Original article

Comprehensive and continuous care management for cases of support difficulties

Hiromi Shimizu

Department of Doctor of Health Sciences, Graduate School Niigata University of Health and Welfare, Niigata, Japan

Key words: community-based comprehensive support center, care manager, coordination and cooperation, comprehensive and continual care management

Received: 19 November 2013/Accepted: 3 January 2016

Abstract

There were two aims in this study: to clarify the issues and current status of cooperation and collaboration between care managers and community-based comprehensive support centers (CCSCs) on comprehensive and continuous care management in difficult support cases; and to consider the appropriate methods of comprehensive and continuous care management. The subjects were 96 staff members of 32 CCSCs in city A (3 occupational categories from each center: chief care manager, public health nurse, and certified social worker) and 283 care mangers from 113 home-based care support centers also in city A. The study was an anonymous postal survey using a self-administered questionnaire. The results showed that the current status of coordination and collaboration between CCSCs and care managers regarding comprehensive and continual care management involves mainly advice or guidance comprising "advice from an expert standpoint", "psychological support", and "provision of information about social resources"; the important care management processes of "care meetings", "drawing up care plans", "cooperation between staff in the three occupational categories", and "creation of a support structure" are not being fully practiced; and the concept of comprehensive and continual care management is not properly understood. Consequently, for comprehensive and continual care management in the future, care managers and CCSCs need to further a proper understanding of the concept of comprehensive and continual care management, and they both need to establish specific care management methodologies rather than simply considering how to practice care management.

Introduction

The Japanese long-term care insurance system came into operation in 2000, but the problems of households with elderly members have recently expanded, and there are now a great many cases in which the framework of the long-term care insurance system alone is insufficient to meet the needs of elderly people.

Such cases are considered examples of cases with difficulties in support [1,2]. With a view to providing support to care managers involved with such cases, a system of community-based comprehensive support centers (CCSCs) was established in April 2006 to implement

Corresponding author: Hiromi Shimizu
Department of Doctor of Health Sciences, Graduate School Niigata University of Health and Welfare, 1398 Shimami-cho, Kita-ku, Niigata 950-3198, Japan
TEL/FAX: +81-25-257-4455/+81-25-257-4456, E-mail: hwd12006@nuhw.ac.jp

comprehensive and continual care management (see Note 1) [3].

The CCSC Operation Manual produced by the Health and Welfare Bureau for the Elderly of the Ministry of Health, Labour and Welfare gives examples of such cases with difficulties in support and the details of their support as one of the functions that these CCSCs should carry out [4]. However, the reality is that since their establishment, the CCSCs have been fully occupied with full-time work in long-term preventive support and have not been able to fully perform their intended purpose of comprehensive and continual care management [5-7]. Many of the prior studies of cases with difficulties in support [8-13] are classifications of the details of such cases, and few studies focused on the coordination and cooperation between CCSCs and care managers in the provision of comprehensive and continual care management. In particular, there have been no exhaustive surveys taking an overall look at the relevant offices of local authorities.

The author has worked for 10 years as a care manager at a home-based care support center, directly involved in the care management practice of elderly people. Through this experience, the author recognizes that, as already noted, comprehensive and continual care management is not fully carried out in cases with difficulties in support and, therefore, believes that an examination of the appropriate form for comprehensive and continual care management for cases with difficulties in support would be important for society in general.

There were two aims in this study: to clarify the issues and current status of cooperation and collaboration between care managers and CCSCs on comprehensive and continuous care management in difficult support cases; and to consider the appropriate methods of comprehensive and continuous care management.

Methods

1. Subjects and methods

The subjects were 96 staff members of 32 CCSCs in city A (3 occupational categories from each center: chief care manager, public health nurse, and certified social worker) and 283 care managers from 113 home-based care support centers also in city A. With regard to the public health nurses and certified social workers at CCSCs, personnel with experience that met the Ministry of Health, Labour and Welfare's operating criteria for CCSCs were allowed into these positions as a temporary measure, so that the subjects included personnel with these qualifications who were carrying out the duties of public health nurses and certified social workers. City A was selected primarily because it is a major urban area with a proportion of elderly people roughly equivalent to the national average, and there is roughly one CCSC in each junior high school district, in accordance with the basic standards laid down by the Ministry of Health, Labour and Welfare. All centers were commissioned by the municipal government of city A.

The study method was a postal survey using a self-administered questionnaire form.（Data 1, Data 2）The study period was October 13–25, 2011.

2. Details of the survey

An interview survey of staff at CCSCs in city B was carried out prior to the present survey. The results of the prior survey were analyzed and used as the basis for drawing up the items for the self-administered questionnaire in the present survey. Reference was also made to the report of Inoue (2007) [13] for using the questionnaire to classify cases with difficulties in support. The content of the questionnaire included (a) basic attributes of respondents, (b) awareness of duties, (c) involvement in cases with difficulties in support and status of coordination, (d) awareness of the

role of community-based comprehensive support centers and the role of local authority, and (e) awareness of comprehensive and continual care management. This report focused on analyses of (c) and (e).

With regard to the details of cases with difficulties in support and the status of coordination and cooperation, respondents were asked about cases with difficulties in support with which they had been involved from January to September 2011 (Figure 1) and details of coordination (Figure 2 and Table 3). These

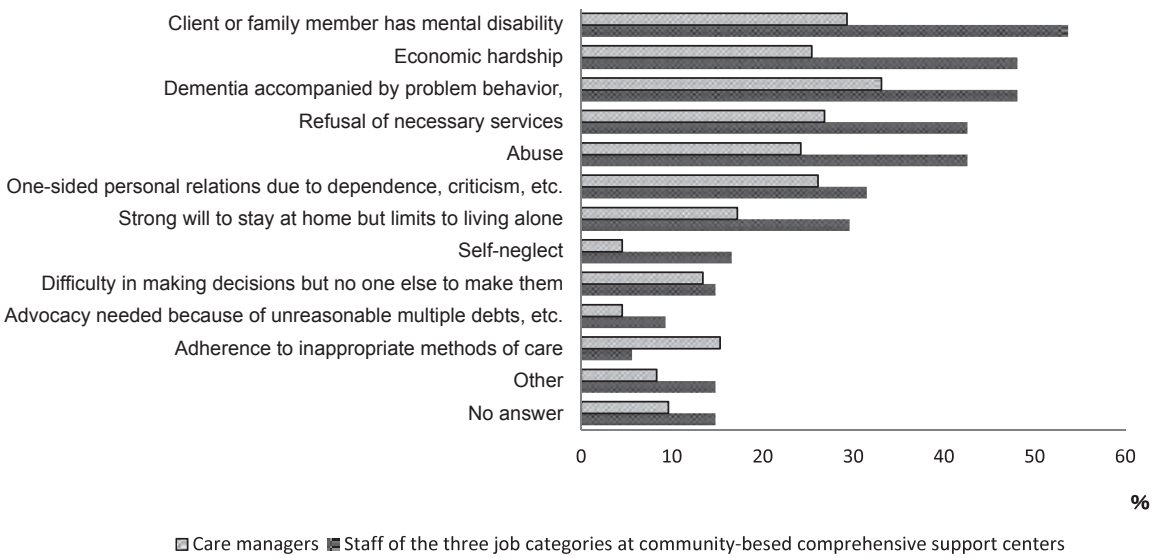

Figure 1. Details and numbers of cases with difficulties in support (multiple answers allowed)

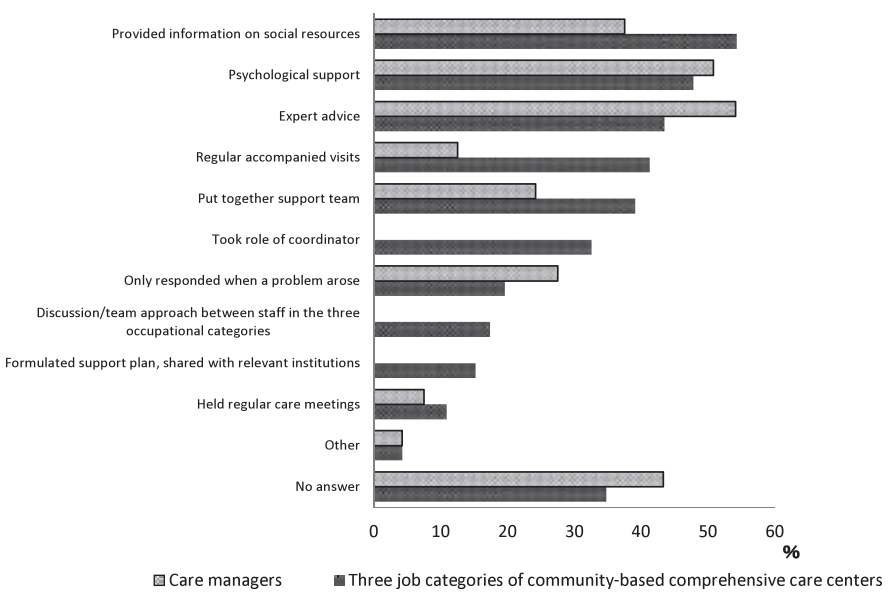

Figure 2. Coordination and cooperation with respect to cases with difficulties in support (multiple answers allowed)

Table 1. Community-based comprehensive support businesses

Community support projects (Article 115-44, Long-Term Care Insurance Act)
Comprehensive support projects 1. Care prevention care management projects (Article 115-44 para. 1 (2), Long-Term Care Insurance Act) Care prevention care management businesses 2. General consultation/support projects (Article 115-44 para. 1 (3), Long-Term Care Insurance Act) General consultation and support businesses (general consultations, creation of community-based comprehensive support networks, understanding of situation, etc.) 3. Advocacy projects (Article 115-44 para. 1 (4), Long-Term Care Insurance Act) Advocacy businesses (prevention of and response to abuse of elderly people, consumer damage and response measures, support for people in situations of impaired judgment, etc.) 4. Comprehensive and continuous care management support projects (Article 115-44 para. 1 (5), Long-Term Care Insurance Act) Comprehensive and continuous care management support businesses (Creation of environment for comprehensive and continuous care management support, support for individual care managers, etc.)
Designated providers of support for prevention of long-term nursing care (Article 115-22, Long-Term Care Insurance Act)

Note: Foundation of Social Development for Senior Citizens, 2011; *Community-Based Comprehensive Support Center Business Manual*

questions allowed multiple responses.

With regard to awareness of comprehensive and continual care management, personnel in the three occupational categories at CCSCs were asked two questions: "Has a comprehensive support network in the community been put in place?" and "Is comprehensive and continual care management being implemented in the community?" Care managers at home-based care support centers were only asked, "Is comprehensive and continual care management being implemented in the community?" Respondents were asked to select a response either from "Put in place/Insufficient/Not put in place", or from "Implemented/Not implemented/Don't know", as appropriate.

Only staff in the three occupational categories at CCSCs were asked "Has a comprehensive support network in the community been put in place?" because this is a duty that the CCSCs are expected to carry out (Table 1), and because it is based on the notion that putting in place a comprehensive support network is an essential element for achieving comprehensive and continual care management.

3. Statisitics

The Details and numbers of cases with difficulties in support between the 2groups were compared using the χ^2 test for categorical data (Table 3). The Coordination and cooperation with respect to cases with difficulties in support

Table 3. Details and numbers of cases with difficulties in support (multiple answers allowed)

	Staff of the three job categories at community-based comprehensive support centers (N,(%))	Care managers (N,(%))	χ^2
Client or Family member has mental disability	29(53.7)	46(29.3)	**
dementia accompanied by problem behavior	26(48.1)	52(33.1)	*
Economic hardship	26(48.1)	40(25.4)	**
Abuse	23(42.6)	38(24.2)	**
Refusal of necessary services	23(42.6)	42(26.8)	*
One-sided personal accompanied by problem behavior	17(31.5)	41(26.1)	
Strong will to stay home but limits to living alone	16(29.6)	27(17.2)	*
Self-neglect	9(16.7)	7(4.46)	**
Difficulty in making decisions but no one else make them	8(14.8)	21(13.4)	
Advocacy needed because of unreasonable multiple debts,etc.	5(9.3)	7(4.5)	
Adherence to inappropriate methods of care	3(16.6)	24(15.3)	*
Other	8(14.8)	13(8.3)	
no answer	8(14.8)	15(9.6)	

Staff of the three job categories at community-based comprehensive support centers: n = 54
Care managers: n = 157 **:($P < 0.01$) *:($P < 0.05$)

between the 2 groups were compared using the χ^2 test for categorical data (Table 4). And the 2 groups are "Care managers" groups and "Three job categories of community-based comprehensive care centers" groups.

4. Ethical considerations

This study was carried out with the approval of the ethics committee of Niigata University of Health and Welfare (approval no. 17274-111002). When the postal survey using self-administration questionnaire forms was carried out, a document was included with the questionnaire forms explaining the aims of the survey and stating that cooperation with the survey was voluntary, that no disadvantage would accrue through non-participation, that privacy would be maintained, and that the data would not be used for any purpose other than the study. The questionnaire forms were anonymous, so that responses could not be identified as belonging to any particular respondent.

Table 4. Coordination and cooperation with respect to cases with difficulties in support (multiple answers allowed)

	Three job categories of community-based comprehensive care centers (N,(%))	Care managers (N,(%))	χ^2
Provided information on social resources	25(54.3)	45(37.5)	*
Psychological support	22(47.8)	61(50.8)	
Expert advice	20(43.5)	65(54.1)	
Regular accompanied visits	19(41.3)	15(12.5)	*
Put together support team	18(39.1)	29(24.2)	*
Took role of coordinator	15(32.6)	0(0.0)	**
Only responded when a problem arose	9(19.6)	33(27.5)	
Discussion/team approach between staff in the three occupational categories	8(17.4)	0(0.0)	**
Formulated support plan, shared with relevant institutions	7(15.2)	0(0.0)	**
Held regular care meetings	5(10.9)	9(7.5)	
Other	2(4.2)	5(4.2)	
No answer	16(34.8)	52(43.3)	

Staff of the three job categories at community-based comprehensive support centers: n = 46
Care managers: n = 120 **:($P < 0.01$) *:($P < 0.05$)

Results

Valid questionnaire responses were received from 62 staff members in the three occupational categories at CCSCs (chief care manager, public health nurse, and certified social worker) and from 172 care managers at home-based care support centers. Valid response rates were 64.6% and 60.8%, respectively.

1. Basic attributes

Among the respondents from CCSCs, the most common age ranges by occupational category were 50 – 59 years for chief care managers (8 respondents, 40%), 30 – 39 years for certified social workers (13 respondents, 61.9%), and 40 – 49 years for public health nurses (11 respondents, 52.4%). The most common number of years of experience working in a CCSC was 4 years or more for all three occupational categories, accounting for 11 chief care managers (55%), 13 certified social workers (61.9%), and 9 public health nurses (45%). Approximately half of all members of staff had therefore been engaged in this field since the establishment of CCSCs.

Among the respondents from home-based care support centers, the most common age range was 50 – 59 years (56 respondents, 32.7%), followed by 40 – 49 years (52 respondents, 30.4%). The most common number of years of experience working as a care manager was 4–<6 years (41 respondents, 24%), followed by 2–<4 years (39 respondents, 22.8%) (Table 2).

2. Details of cases with difficulties in support and status of coordination and cooperation

The details of cases with difficulties in support

Table 2. Basic attributes of respondents

		Community-based, comprehensive support center			Home-based care support center
		Public health nurse (N, (%))	Certified social worker (N, (%))	Chief care manager (N, (%))	Care manager (N, (%))
Sex	Male	0 (0)	2 (23.8)	8 (40.0)	20 (11.6)
	Female	21 (100)	16 (76.2)	12 (60.0)	152 (88.4)
Age (years)	<30	2 (9.5)	1 (4.8)	0 (0)	2 (1.2)
	30 – 39	4 (19.0)	13 (61.9)	4 (20.0)	44 (25.7)
	40 – 49	11 (52.4)	5 (23.8)	6 (30.0)	52 (30.4)
	50 – 59	3 (14.3)	2 (9.5)	8 (40.0)	56 (32.7)
	≥60	1 (4.8)	0 (0)	2 (10)	17 (10.0)
Years of experience	<2	3 (15.0)	1 (4.8)	2 (10.0)	32 (18.7)
	2 – <4	8 (40.0)	7 (33.3)	7 (35.0)	39 (22.8)
	4 – <6	9 (45.0)	13 (61.9)	11 (55.0)	41 (24.0)
	6 – <8				24 (14.0)
	8 – <10				20 (11.7)
	≥10				15 (8.8)

with which the respondents were involved from January to September 2011 are shown in Figure 1 and Table 3. The most common cases with difficulties in support for the three occupational categories of staff in CCSCs were “client or family member has mental or intellectual disability” (29 cases, 53.7%), followed by “dementia accompanied by problem behavior” (26 cases, 48.1%) and “economic hardship” (26 cases, 48.1%). The most common cases with difficulties in support for care managers at home-based care support centers were “dementia accompanied by problem behavior” (52 cases, 33.1%), followed by “client or family member has mental or intellectual disability” (46 cases, 29.3%). The route by which consultation was made and the number of cases at CCSCs were as follows: cases that staff members of any of the occupational categories were personally in charge of (long-term care preventive support), 71; cases in which there was consultation by a care manager, 76; and cases in which there was consultation by a district welfare officer, 88. The total number of cases was 235, with each center handling an average of 7.3 cases. Furthermore, 109 care managers (63.4%) had been involved with a case with difficulties in support, and the total number of such cases was 209.

Figure 2 and Table 4 show the status of coordination between CCSCs and care managers for cases with difficulties in support. The most common types of coordination for the three occupational categories of staff in CCSCs was “provision of information about social resources” (25 cases, 54.3%), followed by “psychological support” (22 cases, 47.8%) and “advice from an expert standpoint” (20 cases, 43.5%), while “holding regular care meetings” (5 cases, 10.9%) was the least common. For care managers at home-based care support centers, “advice from an expert standpoint” (65 cases, 54.1%) was the most common, followed by “psychological

Table 5. Awareness of comprehensive and continual care management

		Staff of the three occupational categories at community-based, comprehensive support centers (N,(%))	Care managers (N,(%))	χ^2
Comprehensive support networks	Put in place	13(29.5)		
	Insufficient	29(65.9)		
	Not put in place	2(4.5)		
Comprehensive and continual care management	Implemented	29 (53.7)	42 (28.0)	**
	Not implemented	3 (5.6)	19 (11.6)	
	Don't know	22 (40.7)	98 (59.8)	*

Staff of the three occupational categories at community-based, comprehensive support centers: n = 54
Care managers: n = 159 **: ($P < 0.01$) *: ($P < 0.05$)

support" (61 cases, 50.8%) and "provision of information about social resources" (45 cases, 37.5%), while "drawing up care plans and sharing them with relevant institutions", "discussion/team approach between staff in the three occupational categories," and "took role of coordinator" were the least common (0%).

3. Awareness of comprehensive and continual care management

Only members of staff from the three occupational categories in CCSCs were asked about putting comprehensive support networks in place, and around 60% of respondents responded that the networks were insufficient. With regard to the implementation status of comprehensive and continual care management, 50% of staff from the three occupational categories in CCSCs answered that it was "implemented", while this was only around 30% for care managers. Furthermore, 40% of staff from the three occupational categories in CCSCs and 60% of care managers responded that they "don't know" about the implementation of comprehensive and continual care management (Table 5).

Discussion

1. Details of cases with difficulties in support and status and issues of coordination/cooperation

Among the cases with difficulties in support with which CCSC staff and care managers were involved, the most common case details were "client or family member has mental or intellectual disability", "dementia accompanied by problem behavior", "economic hardship", and "one-sided personal relations due to dependence, criticism, etc." These are all cases with stratified needs, so the necessary support cannot readily be given only through care management under the long-term care insurance system. Paradoxically, this may be the reason why these cases are recognized as cases with difficulties in support.

It has previously been pointed out that, in such cases, the care management implemented by care managers alone does not lead to resolution of the difficulties, so that, naturally, care management through coordination and cooperation with staff from the three occupational categories in CCSCs, who carry out the duties of community-based comprehensive support, is essential [3].

However, compared to the 209 cases with

difficulties in support with which care managers were involved, the number of cases about which the care managers consulted with a CCSC was just 76 (36.3%). Regarding the nature of this coordination, "advice from an expert standpoint", "psychological support", and "provision of information about social resources" ranked highest. From this, it appears that coordination between CCSCs and care managers is unidirectional, consisting of items such as advice or information provision in case examples of support difficulties. On the other hand, the elements of care management practice, including "holding regular care meetings", "drawing up care plans and sharing them with relevant institutions", and "discussion/team approach between staff in the three occupational categories", are ranked lowest. This indicates that care management is not functioning adequately in CCSCs, which are key institutions tasked with care management.

The current situation as shown by the results of the present study is that coordination between care managers and CCSCs in cases with difficulties in support goes no further than unidirectional action, such as information provision. Coordination or cooperation based on the care management process [14,15] does not appear to have been established.

Since cases with difficulties in support have stratified needs, there must be organic linkage of diverse social resources to meet these needs. For this, reciprocal coordination and cooperation between care managers and CCSCs based on the care management process are absolutely essential. In particular, "care meetings", "formulation of support plans", "discussion among staff of the three occupational categories", and "creation of a support structure" are important processes, and an issue for the future is the degree to which these are implemented.

"Care meetings" were given the status of "community care meetings" in Establishment and Administration of CCSCs (notification by the Ministry of Health, Labour and Welfare), which was published on April 30, 2012 [16] and the Community Care Meeting Administration Manual was subsequently published by the Foundation of Social Development for Senior Citizens in March 2013 [17]. However, even though the Foundation of Social Development for Senior Citizens published the CCSC Business Manual in June 2011 [19] in response to the Establishment and Administration of CCSCs (notification by the Ministry of Health, Labour and Welfare) of October 18, 2006 [18], the present situation, as mentioned at the beginning, is that the CCSCs are not functioning adequately.

The fact that the centers are not functioning adequately despite the presence of manuals of this type is because specific methods are not being fully implemented. In other words, it would appear that a methodology for the care management process has not been fully established.

Consequently, as an issue for the future, care managers and CCSCs need to have reciprocal coordination and cooperation over cases with difficulties in support, and they need to study specific methodologies for the care management process, rather than looking at how to practice care management.

2. The shape of comprehensive and continual care management for cases with difficulties in support

Among the staff of the three occupational categories at CCSCs, 53.7% responded that comprehensive and continual care management is being "implemented". However, 65.9% responded that the comprehensive support network, which is an essential element of such care management, was "insufficient". Furthermore, 59.8% of care managers responded that they "don't know" about the status of implementation of comprehensive and continual care management.

This indicates that the concept of comprehensive and continual care management is not properly understood. There is a mutual relationship between comprehensive and continual care management and the creation of a comprehensive support network, and it is hard to conceive of a situation in which only one side is implemented. Moreover, as a background to this result, it should be borne in mind that in the 2006 Establishment and Administration of CCSCs (notification by the Ministry of Health, Labour and Welfare), the task of comprehensive and continual care management is regarded as "giving guidance or advice with regard to cases with difficulties in support, etc. in which community-based care managers are involved" [18]. From the results of the present study, it can be appreciated that CCSCs are carrying out "advice from an expert standpoint", "psychological support", and "provision of information about social resources" with respect to care managers. However, these alone do not constitute implementation of comprehensive and continual care management. This is likely to be the reason why care managers responded that they "don't know" about the status of implementation of comprehensive and continual care management.

Moxley (1992) defines case management as the "activities of a designated person or team who organizes, coordinates, and sustains a network of formal or informal supports and activities designed to optimize the functioning and well-being of people with multiple needs". He explains that the main effects of case management are (1) to integrate services that go beyond institutions and (2) that continuity of care that goes beyond institutions means placing the client in a comprehensive care system that responds to the client at any time [20].

The Ministry of Health, Labour and Welfare gives a definition of comprehensive and continual care management (see Note 1). A comparative examination of Moxley's definition of case management suggests that it probably means the same thing as care management.

The results of the present study and the definition of care management imply the following for the development of comprehensive and continual care management for cases with difficulties in support: (1) unidirectional advice and guidance from CCSCs are insufficient on their own; and (2) the care management process of "care meetings", "formulation of support plans", "discussion among staff of the three occupational categories", and "creation of a support structure" that comes from the mutual coordination and cooperation actions of care managers and CCSCs is inadequate. In the future, areas of inadequacy will need to be addressed and an environment put in place to allow smooth implementation. Moreover, an important issue will be to ensure once again that the concept of comprehensive and continual care management is fully understood by all care managers and CCSC staff.

Conclusions

This study investigated the current state of collaboration and cooperation over comprehensive and continual care management for cases with difficulties in support between CCSCs and care managers. The study showed that this was very often unidirectional guidance or advice in the form of "advice from an expert standpoint", "psychological support", or "provision of information about social resources" given by CCSCs to care managers, and that the mutually cooperative care management process of "care meetings", "discussion among staff of the three occupational categories", "formulation of support plans", and "creation of a support structure" is not functioning adequately. The results also suggest that the concept of comprehensive and continual care management is not properly understood.

There is, therefore, a need for care managers

and CCSCs to consolidate and understand the concept of comprehensive and continual care management. Both sides then need to cooperate to put in place an environment in which the care management process can be carried out, and they need to examine specific methodologies for implementing it.

Finally, there are some limitations in the present study and issues for the future to consider. The subjects of this study were limited because they were all from the localized area of city A. The results of the study cannot, therefore, be generalized to all areas. It is to be hoped that future studies will be carried out in diverse areas.

Furthermore, this study did not go as far as investigating a methodology for implementing the process of comprehensive and continual care management for cases with difficulties in support. There is a need to investigate this in the future.

Acknowledgements

The author wishes to thank the President of the A Prefecture Association of Care Managers, as well as all the CCSC staff and care managers who kindly cooperated in this study.

Note 1:

The Ministry of Health, Labour and Welfare defines comprehensive, continual care management as "support given in a comprehensive, continual fashion without interruption to lifestyles within the community, either in facilities or in the home. This is provided by care managers, attending physicians, and other relevant, community-based personnel who coordinate and cooperate with each other, while making use of regional comprehensive networks, to utilize the various resources within the community including health, medical care, welfare, and other livelihood support services" [3].

Reference

1. Okada T. Study on the structure of support difficulties: the relationships between multilayered nature difficulties and policy issues. Kyoto: Minerva Shobo; 2010; 22-28.
2. What is the difficult case? - Four analytical framework and three generating factor (Special Feature. Thinking about "difficult cases" (1) The mechanism of generating and the order of support - Analyzing essence of the difficulty, and it is understood. Thinking about the correspondence to a case of dementia). Care Manager. 2009; 11(9); 16-19. (in Japanese)
3. Ministry of Health, Labour and Welfare Health and Welfare Bureau for the Elderly. The Community-Based Comprehensive Support Center Guide. Available from http://www.mhlw.go.jp/topics/2007/03/dl/tp0313-1a.pdf (accessed on 10 November, 2010)
4. Ministry of Health, Labour and Welfare Health and Welfare Bureau for the Elderly. The Community-Based Comprehensive Support Center Operation Manual; 2006: 89-95. (in Japanese)
5. Sugamura Y, Narukama T, Syouji K, et al. Analysis of the present conditions and the problems of The Community-Based Comprehensive Support Center who looked from the care manager of The Home-Based Care Support Centers. Journal of Health and Welfare Statistics. 2010; 57(4): 27-31. (in Japanese)
6. Shirasawa M. Modern social welfare-100 point at issue. Monthly Welfare. 2010; 93(2): 30-31. (in Japanese)
7. Kawai T. Current state of The Community-Based Comprehensive Support Center. The Japanese Journal for Public Health Nurse. 2009; 65: 8-12. (in Japanese)
8. Yoshie S, Saito T, Takahasi M, et al. Care managers' perceived problems regarding case management of difficult cases and their

correlates. Japanese Journal of Public Health. 2006; 53(1): 29-39. (in Japanese with an English abstract)
9. Yoshie S, Saito T, Takahasi M, et al. What kind of family makes a case difficult? Public health nurses' views on home care for the frail elderly. Japanese Journal of Public Health. 2004; 51(7): 522-529. (in Japanese with an English abstract)
10. Ogura T, Sakakibara T, Kondo A, et al. Study of the role and the type of case that government agencies of long-term care insurance after the start involved. From the analysis of difficult cases of home care support center and City a plot B 2 government agencies were involved. The Japanese Journal for Public Health Nurse. 2007; 63(11): 1012-1017. (in Japanese)
11. Ogura T, Sakakibara T, Kondo A, et al. Realities of treatment difficult case of elderly people involved is home care support center and administrative. Japan Journal of Nursing Community Nursing. 2005; 36: 108-110. (in Japanese)
12. Murakami S, Hamano T, Fujisawa Y. Current situation and issues of care management for the hard-to-reach clients. Niigata Journal of Health and Welfare. 2007; 7(1): 43-50. (in Japanese with an English abstract)
13. Inoue N. Response to difficult cases seen in the management of community-based comprehensive support center - In order to solve difficult cases and practice of Community-based Integrated care system. Shinshu University Journal of Economic Studies. 2008; 57: 15-47. (in Japanese)
14. Shirasawa M. Theory and Practice of Case Management. 1st ed. Tokyo: Chuohoki Publishing; 1996: 43-92.
15. Moxley DP (Nonaka T, Kase Y, Translation). The Practice of case management. Tokyo: Chuohoki Publishing; 1992: 21-83.
16. Ministry of Health, Labour and Welfare Health and Welfare Bureau for the Elderly: About community-based comprehensive support centers established management; 30 April, 2012. Available from http://www.jacsw.or.jp/08_iinkai/chiiki/files/2013/20130329_chiiki_hokatsu.pdf (accessed on 15 July, 2013)
17. Protracted-life Society Development Center. Community Care Meeting Administration Manual; March 2013. Available from http://www.nenrin.or.jp/chiiki/manual/pdf/kaigimanual00.pdf (accessed on 15 March, 2013)
18. Ministry of Health, Labour and Welfare Health and Welfare Bureau for the Elderly: About community-based comprehensive support centers established management; 18 October, 2006. Available from http://www.mhlw.go.jp/topics/kaigo/housyu/dl/c18.pdf (accessed on 12 October 2010)
19. Protracted-life Society Development Center, The Community-Based Comprehensive Support Center Business Manual; June 2011. Available from http://wwwhourei.mhlw.go.jp/cgi-bin/t_docframe2.cgi (accessed on 10 August 2011)
20. Moxley DP (Nonaka T, Kase Y, Translation). The Practice of Case Management. Tokyo; Chuohoki Publishing; 1992; 12: 4-5.

Data 1. A survey of public health nurses, including chief care managers, belonging to community-based comprehensive support centers was conducted.

Questionnaire

Community-based comprehensive support center: For Social Workers

As the research purposes listed in the "Request for research cooperation" Appendix are based on responses from everyone in the community-based comprehensive support center, this survey was conducted in order to examine the future role of comprehensive and continuous care management. Please answer the following questions by circling the options that apply.

I. Questions regarding you as a social worker. Please circle the options that apply.

1) What is your gender?

1. Male	2. Female

2) What is your age (years)?

1. <30	2. 30 — 39	3. 40 — 49
4. 50 — 59	5. 60 — 69	6. ≥70

3) As a social worker, how many years of work experience do you have?

1. <2	2. 2 ≤ 4	3. 4 ≤ 6
4. 6 ≤ 8	5. 8 ≤ 10	6. ≥10

4) How many years of work experience do you have in community general support?

1. <2	2. 2 ≤ 4	3. 4 ≤ 6
4. 6 ≤ 8	5. 8 ≤ 10	6. ≥10

5) Do you have a care manager?

1. Have	2. Do not have

6) Do you have a chief care manager?

1. Have	2. Do not have

7) Please describe your employment and working arrangements.

1. Full-time/Specialty	2. Full-time/Additional post	3. Part-time/Specialty	4. Part-time/Additional post

8) Please describe your position in your workplace.

1. Administrator	2. Non-administrator

9) Please describe the staffing at your workplace.

1. Chief care managers	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)
2. Public health nurses	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)
3. Social workers	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)
4. Nurses with experience	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)

5. Care managers	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)
6. Other	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)

10) Please answer the average number of care plan of care prevention that was in charge in January 2011 to September 2011.

1. The entire office: ( ) cases / month	2. Charge number ( ) cases / month

11) Do you have is located professional staff to be created in your office the care prevention care plan

1. Placement (members)	2. No Placement

II Questions regarding the work you do as a social worker. Please circle the options that apply.

1) What is the community-based comprehensive support center doing right now? Are you a... (Multiple selections are allowed)

1. Care prevention care management business	2. Comprehensive consultation support business	3. Advocacy business
4. Comprehensive and continual care management business	5. Specified preventive care support services (preventive care benefit plan created)	6. Other ( )

2) Where do you think the area of expertise of a social worker fits in a community-based comprehensive support center? (Multiple selections are allowed)

1. Care prevention care management business	2. Comprehensive consultation support business	3. Advocacy business
4. Comprehensive and continual care management	5. Specified preventive care support services(preventive care benefit plan created)	6. Other ( )

3) Do you think your expertise as a social welfare officer is clear in the community-based comprehensive support center?

1. Yes	2. No	3.Do not know

III Have you ever been involved in "cases of support difficulties" as a social worker? Please circle the options that apply.

1) Please describe the consultation route of "cases of support difficulties" in January-September 2011. In addition, please provide the number of cases. (Multiple selections are allowed)

1. In charge of the case itself	( ) cases
2. Consultation cases from the care manager	( ) cases
3. From consumer members of the community	( ) cases
4. Other ( )	( ) cases
5. Was not involved in any case with difficult support	

2) Were there any cases of support difficulties that you were involved in between January-September 2011 that were consultations from consumer members of the community, and a care manager was involved.

1. Yes ( ) cases	2. No

3) The question of the two I have a question for those who yarn answer. The reason there was no consultation from the care manager about the case, what will be considered.

The reason :

4) In "cases of support difficulties" experienced between January-September 2011, what were the issues? (Multiple selections are allowed)

1. Client or family member has mental disability	2. Economic hardship	3. Abuse
4. Strong will to stay at home, but limits to living alone	5. Refusal of necessary services	6. Cognitive disability accompanied by problem behavior
7. One-sided personal relations due to dependence, criticism, etc.	8. Difficulty in making decisions but no one else to make them	9. Advocacy needed because of unreasonable multiple debts, etc.
10. Adherence to inappropriate methods of care	11. Self-neglect	12. Other

5) Please describe the number of “cases of support difficulties” you were involved in between January-September 2011 in which you were asked for assistance by the care manager of the home care support office.

1. We were asked to "support a difficult case" ( ) cases

IV Please provide details about the “cases of support difficulties” that you were asked to be involved with by a care manager of- a Home-Based Care Support Center between January and the end of September 2011. Please circle the options that apply.

1) Please describe the support that was carried out for such “cases of support difficulties.” (Multiple selections are allowed)

1. Consultation by telephone	2. Regular accompanied visits	3. Attended a service representative meeting
4. Psychological support	5. Expert advice	6. Only responded when a problem arose
7. Provided information on social resources	8. Held regular care meetings	9. Formulated support plan, shared with relevant institutions
10. Put together support team	11. Took role of coordinator	12. Discussion/team approach between staff in the three occupational categories
13. Other		

2) Do you think that the community-based comprehensive support center (care management) could provide an appropriate response when asked by a care manager of a Home-Based Care Support Centers to provide support for “cases of support difficulties?"

1. 1 Put in place→ reason:
2. Insufficient→ reason:
3. Not put in place → reason:

V This question is for people involved in providing support for a "case of support difficulties" when asked by a care manager of a Home-Based Care Support Center between January-September 2011. Please circle the options that apply.

1) Please describe what support was carried out when the care manager of- a Home-Based Care Support Centers asked you for support for a “case of support difficulties." (Multiple selections are allowed)

1. Consult by telephone	2. Regular accompanied visits	3. Attended a service representative meeting
4. Psychological support	5. Expert advice	6. Only responded when a problem arose
7. Provided information on social	8. Held regular care meetings	9. Formulated support plan, shared with

resources		relevant institutions
10. Put together support team	11. Took role of coordinator	12. Discussion/team approach between staff in the three occupational categories
13. Other		

2) After receiving a request from a care manager of a Home-Based Care Support Centers for support for a “case with support difficulties” (care management), was it possible to implement appropriate measures as a community-based comprehensive support center?

1. Put in place→ reason :
2. Insufficient→ reason :
3. Not put in place → reason :

VI This question is from the perspective of a social worker at a "community-based comprehensive support center." Please circle the options that apply.

1) Do you think the roles of the three occupations in community-based comprehensive support centers are clear?

1. Is clear	2. Not clear	3. Do not know

2) Do you think the roles and responsibilities of local government and community-based comprehensive support centers have been clarified?

1. Is clear	2. Not clear	3. Do not know

3) Do you think that a comprehensive support network is established in your area?

1. Put in place→ reason :
2. Insufficient→ reason :
3. Not put in place → reason :

4) What image of comprehensive and continuous care management do you have?

5) Do you think that comprehensive and continuous care management is being carried out in your area?

1. Implemented	2. Not implemented	3. Do not know

6) Do you think that the future need for comprehensive and continuous care management will be easily met? Please answer freely.

※This is the end of the questionnaire. Please return it in the enclosed envelope.

Thank you for your cooperation.

Data 2

Questionnaire for Home-Based Care Support Center Care Managers

As the research purposes listed in the "Request for research cooperation" Appendix are based on responses from care managers, this survey is being conducted in order to examine the future role of comprehensive and continuous care management. Please answer the following questions by circling the options that apply.

I Questions regarding you as a care manager. Please circle the options that apply.

1) What is your gender?

1. Male	2. Female

2) What is your age (years)?

1. <30	2. 30 — 39	3. 40 — 49
4. 50 — 59	5. 60 — 69	6. ≥70

3) As a care manager, how many years of work experience do you have?

1. <2	2. 2 ≤ 4	3. 4 ≤ 6
4. 6 ≤ 8	5. 8 ≤ 10	6. ≥10

4) Do you have a chief care manager?

1. Have	2. Do not have

5) Please describe the qualifications of the care manager. (Multiple selections are allowed)

1. Care worker	2. Home helper	3. Nurse	4. Social welfare secretary
5. Social worker	6. Dental hygienist	7. Bonesetter	8. Pharmacist
9. Nutritionist	10. Physiotherapist	11. Occupational therapist	11. Other

6) Please describe your employment and working arrangements.

1. Full-time/Specialty	2. Full-time/Additional post	3. Part-time/Specialty	4. Part-time/Additional post

7) Please describe your position in your workplace.

1.Administrator	2.Non-administrator

8) Please describe the staffing at your workplace.

1. Care managers	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)
2. Other	Specialty (Full-time) (Part-time)	Additional post (Full-time) (Part-time)

9) The average number of care plan was in charge in January 2011 to September 2011 What items.

1. The entire office: Long-Term Care Benefits （ ） cases/month Prevention Benefits ( ) cases/month	2. In charge: Long-Term Care Benefits （ ） cases/month Prevention Benefits ( ) cases/month

10) Among the cases you experienced between January-September 2011, were there any “cases of difficult support?

1. No	2. Have→ (　　cases)

11) Were there any “cases of difficult support” received as a request from a community-based comprehensive support center?

1. No	2. Have→ (　　cases)

II Were you uncomfortable with what was involved in a "case of support difficulties" as a care manager? Please circle the correct answer.

1) What were the issues in support for a “case of support difficulties”? (Multiple selections are allowed)

1. Client or family member has mental disability	2. Economic hardship	3. Abuse
4. Strong will to stay at home but limits to living alone	5. Refusal of necessary services	6. Cognitive disability accompanied by problem behavior
7. One-sided personal relations due to dependence, criticism, etc.	8. Difficulty in making decisions but no one else to make them	9. Advocacy needed because of unreasonable multiple debts, etc.
10. Adherence to inappropriate methods of care	11. Self-neglect	12. Other

1) In a "case of support difficulties" situation, was the community-based comprehensive support center consulted?

1.No→The reason
2.Yes→The reason

III This question is for people who were consulted as a care manager at a community-based comprehensive support center in a "case of support difficulties.” Please circle the options that apply.

1) Of the three occupations providing consultations at a community-based comprehensive support center, which of these were involved?

1. Chief care managers	2. Public health nurses
3. Social workers	4. Do not know

2) Have you been asked to be involved in any of the following “cases of support difficulties”? (Multiple selections are allowed)

1. Consult by telephone	2. Regular accompanied visits	3. Attended a service representative meeting
4. Psychological support	5. Coordination with the government	6. Coordination with the office
7. Coordination with medical institutions	8. Cooperation and coordination with other relevant organizations	9. Coordination of the informal local services
10. Provided information on social resources	11. Expert advice	12. Held regular care meetings
13. Put together support team	14. Took role of coordinator	15. Other

3) What was done when the community-based comprehensive support center provided support for a “case of support difficulties”? (Multiple selections are allowed)

1. Psychological support	2. Expert advice	3. Regular accompanied visits
4. Only responded when a problem arose	5. Provided information on social resources	6. Held regular care meetings

7. I had to create a support plan	8. Put together support team	9. Other

4) What do you think about the results of " difficult case support "; was a community-based comprehensive support center consulted and appropriate care management provided?

1. Put in place→ reason:
2. Insufficient→ reason:
3. Not put in place → reason:

IV This question is from the point of view of the care manager of the "community-based comprehensive support center." Please circle the options that apply.

1) Do you think that the roles of the three occupations in community-based comprehensive support centers are clear?

1. Clear	2. Not clear	3. Do not know

2) Do you think the roles and responsibilities of local government and community-based comprehensive support centers have been clarified?

1. Clear	2. Not clear	3. Do not know

3) What image of comprehensive and continuous care management do you have?

4) Do you think that comprehensive and continuous care management is being carried out in your area?

1. Implemented	2. Not implemented	3. Do not know

5) Do you think that the future need for comprehensive and continuous care management will be easily met? Please answer freely.

※This is the end of the questionnaire. Please return it in the enclosed envelope.

Thank you for your cooperation.