

Adult Social Care Related Quality of Life

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EDITORIAL

Japan faces unprecedented rapid growth of an ageing population and it is the most prominent in developed countries. In this trend, provision of social care services was introduced in 2000 to prevent the deterioration of health and to maintain independent living in the community under the Long-Term Care (LTC) policy. LTC services aim to sustain and/or improve the Quality of Life (QoL) among service users. QoL is multidimensional. However, subjective health-related QoL outcome measurements have been commonly used across illness and age groups in Japan. Therefore, we developed the Japanese version of the Adult Social Care Outcomes Toolkit (ASCOT) [1] to measure the influence of social care services to QoL among the service users and also assess the social care quality. The Japanese version of the ASCOT is based on the original ASCOT [2] which capture QoL with the following eight domains: Control over daily life, Personal cleanliness and comfort, Food and drink, Personal safety, Social participation and involvement, Occupation, Accommodation cleanliness and comfort, and Dignity. The occupation domain asks an individual whether you are able to spend your time as you want, doing things you value or enjoy.’ Ageing involves various health issues. Health issues in older adults cause deprivation and social injustice. The deprivation and social injustice affect health related risks negatively. Therefore, dignity seems to be extremely important for elderly health care.

CONFLICT OF INTEREST

The author declares no conflict of interests.

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