Nakamura (2018) and Nuffield Trust (2018).

⁶³ Nuffield Trust (2018).

⁶⁴ Elderly services provided to healthy elderly in Japan is generally more than other advanced places (e.g. Germany and Sweden). See Nuffield Trust (2018) and Ikegami (2019).

walking distance from homes of elderly persons. These hubs organize volunteer-run activities at a very low fee (¥100 (HK\$7)) per visit. Healthy older adults act as supporters to their frailer peers. Some studies pointed out that these community interventions could halve the incidence in LTC needs and reduce one-third of dementia risk;⁶⁵

- (d) **Tailor-made and one-stop CCS for users:** In 2006, the Japanese government attempted a new community-based care model, asking qualified service providers to offer one-stop and integrated CCS (e.g. regular home visits, emergency care, day/night care, bathing, and preventive care) to LTC users. As these service providers are smaller in scale, the assigned professional carers have a deeper understanding of the unique needs of each user. In 2019, one-fifth of LTC users received care under this mode;⁶⁶
- (e) **More sophisticated care needs assessment:** The care needs assessment in Japan is quite detailed, comprising two stages. An elderly person is first assessed by medical staff with a standard computerized form with 74 criteria to decide the care level under seven grades. The assessment results are then submitted to the LTC insurance certification committee comprising medical professionals and LTC practitioners for review. The committee adjusts the care level in around one-fifth of cases, usually upward in terms of severity. The assessment criteria focus more on the needs for self-independence (rather than disabilities). With more care levels up to seven grades, the care needs assessment method can bring more flexibility in care provided to users and financial allocation;⁶⁷
- (f) **Stringent case management system:** The case management system of CCS in Japan is globally acclaimed as good practice. *First*, case managers need to have at least five years of experience as a nurse, carer or social worker, with stringent licensing qualification.⁶⁸ *Secondly*, case managers have the power to design and coordinate a care package for their clients with other

⁶⁵ World Health Organization (2019).

⁶⁶ 公益財團法人長壽科學振興財團(2019) and 森裕司(2021).

⁶⁷ Nuffield Trust (2018) and World Health Organization (2018).

⁶⁸ The pass rate of the licensing examination was just 21% in 2017. See World Health Organization (2018).

sector providers, upon access to their medical and care records. *Thirdly*, the maximum caseload of each case manager is confined to 30 each year, ascertaining the quality of case management;⁶⁹ and

- (g) **Quality assurance of CCS:** To maintain service quality, Japan has a statutory accreditation scheme for home care providers audited and supervised by local governments on a regular basis. In 2009, an extra financial incentive was introduced to reward quality providers exceeding the minimum requirements of elderly care. For example, additional payments are given to CCS providers when a specified proportion of their LTC users can improve their physical functions.⁷⁰

5.4 *Fiscal sustainability of the LTC insurance system in Japan has improved after frequent adjustment of the statutory care benefits and contribution over the past two decades.* Under the triennial review cycle, the monthly contribution rate of the workforce has tripled from 0.6% in 2000 to 1.8% in 2021, whereas the respective contribution from pensioners broadly doubled. While the requirement of 10%-30% of co-payment level for the insured elderly helps prevent abuse of LTC services and facilitate cost containment, the Japanese government reviews the profitability of various LTC-insured services annually to ensure a reasonable fee schedule and adequate competition in the CCS market.⁷¹

5.5 *In just two decades, elderly care in Japan has transformed from state provision mostly in the form of RCS to the one with an active CCS market for over 5 million needy elderly.* The number of CCS providers has thus surged by 267% to 290 300 during 2001-2019, particularly so in home care and day care providers in the private sector. Reflecting on a shift of LTC services from RCS to CCS, the share of total claims payouts of the LTC insurance system spent on CCS surged from 39% in 2001 to 63% in 2020. The number of CCS care workers in Japan likewise sextupled to 2.29 million during 2001-2019, though it is still facing a shortage of care workers amounting to some 300 000 in the next 10 years. Reportedly, users did not encounter long waiting times for CCS so far.⁷²

⁶⁹ Nuffield Trust (2018).

⁷⁰ Organisation for Economic Co-operation and Development (2013b) and Igarashi et al (2020).

⁷¹ 厚生労働省 (2020a and 2020b).

⁷² Shimitzutani (2013) and Nuffield Trust (2018).

6. Observations

6.1 Despite the stated policy objective of "ageing in place" and additional resource allocation, CCS development for the elderly in **Hong Kong** lags far behind the user demand. As supply of CCS is mostly publicly-funded, the average waiting time for subsidized CCS lengthened to 7-11 months. Coupled with a further projected upsurge in the elderly population by 50% in the next decade to 2.13 million by 2030, there is persistent advocacy to review the breadth, depth and financial sustainability of LTC, including CCS.

6.2 In **Germany** and **Japan**, they set up mandatory LTC insurance systems to pool additional resources from the economy to enlarge the private market for elderly care and shorten the waiting time. Both places have raised the contribution rates and required users to make co-payment to improve financial sustainability. Salient features of their CCS include **(a)** better CCS in terms of both service quantity and diversity; **(b)** diverting LTC demand from RCS to CCS through financial incentives; **(c)** promoting preventive CCS amongst elderly still in good health; **(d)** offering more support to family caregivers; and **(e)** ascertaining service quality through sophisticated assessment of care needs, integrated case management and accreditation of CCS providers.

Prepared by LEUNG Chi-kit
Research Office
Information Services Division
Legislative Council Secretariat
16 June 2021
Tel: 2871 2129

Information Notes are compiled for Members and Committees of the Legislative Council. They are not legal or other professional advice and shall not be relied on as such. Information Notes are subject to copyright owned by The Legislative Council Commission (The Commission). The Commission permits accurate reproduction of Information Notes for non-commercial use in a manner not adversely affecting the Legislative Council. Please refer to the Disclaimer and Copyright Notice on the Legislative Council website at www.legco.gov.hk for details. The paper number of this issue of Information Note is IN12/20-21.

Community care services for the elderly in selected places in 2020

	Hong Kong	Germany	Japan
1. Demographic structure and LTC for the elderly			
(a) Share of elderly people to total population	19.1%	21.8% ⁽¹⁾	28.8%
(b) Ratio of public expenditure on LTC to GDP	0.4%	2.2% ⁽¹⁾	1.9%
(c) Share of CCS to public LTC expenditure	38%	51% ⁽¹⁾	63%
(d) Share of private home care providers	-	67% ⁽¹⁾	68% ⁽¹⁾
2. Key features of community care service for the elderly			
(a) Additional resources from LTC insurance	✗	✓	✓
(b) Greater quantity and diversity of CCS	✗	✓	✓
(c) Measures diverting LTC from RCS to CCS	✓	✓	✓
(d) Emphasis on preventive CCS	✗	✓	✓
(e) Number of levels of care needs after assessment	4 ⁽²⁾	5	7
(f) Accreditation and coordinative power of case managers	✗	✓	✓
(g) Standardized quality indicators and dedicated monitoring regime for CCS	✗	✓	✓
(h) Rewards for high-performing providers	✗	✓	✓
(i) Support to family caregivers	✓ ⁽³⁾	✓	✗

Notes: (1) Figures in 2019.

(2) Referring to the four impairment levels (i.e. no, mild, moderate and severe) assigned by SWD for subsidized LTC services for the elderly.

(3) Referring to the piloted Living Allowance for Low-income Carers of Elderly Persons launched in 2014.

(-) Information not available.

Sources: Labour and Welfare Bureau, Federal Ministry of Health and 厚生労働省.

References

Hong Kong

1. Audit Commission. (2014) *Provision of long-term care services for the elderly*. Director of Audit's report no. 63, Chapter 1. Available from: https://www.aud.gov.hk/pdf_e/e63ch01.pdf [Accessed June 2021].
2. Census and Statistics Department. (2009) *Socio-demographic Profile, Health Status and Self-care Capability of Older Persons*. Thematic Household Survey Report No. 40. Available from: <https://www.statistics.gov.hk/pub/B11302402009XXXXB0100.pdf> [Accessed June 2021].
3. Census and Statistics Department. (2014) *Persons with disabilities and chronic diseases*. Thematic Household Survey Report No. 62. Available from: https://www.censtatd.gov.hk/en/data/stat_report/product/C0000055/att/B11301622014XXXXB0100.pdf [Accessed June 2021].
4. Census and Statistics Department. (2019a) *Health status of Hong Kong residents*. Thematic Household Survey Report No. 68. Available from: https://www.censtatd.gov.hk/en/data/stat_report/product/C0000015/att/B11302682019XXXXB0100.pdf [Accessed June 2021].
5. Census and Statistics Department. (2019b) *Report on Manpower Projection to 2027*. Available from: https://www.censtatd.gov.hk/en/data/stat_report/product/B1050016/att/B1050016E2019XXXXE0100.pdf [Accessed June 2021].
6. Census and Statistics Department. (2020) *Hong Kong Population Projections 2020-2069*. Available from: https://www.censtatd.gov.hk/en/data/stat_report/product/B1120015/att/B1120015082020XXXXB0100.pdf [Accessed June 2021].
7. Elderly Commission. (2009) *Elderly Commission's Study on Residential Care Services for the Elderly Final Report*. Available from: [https://www.elderlycommission.gov.hk/en/download/library/Residential%20Care%20Services%20-%20Final%20Report\(eng\).pdf](https://www.elderlycommission.gov.hk/en/download/library/Residential%20Care%20Services%20-%20Final%20Report(eng).pdf) [Accessed June 2021].

8. Elderly Commission. (2011) *Consultancy Study on Community Care Services for the Elderly Final Report*. Available from: https://www.elderlycommission.gov.hk/en/download/library/Community%20Care%20Services%20Report%202011_eng.pdf [Accessed June 2021].
9. Elderly Commission. (2017) *Elderly Services Programme Plan*. Available from: https://www.elderlycommission.gov.hk/en/download/library/ESPP_Final_Report_Eng.pdf [Accessed June 2021].
10. GovHK. (2017) *LCQ13: Elderly care services*. Available from: <https://www.info.gov.hk/gia/general/201706/28/P2017062800401.htm> [Accessed June 2021].
11. GovHK. (2019) *LCQ5: Community care services for the elderly*. Available from: <https://www.info.gov.hk/gia/general/201905/22/P2019052200356.htm> [Accessed June 2021].
12. Labour and Welfare Bureau. (2016) *Supplementary Information on the Second Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly*. LC Paper No. CB(2)781/15-16(01). Available from: <https://www.legco.gov.hk/yr15-16/english/panels/ws/papers/ws20160206cb2-781-1-e.pdf> [Accessed June 2021].
13. Labour and Welfare Bureau. (2020) *Progress of the Pilot Scheme on Community Care Service Voucher for the Elderly*. LC Paper No. CB(2)1316/19-20(04). Available from: <https://www.legco.gov.hk/yr19-20/english/panels/ws/papers/ws20200713cb2-1316-4-e.pdf> [Accessed June 2021].
14. Labour and Welfare Bureau. (2021a) *Measures to enhance community and residential care services for the elderly*. LC Paper No. CB(2)598/20-21(03). Available from: <https://www.legco.gov.hk/yr20-21/english/panels/ws/papers/ws20210111cb2-598-3-e.pdf> [Accessed June 2021].
15. Labour and Welfare Bureau. (2021b) *Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2021-22*. Available from: https://www.legco.gov.hk/yr20-21/english/fc/fc/w_q/lwb-ww-e.pdf [Accessed June 2021].

16. Legislative Council Secretariat. (2014) *Provision of long-term care services for the elderly*. P.A.C. Report No. 63, Chapter 1. Available from: https://www.legco.gov.hk/yr14-15/english/pac/reports/63/m_8a.pdf [Accessed June 2021].

17. Legislative Council Secretariat. (2018) *Report of the Joint Subcommittee on Long-term Care Policy*. Annex I of LC Paper No. CB(2)852/17-18. Available from: <https://www.legco.gov.hk/yr17-18/english/panels/ltcp/reports/ltcpcb2-852-appi-e.pdf> [Accessed June 2021].

18. Legislative Council Secretariat. (2020) *Minutes of special meeting of the Panel on Welfare Services*. 23 September. LC Paper No. CB(2)422/20-21. Available from: <https://www.legco.gov.hk/yr19-20/english/panels/ws/minutes/ws20200923.pdf> [Accessed June 2021].

19. Legislative Council Secretariat. (2021) *Background brief on measures to enhance community and residential care services for the elderly*. LC Paper No. CB(2)598/20-21(04). Available from: <https://www.legco.gov.hk/yr20-21/english/panels/ws/papers/ws20210111cb2-598-4-e.pdf> [Accessed June 2021].

20. Lou, W. (2014) Case Management in Community-Based Long-Term Care: Good Practices and Challenges in Hong Kong. In Tong, K. & Fong, N. (ed.) *Community Care in Hong Kong: Current Practices, Practice-research Studies and Future Directions*. Hong Kong, City University of Hong Kong Press.

21. Social Welfare Department. (2021) *Statistics on 'Waiting List for Community Care Services' and 'Waiting Time for Community Care Services'*. Available from: https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_occse/ [Accessed June 2021].

22. 鄭浩賢：《從日本考察所見反思香港長期護理服務發展方向》，《社聯政策報》，第十九期，2015年10月。

Germany

23. AARP. (2017) *The Aging Readiness & Competitiveness Report — Germany*. Available from: <https://arc.aarpinternational.org/File%20Library/Full%20Reports/ARC-Report---Germany.pdf> [Accessed June 2021].
24. Doetter, L. and Schmid, A. (2018) *Shared Housing Arrangements in Germany — An Equitable Alternative to Long Term Care Services beyond Homes and Institutions?*. International Journal of Environmental Research and Public Health, Vol. 15, Issue 2. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5858411/> [Accessed June 2021].
25. Federal Ministry of Health. (2021) *The Long-term care insurance in Germany*. Available from: <https://www.bundesgesundheitsministerium.de/english-version/topics/long-term-care/long-term-care-insurance.html> [Accessed June 2021].
26. Federal Ministry of Health. (2021b) *Pflegeversicherung, Zahlen und Fakten*. Available from: <https://www.bundesgesundheitsministerium.de/themen/pflege/pflegeversicherung-zahlen-und-fakten.html#c3291> [Accessed June 2021].
27. Federal Ministry of Health. (2021c) *Die Leistungen der Pflegeversicherung im Überblick*. Available from: <https://www.bundesgesundheitsministerium.de/themen/pflege/online-ratgeber-pflege/leistungen-der-pflegeversicherung/leistungen-im-ueberblick.html> [Accessed June 2021].
28. Gibson, M. and Redfoot, D. (2007) *Comparing Long-Term Care in Germany and the United States: What Can We Learn from Each Other*. Available from: https://assets.aarp.org/rgcenter/il/2007_19_usgerman_ltc.pdf [Accessed June 2021].
29. Nadash, P. et al (2018) *The German Long-Term Care Insurance Program: Evolution and Recent Developments*. The Gerontologist, Vol. 58, Issue 3, pp. 588-597. Available from: <https://academic.oup.com/gerontologist/article/58/3/588/3100532> [Accessed June 2021].

30. Nuffield Trust. (2019) *What can England learn from the long-term care system in Germany?*. Available from: https://www.nuffieldtrust.org.uk/files/2019-09/1568207938_ltc-germany-br1924-web.pdf [Accessed June 2021].
31. Organisation for Economic Co-operation and Development. (2013a) *Germany — Highlights from A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care*. Available from: <https://www.oecd.org/els/health-systems/Germany-OECD-EC-Good-Time-in-Old-Age.pdf> [Accessed June 2021].
32. Schulz, E. (2010) *The Long-Term Care System in Germany*. Discussion Paper 1039. Available from: https://www.diw.de/documents/publikationen/73/diw_01.c.359024.de/dp1039.pdf [Accessed June 2021].
33. World Health Organization. (2013) *Home care across Europe — Case studies*. Available from: <https://www.nivel.nl/sites/default/files/bestanden/Home-care-across-Europe-case-studies.pdf?> [Accessed June 2021].
34. World Health Organization. (2020) *GERMANY: Country case study on the integrated delivery of long-term care*. Available from: https://www.euro.who.int/__data/assets/pdf_file/0011/426386/05_DEU-LTC_web.pdf [Accessed June 2021].

Japan

35. Igarashi, A. et al. (2020) *Quality Assurance in Long-Term Care and Development of Quality Indicators in Japan*. Gerontology and Geriatric Medicine. Vol. 6. Available from: <https://journals.sagepub.com/doi/full/10.1177/2333721420975320> [Accessed June 2021].
36. Ikegami, N. (2019) *Financing Long-term Care: Lessons From Japan*. International Journal of Health Policy and Management. Vol. 8(8), pp.462-466. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706968/> [Accessed June 2021].
37. Nakamura, S. (2018) *Japan's Welfare for the Elderly — Past, Present, and Future*. Available from: <https://ahwin.jcie.org/japans-welfare-for-the-elderly-past-present-and-future/> [Accessed June 2021].

38. Nuffield Trust. (2018) *What can England learn from the long-term care system in Japan?*. Available from: https://www.nuffieldtrust.org.uk/files/2018-05/1525785625_learning-from-japan-final.pdf [Accessed June 2021].
39. Organisation for Economic Co-operation and Development. (2013b) *Japan — Highlights from A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care*. Available from: <https://www.oecd.org/els/health-systems/Japan-OECD-EC-Good-Time-in-Old-Age.pdf> [Accessed June 2021].
40. Shimitzutani, S. (2013) *The Future of Long-term Care in Japan*. RIETI Discussion Paper Series 13-E-064. Available from: <https://www.rieti.go.jp/jp/publications/dp/13e064.pdf> [Accessed June 2021].
41. World Health Organization. (2018) *Japan Health System Review*. Health Systems in Transition, Vol. 8 No. 1. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259941/9789290226260-eng.pdf?sequence=1&isAllowed=y> [Accessed June 2021].
42. World Health Organization. (2019) *Community-based care for healthy ageing: lessons from Japan*. Bulletin of the World Health Organization, Vol. 97, pp.570-574. Available from: <https://www.who.int/bulletin/volumes/97/8/18-223057/en/> [Accessed June 2021].
43. 公益財団法人長寿科学振興財団：《地域密着型サービスとは》，2019年，網址：<https://www.tyojyu.or.jp/net/kaigo-seido/chiiki-service/chiiki-service.html> [於 2021 年 6 月登入]。
44. 厚生労働省：《介護保険事業状況報告》，2020a 年，網址：<https://www.mhlw.go.jp/toukei/list/84-1.html> [於 2021 年 6 月登入]。
45. 厚生労働省：《介護給付費等実態統計》，2021a 年，網址：<https://www.mhlw.go.jp/toukei/list/45-1.html> [於 2021 年 6 月登入]。
46. 厚生労働省：《令和元年介護サービス施設・事業所調査の概況》，2020b 年，網址：<https://www.mhlw.go.jp/toukei/saikin/hw/kaigo/service19/index.html> [於 2021 年 6 月登入]。

47. 厚生労働省：《国民生活基礎調査》，2021b 年，網址：<https://www.mhlw.go.jp/toukei/list/20-21.html> [於 2021 年 6 月 登入]。
48. 森裕司：《地域密着型サービスの内容と種類》，2021 年，網址：https://kaigo.homes.co.jp/manual/homecare/zaitaku_service/area/ [於 2021 年 6 月 登入]。

Others

49. Angermann, A. (2011) *Eldercare Services in Europe – Home Care, Family Support and Domestic Services for Older People*. Available from: https://www.sociopolitical-observatory.eu/fileadmin/user_upload/Dateien/Veroeffentlichungen/Documentation_09_11_Eldercare_Services_in_Europe_BEO.pdf [Accessed June 2021].
50. Businesswire. (2020) *Global Home Care Services Industry (2020 to 2027) – Market Trajectory & Analytics*. Available from: <https://www.businesswire.com/news/home/20201201005943/en/Global-Home-Care-Services-Industry-2020-to-2027---Market-Trajectory-Analytics--ResearchAndMarkets.com> [Accessed June 2021].
51. Chen, L. et al (2020) *Review of evolution of the public long-term care insurance (LTCI) system in different countries: influence and challenge*. BMC Health Services Research. Vol. 93(2), pp. 359-391. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05878-z> [Accessed June 2021].
52. Copur, E. (2016) *Advantages and disadvantages of home care for care givers*. Journal of Nursing & Care. Available from: <https://www.hilarispublisher.com/proceedings/advantages-and-disadvantages-of-home-care-for-care-givers-17645.html> [Accessed June 2021].
53. Doty, P. et al (2015) *Long-Term Care Financing: Lessons from France*. The Milbank Quarterly. Vol. 20, 1057. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4462881/> [Accessed June 2021].

54. Elliott, S. et al (2015) *Long-term care: a review of global funding models*. British Actuarial Journal. Vol. 20, Issue 1, pp. 167-208. Available from: <https://www.cambridge.org/core/journals/british-actuarial-journal/article/longterm-care-a-review-of-global-funding-models/1E137D5D68511FD370636B918959110D> [Accessed June 2021].
55. Ghibelli, P. et al (2017) *Assessment of the role of public and private actors in delivering and resourcing long-term care services*. Available from: <https://ec.europa.eu/research/participants/documents/downloadPublic?documentIds=080166e5b03cff53&appId=PPGMS> [Accessed June 2021].
56. Organisation for Economic Co-operation and Development. (2011) *Help Wanted? Providing and Paying for Long-Term Care*. Available from: <https://www.oecd-ilibrary.org/docserver/9789264097759-en.pdf?expires=1619769441&id=id&accname=oid041937&checksum=46CB8A24E2D31792DA6805881ED7A7E1> [Accessed June 2021].
57. Organisation for Economic Co-operation and Development. (2019) *Health at a Glance 2019: OECD Indicators*. Available from: <https://www.oecd-ilibrary.org/docserver/4dd50c09-en.pdf?expires=1619769116&id=id&accname=guest&checksum=1B3CA60DE2A44FB6F6746AEB22617A91> [Accessed June 2021].
58. Organisation for Economic Co-operation and Development. (2021) *Population projections*. Available from: <https://stats.oecd.org/Index.aspx?DataSetCode=POPPROJ> [Accessed June 2021].
59. The Economist. (2016) *Golden oldies – Ageing societies are forcing big shifts in the provision of health care*. Available from: <https://www.economist.com/business/2016/05/05/golden-oldies> [Accessed June 2021].
60. The King's Fund. (2014) *The social care and health systems of nine countries*. Available from: <https://www.kingsfund.org.uk/sites/default/files/media/commission-background-paper-social-care-health-system-other-countries.pdf> [Accessed June 2021].

61. Vaarama, M. (2012) *Public long-term care systems in Scandinavian countries: Recent policy shifts and future challenges*. Available from: https://www.ilpnetwork.org/wp-content/media/2012/08/w_07_0900_Vaarama.pdf [Accessed June 2021].
62. World Economic Forum. (2020) *Safer, cheaper and healthier: it's time to look again at home care for older people*. Available from: <https://www.weforum.org/agenda/2020/10/why-home-could-be-the-safest-place-for-seniors-during-the-pandemic/> [Accessed June 2021].
63. World Health Organization. (2012) *Home Care across Europe: Current structure and future challenges*. Available from: https://www.euro.who.int/__data/assets/pdf_file/0008/181799/e96757.pdf [Accessed June 2021].