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REVIEW ARTICLE

The Significance of Independence in Japan's Long-term Care Insurance Act

Ryuji NAGATA¹⁾*

1) Den-en Chofu University, Japan

ABSTRACT

This paper examines the meaning of the term *independence* as stipulated by Japan's Long-term Care Insurance Act. Although this law aims to support the independence of those requiring long-term care, the term itself is not clearly defined. While it is possible to understand the meaning of "independence" as one interpretation of "care prevention" and "self-selection" as specified in Article 2 of the law, this paper explores the meaning of the term by analyzing from various perspectives the process of establishing the long-term care insurance system. As a result, we found "care prevention" and "self-selection," although the meaning of independence in long-term care insurance varies depending on factors such as services, care management, insurance systems, and user contracts. In summary, Japan's long-term care insurance guarantees the daily life of those requiring care by utilizing necessary services, and their independence was confirmed that the improvement of their quality of life, the maintenance and improvement of their mental and physical conditions, and the prevention of care needs through self-determination and choice.

Keywords: Support for independence, Self-selection, Self-determination, Preventive care, Mental independence

* Ryuji NAGATA (Part-time Lecturer): magata9105@gmail.com

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1. Introduction

This paper examines the meaning of independence as stipulated by Japan's Long-term Care Insurance Act. This law was enacted in 1997 and implemented in 2000. Article 1 states that "necessary services will be insured in accordance with the abilities of those requiring care so that they can lead an independent daily life." This is the provision for supporting the independence that long-term care insurance aims to achieve. To embody this, Article 2 specifies that "insurance benefits will be provided with the aim of reducing or preventing the worsening of the state of care required and service will be provided based on the insured's choice."

Although the term *independence* is not clearly defined in the Long-term Care Insurance Act, one understanding of the term is "care prevention" and "self-selection," which can be read from the Article 2 regulations. The self-selection referred to here is the independence that has long been emphasized in social welfare practices in Japan. In the Social Welfare Basic Structure Reform in the 1990s, which aimed to introduce the usage contract into social welfare, this was also emphasized as one of the key concepts. The Social Welfare Basic Structure Reform was a reform aimed at reevaluating the common foundation of social welfare, which includes social welfare services, social welfare corporations, and measures systems, and which had not undergone significant revision since the enactment of the Social Welfare Services Act in 1951. Welfare was primarily based on local government decisions, known as "measures," to determine service providers and service content. However, the previous reform introduced a "usage contract" system, allowing users to choose service providers and welfare services. In other words, it represents a significant shift towards a user-oriented approach in the social welfare system at a structural level.

Since the establishment of the support for independence in the Social Welfare Act of 2000, which was enacted as a result of the 1990s reform, supporting independence has become a fundamental principle in various welfare systems. Long-term care insurance, which was established through the Social Welfare Basic Structure Reform, is no exception. This insurance system has undergone several revisions, including a shift to a prevention-oriented system in 2005, a strengthening of the care service infrastructure in 2011, revisions to promote comprehensive healthcare and long-term care in local communities in 2014, and a strengthening of community-based integrated care systems in 2017. These revisions have aimed to strengthen preventive care and promote a community-based society. Community-based society is a society in which all people, including children, individuals with disabilities, and the elderly, can live in their communities with a sense of purpose and mutually enhance each other's lives.

Despite these various revisions to the Insurance Act, there have been no major changes to the aforementioned provisions regarding support for independence. More than 20 years have passed since the implementation of long-term care insurance, and the provisions related to independent support have remained consistent in the law. Is this support for independence really sufficient with just "care prevention" and "self-selection"? Furthermore, what does "independence" truly mean within the context of independent support? Returning to the fact that the law does not provide a clear definition of independence, this paper aims to explore its meaning. However, it should be noted that this situation is not limited to Japan alone. For example, in France, which established a long-term care security system around the same time as Japan, the term "autonomy" is included in the system's name, but there is no legal definition of autonomy within the law¹⁾. South Korea, another Asian country, has initiated the Long-Term Care Insurance for the Elderly system since 2007. It should be noted, however, that the concept of "independence" is not defined in the legal text of this system either.

While there is no explicit legal definition, universities that educate welfare professionals in Japan often teach and examine the meaning of independence as part of their education. Independence/Autonomy is not a concept with a single, fixed definition; rather, it is multifaceted and can evolve over time or be interpreted differently depending on the context. This is why it is crucial for students aspiring to become professionals in fields like social work, where interpersonal assistance is key, to thoroughly examine the meaning of independence. Furthermore, there is a need for research that explores the meaning of independence as a contribution to this education.

As one aspect of this exploration, this paper will focus on Japan's Long-Term Care Insurance Act. What does the term "independence" as stipulated in this law truly signify? In the following sections, we will examine previous research, investigate the establishment process of long-term care insurance, and explore the system's content to reflect on the meaning of independence. This is the objective of this paper.

2. Review of Previous Studies

Previous studies examining the meaning of independence/autonomy in relation to social welfare have been numerous, such as Nakamura²⁾, Ooizumi³⁾, and Sasanuma⁴⁾. This is particularly evident in the welfare of people with disabilities based on the Independent Living (IL) Movement and the principle of normalization (Yoshimoto⁵⁾, Terada⁶⁾, Nakamura and Itayama⁷⁾, Taniguchi⁸⁾, Sadato⁹⁾, etc.). For example, Sadato defined the concept of independence based on the philosophy of the IL Movement as follows: "The act of living by deciding on one's own responsibility for one's own life and living style, and choosing the goals and lifestyle one desires, even if the disabled person needs the care of a caregiver in daily life."⁹⁾ This idea of self-reliance is well-established in social welfare, but what about the self-reliance outlined in long-term care insurance? In this section, we focus on studies on the theme of independence in long-term care insurance and examine previous studies on the subject.

Mitsui considered the independence of older adults prior to the establishment and implementation of the Long-term Care Insurance Act. He examined the preventive provisions and pilot project plans specified in Article 4 of the law while citing the self-selection provisions in Article 2, and concluded that the long-term care insurance policy was based on the idea that "the condition of the care recipient should be changed and improved by providing services."¹⁰⁾ Although providing support for independence towards a more active life has significance, Mitsui proposed that "if one wants to spend their days in a peaceful state, ... that too should be considered a valuable choice, one way of being independent."¹⁰⁾ The foundation of the philosophy is self-selection and self-determination, but his analysis indicates that long-term care insurance places value on physical and personal independence that does not require services and strives to advance in that direction. Omori and Ikeda, in contrast, analyzed the usage contract through long-term care insurance and argued that the meaning of independence was "self-determination."^{11,12)}

Sato studied the provisions of Articles 1 and 2 of the Long-term Care Insurance Act regarding support for independence and pointed out that the concept of independence is itself not regulated. He suggested that "independence may refer to leading one's own life in the fullest possible way within the limits of one's abilities, actively participating in and creating one's own life."¹³⁾ Sato views "wanting to do something" as being linked to independence¹³⁾. Okunishi, on the other hand, positions the concept of self-determination as the foundation for supporting independence, and from that perspective, examines how older individuals make decisions. If long-term care insurance is considered social care, then "the foundation for supporting independence is that older individuals should not be isolated in the process of making decisions regarding

service use. Their self-determination should be respected to the greatest extent possible, ensuring that everyone involved in the decision-making process has an equal relationship."¹⁴⁾

Okabe positioned long-term care insurance as a system on the way from a medical model to a lifestyle model based on nursing in medicine. He suggested that in long-term care insurance, "there is pressure to pull back to the medical model side by substituting independence with assistance for treatment, including rehabilitation."¹⁵⁾ Okabe posited that the system is based on a limited decision-making model in which the "user's autonomy is self-determined within the range of the level of care required that has been determined."¹⁵⁾

Hatta, referring to the materials on the shift to a prevention-oriented system put forth in the 2005 reform, pointed out that "it is understood that the support for independence is to provide care prevention."¹⁶⁾ She also warned that the independence emphasized in this reform "is nothing more than a demand for independence from services, especially for those who are mildly ill."¹⁶⁾ The study asks, "Wasn't independence support, in the first place, about providing support according to each individual's situation while respecting the individual's self-determination?"¹⁶⁾

Taniguchi claims that the concept of independence stipulated by long-term care insurance is "in theory, a life that is unique to the person based on self-selection and self-determination, but in reality, the structure of the services provided demands economic and personal independence from the users."¹⁷⁾

As this review of previous research, reveals, there is no unified definition or perspective on the meaning of independence stipulated by the Long-term Care Insurance Act. However, "self-selection" and "self-determination," which were established in interpersonal assistance in social welfare, can be identified as a common understanding. Mitsui¹⁰⁾, Okabe¹⁵⁾, and Taniguchi¹⁷⁾ emphasize the improvement of activities of daily living (ADLs) as a direction for the system. Hatta¹⁶⁾ similarly points out the need for a thorough revision of the law for preventive care needs. Thus, it can be understood that there are two broad meanings for independence: one is the meaning of self-selection or self-determination, and the other is the meaning of aiming for physical and daily living independence by improving the condition of care needs.

Based on the above, from here on out, we will examine the meaning of independence from the perspective of the Act on Social Welfare for the Elderly and the Health and Medical Service Act for the Elderly, which has not been widely addressed in previous research. We will also examine it from the report on the establishment process of the long-term care insurance system. In addition, we would like to attempt an examination from various other perspectives, including from the viewpoints of fiscal policy through social security structural reform and the content of the system.

3. "Independence" in the Background to the Establishment of the Long-term Care Insurance Act

3.1. The Elderly Welfare Act and Elderly Healthcare Act

The concept of self-reliance has been a fundamental principle in Japan's welfare system since the establishment of the Advisory Council on Social Security in 1950. The council recommended guiding and nurturing those in need to be able to live independently. This idea has been reflected in various welfare laws enacted before and after World War II, mainly expressing self-reliance as rehabilitation. For example, the Physically Disabled Persons Welfare Act defined rehabilitation as "overcoming one's disability and actively participating in social and economic activities." In the 1984 revision of the law, the word rehabilitation was changed to "efforts towards independence." As seen in the definition by Sadato, independence is not limited to overcoming a disability or becoming economically self-sufficient⁹⁾.

Regarding elderly welfare, there have been no provisions for rehabilitation or independence in the Elderly Welfare Act

since its enactment in 1963. Remember, however, that the 1997 Long-term Care Insurance Act is based on the principle of supporting independence. When the Elderly Welfare Act was revised in 1997, Article 10, section 3, which regulates the implementation of administrative measures, included the phrase "the most appropriate support for leading an independent daily life," reflecting the concept of independence.

The purpose of the Elderly Welfare Act is to take necessary measures to maintain the physical and mental health and stability of the lives of older adults. The basic principle is to respect older adults and guarantee a healthy and peaceful life with a sense of purpose. It has been suggested that the goal of restoring disabilities to their original state, or overcoming disabilities and participating in employment, which was previously pursued by disability welfare, is not appropriate for elderly individuals.

Now, what about the Elderly Health Act established in 1982? The purpose of this law is to comprehensively implement health promotion measures, such as disease prevention, treatment, and functional training, to ensure health and proper medical care in people's later years. The basic philosophy is based on the spirit of self-help and solidarity, striving to maintain and promote health by being aware of the physical and mental changes that come with aging, and fairly sharing the cost of medical care for older adults. There is no provision for independence in the law's purpose or philosophy, but the concept of healthcare, including disease prevention and improvement/maintenance of one's condition, is naturally stipulated. Article 18 stipulates that functional training is "performed for persons whose physical and mental functions have declined to help maintain independence in their daily lives."

Long-term care insurance integrates under one system the in-home welfare services and elderly welfare facilities (such as nursing homes for older adults) specified in the Elderly Welfare Act and the medical services aimed at the subjects of the Elderly Health Act. The purpose of long-term care insurance is to support the independent daily life of users. If viewed from the perspective of the philosophy of the Elderly Welfare Act, this independence can be interpreted as having a fulfilling life and healthy, and peaceful life. From the perspective of the Elderly Health Act, independence includes the improvement, maintenance, and prevention of physical and mental conditions.

3.2. The Process Behind the Creation of Long-term Care Insurance

It is well known that the background to the establishment of the Long-term Care Insurance Act was the growing problem of older adult care due to factors such as longevity, an increase in the older adult population, women's social advancement, and smaller household sizes. The expected increase in the need for care could not be met by the existing older adult welfare system, which prioritized family care and low-income individuals. This led to the need for a universal system that could be utilized by a wider range of elderly individuals in need of care. In response to these challenges, the 1989 Care Measures Study Group Report recommended a focus on home-based services and the introduction of a social insurance system¹⁸).

This report was compiled as policy support material for the formulation of the Ten-year General Strategy for the Promotion of Health and Welfare for Older Adults. The ideas in this report have been followed not only in discussions of the Elderly Total Plan Study Group (a research group of the Ministry of Health and Welfare's Department of Health for the Elderly), which conceived of long-term care insurance as a response to the social risk of elderly care but also in various discussions towards the establishment of full-fledged long-term care insurance. For example, the Older Adults Care and Independent Support System Research Group, established in July 1994 within the Ministry of Health and Welfare's Elderly Care Measures Headquarters, stated in their December report that the promotion of older adults' independence was the

basic principle for elderly care in the new system, meaning the long-term care insurance system under consideration. They pointed out that "due to the aging of the population, older adults' care has shifted from end-of-life care to care that supports daily life," and that future care for older adults should "support the ability of elderly individuals to live independently and with a high quality of life based on their own will."¹⁹⁾ The basic support principles based on this philosophy included an emphasis on older individuals' self-determination, prevention, and rehabilitation.

Based on these ideas, the Long-term Care Insurance Act was enacted. Upon examination of the various reports²⁰⁾ issued during the process of its enactment, the reasons for the act's emphasis on independence become clear and can be summarized in two points:

1. The need to prioritize care that supports daily life and improves its quality to respond to the prolonged need for care resulting from increased longevity.
2. The need to shift from care focused on assistance with daily needs such as meals and personal care to care that supports an active and motivated daily life.

According to the reports, the reason for long-term care insurance is to enable users to live their daily lives without any hindrance and improve their quality of life by utilizing services, while aiming for an active and motivated daily life. The contents of independence include expressing one's intention, choosing and deciding on one's life, and living a proactive life. Efforts towards physical and mental independence, such as prevention and rehabilitation, are also included.

If we apply Taniguchi's typology of the concept of independence in disability welfare to the contents of this independence, expressing one's will, making choices, and self-determination are considered mental independence, while a motivated daily life is regarded as either mental independence or social independence^{8,21)}. Regarding personal independence, Taniguchi defined it as "requesting caregivers to use methods that are necessary, appropriate, and safe for the disabled person, and enabling quick and comfortable care"⁸⁾ and stated that this independence does not necessarily mean that the person can perform all daily living activities alone.

The assessment survey for long-term care insurance, the ADL/IADL (instrumental activities of daily living) scale, is primarily based on the ability to bathe, defecate, shop independently, manage medication, and other factors, taking into account medical and physical conditions from the perspective of evaluating the burden of care. The level of care needed is determined by this assessment survey, and a support limit is set accordingly, within which public services are provided. From the perspective of the service guarantee based on the level of care needed, long-term care insurance can be considered to use the ability to perform daily activities independently as the standard for physical independence.

3.3. Through the Lens of Social Security Structural Reform and System Content

To understand the long-term care insurance system accurately, it is necessary to consider fiscal policy. This legislation was enacted as a step towards social security structural reform²²⁾. The reform centers on fiscal policies related to social security, such as reducing skyrocketing medical expenses for older adults in response to an aging population and raising the age at which old-age pensions begin. The establishment of long-term care insurance was primarily aimed at rebuilding ailing medical insurance finances and separating older adult care from medical insurance. The medical expenses associated with services that transitioned from the older adult healthcare system to long-term care insurance were approximately 20

percent of the former medical expenses for older adults²³). The transition of these services to long-term care insurance has led to cost containment through the calculation of nursing care reimbursements based on lower unit numbers than medical care reimbursements.

A second aim was to restrain not only medical but also all expected increases in social security-related expenses as much as possible (Act on Special Measures Concerning Promotion of Fiscal Structural Reform, Article 7). The long-term suppression of increasing care costs within the framework of universal social care was also a factor in the creation of the nursing care insurance system, which was established in response to the anticipated social risk of the growing demand for care. This can be inferred from the estimates made by the Ministry of Health, Labour, and Welfare (formerly the Ministry of Health and Welfare)²⁴). From the perspective of such fiscal structural reform, the independence of long-term care insurance emphasizes the maintenance and improvement of health, active prevention, and improvement of ADL.

Next, in the process of establishing long-term care insurance, the adoption of a social insurance system has been prioritized. The social insurance system can raise insurance premiums or the ratio of self-payment if benefit payments increase, and it can also take harsh measures such as suppressing or suspending benefits for those who do not pay premiums or have arrears. As a system to correspond to universalization, long-term care insurance has become a system that collects insurance premiums from insured persons who are designated for older adults' care protection and pays insurance benefits for the risk of requiring long-term care. Service recipients pay a uniform self-payment, and half of the insurance benefits, excluding user payments, are covered by insurance premiums, and the remaining half is covered by public funds (25 percent by the national government, 12.5 percent by prefectures and municipalities; 20 percent by the national government, 17.5 percent by prefectures and 12.5 percent by municipalities in the case of facility benefits). Rather than relying on social assistance, the system sought financial resources in the form of insurance premiums, which are easily visible and have a clear purpose and adopted the insurance principle of the obligation to pay insurance premiums and the guarantee of the right to receive benefits, similar to medical insurance. The proportion of burden for the national treasury in the welfare system of the Elderly Welfare Act was 50 percent, but under the long-term care insurance system, it was reduced to 25 percent (20 percent for facility benefits). The system sought to be operated by regional sovereignty with municipalities as the insurers.

While long-term care insurance has indeed universalized care for older adults and others, it has also led to a transformation of social welfare, by changing the way social welfare is provided to people who need active support. This is partly due to its establishment as a social welfare infrastructure reform, linked to social security structural reforms. While there is no need to explain this infrastructure reform, the universalization of social care has been built through revising welfare systems and fiscal structures, introducing self-pay obligations for insurance premiums and service fees, introducing usage contracts, granting the right to choose, unifying the care assessment system, promoting community welfare, and individualizing and streamlining services through the introduction of care management.

If we consider independence from the perspective of social insurance, which is the foundation of this system, independence can be seen as improving or maintaining the state of requiring long-term care, which is a risk covered by insurance. At the same time, independence can also be seen as living daily life while utilizing long-term care services. From the perspective of the usage contract, although the assessment examination at the time of application is an administrative disposition, after certification as requiring care, the user is granted the right to choose service providers and services, and independence can be seen as self-selection and self-determination. From the perspective of care management,

this is the coordination of service resources for individual needs, and by providing information on these resources, care managers encourage users to make their own choices and decisions, which can be considered as independence. Alternatively, improving the quality of life through the use of services aimed at achieving care plan goals can also be considered a form of independence.

4. Discussion: The Meaning of Independence in Long-term Care Insurance

As discussed, emphasis on the meaning of independence, as stated in the Long-term Care Insurance Act, varies depending on what it is based on. The lack of a unified view in previous studies is due to this reason. In other words, long-term care insurance is a system that supports the daily lives of individuals requiring care from a comprehensive perspective based on the community, utilizing informal resources, and spanning the fields of health, medicine, and welfare. This includes the concept of preventive care centered on individuals requiring support and primary prevention to prevent such conditions from occurring. Therefore, it is not appropriate to consider only one aspect when considering independence. From the perspective of the usage contract, independence emphasizes self-selection and self-determination. From the perspective of welfare services based on the Elderly Welfare Act, emphasis is placed on a fulfilling life, and from the perspective of health and medical services, improving and preventing conditions are emphasized.

Let's confirm how the issues we have considered so far are regulated by the Long-term Care Insurance Act. When considering the meaning of independence as a social insurance for people requiring care, the insurance system guarantees necessary care services for those people and allows them to live their daily lives while using those services. This basic principle is stipulated in Article 1 of the Long-term Care Insurance Act. Self-selection and self-determination, as considered through usage contracts or care management, are stipulated in Article 2, paragraph 3 of the Long-term Care Insurance Act. Improvement and prevention of ADL, as considered from the perspective of healthcare services or financial structure reform, are stipulated in Article 2, paragraph 2 of the Long-term Care Insurance Act. Regarding the expression of intentions and subjectivity as seen in the report on the establishment process, it is summarized in the self-selection provision of Article 2, paragraph 3. The efforts towards physical and personal independence seen in the same report are stipulated in Article 4 of the Long-term Care Insurance Act.

Since the 2005 amendment to the Long-term Care Insurance Act, Article 1 has included the preservation of dignity. The purpose of providing necessary services through insurance benefits is to ensure that care recipients can maintain their dignity and live independently in their daily lives according to their abilities. In social welfare practice, preserving a client's dignity is a fundamental principle, which is associated with individualization, self-determination, and quality of life. To summarize the above consideration, we can conclude that long-term care insurance guarantees that care recipients can lead an independent daily life by utilizing necessary services, and this independence can be outlined as follows²⁵⁾:

1. Users determine their own way of life, make self-selected choices for the necessary services, and actively lead their lives to improve and maintain their quality of life.
2. To make efforts to improve, maintain, and prevent conditions requiring nursing care, etc., according to residual ability and the circumstances in which they are placed.

The concept of independence in point one is likely to be the same as that in the field of social welfare. According to a mainstream Japanese dictionary, independence is explained as "acting and living on one's own without relying on help from others."²⁶⁾ In a dictionary of social welfare terms, it is explained that "independence includes physical independence, mental independence, economic independence, and social independence. Living independently means living in a self-determined and selective manner while receiving support such as nursing care, and it is necessary to seek support methods that guarantee this."²⁷⁾ The major difference between these two explanations is between independence that does not require services and independence that is achieved while actively utilizing services. The independence described in the mainstream dictionary is based on the idea of not relying on anyone else and is centered on healthy people or those with occupational abilities. The independence defined in the dictionary of social welfare terms is centered on those who require some form of support. Therefore, the basic goal is to achieve independence through the use of welfare services. In this context, there is physical, mental, economic, and social independence, which serve as goals to be aimed for depending on the situation and problems faced by the service user.

In the context of long-term care insurance, self-sufficiency defined in point one refers to mental or social independence. This means that individuals can determine their own quality of life, improve their quality of life by utilizing long-term care insurance services, and live independently. For users who have decreased decision-making ability due to conditions such as dementia, the Adult Guardianship System has been established as a measure to protect their rights.

Next, let us consider the improvement, maintenance, and prevention of conditions requiring care, etc. mentioned in point two. Based on the ADL scale of the long-term care insurance system, some practical reports and research studies define independence solely as the improvement of one's condition. While improvement is certainly significant, it is not appropriate to consider only the physical aspects of independence since it is a natural process for older adults to gradually experience declines in these functions.

This is because if physical independence is defined as the absence of paralysis or disability and a high level of ADL, individuals with chronic disabilities will never achieve physical independence throughout their lives. While the dictionary of social welfare terms defines independence as living actively even while receiving care, this does not align with the concept of physical and mental health being the basis for independence. Moreover, if independence is judged by whether one can break away from services, there is no independence for individuals with chronic or severe disabilities. This also applies to elderly individuals requiring care.

The term *dependence* is used as the opposite concept of independence. If independence is defined as not being dependent, then it is not based on physical or service-related aspects, but rather on one's own will and actions, and the ability to not be emotionally dependent. Therefore, improving and maintaining the need for long-term care does not simply mean improving one's ADL and becoming self-sufficient in daily life. Depending on the residual abilities of each user, it means utilizing necessary services to improve and maintain their living conditions and physical and mental states and prevent deterioration based on living with spiritual and social independence according to their residual abilities.

5. Conclusion

As discussed earlier, within the framework of the Long-Term Care Insurance Act, the concept of "independence" can be analyzed to include elements such as "care prevention," "self-selection," and "self-determination," as evident from Articles 1, 2, and 4 of the Act. Simultaneously, it can be concluded that there is no consistent and explicit definition of independence

within the Act. In a system guided by the principle of supporting independence, it is imperative to establish a clear definition of independence and subsequently undertake the necessary system revisions. With this in mind, this paper provided a tentative definition. It was also a discussion to ask the interpersonal assistance profession and the students who aspire to it, once again, what independence means.

While this paper discusses Japan's Long-Term Care Insurance Act, its examination of the concept of independence is primarily limited to the law's creation process and system content. It has not been able to assess the law since its enactment in 2000 or consider the perspectives of frontline staff and users involved in promoting independence. It also fails to mention the situation in other countries that have long-term care security systems. These represent the challenges of this study. Based on this research, the author will continue to explore the meaning of independence and address these issues one by one.

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