

第 1 回本邦研修（2016 年 8-9 月）

(1) 第1回本邦研修工程表

日付 2016 年	時刻			形態	研修内容	講師又は見学先担当者等		講師使用言語	研修場所
						氏名	所属先及び職位		
8/29 (月)	9:00	～	12:30	講義	ブリーフィング		JICA 東京	英語	JICA 東京
	14:00	～	17:00	講義	日本における高齢化の現状と政策の方向性/高齢者を支える社会保障制度	岩名礼介	MURC	英語	JICA 東京
8/30 (火)	9:00	～	12:00	講義	高齢者政策における自立・虚弱高齢者支援策の位置付け／介護予防・生活支援・介護予防を担う主な実施主体	齋木由利	MURC	英語	JICA 東京
	13:30	～	16:30	講義	日本における介護予防の考え方	飯村祥子	保険局医療介護連携政策課 データヘルス・医療費適正化対策推進室 主査	日本語	JICA 東京
8/31 (水)	9:00	～	12:00	講義	コミュニティにおける高齢者の社会的支援(就労)	吉田祐介	柏市 福祉政策課 副主幹	日本語	JICA 東京
	13:30	～	16:30	講義	ASEAN/EU におけるサクセスフル・エイジング、アクティブ・エイジング、高齢者政策の比較	武井泉	MURC	英語	JICA 東京
9/1 (木)	10:00	～	11:30	講義	有償ボランティア、地域活動	又村あおい	福祉部福祉総務課地域福祉担当	日本語	平塚市
	13:00	～	15:00	視察	同上		同上	日本語	同上
9/2 (金)	9:30	～	11:00	実習	グループワーク導入	岩名礼介	MURC	日本語	JICA 東京
	14:00	～	17:00	実習	振り返り演習		同上	英語	JICA 東京
9/5 (月)	9:00	～	12:00	講義	実施主体に対する立上・活動支援	服部真治	医療経済研究・社会保険福祉協会医療経済研究機構 研究部 研究員 兼 研究総務部次長	日本語	JICA 東京
	13:30	～	16:30	講義	社会福祉協議会の沿革と役割	池田昌弘	全国コミュニティライフサポートセンター 理事	日本語	JICA 東京

日付 2016 年	時刻			形態	研修内容	講師又は見学先担当者等		講師 使用言語	研修 場所
						氏名	所属先及び職位		
9/6 (火)	10:00	～	12:00	講義	認知症支援策	高橋 洋平	厚生労働省 老 健局総務課認知 症対策推進室 併任 課長補佐	英語	JICA 東京
	13:30	～	16:30	講義	コミュニティにおける 高齢者の社会的支援(就 労)	福島 孝	公益社団法人 全国シルバー人 材センター事業 協会	日本語	JICA 東京
9/7 (水)	10:00	～	12:00	講義	コミュニティにおける 高齢者の社会的支援(体 操教室)	大田 仁史	茨城県立健康プ ラザ 管理者	日本語	茨城 県水 戸市
	14:00	～	16:00	見学	同上		同上	日本語	同上
9/8 (木)	9:00	～	12:00	講義	実施主体に対する立 上・活動支援	清水 肇子	公益財団法人 さわやか福祉財 団理事長	日本語	JICA 東京
	14:45	～	17:30	見学	コミュニティにおける 高齢者の社会的支援(有 償ボランティア、通いの 場)	島村 孝一	NPO 法人 き らりびとみやし ろ 理事長	日本語	埼玉 県南 埼玉 郡
9/9 (金)	9:30	～	11:00	実習	グループワーク	岩名 礼介	MURC	英語	JICA 東京
	14:00	～	17:00	実習	プレゼンテーション、評 価会、終了式		同上	英語	JICA 東京

(2) 研修員リスト

	氏名	役職
1	Zulkifli Bin Ismail	Director, Community Division, Department of Social Welfare (DSW)
2	Ruhaini Binti Hj. Zawawi	Director, Policy & International Relations, DSW
3	Hezleen Binti Hassan	Senior Principal Assistant, Elderly Division, DSW
4	Rosnah Binti Sardi	Principal Assistant Director, Community Division, DSW
5	Ismail Bin Kasan	Principal Assistant Director, Planning & Development Division, DSW
6	Noraida Binti Ibrahim	Chief Assistant Director, Planning & Development Division, DSW
7	Nooratika Binti Zainal	Senior Assistant Director, Elderly Division, DSW
8	Dalila Binti Mohd Nasir	Senior Assistant Director, Elderly Division, DSW
9	Zamzuri Bin Mohamed	Assistant Director, Community Division, DSW
10	Siti Rahiel Binti Che Rahim	Assistant Director, Policy and International Relations Division, DSW
11	Mohd Zamry Bin Abulis	Social Welfare Officer, Tampin District Social Welfare Office
12	Syahrul Nasir Bin Mat Rais	Social Welfare Officer, Kota Setar District Social Welfare Office, Kedah
13	Nazatul Iffah Binti Abdullah	Senior Assistant Director, Person with Disability & Elderly Person Division, DSW, Penang
14	Rusmailani Binti Abd Aziz	Principal Assistant Director, DSW, Sarawak
15	Rosni Yaacob	Principal Assistant Director, Persons with disability/Senior Citizen Division, DSW, Terengganu
16	Zulkiflie Bin Hassan	Principal Assistant Director, Elder Persons & Disable Person Division, DSW, Sabah
17	Kamarulzaman Bin Ismail	Head, Cheng Old Folks Home, DSW, Melaka
18	Mohamad Bin Md Nor	Head, Seri Kanangan Old Folks Home, Bedong, DSW, Kedah
19	Nur Fatihah Oh Binti Abdullah	Head Officer, Kota Samarahan Health Office, Ministry of Health
20	Fairul Rafied Bin Abdullah	Senior Principal Assistant Director, Distribution Section, Economic Planning Unit
21	Zarena Binti Shuib	Principal Assistant Secretary, Policy Division, Ministry of Women, Family & Community Development (MWFCD)
22	Norazlan Bin Hasbullah	Special Officer to Minister, Minister's Office, MWFCD

(3) 研修員アンケート結果など、研修員個々の評価

■ 講義内容について

● 高評価であった点

介護予防のコミュニティに基づいたプログラムの紹介及び平塚市福祉村での見学で、高齢者が生き生きとクラブ活動等に取り組んでいる様子に感動した、ボランティア精神に感銘を受けたといった声が聞かれた。その他、認知症高齢者対策のためのオレンジプランや地域包括ケアシステム等についても有益であったとの声が聞かれた。

● 課題点

研修員により意見が分かれたのは、介護保険制度(LTCI)に関する講義である。LTCI制度をより深く学ぶ講義が欲しかった、LTCIの元に運営されている介護施設を見学したかった等、LTCIにより重点を置くべきとの声が聞かれる一方で、地方局からの参加者等からは、LTCIは政府に政策策定権限があるため学んでも自ら生かせるものではなく、LTCIに関する講義は不要との声も聞かれた。これと合わせて、公衆衛生の専門家が登壇するべきであったという意見があった点を考慮すると、個々の研修員が所属組織によって異なる立場・役割を有し、研修に求める内容も異なるという点を意識した上で、本研修の目的・研修参加者の構成を、マレーシア政府との事前の協議を通し、より吟味する必要があるといえる。

■ その他の感想について

● 高評価であった点

日本滞在中、親切な人が多かった、他者を尊重する文化がある、治安がよい、清潔等、日本人や日本社会の美点に触れ良い経験をした、という声が多く聞かれた。

● 課題点

JICA 研修所内でキブラの方角のサインを配置すべき、通訳の時間がもったいないためできるだけ英語で講義をすべき、との指摘も複数みられた。

Basic Information and Current Status of Aging in Japan:

Social welfare system to support elderly

The 1st Training Course in Japan: The Project on Successful Aging: Community Based Programmes and Social Support System in Malaysia

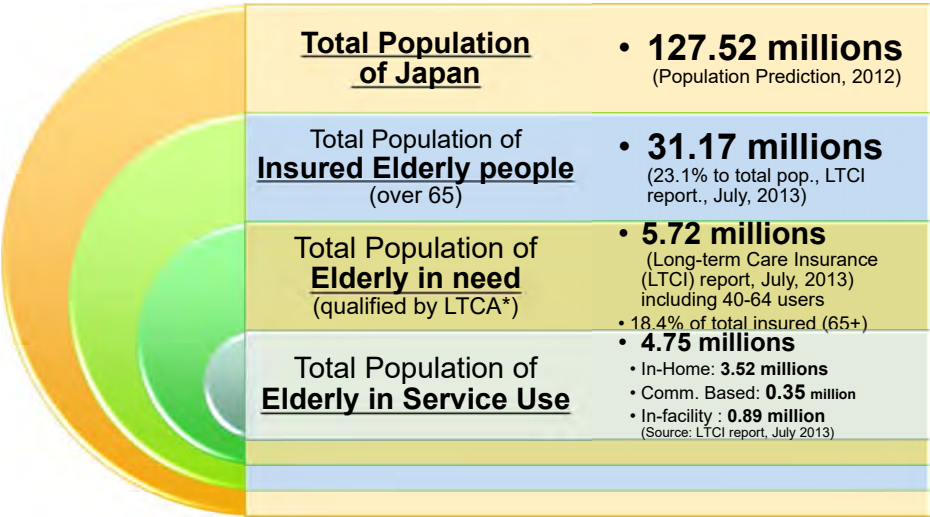
29 August 2016
 Social Policy Department
 Reisuke IWANA

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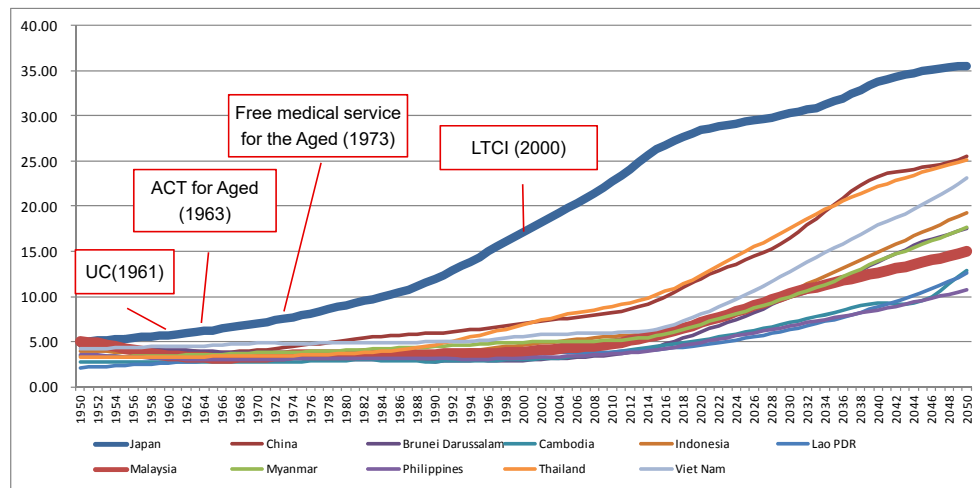
- I. Background Information
- II. Administrative Structure
- III. Social Security System in Brief
- IV. Stage1:Struggling with Social Hospitalization 1970-1980s (and still going on now)
- V. Stage2:Quantitative Expansion of Service and Universalization 1990-2000s
- VI. Stage3:From Packaged Service to External Service for in-facility Care from 2006 onward
- VII. Towards "Community Based Integrated Care"

I. BACKGROUND INFORMATION

Demographic Scale

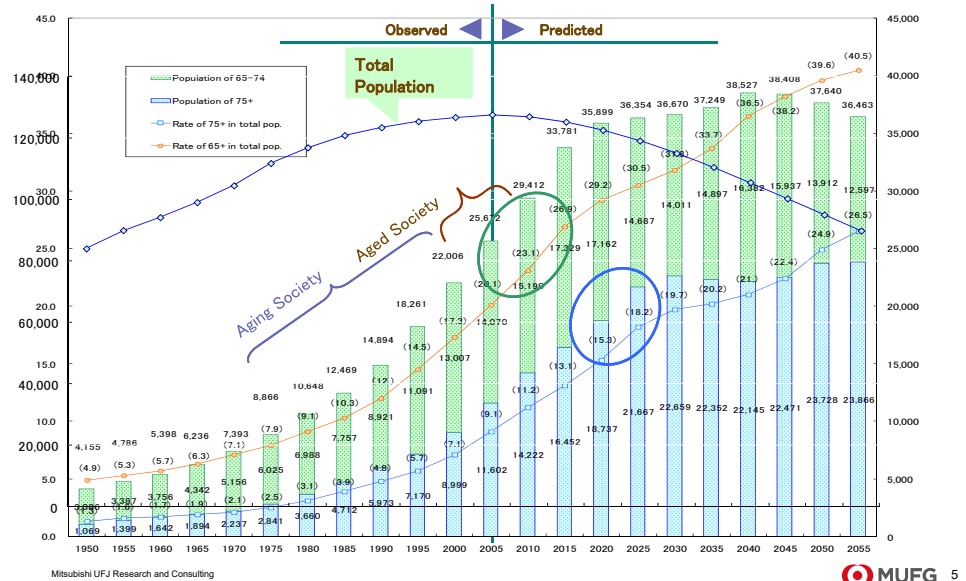


Aging in Asia



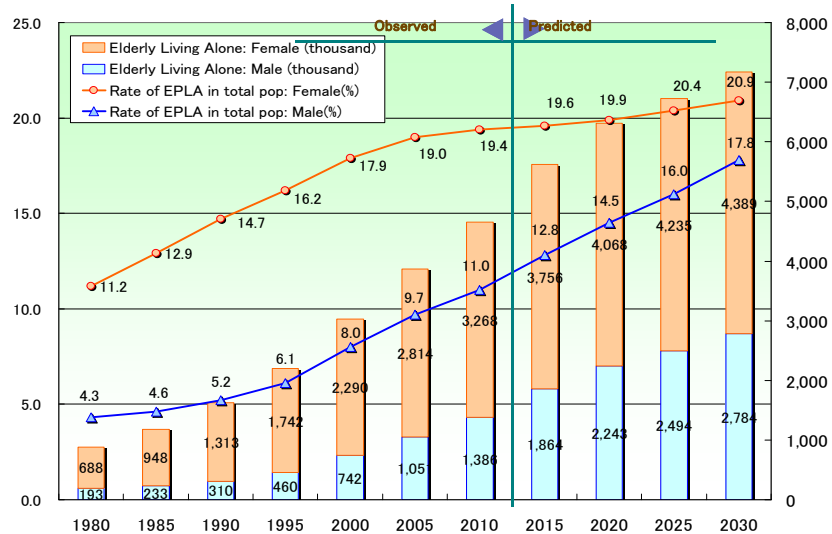
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Population



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Elderly People Living Alone



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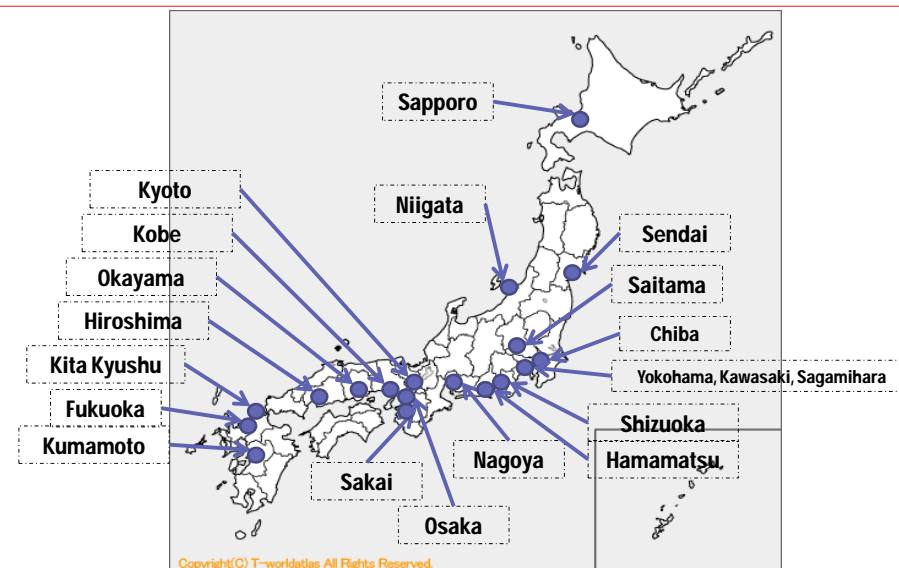
II. Administrative Structure in Japan

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Basic Administrative Structure

- General Administrative structure
 - Central Government (1)
 - Prefecture Government (47)
 - Municipality (approx. 1,700)
 - ✓ City, Town, and Village
 - 【Government Decreed Cities (20)】
 - ✓ Devolution of power from Prefecture to GDC.
 - Public Assistance, PWD Welfare, Elderly welfare, Minsei-iin, Child welfare
 - Public hygiene, city planning, hotel administration and so on.
 - ✓ Sapporo, Sendai, Saitama, Chiba, Yokohama, Kawasaki, Sagami-hara, Niigata, Shizuoka, Hamamatsu, Nagoya, Kyoto, Osaka, Sakai, Kobe, Okayama, Hiroshima, Kita-Kyushu, Fukuoka, Kumamoto

Government Decreed Cities

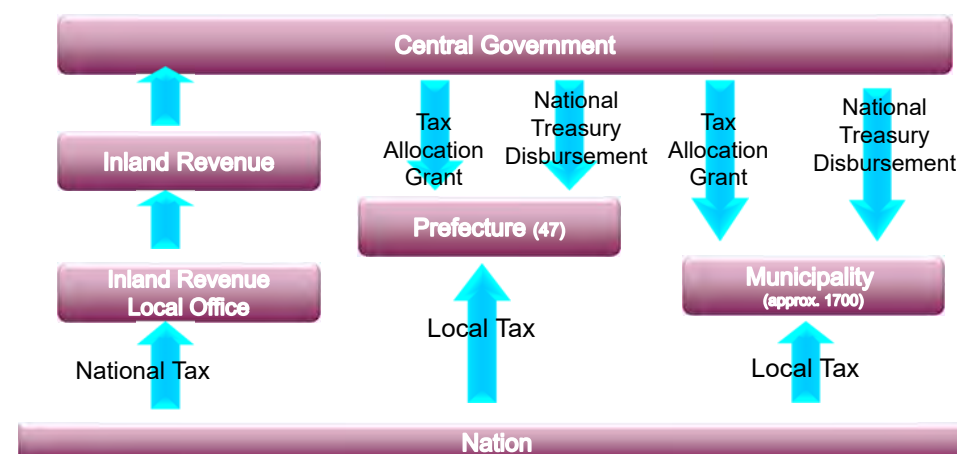


Administration

	Central	Prefecture	Municipality
Head of Administration	Prime Minister	Governor	Mayor
Election of Head	Indirect Election Elected by the member of Parliament.	Direct Election	Direct Election
Structure	Parliamentary Cabinet system	Dualistic Representative System	Dualistic Representative System
Major policy responsibility	National security, Foreign Diplomacy, Jurisdiction. Policy development for entire policy domain.	Implementation of schemes and policy arrangement including social welfare services. Major part of health insurance and pension operation belong to other administrative bodies.	

Note: More details on local administration in Japan, please refer to "Local Government in Japan" (Council of Local Authorities for International Relations) <http://www.ilqc.org.au/activities/images/aboutjapan/i05.pdf>

Financing System



Type of Tax

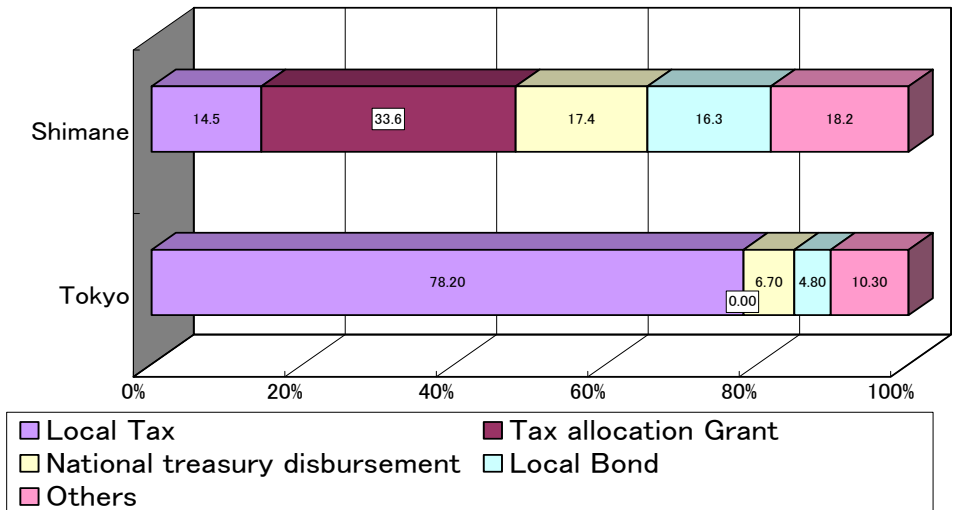
National Tax

- Income Tax, Corporate Tax, Inheritance tax, gift tax, and other consumption taxations.

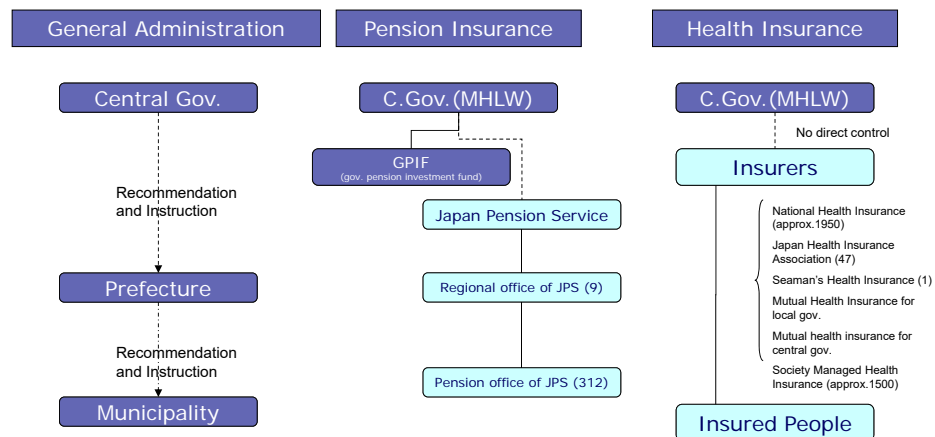
Local Tax

- Inhabitant tax, business tax, fixed asset tax, city planning tax, real estate acquisition tax, business facility tax, and other consumption taxations.

Local Financing (example)



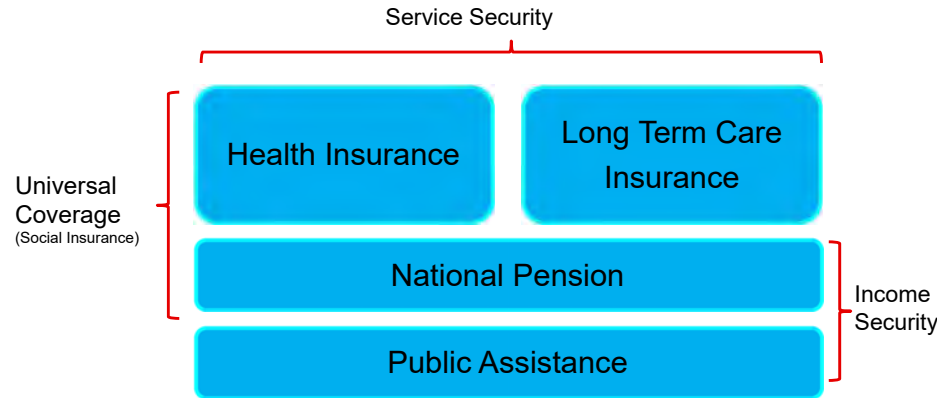
Overview of Administration System



Note: Majority of Social Welfare services (tax based) are under the administration of local prefecture and municipality, which are financed by local authority and provided by private entities.

III. Social Security System in Brief

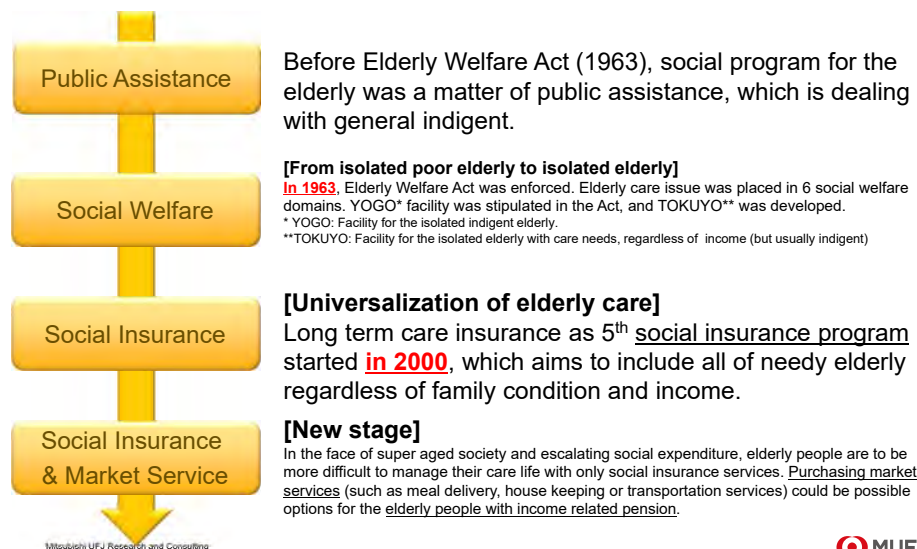
Social Security System in Brief



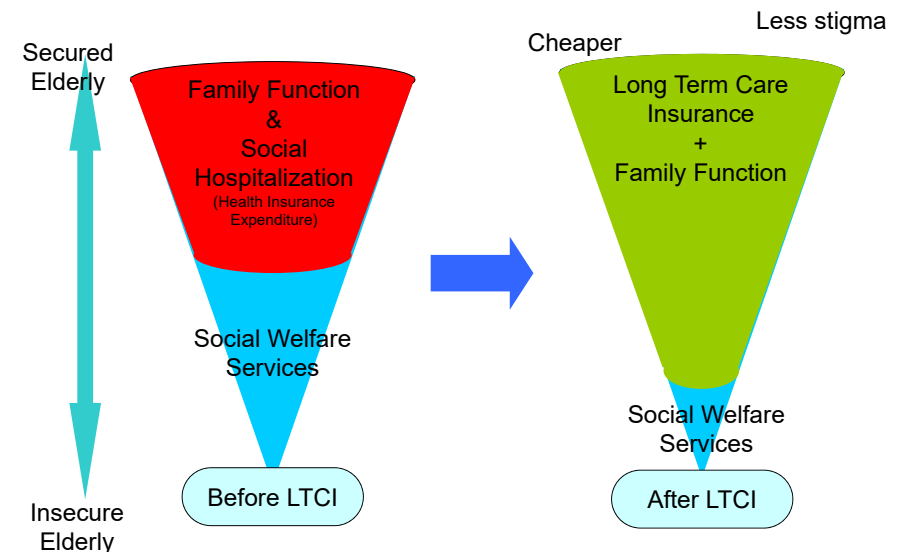
Social Security System in Brief

Benefit provided to individuals and households	Social Insurance (compulsory)	Health insurance (UC:1961) Pension Insurance (UC:1961) Long-term Care insurance (2000) Employment insurance Occupational accident compensation insurance	90.3 trillion yen (90.4%) 3 trillion MYR
	Social Welfare (tax based)	Welfare for Disabled, Elderly, children, and mothers. (Act for welfare for the Aged: 1963)	8.8 trillion yen (8.8 %)
	Public Assistance	Public assistance (1946, 1950)	290 billion MYR
Policies establishing foundation of social security	Public Health	Measures for food sanitation, control against TB, infectious disease, and drugs tap water, etc.	0.8 trillion yen (0.8%) 28 billion MYR

Shift of Social Programs from Welfare to Insurance

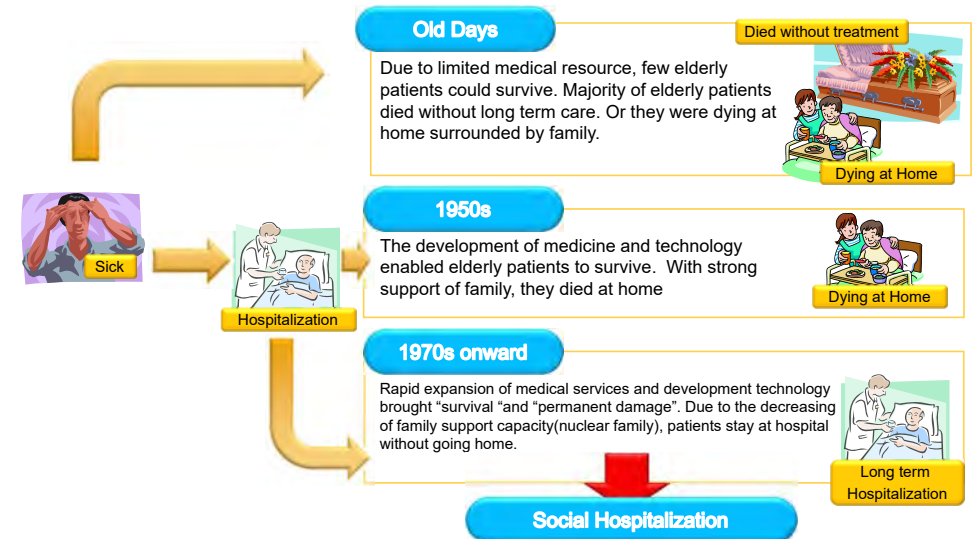


Before and After LTCI



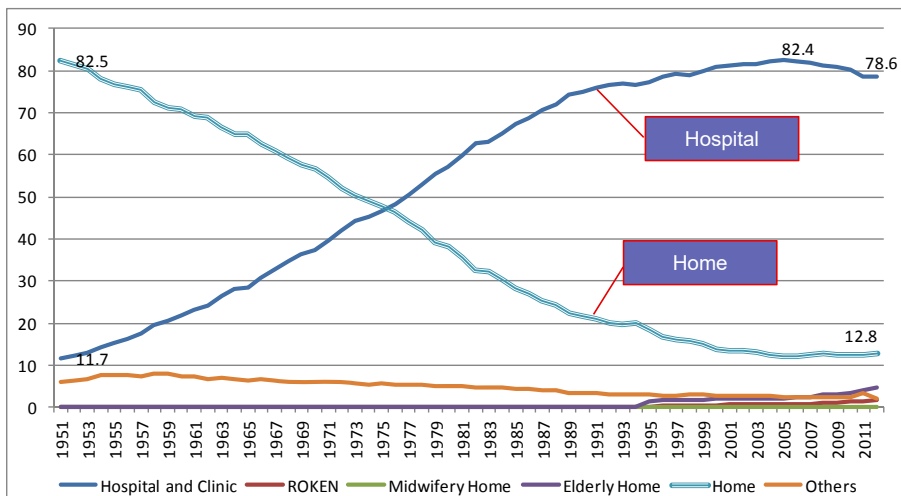
IV. Stage1 : Struggling with Social Hospitalization 1970-1980s (and still going on now)

No Place Going Back...

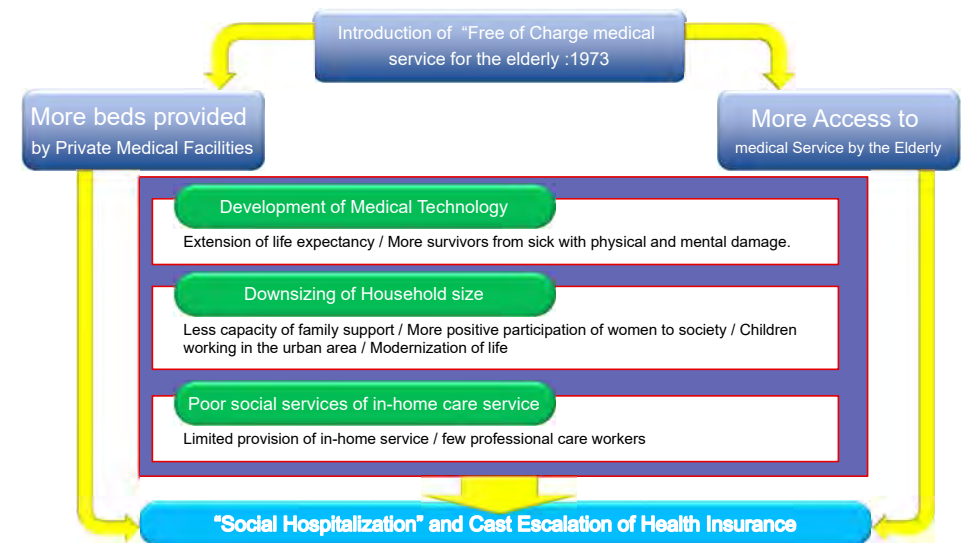


Places Where Japanese People Die

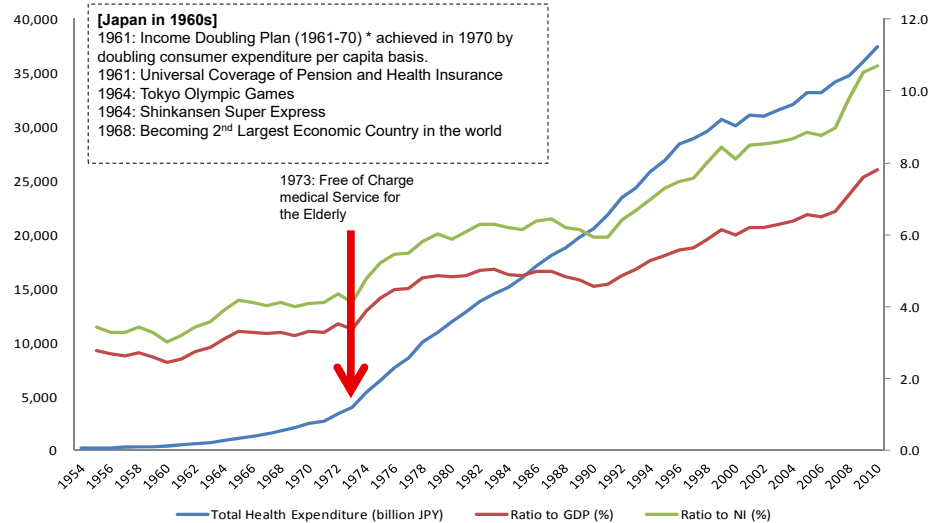
Traditional way of life could be changing with passage of time.



Emerging Negative Legacy



Historical Key Event



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Introduction of "ROKEN" as Transitional Facility

Social Hospitalization

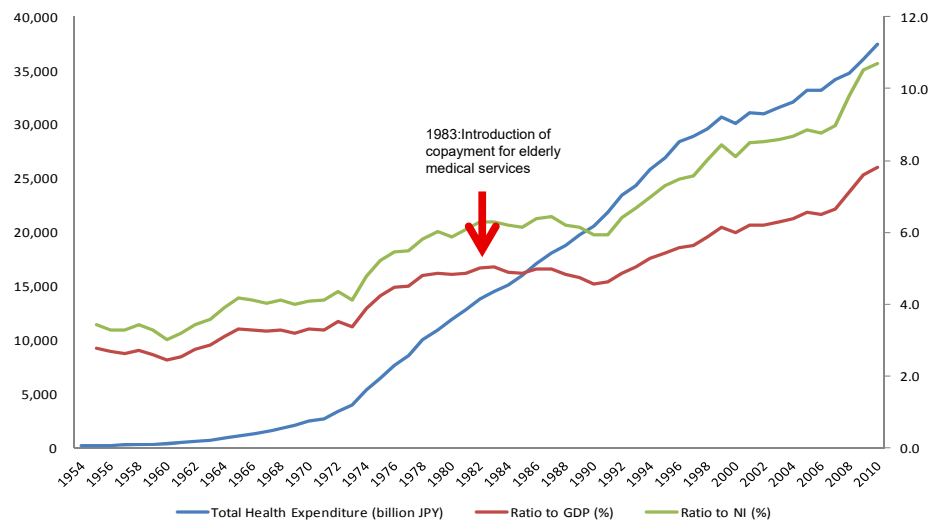


Returning Home Arrangement



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Historical Key Event



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V. Stage2: Quantitative Expansion of Service and Universalization 1990-2000s

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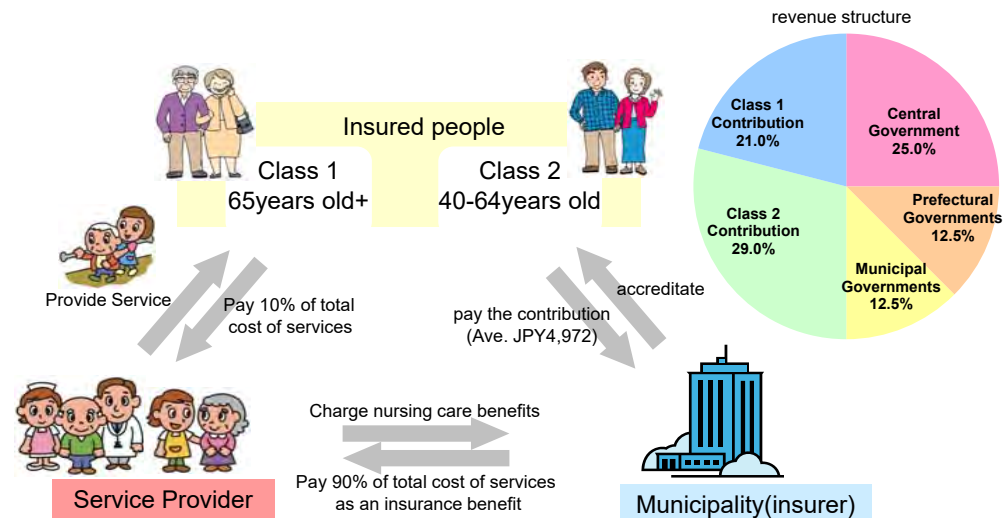
GOLD PLAN: Quantitative expansion of care service

Gold Plan (10 year strategic plan for development of health and welfare service for the elderly) was set in **1989**, to deal with forthcoming aging society, which was renewed in **1994** and **1999**.

	Outline	In facility care	In home care
Gold Plan (1989)	<ul style="list-style-type: none"> In order to cope with forthcoming aging society, urgent development of in-facility service, day service and short stay (sometimes provided in one building) "Operation for NO bedbound elderly" 	<ul style="list-style-type: none"> Further expansion of TOKUYO and ROKEN 	<ul style="list-style-type: none"> 3 Pillar of in home care services (home visit, day service and short stay) Introduction of Home care support center
New Gold Plan (1994)	<ul style="list-style-type: none"> Before expiring previous plan, government revised Gold Plan in order to cope with unexpected increase of needy elderly/ Preparation for the new scheme "long term care insurance" emphasizing on in-home care. 	<ul style="list-style-type: none"> Improvement of environment and installation of single room in TOKUYO. Introduction small size TOKUYO. Further expansion of ROKEN 	<ul style="list-style-type: none"> 170 thousands home visit workers and 5,000 home visit nursing service stations.
Gold Plan 21 (1999)	<ul style="list-style-type: none"> Close to the introduction of long term care, Plan aimed to establish infrastructure of community care. "Young OLD Operation", "Care service anywhere", "Development of mutual support community" and so on. 	<ul style="list-style-type: none"> Introduction of "Group Home" (community based small size in-facility home for dementia elderly) Quality improvement of in-facility service. 	<ul style="list-style-type: none"> Strengthening life support service for in-home care. [Further expansion of in-home care service to deal with increasing demand.

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Introduction of Long Term Care Insurance in 2000



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Source: Survey on long term care service and facility (2008), Ministry of Health Labour and Welfare

Expansion of Services

2000: Long Term Care Insurance / 2011: Latest Data

	Service	Num. of Establishment		Capacity for facility and Users for homecare (thousand)		Description
		2000	2011	2000	2011	
Facility	TOKUYO	4,463	5,953	299	427	Facility for care needy elderly
	ROKEN	2,667	3,533	234	318	Facility with rehab & preparation for homecare
	RYOYO	3,862	1,711	116	76	Facility wit medical service
Residence type	Group Home (for Dementia)	675	9,484	6.5	142	Facility for Dementia
	Care House (specific facility)	288	3,165	NA	184	Facility for semi dependent
Home Care (User)	Home Visit (Care)	9,833	21,315	447	1,082	Visiting home, providing service incl. care, house keeping, nr, rehab, and bathing.
	Home Visit (Nr)	4,730	5,212	204	341	
	Day & Day Care Service	8,037	24,381	880	1,900	Care at facility during daytime for rehab. Recreation.
	Short Stay	9,166	11,779	132	338	Stay at facility for short time (few days to weeks)
	Com. Based Multi Service	-	2,484	-	41	Day-s, short, and Home Visit combined
	Multiple Home Visit (NEW service from 2012)	-	300 (2013)	-	3 (2013)	Multiple visits of caregiver per day

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LTCI Facility

		TOKUYO	ROKEN	RYOYO
Organization type		Social Welfare Corporation	Medical Corporation	Medical Corporation
Function		Daily care, life support	Daily care, rehab. Support for returning to home, nursing and basic medical treatment	Daily Care, Medical treatment
Personnel allocation *	Doctors	Temporary available	1	3
	Nurses	3	9	17
	Care Worker	31	25	17
Characteristics		Long period of stay usually regarded as the place for terminal period. Patients with low medical needs.	Relatively short period of stay. Despite aiming back to home, majority of patients cannot go home.	Long period of stay, sometimes more than several years with chronic medical care. Terminal care as well

*Note: Personnel Allocation: The minimum number of staffs allocated to each facility with 100 resident or patients.

Source: Assembled by IWANA, Reisuke based on government document and regulation.

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Health Insurance and LTCI in LTCI Facility

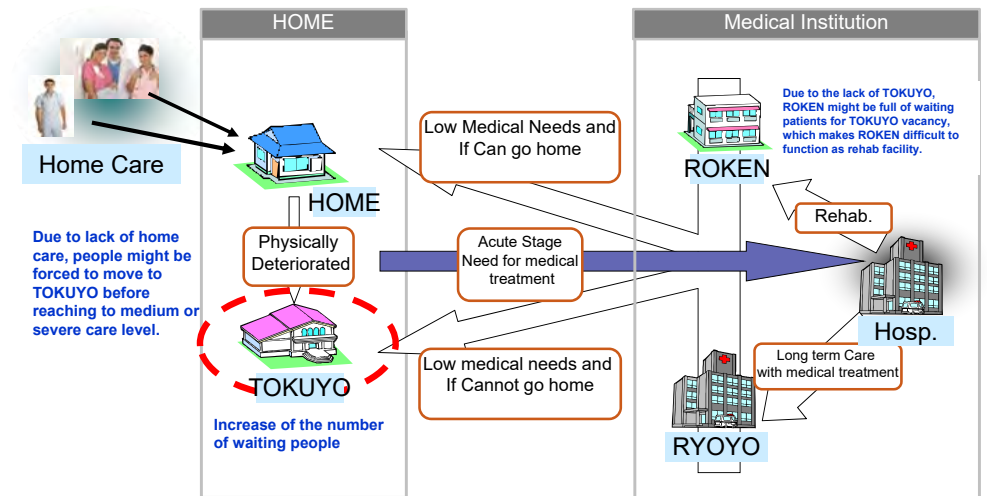
Benefits included in the payment to facility is subject to facility type.

e.g.) In ROKEN, injection is included in the benefit package of LTCI, so facility cannot claim extra fee to insurer in case of providing patient with injection. However if ROKEN provide patient with special examination, then ROKEN can claim extra fee for special exam to insurer of health insurance beside long term care fixed rate benefit.

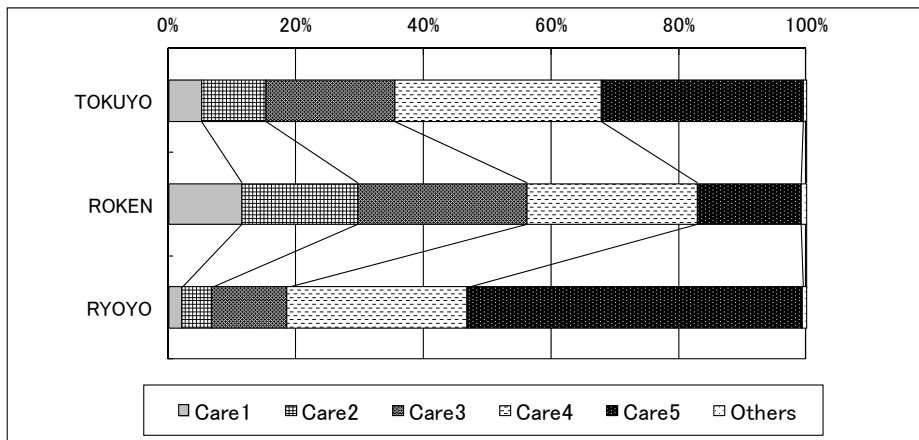
Operation, radiation therapy, treatment during acute exacerbation	Covered by Health Insurance		
Special exam (echo etc.) and simple diagnostic image	Covered by Health Insurance		
Medication, Injection, exam, treatment	Covered by Long term Care Insurance		
Clinical management and advise	Covered by Long term Care Insurance		
	TOKUYO	ROKEN	RYOYO

[Fee schedule] Long term care insurance: Fixed rate
Health insurance: Fee for Service

Function of LTCI Institutions



Care Level of Residents in the LTCI Facility



Reality of ROKEN

Ideal function of ROKEN

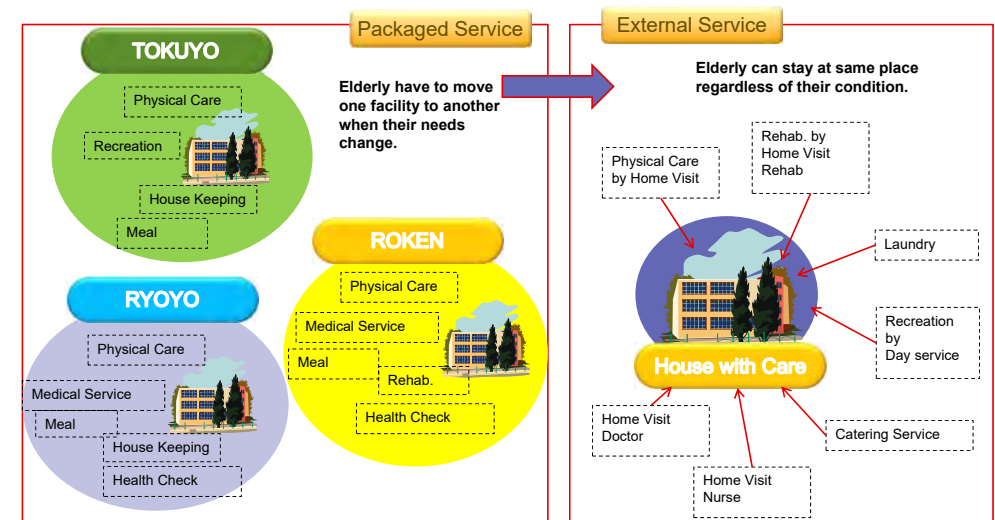


Reality of ROKEN



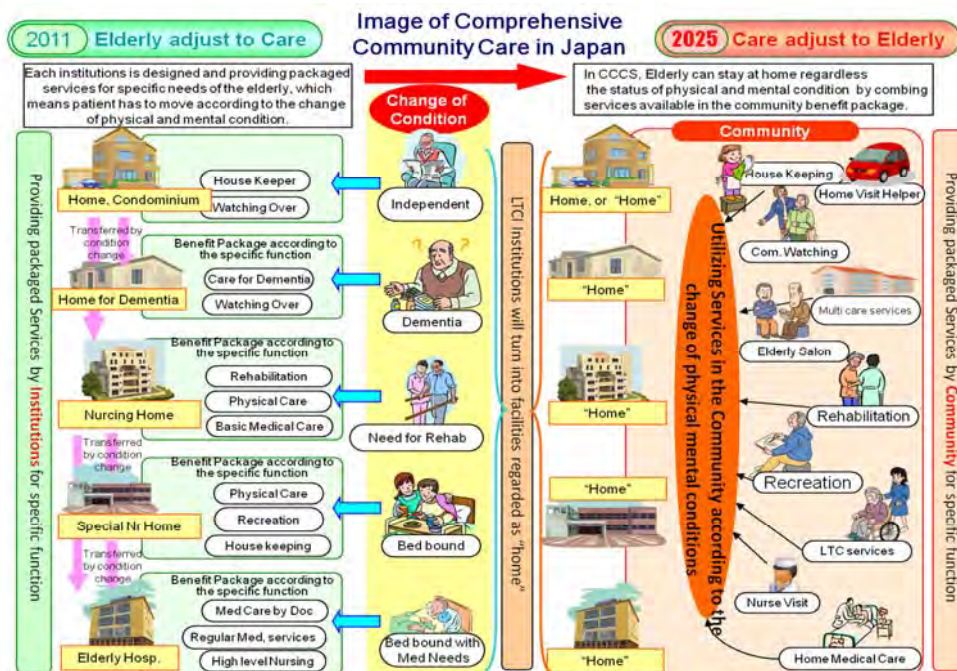
VI. Stage3: From Packaged Service to External Service for in-facility care from 2006 onward

Image of "Packaged Service" and "External Service"



Mitsubishi UFJ Research and Consulting

Mitsubishi UFJ Research and Consulting



Source: Final Report on Comprehensive Community Care System, Mitsubishi UFJ Research and Consulting Co., Ltd.

"Accommodation and Meal Fee" Issue

- Background of Accommodation and Meal Fee Issue
 - Matured pension scheme (about 40 years has passed since universal coverage of pension scheme).
 - Equalization of benefit (Elderly people staying at home are paying their rent and meal cost by themselves)
 - Departure from "social welfare" to "universal social program"
- Regulation changed in 2007
 - Residents in long term care facility (TOKUYO, ROKEN, and RYOYO) have to pay their cost for accommodation and meal from pension.
 - Indigent elderly could be exempted.

Mitsubishi UFJ Research and Consulting

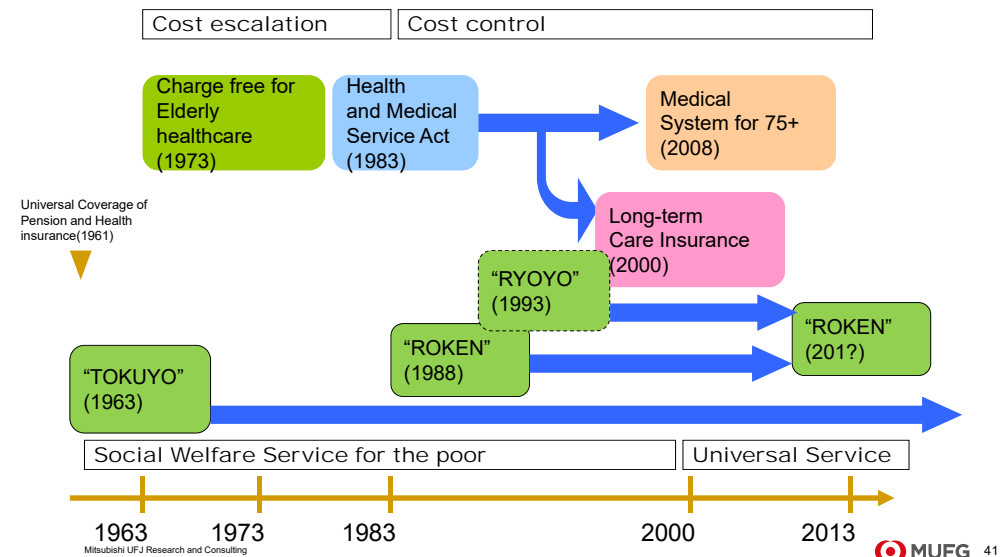
“Accommodation and Meal Fee” Issue

		Public Assistance (1946, 1950)	Act of Social Welfare for the Aged (1963)	Long Term Care Insurance (2000)
Principle		Social Welfare	Social Welfare	Social Insurance
Target group in principle		Low income, isolated (general)	All needy Elderly	All needy Elderly
Service user in practice		Low income, isolated	Low income, isolated	All needy Elderly
Benefit	Accommodation	YES	YES	NO
	Meals	YES	YES	NO
	Life Support	YES	YES	YES
	Care	YES	YES	YES

* Note: Accommodation and meal fee are subject to out of pocket of residence under the long term care insurance.

Mitsubishi UFJ Research and Consulting

Pension Scheme and in-facility Care



Mitsubishi UFJ Research and Consulting

Source: MHLW, 2011 Committee on social security

In-facility Care under Long Term Care Insurance Coverage

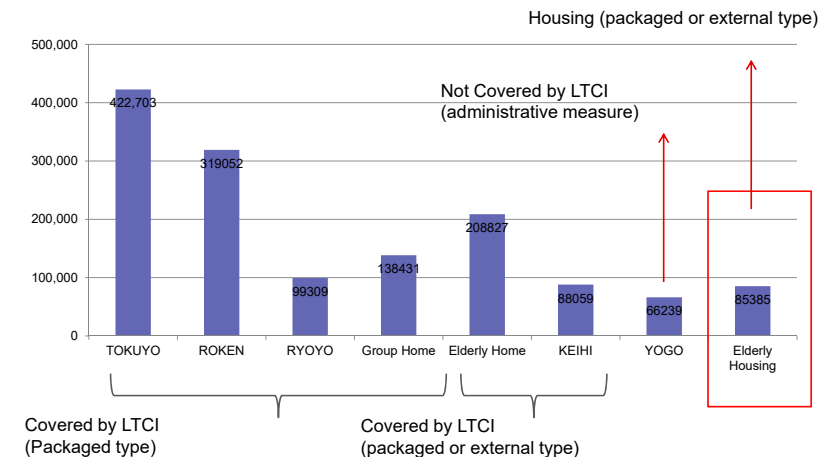
	Specific Facility	Group Home (for Dementia)	TOKUYO	ROKEN	RYOYO
Ave. length of stay	N.A.	N.A.	1465.1	277.6	427.2
Fee (care level 3)	JPY 7,110	JPY 8,650	JPY 7,920	JPY 9,150	JPY 11,420
Mini. size per person	Appropriate size	7.43㎡=<	10.65㎡=<	8㎡=<	6.4㎡=<
Max. of capacity of one room	Single room	Single room	4 or fewer	4 or fewer	4 or fewer
Standard of Personnel allocation	Doctor	No	No	Temporary	1 (full time) or over 100:1
	Nurse	3:1 or over If more than 100 residents, nurse should be 3.	No	3:1 or over If more than 100 residents, nurse should be 3.	6:1 or over
	Care Worker		3:1 or over	2/7 of total workers	6:1 or over
	OT/PT	N.A.	N.A.	100:1 or over	Appropriate number
	Training Adviser	1 or over	N.A.	1 or over	N.A.
	Life support adviser		N.A.	100:1 or over (full-time)	N.A.
	Planner	1 or over 100:1 (standard)	1 or over	1 (full-time) or over 100:1 (standard)	1 or over 100:1

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Source: MHLW, 2011 Committee on social security

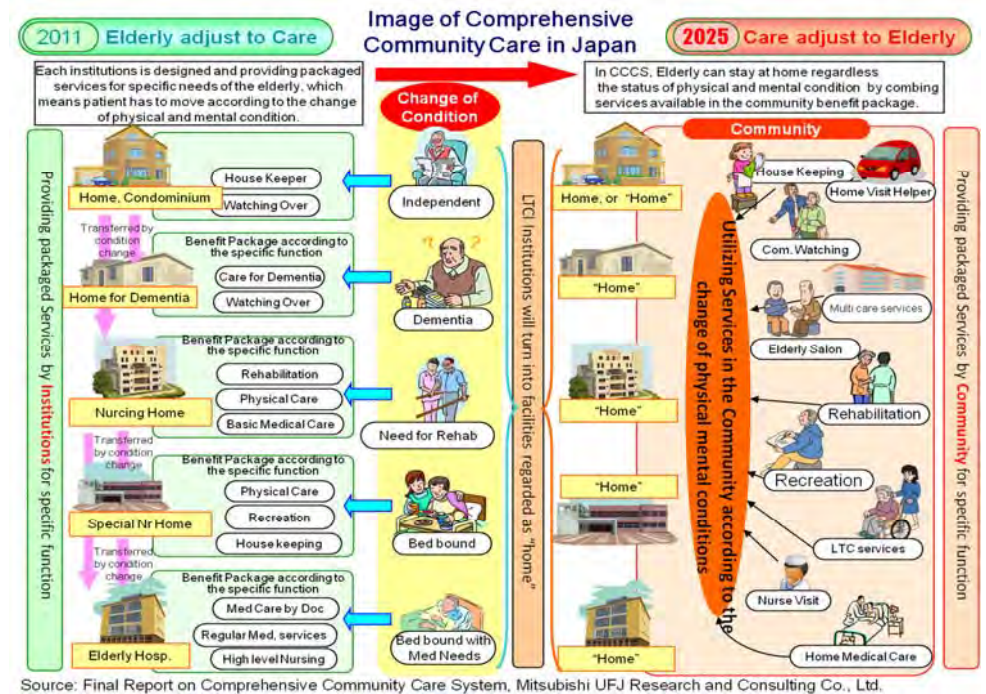
Assorted Facility and Housing for the Elderly

Facility: Mainly under social welfare administration
Housing: Mainly under housing administration

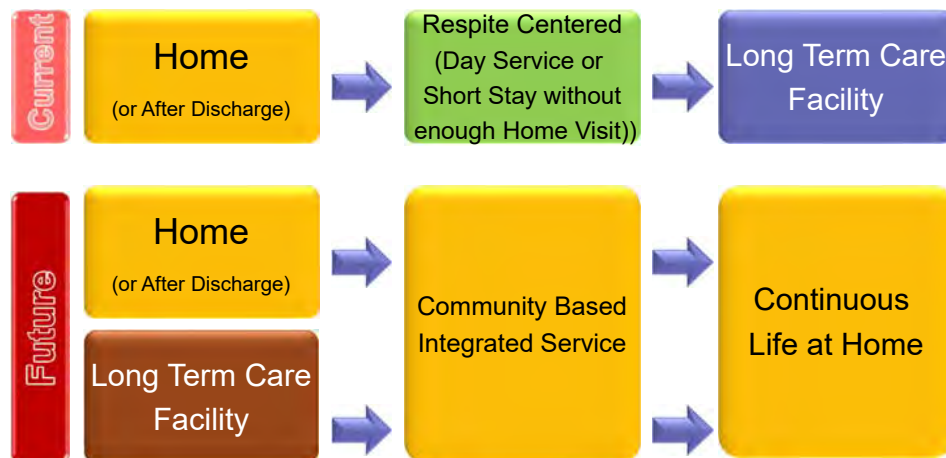


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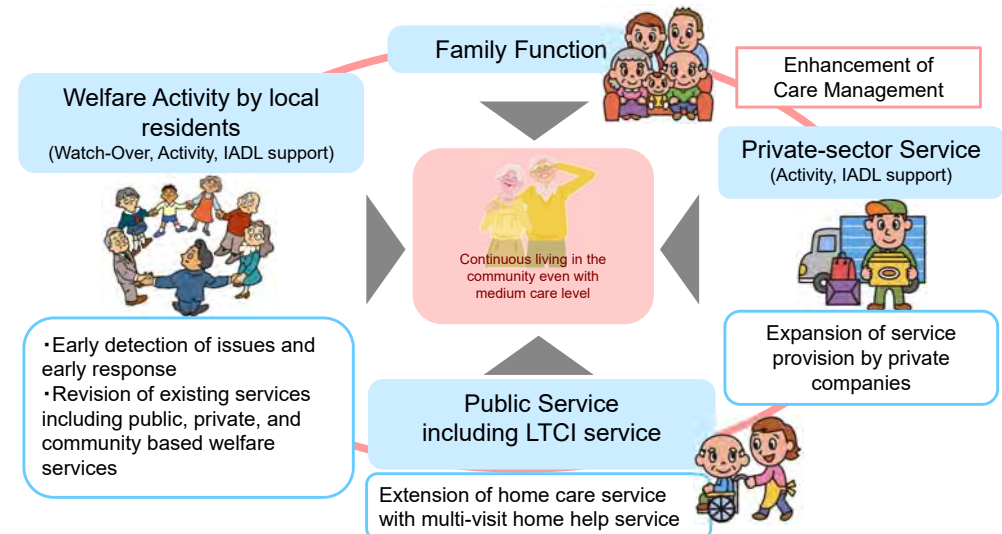
VII. Towards “Community Based Integrated Care”



Transformation from Facility to Home Care



Community Based Integrated Care System



- Private sector as service provider
 - Control over private sector: “regulation on facility, personnel, and operation” with incentive by grant (mainly before LTCI) or insurance payment (after LTCI).
 - Relatively loose regulation for entering insurance market for the sake of rapid increase of service providers at the earlier stage of LTCI, which resulted in fragmentation of providers.
 - Due to loose regulation, private companies tend to join to the market of day service or house keeping service which could have advantage for small sized company.

Outline of Long-term Care Insurance and Health Promotion and Prevention Program for the Frail Elderly

The 1st Training Course in Japan: The Project on Successful Aging: Community Based Programmes and Social Support System in Malaysia

Ms. Yuri SAIKI, Senior Analyst,
Department of Social Policy,
Mitsubishi UFJ Research and Consulting Co., Ltd.

三菱UFJリサーチ&コンサルティング



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I . Outline of “Long Term Care Insurance”

II . Towards “Community Based Integrated Care”

III . Contents of The 1st Training Course in Japan

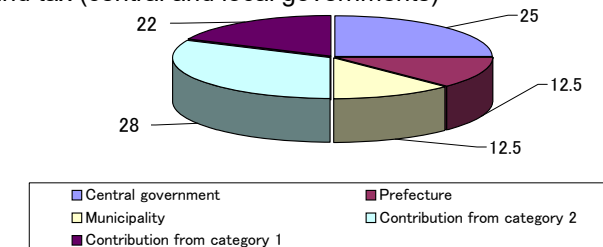
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I . Outline of “Long Term Care Insurance”

Outline of Long term care insurance(1)

- ◆ Insurer: Municipality or Group of municipalities. (local government)
- ◆ Type of insurance: Compulsory social insurance.
- ◆ Financing: contribution from the member category 1 (65+), and category 2 (40-64) and tax (central and local governments)



◆ Entitlement of benefit

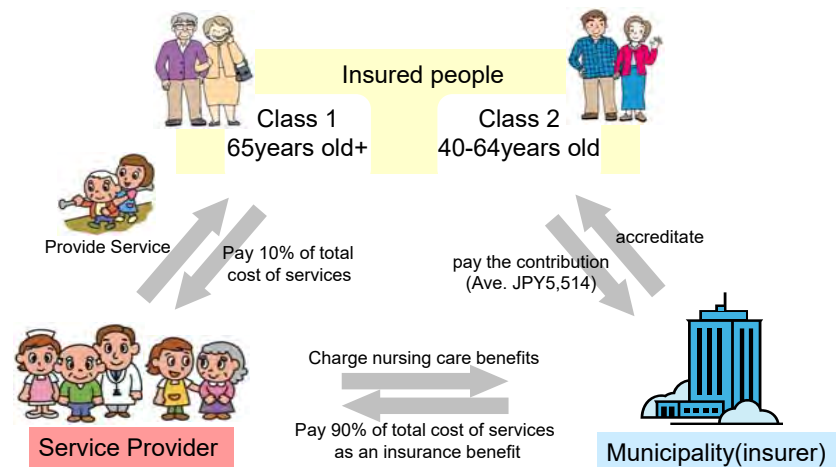
- ◆ Category 1: insured person who passes the certification of LTC need, and rated from support level 1,2 or care level 1-5.
- ◆ Category 2: insured person who has disease listed as “specific disease”, and passes the certification of LTC need, and rated from support level 1,2 or care level 1-5.

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Outline of Long term care insurance(2)



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Benefit: benefit levels (7 classes according to care need) with ceiling

Monthly Benefit and Long Term Care Accreditation (for in-home)

	Ceiling of benefit(JPY)	Ceiling of benefit(MYR)	Condition
Support 1	50,030	MYR2,000	Independent (ADL) with support Support for IADL
Support 2	104,730	MYR4,200	
Care 1	166,920	MYR6,700	Care for ADL and IADL
Care 2	196,160	MYR7,800	
Care 3	269,310	MYR10,700	
Care 4	308,060	MYR12,300	Bedridden or care for entire daily life
Care 5	360,650	MYR14,400	

Source: Assembled by SAIKI Yuri based on Government Regulation
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Use Fee: Insurance benefit: 90%, Co-payment: 10% of service fee

Unit rate for service use (example)

Day Service

Care Level	Day Service
Support level 1	¥16,470(Monthly Amount)
Support level 2	¥33,770(Monthly Amount)
Care level 1	¥6,560(Daily Amount)
Care level 2	¥7,750 (Daily Amount)
Care level 3	¥8,980 (Daily Amount)
Care level 4	¥10,210 (Daily Amount)
Care level 5	¥11,440 (Daily Amount)

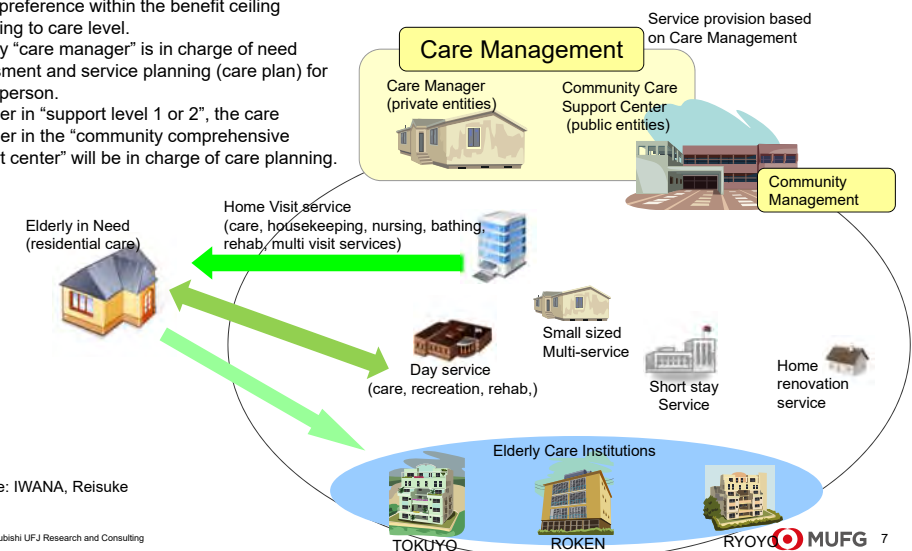
※Care Level 1-5: 7-9 hour service

Home Help Service(Care Level 1~5)

	Less than 20min	20-29 min	30 min- 59min	60min – 89min
Physical support	¥1,650	¥2,450	¥3,880	¥5,640
Life support	20-44 min	More than 44min		
	¥1,830	¥2,250		

Usage of service

- ◆ User can access to the services according to the user's preference within the benefit ceiling according to care level.
- ◆ Usually "care manager" is in charge of need assessment and service planning (care plan) for needy person.
- ◆ For user in "support level 1 or 2", the care manager in the "community comprehensive support center" will be in charge of care planning.



Source: IWANA, Reisuke

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Service Menu of Long Term Care Insurance(1)

Home care service

- Home Visit type
 - Home helper service, Home visit bath, Home visit nurse, Home visit Rehabilitation
- Day service type
 - Day Service / Day Care Service (rehab.)
- Short Stay
 - Short stay service in the institutions (from several days to weeks)

Institutional Care (only for Care Level 1~5)

- TOKUYO, ROKEN, RYOYO (as described later)

Community-Based Service

- Home Visit type
 - Home helper service for night care, Multi-visit home help service
- Day service type
 - Day Service for the elderly with dementia
- “Group Home”
 - Small scale resident type institution for Dementia
- Small scale Institutional Care
- Combination Service
 - Home helper service, Home visit nurse, Day Service, Short Stay

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Service Menu of Long Term Care Insurance(2)

Community Support Program

- Preventive care program (for unqualified)
 - Secondary preventive care program: Survey for semi dependent people, Day care service for semi dependent (physical rehabilitation, consultation for nutrition, and oral training), home visit for semi dependent, and evaluation programs for prevention programs
 - Primary preventive care program: Activities for public awareness on preventive care in the community for entire elderly population in the community including promotion and training of preventive care by community volunteers

=>2015~reformed system (Enhancement of Care Prevention, +Life Support)

- Comprehensive support program
 - Care management for prevention
 - General consultation support program
 - Advocacy program
 - Comprehensive and continuous care management (support for care managers acting in the community as private entity)
- Voluntary program (under discretion of municipality)
 - Standardization program for LTC benefit
 - Supporting program for carers and family

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II. Towards “Community Based Integrated Care”

Goal of “Community Based Integrated Care”

Transition from home, to hospital and to facility would bring “relocation damage (physically, mentally, and even socially)” to patients.

Percentage of people who want to die at home : 54.6%*1
Percentage of people who actually die at home : 12.8%*2

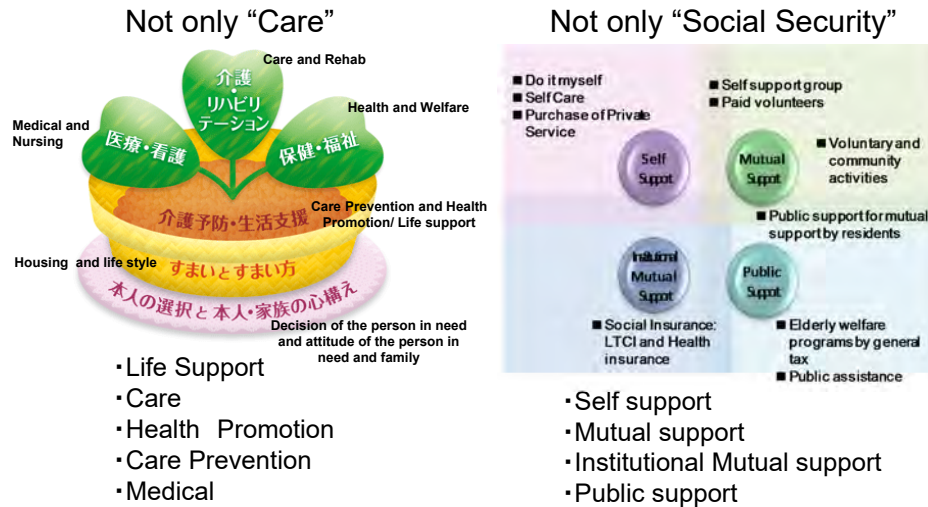
Demand for the framework of community for the continuous life

Community Based Integrated Care System

*1 Cabinet Office; Survey on the elderly attitude to Health, 2012, sample; nationwide 55+ of male and female
*2 Ministry of Health, Labour and Welfare; Vital Statistics, 2014

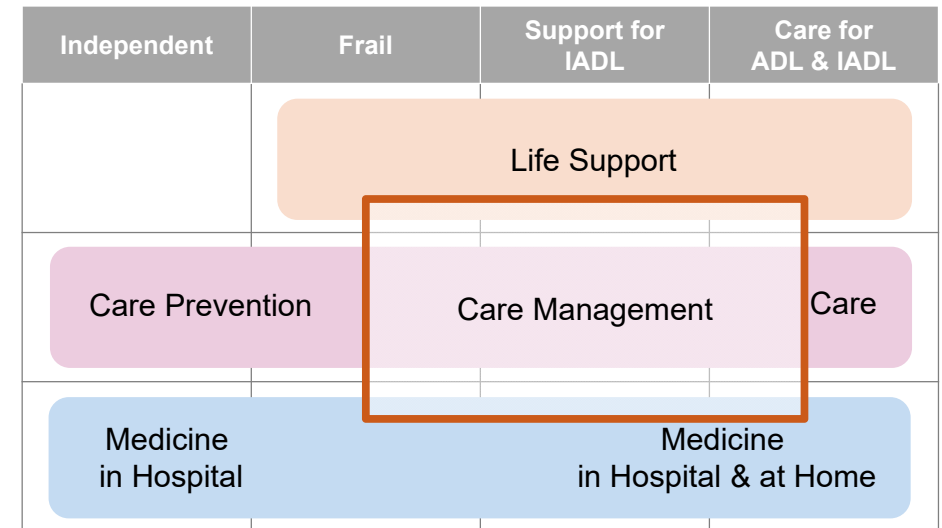
Component of “Community Based Integrated Care”

LTCI is not enough for the continuous living in the community



Mitsubishi UFJ Research and Consulting Source: MURC

Image of support and service according to dependency of the elderly



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Life Support - Program

Life Support

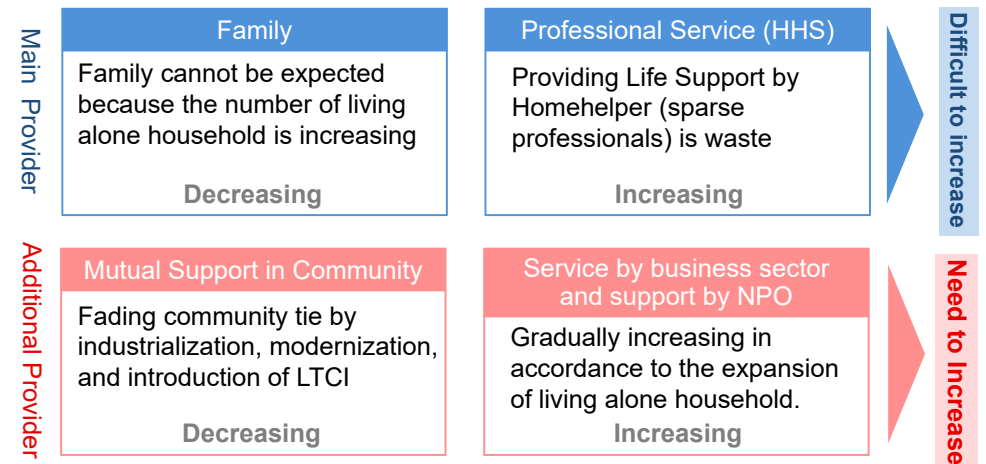
- What is “Life Support” ?
- Housekeeping
(Cooking, Shopping, Cleaning, Washing etc)
 - Watch Over, Safety Confirmation, Consultation
 - Support for Social Participation and Outing
 - Other supports in daily life

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Life Support - Provider

Life Support

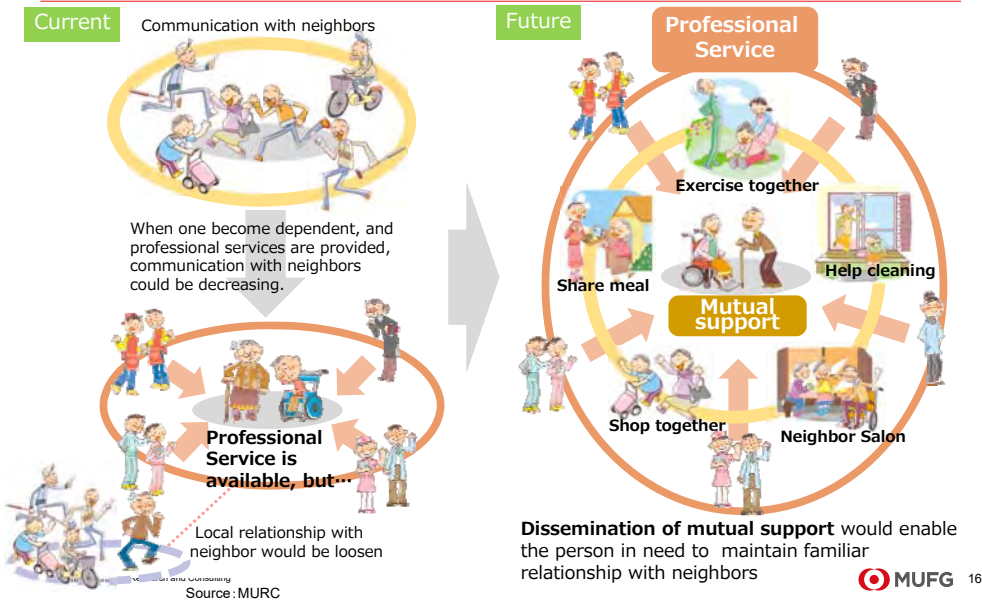
Who provide Life Support ?



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Life Support – Policy Orientation

Life Support



Care Prevention – 2 types of Approach

Care Prevention

High Risk Approach

Mainly exercise class, focusing on specific physical function (Service Provision)



Muscle Training



Lecture on Nutrition

Population Approach

Creating Various Activity Spaces in Community (Community Development)



Sport



Hobby



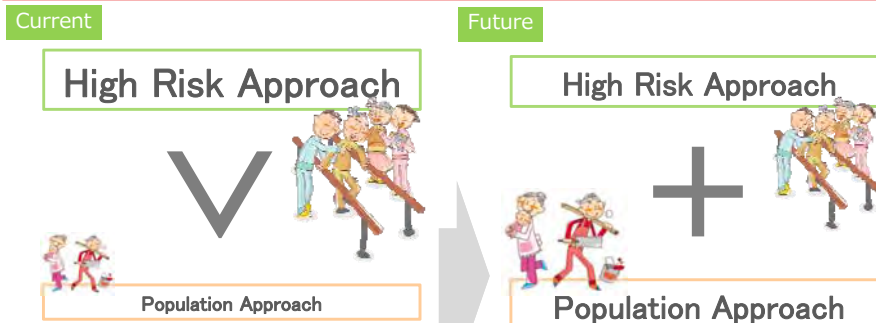
Volunteer

User (target)	Specified through checklist of frail elderly	Anyone, with friends and neighborhood
Program	Only lessons on support for physical, oral, and nutrition	Wide variety of programs including Salon, Exercise, hobby, community activity, volunteer programs and so on
Term	3~6 months	No limit
Fund	LTCI	LTCI etc

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Care Prevention – Policy Orientation

Care Prevention



Despite high program effect, low level of participation of residents. Follow-up support (by population approach) after completion of the program were not enough.

By enhancing the program on population approach, Providing care prevention in continuous relationship with friends and neighbors. Expert consultation would be provided for those in need in the limited period of time (high risk approach)

Care Management - Difficulties

Care Management

2 Difficulties in Care Management

1

LTCI service: Not always enough or necessary service

For example
Need meeting place and friends
=> Preferring community salon or neighbor's place to LTCI day service.

2

Service Use: Not always use's happiness

For example
Being frail, giving up his/her hobby
=> Effective short term rehab would restore his/her hobby

Under LTCI, Care Managers belong to Private Service Provider

- Care manager, by nature, manages to arrange the services within the framework of LTCI, which delays to specify the missing resources in the community.

Care Management – Policy Orientation

Care Management

Community Care Conference operated by Local Gov.
in the presence of multiple professionals



[Advantage of attendance of professionals in the community]

- Neutral management (less influence from private providers)
- Care Management from multiple perspective
- Specifying missing resources in the community and requesting to the local government.

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Summary

	Current		Future	
Life Support	Family and Professionals are main providers	→	Enlarge Self Support and Mutual Support	Main Target of this seminar
Care Prevention	High-risk Approach Centered	→	Balance of High-risk Approach and Population Approach	
Care	Respite Centered Service	↔	Integrated Home Care Service	Care Integration
Medicine	Little medical support at home besides outpatient visit	↔	Enlarge of Home Med and Cooperation between home med and care	
Care Management	Service management (not really care management)	→	Care Management for empowerment to self reliance	

“Community” Based=“Place”+ “Relationship” => **Community Development**

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III. Contents of The 1st Training Course in Japan

Contents of The 1st Training Course in Japan

Policy History of Life Support and Care Prevention

- OLife Support: Mr. Hattori (Lec5)
- OCare Prevention: Ms. Iimura (Lec3)
- ODementia Support: Mr. Takahashi (Lec7)

Community development

- OSocial Welfare Council: Mr. Ikeda (Lec6)
- OSawayaka Welfare Foundation: Ms. Shimizu (Lec10)

Successful Aging policy

- OComparative Study of Aging Policies: MURC (Training2)

Case Study of Life Support and Care Prevention

- OSocial participation(Employment): Mr. Fukushima (Lec8), Mr. Yoshida (Lec4)
- OHousekeeping, Salon etc: Hiratsuka-city (SV1), Kiraribito Miyashiro (Lec11 & SV3)
- OCare Prevention: Ibaraki prefecture (Lec9 & SV2)

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Future Directions of the Long-term Care Prevention

Ministry of Health, Labour and Welfare, JAPAN

Principles of Long-Term Care Insurance Act

Chapter 1 General Provisions

(Purposes)

Article 1 The purposes of this Act are to improve health and medical care and to enhance the welfare of citizens. With regard to people who are under condition of need for long-term care due to disease, etc., as a result of physical or emotional changes caused by aging, and who require care such as for bathing, bodily waste elimination, meals, etc., and require the functional training, nursing, management of medical treatment, and other medical care, these purposes are to be accomplished by establishing a long-term care insurance system based on the principle of the cooperation of citizens, solidarity, and determining necessary matters concerning related insurance benefits, etc., in order to provide benefits pertaining to necessary health and medical services and public aid services so that these people are able to maintain dignity and an independent daily life routine according to each person's own level of abilities.

(Citizen's Efforts and Obligations)

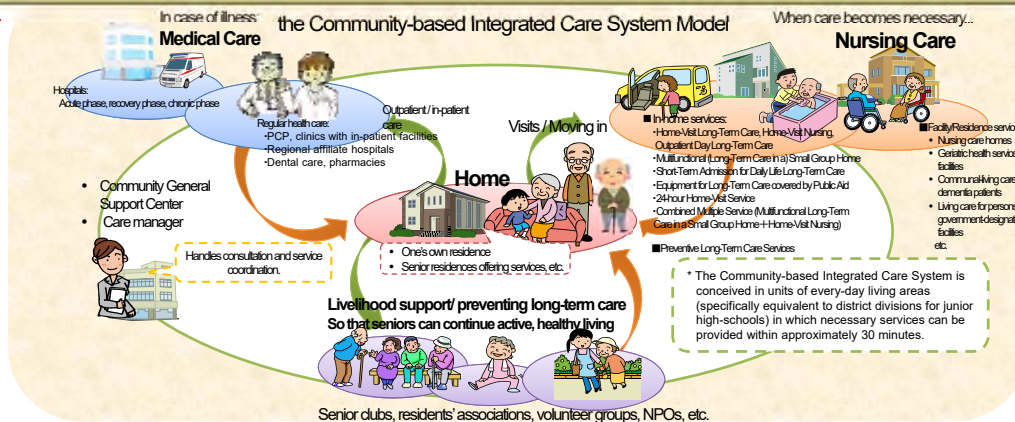
Article 4 A citizen shall be aware of his or her physical and mental changes due to aging and shall always strive to maintain and enhance good health in order to prevent becoming in a Condition of Need for Long-Term Care. In a case of becoming in a Condition of Need for Long-Term Care, a citizen shall strive to maintain and improve his or her existing abilities through the willing use of rehabilitation and other appropriate health and medical services and public aid services.

(2) Citizens shall be equally subjected to the expenses necessary for an Insured Long-Term Care Project, based on the principle of cooperation and solidarity.

1

Establishing 'the Community-based Integrated Care System'

- By 2025 when the baby boomers will become age 75 and above, a structure called 'the Community-based Integrated Care System' will be created that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the remainder of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care.
- As the number of elderly people with dementia is expected to rise, creation of the Community-based Integrated Care System is important to support community life of the elderly with dementia.
- The progression status differ region to region; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.
- It is necessary for the municipalities and prefectures that serve as insurers to create the Community-based Integrated Care System based on the regional autonomy and independence.



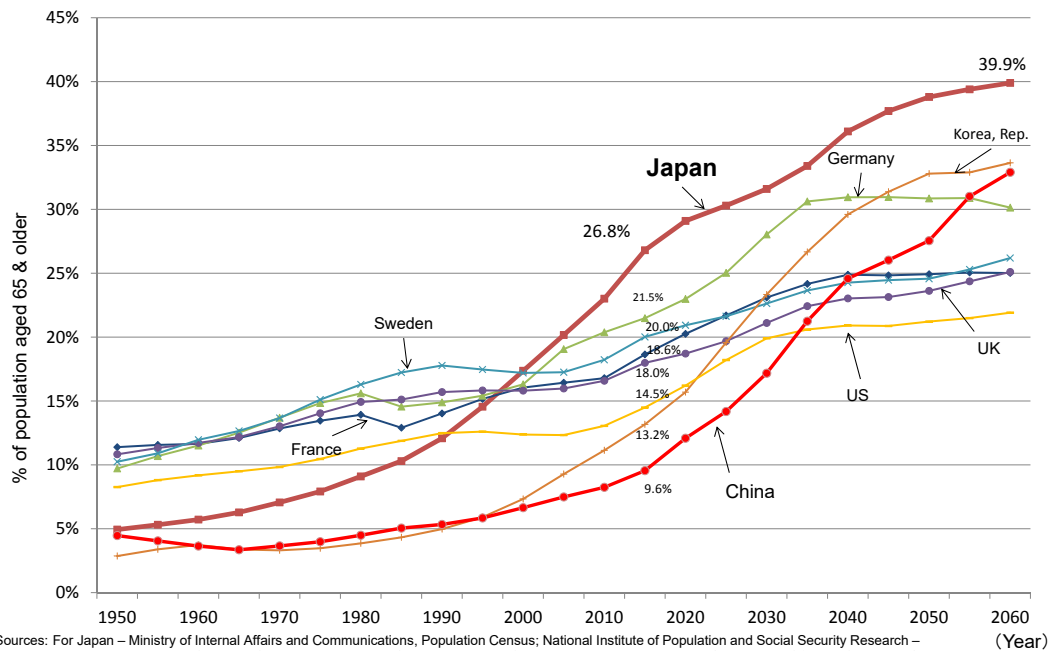
2

Table of Contents

1. Why was 'long-term care prevention' institutionalized?
2. Development of new long-term care prevention strategy against existing problems
3. Why is 'long-term care prevention through community development' necessary?
4. How do the public administrators and health care professionals interact with residents?

3

Changes in the Percentage of the Population Over Age 65

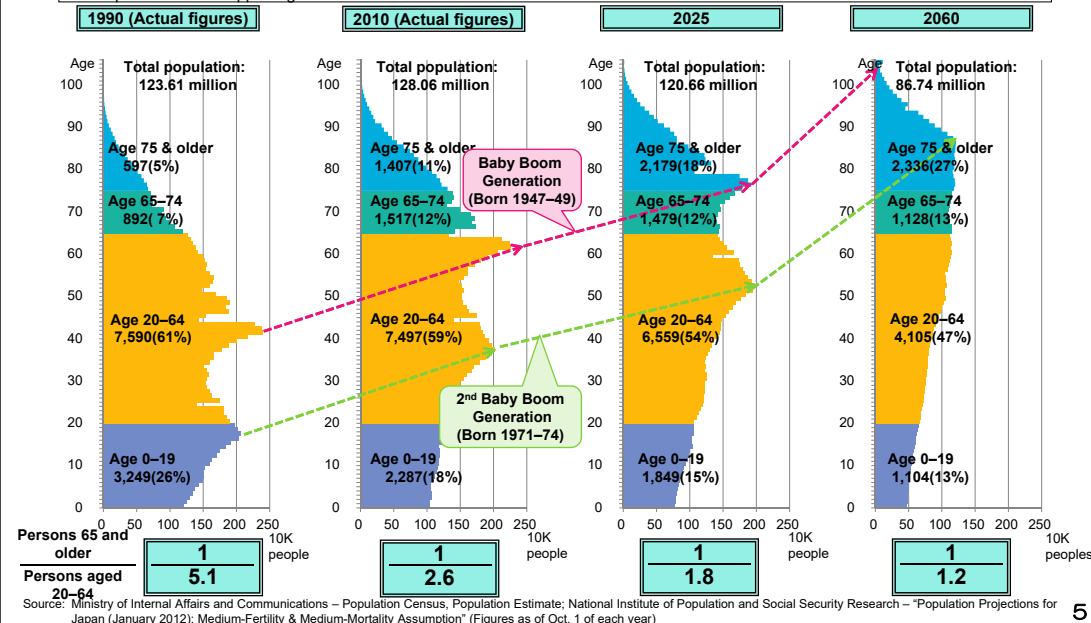


Sources: For Japan – Ministry of Internal Affairs and Communications, Population Census; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012 estimate): Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)
For other countries – United Nations, World Population Prospects 2010

4

Changes in Population Pyramid (1990 to 2060)

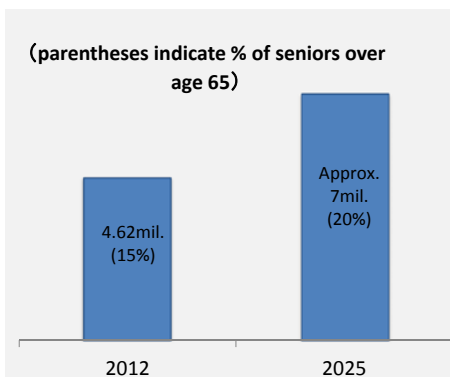
○ By examining changes in Japan's demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 person will be supporting one senior citizen.



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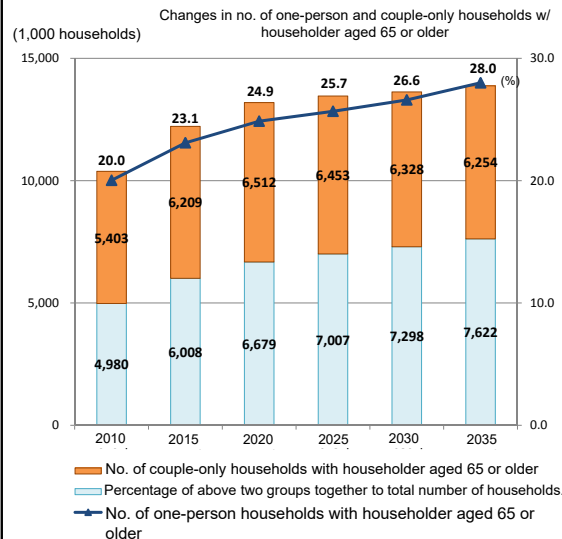
State of Affairs Regarding Long-Term Care Insurance in the Future

1. Among seniors over age 65, seniors with dementia will increase.



*Source: Preliminary report from Special Research of Health Labour Sciences Research Grant by Dr. Ninomiya, Kyushu University.

2. Individual/ couple-only households with householders over age 65 will increase.



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Outline of Long-term Care Insurance System

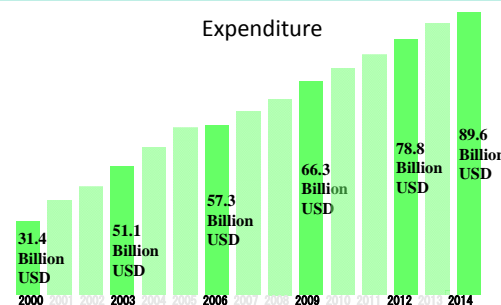
History

Established in 2000 to support the disabled elderly by the society as a whole.

Current situation

	April 2000	April 2014
Number of Insured	21.65 million	32.1 million
Number of care needs certified	2.18 million	5.86 million

Expenditure

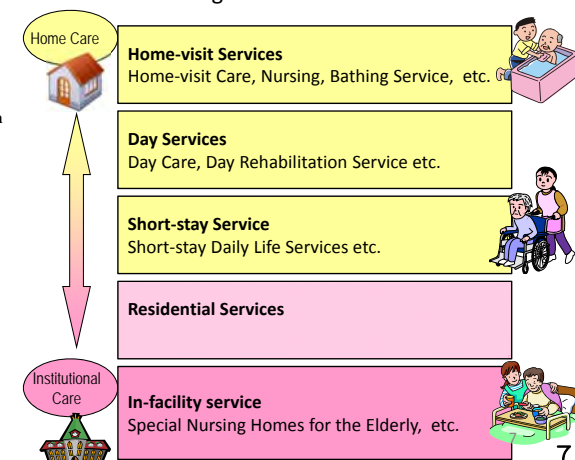


average premium/month



1 USD=111.63 JPY

Matrix of Long-term Care Insurance Services



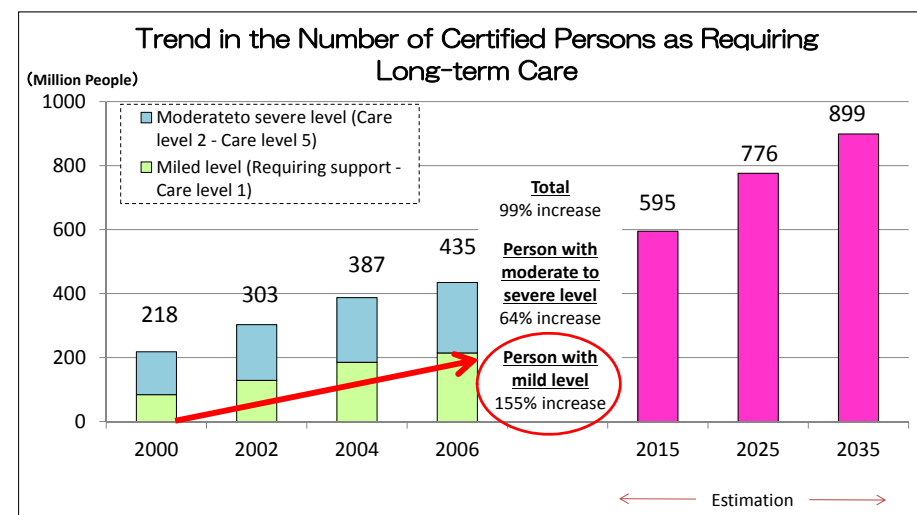
7

1. Why was 'long-term care prevention' institutionalized? - History and overview of introducing long-term care prevention-

8

Introduction of Long-term Care Prevention (established in FY2006)

- A significant increase in the number of persons certified as requiring support level/care level 1 (light disability level).

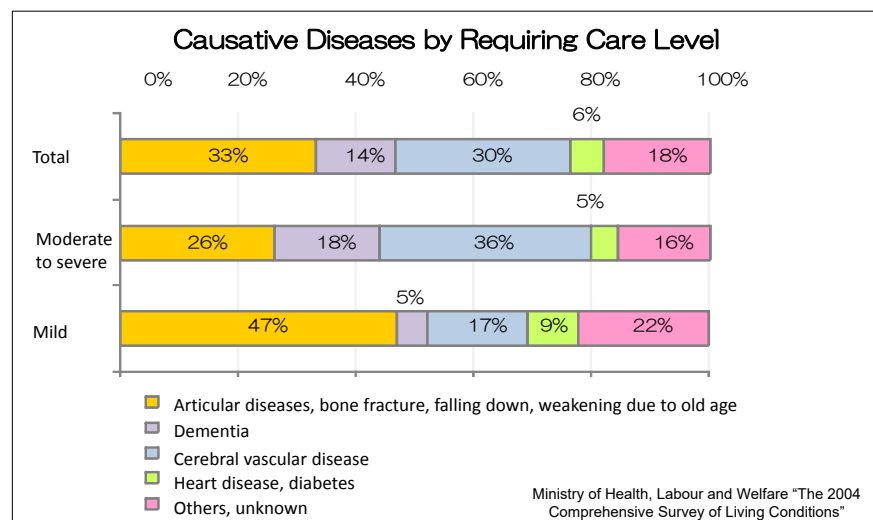


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Introduction of Long-term Care Prevention (established in FY2006)

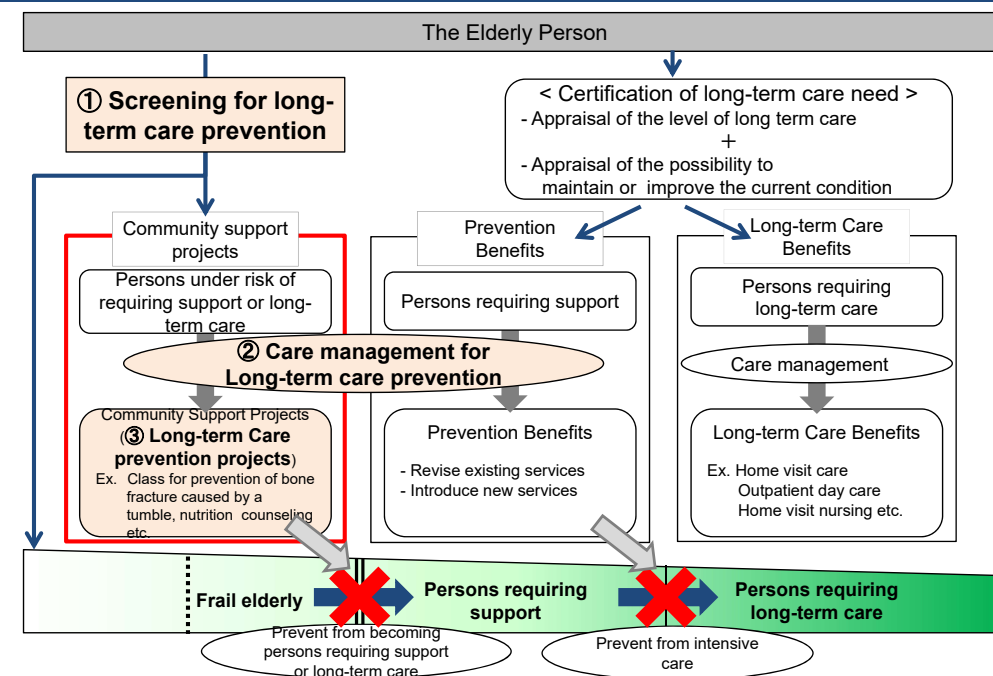
- About half of the causative diseases of the persons with mild level of disability are reduced body functions from not moving enough.

Prevention is possible by moving the body regularly, etc.! → Establishment of the prevention-oriented system



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Overview of Long-term Care Prevention projects introduced in 2006



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Overview of Long-term Care Prevention projects introduced in 2006

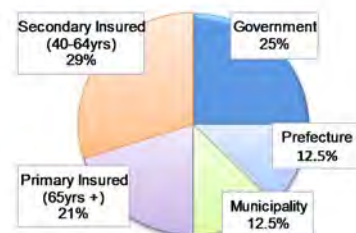
- All municipalities have to implement long-term care prevention projects as their obligation.
- Each project by municipality is implemented to prevent active elderly from requiring long-term care due to downgrading or deteriorating their physical and life function/performance.

Primary Prevention

【Target】 The elderly

【Contents of project】

- **Awareness raising projects for long-term care prevention**
Holding lectures and care prevention classes, development and distribution of materials for raising awareness, etc.
- **Regional long-term care prevention support projects**
Training volunteers, supporting voluntary groups' activities



Secondary Prevention

【Target】 Persons under risk of requiring support or long-term care (categorize by utilizing fundamental checklists on the level of life function)

【Project Description】

- Day-service-type long-term care prevention programs
Programs on the improvement of motor system, nutrition, and oral function, integrated programs, etc.
- Home-visit-type long-term care prevention programs
Actions against homeboundness, depression, and decline of cognitive function, support for the elderly with limited access.

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2. Development of new long-term care prevention strategy against existing problems

-Problems of conventional long-term care prevention-

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Process for the Secondary Prevention Projects

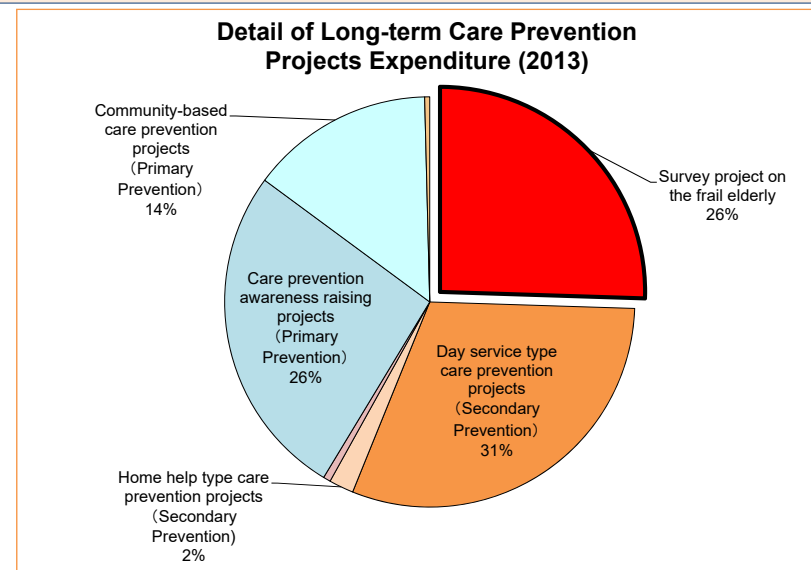
Actual number of participants for the Secondary Prevention Projects were small as setting a target of 5 % participation rate of the total elderly population.

Fiscal Year (April to March)	Number of the elderly population	Number and % of the total elderly population				
		Number/% of distribution of fundamental check list 【A】	Number/% of collection of fundamental check list 【B】	% of collection of fundamental check list 【B/A】	Eligible elderly for the Secondary Prevention projects	Participation rate for the Secondary Prevention projects
2006	26,761,472	—	—	—	0.6% (157,518)	0.2% (50,965)
2008	28,291,360	52.4% (14,827,663)	30.7% (8,694,702)	58.6%	3.7% (1,052,195)	0.5% (128,253)
2010	29,066,130	54.2% (15,754,629)	29.7% (8,627,751)	54.8%	4.2% (1,227,956)	0.5% (155,044)
2012	30,949,615	48.6% (15,047,457)	31.7% (9,798,950)	65.1%	9.6% (2,962,006)	0.7% (225,761)

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Detail of Long-term Care Prevention Projects Expenditure

The cost of the survey to identify the exact number of the frail elderly accounts for 26% of the total budget allocated to long-term care prevention projects.

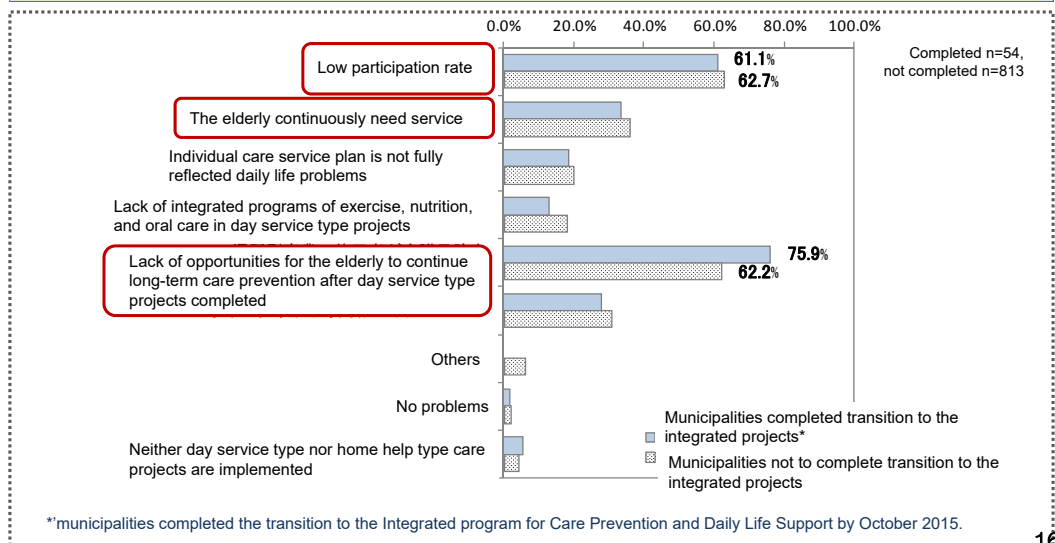


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Challenges of the Conventional Secondary Prevention Projects

Challenges are;

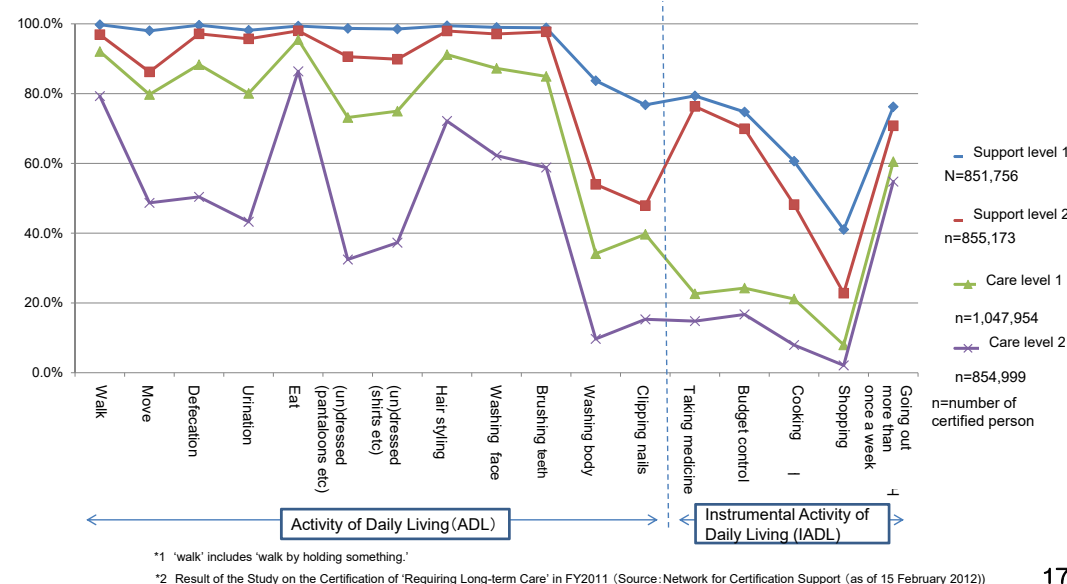
- low participation rate of the project
- difficulty to graduate from the project
- continuing care prevention after the project completed



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Result of Survey on the Certification of requiring support level 1- care level 2

○ Most persons requiring support are capable of activities of daily living by themselves, but have difficulties in some activity of daily living such as shopping.



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Future Directions of the Long-term Care Prevention

Principles of Long-term Care Prevention

- Purpose
preventing from becoming in conditions requiring long-term care or mitigating the level of care requiring conditions or preventing from worsening.
- Take well-balanced approaches from the perspectives of "body functions", "activity", and "participation"
- Improve QOL of the elderly by supporting approaches that enhance the activities of daily living and promote social and domestic participation, which can consequently help the elderly to gain a sense of worth in life and self-actualization.

2. Development of the long-term care prevention strategy against existing problems
-Shift in the concept of long-term care prevention-

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Future Directions of the Long-term Care Prevention

Preexisting Issues of Long-term Care Prevention

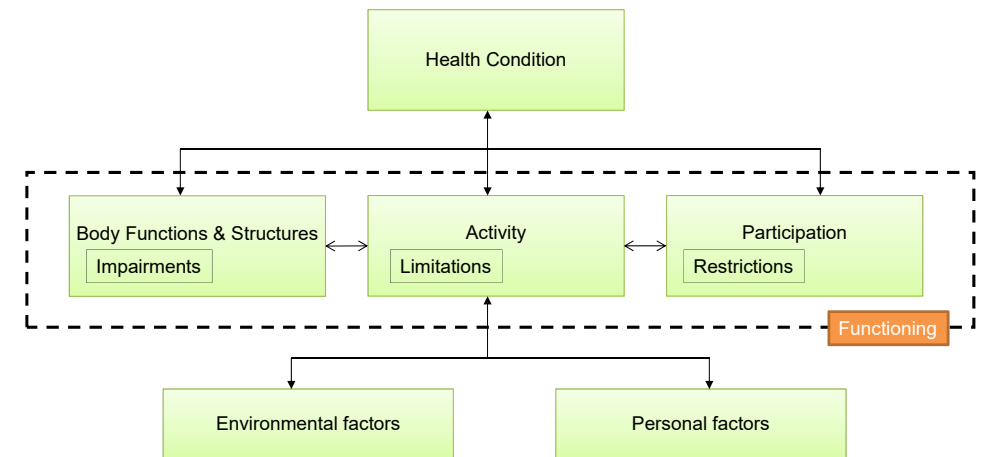
- Tended to weigh towards functional recovery training which aimed at improving body functions.
- Not enough place for the maintenance of active condition

Future Concept of Long-term Care Prevention

- Not only are the direct approaches to the elderly themselves, but also the well-balanced approaches that include the environment surrounding them are important.
- Promoting approaches contributing to self-reliance that utilize rehabilitation professionals in the community.
- Give the elderly a new social role in the community which will consequently link to the prevention of long-term care, and lead to a synergistic effect.
- Promote the community development by developing community activities run by the community members themselves.
- It is essential for the actual conditions of the communities to be understood, and for the municipalities that work as the center of community development to take action proactively.

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The International Classification of Functioning (ICF)



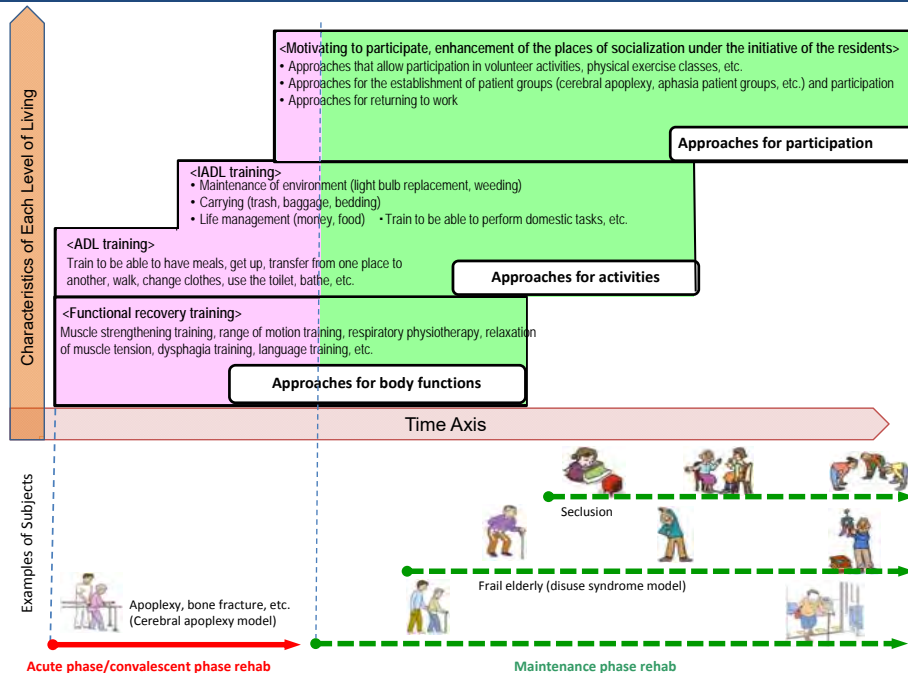
"Functioning" is perceived as all functions necessary for a person to survive and composed of the following three components:

- ① Functioning: physiological and psychological functions of the body
- ② Activity: general living activities such as ADL, domestic tasks, occupational capabilities and outdoor walking
- ③ Participation: fulfillment of roles in family and social life

[Source] Report of the Elderly Rehabilitation Research Society, January 2004

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Overview Image of the Ideal Direction of the Elderly Rehabilitation



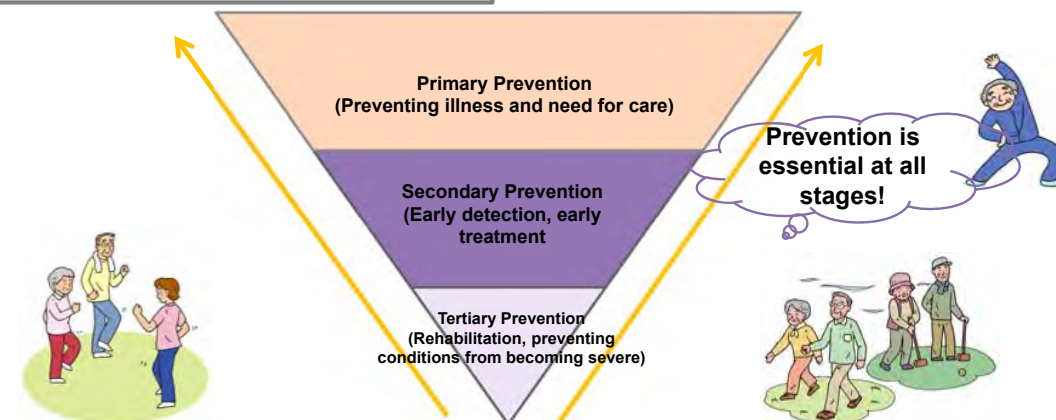
22

Aims of Long-Term Care Prevention

Long-term care prevention aims to provide each senior with lifelong self-actualization and a purpose in life (i.e., improvement of QOL) by improving health condition and facilitating participation in social activities via environment adjustments and improvement of body functions.

Preventing decline in body functions and health condition

Fulfilling life, self-actualization



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Development of livable Communities is Linked to the Long-term Care Prevention

Purposeful Life and Self-actualization (improvement of QOL)



Carry out **community development** with the cooperation of municipality, residents, NPO, etc.

Create places for socialization.

Create opportunities where the motivation and abilities can be demonstrated

Utilize the existing resources such as resident organizations, etc.

Connect individuals to build community connectedness.

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Enhancement of Living Support, Social Participation of the Elderly

- With the increase of single households and seniors with mild need of assistance, the necessity for living support is expanding. It is needed for diverse entities such as volunteer groups, NPOs, private corporations, and cooperative associations to provide living support services.
- Preventive long-term care for seniors is needed. Social participation and social roles lead to long-term care prevention, and purpose of life.
- Systematic positioning regarding municipalities supporting the creation of communities providing various livelihood support, should be strengthened. Specifically, for the enhancement of livelihood support, the development of regional resources such as the training and discovering of livelihood supporters (e.g. volunteers), and the allocation of "living support coordinators" who do the networking, should be positioned under the Community Support Project of the Long-Term Care Insurance Act.

Participation of Regional Residents

Living Support

- Diverse service meeting needs
- Provision of service by diverse entities; residents, NPOs, private corporations, etc.
 - Organization of community gatherings
 - Watch over, safety checks
 - Outing support
 - Shopping, cooking, cleaning, and other house work support.

Social participation as providers of livelihood support



Social Participation by the Elderly

- Activities utilizing skills from one's career
- Activities that interest seniors
- Activities offering new challenges
 - General employment, starting businesses
 - Hobbies
 - Health-promoting activities, community activities
 - Volunteer activities excluding long-term care/welfare, etc.

Back-up

Enhancement/strengthening of support systems with municipalities at the core

Back-up

Enhancement of logistical support system by prefectures

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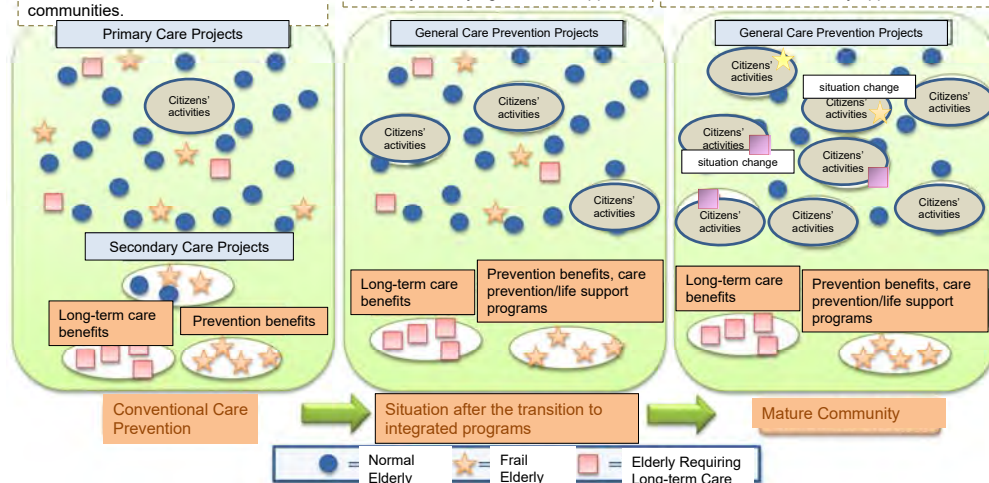
Shift in the Concept of Long-term Care Prevention: Long-term Care Prevention as a part of 'Community Development'

Instituting support system which fits the changing condition of the elderly

■ The conventional care prevention programs were structured along each condition, and lacked the system which foster mutual support within communities.

■ The majority has not participated in the project, but small-sized activities (e.g., exercise and salons) led by the relatively healthy aged citizens appear.

■ Residents-led activities increase. Communities where citizens mutually support and everyone regardless of age/health condition can live actively appear.



- Why is 'long-term care prevention through community development' necessary?
-Good practices-

Daito-city, Osaka Prefecture - Residents-oriented Long-term Care Prevention -

- Long-term care prevention projects throughout the city. Frail elderly people are recovering with the support of healthy and vital elderly people and their participation in social activities has been growing.
- Through the long-term care prevention activities, the power of mutual support, such as looking out for each other and helping one another, is being fostered in the community.

Basic Information (As of April 1, 2013)

*The population shown is as of March 31, 2012.

Number of comprehensive regional support center established	Directly operated	0	Place
	Consigned	3	Places
Total population		123,573	People
Population of the aged over 65		26,697	people
		21.6	%
Population of the aged over 75		10,516	People
		8.5	%
Insurance premium in the fifth period for the category 1 insured		4,980	Yen



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Changes in the Long-term Care Prevention Approaches

- At the local care meeting in 2004, the necessity of the involvement of the whole city in long-term care prevention was proposed.
- In 2005, "Daito Genki Demasse Taiso (Daito City's health improvement exercise)" was developed, which is an exercise that can be practiced by frail and elderly people. Regardless of the framework for the primary or secondary prevention subjects, residents' and neighborhood associations worked to expand opportunities for activities open to all residents.
- Promotion of public awareness of long-term care prevention at the events, etc. held by senior citizens' clubs
- Development of opportunities for activities where the residents play major roles and fostering facilitators
- After the exercise class, welfare commissioners, school district welfare commissioners and facilitators gather to share information concerning frail elderly people in the community to examine detailed measures.



Percentage of monthly participants over age 65	9.3%
Percentage of participants over age 65 who are certified recipients of the secondary prevention projects	2.7%

*163 elderly with the support level 1 to care level 5 are included.

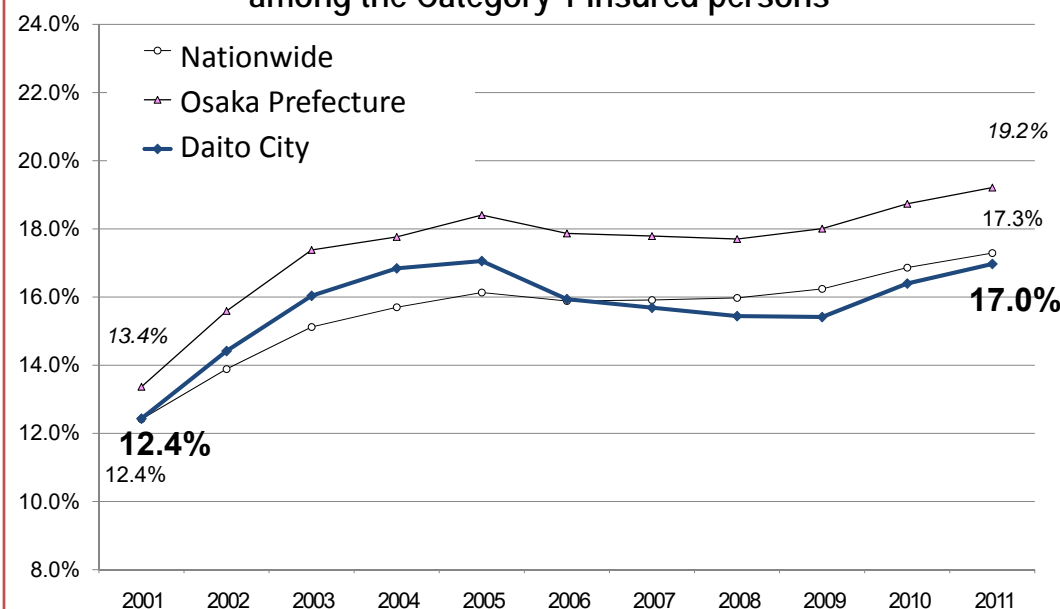
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Involvement of Professionals

- Long-term care prevention campaigns were conducted by pairs of public health nurses and rehabilitation specialists.
- For the start up of the exercise classes, public health nurses, physical therapists, occupational therapists and nutritionists were in charge of providing exercise instructions, videos, and training facilitators.
- For those who could not follow the exercise due to physical disabilities or joint pain, rehabilitation specialists from the city visited them and taught other exercises that do not cause pain.
- When any trouble occurred in group activities due to the symptoms of dementia, higher brain dysfunction, mental disorders, etc., staffs from the community general support visited facilitators to teach them how to interact with persons with such problems.
- If the staff at the community general support center is notified of anyone dropping out of the exercise class by the facilitator, the staff handles the situation individually by clarifying the reason for dropping out (example: measures for persons with dementia, change of class if it is due to problems with other classmates).

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Trends in the Ratio of Certification of Needed Long-term Care among the Category 1 Insured persons



31

Good practice examples in Japan
-Local prevention programs-



Various prevention programs are provided in each municipalities managed by elderly themselves.



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Active Centenarian Physical Fitness Program (*Iki-iki Hyaku-sai Taiso*) was implemented twice a week for 3 months

Case for the 96-year-old frail elderly woman to walk 5 meters



Before(9.2 sec.)

Kochi prefecture
(2002)

33

Active Centenarian Physical Fitness Program (*Iki-iki Hyaku-sai Taiso*) was implemented twice a week for 3 months

Case for the 96-year-old frail elderly woman to walk 5 meters



In 3 months
(3.3 sec.)

Kochi prefecture
(2002)

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3. Why is 'long-term care prevention through community development' necessary?
-Scientific analyses-

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The Relationship between Social Participation and Effectiveness of Long-Term Care Prevention

There is an apparent trend showing that the higher the percentage of social participation (such as sports-related groups, volunteering, and hobby-related groups), the lower the risk of falls, dementia, and depression.

Survey methods:

From Aug. 2010 to Jan. 2012, a mail survey (or home-visit survey at some sites) was conducted for seniors living in 31 municipalities in Hokkaido, the Tohoku Region, Kanto Region, Tokai Region, Kansai Region, Chugoku Region, Kyushu, and Okinawa. The 169,201 seniors surveyed were those who had acknowledged as needing care.

112,123 persons provided responses.
(Response rate: 66.3%)

【Research design and analysis method】

Research design: Cross-sectional study

Analysis method: Regional correlation analysis

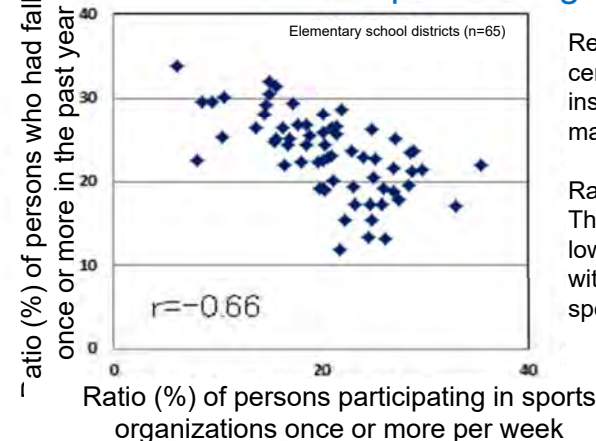


JAGES
(Japan Gerontological Evaluation Study) project <http://www.jages.net/>

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The survey concluded that regions with high rates of participation in sports organizations correlated to fewer numbers of early elderly who had fallen within the last year.

Limited to persons aged 65–74

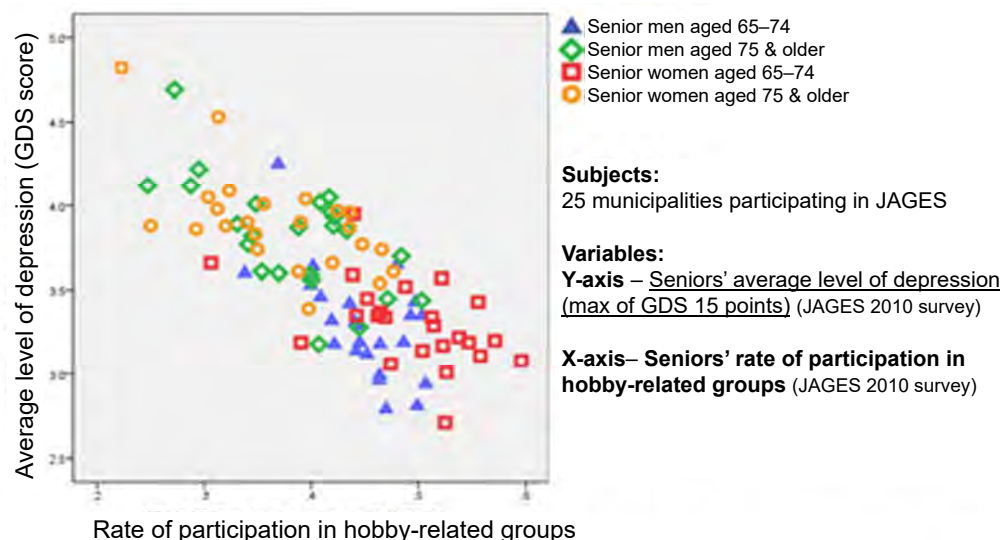


Responses from 29,072 persons not certificated of needed support, from six insuring bodies (9 municipalities) by a mail survey (Response rate: 62.4%)

Rate of falls: 11.8%–33.9%
The ratio of those who had fallen was lower in elementary school districts with a high rate of participation in sports organizations.

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The survey found that regions with high rates of participation in hobby-related groups correlated to a lower average depression score (the lower the better).

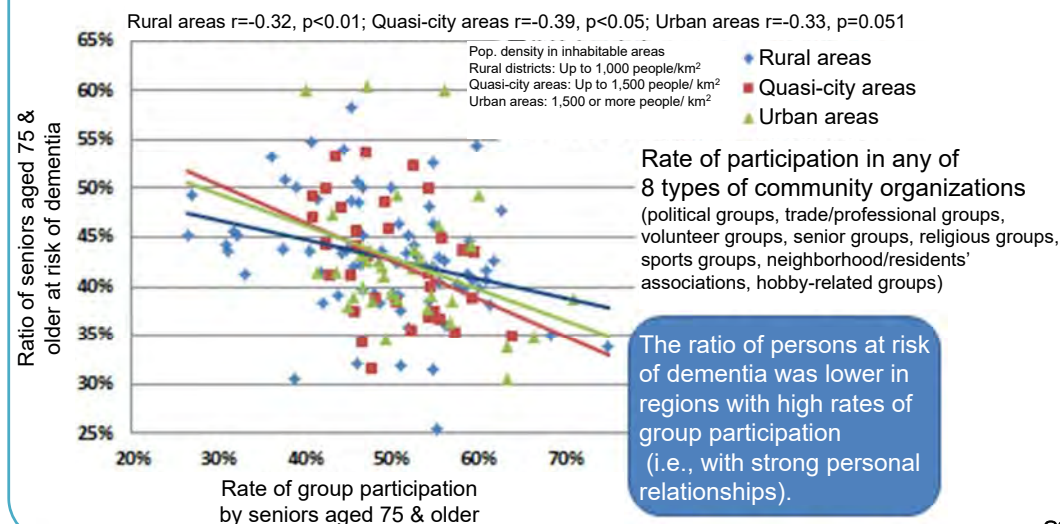


Graphs provided by Health and Labor Sciences Research Team (research representative: Katsunori Kondo)

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The survey found that regions with high rates of participation in community organizations (volunteer groups, etc.) correlated to a lower percentage of seniors over age 75 at risk of dementia.

22,721 seniors aged 75 & older residing in 141 elementary school districts in 23 municipalities



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Correlation between Social Participation and Care Prevention

The elderly who interact with others less than once a month to less than once a week is likely to become certified 'requiring long-term care' elderly or to become dementia by 1.3-1.4 times higher, in comparison with the elderly who interact with others everyday. In addition, the elderly interact with others less than once a month is likely to die earlier by 1.3 times compared to the elderly who interact with others everyday.

Methodology

Data collected from 14,804 individuals aged over 65 (collection rate: 50.4%) in 6 municipalities of Aichi prefecture via mail questionnaire in October 2003. The research traced individuals independent in walking, taking bath, and excretion (12,085) at the time of collecting the questionnaire to observe the shift in their life such as becoming to 'requiring long-term care,' dementia, and death.

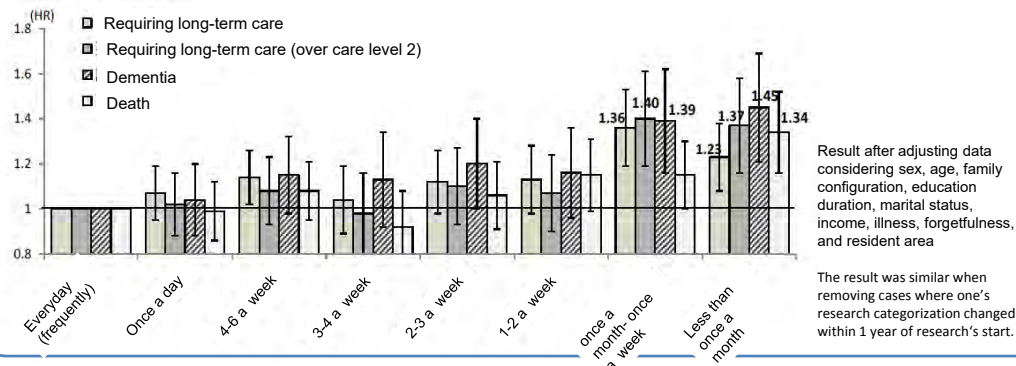
Research design and analytical method

Research design: longitudinal study (prospective cohort study)

Analytical method: Cox regression analysis

Aichi Gerontological Evaluation Study (AGES) project

Correlation between the frequency to interact with others outside of home and health index



Source: Saito, Kondo, Ojima et al, (2015) Journal of Japan Public Health, 62(3): 95-105

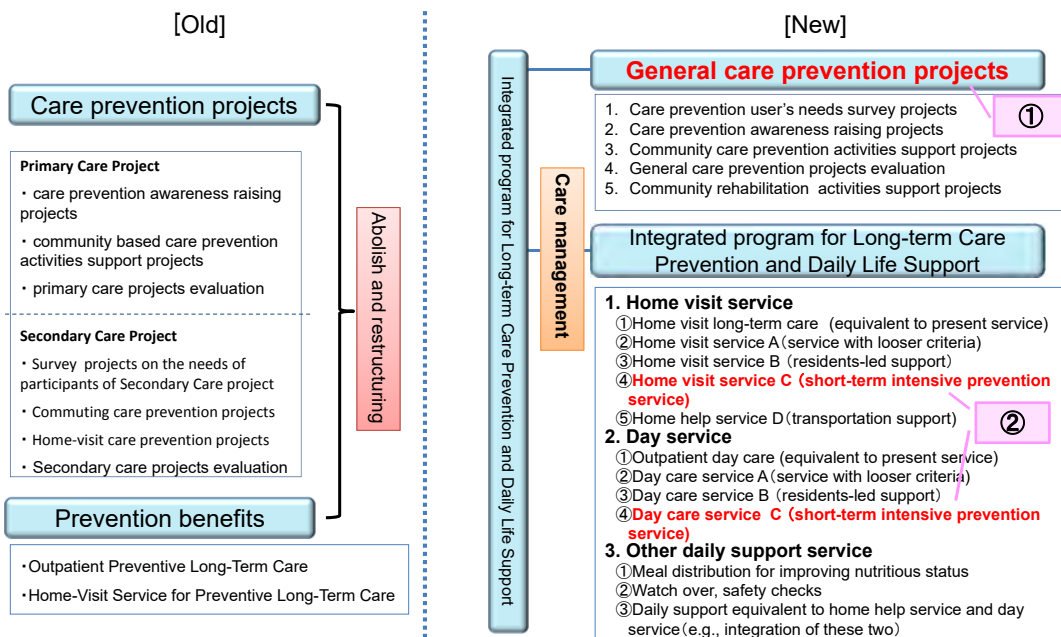
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4. How do the public administrators and medical professionals interact with residents?

-Care prevention system after its amendment-

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Structure of Long-term Care Prevention Projects in the Amended Act in FY2015



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① General Care Prevention Projects: Residents-led care prevention activities and their assistance

- Develop places for social gathering mainly led by residents throughout the municipality and in a range offering the elderly easy commuting
- Promote the participation of not only the young-old elderly (between 60-74 years old) but also those who are in need of some type of support such as the old-old (over 75 years old) and secluded elderly
→targeted participation rate: 10 % of the aged population
- Aiming at the autonomous growth through the operation and active participation of the residents themselves

For example;

- In principle, residents-led places need to be opened more than once a week
- Organize exercise classes which the elderly over 75 years old and those requiring long-term care can participate in
- Improve the effectiveness of residents-led activities by combining them with delivery nutrition/oral care lectures
- Promote mutual help relationships within communities through training and assistance of volunteers

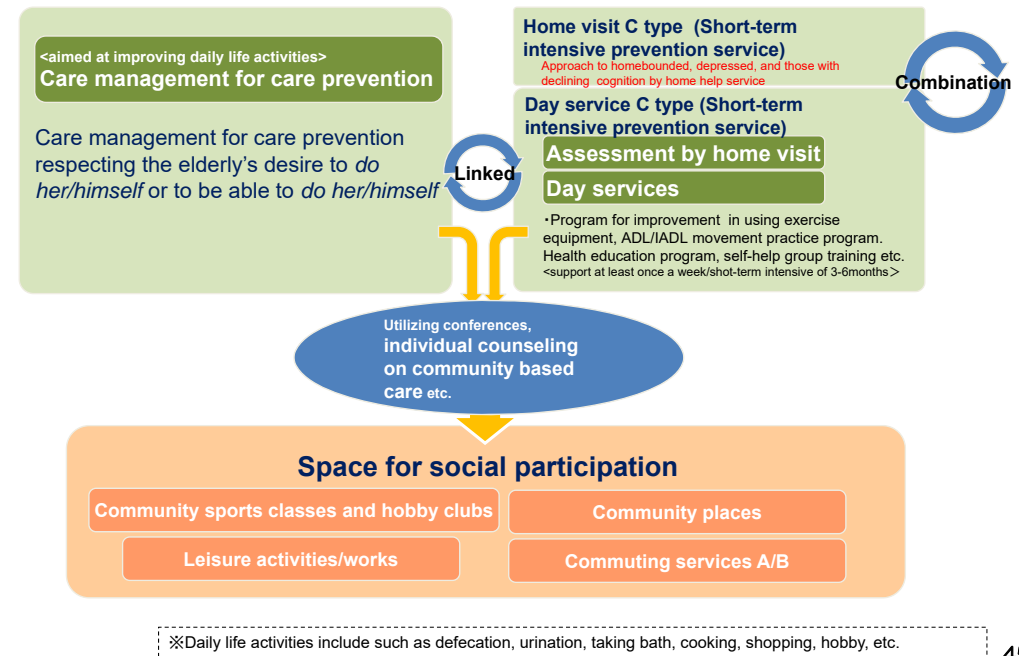
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②Short-term intensive prevention service : solving problems in daily life by professionals

- Most persons requiring support are capable of activities of daily living by themselves, but have difficulties in some daily life activities such as shopping.
- The reason of low participation rate to the conventional Secondary Care project and the lack of continuity on the effects could be attributed to the fact that it failed to provide sufficient solution to difficulties faced by those requiring support in their daily life.
- In contrast, we found an effective model at the Project on Strengthening Care Prevention Function inn FY2014. That model obtained the result that those requiring support recovered and participated in volunteer activities through both adequate assessment on activities of daily living and short-term intensive treatment by professionals
- Regarding care prevention by high-risk approach, it is expected to bring about highly positive impacts when General Care Prevention Project combined with;
 - a. assessment of daily problems by home visit service
 - b. general care prevention projects and motivating the elderly by utilizing interests checksheets
 - c. care prevention service aimed at promoting social participation afterwards provided by health/medical professionals
- Based on care prevention management, above mentioned activities can be implemented at the different criteria from present benefits service.

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①General Care Prevention and ③Short-term Intensive Prevention Service

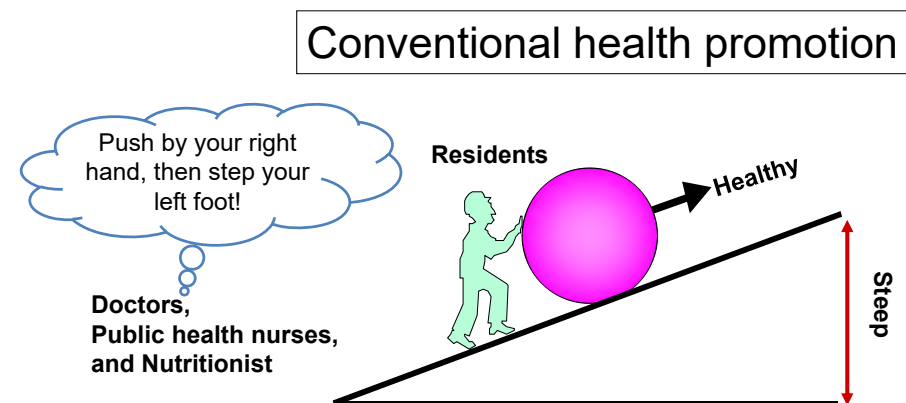


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4. How do the public administrators and medical professionals interact with residents?
-Some examples-

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Is 'Active Centenarian Physical Fitness Program' health promotion?



Even when one is provided knowledge and techniques to promote health, the slope is steep, and one cannot continue alone, failing to bring about positive impacts.

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What 'Active Centenarian Physical Fitness Program' Aims for?

Health Promotion

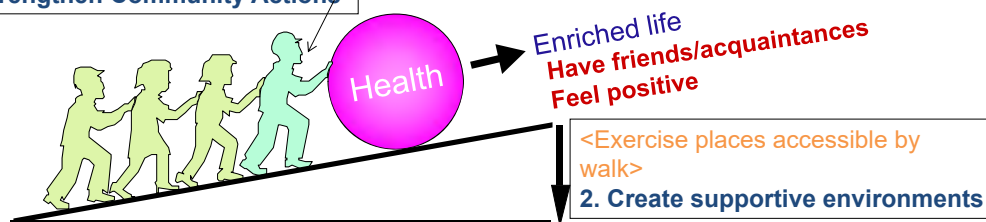
1. **Advocate** Raise awareness of the importance of exercise for the elderly
2. **Enable** Allow residents to operate exercise classes by themselves
3. **Mediate** Gain support from multiple organizations

<Development of Active Centenarian Physical Fitness Program>
4. **Develop Personal Skills**

5. **Reorient Health Services**
Cure 'disease' → Create 'health'
'Hospital' led → 'Family/community' led
'Professionals' led → 'non-professionals' led

<Exercise led by residents>
3. **Strengthen Community Actions**

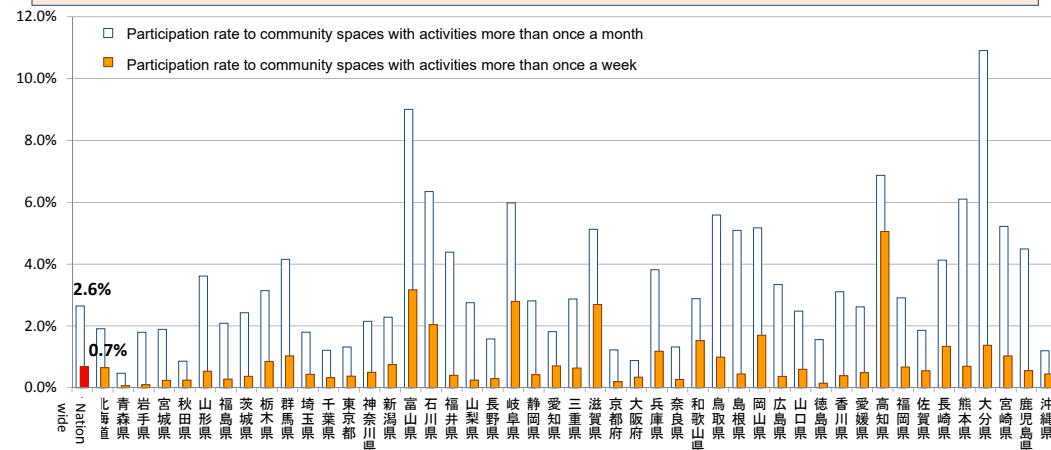
1. **Build healthy public policy**



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Participation Rate of the Elderly to Residents-led Community Places (by prefecture) (2013)

The participation rate to community spaces with activities more than once a month was 2.6%.
The participation rate to community spaces with activities more than once a week was 0.7%.



*1) 'Residents-led community places' indicate activities matches to the following conditions:
 • Community places where exercise and hobby activities are held and which municipalities considers to be helpful for care prevention
 • Operated mainly by residents
 • Not limited to those receive financial support from municipalities
 • Hold activities more than once a month

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Challenges in the 'Promotion of Care Prevention through Community Development'

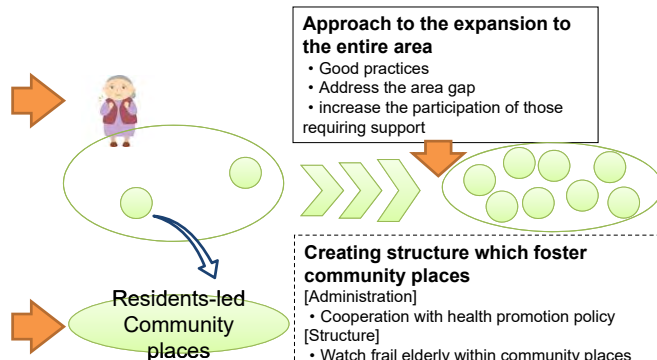
- How to encourage residents to engage in care prevention, collect information on existing community places/groups, and reserving places are challenges to municipalities which intend to introduce residents-led community places.
- How to extend community spaces to the whole area of the municipality and train supporters to assist continuous activities of these places contributing to care prevention are challenges to those which already introduced such places.
- Utilizing rehabilitation specialist, collaboration with other services and projects, evaluation of care prevention effectiveness are also challenges.

Approach to residents

- [Encourage participation]
 • encourage residents to change their ideas and behaviors
 [Encourage supporters]
 • Train supporters
 • Connect trained supporters and care prevention activities

Approach to community places

- [Before introduction]
 • Collect information on existing community places and groups
 • Reserving place
 [Continuation support]
 • Promote effective activities
 • Enrich the contents of activities
 • Utilize rehabilitation specialist



Approach to the expansion to the entire area

- Good practices
- Address the area gap
- Increase the participation of those requiring support

Creating structure which foster community places

- [Administration]
 • Cooperation with health promotion policy
 [Structure]
 • Watch frail elderly within community places
 • Cooperation with other services
 • Evaluation of care prevention effectiveness

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Long-term Care Prevention through Community Development

Enhancement Program for the Residents Operated Places for Social Gathering

<Concept>

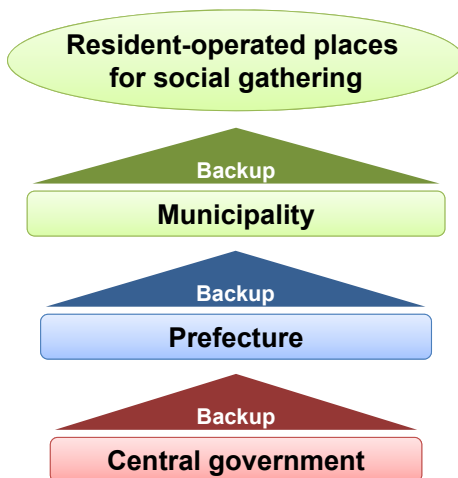
- ◆ Expansion of places for social gathering **mainly led by residents** throughout the municipality and **in a range offering the elderly easy commuting**
- ◆ **Promotion of participation** of not only those young-old elderly, but also those **who are in need of some type of support such as the old-old and secluded elderly**
- ◆ Aiming at the **autonomous growth** through the operation and active participation of the residents themselves
- ◆ Implementation of exercises that can be done also by the old-old elderly and those requiring support
- ◆ Implementation of exercises **once or more a week** as a general rule



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Government and Prefectural Support to the Municipality

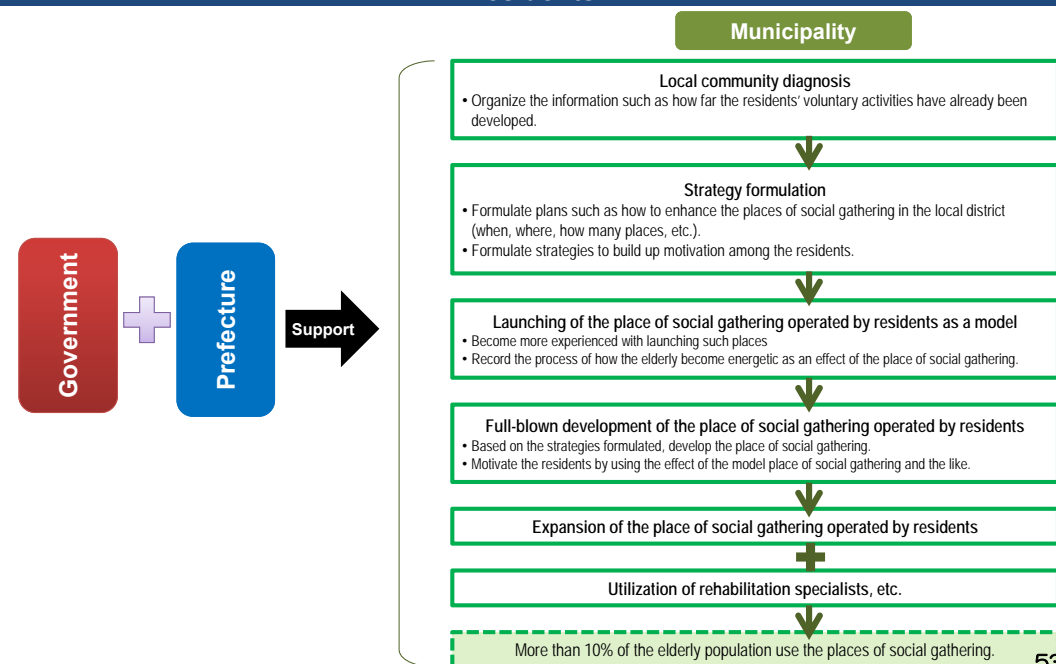
- The prefecture is to provide support to the municipality in order to be able to formulate strategies that correspond to the actual situations of local community and engage in approaches for long-term care prevention through community development.
- The government is to strengthen the prefectural support to the municipality, promoting effective and efficient approaches for long-term care prevention.



- ◆ Building motivation among residents
- ◆ Supporting the launching of places for social gathering operated by residents
- ◆ Consultation & support (local community diagnosis, strategy formulation, etc.)
- ◆ Implementation of training
- ◆ Provision of information concerning the examples of effective and efficient approaches

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Approaches towards Enhancement of the Places of Social Gathering Operated by Residents



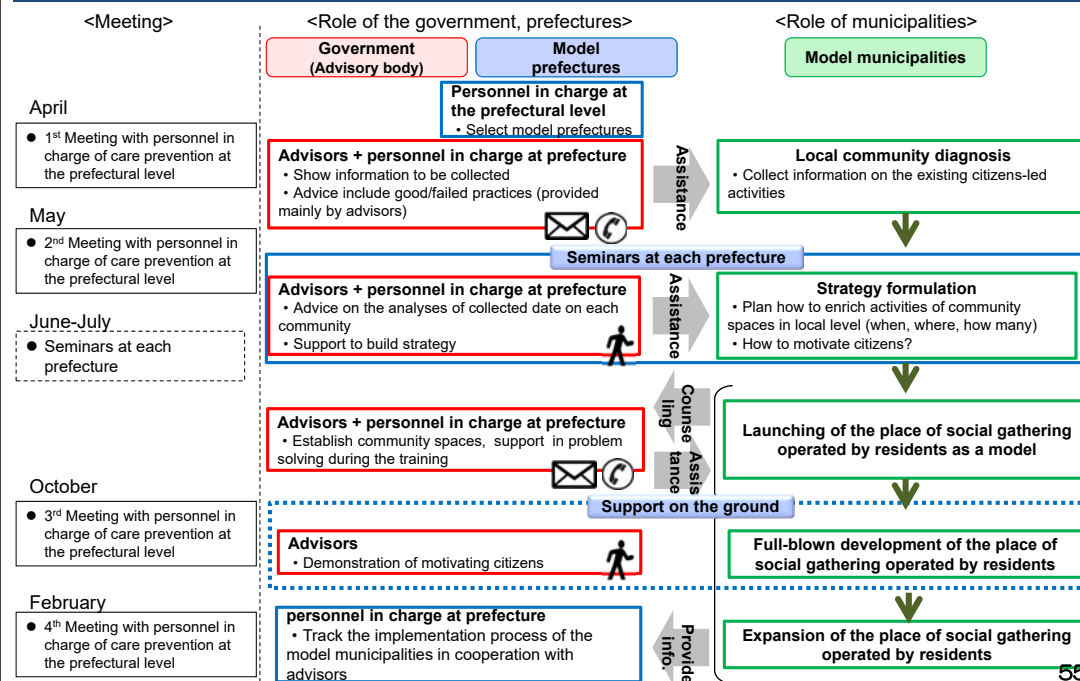
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Examples of Practices to Expand Care Prevention through Community Development Nationwide

1. Establish relationship among municipalities' personnel and integrate each norms
2. Communication among municipalities' personnel by utilizing ICT
3. Comparison between different municipalities by utilizing common format

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Example 1: Annual Schedule of FY2004



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Support for Employment and Social Participation of the Elderly

31 August 2016
Welfare Policy Section, Health and
Welfare Division, Kashiwa City

Status of the Aging Society and Beginning of New Efforts

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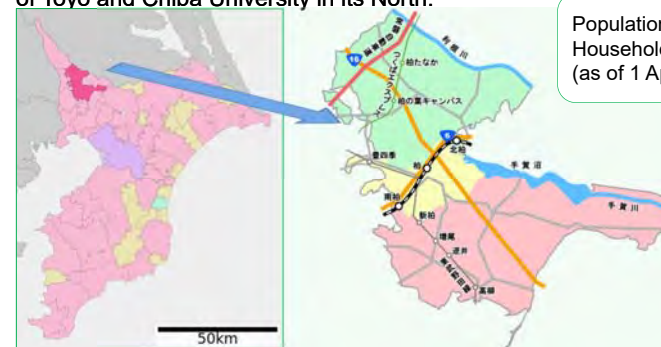
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About Kashiwa City

Kashiwa City is located 30km away from the center of Tokyo and in the North-West of Chiba Prefecture. Its population started to grow in the period of rapid economic growth, led to its development.

The city is an intersection of three railways (JR *Joban* Line, *Tobu* Line, *Tsukuba* Express) and three motorways (Route 6, 16, and Joban Expressway).

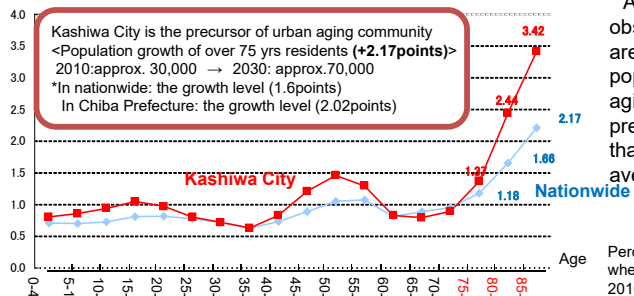
Around Kashiwa station is crowded with shoppers to commercial centers, and the city also draws attractions as an progressive academic city with University of Toyo and Chiba University in its North.



Population: 415,300
Household: 176,965
(as of 1 April 2016)

Status of problems in aging which Kashiwa City Faces

Estimated population growth of Kashiwa City (2010-2030)



Aging rate: percentage of population over 75 yrs

	Aging rate (%)			Population over 75 yrs (%)	
	2010	2030		2010	2030
Japan	23.0	31.6	Japan	11.1	19.5
Chiba	21.5	31.4	Chiba	9.1	19.6
Kashiwa	19.9	26.7	Kashiwa	7.9	16.9

Ref: National Institute of Population and Social Security Research, Population Projection for Japan, January 2012
Population Projection by Prefecture, March 2013
*Results based on medium estimates in birth and death

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Toyoshikidai housing complex with over 40% aging rate

Toyoshikidai housing complex is a test for future urban areas in Japan



- Toyoshikidai housing complex
- Year since its operation: 1964
- Approx.: 32.6ha
- Number of houses before reconstruction: 4,666 (103 buildings)
- Population in the beginning: Approx. 10,000
- Present population: Approx. 6,000

	Kashiwa City (Average of Japan)	Toyoshikidai (Japan in the future)
% of population over 65 yrs	20%	41%
% of population over 75 yrs	8%	18%
% of population 65 requiring long-term care	12%	10%

- The square colored red in the table above can normally be about 15%. Since Toyoshikidai housing complex is not equipped with elevators, residents tend to move to care facilities or other areas when they become less independent.
- % of population aged over 65 in Japan is estimated to be 41% in 2055.

6

Establishment of the Aging Society Research Group- Toyoshikidai community in Kashiwa City

- In order to discuss and implement 'safe and enriched lifestyle and community in the aging society' in partnership with Kashiwa City, University of Tokyo, and the Urban Renaissance Agency



Signing Ceremony (May 2016)



Kashiwa City

Clarify the strategy for community building to cope with an extreme aging society

100 Institute of Gerontology, The University of Tokyo

Research & development on system/technology, and inform the world

UR 都市機構 Urban Renaissance Agency

Analyses on the desirable model of housing complex

- June 2009 The Research Group was established in partnership with Kashiwa City, University of Tokyo, and the Urban Renaissance Agency. Organized 3 symposiums for citizens after several study sessions (July, Sep., and Feb.)
- May 2010 Concluded the three-party agreement
- Nov. 2010 Information session to the community through a community building meeting
- Since Feb. 2011 Information session to residents' association divided into 4
- May 2015 Renewed the three-party agreement (extended for 3 years and added life support service, health promotion, and care prevention to its agenda)

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For the comprehensive community care system

- Safe and enriched lifestyle and community in the aging society which Kashiwa City seeks

A society where medical care, long-term care, care prevention, housing, and life support are provided in integration, and which allows residents to continuously live in areas they are used to live



<Actual method>

- ① Create a Japanese model which community primary care doctors can reasonably deal with home medical care
- ② Create a Japanese model for 24 hours home care which combines housing with care service for the elderly and home medical care
- ③ **Establish a system where the elderly gets employed within one's community to maintain independent lifestyle (generate employment for reasons to live)**

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Generate Employment for Reasons to Live

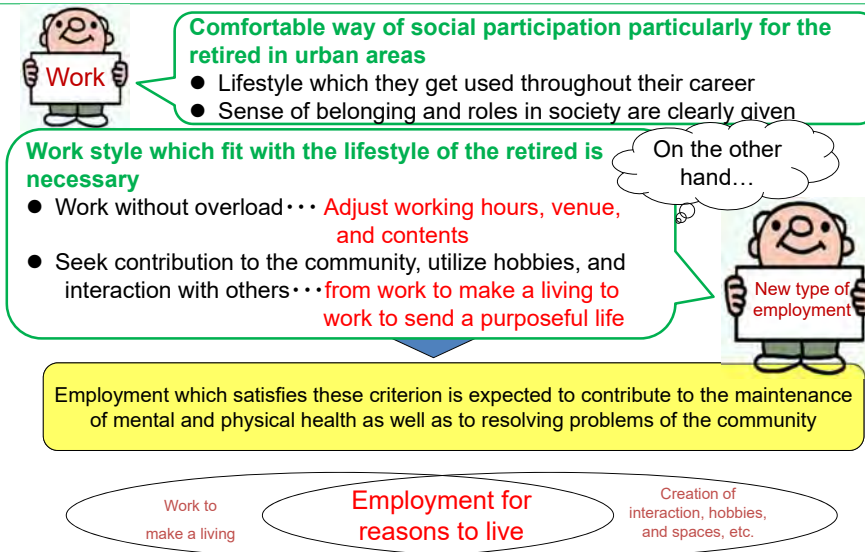
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Background



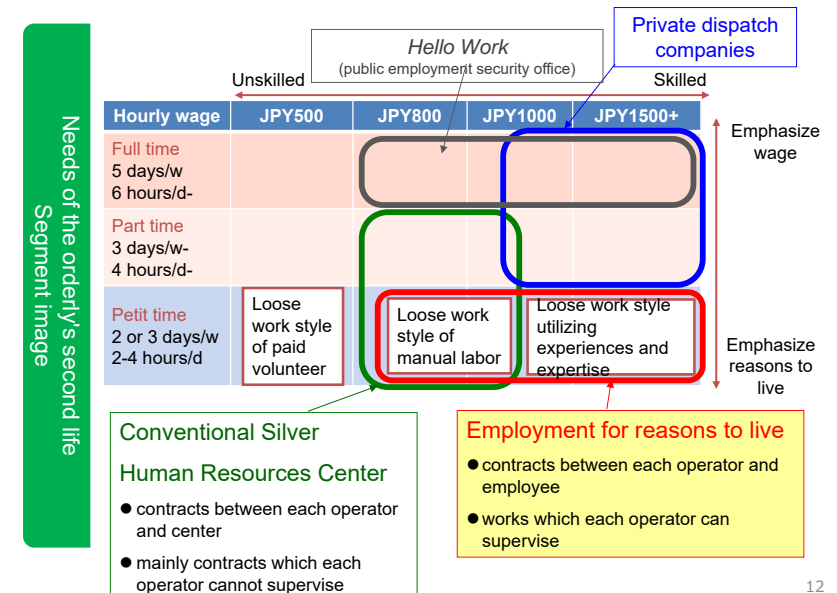
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Generation of employment



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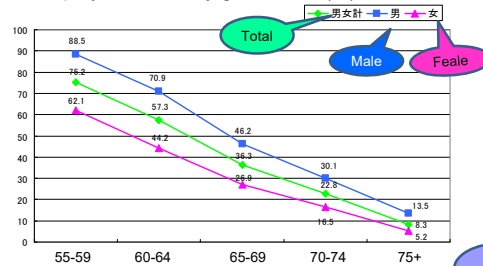
Positioning (segment image)



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【Ref:1】Needs and current status of the employment of the Elderly

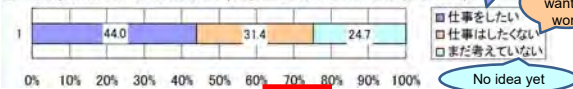
○ Employment rate by generation (%)



Ref: 2011 Labour Force Survey, Ministry of Internal Affairs and Communications
*Excluding Iwate, Miyagi, and Fukushima Prefectures

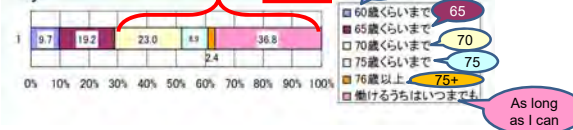
The employment rate of the elderly is decreasing, whereas those aged over 65 aspired to work.

○ Aspiration to work of population over 65 (65-69)



Ref: 2010 Longitudinal Survey of Middle-aged and Elderly Persons, Ministry of Health, Labour and Welfare

○ Until when would you wish to work?



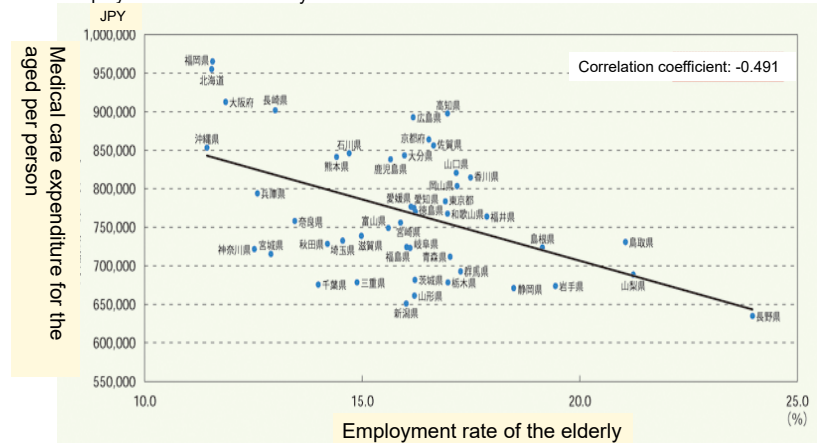
Ref: 2008, Cabinet Office, Government of Japan

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【Ref:2】Employment of the elderly and the medical care expenditure for the aged

The higher the employment rate of the elderly, the lower the medical care expenditure for the aged

Correlation between the medical expenditure for the aged per person by prefecture and the employment rate of the elderly



Ref: Made by the Ministry of Health, Labour and Welfare based on 2004 *Rojin Iryo Jigyo Nenpo* [Annual Report of the medical program for the elderly] and 2005 National Census

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Overview of the operational process



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Raise awareness and make friends through employment seminars

Lectures

- ① Current status and prediction of aging with the declining number of children (longevity and smaller productive-year population)
- ② Necessity for the elderly to become the supporter of local community
- ③ Objective data on the causal connection between social participation and health maintenance

Group works

- ④ Introduction, share needs and worries

Lectures

- ⑤ Current status of the recruitment of the elderly and necessity to raise awareness

Information sessions

- ⑥ Provide information on employment opportunities

Group works

- ⑦ Find what one wants to do and friends



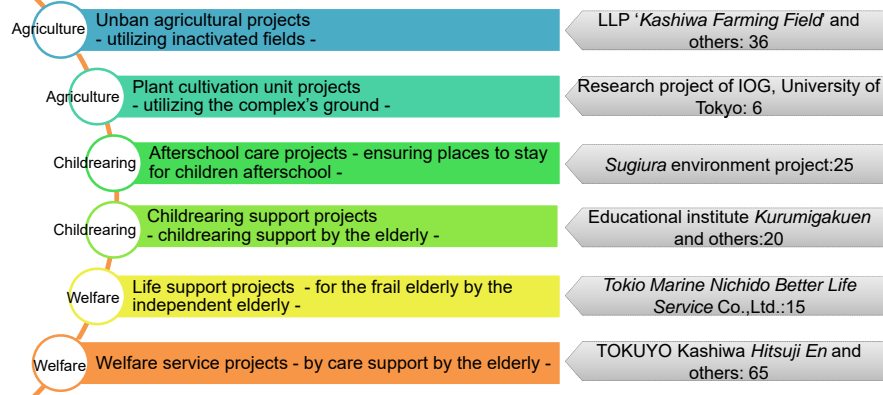
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Actual project and its outcomes

The project on the generation of employment for reasons to live is implemented in a scheme of ①employment opportunity development②recruitment of employees ③organize employment seminars ④experimental employment etc. ⑤interview at each offices, and ⑥employment.

It led to the employment of 230 elderly, and the University of Tokyo concluded its research in September 2013.

Since October 2013, Kashiwa City Silver Human Resources Center allocates 2 job coordinators and succeeds the social verification mission.



*As of March 2014, the number of employees recruited under this project amounted to 230.

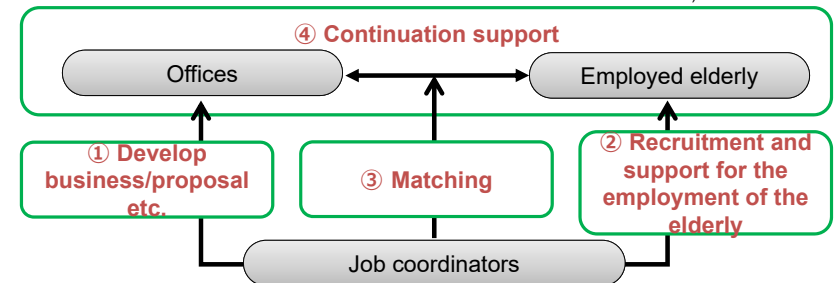
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Succession of the project to the Silver Human Resources Centers

- Expand dispatch and employment placement business in coordination with the Silver Human Resources Center, and succeed knowhow of the project.
- Actively allocate job coordinators and develop dispatch and employment placement business



(Job coordinators providing information for the enrolment of Silver Human Resources Center)



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Second Life Platform Project

To increase the number of independent elderly (elderly supporters)

Further promotion of social participation including employment is required for the enriched second life.

Options for the second life include employment, starting a business, participating in volunteer, NPO, local organizations, hobbies and study clubs.....

Each field operates its business separately, leading to insufficient cooperation in information sharing

From the view of users (residents)



- Don't know where to consult, which sources to refer (brochures and HP)
- Multiple similar windows make it difficult to choose second life
- The lack of information on the registered volunteers sharing between the City and Social Welfare Council requires residents to go to the both places

From the view of operators (City Council)



- Duplicated works diminishes effectiveness and efficiency
- The lack of information of other organization's business causes to failure in sufficiently advising residents coming for help (including claims)
- Lack in cooperation with other related organizations (, making it difficult to lead to activities and employment)

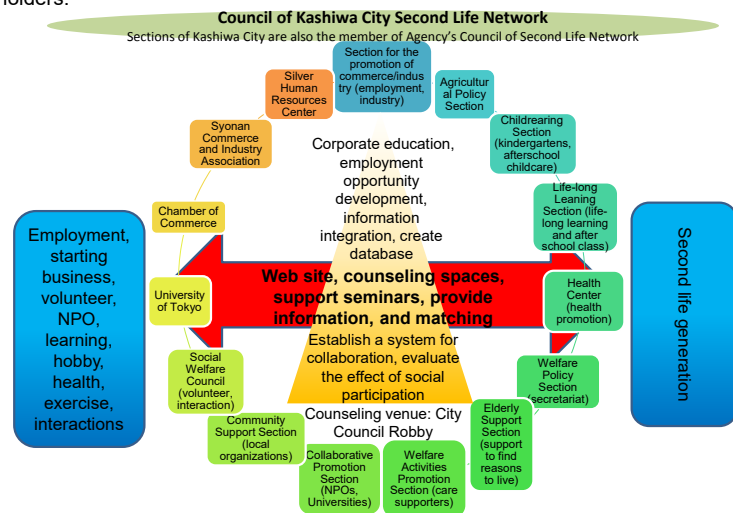
Necessary to establish, operate, and coordinate a platform which integrate information of each organization

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Framework of the project

Establish a platform to coordinate programs and integrate information of employment, volunteer, NPO, and life-long learning. At the same time, establish the Council of Kashiwa City Second Life Network for the decision making and promotion of information sharing among stakeholders.



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Operation of the project

Since September 2014, publish information via a web site, counseling space, and advocacy seminars started as a main part of the project.

Second life support web site



Employment opportunity development

- Information session for commerce and industry associations
- Elderly employment promotion seminars
- Telemarketing sales, home visits

Second life support counseling



Second life support seminar



Cooperation in within the Agency

- Establish an information sharing system within the City Office based on 'Guideline for Kashiwa City Second Life Platform Project.'
- Build connection between personal in charge of communication at each section and coordinators.

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Outcomes

Kashiwa City Second Life Platform Project Outcomes (March 2016)

■ Counseling

No. visitors	No. connected to related	No. employed (job/volunteer)
393	Job Volunteer Total	57Job 26Volunteer 83Total
		36 18 54

2015

No. visitors	No. connected to related	No. employed (job/volunteer)
815	Job Volunteer Total	119Job 49Volunteer 168Total
		51 31 82

2014-2015 total

No. visitors	No. connected to related	No. employed (job/volunteer)
1,208	Job Volunteer Total	176Job 75Volunteer 251Total
		87 49 136

■ The number of access to the web site

fiscal year	No.access	comparison with the previous year
2014	7,098	Started in September
2015	15,265	+8167
total	22,363	215.10%

■ Seminars

Month	applicants	participants
Nov.	Employment/volunteer Hobbies/learnings etc.	45 31
Total	76	65

2015

Month	applicants	participants
June	Employment Volunteer	24 8
Aug.	English/PC	74
Nov.	Life support Childrearing	23 0
Feb..	Elderly care Agriculture	34 57
Total	220	162

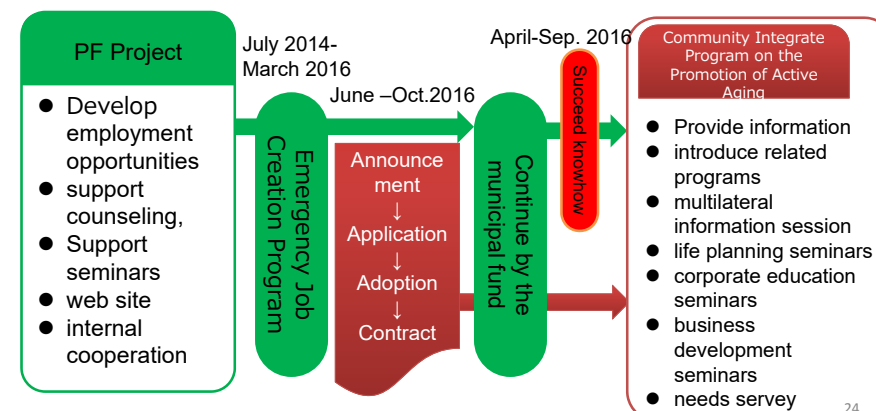
Led to 95 employments and 49 volunteers in 2014 - 2015

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From the Platform Project to the Community Integrated Project on the Promotion of Active Aging

Kashiwa City Second Life Platform Project was implemented mainly by Kashiwa City by the 100% of subsidy for *National Emergency Job Creation Program* (Program for human resources Creation in Local Communities) the from the government until March 2016.

For the fiscal year of 2016, the project will be continued by the municipal fund until September, which is intended to be continued by the fund of 'Community Integrate Program on the Promotion of Active Aging' the project by the Ministry of Health, Labour and Welfare.



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Overview of the Community Integrate Program on the Promotion of Active Aging

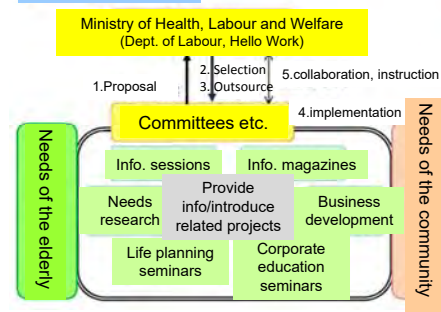
Background

- Under the situation characterized by the lack of sufficient labor forces under the aging society, to achieve a society where the elderly can stay active utilizing their capacity and experience regardless of age is important.
- Prepare spaces for the elderly to actively engage within community is necessary given that the baby boomers reached 65 years old and many of them are expected to have been retired.

Details

- Implement various projects which would promote the employment of the elderly within community based on proposals by 'committees' comprised of municipalities/prefectures etc.

Operation image



Project examples (Community Integrate Program on the Promotion of Active Aging)

1. Provide information related the program for the elderly
2. Seminars on life planning for the elderly
3. Seminars on the promotion of active aging to companies
4. Information session on the employment of the elderly
5. Publish guidebooks/information magazines for active aging
6. Research and analyses on the needs of employment of the elderly
7. Generate employment opportunities for the elderly (farm restaurant, meal distribution service etc.)

Project budget and size

- prefecture: JPY40billion
- ordinance-designated/Tokyo: JPY30million
- other municipalities: 20million
- Numbers: 20 places

Target

- Operators: committees etc. (collegial bodies mainly led by prefectures and municipalities)
- Operational period: 1 fiscal year (max. 3 years)

Comparative Study of Successful Aging, Active Aging and other Aging Policies

The 1st Training Course in Japan: The Project on Successful Aging: Community Based Programmes and Social Support System in Malaysia

Ms. Izumi TAKEI and Mr. Takuya AKIYAMA, Senior Research Analyst
Department of International Studies,
Mitsubishi UFJ Research and Consulting Co., Ltd.

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- VIII. Active Aging in UK

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I. Definition of Active Aging

WHO defines Active Aging as;

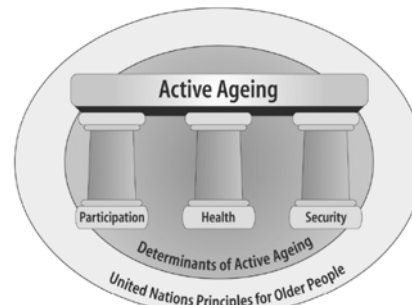
“Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.”

3 pillars of Active Aging

- 1) Participation
- 2) Health
- 3) Security

From this perspective, one can see the effort to improve the quality of life of the elderly.

In 2012, aging was chosen as the WHO World Health Day theme, as part of their efforts to increase the international momentum of efforts dealing with aging society.



Source : WHO (2012) Active Aging: Policy Framework
(http://whalibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf)



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I. Definition of Active Aging

■ Three pillars of Active Aging

1. Health

■ People can live longer and with higher quality of life when there are less risk factors for chronic disease and livelihood capacity reductions, with regards to both environmental and human activity domains, and more prevention measures. This means conditions under which elderly receiving expensive treatments and care services are few, and people can continue to maintain good health and can live their lives even as they get older. With regards to elderly people requiring care, broad-based access to health and social services that meet the needs and rights of both women and men as they age are available.

2. Participation

■ Participation: Participation refers to conditions that support the full participation of elderly people in socio-economic, cultural and productive life, based on labor market, employment, education, health and social policies and programs that are in accordance with basic needs, capacities and rights. Under these conditions, an elderly person can continue to make productive contribution to society in their life, regardless of whether they have a source of income or not.

3. Security

■ Security means that the implementation of policies and programs to respond to the needs and rights of elderly people with regard to their social, economic and psychological security as they age, in addition to the protection, respect and care of elderly people who are not able to live independent lives. Furthermore, the means that families or communities caring for elderly people are supported by these policies and programs.

Active Aging

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II. Active Aging in ASEAN and Japan

ASEAN

- ASEAN has established its own 'ASEAN Strategic Framework on Social Welfare and Development (2011-2015)', identifying priority issues from each country in order to build a people-centric ASEAN approach. This includes maintaining the improvement of awareness, rights and opportunities of the elderly.
- Specific activities planned include political dialog between parties involved in public pensions, health and aging, implementation of self-care programs for the elderly implementation of workshops to promote the elderly associations, capacity building for policy implementation with regards to aging society, construction of an internal ASEAN survey network and the development of care givers.

JAPAN

- Japan's proposal "Strengthening Countermeasures to Non-Communicable Disease for the Promotion of Active Aging", stressing the importance of carrying out measures to address non-communicable disease and aging society together, was adopted at the WHO General Assembly in May of that year.
- In addition to this, Japan has promoted policy making and technical support to contribute to the strengthening of health systems such as primary health care for the elderly, development of medical technology for the management of health conditions of the elderly and the early detection and early treatment of disease, and assistance for the development of human resources for health care.



III. Active Aging in EU

- In the EU, 2012 was designated as the European Year for Active Aging and Solidarity between Generations 2012, an effort to promote approaches to Active Aging at the level of the EU.
- The context for this action is the realization that the developed nations, currently sharing the same difficult economic and fiscal situation, will face difficulty in responding to the challenges of aging society through the economic and social models that have been used.
- Thus, the question of how to maintain pension, medical and other public services as the population of elderly people increases is common to all countries. The following three issues have been raised as the pillars of the EU's Active Aging efforts :

1. Employment

- As the age at which pension can be received has been raised in the EU, many people are unsure of whether after retirement age they will be able to continue employment until they receive their pension or whether they will be able to attain new employment. So there is a need for the labor market to provide employment opportunities for the elderly

2. Social participation

- It is important that recognition of the contribution of elderly people to society is heightened and a general environment conducive to the provision of assistance to the elderly is created.

3. Independent life

- Active Aging entails assistance to increase the independence of elderly people, so they can lead their self-reliant lives for as long as possible.



IV. Successful Aging and Aging in Place

Successful Aging

- The quality of life and relationships, together with good mental health are key variables that must be considered : Mercer's Institute for Successful Ageing in Ireland
- Important factors of Successful Aging consists of;
A Sense of Belonging
Research shows that population based social interventions can help prevent many illnesses in community dwelling older people.
Society and Media attitudes
Proof also exists that the promotion of positive attitudes toward ageing by society and the media enables positive personal values and empowerment resulting not only in the improvement of the lives of older people but society as a whole.

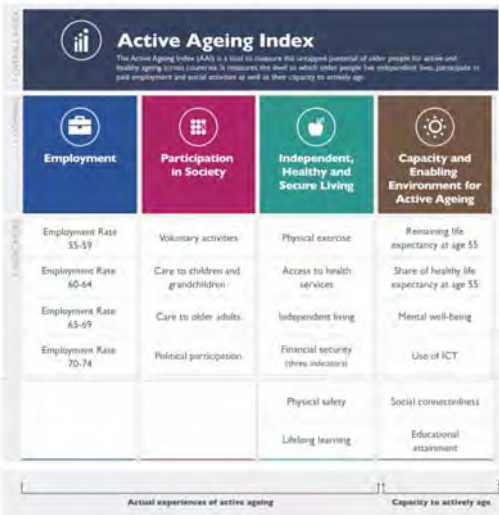
Independent Living

The facilitation of independent living through the provision of appropriate 'built' environments, technology and innovation demonstrate high levels of success in breaking down the barriers to Successful Ageing. A sense of autonomy can usually result in well being and positivity for older people.

Aging in Place

- Aging in place is a term used to describe a person living in the residence of their choice, for as long as they are able, as they age. This includes being able to have any services (or other support) they might need over time as their needs change.

Active Aging Index



Source: UNECE (<http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home>)



V. Aging Society in Asian Region

- The table shows the relationships between aging rate and income in Asian region.

	Rapid Aging 2025 aging rate ≥20% (60+) (2010→2025)	Moderate Aging 10% ≤2025 aging rate < 20% (60+) (2010→2025)	Young 2025 aging rate < 10% (60+) (2010→2025)
High Income Country GDP per Capita: >15,000\$	Japan (30.7%→35.8%) Singapore (14.1%→24.2%) Republic of Korea (15.6%→27.0%)	Brunei Darussalam (6.2%→15.6%)	
Middle Income Country GDP per Capita: >1,000\$	Thailand (12.9%→23.1%) China (12.4%→20.0%)	Malaysia (7.8%→12.5%) Indonesia (7.6%→12.0%) Vietnam (8.9%→15.5%)	Philippines (5.9%→8.7%) Lao PDR (5.6%→7.4%)
Low Income Country GDP per Capita: <1,000\$		Myanmar (7.7%→12.2%) Cambodia (7.2%→11.1%)	

Source : UN: World Population Prospects: The 2010 Revision Population Database
World Bank Search 2011 (Myanmar : National Accounts Estimates of Main Aggregates, 2010, United Nations Statistics Division)



V. Aging Society in Asian Region

Comparison of Aging-Related Indicators (ASEAN+3)

- Trend of Aging rate varies among Asian region, but aging rate in 2025 of Thailand, China, Brunei, and Vietnam exceeds 15% respectively.

	Aging rate 1990 (60+) (%) ¹⁾	Aging rate 2010 (60+) (%) ¹⁾	Prospect of aging rate 2025 (60+) (%) ¹⁾	Prospect of aging rate 2050 (60+) (%) ¹⁾	Total fertility rate ¹⁾	Life expectancy at birth ¹⁾		Labor-force participation ratio (60-64year-old) ²⁾		Per capita GDP (US\$) ³⁾	Income disparity (Richest 10% to poorest 10%) ⁴⁾
						Male	Female	Male	Female		
Japan	17.4	30.7	35.8	42.7	1.34	79.2	86.0	75.6	45.8	46,720	4.5
Republic of Korea	7.7	15.6	27.0	41.1	1.23	76.5	83.2	70.2	41.5	22,590	7.8
Singapore	8.4	14.1	24.2	35.5	1.26	78.7	83.7	67.5	35.4	51,709	17.7
Thailand	7.1	12.9	23.1	37.5	1.49	70.0	76.7	50.1(60-)	29.5(60-)	5,480	12.6
China	8.6	12.4	20.0	32.8	1.63	73.2	75.8	58.3	40.6	6,091	21.6
Brunei Darussalam	4.0	6.2	15.6	28.3	2.11	75.6	79.5	45.5	11.2	41,127	-
Vietnam	8.1	8.9	15.5	30.6	1.89	70.2	79.9	69.4	58.2	1,755	6.9
Malaysia	5.6	7.8	12.5	23.1	2.07	71.8	76.4	52.3	17.1	10,432	22.1
Myanmar	6.7	7.7	12.2	22.3	2.07	62.1	66.2	-	-	880	-
Indonesia	6.1	7.6	12.0	21.1	2.50	67.6	71.6	78.9	47.3	3,557	7.8
Cambodia	5.1	7.2	11.1	21.2	3.08	66.8	72.1	69.5	33.0	944	12.2
Philippines	4.7	5.9	8.7	13.7	3.27	64.5	71.3	79.0(55-64)	54.8(55-64)	2,587	15.5
Lao PDR	5.6	5.6	7.4	15.7	3.52	64.5	67.0	-	-	1,417	8.3

Data Source: 1) UN: World Population Prospects: The 2012 Revision Population Database

2) Statistical data of respective countries.

3) World Bank Search 2012 (Myanmar: National Accounts Estimates of Main Aggregates, 2010, United Nations Statistics Division)

4) Human Development Report 2007/2008: Published for the United Nations Development Programme (UNDP)

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V. Aging Society in Asian Region

Aging and Doubling Time

- Philippines and Malaysia still has time for so-called "Doubling time" but Vietnam and Indonesia has only 15-17 years to reach the year from 7% to 14% of aging rate.

Table: ASEAN indicators of aging and Doubling Time

	Population (million)	Aging rate (65+) 7% Aging society	Aging rate (65+) 14% Aged society	Doubling time Number of years required for the proportion of the aged population from 7% to 14%	Aging rate (65+) 21% Super Aged society
Philippines	94.85	2032	2062	30	2088
Malaysia	28.86	2020	2046	26	2073
Japan	127.82	1970	1995	25	2008
China	1,344.13	2000	2025	25	2037
Cambodia	14.31	2030	2053	23	2068
Thailand	69.52	2001	2024	23	2038
Myanmar	48.34	2021	2041	20	2060
Singapore	5.18	1999	2019	20	2027
Lao PDR	6.29	2034	2053	19	2065
Republic of Korea	49.78	1999	2017	18	2027
Brunei Darussalam	0.41	2023	2041	18	2063
Indonesia	242.33	2021	2038	17	2056
Vietnam	87.84	2018	2033	15	2047

Source: The Secretariat prepared based on World Bank, World Development Indicators database and United Nations' World Population Prospects, the 2010 revision.

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VI. Current Situation in the Elderly Care

Case of Malaysia, Thailand, Vietnam and Indonesia

	Malaysia	Thailand	Vietnam	Indonesia
Home-visit Care	<ul style="list-style-type: none"> ■ Families and communities mainly support for the elderly. Home-help service provides a wide range of services, including escort service for those with mild disabilities that require support for etc. ■ Home helpers are local volunteers. The service has been operated by the Ministry of Women, Family and Community Development or NGOs supported by the Ministry. 	<ul style="list-style-type: none"> ■ The National Plan is to promote in-home care for the elderly provided primarily by their families and local communities with support of approximately 80,000 paid volunteers nationwide. ■ The "Tambon nursing care program" where any tambon meeting 6 conditions specified by the MOH will be certified as a nursing care promoting municipality has been implemented. 	<ul style="list-style-type: none"> ■ In-home care is currently provided mainly by families and local communities, without public or private services. 	<ul style="list-style-type: none"> ■ BK3S is a local welfare associations consisting of local volunteers with gov't subsidies & private donations. ■ Community-based home help services for the elderly that have been provided by NGOs in some areas focus on home-visit basis. ■ Under the <i>Posyandu</i> program, various local mutual aid activities have been provided for the elderly.
Institutional Care	<ul style="list-style-type: none"> ■ There are Old folks homes registered under the Care Center Act and Nursing Homes registered under the Private Healthcare and Medical Facility Service Act. ■ While the number of nursing homes subject to stricter standards is less than 20, that of old folks homes organized and managed by NGOs and other private organizations is nearly 200. 	<ul style="list-style-type: none"> ■ There are 4 types of facilities; <ol style="list-style-type: none"> 1. public facility for the elderly, which has 12 facilities managed by the MSDHS for the low-income elderly without family. 2. private facility within long-stay hospital mainly for the high income elderly. 3. nursing home for the elderly who needs medical service. 4. hospice or temple. 	<ul style="list-style-type: none"> ■ There are two types of the elderly institutions, one is Nursing Room (under MOH) and the other is Social Protection Center (MOLISA). ■ Social Protection Centers accept poor people and the elderly without family. ■ Poor elderly aged 80 or over can use facilities free. ■ There are a few private facilities/hospitals having facilities for the elderly 	<ul style="list-style-type: none"> ■ Welfare facilities for the elderly (without family or with disabilities) managed by the MOSA, state gov'ts or private enterprises and provide shelters and different social ■ Under the community-based day service (<i>Pusaka</i>) program, free in-facility services have been provided. ■ There is a private project to construct facilities for the middle-class.

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VII. Current Situation of Health Promotion and Social Participation for the Elderly

Case of Malaysia, Thailand, Vietnam and Indonesia

	Malaysia	Thailand	Vietnam	Indonesia
Health Promotion and Social Participation	<ul style="list-style-type: none"> ■ Free health checkup has been provided to the elderly registered at a healthcare center. Home-visits have also been provided, but the scale is limited due to resource constraints. ■ Activity centers called <i>PAWE</i> are utilized by the elderly who are relatively more self-sufficient for recreation, learning, health checkup, etc. 22 centers located nationwide are organized and managed by NGOs with support of the MWFCF. ■ In some cases, healthcare centers are used for club activities. ■ Employment information database for the elderly has established and Economic Empowerment Program (EEP) for enhancing the financial ability of the elderly has been conducted in <i>PAWE</i> but with limited budgets. 	<ul style="list-style-type: none"> ■ "Old people's better life centers" plan is to be set up nationwide to promote their social inclusion (target: 878 centers) in addition to the existing 290 multipurpose centers. ■ The elderly have been encouraged to participate in old people's clubs to promote their social inclusion. Membership in some clubs is limited, especially in urban areas. ■ The MOH and the MSDHS have jointly managed the Elderly Fund to provide financial support to programs contributing to self-sufficient lives of the elderly. Brain Bank" to utilize elderly resources (more than 20,000 registrants) ■ All nationals aged 15 or over are provided health checkup. Mobile checkup services are also available in some areas. 	<ul style="list-style-type: none"> ■ The government is shifting on preventive measures, but currently still focusing on treatment. ■ The coverage of the Viet Nam Association of the Elderly (VAE) has exceeded 90%, especially high in rural areas and they implemented various programs for the elderly under 2002-2010 National Action Plan. ■ Few job training, researches, basic data collection survey on the elderly. 	<ul style="list-style-type: none"> ■ Under the <i>Posyandu</i> program, community-based local healthcare activities have also been performed regularly, with collaboration of <i>Puskesmas</i> (healthcare centers) and subsidies from the MOH. In facilities for the elderly, some disease prevention initiatives have been taken, but they are not systematic. Under the <i>Posyandu</i> program conducted by MOH, various local recreation and short trips activities have been provided for the elderly nationwide. ■ The government has promoted measures against NCDs mainly for the middle-aged (50 over) and elderly, particularly community-based prevention and health enhancement. In contrast, treatment services are not enough.



Photo: Private Elderly Facility in Thailand

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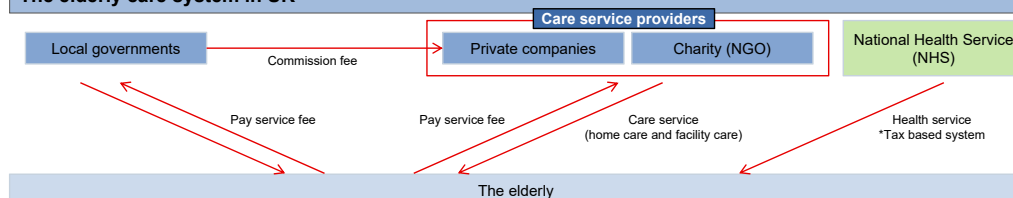


VIII. Active Aging in UK

■ Current situation on aging

- Relevant government agency on aging:
 - Health: National Health Service (NHS)
 - Social welfare: Department of Work and Pensions, local governments
- Aging rate (over 65 yrs): 17.3% (2013) → 21.4% (2030) → 24.8% (2060)

The elderly care system in UK



- The elderly needs to pass the means test of local governments when they get care service through local governments. In means test, deposits, securities, and real estates are included as income. The elderly with their asset more than £23,250 has to cover all the expenses of care services.
- Commission fee between local governments and private care providers are decided by themselves. Though commission fee is different in each local governments, fee tends to be set lower than private care providers want. The difference of commission fee and fee set by private care providers is paid by service users (the elderly or/and their families).
- The elderly can make a contract of care service directly with private care providers.
- Fee of care service is decided by care providers.

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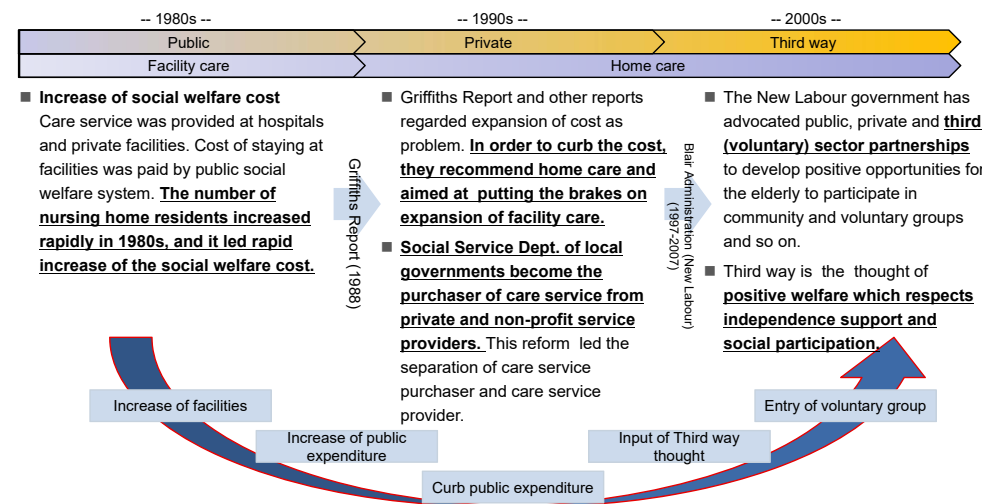
Src: Yoshinori Ito, "Igrisu no Koureiishakago Hyoutan Seido no Kaikaku [The Reform of Elderly Care Cost System in UK], Kaigai Shakaihosho Kenkyu [Research of Foreign Social Security], No.193, 2016; MHLW, 2015 Kaigai Josei Hokoku [2015 Report on International Circumstance], 2016.



VIII. Active Aging in UK

History of community care in UK

- Aging policy in UK has shifted from public care to private care to third way.



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Src: Yoshinori Ito, "Igrisu no Koureiishakago Hyoutan Seido no Kaikaku [The Reform of Elderly Care Cost System in UK], Kaigai Shakaihosho Kenkyu [Research of Foreign Social Security], No.193, 2016; "Christopher Deeming, "Active ageing" in practice: a case study in East London, UK," Policy & Politics, Vol.37, No.1, 2008.



VIII. Active Aging in UK

Relevant active aging policies and actions of the Department for Work and Pensions (DWP).

■ Improving recruitment and retention of an ageing workforce

- **Disability Confident campaign**
 - Changing attitudes to disability and long-term health conditions
 - Aims to help employers who are unsure about the benefits of employing disabled people, or who worry about the logistics, discover for themselves the talents and value that disabled people bring to business
- **Disability and Health Employment Strategy**
 - Published in December 2013
 - To support disabled people and people with health conditions in the labour market and how partnership working with employers and other stakeholders can make a difference.
- **Recognized, valued and supported: next steps for the care Carers Strategy**
 - Published in 2010
 - To set out the Government's priorities for care providers and identifies the actions being taken to ensure the best possible outcomes for care providers and those they support, including enabling those with caring responsibilities to fulfil their educational and employment potential.

Why does DWP think it is important that the elderly should stay in work?

Important for UK economy, for employers and for individuals to make sure UK can continue to afford pensions.

- retiring at 55 instead of 65 could reduce an average earner's pension pot by a third – they would also have to spread this over a much longer retirement
- UK Gross Domestic Product (GDP) could have been £18 billion higher in 2013 if the difference in employment levels between people in their 40s and those aged 50 to State Pension age was halved
- by 2022 there will be 700,000 fewer people aged 16 to 49, but 3.7 million more people aged 50 to State Pension age

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Src: Department for Work & Pensions, Fuller Working Lives: A Framework for Action, 2014



VIII. Active Aging in UK

Relevant active aging policies and actions of the Department for Work and Pensions (DWP).

■ Improving recruitment and retention of an ageing workforce (cont.)

- **Rapid Response Service**
 - The Rapid Response Service, managed by Job centre Plus, provides support to people affected by redundancy or other workforce management measures, for example voluntary release schemes.
 - Aims: The service aims to work with employers, and provides timely and targeted support for them and their employees to help people move rapidly into alternative employment.
 - Examples of support: matching people facing redundancy to known job vacancies; helping people to construct a CV; helping people to enhance their job search skills; helping people to identify their transferable skills and training needs; providing job-focussed training
- **Retirement age:** Removed in April 2011.

■ Improving local services for the elderly

- **LinkAge Plus**
 - Set up in 2006 as a two-year pilot programme developed by DWP.
 - This is a free outreach and centre-based service for anyone over the age of 50 living in the London borough of Tower Hamlets.
 - Examples of activities: Health activities; physical activities; day trips and outings; social and leisure activities; hobbies and learning; health and alternative therapies; health awareness talks.

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Src: LinkAge Plus, <http://linkageplus.co.uk/>.



VIII. Active Aging in UK

Problems related to active aging

■ The reason for the elderly to continue working

- Employment rates have been increasing for people over the age of 50 since the mid-1990s. **Many people work at older ages because they feel that they cannot afford to retire for financial reasons (low saving rate and small pension income etc.).**
- The highest proportion of the elderly of the EU average who leave labor market is that they become pension age. On the other hand, the elderly of UK retire because they cannot continue working by health problem or they are wealthy enough to do without working. This also implies **the elderly of UK have to stay in work if they don't have enough assets to live their old age.**

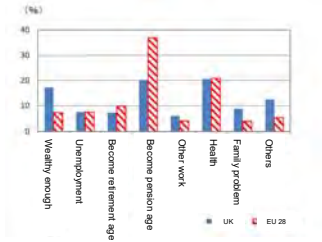
Src: Daiwa Soken, *Kounenreisha Koyou Grobaru repoto [Global Report on Employment of the Elderly]*, 2015, https://www.dsr.co.jp/research/report/overseas/world/20150717_009935.html; Pension Policy Institute, *Retirement income and assets: the implications for retirement income of Government policies to extend working lives*, 2012, <http://www.pensionspolicyinstitute.org.uk/event-reports/retirement-income-and-assets-the-implications-for-retirement-income-of-government-policies-to-extend-working-lives>.

■ Inclusion of those who are reluctant to join

- Some local government took the initiative to establish a district-wide 'Assembly for Older People'. This initiative was to bring together older people, professionals and service providers to develop care services.
- One of those local area is East London. In East London, **participation of the elderly from different ethnic background is especially low.** Including those who are reluctant to join (different ethnic group in the case of East London) is the problem necessary to be overcome.

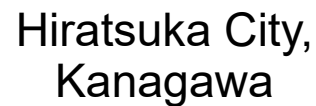
Src: Christopher Deeming, "Active ageing" in practice: a case study in East London, UK," *Policy & Politics*, Vol.37, No.1, 2008.

The reason for the elderly to stop working



Src: Daiwa Soken, *Kounenreisha Koyou Grobaru repoto [Global Report on employment of the elderly]*, 2015, p.54.

<http://www.city.hiratsuka.kanagawa.jp/chiiki/mura-index.htm>



fukushi@city.hiratsuka.kanagawa.jp



- ## Overview of Hiratsuka City

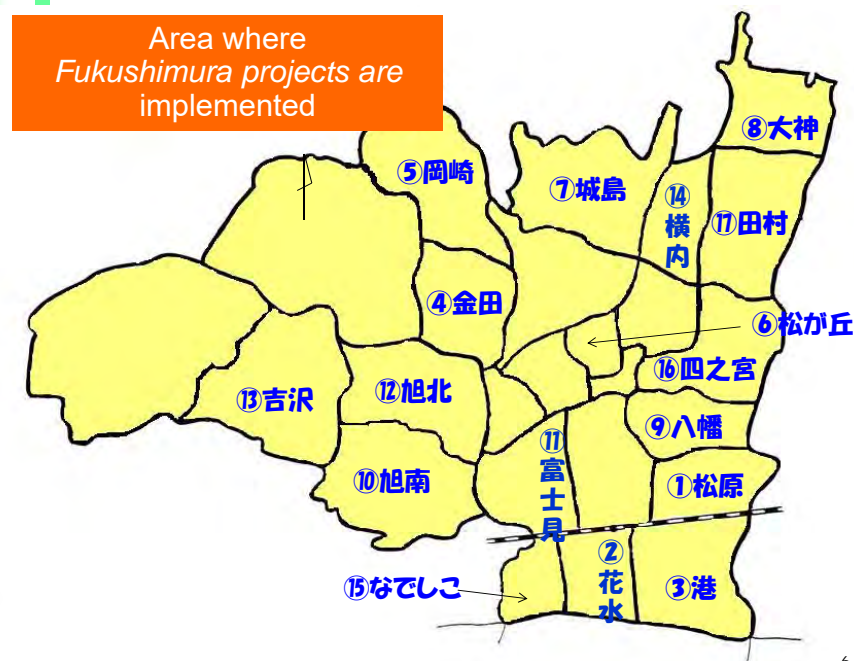
As of 1 April, 2015

■ Finance: General account (FY 2015)
80 billion JPY (△ 1.0%)
= 0.8billion USD



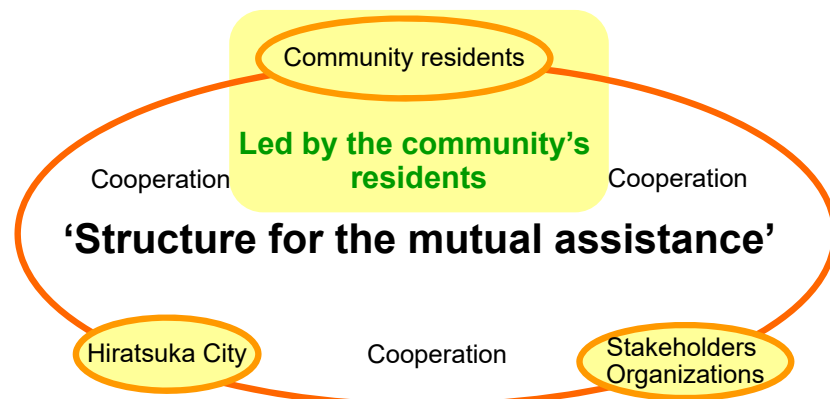


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6

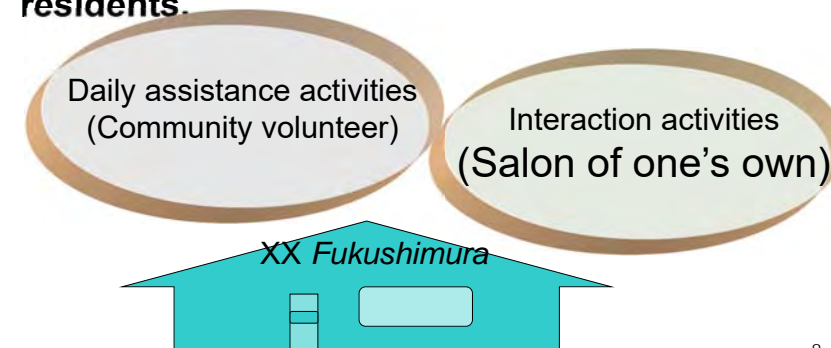
What is Fukushima?



7

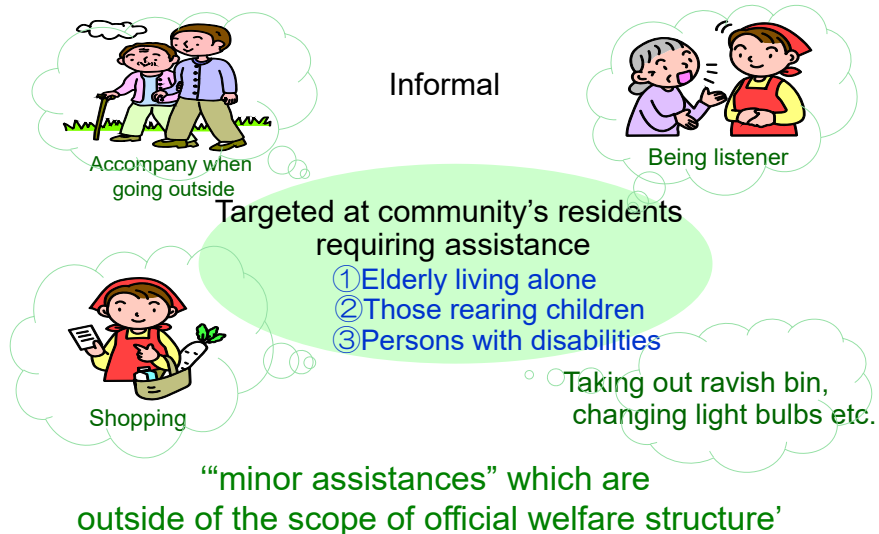
Fukushimura : 2 principles and base facilities

Contents and style of activities are determined in conformity with the situation of each community through discussions among the communities' residents.



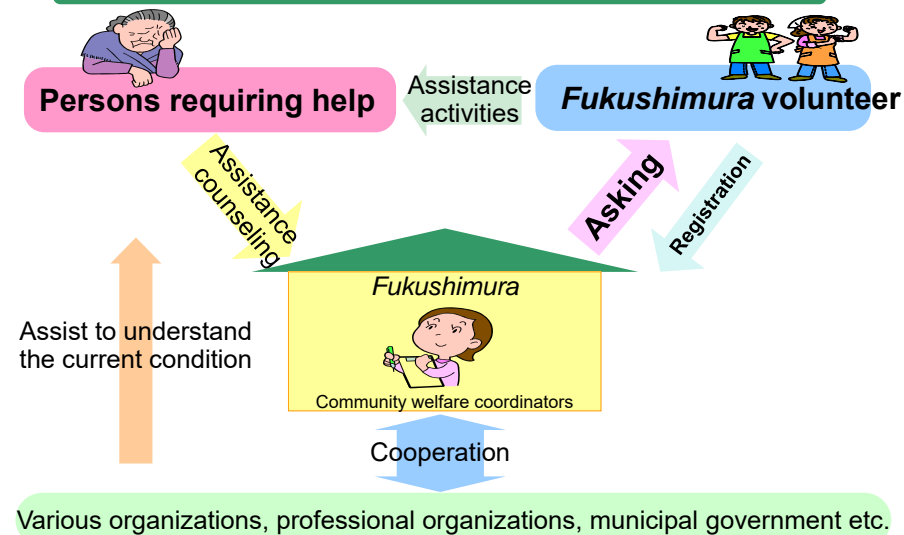
8

What are daily assistance activities?



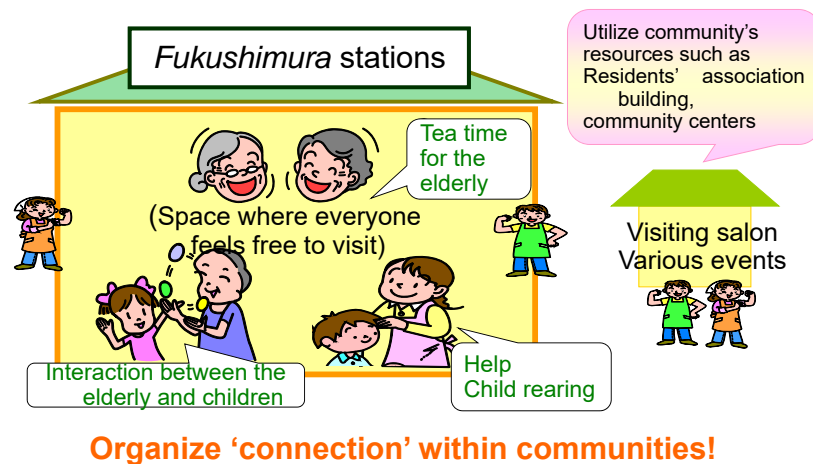
9

System for daily life assistance activities



10

What are interaction activities?



11

Matsubara Area: Activity space (Icho no kai)



12

Hanamizu Area: Hanamizu mini day (community center)



13

Kaneda Area 'Ichigo no kai': Visiting salon (Assembly hall)



14

From petition/demand to cooperation

Arts to prevent graffiti along the underground passage of Atsugi, Odawara

Draw pictures on the wall of the underground passage of Okazaki !



15

Draw pictures on the wall of the underground passage of Okazaki

Sat. 30 November 9:00-12:00

Sun. 1 December 9:00-12:00

When raining, the event will be cancelled or held on either day.

Please wear clothes which can get dirty.

Students of Osumi Junior High School will paint the Northern part of the tunnel this time.

This event is supported by the donation of paints from 'Hiratsuka wo Migaku Kai' and Kansai Paint.

Organizer : おかざき鈴の里 (Okazaki Suzu no Sato)
岡崎地区自治会連絡協議会 (Liaison Council of Okazaki Residents' Association)

Supporter : 平塚をみがく会 (Hiratsuka wo Migaku Kai)
Paints donation : 関西ペイント株式会社 (Kansai Paint Co., Ltd.)

Contact: "おかざき鈴の里" 0463-58-8789 へ (Okazaki Suzu no Sato)

16

Fukushimura Coordinators



What is community welfare coordinator?

Role of coordinators

- Counseling community's residents and ask assistances for volunteers. Connect residents to the municipal governments when necessary.
- Specific qualifications nor expertise is required
- Stationed in base centers (at least 1 person, constitute a team including a principle in general.)

17

17

Fukushimura Coordinators



1-3 layers of individuals supporting the system

When replacing with *Fukushimura*

- 1st layer = Municipal's officers
- 2nd layer = Principles, vice presidents, secretariat
- 3rd = Community welfare coordinators



Committees etc.

- Representative of villages
- External relations coordinators
- Organization directors

Community welfare coordinators

- stationed in *Fukushimura's* bases
- widow for counseling
- distribute cases

18

18

Fukushimura coordinators



On the Job Training (OJT)

- No qualification required
- Former local welfare commissioners, former presidents of residents' association, former public servants
- Trainings, experiences, and networks



Trainings

- lectures by officers in charge of the Welfare division
- site visits to facilities, activities of other cities
- interaction with other organizations

Experiences/networks

- improve skills through OJT
- can deal with cases
- be friendly to community residents
- establish friendly relationship among residents
- provide fun

19

19

Mission of Coordinators



Space where everyone can use

Ms. Yoden has severe impaired hearing and impaired vision so that she had less opportunities to go out



Ms. Sakiko Yoden

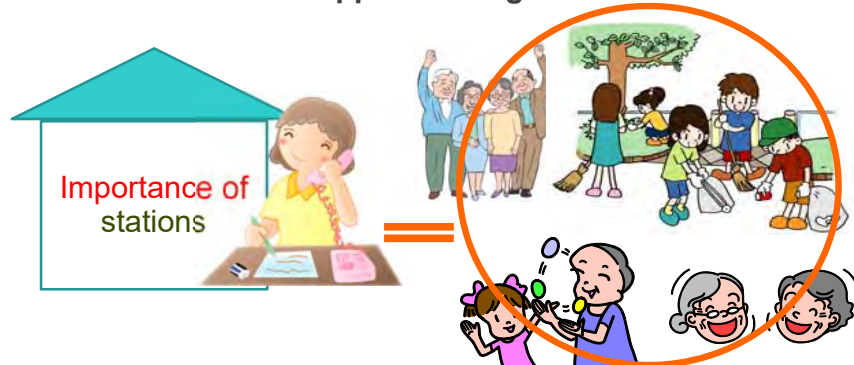
Q: What *Fukushimura* coordinators did?

A: To respect her idea, provide space for her to be active (become a teacher of knitting dolls)

20

Permanent Stations and Coordinators

Mutual support among residents



Investigation for resident's needs through daily conversation

↓
Coordination to provide service from the position where coordinators can check challenges/difficulties in the field

21

What Excellent about *Fukushimura*!

Conventional connection

Feel forced

Feel chained

Feel obliged

Connection within *Fukushimura*

Achievement

Free choice

Satisfaction

Community development led by the public authority

Community Development led by the residents

22

Thank you for your attention.



Welfare General Affairs
Section, Hiratsuka City

Implementing Organization of Care Prevention/Life Support

Research Department, Institute for Health Economics and Policy (IHEP)
Researcher Shinji Hattori

IHEP

Institute for Health Economics and Policy

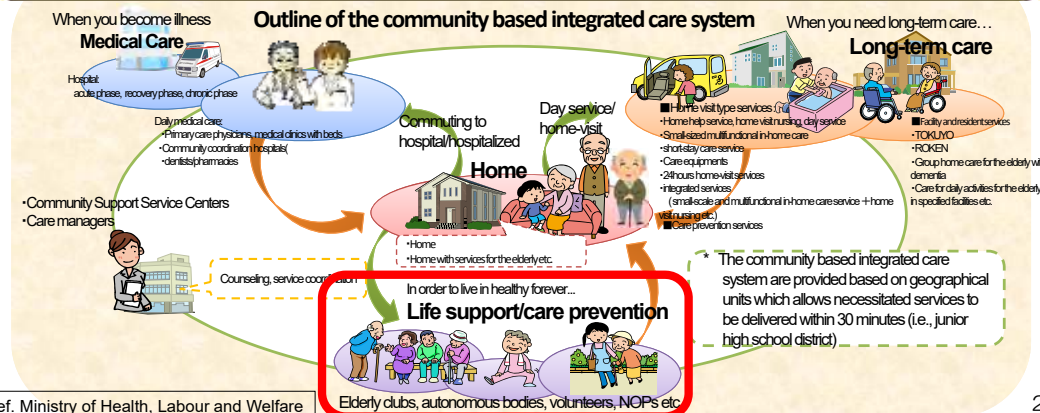
Establishment of Community Based Integrated Care System and Community Support Projects

IHEP

Institute for Health Economics and Policy

Establishment of Community Based Integrated Care System

- Establish a system where medical care, elderly care, prevention, housing, and life support are provided comprehensively (community based integrated care system) so that everyone can continue one's own life in an area where (s)he is used to live even if the person requires long-term care by around 2025 when baby-boomers become over 75 years old.
- Establishment of the community based integrated care system is important in order to support the increasing number of dementia elderly inside of a community.
- Large cities will have rapidly increasing number of elderly population aged over 75 with maintaining the total population, and small cities will have gradually increasing elderly population aged over 75 with facing the decreasing number of total population. The trend in aging differs across regions.
- The community based integrated care system needs to be established by the insurers (i.e. prefectures and municipalities) based on the initiative of the community so that it fits with the needs of each community.



Ref. Ministry of Health, Labour and Welfare

2

Structure of long-term care insurance services

Ref. Ministry of Health, Labour and Welfare



At home

Home visit services

•home help services •home visit nursing •Periodic/ongoing visits by a long-term care provider or nurse
e.g., Care service for about 1 hour by home helpers → JPY4,020/h (expense on the user: JPY402)

Day service services

•Day service •Day service rehabilitation etc.
e.g., Day service during daytime
→requiring long-term care level 3: JPY9,370 (expense on the user: JPY937)

Short stay style services

•Short stay care service etc.
e.g., Short stay for 1 day
→requiring long-term care level 3: JPY8,220 (expense on the user: JPY822)

Resident services

•Care for daily activities for the elderly in specified facilities •Home for dementia etc.
e.g., Live in a nursing home
→requiring long-term care level 3: JPY7,000/d (expense on the user: JPY700)

Facility services

•TOKUYO •ROKEN etc.
e.g., TOKUYO
→requiring long-term care level 3: JPY8,020/d (expense on the user: JPY802)



At care facilities

The expenses on the uses is just an example.
It differs depending on municipalities to live and service providers to use.

3

Overview of the home help services

Definition

'Home Help services' refer to services where home visit helpers (*) visit users'(persons requiring long-term care etc.)home and assist them with housekeeping such as taking bath, excretion, meals, cooking, laundry, and clearings.

* 'home visit helpers'

Care workers, those completed the practitioner's seminar, those completed the induction course for care workers, the basic course for care workers, the basic course for home visit helpers, or Grade 1 or 2 course for home visit helpers

Categorization of home help services

'home help services' can be categorized in the following 3 categories

1. Physical Care » Services which require direct contact with the users' body (e.g., assisting to take bath, excretion, have meals)
2. Life support » Support daily life provided alternatively to the person (e.g., cooking, laundry, and cleaning)
3. Assistance to commute to hospitals » Support to take/get off cars to commute to hospitals (include services related to taking/getting off cars such as moving to/away from cars)

4

Life support in the elderly care

Life support in the elderly care

Categories	Details of life support
(1) Life support	Take out gavages, exchange light bulbs, move heavy stuffs, organize mails, weeding, shopping in rainy days
(2) Life administration	Take care of keys before/after hospitalization, financial control
(3) Life counseling	Counseling on daily small problems
(4) Listeners	Listening to the elderly living along
(5) Act for administrations	Act in preparing administrative documents
(6) Coordination with related org.	Coordination with the public authority, financial institutions, care service providers, and medical institutions
(7) Support for transportation/moving	Support to commute to the hospital, help to go back to the bed when falling
(8) Dining together/distribute meals	Community's regular dining events, distribute meals
(9) Support before/during/after hospitalization	Act in the administration process for before/after hospitalization for the elderly living alone, laundry, taking care of daily needs during the hospitalization
(10) Safety confirmation, urgent reactions/urgent calls	Contact to relatives etc. in case of sudden illness and sudden changes in the patients' condition

Ref. Nobuhiro Inoue, 'Function of the Community Based Integration Care system and Role of Community Support Service Centers,' Studies of Community Welfare, No. 39, Nissei, 2011

IHEP

Institute for Health Economics and Policy

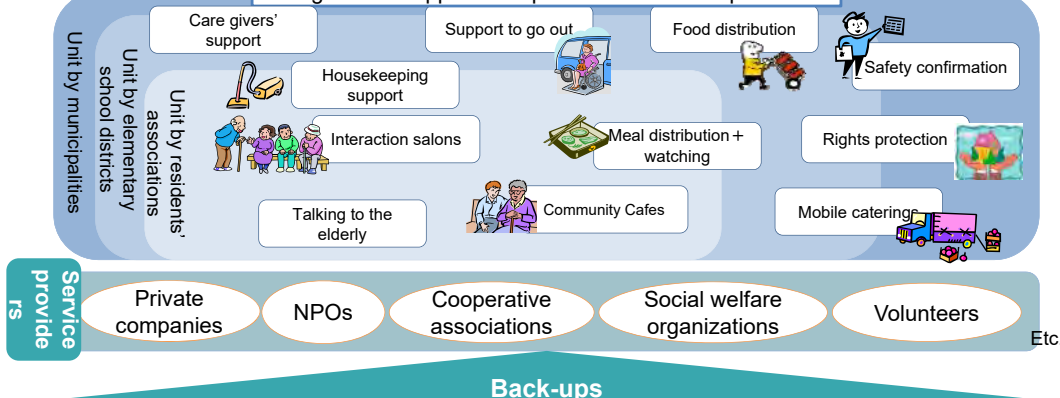
5

Multilayered life support/care prevention services provision by various organizations

•Support the establishment of multilayered life support/care prevention service provision system including volunteers, NPOs, private companies, social welfare organizations, and cooperative associations in order to assist the elderly to live in their own home.

- Develop community self support/mutual support good practices nationwide which incorporate care support volunteer points etc.
- Support to the allocation/set up of life support coordinators and committees.

Image of life support/care prevention services provision



Back-ups

Enrich and strengthen the support system with municipalities in its core (allocate coordinators, match the needs of the residents and service resources through set up committees, information collection etc.)

Establish a support system in cooperation with the private sector

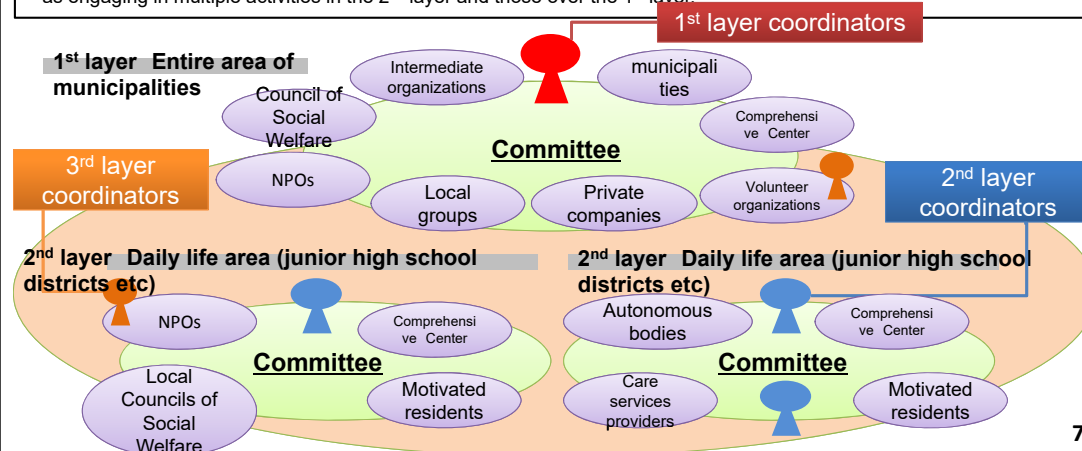
Ref. Ministry of Health, Labour and Welfare

6

Image of the allocation/structure of coordinators/committees

Ref. Ministry of Health, Labour and Welfare

- In order to nominate suitable individuals as coordinators, it is necessary to examine the suitability of the person in advance through mechanism such as selecting ones from committees, instead of nominating them based on the title and organization of the person.
- The committee does not necessarily have its all members. It can start with the least necessary members, and then gradually expand.
- From the perspective of spreading activities led by residents, it is desirable for the 2nd layer committees to have local groups including local Councils of Social Welfare, autonomous bodies, and regional conferences as well as motivated residents as their members.
- The 3rd layer coordinators will be positioned as main service providers. They are expected to play extensive roles such as engaging in multiple activities in the 2nd layer and those over the 1st layer.



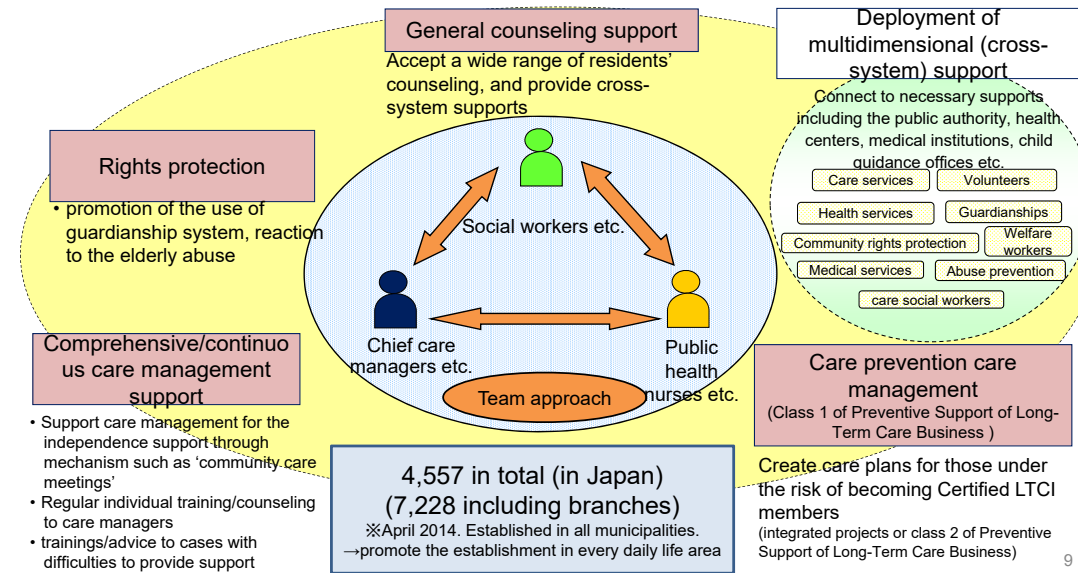
7

Community Support Service Center

Community Support Service Center

Ref. Ministry of Health, Labour and Welfare

The Community Support Service Center aims to comprehensively support residents by providing necessary supports for the maintenance of health and stability of life. It is mainly established by municipalities and has public health nurses, social workers, and chief care managers (Article 115-46, Long-Term Insurance Act)



Council of Social Welfare

Overview of the Council of Social Welfare

Ref. Ministry of Health, Labour and Welfare

【What is the Council of Social Welfare】

- A private organization which aims to build 'cities of welfare' with participation of and in cooperation with residents, volunteer organizations, community welfare volunteers/welfare volunteers for children, social welfare facilities
- Based on the Social Welfare Act, it is established at each level of municipal, prefectural, government-designated cities, and national (100% incorporated)
- The amendment of the Social Welfare Act in 2000 legally stipulated the Council as '**an organization that furthers Community Welfare**,' and positioned municipal Councils as a promoter of Community Welfare.
- Municipal Councils has different missions such as operate social welfare business (social welfare corporations etc.), those engage in activities related to social welfare (volunteer organizations etc.), and more than a half of operators of social welfare/rehabilitation business.



【Activities of Council of the Social Welfare】

Main activities

- (1) support to volunteer activities, promotion of volunteer activities
- (2) provide spaces for residents to interact such as *Furai*Salons and *Ikiiki* Salons
- (3) watching networks by activities such as visits to neighbors
- (4) create community welfare plans for the promotion of private welfare services
- (5) life-support by long-term care insurance such as the operation of home help services and day services(*)
- (6) life support services for the elderly including meal services and bathing services
- (7) life support services for the persons with disabilities such as group homes
- (8) life support for children including support to organizations for mother-child families, and organization of child clubs
- (9) loan for life welfare funding and various counseling

(*)The percentage of municipal Councils which engage in long-term care business is: home visit nursing care (71.9%), home-based nursing care (71.0%), day service nursing care(49.3&) (research by the Japan National Council of Social Welfare in 2012)

Activities of the Council of Social Welfare 1

Ref. Ministry of Health, Labour and Welfare

- Various activities for the community welfare is provided through the Council, but the contents differs depending on the needs of the community.

(Main activities)

- (1) support to volunteer activities, promotion of volunteer activities
- (2) provide spaces for residents to interact such as *Furai* Salons and *Ikiiki* Salons
- (3) watching networks by activities such as visits to neighbors
- (4) create community welfare plans for the promotion of private welfare services
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- (7) life support services for the persons with disabilities such as group homes
- (8) life support for children including support to organizations for mother-child families, and organization of child clubs
- (9) loan for life welfare funding and various counseling

- The percentage of municipal Councils which engage in long-term care business is: home visit nursing care (71.9%), home-based nursing care (71.0%), day service nursing care(49.3%)(based on the survey by the Japan National Council of Social Welfare in 2012)
- Under the Social Welfare Act stipulates prefectural Councils as an implementer of missions including 'services that help people to use welfare services (article 81),' set up of 'a committee on operational propriety (article 83),' and persons administering services aimed at social welfare (article 88).' In addition, prefectural Councils and National Council conduct business under the designation as 'prefectural manpower center (article 93)' and 'Central Welfare Manpower Center (article 99).'
- "Daily Life Independence Support Program" (formerly "Program for Community Welfare and Advocacy) has been implemented since 1999, and support the elderly with dementia and persons with disabilities through rights protection activities such as supports to use welfare services for persons with difficulties in making reasonable judgment and daily financial controls.

12

スライド 13

k1

法令内に使われている用語

<http://www.japaneselawtranslation.go.jp/law/detail/?id=2032&vm=04&re=01>
k-saikugawa, 2016/08/23

Activities of the Council of Social Welfare 2

Ref. Ministry of Health, Labour and Welfare

- "Loan for Livelihood Welfare" was established in 1955 has prefectural councils of social welfare as operators (the loan was distributed at municipal councils of social welfare), and is expected to play a role in safety net policies. During the Lehman Shock, it set up a new fund, 'Fund for Comprehensive Support.' (Total amount of loans in FY2015:16billion750million)
- The Japan National Council of Social Welfare declared the Policy for Strengthening the Activities of Social Welfare Council and Life Support in 2012, and made a declaration for the action consists of 5 factors in order to resolve severe problems in communities or prevent isolation. They include;
 - i. deal with various challenges in life
 - ii. strengthen the counseling and support system
 - iii. outreach thoroughly
 - iv. reestablish community's networks
 - v. partner with the public authorities.
- Accordingly, the councils are encouraged to be actively committed to the New Scheme for Support of Needy Person, and not a few social welfare councils are commissioned to conduct the scheme.
- In addition, cooperation with activities of community welfare volunteers and welfare volunteers for children is important in promoting Loan Program for Livelihood Welfare, counseling projects, and small-area community welfare activities.
- Also, it has achieved various support projects including recent establishment/operation of the disaster volunteer center and support for persons requiring special assistance in case of disaster by utilizing its nationwide network.
- Ministry of Health, Labour and Welfare supports activities of the national/prefectural/municipal councils of social welfare in implementing daily life independence support program, Loan Program for Livelihood Welfare, and progressive activities to promote community welfare through financial assistances.

13

Practical example of *Kosaka Town, Akita*
Prefecture



◆ Overview of Kosaka Town ◆



<Location>

Inland are of Akita Prefecture and neighbored to
Aomori Prefecture (Area: 201.7km²)
It has the lake Towada

<Population> 5,425 (as of 1 June 2016)

<Number of households> 2,475 (as of 1 June 2016)

<Aging rate> 42.3% (as of 1 June 2016)

<Number of birth in 2015> 17

<Kindergartens> 2 (1 public and 1 private)

<Schools> 1 high school (Prefectural)
1 elementary-junior high school (municipal)

<Welfare facilities etc.>

TOKUYO: 2

Specified elderly facilities:1

Life support house:1

Support facilities for persons with disabilities: 2 (GH: 7)

Day service nursing care operators:4

(one of them can accept persons with dementia))

Dementia elderly group homes: 1

<Hospitals>

Health centers: 1 (private)

Dentists: 2 (1 public and 1 private)

15

Background of the allocation of life support coordinators to the Council of Social Welfare

● Reason why the public authority chose 2 parties system with the Council of Social Welfare?

In Kosaka town, the Community Support Service Center is positioned as a main body and engages in various activities such as information collection on the elderly, development of various care prevention programs, and coordination with various stakeholders. In addition, in order to utilize the network which the municipal Council of Social Welfare has, it **established the 2-parties system 1st layer coordinators with one public health nurse and one official from the Council.**

- The Council has trained human resources for the care prevention and suicide prevention by the request from the town. Such activities include creation of spaces for such activities and follow-ups.
- Under the understanding that the community development from the perspective of welfare is the core mission of the Council, it nominated a life support coordinator from the Council in addition to a community health nurse as a result of preferable evaluation on the previous activities and under the expectation for the further enrichment of its activities.

Persisted to 'Kosaka Style'

16

Set up of the Life Support Service Committee

☆ Role of the committee

- Conduct discussion/coordination necessary to proposals for the establishment of the system
- Systematically support coordinators
- Share community's needs which each member understands, and lead to resolve community's problems



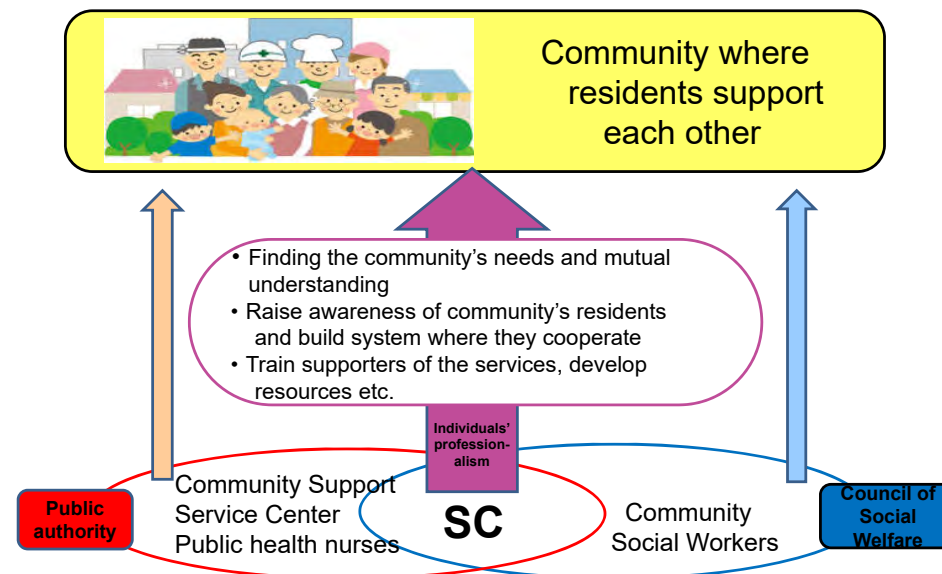
☆ Structure of the Committee in the beginning (name of organization and number)

- Municipal Council of Social Welfare (SC: 1)
- 1 Social Welfare Corporation in the town(for care prevention:1)
- Liaison Council of Residents' Association (local groups and watch activities: representatives of 5 districts)
- community welfare volunteers (to talk to and watch: 2)
- care prevention supporters (strengthen the community's cooperative system:1 representative)
- Activists in community welfare (in the field of create community spaces and housekeeping support: 2)
- Police offices/stations, fire house, post office (watch and find community's problems: 1 head per each organization)
- Community Support Service Centers (incl. SC 1, additional to secretariat: 4)
- Residents Group of Residents Section (in charge of long-term care insurance/community support program:3)

Established with 22 members in total

17

Cooperation between the Council of Social Welfare, public authority, and life support coordinators



18

Social Welfare Corporations System

Regulations and privilege for the Social Welfare Corporations

Ref. Ministry of Health, Labour and Welfare

- Social Welfare Corporations are subjected to strong regulations in their operation and receive privilege in taxation and subsidies for their nature as non-profit and public organizations.

1. Regulations of Social Welfare Corporations

- Assets provided for the implementation of the social welfare business belongs to the corporation and there is **no share of each contributor**.
- The **residual property** incase of the termination of the business belongs to operators of social welfare business stipulated in the article of the corporation. Otherwise, the property shall belong to the Treasury.
- Profits** will be utilized only to the implementation of **social welfare business or public-interests business**.
- Specific conditions on the possession of property (in principle, self-ownership of real estate), organization's operation (conditions on the family members and stakeholders).
- When the organization is against law, dispositions, article of the corporation or significantly fails to operate appropriately, it is subjected to the **Orders of Action and business suspension order by the supervisory Ministry**. If the organization receives subsidies, it will receive recommendations on the revise of inappropriate budget and the dismissal of executives.

2. Privilege of Social Welfare Corporations (examples)

- Subsidies** for the maintenance of facilities
- Privileged taxation such as the exemption from corporate tax, property tax, and donation tax system
- Retirement Allowance Mutual Aid System** for the employees of the social welfare facilities owned by social welfare corporations

What is the Social Welfare Corporation System?

Ref. Ministry of Health, Labour and Welfare

Programs implemented by social welfare corporations

Main objective: social welfare business. It can also engage in public-interests business and other business.

Social welfare business

Class one

- TOKUYO
- Children's nursing home
- Welfare facilities for the disabled
- Aid station etc.

Class two

- Kindergartens
- Home help service
- Day services
- Short stay etc.

Public-interests business

- Childrearing
- Taking bath, excretion, meal support
- Care prevention, fee-based nursing home, ROKEN
- Human resources trainings
- Coordination of the public authority and stakeholders

Other business

- Rent buildings/parking, operate shops in public facilities

Non-profits Organization

1. No share in the corporation's asset 2. No dividends of surplus ③No distribution of residual property

Characteristics of Social Welfare Corporations

- Assets provided for the implementation of the social welfare business belongs to the corporation and there is **no share of each contributor**.
- Profits will be utilized only to the implementation of social welfare business or public-interests business, and there is **no dividends of surplus**.
- The **residual property** belongs to social welfare organizations and other operators of social welfare business (and **ultimately, the Treasury**).
- Subjected to the Orders of Action, business suspension orders, recommendations of the dismissal of executives by the supervisory Ministry.

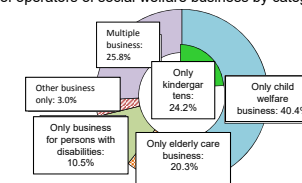
<Shift in the number of social welfare corporations>

	FY1991	FY2001	FY2014	Comparison between FY2013 and FY 1990	
				The number	%
Total	13,356	17,002	19,636 (*)	6,280	47
Social welfare Councils	3,074	3,403	1,901	△1,173	△38
Community Chest	47	47	47	0	0
Social Welfare Agencies	105	152	129	24	23
Corporations which run facilities	10,071	13,303	17,199	7,128	71
Others	59	97	360	301	510

*: Exec. Corporations regulated by Minister of Health, Labour and Welfare and Chief of Regional Bureau of Health and Welfare
(*) The number of corporations regulated by Minister of Health, Labour and Welfare and Chief of Regional Bureau of Health and Welfare is 42 and 389 respectively.

Sic: Statistics and Information Department of the Minister's Secretariat at the Ministry of Health, Labour and Welfare, Report on Social Welfare Administration and Services
③Welfare Promotion Division of Ministry of Health, Labour and Welfare (Valid response: 15,917 corporations/April 1, 2014)

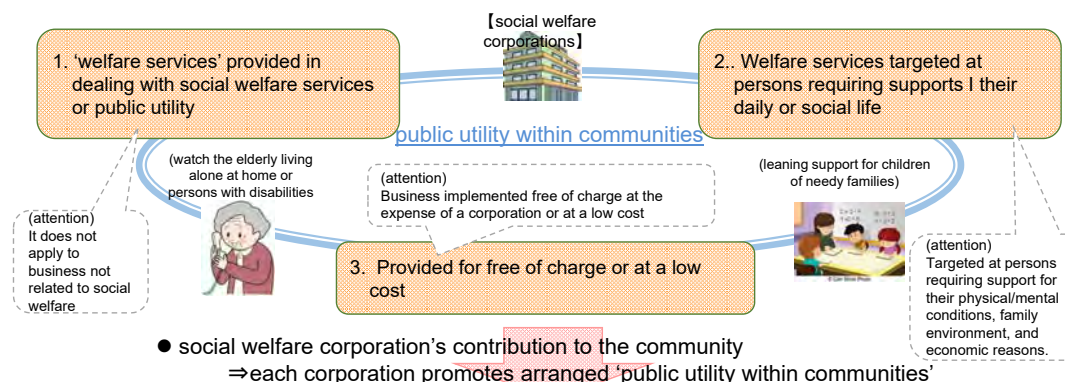
<No. of operators of social welfare business by category>



Public utility within a community

Ref. Ministry of Health, Labour and Welfare

- The amended Social Welfare Act of 2016 stipulated an article on the responsibility to implement the 'public utility within a community' in order to clarify the peculiar role of the social welfare corporations for their public and non-profits nature.
(Ref.) Social Welfare Act (Act No. 45 of 1951)
Article 24
(2) In implementing social services and public utility provided in paragraph (1) of article 26, a social welfare corporations must endeavor to actively deliver welfare services to persons requiring supports in their daily and social life free of charge or at a low cost.



- social welfare corporation's contribution to the community
⇒each corporation promotes arranged 'public utility within communities'

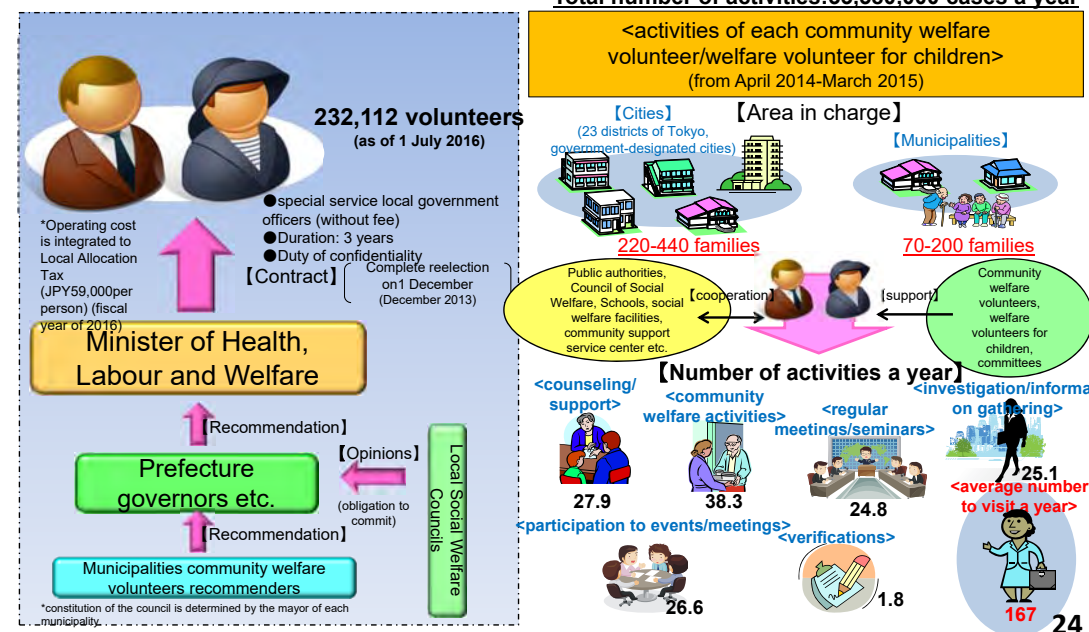
Sufficient services to cope with welfare needs of a community due to the low birthrate, aging trend, and declining population

Community welfare volunteers/welfare volunteers for children

Overview of the community welfare volunteers/welfare volunteers for children

Ref. Ministry of Health, Labour and Welfare

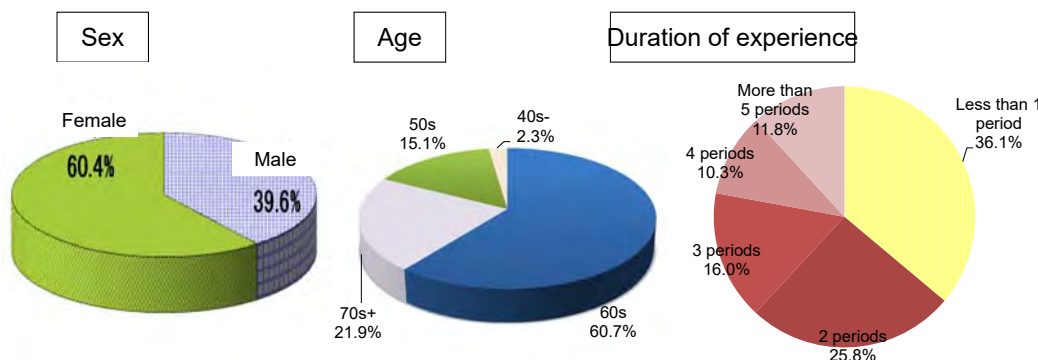
(Source: 2014 Report on Social Welfare Administration and Services or survey of National Federation of Social Worker and Commissioned Child Welfare Volunteer)



Basic data for the community welfare volunteers/welfare volunteers for children Sex, age, and duration of experiences

Ref. Ministry of Health, Labour and Welfare

- Male: 40%, female: 60% *the number of female exceeded that of male in 1995.
- 60s occupies 60% of total volunteers and 70s does so 20%. 80% of the total volunteers is aged over 60 years old.
- 60% of volunteers experiences 1-2 periods.



Created by Ministry of Health, Labour and Welfare, 2014 Report on Social Welfare Administration and Services and National Federation of Social Worker and Commissioned Child Welfare Volunteer, 2012 Survey Report on Activities of Association of Social Worker and Commissioned Child Welfare Volunteer (March 2013)

Shift in the activities of community welfare volunteers

Ref. Ministry of Health, Labour and Welfare

	FY2011 ³⁾	FY2012	FY2013	FY2014	FY2015	Comparison with the previous year	
						No.	%
No. counseling/supports	7,136,055	7,108,207	7,172,257	6,714,349	6,465,231	Δ 249,118	Δ 3.7
No. other activities ¹⁾	24,518,355	26,545,304	26,681,004	26,198,777	27,122,151	923,374	3.5
No. to pay visits ²⁾	34,010,385	37,029,706	38,053,404	37,173,214	38,648,913	1,475,699	4.0

1) 'other activities' refers to investigation/research, participation/cooperation with events/programs/meetings, community welfare activities, voluntary activities, and operation of Association of Social Worker and Commissioned Child Welfare Volunteer.

2) 'No. to pay visits' refers to visit or contact (including ones via telephone) to the persons with disabilities, elderly living alone/bedbound and children requiring protection in order to watch and talk to them.

3) The data for 4.2010-3.2011 excludes activities in Iwate Prefecture (except for Morioka City), parts of Miyagi Prefecture, and Fukushima Prefecture (excludes Kooriyama City and Iwaki City).

Source: 2014 Report on Social Welfare Administration and Services

Elderly Clubs

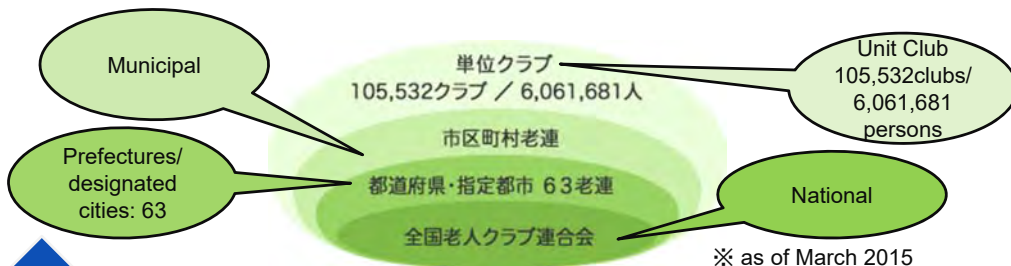
Elderly clubs

- ◆ What is the elderly club?
Volunteer organizations by the elderly based on communities
- ◆ Objective of the activity
Engage in exiting activities which enrich life through making friends, reasons to live, and health. It also aims at engaging in social activities in cooperation with organizations within a community by utilizing ones' expertise and experiences, and promote the building of bright aged society and health welfare.
- ◆ Membership
About over 60 years old
- ◆ Organization
Organized base on the small area which allows members to talk to each other daily and gather on foot. Size is about 30-100 members.
- ◆ Operation and finance
 - Voluntary and democratic operation based on the will of members
 - financed by the membership fee and subsidies

Legal status and public subsidies of the elderly club

- ◆ Article 13, Act on Social Welfare for the Elderly
 1. A local government shall endeavor to hold educational seminars and recreational events to facilitate the maintenance of elderly persons' physical and mental health, and any other program widely available for elderly persons' voluntary and active participation (hereinafter referred to as an "senior health programs").
 2. Local governments shall commit to the advancement of the programs aimed at promoting the welfare of the elderly, and shall endeavor to provide appropriate assistance to senior citizens' group or any person implementing those programs.

- ◆ National budget for the fiscal year of 2016: approx. JPY 2,631,000,000



Elderly club's activities

- ◆ Promote health/senior sports
daily health control, health promotion, studies on the prevention of illness and being bedbound, exercises for the elderly, walking, various senior sports, health activities such as prevention of accidents
- ◆ Fraternity activities
As one of the neighbors/friends, support the elderly living alone, physically weak elderly, elderly with disabilities, and their families
- ◆ Voluntary social activities
Cleaning and planting of streets and public facilities, collecting recyclable gavages, collecting donations for the Red Feather Campaign and disasters, donation of hand-made floor cloth and diapers, inspection of dangerous sports in a community, prevention of fire and disasters etc.
- ◆ Club activities
Chorus, cameras, ceramics, paintings, skiing, swimming, dancing, table tennis, haiku, go/Japanese chess, sawing etc. Recently, word processors, cooking, video, computers etc.
- ◆ Studying activities
About health, pension, long-term care insurance, medical care system, rules in taking medicines, history of the community, and environment issues.

Examples of activities at community elderly clubs

Source: Zenroren, Nov.2004

Ref. Ministry of Health, Labour and Welfare

'Yabukara Bo Exercise' has been organized regularly with the Elderly Club of *Shimoyagi, Yabu City, Hyogo Prefecture* as a main member since a few years ago. Casual chatting about inconvenience and problems after the exercise led to the creation of activities such as 'shopping transportation service' and 'Idobata café.'



■ Shopping transportation service

- Support the transportation of elderly going shopping
- 11 supporters. Group 5 users into one group, and provide the service twice a year.
- Contract automobile insurance under the consent of family
- Participate in traffic safety seminars by the police station once a year

■ Idobata café

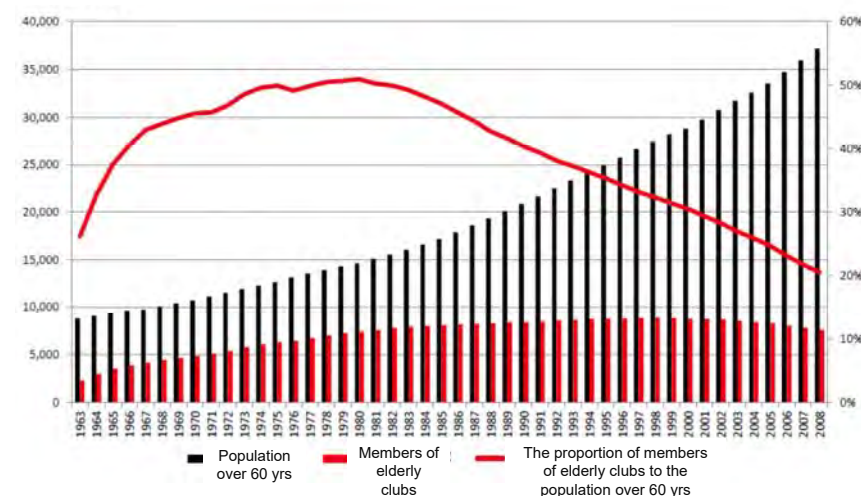
- Organized all the year as an activity for gathering
- Services which provide sense of four seasons such as hanami (cherry blossom party) in spring, tea service in autumn, charismas cakes for children
- Space to interact with community's residents



31

Shift in the number of members of elderly clubs and population over 60 years old

Unit: 1,000 people



Ref. Ministry of Health, Labour, and Welfare



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Paid volunteer (example of *Takeda City, Oita Prefecture*)

Ref. Takeda City, Oita Prefecture

Community development to support the elderly

Takeda City, Oita Prefecture

Population statistics of the resident's section (as of March 2015)

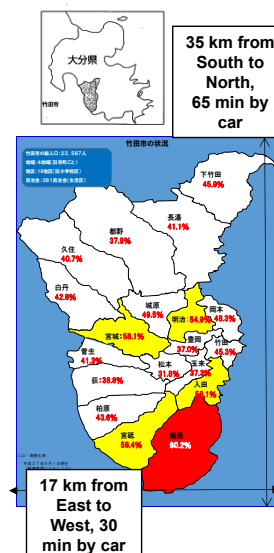
Population	23,570
Family	10,527
Aging rate over 65	10,067 43%
over75	6,189 26%
Birth rate (2013)	124

Business report (as of March 2015)

Avr. Long-term care insurand	JPY5,500	N/A
No. certification of LTCL	2,147	21.3%
No. Certification of LTCL (care)	754	35.1% of total certification
Newly certified	584	27.2% of total certification
Community Support Services Center: (outsourced Council of Social Welfare)		

Business report (as of March 2015)

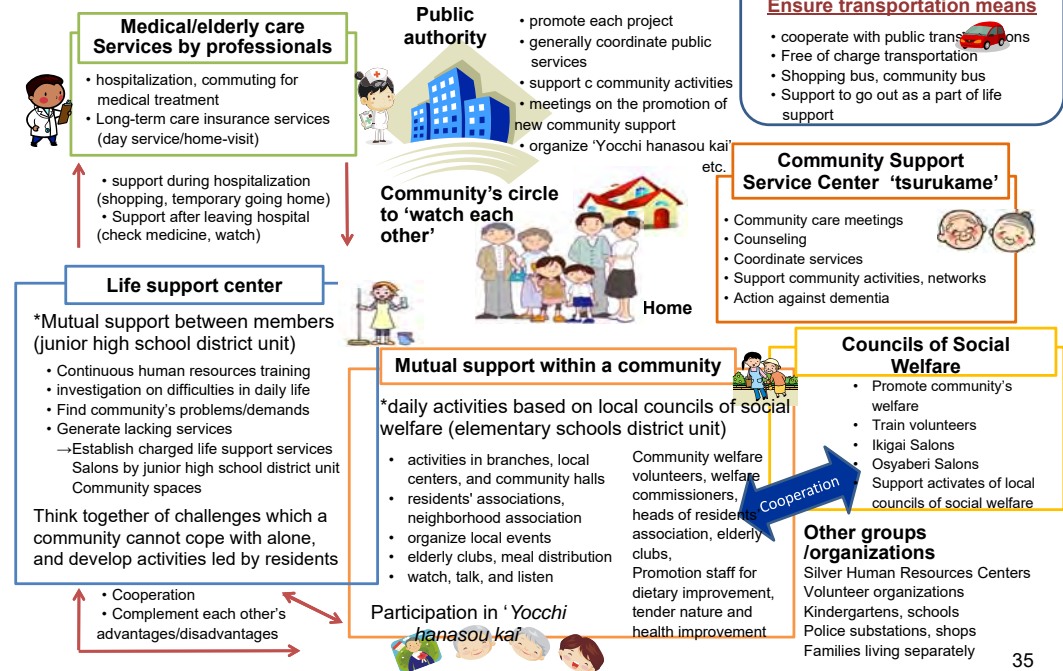
2012-13 MHLW Care Prevention Promotion Project (pilot)	
2014-15 integrated projects	
April 2015- New integrated projects, comprehensive support projects	



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33

It's our dream! Community development for mutual support



Assist the development of a community where 'residents mutually support' Life Support Center

The Life Support Center commits to activities to promote the development of community to continuously live by respecting the mind of mutually support of the residents. Having community residents attended the supporter education seminar as main members, it support residents with **small problems in their daily life** when possible which cannot be covered by the public services such as long-term care insurance.

Community spaces

'Ochanoma of the community' which everyone can feel free to drop by anytime

- Weekdays: 9:00-17:00 (except Sat. Sun. bank holidays)
- Free of charge. Feel free to come, inviting your neighbors.

Kura Sapo Plaza

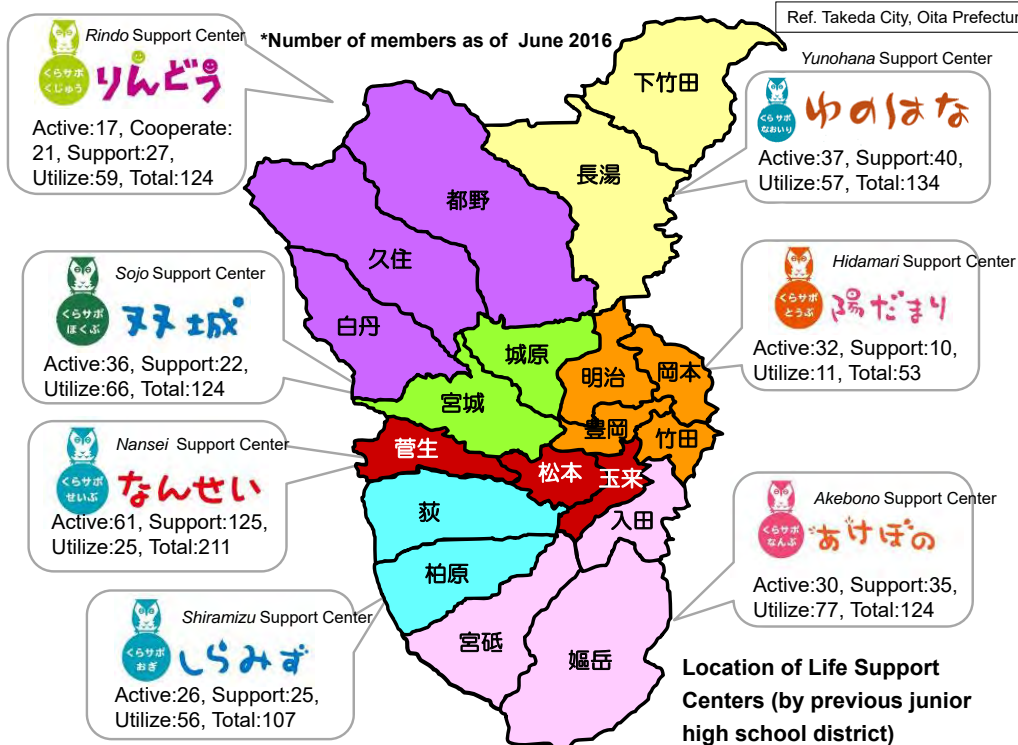
Classes for care prevention/health promotion, recreation, games, karaoke etc.

- weekly: 10:00-15:00
- JPY300 for participation, JPY300 for lunch
- Commuting service available
- *contact us for the detailed schedule

Assist 'Chotto komari' (charged life support services)

Help shopping, housekeeping, listener, watch, going out, categorizing/taking out gavages, organize clothes depending on seasons, mowing, light farm works etc.

- JPY800/h, JPY400/30 min (additional JPY100/30 min when requiring the use of machines such as mowing)
- Please register when using the plaza and life support services (annual membership fee: JPY1,000)



History and Role of the Social Welfare Council

5 September 2016

Specified Nonprofit Corporation
Community Life Support Center (CLC)
Masahiro Ikeda

1. Prehistory of the Social Welfare Council

- 1908 Establishment of the Central Charity Association (former Japan Social Work Association)
Flowingly, local associations were established.
They were private organizations with participants from both the public sector and private sector, but they were seen as substitutes for the public authorities.
- Since 1917 the district committee (kind of commissioned welfare volunteer, **former community welfare volunteers**) system was established from the prefectural level
- 1917 **Okayama Social Welfare Adviser System: a leader of poverty prevention**
- 1918 **Osaka District Committee System:**
Permanent social measurement organization
mainly constitute of private volunteers
- 1928 **Spread of the district committee system nationwide**
- 1932 **Establishment of the National Association of District Committee (former National Association of Community Welfare Volunteers)**
- 1936 **Imperial Ordinance on District Committee**
- 1946 Establishment of the Imperial Gift Foundation *Doho Engokai*, Association for Brethren Support
- Merger of the Imperial Gift Foundation *Sensai Engokai*, Association for War Victims which supported war victims and repatriates and the Imperial Gift Foundation *Gunjin Engokai*, Soldiers' Relief Association which supported bereaved family of soldiers dead/injured in the war.**

1-2. Establishment of the Social Welfare Council

By the request of the General Headquarters, the Supreme Commander for the Allied Powers (GHQ), the establishment of comprehensive welfare organizations from the national to municipal level

January 1951 Establishment of the Central Council of Social Welfare (former **National Council of Social Welfare**) by integrating 'Japan Social Work Association,' '*Doho Engokai*,' and 'National Association of Community Welfare Volunteers.'

1-3. In the beginning of Social Welfare Council

- 1950 Organizational fundamental principles of the Social Welfare Council
Stipulate the mission and role as a private organization
- 1951 Establishment of the Social Welfare Act
National and prefectural Social Welfare Council gained the legal basis
Municipal Social Welfare Councils were organized within a few years
- 1960 2nd Prefectural Study Conference of Organizational Instructors of Social Welfare Councils (*Yamagata* Conference)
Intend to the democratization led by the citizens
- 1962 Basic guidelines of the Social Welfare Council
Clearly stipulate the 'principle of residents' initiatives'
- 1983 Legislation of the municipal Social Welfare Council

1.-4. Background of Yamagata Conference: ‘Yamagata no Kurashi (Life in Yamagata)’

1961 *Kaachan Kuji Undo* (Mothers 9 p.m. movement)

- A town with the high child mortality rate and maternal mortality rate surveyed the weight of all farmers before and after the farming season.
- The survey found that the weight of pregnant women decreases significantly, and a town decided that pregnant women should go to bed and take rest at 9 p.m.
- This activity led to rural development movements and community center establishment movements.

1964 The Committee on the Migrant Domestic Workers

1971 The Movement for the birth and rearing of healthy children), The
Movement for Encouraging Children to Drink Milk

1972 The Assembly on the Protection of Children’s Rights

1974 The Movement for Eliminating the Elderly Dying Alone

1979 The Movement for Bridge of Love of All Volunteers in the Prefecture

2. Social Welfare Council in the present time (retrieved from a brochure of the Japan National Council of Social Welfare)

The Social Welfare Council has two dimensions;

1. ‘ independence as a private nonprofit organization’
2. ‘public nature as an organization supported by community residents and various stakeholders,’
which is legally stipulated as an ‘organization which intends to promote community’s welfare.’

The Social Welfare Council has several aspects;

- An organization which residents and various stakeholders participate in
- Residents membership system, based on participation, cooperation, and support by the residents
- Principal of residents-led
- Create plans for local welfare

2-2. Present activities of the Social Welfare Council

(retrieved from a brochure of the Japan National Council of Social Welfare)

(1) Promoting community development where residents mutually support

- ① Promotion and operational support for watching the elderly (small-sized community network activities)
- ②Promotion and operational support for the *Fureai Ikiiki* Salons
- ③Development and promotion of life support services led by residents
- ④Support for the formation and operation of community organizations which promote community welfare
- ⑤Support formation and operation of organizations which promote mutual support of those with difficulties

(2) Promotion of volunteer/residents activities

- ①Operate volunteer/residents activities centers
- ②Promote welfare education
- ③Promote platforms

(3) ‘comprehensively coping with’ problems in daily life and community

①**Organize integrated counseling**

②**Operate life welfare fund**

③**Provide programs on the independence support for the needy persons**

(4) Develop advocacy for support which support safe life within the community

① **Implementation of Integrated program for Care Prevention and Daily Life Support**

②**Support for the use of Adult Guardianship, education of citizen guardians**

(5) ‘Home-based welfare services’ to support to live one’s own life in the community

①**Home-based welfare services**

②**Establishment of ‘community welfare/life support focal points’ which are operated in cooperation between residents and professionals**

(6) Support for the ‘recovery of life from disasters’

①**Set up and operation of disaster volunteer centers**

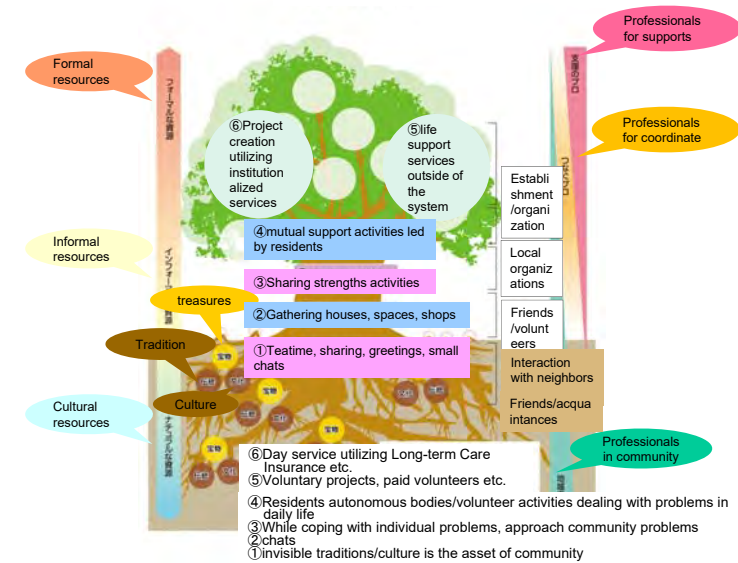
②**Various supports depending on needs**

③**Allocate life support counselors**

3. Challenges for the Social Welfare Council

- Enlarged gap across municipalities
- High expectations by the public authority with the increasing number of projects
⇒ Due to the lack of organizations, No organizations can substitute for the Social Welfare Council
- Prioritize program operation rather than achievement of philosophy and plans (evil of enlargement)
⇒ 'cooperative/activists agencies' < ('home-based welfare services) business model
⇒ 'social action' 'innovation' < 'compliance'
- Bias towards the completion within the Social Welfare Council
⇒ Failed to become a platform for the cooperation between residents and various stakeholders
- Decline in the support for municipal Social Welfare Council from that of prefectures
⇒ Decline in the opportunities to go to the fields, information collection and sharing under specific objectives
- Lack of organizations which cooperate with the Social Welfare Councils or compete with them

Tree of the welfare community

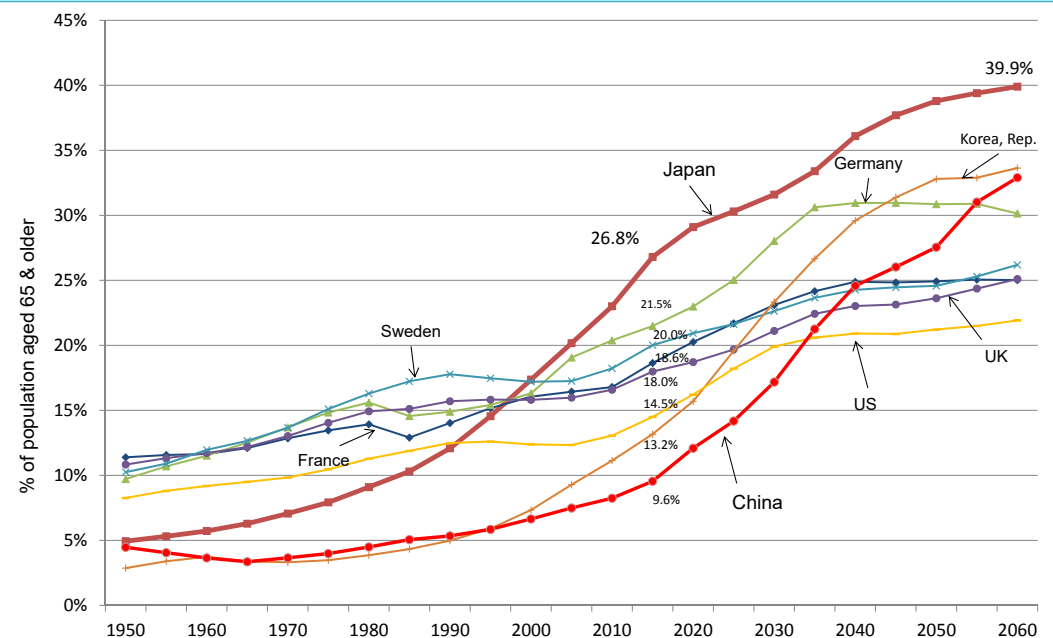


New Orange Plan and Roles of Supporters in Dementia Measures of Japan

Office for Dementia Policy,
Ministry of Health, Labour and Welfare
Japan



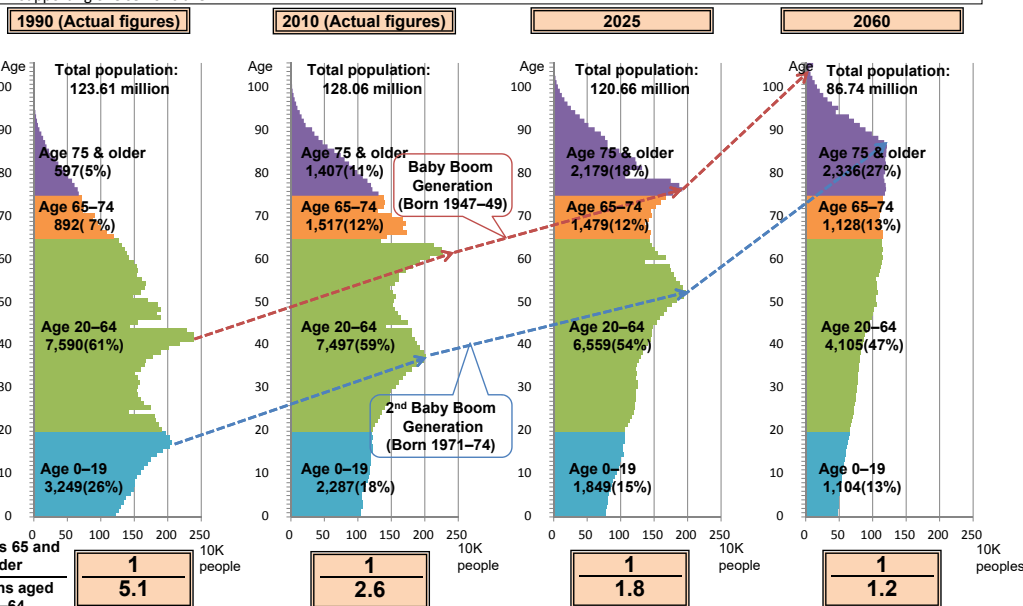
Changes in the Percentage of the Population Over Age 65



Sources: For Japan – Ministry of Internal Affairs and Communications, Population Census; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012 estimate): Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)
For other countries – United Nations, World Population Prospects 2010

Changes in Japan's Population Pyramid (1990–2060)

○ By examining changes in Japan's demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 person will be supporting one senior citizen.



Source: Ministry of Internal Affairs and Communications – Population Census, Population Estimate; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012): Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)

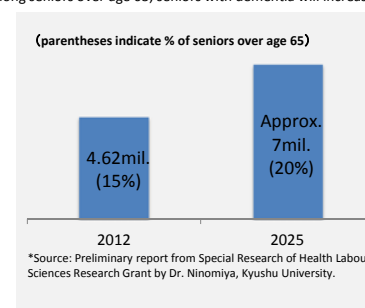
State of Affairs Regarding Long-Term Care Insurance in the Future

1. The no. of seniors over age 65 is predicted to reach 36.57 million by 2025 and reach a peak of 38.78 million in 2042. Additionally, the percentage of seniors over age 75 is expected to grow, surpassing 25% by 2055.

	2010	2015	2025	2055
No. of seniors 65 & older (ratio)	2948mil (230%)	3395mil (268%)	3657mil (303%)	3626mil (394%)
No. of seniors 75 & older (ratio)	14.19mil (11.1%)	16.46mil (130%)	21.79mil (18.1%)	24.01mil (26.1%)

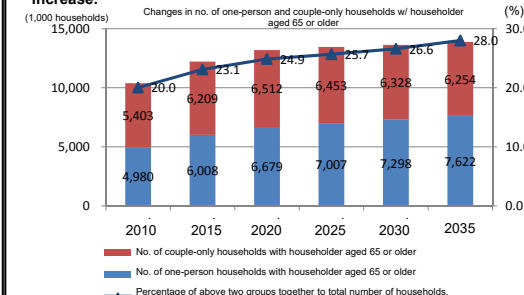
*Source: “Projection of the number of households for Japan (nationwide projection)” compiled in Jan. 2013, National Institute of Population and Social Security Research (1&3)

2. Among seniors over age 65, seniors with dementia will increase.



*Source: Preliminary report from Special Research of Health Labour Sciences Research Grant by Dr. Ninomiya, Kyushu University.

3. Individual/ couple-only households with householders over age 65 will increase.



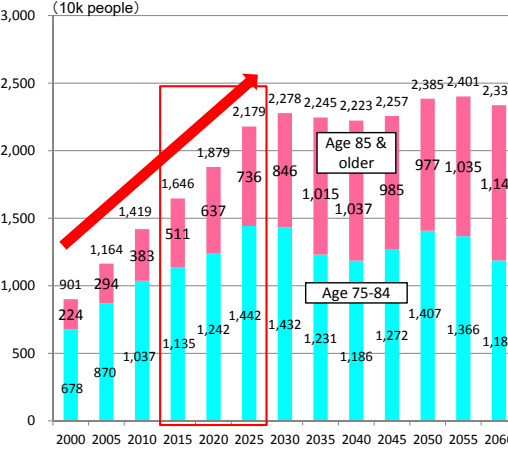
4. The no. of seniors over age 75 will rapidly grow in cities and gradually grow in rural areas with originally high senior population. Tailored response according to regions is necessary as aging circumstances differ according to region.

	Saitama Pref.	Chiba Pref.	Kanagawa Pref.	Aichi Pref.	Osaka Pref.	--	Tokyo	--	Kagoshima Pref.	Akita Pref.	Yamagata Pref.	Nationwide
2015 < > = Ratio	0.765 mil. people <10.6%>	0.717 mil. people <11.6%>	1.016 mil. people <11.1%>	0.817 mil. people <10.9%>	1.070 mil. people <12.1%>	--	1.473 mil. people <11.0%>	--	0.267 mil. people <16.2%>	0.188 mil. people <18.4%>	0.190 mil. people <17.0%>	16.458 mil. people <13.0%>
2025 < > = Ratio	1.177 mil. <16.8%>	1.082 mil. <18.1%>	1.485 mil. <16.5%>	1.166 mil. <15.9%>	1.528 mil. <18.2%>	--	1.977 mil. <15.0%>	--	0.295 mil. <19.4%>	0.205 mil. <23.0%>	0.207 mil. <20.6%>	21.786 mil. <18.1%>
() = Factor of Increase	(1.58x)	(1.51x)	(1.46x)	(1.43x)	(1.43x)	--	(1.34x)	--	(1.10x)	(1.09x)	(1.09x)	(1.32x)

*Source: “Regional Population Projection for Japan” compiled in Mar. 2013, National Institute of Population and Social Security Research

5. Changes in the Population Over Age 75
(Age group with high percentage of persons requiring care)

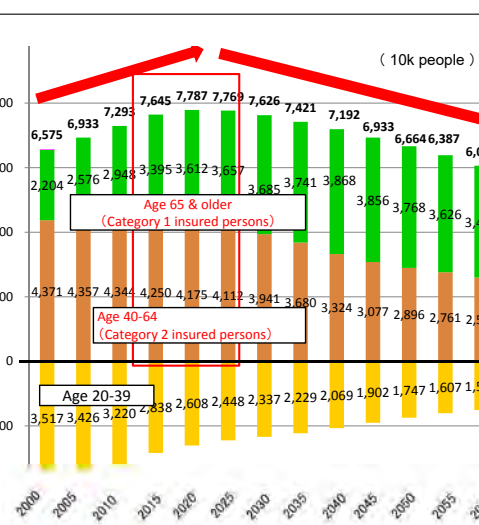
- Since the establishment of the long-term care insurance system in 2000, the population over age 75 has increased rapidly and such increase will continue for 2025.
- From around 2030, the rapid growth of the population over age 75 will level off but the population over age 85 will continue to increase for another 10 years.



Sources: Future population estimates were taken from the National Institute of Population and Social Security Research's "Population Projections for Japan (January 2012): Medium-Fertility (Medium-Mortality) Assumption". Actual past figures were taken from the Population Census by the Statistics Bureau of the Ministry of Internal Affairs and Communications (population with proportional corrections for those of unknown nationality/age)

6. Changes in the Population Over Age 40
(Age group paying for long-term care insurance system)

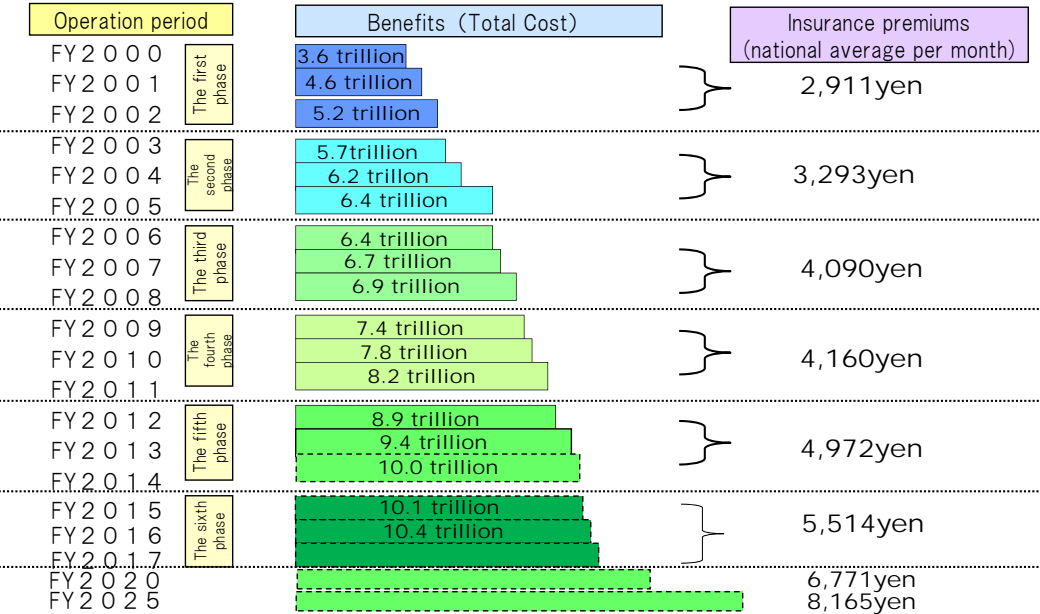
- The population over age 40, who pay for the long-term care insurance, has increased since the establishment of the long-term insurance system in 2000 but will start to decrease after 2021.



4

Trends and the Future Prospects of Long-Term Care Benefits and Premiums

- The municipal governments formulate Long-term Care Insurance Service Plan which designates 3 years as one term and is reviewed in every 3 years.
- As ageing proceeds, premiums estimated to rise to 6,771 yen in 2020 and 8,165 yen in 2025. In order to maintain sustainability of the Long-Term Care Insurance System, it would be necessary to establish the Community-based Integrated Care System, and to make services more focused and efficient.



5

Increase in number of persons who are eligible for LTC insurance and users

- While the number of insured persons aged 65 or older has increased by approximately 1.5 times over 15 years since 2000, when the Long-term Care Insurance System was established, that of care service users has increased by approximately 3 times over the same period. The surge in the number of in-home care users accounts for the threefold increase of the care service users.

① Increase in number of insured persons aged 65 and older

	End of April, 2000		End of April, 2015	
Number of first insured persons	21.65 million	⇒	33.08 million	1.53 times

② Increase in number of persons with care needs & support needs certification

	End of April, 2000		End of April, 2015	
Number of persons with care needs & support needs certification	2.18 million	⇒	6.08 million	2.79 times

③ Increase in number of service users

	End of April, 2000		End of April, 2015	
Number of users of in-home care	0.97 million	⇒	3.82 million	3.94 times
Number of users of facility care	0.52 million	⇒	0.90 million	1.73 times
Number of users of community-based care	—		39 million	
Total	1.49 million	⇒	5.11 million	3.43 times

(Source: Report on Long-Term Care Insurance Service)

6

Current state of Japan

in 2012

One-fourth of aged over 65

is either persons with dementia or MCI.

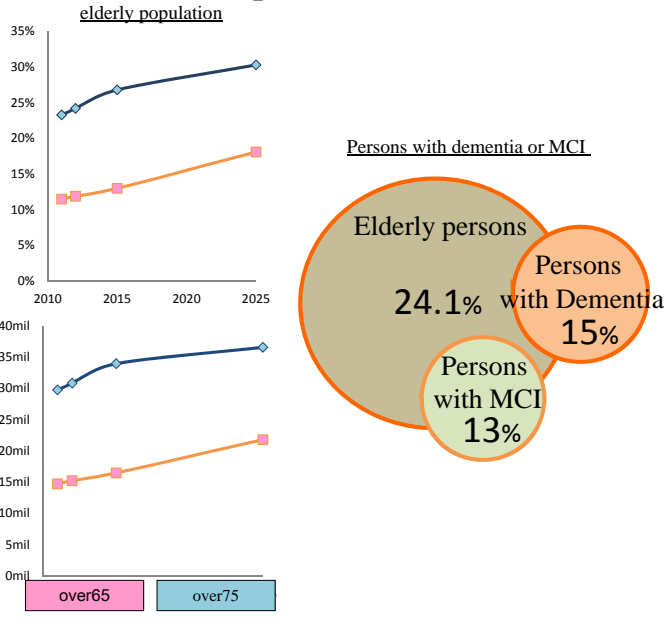
4.62 million (One in seven)

is persons with dementia.

4.00 million

is persons with MCI (Mild Cognitive Impairment).

Super Aging Society and Dementia Prevalence in Japan



7

Prevalence Projection

Prevalence in 2025

7,000,000

One in Seven in 2012

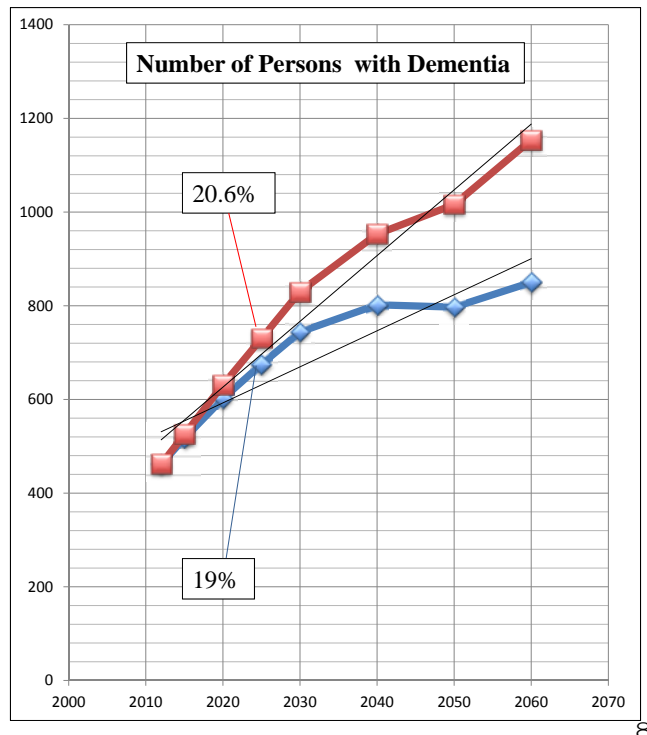
→

One in five in 2025

(of aged over 65)

19%: if the rate of each generation is stable.

20.6%: if the rate increases along with the increase of diabetes mellitus.



8

History

- 1987 Reports by “MHW Headquarters for the Promotion of Dementia Elderly Measures”
 - Promotion of “Wards for dementia elderly”
 - Establishment of “Day-Service Center for Dementia”
- 1994 Reports by “The Committee for Dementia Elderly Measures ”
 - Establishment of “Group Home for Dementia”
- 2000 Enactment of “Long-Term Care Insurance Act”
- 2004 Change of the Japanese terminology for “Dementia”
- 2005 Launch of “ten-year conception of raising awareness and community development for dementia”
 - Launch of “Training of Dementia Support Doctors”
 - Launch of “Dementia Supporters Training Program”
- 2008 Reports by “Emergency Project for Improvement of Medical Care and Quality of Life for Persons with Dementia”
 - Prevalence survey of dementia
 - Promotion of Medical Center for Dementia
- 2012 Reports of “Direction of Future Dementia Measures ”
 - Development of Dementia Care Pathway
- “Five-Year Plan for promotion of Dementia Measures (Orange Plan)”
 - Development of “Initial Phase Intensive Support Team”
- 2015 “Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan)”

9

The Elderly LTC Study Group Report

“Long-Term Care for the Elderly in 2015”

(2003)

- Not only the physical care, but the Dementia Care must be regarded as the standard element of the elderly care as well, as majority of the LTCI users are diagnosed as dementia.
- “Preservation of Dignity” should be the foundational principle of Dementia Care.
- Services must be prepared within daily activity range.
- Methodology of Dementia Care must be developed.
- Community should be rearranged to support the persons with dementia and their families.

10

Global Dementia Legacy Event Japan



Opening Presentation of Shinzo Abe, Prime Minister , November 6th at Global Dementia Legacy Event Japan

“Now, I am asking the Minister of Health, Labour and Welfare to formulate a new action plan for dementia”

“The new plan will involve collaboration across government to implement the strategy in a holistic way to support the lives of people with dementia.”

11



Closing Addresses of
Yasuhisa Shiozaki, Minister of
Health, Labour and Welfare,
November 6th at Global
Dementia Legacy Event Japan

<Three fundamental aspects of the new plan>

- ① integrated community care
system & early diagnosis and
intervention
- ② comprehensive plan to foster
dementia-friendly
communities
- ③ Prioritize the standpoint of
persons with dementia and
their families

12

Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan)

~To Realize Age and Dementia-Friendly Community~

- One-fourth of aged 65 and over is either persons with dementia or those in its preliminary stages. In 2012, one in seven, 4.62 million, is persons with dementia. It is supposed to be one in five, around 7 million in 2025.
- We should look to provide support so that persons with dementia can live well with dementia, recognizing that they are not merely persons to be provided with care.

Basic Concept

Realization of a society where persons with dementia can **live with dignity in a pleasant and familiar environment as how they hope to be** as long as possible.

- Formulated by MHLW in collaboration with Cabinet Secretariat, Cabinet Office, NPA, FSA, CAA, MIC, MOJ, MEXT, MAFF, METI, and MLIT
- Targets at 2025 when the baby boomers turn 75 years and older
- Prioritizing the standpoint of persons with dementia and their families

IHLW: Ministry of Health, Labour and Welfare, Consumer Affairs Agency;; NPA: National Police Agency;; FSA: Financial Services Agency;; IC: Ministry of Internal Affairs and Communications;; MEXT: Ministry of Education, Culture, Sports, Science and Technology;; MAFF: Ministry Agriculture, Forestry, and Fisheries;; METI: Ministry of Economy, Trade and Industry;; MLIT: Ministry of Land Infrastructure and Transport)

13

Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan)

~To Realize Age and Dementia-Friendly Community~

Seven Pillars

- ① Raising **awareness** and promoting **understanding** of dementia
- ② Providing **health care and long-term care services** in a timely and appropriate manner as the stages of dementia progress
- ③ Strengthening the measures for **early onset dementia**
- ④ Supporting **those looking after people with dementia**
- ⑤ Creating **age and dementia-friendly community**
- ⑥ Promoting **research and development** and disseminating the results, of prevention, diagnosis, cure, rehabilitation model, and care model for dementia
- ⑦ Prioritizing **the standpoint of persons with dementia and their families**

14

Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan) ~To Realize Age and Dementia-Friendly Community~

Basic Concept

Realization of a society where persons with dementia can live with dignity in a pleasant and familiar environment as how they hope to be as long as possible.

- Formulated by MHLW in collaboration with Cabinet Secretariat, Cabinet Office, NPA, FSA, CAA, MIC, MOJ, MEXT, MAFF, METI, and MLIT
- Targets at 2025 when the baby boomers turn 75 years and older
- Prioritizing the standpoint of persons with dementia and their families

Seven Pillars of New Orange Plan

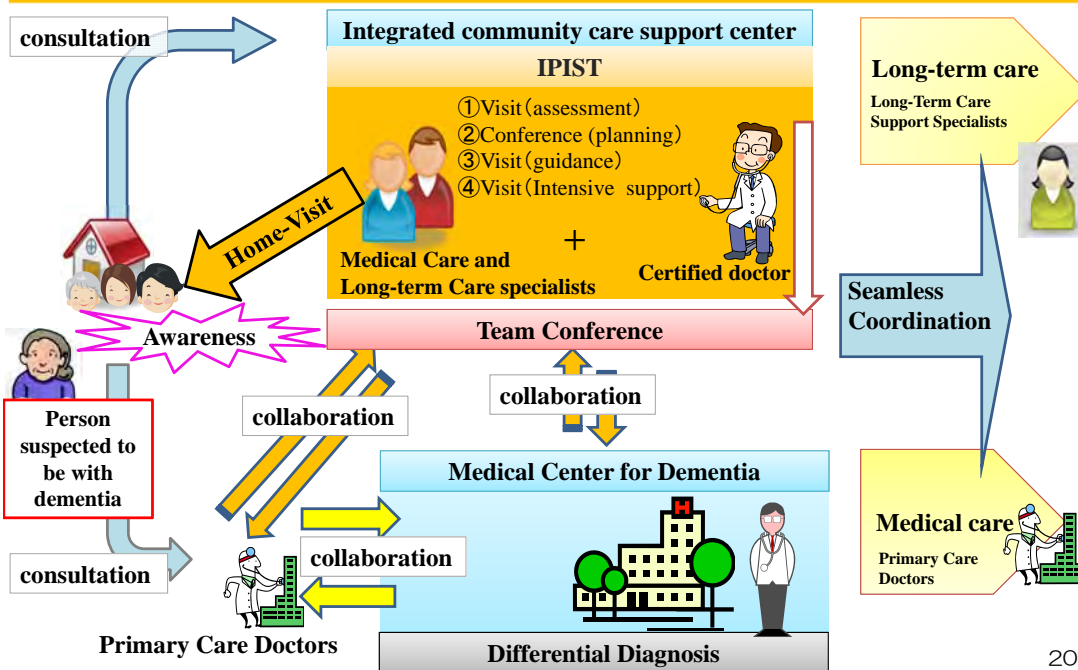
1 RAISING AWARENESS Raising awareness and promoting understanding of dementia	2 INTEGRATED SERVICES Providing health care and long-term care services in a timely and appropriate manner as the stages of dementia progress	3 EARLY ONSET DEMENTIA Strengthening the measures for early onset dementia
4 CARER SUPPORT Supporting those looking after people with dementia	5 COMMUNITY Creating age and dementia-friendly community	6 RESEARCH & DEVELOPMENT Promoting research and development and disseminating the results of prevention, diagnosis, cure, rehabilitation model, and care model for dementia

VIEWPOINT OF PERSONS WITH DEMENTIA

- ⑦ Prioritizing the standpoint of persons with dementia and their families

15

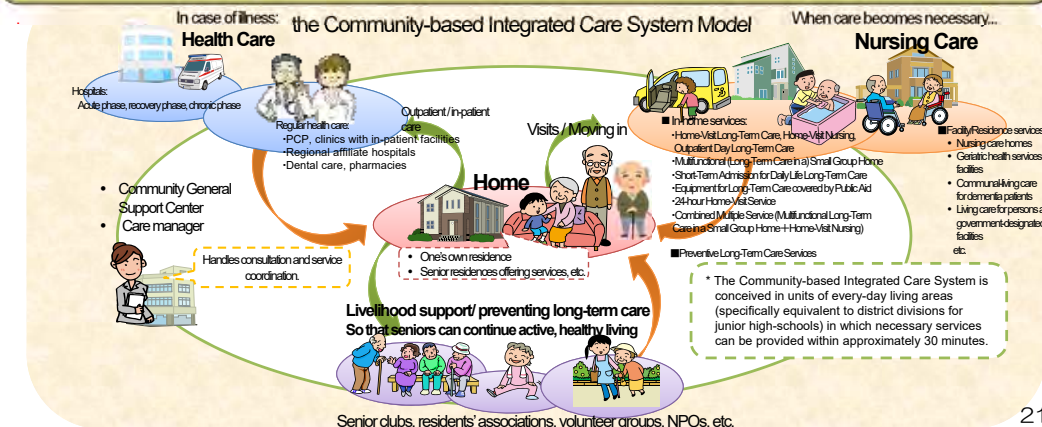
Initial-Phase Intensive Support Team (IPIST)



20

Establishing 'the Community-based Integrated Care System'

- By 2025 when the baby boomers will become age 75 and above, a structure called 'the Community-based Integrated Care System' will be created that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the remainder of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care.
- As the number of elderly people with dementia is expected to rise, creation of the Community-based Integrated Care System is important to support community life of the elderly with dementia.
- The progression status differ region to region; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.
- It is necessary for the municipalities and prefectures that serve as insurers to create the Community-based Integrated Care System based on the regional autonomy and independence.



21

Dementia Measures in Japan

Strong Political Leadership



"Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan)"

Raising awareness

Dementia Supporters Program

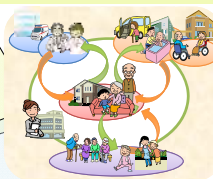
- ✓ Voluntarily
- ✓ with proper knowledge and understanding
- ✓ in communities and work places



"5.8 million participants (2014) ⇒ 8 million participants (FY 2017)"

Age and Dementia Friendly Community

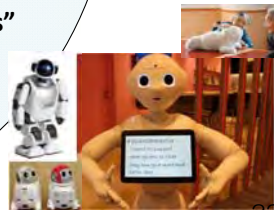
"Community-based Integrated Care System"



Dementia Care and Risk Reduction

"Next-gen Dementia Cohort"

"Robotics"



"Universal Health Coverage"
"Long-Term Care Insurance"

Public Health System

22

< Training Material for the Malaysian Government officials >

Silver Human Resources Center in Japan

**National Silver Human Resources Center,
Public Interest Incorporated Associations
General Manager Takashi Fukushima**

Introduction

It is our great privilege to introduce the Silver Human Resources Center to the Malaysian Government officials as a part of the 1st training session in Japan of the 'Project on Successful Aging: Community Based Programmes and Social Support System in Malaysia.'

Japan has experienced incomparably rapid aging, and a survey conducted in October 2015 showed that in Japan the proportion of population aged over 65 years old reached 26.7 %. In time when such aging trend is expected to accelerate, it is our mission to provide space for the active elderly to play one's role, and to contribute to the objective of the Japanese Government in realizing an ageless society

1 Employment measures for the elderly in Japan

- (1) **Promote stable employment opportunities for the elderly by raising the retirement age and introducing the Continuous Employment System**
- (2) **Promote the reemployment of the elderly**
- (3) **Promote programs of the Silver Human Resources Center**

**2 The legal basis of the Silver Human Resources Center
(Act on Stabilization of Employment of Elderly Persons)**

3 History of the Silver Human Resources Center

- (1) **Established the Organization for the Elderly in 1976 in Edogawa-ku, Tokyo**
- (2) **Started the subsidy by the government for the Silver Human Resources Center in 1980**
- (3) **Established the Silver Human Resources System legally reflecting the partial amendment of the Act on Stabilization of Employment of Elderly Persons in 1986**
 - Clarify the role of the Silver Human Resources Center in society, and promote its activities
 - Temporary employment (Contract/Dispatch)
 - Provide free information service on employment opportunities
- (4) **Designated the Silver Human Resources Center Federation in 1996**
 - Organize by the prefectural unit
 - Introduce the Silver Human Resources Center to all municipality
 - Provide recruitment service to the elderly reside in municipalities lacking the Silver Human Resources Center
- (5) **About the employment of the Silver Human Resources Center in 2000**
 - Add 'light employment' *light employment means work requiring special knowledge and skill.
- (6) **Introduced the General Worker Dispatching Program as a part of the Silver Human Resources Center's mission in 2004**
- (7) **Transformed the free recruitment service into the service for a charge in 2012**
- (8) **Expanded working time of the workers under the Silver Human Resources Center's program to 40 hours/week. Workers for application of the rule are limited to worker dispatching and work services under the authorization by the prefectural governors.**

4 Situation of the Silver Human Resources Centers (March 2016)

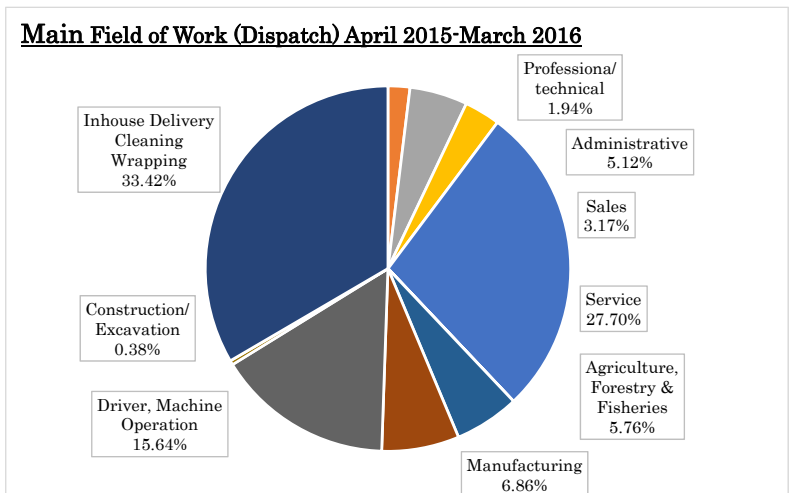
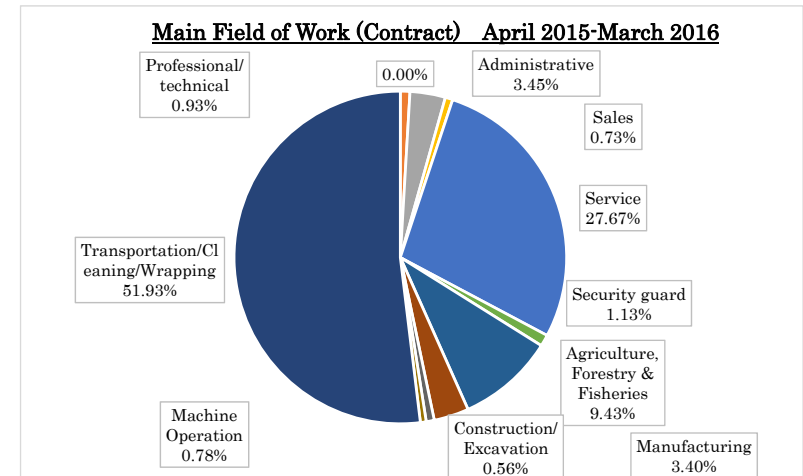
(Reference 'Silver Human Resources Center in your town')

- (1) **Number of Silver Human Resources Centers: 1,282**

- ① **80% of municipalities in Japan are covered**
- ② **Subsidized by the government: 1,054**
Not subsidized by the government: 228
- ③ **Number of members 720,948**
Male 483,470 (67.1%), Female 237,478 (32.9%)
- ④ **Age structure of the members**
70-74 yrs old > 65-69 yrs old > 75-79 yrs old > 60-64 yrs old > 80+
- ⑤ **Number of working days per month (April 2015-March 2016)**
Contract.....9.4 days
Dispatch.....6.1 days
- ⑥ **Annual contract amount JPY 308,505,960,000**
(approx. MYR 12,340,238,400)
Contract.....JPY 293,676,417,000
(approx. MYR 11,747,056,680)
Dispatch.....JPY 14,829,538,000
(approx. MYR 593,181,120)
- ⑦ **Proportion of public sector and private sector by cost**
Contract.....Public (32%) Private (68%)
Dispatch.....Public (19.2%) Private (80.8%)
- ⑧ **Average amount of daily payment per person**
Contract.....JPY 3,790 (approx. MYR 152)
Dispatch.....JPY 3,954 (approx. MYR 158)

(2) **Main field of work (April 2015-March 2016)**

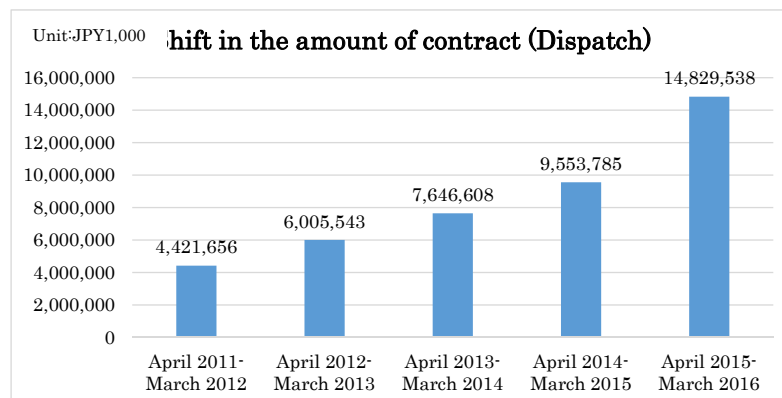
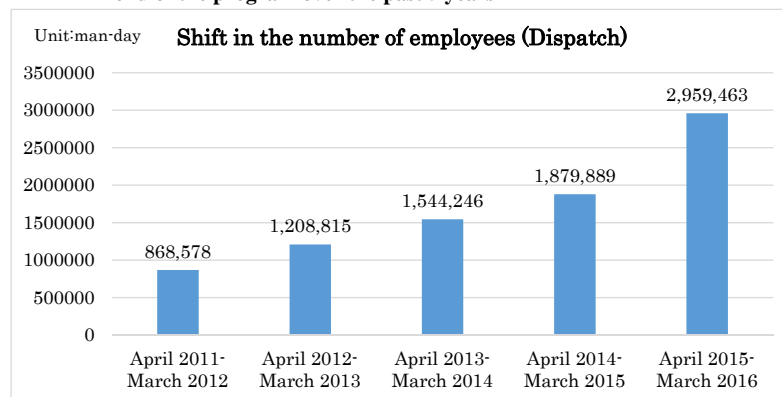
(Reference 'Build a town, produced by a town: a leader of a community
Silver Human Resources Center's program')



5 Field to develop in the future

(1) Worker Dispatching Program

Trend of the program over the past 5 years



(2) Integrated program for Care Prevention and Daily Life Support

April 2015-March 2016 number of the centers·····32

April 2016-March 2017 number of the centers·····85

April 2017 expected number of the centers·····152

(3) Program on the vacant houses management

Number of the existing centers·····180

Number of the centers expected to start the program···291

Number of the centers without any plan on the program·····583

(4) Support for child rearing/child care

Number of the existing centers·····560

Number of employees·····467,726 people/day

Cost of contract·····JPY1,431,383,000

(approx. MYR57,255,320)

6 Conclusion

The history of Silver Human Resources Center in Japan dates back to 1976, which was 40 years ago. Its organizations have been established everywhere within Japan, and have developed as a platform to provide adequate employment opportunities to the elderly who wish to work within communities.

However, there are multiple problems. First, the number of newly participating members is stagnated. Second, some of 1,282 Centers in Japan are concerned only about maintaining their existing roles and hesitant about initiating new projects. In addition, the organizational structure of each secretariat tends to be weak overall, and temporary employees complement the significantly small number of regular employees, which causes the continuously weak organizational capacities. In this time, the Silver Human Resources Centers are expected to play a significant role in society. In order to satisfy these expectations, we are committed to strengthen the tie between all Silver Human Resources Centers at the local, prefectural, and national level. We believe that such effort would lead to brilliant future for the Silver Human Resources Centers. Thank you very much for your attention today, and we wish for the further development of the country of Malaysia.

Develop Community Community Vitalized Support Community

Silver Human Resources Center



✓Contribution to community

Silver Human Resources Centers cooperate with the local public authorities and support the life of residents.

✓Revitalize community

Silver Human Resources Centers also contribute to the revitalization of community through various activities.

✓Provide the elderly with the reason to live

Silver Human Resources Centers support community development where the elderly live in healthy and active through employment and community activities.

Regain energy and prosperity! Industry and community development

Contribute to the revitalization of shopping streets



'Silver Plaza' utilizing vacant spaces

市の活性化計画の一環として商店街の一角に、シルバー本町プラザ『とんとん館』がオープン。子育て支援「子育てはあばといっしょにあそぼ!」や親子広場、会員手づくりの民芸品の販売等で、街の賑わいを取り戻すことに貢献中。



Cooperate with local shopping streets

中心市街地の活性化及び子育て支援を目的とした託児所「こども広場・キッズパラダイス」を駅前の商業ビルの一室に開設。安心して買い物を楽しむことができると人気を呼んでいます。

Contribute to community through visitors' guide



Silver visitors' guide

各地の観光地や名所・旧跡を「おもてなしの心」で案内し、地域の観光の振興に役買っています。観光案内技術の研鑽を積んだシルバーガイドの案内は観光客から人気を呼んでいます。

Utilize unused fields to revitalize agriculture and natural environments



Produce safe products at Silver Farm

高齢化の進行による農業後継者問題等から遊休農地・休耕田が増えている中、農業の振興に役買う「シルバー農園事業」に注目が寄せられています。食の安全と顔の見える野菜づくりをめざしています。



Produce vegetables for school lunch utilizing compost made from leftovers

学校給食の残滓を譲り受け、シルバー農園で有機肥料として使われています。農園でのジャガイモ等収穫物の半分は、学校給食用の食材として提供しています。



Vitalize community via interaction between city and country side

「自然豊かな地方の魅力を味わってもらおう」と、首都圏の会員や家族を地方に呼び、地場特産の果物や野菜の栽培体験を通じて交流を図るユニークな事業がスタート。特産品のPRを始め、観光の振興に役買っています。

Contribute to maintain natural environment and build beautiful towns



Relax passersby with full of flowers

フラワーロード(県道)には、センターが「道路里親」となって植付けた色とりどりの花々が心癒される街を演出し、通行人々の心を和ませています。



Green recycle project

市の環境基本条例の制定に伴い「緑のリサイクル事業」を推進。剪定後の枝葉を堆肥化して農作物や花卉の生産・販売を行うほか、カブトムシ等を養殖し次代を担う子ども達への環境教育にも役買っています。



Vitalize local industry and preserve natural environment

夕顔栽培農家が減少していることからJAの指導の下に、栽培に挑戦し、かんぴょうとして商品化。また商工会との連携により「ゆうがお茶」の原料化にも成功。地場産業の活性化と環境保全に役立つ活動として注目を集めています。

Support education and childrearing: for health and smile of children

Watch school kids for their safety



Watch school kids on way (back) to school

「安全で安心なまちづくり条例」の制定を契機に「シルバー子ども見守り隊」を発足させ、市内全域で登下校時の児童の安全確保に活動しています。高齢者と子ども達とのほのぼのとした交流も発生えています。



Watch school kids for their safety

安心・安全な街づくりの一環として、地元の商店街や百貨店が中心となって開設した駅前民間交番では、2人の会員が常駐し、日中の見張り番を行っています。

For the future of the kids



Hand down the community's tradition and culture

地元ライオネスクラブから寄贈された移動式かまどを持参して、市立幼稚園を巡回訪問。園児も参加し、昔ながらの飯炊きを手間隙けながら行きます。最後には、みんなで試食することで「食」の大切さを体感してもらう取組みを行っています。

Support Childrearing



Smile through the opening of plaza

「市民が安心して子供を生み育てることのできる街づくり計画」に沿い、商店街連合会と連携し、空き店舗に「託児ルーム・ララキッズ」を開設。買い物時のお子さんの一時預かりを始め、子育て・育児相談にも応じています。



Support to balance childrearing and work

出生率の低下による地域社会の活力等への影響が懸念されている中、子育ての不安と負担の解消、子育てと仕事の両立を目的に、市と連携し、母子家庭等に対する生活援助、保育・育児支援サービスを行っています。



Assist parents in studying outside

「音楽会や観劇、各種講座に参加し勉強をしたいが子どもがいるから」と、あきらめている方はいませんか。催し会場に出張し“一時預かり”で、たまにはゆっくり勉強をしていただく支援も行っています。

Contribute to community through education and culture



Retired teachers help studying after school

低学年の児童を対象に放課後の約1時間半、空き教室を利用して国語と算数の「おさらい教室」がスタートしました。先生は、元教員等の会員です。



Interaction through hands-on learning

子ども達には、地域の文化や自然を守ってほしいと願っています。一方、子ども達との交流を深めることは、会員の「いきがい」にもつながります。今日は、へちま苗の植えつけ体験で、お互いの交流を深めました。



Cooperation for the integrated studies

総合学習の一環として、野菜の栽培を通じて収穫の喜びを体験し、情操を養うことを目標に、学校農園を利用して生徒と会員との共同によるジャガイモの栽培管理を行っています。今日は植え付け作業の準備を行っています。

Care prevention/life support: forever in the community where the elderly used to live

Care prevention activities



Care prevention by having fun

あるときは銭湯で、またあるときには市民プラザを会場に、技能を持った会員が講師となって介護予防のためのさまざまな講座が開かれています。蘭の花の栽培や大人の塗り絵教室等、会場は笑い声に包まれ、どの講座も毎回定員オーバーの人気振ります。



Help to find your motivation in life

地域の高齢者のためのサロン“めぐりあい元気工房”が開設されました。ガラス張りの室内は、高齢者の明るい声で賑わっています。高齢者同士が気軽に交流することで、閉じこもりや社会的孤立の解消に一役買っています。



Volunteer listeners activities

地域の高齢者に孤独感を与えないよう、センターに登録の高齢者世帯からの要請があれば、いつでも話し相手を送達する傾聴ボランティアに注目が寄せられています。訪問する会員は、時にはうなずきながら、一生懸命に耳を傾けています。

Support your daily life



Value interdependence

自立した生活の継続と要介護状態の進行を防止するため、介護に関する講話や寝たきり予防体操、室内清掃、外出援助、食材の買い物、簡単な大工仕事等さまざまなニーズに応じて、住みなれた地域で安心して暮らせるサービスを提供しています。

Create safe environment



Supporters 'Sugoku Zou' (Come ASAP)

高齢者世帯では、電球1個の交換でも助けが必要です。生活面での困りごとにもすぐ駆けつけるお助け隊。いつでも直ぐに向かい合う“すぐくゾウ”が高齢者の生活を守っています。



Complementing program for the elderly welfare service

高齢化の著しい進行に伴い、十分な介護サービスが受けられない高齢者が増加しつつあります。また、福祉施設での職員の不足がみられる中、地域包括支援センター等の専門分野の介護現場でも、有資格者のホームヘルパー技能が大いに活かされています。

Led to the reduction of JPY50 billion in the cost for medical care and long-term care insurance



In a report which investigated into the difference in the total expenditure on medical treatments of members of Silver Human Resource Center and nonmembers, the former spend JPY60,000 less than the latter. This shows that the employment of the elderly significantly contribute to the reduction of budgets allocated to the community medical care and long-term care. (In nationwide, JPY50 billion can be reduced.)

*The report was published by the National Silver Human Resources Center Association.

Projects by proposal

'National program by proposal' started in 2008. The purpose of the programs is to promote community development in cooperation with municipalities' policies by utilizing technical and human resources of the Silver Human Resources Centers, which covers 6 fields including education, childrearing, long-term care, environment, primary industries, and sightseeing. In 2014, 'projects addressing local needs' were set up, which have a wider scope to cope with various local needs.

作成 公益社団法人 全国シルバー人材センター事業協会

Silver Human Resources Center in Your Town



Childrearing support of Hukutsu City Silver Human Resources Center
They are getting along very well, and his mom feels comfortable in concentrating on her work.

Public Interest Incorporated Associations
National Silver Human Resources Centers Association

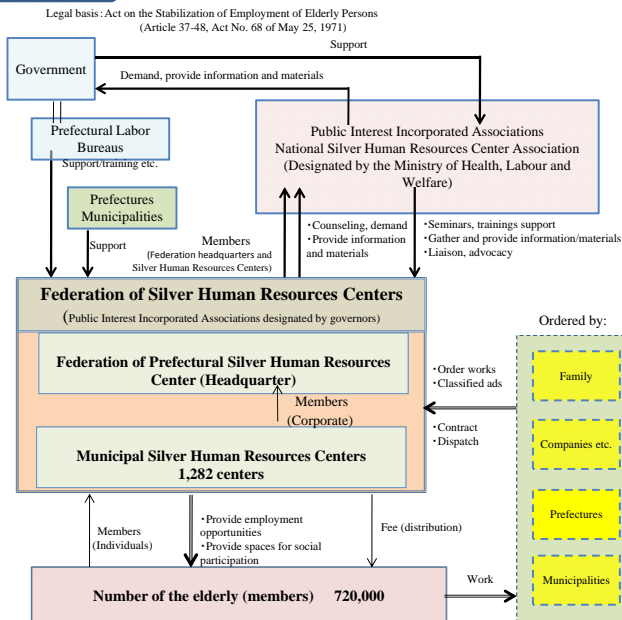
Silver Human Resources Centers' Projects

Objectives

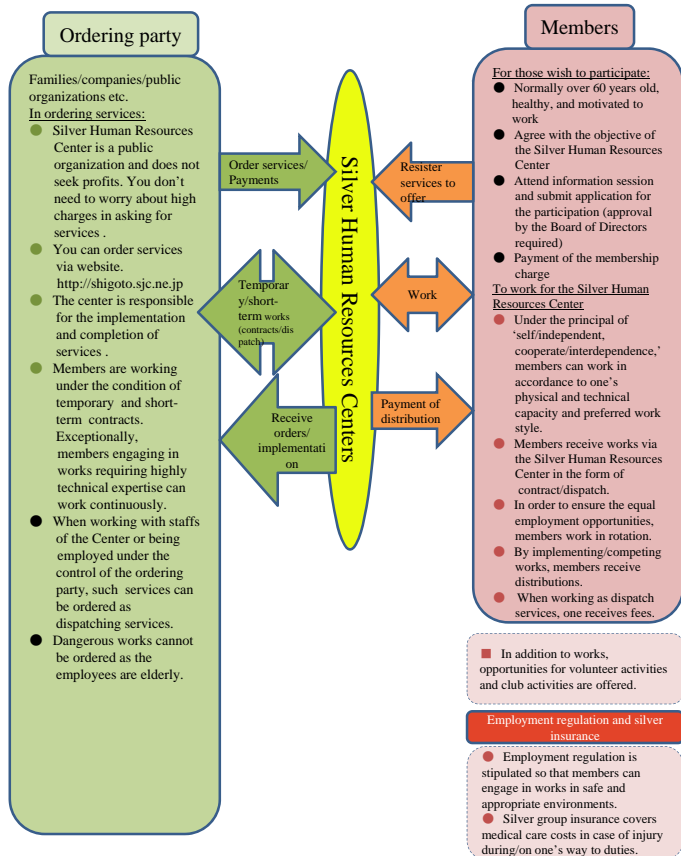
Under the principle of 'self/independent, cooperate/interdependence,'

- ① By working with expertise and experiences nurtured for a long time,
- ② Spend enriched and active elderly life and satisfy ones' reason to live through social participation
- ③ Create energy within community, contributing to the welfare and vitalization of the community

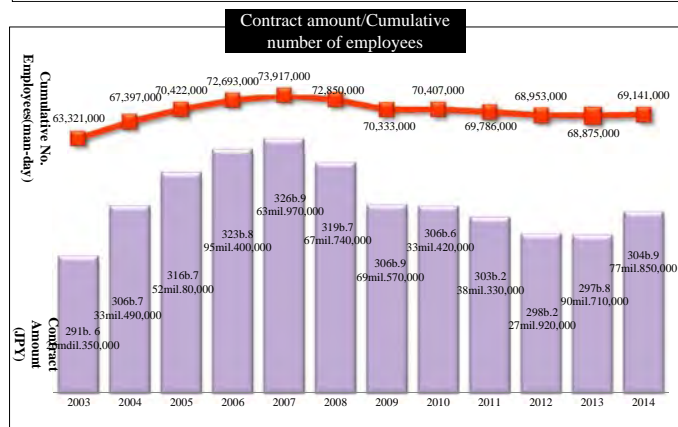
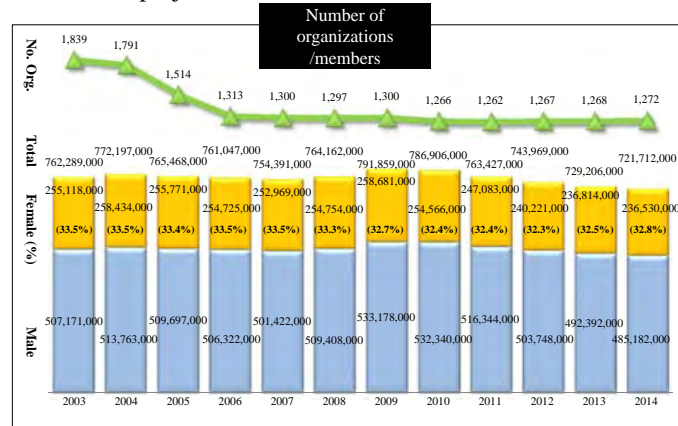
Organizational structure



—System of Silver Human Resources Centers—



Shift in the project outcome of Silver Human Resources Center



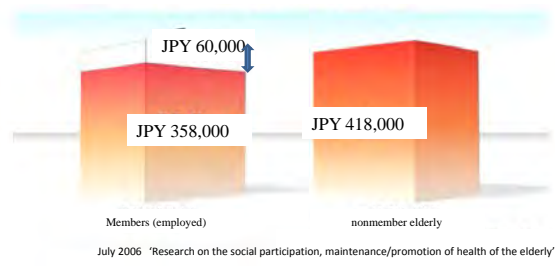
Contributing to the reduction of medical care related to the elderly care

Through employment, community volunteer activities and culture/sports clubs, members of the Silver Human Resources Center maintain both physical and mental health.

Estimated expenditure on medical treatments of employed members of the Silver Human Resources Center is less by JPY60,000 compared to nonmember elderly. It is also observed that the employment of the elderly can reduce the number of elderly in need of long-term care.

It can be inferred that as a whole, 800,000 members of the Silver Human Resources Center contribute to the reduction of JPY48 billion of medical care related cost and JPY3.7 billion of long-term care related cost a year (in total, JPY 51.7 billion).

Comparison of the total annual expenditure on medical care between employed members and general elderly (estimated amount)



Care Prevention in Ibaraki

-Training Program for Silver Rehabilitation Exercise Instructors-

Ibaraki Prefectural Health Plaza
Hitoshi OTA



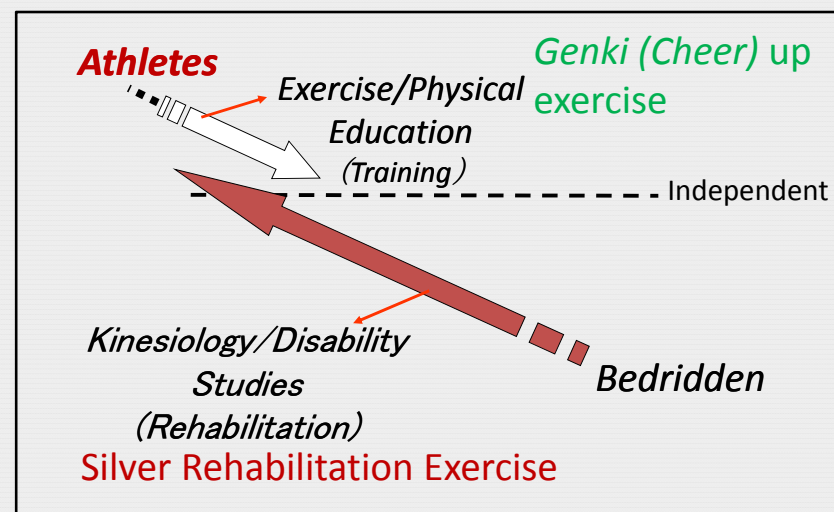
Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

7 September 2016

Ibaraki Prefectural Health
Plaza

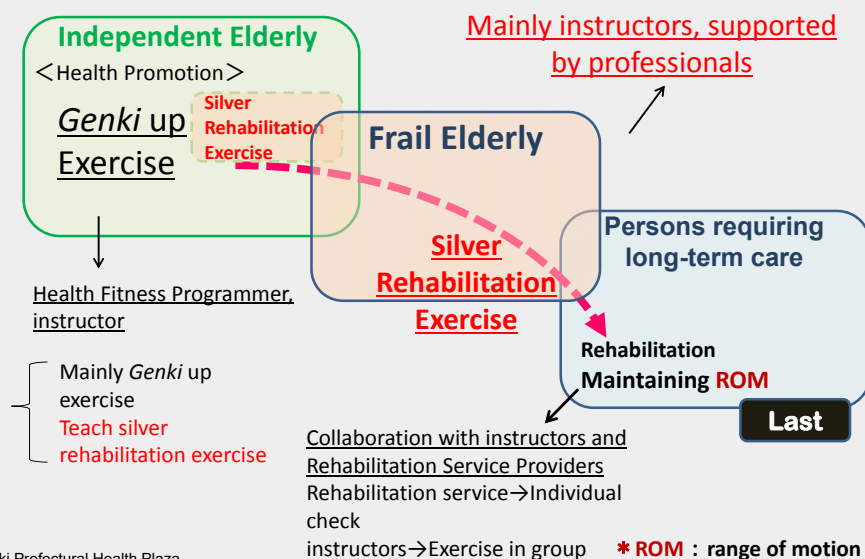
JICA

Structure of Care Prevention Exercise -Role and limitation-



Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

Idea of Exercise for the Elderly

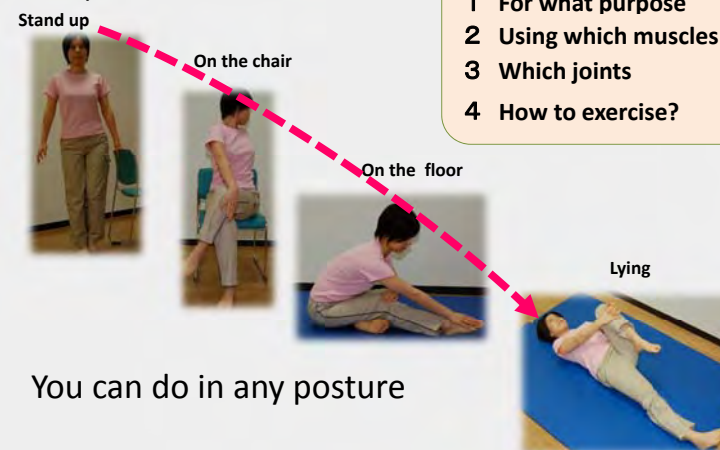


Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

Silver Rehabilitation Exercise



- helpful to prevent shoulder pain, low back pain, knee pain, falling
- Helpful for the last care of life

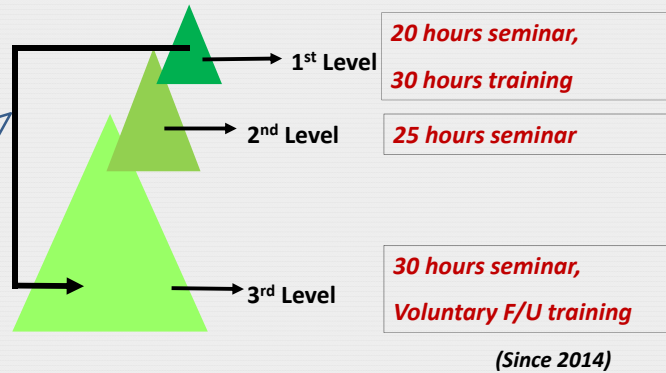


- 1 For what purpose
- 2 Using which muscles
- 3 Which joints
- 4 How to exercise?

You can do in any posture

Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

**Citizens
train
other
citizens**



- * Select, train, and organize practitioners

The flowchart illustrates the Silver Rehab Exercises Instructor training system, showing the progression from local residents to various levels of instructors and the support from municipal and prefectural entities.

Local residents (green box at the bottom) are the source of **Care prevention** (yellow arrow pointing right) and **Promotion of care prevention** (yellow arrow pointing left). They provide **Application** (yellow arrows) to become **Level-3 instructors** (yellow boxes). One path for Level-3 instructors is *** Municipal training** (red text).

Level-3 instructors (Same as on the right) and **Level-3 instructors (at the age of 60 or more, without any full-time job)** provide **Exercise instruction** (pink arrow) back to **Local residents**.

Level-2 instructors (orange box) receive **Nomination** (yellow arrow) from **Municipalities** and **Practical experience** (blue arrow) from **Level-3 instructors**. They provide **Attendance** (red arrow) to **Follow-up training** and **Application** (yellow arrow) to become **Level-1 instructors**.

Level-1 instructors (white box) receive **Giving level-3 instructor training** (red arrow) from **Level-2 instructors** and **Giving training** (red arrow) from **Training board**. They provide **Certification renewal** (pink arrow) to **Follow-up training** and **Attendance** (red arrow) to **Follow-up training**.

Training board (green box) receives **Election** (purple arrow) from **Silver Rehab Exercises Instructors** and provides **Giving training** (red arrow) to **Level-1 instructors**.

Silver Rehab Exercises Instructors (white box) receive **Election** (purple arrow) from **Training board** and provide **Giving training** (red arrow) to **Training board**.

Follow-up training (pink box) receives **Attendance** (red arrows) from **Level-1 instructors** and **Level-2 instructors**. It provides **Instructor certification** (yellow arrow) to **Level-2 instructors** and **Completion certification** (yellow arrow) to **Level-3 instructors**.

Municipalities (Prevention Division, Welfare Division, Health Center, Council of Social Welfare, etc.) (yellow box on the left) provide **Recruitment** (blue arrow) to **Local residents** and **Nomination for level-1** (yellow arrow) to **Level-2 instructors**.

Ibaraki Prefectural Government (Health Services Disease Control Division, Social Services Division for the Elderly) (yellow box on the right) provides **Entraining instructor training** (yellow arrow) to **Follow-up training** and **Completion certification** (yellow arrow) to **Level-3 instructors**.

Prefectural Health Plaza (white box) provides **Giving training** (red arrow) to **Training board**.

3rd level
course



Passionate!
Highly motivated!

With fun at
some point

Age condition: over 60 years old
Average age: 65-66 years old

Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

(Seminar)

- ◇ 'care prevention' in general
- ◇ exercise anatomy (108 items)
- ◇ exercise practice (92 variations)

(Follow up seminars)

- ◇ Aging and movement disorders
- ◇ Mental of the elderly and dementia
 - dementia supporter



Training for the 3rd level by the 1st level instructor

Citizens train other citizens!



Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota



Geographical distribution of instructors

Ibaraki Prefecture

As of 1 July 2015

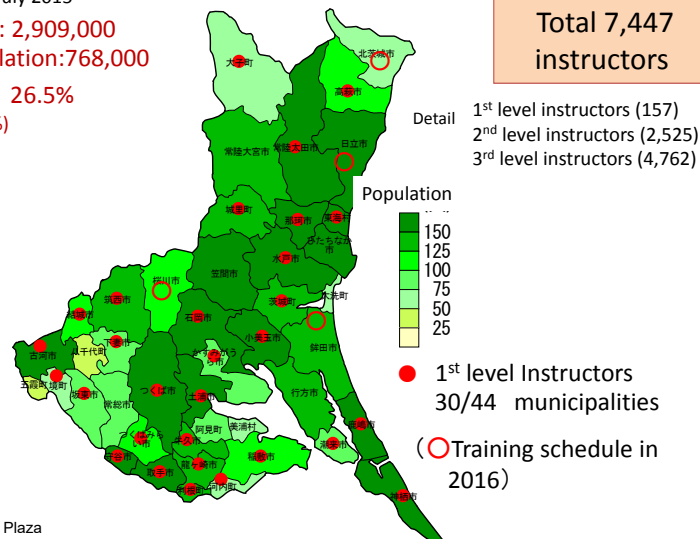
Population: 2,909,000

Aged population: 768,000

Aging rate: 26.5%
(18.8-40.3%)

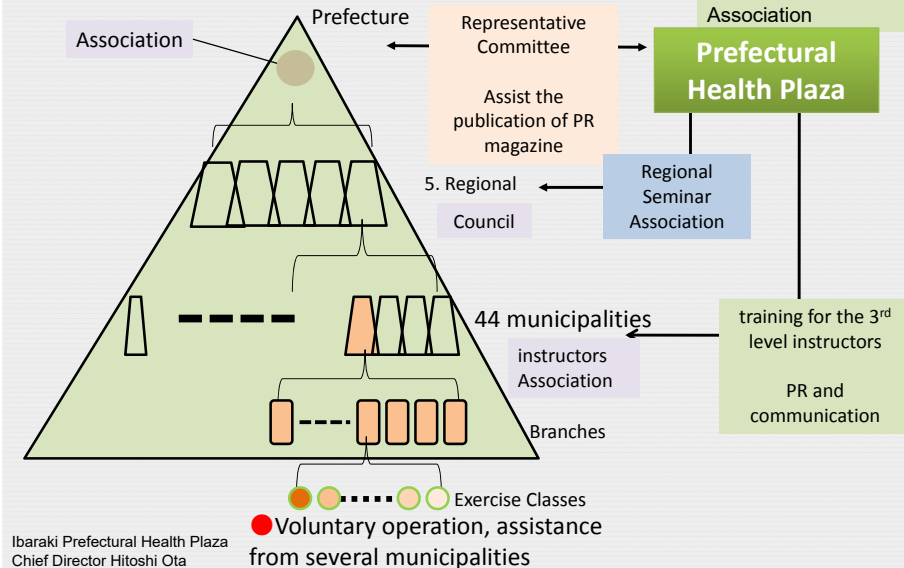
As of 26 July 2016

Total 7,447 instructors

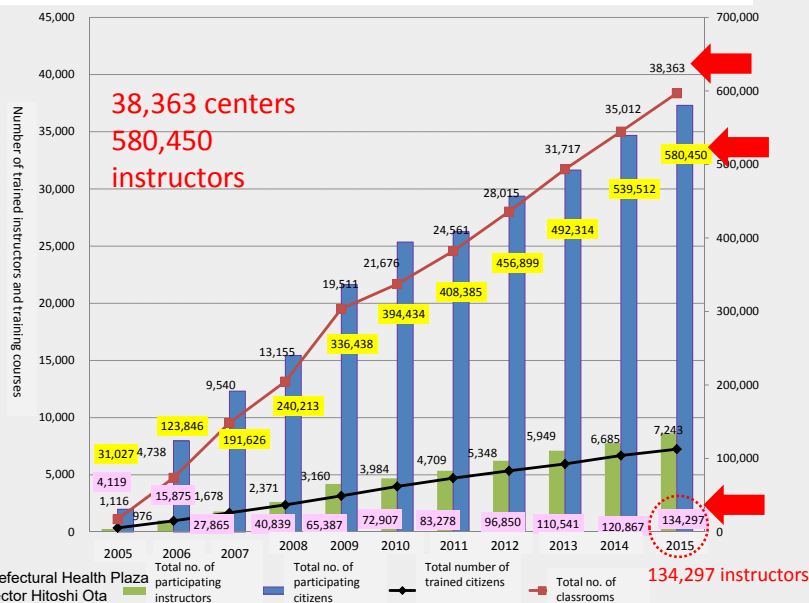


Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

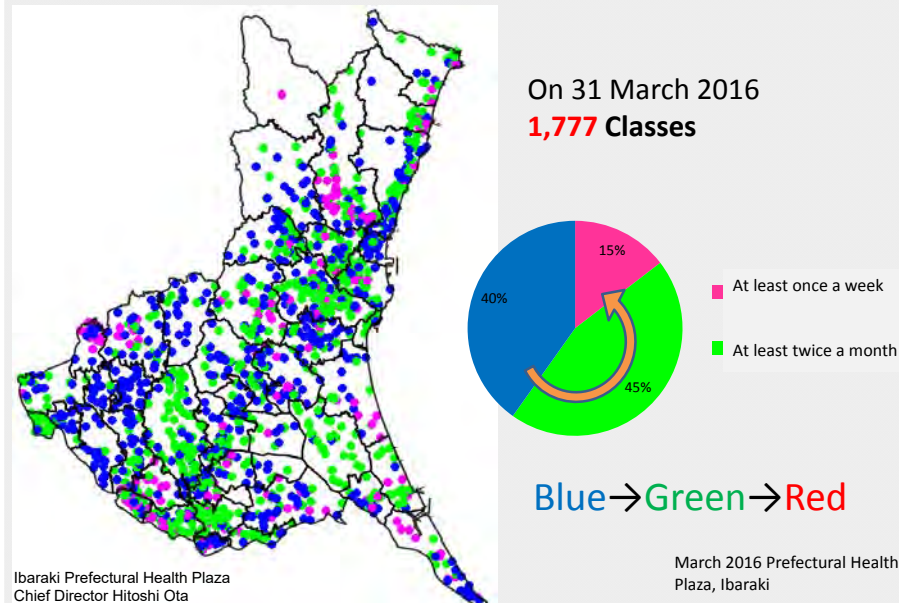
Organization of Exercise instructors' Association



Performance of Exercise Instructors (number of instructors calculated cumulatively) in FY2015

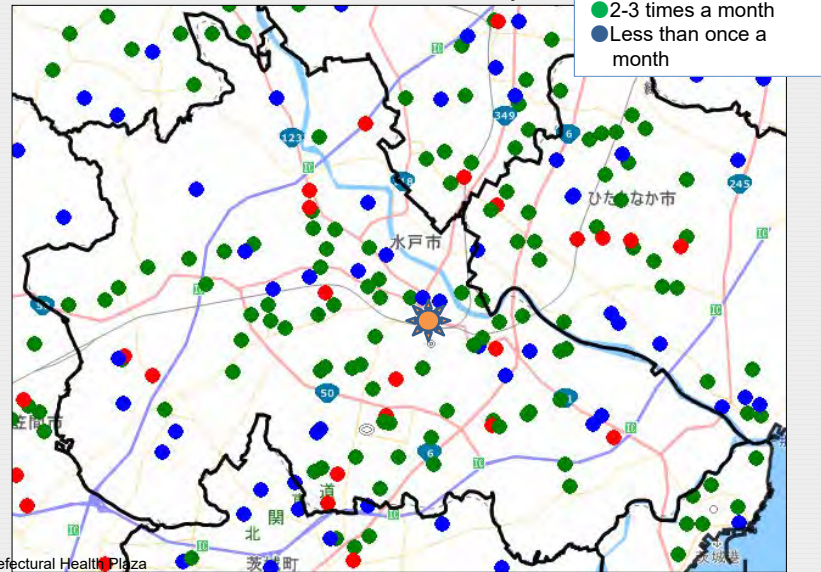


Geographical Distribution of Silver Rehabilitation Exercise Classes



Geographical Distribution of Exercise Classes

within Mito City



Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

Effects of Diffusing Exercises

Triple Win → For 3
(benefit for all three sides)

+α for community
(seed of social capital)

For society

- ① economic impact on municipality
- ② the decrease in the number of elderly in need of care will require less number of caregivers

For oneself

- ① become active
- ② provide energy to live

For others

- ① improve the performance of body
- ② have contact with society

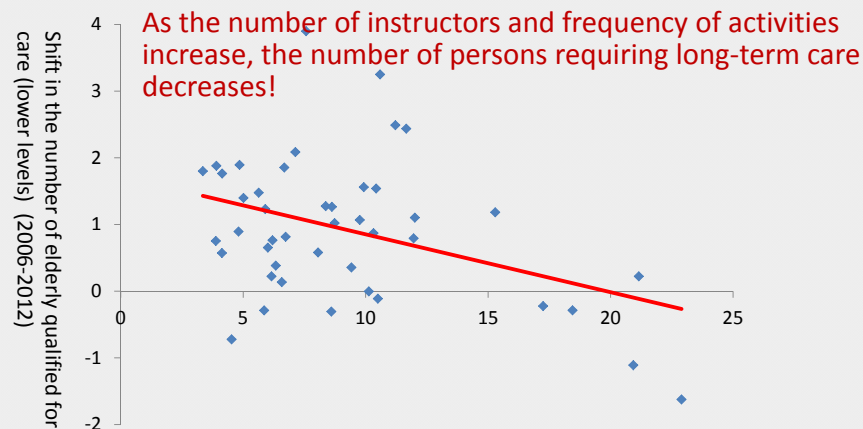


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Chief Director Hitoshi Ota

For society

Effects in limiting the number of elderly qualified for care (lower levels)

② Trend in 44 municipalities



The number of instructors educated per 1,000 elderly between 2006 and 2012

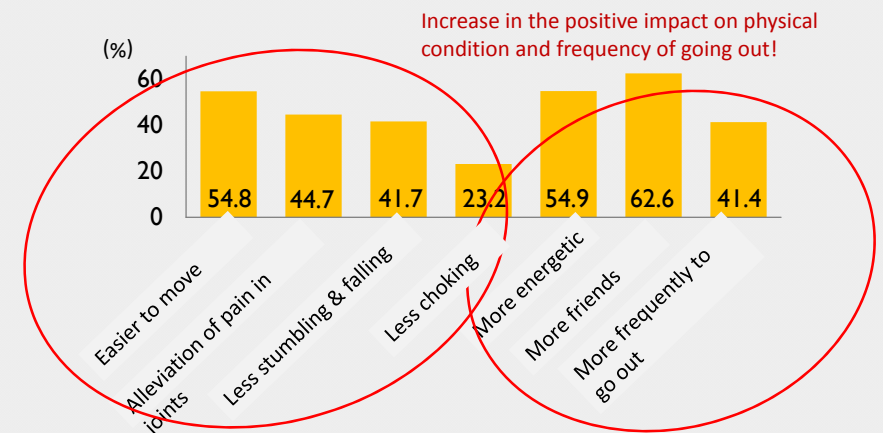
(Source: Takako Ozawa, Kiyoji Tanaka, Youko Oomori, and Hitoshi Ota, 'Kenko Shien,' 2014, partially modified)

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Chief Director Hitoshi Ota

For others

Effects on the physical and mental conditions of elderly participants to the exercise class

② Opinion of participants after continuing more than 6 months (N=955)



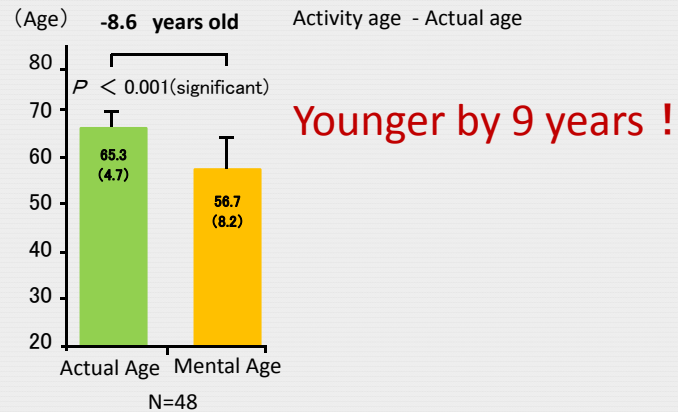
(Source: Takako Ozawa 'Effectiveness of the exercise diffusion activities by the elderly care volunteers,' academic year of 2014 PhD thesis Tsukuba University, report, partially modified)

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Chief Director Hitoshi Ota

For Oneself

Effect on the physical and mental conditions of Silver Exercise instructors

① Revitalize energy



(Source: Takako Ozawa 'Effectiveness of the exercise diffusion activities by the elderly care volunteers,' academic year of 2014 PhD thesis Tsukuba University, report, partially modified)

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Chief Director Hitoshi Ota

Elements comprise activity age

(Source: Tanaka:1999)

Abdominal circumference ●
 Subscapular skinfold thickness ●
 Systolic blood pressure
 Total Cholesterol value
 Low-density lipoprotein cholesterol ●
 Triglyceride
 Hematocrit ●
 Oxygen intake equivalent to lactate threshold
 Heart rate equivalent to lactate threshold
 Forced expiratory volume in 1 second
 Jumping side to side
 Single-foot standing test with eyes closed

Female: 11 tests, ●: female only

Male: 9 tests, ●: male only

Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

Forthcoming Development

1. Increasing the number of classes

- ① Increase the number of classes by utilizing mapping in cooperation with instructors and municipalities
- ② Start the transportation service for participants
- ③ Invite persons requiring help (requiring help 1 and 2) to the class as a part of community support projects

2. Develop visiting training

- ① Build broker system by municipalities
- ② Provide visiting training in cooperation with the instructors association and municipalities

3. Action against persons requiring long-term care (persons with disability) at home

- ① Provide visiting training in cooperation with 3 organizations (Physical Therapy Association, Occupational Therapy Association, Speech-Language Hearing Therapy Association)
- ② Provide commuting group instructions, start transportation service in cooperation with 3 organizations

Ibaraki Prefectural Health Plaza
Chief Director Hitoshi Ota

Care prevention with you through resident participation

Silver Rehab Exercise Instructor Training Program



Silver Rehab Exercise Instructor

(Role) ● Coach silver rehab exercises to the local senior citizens as a volunteer
● Take part in community building activities (self/interactive/mutual supports) in cooperation with municipalities

(Qualification) Complete the silver rehab exercise instructor training course and get certified by the governor of the prefecture



The Target of the Silver Rehab Exercise Instructor Training Program



Targets in 2015
Level-1 instructors
Instructors who train level-3 instructors: 100
Level-2 instructors
Leaders of local activities: 1,000
Level-3 instructors
Those who carry out actual local activities: 10,000



Propagation through the public

What are silver rehab exercises?

Practiced for the purpose of care prevention for the elderly people in main, these exercises are characterized by "Anybody can do it" and "Can do it in any posture".

Ikiiki Health Exercise

- Safe exercises that can be done not only by healthy senior citizens, but by fragile senior citizens as well.
- Exercises that make the daily movements easy by increasing flexibility of the body
- Can be done in any posture, sitting on the chair, sitting on the floor, lying down, or standing

Ikiiki Health Ippatsu Exercise

- Suitable for fragile senior citizens or those who have pain in shoulder/knee joint
- Effective if you do it once a day
- You can "target" a particular part of the body to strengthen/maintain it
- Exercises that strengthen the muscular power and improve the flexibility



Other exercises

- Swallowing exercises
- Speech exercises
- Facial exercises
- Incontinence prevention exercises

Makes daily movements easy

Keeps you fit so that you don't need nursing care (care prevention)

Also useful when providing care



Activities of Silver Rehab Exercise Instructor

The silver rehab exercise instructors who have been trained have organized instructor associations in all 44 municipalities in an effort to promote the exercise.

They engage in a variety of activities, for example, they not only cooperate with the prefecture, local municipalities, council of social welfare, and senior citizens club, etc., but also offer exercise classes organized by the instructor association.

Instructor associations not only hold regular workshops to maintain & improve exercise techniques, but also try to encourage exchange of information and friendship among associations through cross-regional exchange of instructor associations.

Comments of the training course participant

- It was good that the lecture was easy to understand and enjoyable and I was able to learn body mechanism and needs of exercises of which I was keen to learn.
- Although I was really nervous initially, gradually, day by day, I became able to enjoy learning all these things; and, before I realized it, the eight-day course was over. I would like to cherish what I have learned here and do my best to help the people in my community.



Comments by the participant of the exercise class conducted by one of the instructors

- My knee pain/back pain has eased
- I feel less dizzy and do not trip over as many times as before
- I became able to walk for a long time
- I was able to go out without a walking stick
- I look forward to chatting and doing exercises with other people in the exercise class



"Care prevention volunteer activities" & "body and mind"

You body and mind will feel refreshed by participating in voluntary activities for care prevention. The more you feel that you are contributing to the society through voluntary activities, the more you feel refreshed.

(Tadatoshi Imai, "Impact of voluntary activities for promotion of care prevention on health related QOL - focusing on willingness to contribute to the local community"- Japan Primary Care Association magazine Vol. 32, No. 4, 2009)



Advance registration of the intention to apply for level-3 silver rehab exercises instructors training course

Silver rehab exercise instructor training courses are held throughout the year.

When you register your name in advance, we will send you the guidelines for applicants as soon as the schedule for the course is set. Why don't you put your name down now?

Eligibility for the course

1. Resident of Ibaraki prefecture
2. Person aged 60 or above who does not have a full-time job (People in his/her 50s can apply, but priority is given to those aged 60 or above)
3. Person who can engage in voluntary exercise promotion activities in the local community

Advance registration

Please let us know your name, address, and telephone number. We will send you the guidelines for applicants.

Advance Registration Application Form Level-3 Silver Rehab Exercise Instructor Training Course

Name of the person
to be registered:

Age:

Address:

Telephone:

Please apply via **telephone** , **fax** and so on to let us know the details of application as mentioned above.

Ibaraki Prefectural Health Plaza

993-2 Kasahara-cho, Mito-shi

Tel: 029-243-4217

Fax: 029-305-5711

シルバーリハビリ体操教室

ごあんない



一緒に体操を始めませんか？



茨城県立健康プラザ

シルバーリ

いつでも、どこでも、ひと

肩を柔らかくする体操

●指組み腕上げ
(肩の動きを良くする体操)



●さるまね体操

ぼくはたいぞう
といひます！
この体操は、格好が
さるまねに似ているので、
『さるまね体操』
といひます。



ハビリ体操

いつでも、1日1ミ、1ミ

シルバーリハビリ体操とは、関節の動く範囲を広げたり、力をつける事で、最期まで人間らしく過ごせるようにする介護予防体操です。道具を使わずに、いつでも、どこでも、ひとりでもできます。一日に1ミでも関節が動くように、1ミでも力がつくようなつもりでおこなってください。

腕の力をつける体操

ポイントは
力を入れる時に
息を止めない
ことです。



●ものを持ち上げる力をつける体操 (大胸筋の強化)



●指引っ掛け
(握力をつけ、腕を上げる筋肉をつける体操)

シルバーリ

いつでも、どこでも、ひと

足の力をつける体操

ポイントは
力を入れる時に
息を止めない
ことです。



●膝の痛みを防ぐ体操



●足の筋肉の強化
片足の下に反対の足をすくう
ように入れ、両足で押し合う。

問題です。①～③の体操で使っている筋肉は？

a.大腿四頭筋 b.ハムストリングス
c.内転筋群

答えはうしろに載っています。

ハビリ体操

いつでも、1日1ミ、1クラ



いろいろな動作をしやすくする体操



●足組みひねり

(体をひねり、歩きやすくする体操)

●お足様

(股関節の動きをよくする体操)



高齢者へのリハビリ体操の

3原則

- ① 一度に、無理してがんばり過ぎないこと
- ② 「よくなったから」といって止めないこと
- ③ 効果が現れなくても、あきらめないで続けること

茨城県立健康プラザ

Ibaraki Prefectural Health Plaza



茨城県立健康プラザは…

県民の皆さまの健康的な暮らしに貢献できる
様々な活動を行っています。



- 健康に関する情報収集・提供を行います。
- 健康づくり指導者の教育研修を行います。
- 疾病予防のあり方や科学的に根拠のある保健指導の方法を研究します。
- 地域の介護予防を推進します。

県立健康プラザの活動

保健情報の収集・提供

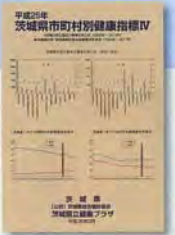
健康指標の作成・提供

保健統計や健診データなどから、市町村ごとの標準化死亡率などの資料を作成して提供します。



インターネットによる情報提供

収集した情報の分析結果や、調査研究の成果、研修会・講習会の情報、その他健康づくりに関する情報をインターネットで提供します。



疾病予防・保健指導のための調査研究

県民の皆さまの健康づくりに重要なテーマを選び、保健所や市町村などの協力をえて調査研究をおこない、その成果を地域に還元します。

科学的根拠にもとづく健康づくり 施策や保健指導の方法の研究

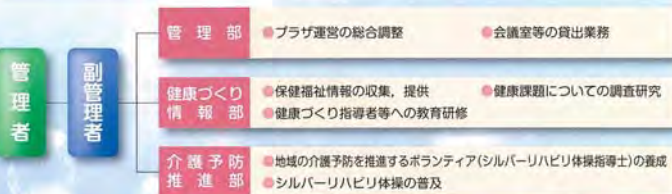
健診受診者の追跡調査を行い、その結果をもとに、地域の健康増進計画の策定などに活用できる資料や、保健指導に活用できるツール等を作成し、提供します。

介護予防施策・健康づくり施策の 評価に関する研究

高齢社会に適した健康指標を用いて介護予防施策や健康づくり施策の立案や評価をする方法の研究を行い、その手法の普及を図っていきます。



県立健康プラザの組織と主な業務



健康づくり指導者等の教育研修・健康づくりの普及啓発

健康づくり指導者の教育研修

保健師、栄養士など地域の健康づくりを指導する職員を対象とした専門的な研修や、食生活改善推進員など健康づくりに関わるボランティアの教育研修を行っています。

健康づくりの普及啓発

パネル展示(エイズ、タバコ、ハンセン病など)や広報誌「ヘルシーポケット」の発行、ヘルシーメニューシートの作成等により健康づくりの普及啓発を行っています。



- 健康づくり指導者研修
- 栄養指導者研修
- 食と健康講座(食生活改善推進員教育研修、食と健康スペシャル講座)



地域の介護予防の推進

シルバーリハビリ体操とは

道具を使わず、どのような姿勢でもできるように組み立ててあり、いつでも、どこでも、一人でもできる体操です。

シルバーリハビリ体操指導士養成事業及び活動支援

シルバーリハビリ体操の普及を通じて地域の介護予防を推進するボランティアとして、シルバーリハビリ体操指導士の養成講習会を行っています。

養成目標

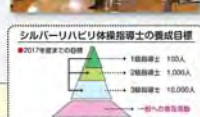
おおむね60歳以上の県民を対象に、平成29年度までに1万人的のシルバーリハビリ体操指導士を目標として養成に取り組みます。

活動内容

シルバーリハビリ体操指導士は、市町村や関係機関・団体等が行う事業や指導士が自主的に行う体操教室において、地域の高齢者にシルバーリハビリ体操を普及します。

地域における体操普及活動の推進及び介護予防への効果検証

研修会やイベントへの参加をとおしてシルバーリハビリ体操の普及を行うとともに、指導士養成と体操普及活動の介護予防への効果を検証していきます。



バス

関東鉄道または茨城交通バス(約15分)
JR水戸駅北口 8番のりば
・本郷経由笠原ゆき
・私鉄経由笠原ゆき
メディカルセンター前下車



車

常磐自動車道 水戸ICから50号バイパスで水戸方面
北関東自動車道 茨城町東ICから水戸市内方面



開館時間 9:00～17:00 (土・日曜日は会議室等貸出のみ)

休館日 祝祭日・年末年始(12月29日～1月3日)

会議室貸出(有料)



予約: 029-243-4171

(管理部)

※利用日の4ヶ月前から予約を受け付けています。

健康プラザでは、いばらき予防医学プラザ(健康プラザ、水戸保健所、衛生研究所、精神保健福祉センター)の業務に支障のない範囲で、公用または公益を目的に、会議室を有料で貸し出しています。研修会や会議などにご利用ください。

	定員(人)	定価(円)	午前	午後	全日	初回時間
大会議室	135	4,450	5,920	10,380		午前 9:00～12:00
会議室1・2	48	2,220	2,960	5,180		午後 13:00～17:00
研修室1・2	45	2,220	2,960	5,180		全日 9:00～17:00
研修室3	36	1,940	2,600	4,550		
視聴覚室	42	2,220	2,960	5,180		

所在地

〒310-0852 茨城県水戸市笠原町993-2

公益財団法人 茨城県総合健康協会

茨城県立健康プラザ

Ibaraki Prefectural Health Plaza

Tel 029-243-4171 (管理部)代表

Fax 029-243-9785

029-243-4215 (健康づくり情報部)

029-243-4217 (介護予防推進部)

http://www.hsc-i.jp



QRコードで上のQRコードを
読み取りアプリをインストール
ください。

How to develop and promote the nationwide mutual support system

Support for community development led by residents — Activities of Sawayaka Well-being Foundation

8 September 2016

Public Interests Incorporated Foundation
Sawayaka Well-being Foundation
President Keiko SHIMIZU



Transition of society and activities of Sawayaka Well-being Foundation

【Principle】 Create a new society of interaction

Create a 'new society with interaction' where everyone from children to the elderly coexist in dignity with reasons to live through interaction and cooperation.



Create communities where everyone regardless of age and handicaps can live fulfilled life in place where one is used to live.

【Activities】 Promote nationwide mutual support system

- 1991 Established as Sawayaka Welfare Promotion Center
- 1995 Certified as Public Interests Incorporated Foundation
Changed the name to Sawayaka Welfare Foundation
(Thanks to contributions by citizens, companies, and organizations without specific major donors)
- 2010 Change to new Public Interests Incorporated Organization
-become the present organization, changed the name to Sawayaka Well-being Foundation

As of March 2016: 38 staffs (incl. 16 volunteers & 1 trainee dispatched by the Board of Education)



Creation of a new society with interaction : Phase I:1991-2013

【Establish a foundation for promoting mutual support】

- Advocate the promotion of mutual support volunteer for nationwide (e.g. Volunteer ticket, "Hureai Kippu", study group)
- Establish instructor system, organize seminars, publish activities manuals
- Advocate the collaboration of services covered by the long-term care insurance and other services, send advocacy notes for the residents-led community development to municipalities and their governors/mayors in Japan.
- Organize a study group for the evaluation and commendation of volunteer activities. Strongly advocate learnings based on social experiences.
- Create models which encourage companies, schools, and prefectures/municipalities to promote social participation.
- Advocate a citizen guardian system as a citizens' participation model in the Guardianship System.
- Advocate the support foundation for mutual support activities to promote donation culture.
- Support to strengthen models for group homes with interactions (independence). Urged and attended the former Prime minister Obuchi to visit group homes.
- Advocate for the early legislation and operational improvement of Long-Term Care Insurance Act and Act on Promotion of Specified Non-profit Activities.
- Established the Private Study Committee of the Law and Tax System to advocate for the improvement of non-profit organizations.
- Publish a brochure 'Is the government plan right?— 22 ways to utilize capacities of the private sectors.'
- Supported the recovery of communities after the Great Hanshin-Awaji Earthquake and Great East Japan Earthquake.
- Publish advocacy magazine, 'Let's speak up.'



Creation of a new society with interaction : Phase II: Autumn 2013-2016

Support for the establishment of community system based on the amendment of the Act on Long-Term Care Insurance

- Establish a 'New Community Support System Committee (advocacy group)'
- Publish 'New Community Support: Encouraging mutual support activities book (brochure)'
- Publish a book, 'Our Idea of New Community Support System Projects,' and send it to all stakeholders including municipalities.
- Operational support for life support coordinators /committees of prefectures/municipalities.



Organization of forums and seminars on the expansion of community support projects, individual supports, provide good practices, and advocacy etc.

Large forums/seminars

Started in March 2014

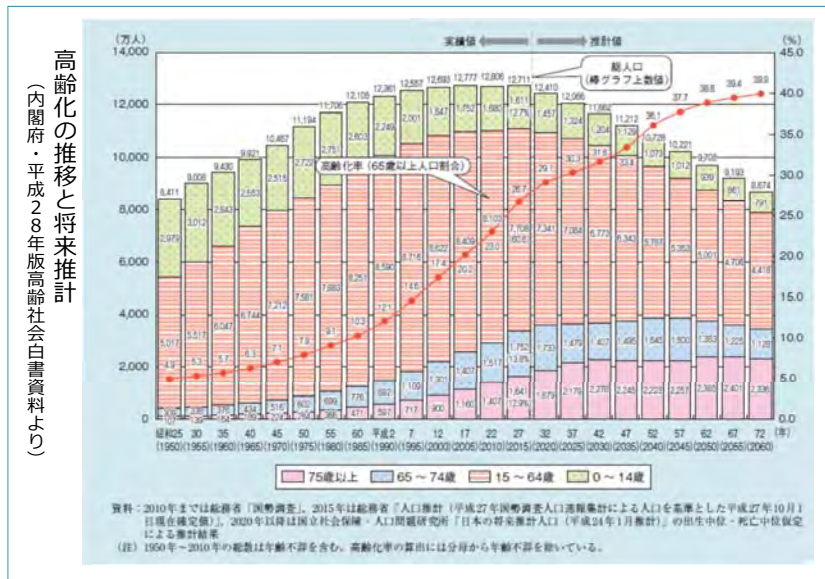
274 places in Japan (as of March 2016)

(note) In addition, we organized individual supports for prefectures/municipalities, study group within community, lectures nationwide



【活動を始めた頃の社会背景】

高度経済成長が終焉し経済低迷期へ。少子高齢社会に対応した社会保障制度改革が急務



1991年 → さわやか福祉財団活動開始

5

全国のさわやかインストラクターと協働して 各地で助け合いを推進

(全国13地域ブロック・157名)

全国での取り組み・事業計画をさわやかインストラクターと議論。於・ブロック全国協働戦略会議



Things to share among the public authority and citizens

Significance of new community support projects

‘Revolution for the development of completely new communities’ which goes beyond the partial amendment of the Act on Long-Term Care Insurance

Structural change from the provision of welfare services to the creation of various activates, residents, and connections for the comfortable community

Satisfaction in one’s life (level of happiness) will change significantly depending on the level of expansion of daily supports delivered by mutual support activities

7

For the achievement of ideal community models

Birth of life support coordinators (community interdependence promoters)/committees

Mutual support activities between residents arise from their conscience, and community building based on it cannot be promoted by order of the public authority

This system was born in order to strengthen the creation of mutual support and network from the perspective of residents in order to achieve the ideal community

- Key is the creation of various mutual support activities led by residents and development of networks
- In order to achieve this objective, it is important to consider how to conduct activities by appropriately selecting life support coordinators and committees

8

From community development led by the public authority to that led by residents

Key points in action

Confirm the ideal community model
Normative integration (share values)

Develop various/multi-layered mutual supports

Build a wide network
between mutual support and other activities

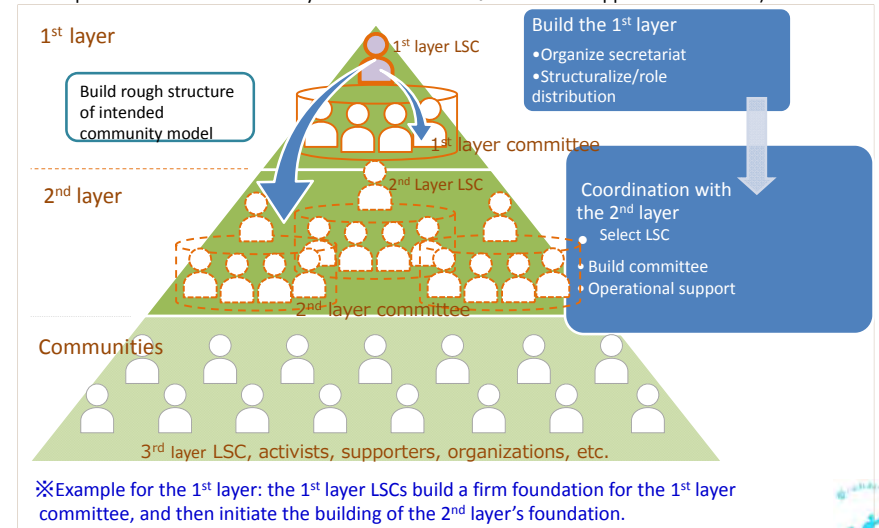
Mutual support/coexistence: everyone is supporter

Share objectives and process

9

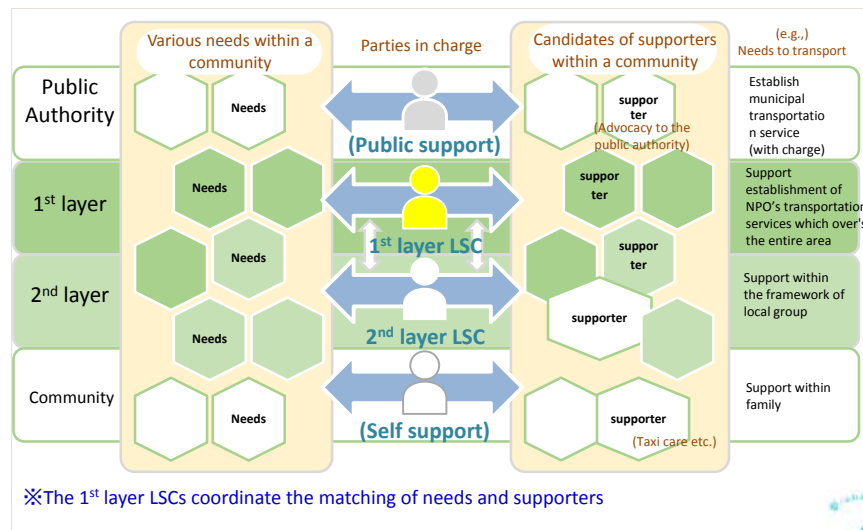
For the achievement of ideal community models: Structure and selection process of life support coordinators and committees

Step 1 : Build the 1st and 2nd layer's foundation (※LSC= life support coordinators)



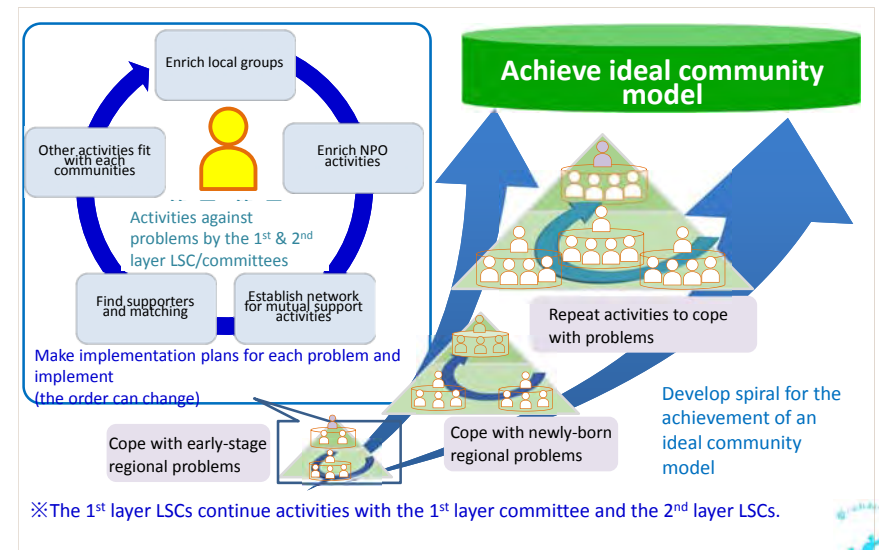
10

Step 2: Finding needs and coordinate them



11

Step 3: Community's problems solving by life support coordinators and committees

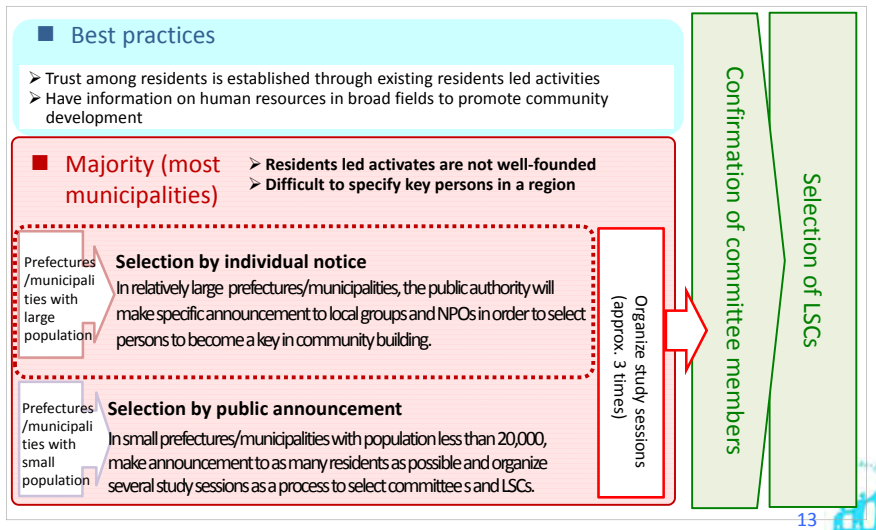


12

How to select committees and life support coordinators

For the achievement of ideal community models

'Selection process and model of LSCs and committees'



General principles for selection by individual notice

1: Create services in accordance to the community's needs and Identify insufficient activities and services

Based on workshops by stakeholders, determine an 'ideal community model,' and identify the fields which requires more mutual support.

2: Create mutual support activities by field and select persons who can lead the vitalization

14

Image of study sessions (example)

(Refer to , 'Our Idea of New Community Support System Projects,' Sawayaka Well-being Foundation)

	Main theme of each study session
1 st session	<ul style="list-style-type: none"> ● Clarify the ideal community model ● What kind of mutual supports do we want, what is lacking?
2 nd session	<ul style="list-style-type: none"> ● Role of life support coordinators and committees
3 rd session	<ul style="list-style-type: none"> ● Who should become committee members and selection by agreement

POINT: In order to capture needs and find supporters, it is necessary to go into residents to collect their opinions well, and encourage them for mutual support. Also, in order to create mutual support activities and their networks, trust by various residents and activists are necessary, requiring understanding that the title/authority/logic cannot be the sole means to achieve such missions.

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For community development with mutual support

Determination/role of municipalities

Gain **pleasure** by building together

Determination/role of operators/companies

Generate **energy** by assisting mutual support

Determination/role of supporters

Promote **rollout** by respecting diversity

Determination/role of residents

Have **reason to live** through connection with community

16

Ways to find daily support needs

Major way = workshops by community residents

Residents discuss to bring up their needs and those who may need support

Questionnaire (comprehensive/partial), interview (comprehensive/partial)

Information collection by service providers

- Analyze information from local groups, social workers/welfare workers for children, Community Support Service Centers, NPOs, Social Welfare Council, medical staffs, welfare corporations, regional care meetings, and the public authority.
- Gathering information from local groups is particularly important. Life support coordinators need to visit local groups (especially new types such as commissions) for hearings and organize a session to collect information by inviting leaders of local activities.

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- It is important to know 'what I can do for the community' in order to achieve the ideal community in addition to find needs.
- The public authority and coordinators should avoid excessive intervention. Respect the process to develop community by residents themselves.

'What kind of mutual support activities does this community need?'

Ask as specific questions as possible

'What can you offer?'

(How can we create lacking activities?)

18



Example of finding supporters through forums

Hold forums which call community residents for mutual support

[One example of forum's program]

1: Lecture (approx. 1 hour)

Necessity of new system for community support and mutual support, Role of life support coordinators and committees

2: workshop (approx. 2 hours)

- (1) What kind of mutual support activities can you offer for the community?
(let participants select from categorized needs of community)
- (2) How would you promote the community's mutual support activities (participate in subcommittee meeting each participant chose)

- local activists team such as residents' association (local unit)
- Team for creating community spaces
- Team for paid volunteers such as housekeeping, meal distribution, and transportation support (Set-up/participation)
- Team for local currency and points system (Set-up/participation)
- Team for mutual support in hobbies and exercises

*Instead of a lecture, forum can be an information session for the brief of main mutual support activities (e.g., local activities, place of one's own, paid volunteers). It also can hold a workshop on investigating into the community's needs, which is followed by an experiential game of mutual support. Contents of forum can be changed in accordance to the situation of the community.

19



「市民向けフォーラムでの住民ワークショップ」の様子



全てのグループが、グループワークの協議内容を発表する

2015年7月18日：「新しい地域支援のあり方を考えるフォーラム in 竹田」

(大分県竹田市)

20



市民向け勉強会で足りないサービスを確認



自分が住む地域でのサービスの充足状況を、色の異なるカードをあげて確認
2015年8月30日：「介護保険制度改正と新しい地域支援事業学習会」
(福岡県福津市)

21



From practices of several regions

Residents led community development is expanding nationwide

22



Concept

- 'assistance for independence' is top priority
- Understand that variety of activities exist not only in contents per se, but also in structures such as frequency of activities and charge system depending on the leading parties.
 - Judge the level of prevalence of mutual support by the extent to which unpaid mutual support activities prevail
 - Judge whether activities should be charged and what kind of activities can be offered
 - Judge whether the needs of residents and activities which supporters intend match
 - Widely create mutual support activities in addition to new integrated program

23



Confirm needs and what can be offered

■ Basic contents and types of community mutual support activities – mutual support activities matrix

contents	type	Neighbors	Local groups	Place of one's own	Regional currency	Paid volunteers	Non-profit org.	Social contributions by profit org.
Watch		○	○	△	△	△	○	○
Interaction		○	○	○	○	○	○	×
Light volunteer		○	○	○	○	○	○	△
Housekeeping support		△	△	×	○	○	○	×
Meals	Meal together	×	○	○	×	○	○	×
	Distribute meals	×	×	×	○	○	○	△
Transportation		×	△	×	○	○	○	×

*Mark '×' indicates that specific organizations do not normally engage in indicated activities. Exceptions can be found depending on regions.

24



Create connections within community: local activities

These organizations are called differently such as conventional residents' association or community committees in the case of established more recent times'

1. Mutual support organization for neighbors

Feel free to help each other

- There are large demand for asking help each other without hesitation
- Easy to face each other and build trust

But...

Some people are reluctant to help each other and others are not getting along well

- New types of voluntary local groups are born in order to cope with such problems

In order to expand such merits, create spaces where people feel free to gather such as cafes, and cafeterias, and organize voluntary activities which everyone would be interested such as hobby/exercise clubs, cleaning activities with awards, and funerals organized by autonomous groups.

2. Acquaintances for a long time live in the same community

Strong tie

- mutual support arises naturally
- easy to ask people to join

But...

Newly incoming people to the community tend to have difficulties in join the network

- Groups for new residents are formed and their members start mutual support within themselves.

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Create connection within the community: community spaces

- Relationship to mutually accept resolves worries
- Residents are inspired through interactions with various people

Motivation generates reason to live

Draw sleeping capacities (motivation)

Draw power for mutual support



Spaces for interaction generate
a foundation for residents' participation

From interaction to
natural mutual support

26



Effect of community spaces

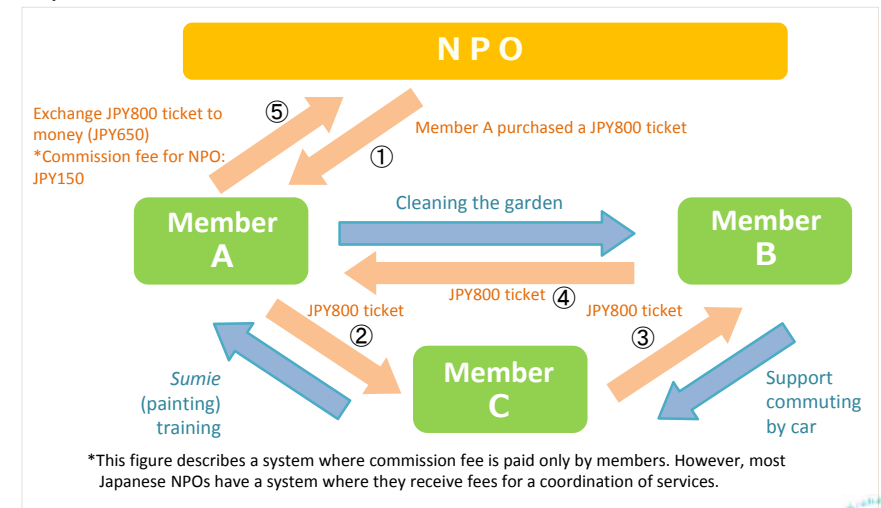


27



Create connection within the community: Paid volunteers

System



28



【What is paid volunteer?】

It is a system of volunteer activities where volunteers receive rewards

- Rewards are normally provided in the form of exchangeable tickets issued by organizing bodies
- Rewards are provided not as a compensation for work offered, but as a way to show gratitude to one's contribution of specific work for free
- Therefore, the average amount of rewards is set below the market's wage level, which is often lower than the minimum wage

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【Fields of work in service】

Services which people are hesitate to ask for free (without any rewards)

(Examples)

- Support which go beyond daily support between neighbors (its scope differs depending on region)
- Continuous and one-sided support
- Support which requires expertise
- Costly support

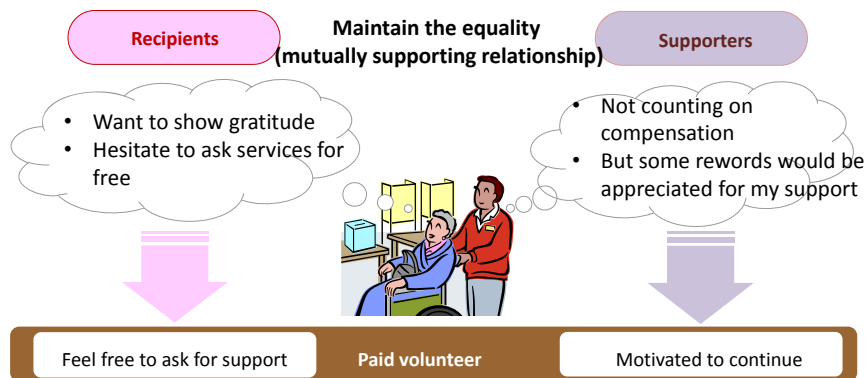


30



【Why is it charged?】

Maintain the equality (mutually supporting relationship) of supporters and recipients



*This system expanded rapidly as a friendly system for the both parties since 1990s

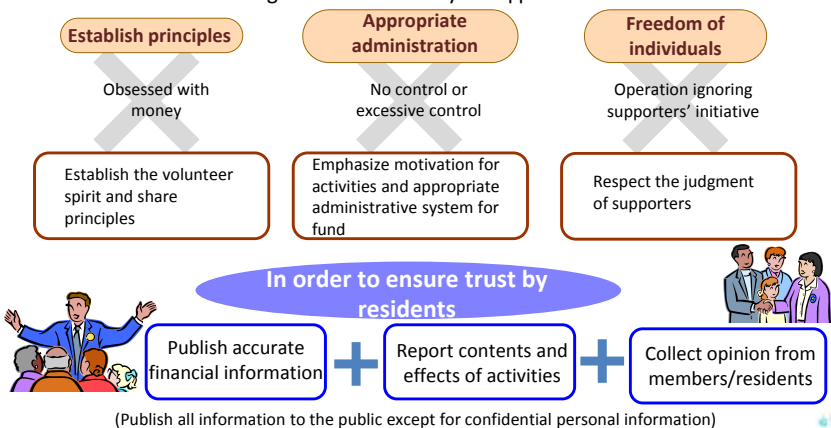
31



【Caution in operation】

The most important thing for continuous operation is to ensure trust by residents

Oversee whether the following rules are observed by life support coordinators



32



従来型地縁組織と別に組織をつくった例
NPO法人きらりよしじまネットワーク 山形県川西町吉島地区



ワークショップには若者から高齢者まで多くの住民が参加
全世帯加入のNPO法人の設立

33

各部会に分かれた組織の中で各種の事業を展開している。

自主サロン(自分たちで企画・運営)



事務局 高橋由和さん



34

山形県・東置賜郡 吉島地区
(2558人・725戸)

- 2007年地域全体でNPO法人を取得
2002年に5人の住民が地域の将来について
危機意識を共有したことがきっかけ

●主な取組

- 要援護者サポート(登録制)
- ・日中サポーター
安否確認や声掛け(ボランティア会)
- ・夜間・休日サポーター
安否確認・災害時対応(隣組)
- ・除雪支援(自治会単位)

他に、いきがいくりのよしじまっ子見守り隊、
買い物支援見守り、買い物ツアーサービス、
自主サロンの運営、小学生による高齢者見守り
「よしじまっ子おはよう隊」、小学校での高齢者の
「よしじま燦燦塾」、地域再デビュー講座「再チャレ
ンジ塾」他



35

よしじまっ子おはよう隊(上)とみまもり隊(左下)



吉島小学校6年総合学習

“しあわせなまち”ってどんなまち？

宿題！

まち(吉島)に対して、ほくは、わたしは、
こんなおてつだいができます。

ひとり3個以上考えること。

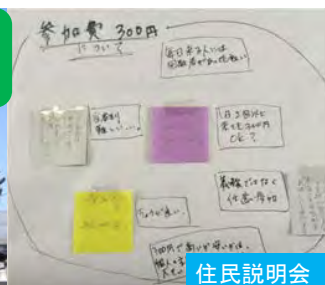


36

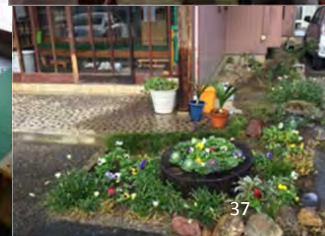
常設型の居場所と有償ボランティア 「実家の茶の間・紫竹」 新潟県新潟市



改修も地域の皆で担当



住民説明会



地域包括ケア推進モデルハウス(『実家の茶の間』協働運営)

新潟市 地域包括ケア推進モデルハウスとは

子どもからお年寄りまで、市民一人ひとりが住み慣れた地域で安心して暮らせるまちの実現を目指し、支え合いのしくみづくりをすすめるための拠点として設置している新潟市のモデル事業。市が空家を借上げ、任意団体「実家の茶の間」との協働運営で開設している。

河田圭子氏のノウハウを継承・波及していく新潟市の地域包括ケアシステム構築の要(かぎめ)。



平成26年10月18日 開所式



<物件データ>

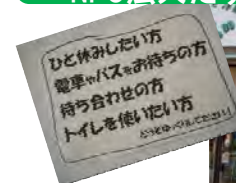
住 所: 新潟市東区紫竹4丁目21-62
間取り: 9SLDK(建物面積288㎡)
駐 車: 6台
築 年: 昭和44年

実家の茶の間の理念

『実家の茶の間』は人と人がつながる場。
人と社会がつながる場。
人の役に立ち、自分のを活かす場。
一方的にお世話をしたり、されたりするのはなく、気軽に助け合える場。
『実家の茶の間』の利用者とはサービスの利用者ではなく、“場”の利用者です。

- ◆毎週水曜日(祝日も開催)
- ◆午前10時～午後4時まで
- ◆参加料300円(茶菓代)
- ※こどもは無料
- ※紫竹以外の方 年会費2,000円
- ◆食事をされる方別途300円
- ◆毎月第3水曜は保健師による
ころやからだ、暮らしの
相談会を開催。 38

常設型の居場所 「街の居場所 もうひとつの家」 NPO法人たすけあい遠州 静岡県袋井市



開設時間は、火曜～土曜日
午前9時～午後5時
昼食を300円で提供、コーヒー100円

- 参加回数券(6枚綴り)
1回分が多く付いており、
ちょっとした助け合いのお礼にも
活用し合っている

実家の茶の間・紫竹
参加回数券 **** 領収書
実家の手 ちょっとした手助けのお礼に使用

6枚綴り 1,500円
上記金額を徴収しました。
平成 年 月 日

新潟市東区紫竹4丁目21番地2号
TEL: 025-287-2819 領収書控え

実家の茶の間・紫竹
代表: 河田圭子

参加回数券 **** 領収書: 控
実家の手 ちょっとした手助けのお礼に使用

より、1,500円を徴収しました。
平成 年 月 日

実家の茶の間・紫竹
参加回数券 ① 300円
実家の手 ちょっとした手助けのお礼に使用

実家の茶の間・紫竹
参加回数券 ② 300円
実家の手 ちょっとした手助けのお礼に使用

実家の茶の間・紫竹
参加回数券 ③ 300円
実家の手 ちょっとした手助けのお礼に使用

実家の茶の間・紫竹
参加回数券 ④ 300円
実家の手 ちょっとした手助けのお礼に使用

実家の茶の間・紫竹
参加回数券 ⑤ 300円
実家の手 ちょっとした手助けのお礼に使用

実家の茶の間・紫竹
参加回数券 ⑥ 300円
実家の手 ちょっとした手助けのお礼に使用



もうひとつの家 「周」 地域通貨（時間通貨）

「ちょっと困った」とき、気軽に頼める人がいるか、いないかで暮らし方は変わります。「お礼をしないのでは頼みにくい」ところへ、地域通貨（時間通貨）があると頼みやすくなります。

「気になる人」へ手助けしやすくなります

地域通貨（時間通貨）は少人数でできて、経費もかかりません。誰にもある時間と、できることをつなげてありがたうを交換する助け合いです。地域通貨（時間通貨）は助け合いを推進する一つの手法です。



周がありさえすりゃあ

「ちょっとおねがい！」
「ついでに いいかしら」
「これでたのみゃあ 気がらく」
「周ってね 使ってみるとよくわかるよ」
「ありがとうはいいいねえ
言っても 言われても」



有償ボランティア

NPO法人さわやか福祉ネットたすけあい伊奈 埼玉県伊奈町



「お隣さんにもできるちょっとしたお手伝い」 家事の補助や子守り、通院・買物の送迎、学童保育のお迎えなど。1時間につき1枚800円の「ふれあい切符」を、お礼として渡す仕組み。
※ふれあい切符は事務所で換金か、サービスを受けるときに備えて預けることも可能

1995年10月任意団体で発足（2000年8月NPO法人化）

私たちは、たとえ高齢になっても体が不自由になっても住み慣れた町で生活を続けたいと思います。助け合いで自宅で生活し続けられる、そんな思いの人たちが会員となり、互いに助け合いながらサービスを提供し合っています。

- ・この会が無かったら家族崩壊だったね（透析患者さん）
- ・人にお礼言われるって照れちゃうけど心豊かになるよね
- ・子どもと接すると若い力をも力もらえるの

（右写真は石巻被災地を支援する旅の様子）



‘Coop Minamisuna Group for Mutual Support’ at Koutou-ku, Tokyo

Mutual support at apartments in cooperation with residents' association

- It was established by a call from an residents' association in 2006 as a paid membership organization for residents of apartments to 'help each other when needed.'
(80 % of households out of 165 households in the apartment)
- Organize counseling activities and interaction activities in addition to various support for daily small problems
 - ・ Registration fee: 3,000 yen (1member per family), annual charge: 1,000 yen
 - ・ Out of charge of 350yen /30min, 300 yen are distributed to rewards for a supporter and 50 yen to administrative fee of the organization, respectively.
 - ・ Fill what you can offer in the registration form to emphasize 'mutual support,' call the secretary general of administrative division when asking for services. The secretary general arrange schedule.



Contents of mutual support activities

- ① Repair (check and repair home facilities conditions, installation of lightning equipments and screen doors)
- ② housekeeping (cleaning, laundry, shopping, taking out oversized garbage, cooking)
- ③ going out (accompanying to or driving to/from shopping, hospital, city halls)
- ④ Care assistance (taking walk, wheelchair, listener etc. except professional care assistances)
- ⑤ Childrearing (Events for children, accompany to kindergartens, temporary care)
- ⑥ Counseling (renew home facilities, home improvement, make contracts, and others)
- ⑦ Interactions (Hureai café, hiking, hanami (cherry blossom party), Christmas party etc.)

*The number of mutual support activities ①-⑥ was 246 from April 2014 to March.2015.





全戸で常備しているステッカー。
災害時に避難する際、玄関扉
の外に貼って知らせる



手作りのテーブルと
ベンチ



みどりのカーテン教室



清掃デー

秋祭り

クリスマス会



活動を進める核となる方々

46



In a community,

everyone has one's own role and room to play
such role.

Let's build warm communities

where everyone can spend life with dignity until its
end

in a area where one is used to live!

Reference (Numbers refers to pages)

- 5 : Graph shift of aging and estimation
Cabinet Office, 2016 Annual Report on the Aging Society
- 24-25, 27-32 : 'Our Idea of New Community Support System Projects'
Sawayaka Well-being Foundation
- 33-36 : Non-profit Organization Kirari Yoshijima Network
Materials/photos provided by the organization. Modified for use upon agreement
- 37-39 : "Zikka no Cha no Ma (dining room of my parents' home)"
Materials and photos provided by Niigata City and its operators were modified for use
upon agreement
- 40-41 : "Machi no Ibasho: Mouhitotsu no Ie (Space to be in town: Another home)"
Materials and photos provided by NPO Tasukeai Enshu. Modified for use upon agreement
- 42 : Materials and photos provided by NPO Sawayaka Fukushi Net Tasukeai Ina were modified
for use upon agreement
- 43-46 : Materials and photos provided by 'Coop Minamisuna Tasukeai no Kai' were modified for
use upon agreement

Introduction of *Hidamari* Salon

1. Beginning of *Hidamari* Salon

- At April 2000, *Kiraribito Miyashiro* was consigned to operate Miyashiro-cho Welfare Exchange Center (*Hidamari* Salon) by Miyashiro-cho, opened in June.
- Utilize vacant class rooms of Miyashiro-cho Kasahara Elementary School
- Opening hours 10:00-16:00 from Monday to Friday, 3rd and 4th Saturdays
- From April 2006 started to run as a designated administrator

2. Objectives

Provide a space where the elderly and persons with disabilities can get together easily to interact with and understand each other, in order to promote active social participation by everyone. The salon is utilized as space for activities and relaxing by wide range of citizens from babies to adults. Events are held every month by invited volunteer teachers.

3. About operator '*Kiraribito Miyashiro*'

Under the idea of 'help each other when necessary,' the NPO (Non Profit Organization) seeks to make Miyashiro-cho a better place where its residents help each other and it is good to live.

Its fundamental activities are 'helping each other activities,' where participants help others with what one can do when available. In order to allow citizens to continue to live in areas where they are used to live, *Kiraribito Miyashiro* also provides various welfare services. In addition, it also offers seminar, events, and volunteer opportunities related to welfare.

Example : The elderly group home, day service, group living, building care plan, helper station, community activities etc.

4. Total Floor Area: 96 m² Charge: Free

5. Advantages of a permanent organization

Easy to gather	One can go to the Salon anytime and be confident to ask her/his friends to go together, as it is always open.
----------------	---

Can join what one likes to do	Clearly announced event schedule allows people around the Salon to join activities which they like
Rapid announcement	spread by word of mouth
Sufficient number of volunteer trainers	easy to arrange schedule
More chance to establish new Salons	As the number of participants increases, the more space is needed, so that people are motivated to establish new Salons

6. Activities examples

- Monday: Relaxing day
It is the day when one can spend relaxing time. Introduction course of 'co-imagination method' for dementia prevention is offered on the Second Mondays every month. You can do whatever activities you like such as origami.
- Tuesday: Lively day (10:30-11:30)
An exercise activity mainly composed of stretching targeted at everybody is scheduled on Tuesday. A wide range of generation from children to the elderly can enjoy the simple exercise, and they spend lively time. It is the popular event which has a lot of participant every time. Communication with the teacher is also a reason of its popularity.
- Wednesday: *Go*/Japanese chess day
Whether one is beginner or professional, (s)he can play *Go*/Japanese chess and have fun together. As this activity gathers a lot of participants, one can interact with diverse people through *Go*/Japanese chess.
- Thursday/Friday: '*Sawori Ori* (hand weaving)' day
Participants can try making '*Sawori Ori*,' the original and very popular product of '*Himawari House*,' the community workshop center. We started this activity as we hope that it would help to raise awareness about welfare.
- 3rd and 4th Saturday
The Salon is open on the 3rd and 4th Saturday. Exciting events which family and beginners can enjoy are organized, and participants enjoy interacting with various people.
- Others: Monthly events
We organize exciting events about twice a month. These events are advertised in the PR magazine of Miyashiro-cho, at *Hidamari* Salon, and at

library every month. Please call us if you are interested to participate.

NPO *Kiraribito Miyashiro*
Kouichi Shimamura

Hidamari Salon

- Open: April 2000
- Venue: Miyashiro-cho Kasahara Elementary School,
Kasahara, Miyashiro-cho, Minamisaitama-gun
- Opening hour: Monday-Friday, 3rd and 4th Saturday
10:00-16:00
- Owner: Miyashiro-cho
- Operator: NPO Kiraribito Miyashiro

Kasahara Elementary School



Hidamari Salon



Iki Iki Exercise Day

at *Hidamari Salon*



Knitting/Sawori Ori

at *Hidamari Salon*



Go/Japanese Chess Day

at *Hidamari Salon*



Local Events

at *Hidamari Salon*



Volunteer Interactions

at *Hidamari Salon*



Farewell Party (the final year elementary school kids)

at *Hidamari Salon*



Help you with 'little problems' in your daily life!



Need help

One may want help in housekeeping, moving to short distant away and other little things in daily life. There is someone to help you with these things. Don't hesitate to give us a call. Please feel free to contact us.

-Help each other when needed-

Mutual Support Activities

Call for participants!

'Mutual support between members'

We can help you!

More and more elderly living alone and family engaging in long-term care, imposing burden on them. There is a system which can help those in need under the idea of 'do what you can do when you can do.' Please join our activities for mutual support 'help each other when needed.'

Please read the following page for detail

How to use 'mutual help activities' service

Need help in cleaning the room

Need help in going out

Need help in laundry

Need help in feeding dogs and taking dogs

Need help in shopping

Help you with various 'problems' in daily life which everyone faces.

Feel free to give us a call.

Kiraribito Miyashiro Section in charge of mutual help
TEL: 0480-31-2123 (9:00-17:00 except for Sat., Sun., and bank holidays)
Address: 3-8-25 Kawabata, Miyashiro-Cho
Refer to our HP too.

② Help you with your problems

① Return with 'Hureai ticket' to thank the person

1point in 'Hureai ticket' =JPY100
e.g., shopping: 30min/6points
taking dogs out for walk: 30 min/6points

Voice of users:

I was very happy to have help in things which I had been doing alone.

I felt good in asking for help as everyone was kind and considerate.

I managed to have my own time as I could ask for help which is out of helpers' duty.

Non-profit Organization *Kiraribito Miyashiro* promotes 'mutual help' activities under the idea of 'help each other when needed.'

Kiraribito Miyashiro was born in 1998 in the aim of 'community development through new interactions.' Mutual help activities under the idea of 'help each other when needed' are basically supposed to be a substitute for 'help within family,' and a framework where 'one does what one can do when available.'

The system is supported by 'Hureai ticket' so that one feels easy to ask for help.

'Hureai ticket' is a means to exchange affection and gratitude between who provided help and who asked for it, and not a fee for service.

Then, what is a 'community with new interactions' which we are trying to promote?

It is a community where everyone is respected regardless of one's condition and residents feel easy to help each other when necessary. It is also a society where residents are not only concerned with 'profits just in front of them,' and don't hesitate to devoting themselves to the community with what they can do.

We would like to believe that our small-scale activities are the very step to change society. Let's cooperate with others so that you can spend 'kiraribito (bright)' life as one's life cannot be repeated.

President Kouichi Shimamura