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## **FEATURES OF ORGANIZING SOCIAL WORK WITH THE ELDERLY IN JAPAN AND SWEDEN**

**Olena Postupna**

Doctor of Science in Public Administration, Professor,  
Associate Professor of the Department of Management  
of Training Research and Production Center,  
National university of civil defence of Ukraine  
*ORCID ID: 0000-0002-0622-0966*

**Kyrylo Husarov**

“Global Scientific Trends” publishing center,  
Technical Editor  
*ORCID ID: 0000-0001-7509-8063*

**Abstract.** The article examines the experiences of Japan and Sweden, two developed countries with the oldest populations in the world. It identifies the challenges faced by the governments of these countries and briefly presents the genesis of their national social policies. Successful practices of Japan and Sweden in addressing elderly support are characterized.

It is found that with the global increase in the elderly population, there is a natural trend toward raising the retirement age, encouraging financial preparation for old age through the development of private pension schemes and individual insurance, and creating conditions for continued employment for older people who are in relatively good health and capable of working. Overall, modernization is needed in social policy, the existing social security system, and social work practices.

At the state level, addressing this issue requires more than just legal measures (such as enacting regulations that establish social protection norms for various population groups) or organizing social work. Effective collaboration between the formal and informal sectors in providing social services to the elderly is essential

today. Some countries have achieved certain results in organizing such work, creating effective social security systems. Most notably, these are countries that have successfully engaged community residents in social work, encouraging various forms of mutual assistance to promote community development.

**Keywords:** public administration, population aging, social policy, gerontology, gerontopsychology, social work, social workers, elderly people, developed countries, best practices, pension provision, social connections, service sector, healthcare, barrier-free environment.

**Introduction.** Due to declining birth rates and increased life expectancy, which undermine the global social system's ability to sustain population numbers and quality, the proportion of elderly people worldwide is rising compared to other age groups. Among older adults, the population aged 80 and above is growing faster than those aged 65 and over. It is projected that by 2050, this number will nearly triple, reaching around 459 million (up from 155 million in 2021). The countries with the oldest populations globally are the Republic of Korea (40%), Japan (30%), and Sweden (16%) [13].

Elderly individuals are typically those who require medical care and assistance from social workers to help with household tasks, meal preparation, and personal care. Previously, family members (children, grandchildren) often provided informal, unpaid care for elderly relatives. Today, however, there is an increasing shift toward formal services, funded by public resources. The need for residential care, particularly clinical care, for people over 80 is expected to continue growing, meaning that a larger portion of the workforce will be engaged in the service sector (caregivers, social workers, medical staff for elderly care, etc.). This trend compels global society to modernize social policy, reorganize the service sector, and create additional jobs in this area to meet future demands.

Therefore, let us examine the experiences of developed countries with the oldest populations—Japan and Sweden—in organizing social work for the elderly.

**The analysis of research and problem definition.** The theoretical and

practical aspects of forming and implementing social policy to support the elderly, as well as organizing social work at the national level for this population category, are well covered in academic studies, particularly [1; 2; 4-7; 9-11; 15].

Recognizing the need to change approaches to organizing social work with the elderly due to the increasing share of this population category globally, it is appropriate to examine the successful practices of those countries that lead in the number of elderly people worldwide.

**The purpose of the article** is to examine the experiences of Japan and Sweden, developed countries with some of the oldest populations in the world; to identify the challenges faced by the governments of these countries and briefly outline the genesis of their national social policies; and to characterize the successful practices of Japan and Sweden in addressing support for the elderly.

**The results of the research.** The issue of aging in Japan emerged as early as the mid-20th century. At that time, the country enacted a pension law and introduced health insurance, allowing Japan to establish a national system for pension and healthcare provision for its citizens [6]. In 1973, Japanese citizens over the age of 70 were granted free access to healthcare services, the pension payment system was revised, and social insurance payments were increased [11].

However, by the 1980s, the proportion of single individuals in society had significantly risen (a trend that continues today, with more single and childless couples), which led the government to restrict social assistance to specific population categories. The decision was made to support only single individuals with low income. Since 1986, Japan's social insurance system has consisted of two components:

1. National mandatory social insurance – a third of the national basic pension is funded through taxes, with the remainder covered by insurance contributions split equally between employers and employees.

2. Employer-based insurance – employers provide additional insurance, with contributions also made by employees [9, p. 197].

Thus, all working Japanese citizens contribute to social insurance funds.

Another challenge for the elderly has been securing placement in facilities that provide qualified medical care. Psychological barriers (the reluctance to move to such institutions) remain, and the government lacks the capacity to organize professional home care. Therefore, elderly care was traditionally the responsibility of family members (mainly children) with whom the elderly lived. In Japan, such care was viewed as family duty. However, by the late 20th century, the capacity for Japanese families to care for elderly relatives had diminished, as most women sought active participation in social and work life, and the multi-generational family system (where 2-3 generations lived together) declined.

In 2000, the “Gold Plan” was introduced to support the elderly, including the development of Long-Term Care Insurance aimed at ensuring a decent standard of living for older adults. This system encompasses various aspects and partially shifts caregiving responsibilities from families to the state. Now, Japanese citizens over 65 can approach centers established by local authorities and undergo a comprehensive assessment. Based on this assessment, a social manager advises on how to meet identified needs and services, including which companies to contact. A social worker develops a care plan that covers all necessary services (from meal delivery to cleaning and personal care). Clients co-pay for services but only at a rate of 10-20% of their cost. These centers also offer medical checkups and therapeutic services. Both public and private organizations in Japan are involved in providing necessary services, although only a small portion offer truly specialized services [14].

Elderly care in Japan is provided through residential facilities for those who cannot care for themselves and struggle to age at home. An example is the Elderly Center in Fussa City, which accommodates 140 residents: 100 for permanent residency (including 30 individuals with dementia) and 40 for temporary stays. The building is designed in a Japanese style with barrier-free access; the rehabilitation area features a monastery style, and there is an open rooftop space for regular gatherings and social interaction [4].

In the 21st century, Japan’s aging process has accelerated, leading to an increase in single elderly individuals. This has given rise to an unusual service—the

"Family Rental" weekend program. Through this service, a single person can select a "family" (a wife and child) for the day and spend the weekend engaging in family-like activities such as grocery shopping, cooking, and leisure time together [5]. While this is only a simulation of a real family, it provides psychological support, mutual help, and addresses loneliness and isolation.

Single elderly people in Japan often approach death philosophically and prepare in advance. They can select a coffin in a special supermarket department, take a photo for display on the locker door in the supermarket wall where their ashes will be stored, and plan and prepay for all funeral services.

The percentage of elderly people varies across prefectures. For example, in 2021, Aomori Prefecture had the highest percentage of elderly people at 34.3%, compared to the national average of 28.9%. The proportion of single elderly individuals in the same year was 15% for men and 22.1% for women. These figures were negatively impacted by the COVID-19 pandemic, which affected a large portion of the global population in the 2020s, with the elderly being particularly vulnerable. For this group, the pandemic brought significant challenges—social isolation, disruption of personal connections, and loneliness. According to a 2022 survey, 37.9% of people aged 60-69, 31.2% aged 70-79, and 31.2% aged 80-89 reported feeling lonely [7].

These concerning statistics have prompted the government to strengthen social policies to support isolated individuals, including foreign residents in Japan. This decision was also influenced by memories of past events—natural disasters like the Great Hanshin-Awaji Earthquake in 1995 and the Great East Japan Earthquake, tsunami, and Fukushima nuclear disaster in 2011. These disasters caused widespread destruction and suffering, leading to broken social connections, isolation, and loneliness for a significant portion of the population.

At the state level, a decision was made to address the problem of loneliness and improve overall well-being by restoring social connections among people. This was implemented through a project that ran from May to November 2022 in the Yokouchi area of Aomori City, involving groups of an average of 18 participants. Educational

groups were organized for growing flowers and vegetables on unused agricultural land at community farms. Participants included younger children, elementary school students, adults, and the elderly. Community farms were viewed as spaces for cultivating plants for local residents. Participants in the project cared for the plants together, harvested the crops, prepared meals, and, most importantly, engaged in intergenerational communication and the exchange of experiences and information. This fostered the development of connections and encouraged young people to do their part in community development. For the elderly, it served as a counteraction to isolation and loneliness.

This project represents a significant social contribution to Japanese society as it promotes improved health, enriches life experiences, cultivates an interest in the plant world, heals the mind, enhances individual self-sufficiency, and revitalizes the community's activities. For elderly participants, it not only helps to restore social connections but also reduces feelings of isolation and loneliness.

Japan is a country where robotization is rapidly developing. Robots are being utilized and integrated into various aspects of societal life, including technologies aimed at providing assistance and care for people. Today, robots are used in Japanese stores, restaurants, banks, hospitals, and nursing homes. In 2015, the Japanese research institute Riken introduced the Robear, a bear-like robot designed to care for the elderly and disabled. It can easily lift, place, and transfer a person to a bed or another location, support them while walking, assist in getting into a wheelchair, and deliver food. The creators designed this electro-mechanical caregiver to resemble a soft toy bear, which evokes smiles from patients and alleviates their psychological stress. All actions are performed gently and cautiously (thanks to built-in sensors, including tactile ones), ensuring no pain is inflicted on the frail individuals. Robear is the third generation of robots developed to assist in the care of the elderly and infirm. This version is half the weight and size of its predecessors, making it more compact and maneuverable, allowing it to move easily through rooms and apartments.

Japanese society strives to support and care for its elderly population by forming appropriate social policies, creating various systems, programs, and projects,

and engaging the public in this process. Recognizing that the aging process of the Japanese society will continue, and that national and local budget funds are insufficient even today, the government mandates that citizens aged 40 and older pay insurance premiums—special contributions that go towards supporting the elderly. Furthermore, the Japanese government understands the need to cultivate a mindset among citizens that ensuring a dignified life for the elderly should be a trend among both the youth and middle-aged individuals. The organized volunteer movement to assist the elderly has become a widespread phenomenon in Japan, with many volunteers being over 65 years old. In addition to volunteering, the government supports employers' initiatives to be more accommodating towards the elderly and their families. For instance, employers can offer to extend the workday by two hours and work five days a week instead of four. Today, more than a third of young retirees aged 60-64 are re-employed full-time, while others work under contract. Japanese society understands that the term "retirement" is becoming conditional, emphasizing the importance of relying on one's abilities and opportunities.

Another country, Sweden, is considered to have a fairly high standard of living; however, it also ranks among the top three countries with the oldest populations in the world. Since the mid-20th century, Sweden's social policy has been regarded as universal, focusing on full employment, active labor market policies, a solidarity-based wage system, and universal access to social services and assistance. However, due to the rise of various political forces, EU membership (including changes in labor legislation), globalization of the world market, economic crises, high taxes, an increase in the number of migrants, and substantial expenditures on the social sector, the model of social policy has proven to be vulnerable. Since the 1990s, the Swedish government began to gradually reduce funding for social programs and tightened the requirements for receiving assistance. Since 1994, the patient's share of medical service costs has increased. By the late 1990s, some social programs were partially restored, new social grants were established to support the quality of social services in local authorities, and adult retraining programs were activated. Overall, however, the level of social benefits decreased, and new elements of social insurance were

implemented (including savings pension accounts), and mandatory needs assessments were introduced for receiving types of social assistance.

At the national level, a social affairs committee monitors the conditions necessary for the elderly to lead active lives, ensuring appropriate housing and proximity to social services. In 1992, the Swedish Parliament adopted a decision to implement a national program to assist elderly people, which placed responsibility for many aspects, including costs for inpatient and semi-inpatient care, and the organization of social housing, on local authorities. Currently, more than two-thirds of social services in Sweden are provided and funded by local government. Over 80% of care for the elderly is financed by taxes collected by municipalities from their residents. Only a small portion is funded by state grants provided to municipalities. For instance, in 1999, the municipality's expenditures on elderly care amounted to 60 million Swedish kronor, of which 43 million was spent on services in specialized residential facilities. The responsibilities of local governments include coordinating and methodologically supporting the activities of the bodies that assign and pay pensions, organize social assistance and social services, ensure state social standards and guarantees, monitor needs, and oversee the quality of elderly care. The state has also delegated local authorities the power to establish additional social benefits and guarantees for this demographic. The modern social protection system in Sweden consists of interrelated elements—monetary payments (pensions, social assistance) and non-cash forms of support (social services, guarantees, subsidies, benefits, and compensations).

According to the results of a special study conducted in 2015 by the international human rights organization HelpAge International, which evaluated the quality of life, social security, and well-being of elderly individuals, Sweden ranked third among 96 countries worldwide. The quality of life index for older adults was 84.4. The ranking considered indicators such as health status, education, employment, material well-being, accessibility of social services, and the level of favorable conditions for meeting the needs of the elderly. These figures indicate the effectiveness of the social security system in Sweden. The existing legal framework



regulating social protection for the elderly is oriented towards social standards developed by international and regional organizations such as the UN, the International Labour Organization, the EU, and the Council of Europe. At the same time, Sweden continuously improves the social sphere, adapting it to modern transformations, demographic realities, and challenges.

In recent decades, there has been a growing trend towards strengthening volunteer organizations and the development of self-help and mutual aid movements. More clients of social services express a desire to remain at home and receive services within their community. This is primarily due to Sweden expanding the range of home services and improving living conditions. In terms of social housing for the elderly, the country has established five models of such housing:

1. Standard Housing – the majority of elderly individuals (88%) have financial means upon retirement and own private or rented homes, utilizing care, assistance, and other services provided by the Social Welfare Administration.

2. Specialized Apartments – these are specially designed living spaces with convenient layouts, furnishings, appliances, and specialized staff from the administration, with elderly individuals relying on home care services provided by social welfare institutions.

3. Service Residences and Family Hotels – social institutions with multiple housing units, each with its own kitchen and bathroom, as well as a common dining area; they are staffed with specialized personnel and have medical facilities.

4. Elderly Care Homes – characterized by each unit having a separate room with an outdoor toilet, communal areas such as dining rooms, lounges, libraries, and gyms.

5. Public Nursing Homes and Care Facilities for the Elderly with Chronic Illnesses – this type of housing is provided by local authorities, consisting of single rooms focused on rehabilitation, including post-recovery, as well as for individuals with chronic conditions.

In addition to the aforementioned types of social housing, Sweden has established palliative and hospice care services for elderly individuals facing terminal

illnesses. These clients receive social, psychological, and medical support in temporary and permanent care facilities as well as at home. The main principles of service for the elderly include preserving their right to choose their living arrangements and creating a barrier-free social environment for this age group.

Municipalities in Sweden face challenges in providing social assistance to elderly individuals living in sparsely populated areas, particularly in rural regions. To address this issue, they have engaged postal workers who, for an additional fee beyond their regular duties, perform several functions related to social services. These postal workers can be the first to notice any deterioration in an elderly person's health and provide help; they also monitor the need for household assistance, firewood, drinking water, transportation, or caregiving. The collaboration involving postal workers was officially established in 1974 through a framework agreement between the Director-General of the postal service and the National Ministry of Social Affairs. According to this agreement, the postal workers' responsibilities include home delivery of goods, visiting elderly clients, and facilitating contact between social service workers and those in need of assistance.

Postal workers are required to report annually to municipalities on the condition of homes and their occupants, including travel routes to these locations. They also have an emergency phone line to the municipality for urgent situations requiring immediate assistance for elderly individuals. Municipalities organize special annual meetings with postal workers to inform them about the tasks and specifics of social work for the year. Payment for social work performed by postal workers comes from several sources: municipalities pay a contractual fee to the postal service for regular contact with elderly individuals (as outlined in the agreement); postal workers receive a monthly fee for these services; they earn a reward for each one-time visit to an elderly person's home; and a separate fee is paid for delivering goods to elderly clients' homes, with half the cost covered by the shop owner. Today, Sweden has established specialized training for rural postal workers to effectively carry out social service functions.

Thus, despite the numerous changes in the social security system in Sweden

over the past 80 years, national gerontological policy remains the most flexible among European countries. This is due to a significant focus not only on addressing the economic issues faced by the elderly but also on their social integration and employment (including part-time work), even for individuals with disabilities. The country practices a gradual retirement model to help elderly individuals avoid pension shock. Sweden successfully combines elements of both accumulation and distribution systems, along with the effective operation of private pension funds.

**Conclusions.** Therefore, in light of the increasing proportion of elderly individuals globally, it is a natural trend to raise the retirement age, stimulate financial preparedness for old age through the development of non-state pension systems and individual insurance, and create conditions and opportunities for the continued employment of older adults who are in reasonably good health and capable of working. Overall, the social policy, existing social security system, and social work require modernization. It is clear that addressing this issue at the state level cannot rely solely on legal measures (such as adopting normative legal acts that establish social protection norms for various population groups) or on organizing social work. Today, effective interaction between the formal and informal sectors in providing social services for elderly individuals is crucial. Some countries have achieved certain results in organizing such work and have created effective social security systems. These are predominantly countries that have successfully engaged community members in social work, encouraging them to participate in various forms of mutual aid for community development.

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