

Part 3

Sending Program



Chapter 1

Schedule of Orientation Sessions

1. Schedule of Preparatory Session

Objectives of Preparatory Session:

- Understanding the purpose and content of the Program; completion of necessary preparation
- Building awareness as participating youths as well as understanding primary activities during the Program

Venue: National Olympics Memorial Youth Center

June 26, Friday		
11:10-12:40	Delegation Leaders' Meeting	
12:45-12:55	Orientation for the venue	
13:00-13:15	Opening Ceremony	
13:15-14:15	Orientation for Preparatory Session	
14:30-14:45	Introduction by delegation	
14:45-16:00	Delegation Meeting I: Lecture by Cabinet Office Officials	
	Elderly People	Mr. Takeshi Yokomura, Deputy Director for Policy on the Aging Society Office of Director General for Policies on Cohesive Society, Cabinet Office
	Persons with Disabilities	Mr. Koji Onoue, Policy Planning and Research Officer Disability Policy Reform Office, Cabinet Office
Youth	Ms. Shino Saito, Official for Youth Support Office of Director-General for Policies on Cohesive Society, Cabinet Office	
16:15-18:15	Elderly People	Delegation Meeting II: Lecture by professionals Mr. Hidefumi Iwamura, German Embassy in Japan
	Persons with Disabilities	Delegation Meeting III: Orientation and discussion on delegation's objectives
	Youth	Delegation Meeting II: Lecture by professionals Mr. Peter Storer, Minister for Cultural Affairs Director of the Austrian Cultural Forum Austrian Embassy in Japan
19:15-21:30	Elderly People	Delegation Meeting III: Orientation and discussion on delegation's objectives
	Persons with Disabilities	Delegation Meeting II: Lecture by professionals (21:15~ Delegation Meeting IV) Prof. Yoshimichi Ogawa, Professor, Sports and Health Science Course, Department of Robotics and Mechatronics, Faculty of Creative Engineering, Kanagawa Institute of Technology
	Youth	Delegation Meeting III: Orientation and discussion on delegation's objectives

June 27, Saturday	
9:00-12:30	Delegation Meeting IV: Information collection and objectives of activities during the Program
13:30-14:30	Delegation Meeting V: Information collection and objectives of activities during the Program
14:45-15:30	Session on English Communication
15:30-16:15	Lecture on Protocol
16:25-17:00	Introduction to post-program activities
17:15-18:15	Delegation Meeting VI: Meeting with former participating youths
18:30-19:10	Group discussion with former participating youths (interim feedback)
19:30-20:45	Exchange Party
June 28, Sunday	
9:00-10:15	Delegation Meeting VII: Preparation for presentation of delegations' objectives
10:30-11:30	Presentation by delegations (delegations' objectives, individual themes, objectives for each visited organizations)
11:40-12:00	Inauguration and Closing Ceremony
13:00-14:00	Delegation Meeting VIII: Feedback of the Session and objectives during individual preparation
14:15-14:45	Administrative announcement
15:00-16:00	Delegation Leaders' Meeting

2. Schedule of Pre-Departure Session

Objectives of Pre-Departure Session:

- Understanding the purpose and content of the Program
- Preparation for activities in the visited countries

Venue: National Olympics Memorial Youth Center

October 9, Friday	
13:30-14:00	Delegation Leaders' Meeting
14:30-15:20	Orientation for Pre-Departure Session
15:30-17:00	Delegation Meeting I: Briefing on the Sending Program Itinerary
17:00-17:30	Administrative announcement: travel arrangement
19:00-21:00	Delegation Meeting II: Sharing outcomes of individual preparation; delegation's objectives during the Program
October 10, Saturday	
9:00-11:30	Delegation Meeting III: Sharing outcomes of individual preparation; delegation's objectives during the Program
11:45-13:00	Overall Session <ul style="list-style-type: none"> • Presentation by delegations • Comment by Cabinet Office official
13:15-14:30	Send-off Party
14:45-15:30	Overall Session <ul style="list-style-type: none"> • Group discussion
15:45-16:45	Meeting on Invitation Program and post-program activities
17:00-18:00	Delegation Meeting IV: Sharing outcomes of individual preparation; delegation's objectives during the Program
October 11, Sunday	
6:30	Leave for Narita International Airport by bus (Activities for Elderly People Course)
8:00	Leave for Narita International Airport by bus (Activities for Youth Course)
8:30	Leave for Tokyo International (Haneda) Airport by bus (Persons with Disabilities Course)

3. Schedule of Post-Program Session

Objectives of Post-Program Session:

- Summarizing the Program outcomes; furthering the participation in post-program activities

Venue: National Olympics Memorial Youth Center

October 20, Tuesday	
14:00-18:00	Delegation Meeting (Activities for Youth Course)
19:30-21:30	Delegation Meeting I: Preparation for the Debriefing Session; discussion on future collaboration
October 21, Wednesday	
9:00- 9:45	Overall meeting
10:00-12:15	Delegation Meeting II: Preparation for the Debriefing Session; discussion on future collaboration
13:30-16:15	Delegation Meeting III: Preparation for the Debriefing Session; discussion on future collaboration
16:30-18:15	Debriefing Session <ul style="list-style-type: none"> • Presentation of summary by delegations • Comment by Cabinet Office official
18:20-18:30	Dissolution of delegations
18:45-20:00	Farewell Dinner
20:15-21:15	Delegation Leaders' Meeting
October 22, Thursday	
9:00-11:00	Meeting on post-program activities
11:10-11:30	Administrative announcement

Chapter 2

Program and Activity Reports

Delegation from Japan were sent to Germany (Activities for Elderly People Course), UK (Activities for Persons with Disabilities Course) and Austria (Activities for Youth Course) from October 11 to 20, 2015. During the program they visited institutions related to the respective course topics and had discussions.

1. Germany (Activities for Elderly People Course)

Date	Weather	Time	Activity
October 11 Sunday	Fair	9:55 14:25 17:00 17:55 19:30-21:00	Departure from Narita International Airport by LH711 Arrival at Frankfurt International Airport Departure from Frankfurt International Airport by LH192 Arrival at Berlin Airport Dinner meeting with coordinators (Stay in Berlin)
October 12 Monday	Fair	9:30-12:00 12:15-13:15 14:00-14:45 14:45-15:45 16:00-17:00 17:30-18:30 19:30-21:00	Visit to Social Association of Germany (SoVD) Lunch with the staff of SoVD Visit to Dementia Friendly Community Lichtenberg Visit to Memory Clinic Visit to the Day Care Center "El-Friede" Visit to Volkssolidarität Berlin Office Dinner with the former participants of the Invitation Program (Stay in Berlin)
October 13 Tuesday	Cloudy	10:00-12:00 12:30-14:00 14:30-15:30 15:30-17:30	Visit to Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) Lunch Meeting with the President of German National Association of Senior Citizens' Organizations (BAGSO) (Former Minister of BMFSFJ) Visit to the Embassy of Japan in Germany Guided city tour by the Center for Witnesses to Contemporary History (Stay in Berlin)
October 14 Wednesday	Cloudy/ Snow	9:00-13:30 13:30-14:00 14:00-18:45 19:00-20:15	Transfer to Gelsenkirchen by ICE and bus Courtsey call on the Mayor of Gelsenkirchen Visit to Generation Network Gelsenkirchen and ZWAR e.V. Dinner with the staff and the members of ZWAR e.V. (Stay in Gelsenkirchen)
October 15 Thursday	Cloudy	8:30-12:30 13:00-14:00 14:00-17:00 17:30-20:00	Transfer to Frankfurt am Main by bus Visit to the Multicultural Home "Victor Gollancz House " Lecture by Director of the Board for Frankfurter Federation Transfer to Frankfurt am Main by bus (Stay in Frankfurt am Main)
October 16 Friday	Cloudy	8:40-12:00 12:20-15:00 15:00-17:45	Visit to the Frankfurter Federation Meeting and Service Center Visit to the Meeting and Service Center Eckenheim Visit to the Network New Neighborhoods Visit to the Multicultural Home "Julie Roger House " Visit to the Nursing Home "Heinrich Schleich House " (Stay in Frankfurt am Main)
October 17 Saturday	Cloudy	8:30-11:30 12:30-16:00 16:30	Delegation Meeting Guided city tour in Frankfurt Homestay Matching (Homestay)

Date	Weather	Time	Activity
October 18 Sunday	Cloudy	All day 17:00-20:00	Homestay Farewell Party with host families and local partners (Stay at Frankfurt)
October 19 Monday	Cloudy	9:00-11:00 11:15-13:30 18:05	Delegation Meeting Evaluation with staff of International Youth Service of the Federal Republic of Germany (IJAB) and BAGSO Departure from Frankfurt International Airport by LH716 (Overnight Flight)
October 20 Tuesday	Fair	12:15	Arrival at Tokyo International (Haneda) Airport

Organizations and institutions visited (reported by the delegation members)

	Social Association of Germany (SoVD)
Day of the Visit	October 12, Monday
Receivers	Mr. Klaus Michaelis, Chair of the Social Policy Committee Mr. Ass. jur. Ragnar Hoenig, Head of Social Policy Division Mr. Fabian Müller-Zetzsche, Long-Term Care Policy Officer
Address	Stralauer Str. 63, 10179 Berlin
Telephone number	(49)-30-72-62-22-0
URL	http://www.sovd.de/kontakt.0.html

Outline of the organization/institution:

Established in 1917 to provide care for the wounded of World War I and war widows. The Association has 560,000 members and is independent from any political or religious groups. The association works for welfare in a broad sense and its overall goal is to achieve a more democratic state with better social welfare. The main funding resource is an annual subscription of 60€; the rest of the income is from donation. The Association advocates, at the national level, for those in need of care.

Activities during the visit:

[Contents of explanation]

Consultation for social welfare: legal consultation on social welfare and advice upon application for pension funds. If the pension payment is refused by the Federal Government, the Association may launch a legal action on behalf of law practitioners.

Social welfare policy: delivering consideration of Social Welfare Committee to community residents, or by in-house magazine to its members.

Leisure activities: the Association organizes activities requested by elderly people approximately once a month.

The Social Welfare Council works on the topics of insurance, nursing care insurance, policies against poverty, policies for women and families, and the tax system. Pension is available not only for the elderly but also for young people with disabilities. There are three types of pension systems: mandatory public pension, corporate pension, and private pension by insurance companies.

Situation surrounding nursing care: there are 2.6 million people in need of care, approximately half of them with dementia. Among those in need of care, 71% are under home-based care, while 29% are cared at nursing facilities. Of all 1.86 million people under home care, 1.25 million are cared by their families without supports of helpers. The Association sees the declining birthrate and ageing population, in particular the poverty of the elderly, as important issues to be tackled.

Nursing care insurance: monthly benefit for a person cared at nursing homes ranges from 1,000-1,600€. For the home-based care, monthly benefit is 250€ and an additional 500€ will be provided if using support by helpers.

	Dementia Friendly Community Lichtenberg
Day of the Visit	October 12, Monday
Receiver	Mr. Robert Stephan, Social Worker
Address	Einbecker Str. 85, 10315 Berlin
Telephone number	(49)-30-983-17-63-24
URL	http://www.dfk-lichtenberg.de

Outline of the organization/institution:

An initiative led by a private organization started in 2008 without involvement of public administration: with 30 experts in the fields of social welfare, health insurance and nursing care insurance. Major activities of the initiative are networking, education and trainings. Its financial resources are provided by member subscriptions, donations and subsidies.

Activities during the visit:

[Contents of explanation]

In 2015 the number of dementia patients in Germany reached over 1.5 million: 53,000 of those live in Berlin, and 4,000 in Lichtenberg District. The privately-led initiative differentiates itself largely from the community integrated centers in Japan led publicly. To establish a dementia-friendly community, it is essential to integrate the entire society, including schools, shops and churches, besides those with medical and nursing care experts.

- Major activities:
Awareness raising, information provision: making brochures on dementia and their activities. The informational leaflets contain telephone numbers for consultation services and facilities available in

Lichtenberg. Movie events are held for community residents to raise their awareness on dementia and discussion is organized afterwards. There are also group activities targeting non-dementia people such as one for walking. The initiative participates in various events and festivals, actively promoting their work.

Training: there are 12 training sessions for families of people with dementia free of charge.

- Future challenges: Financial resources. The initiative is working to receive subsidies from Lichtenberg district.

[Exchange of opinions]

- Community network is not a new approach: Düsseldorf and Aachen have active networks for 20 years.
- Training sessions for families of people with dementia include ice-breaking for the first session and farewell for the final one. The rest of the 10 sessions are organized with themes such as understanding dementia, how to communicate with persons with dementia, care for the family members, etc. The essence of all sessions is for the families of persons with dementia to get to know each other and share information and their experiences.

	Memory Clinic
Day of the Visit	October 12, Monday
Receiver	Mr. Eckehard Schlaus, Diplom Gerontologist and Care Worker
Address	Herzbergstr.79,10365 Berlin
Telephone number	(49)-30-5472-4900
URL	http://www.keh-berlin.de/de/gerontopsychistrie

Outline of the organization/institution:

A clinic specialized in dementia established within Herzberg General Hospital in Berlin. Major activities are medical interviews and diagnoses on memory skills as well as service provision for those diagnosed with dementia. Operational funding comes from statutory health insurance.

Activities during the visit:

[Contents of explanation]

- The Clinic provides outpatients' interviews and diagnoses on memory skills, which require referral from general practitioners or specialist physicians. It also makes neurological and psychiatric diagnoses. There

are four other clinics in Berlin that conduct similar diagnoses. Interviews and diagnoses require 3-4 days for each case.

- Major outpatients: mainly persons over 50 years old, with symptoms of not being able to remember schedules or becoming forgetful.
- Diagnosis outcomes at the Clinic: 21% were diagnosed as not dementia; 24% as early dementia; 28% as dementia and 17% as others.
- Services provided after the diagnoses: consultation on nursing care; consultation on social services; nutrition information such as diet; information on various therapies (e.g. occupational, physical, music, dancing, and dog therapies); dementia café, and collaboration with local experts. Persons diagnosed as early dementia are diagnosed again after 6 months for follow-up.

[Exchange of opinions]

- Music therapy includes dancing therapy, singing together and listening to music. Dancing therapy and singing with voices are very effective for dementia. These therapies are covered by health insurance; individual payment is not required.
- Duration for diagnosed and required hospitalization is approximately 30 days: hospitalization takes place to work on secondary conditions such as behavioral symptoms, not on the dementia itself.
- The Clinic mainly targets persons over 50 years old: persons with juvenile Alzheimer’s disease under 50 years old and any person concerned about their memories may also be accepted.

	Day Care Center “El-Friede”
Day of the Visit	October 12, Monday
Receiver	Mr. Thomas Böhlke, Director
Address	Volkradstrasse 28, 10319 Berlin -Lichtenberg
Telephone number	(49)-30-515-8810
URL	http://www.erfuelltesleben.de/

Outline of the organization/institution:

Day care center in Old People’s Care Home “House of Sunset” established in 1994. The building has 4 floors, with 25 residents in each floor to accommodate 100 in total. There are 82 individual rooms with an area of 20m² each and 9 twin rooms with an area of 31m² each. The Center established the day care service sections in 2011 and started providing day services for rehabilitation in 2015. Some activities are participated in by all residents.

Activities during the visit:

[Contents of explanation]

- It is rare that the residents stay in their rooms: they stay in their rooms only to sleep. During day time, occupational therapists provide activities in common spaces.
- The Center provides activities, such as physical exercises, brain exercises, singing songs, sitting dance, quiz and story telling. The Center also provides individual care services.

- Each room is equipped with an emergency call unit.
- Many of the residents are immigrants from Russia and other countries.
- The Center does not provide home-visit care services nor medical procedures.
- The residents are at a relatively early stage of dementia.
- The number of volunteers is 15.
- For a sudden day off of the staff, other staff acts flexibly and serves as a substitute.
- 52% of the staff have qualifications as care workers and nurses.
- Social workers perform duties beyond their primary job responsibilities which helps improve their individual skills.
- Specialized skills and competences besides qualifications, such as pottery art or playing a guitar, are advantageous upon finding a position at the Center.

	Volkssolidarität Berlin Office
Day of the Visit	October 12, Monday
Receivers	Mr. Andre Lossin, Chief Executive Officer Ms. Irmgard Steiner, Local Executive Board Ms. Veronika Vahrenhorst, Manager Care Support Point Mr. Robert Stephan, Social worker
Address	Alfred-Jung-Strabe 17, 10367 Berlin
Telephone number	(49)-030-29-02-828-0
URL	http://www.volkssolidaritaet.de/berlin/

Outline of the organization/institution:

Volkssolidarität Berlin Office was established on 17 October 1945 for people who lost their houses by war. With the mission to establish a democratic state, there are six organizations in Berlin under its roof. It is religiously independent and works with the vision of “open door to everyone (regardless of what you believe and whom you love).” The number of staff is 700. Among the 18,000 members, 5,320 are volunteer. The organizations support activities for immigrants too. There are approximately 50,000-70,000 immigrants in Berlin and some shelters are under construction. Its motto is “we work together for ourselves.”

Activities during the visit:

[Contents of explanation]

The concept behind their nursing care is “opening doors to multi-cultures!” People of Berlin come from 125 counties and approximately 30% of them are immigrants. The lack of experts is a pressing issue. Immigrant-related facilities have a number of problems, such as how to integrate Syrian refugees into society. There are groups in each area to provide support such as language-teaching by retired teachers.

It conducts activities for communities and builds facilities that respond to the needs of the communities. Communicating and networking with other organizations,

it maintains a close relationship with organizations in each area which represent elderly people and advocate for their requests. The organization puts great importance on culture that they organize theatrical and musical performances as well as displaying the artwork by members of the group at a free space of the secretariat.

Promotion activities include making brochures indicating care-consultation offices. It also provides house repairing, such as eliminating differences of floor levels and installing handrails. In terms of volunteer development, coordinators provide training and maintain their motivation by celebrating their birthdays and acknowledging their works. The average age of volunteers is 77, similar to the age range of the service users. Some young people join in the activities by utilizing social networking services. Those who join in activities can become its member, yet the organization respects one’s individual will and thus a membership is not mandatory.



	Federal Ministry for Family Affairs, Senior Citizens, Woman and Youth (BMFSFJ)
Day of the Visit	October 13, Tuesday
Receivers	Dr. Matthias von Schwanenflugel, Department Head of Demographic Change, Elderly, Welfare Ms. Dorika Seib, Unit 316 Demographic Change, International Policy on Ageing
Address	Glinkastraße24, D-10117 Berlin
Telephone number	(49)-3018-555-1700
URL	http://www.bmfsfj.de/BMFSFJ/ministerium.html

Outline of the organization/institution:

The Ministry is responsible for matters related to families, seniors, youth, and volunteers among others. The Ministry collaborates with the Federal Ministry of Health to tackle the increasing tendency of dementia. It also has an agreement with dementia-related research organizations in four fields: “dementia-related research,” “societal responsibility,” “support for dementia patients and for their families (support for the families is of particular importance)” and “establishing systems for support provision.”

The major challenge of the Ministry is to establish a network to support persons with dementia and their families in communities. The Ministry plans to establish 500 networks across the country which helps providing information on available hospitals, multigenerational houses and consultation offices.

Activities during the visit:

[Contents of explanation]

- The field of nursing-care was separated into four categories on “elderly,” “children” and “patients”; currently, these areas are being integrated in one approach. The concept behind the change is to stop segregating nurses and care workers, and to create an attractive work environment for the elderly’s care. To implement the change, the Federal Government amended the law and made education for care workers

free of charge. By granting university degree the social status of social workers are aimed to be improved.

- Birthrate in Germany started to decline in the 1960s. Besides the domestic movement, the number of immigrants and seasonal workers from Italy increased. In the 1970s, immigrants from Yugoslavia and Turkey increased. Average life expectancy in Germany extended by 30 years compared to 100 years ago.
- The number of immigrants from Syria has been increasing; the situation is seen as an opportunity in the view of labor markets and social welfare policies as many of these immigrants possess highly professional expertise. Germany believes if these immigrants obtain qualification in nursing care for the elderly and there is adequate support for their employment, the country will be able to resolve the shortage of skilled personnel in the care sector.
- The task force on “the decision making by the elderly” aims to promote the social participation by people of all age regardless of generation. One of their programs takes an approach of multigenerational housing: at 450 locations in the country, educational programs on the issues related to elderly people and volunteer activities are provided. As various groups utilize these sites for their activities, it helps enrich the life of the elderly and facilitates their participation in society.

	The German National Association of Senior Citizens’ Organizations (BAGSO)
Day of the Visit	October 13, Tuesday
Receivers	Prof. Dr. Dr. h.c. Ursula Lehr, Former German Minister, Honorable President of BAGSO Dr. Guido Klumpp, Managing Director Ms. Elvira Barbara Sawade, Staff
Address	Stralauer Str 63, 10179 Berlin
Telephone number	(49)-2-24-28-99-9-311
URL	http://www.bagso.de

Outline of the organization/institution:

There were 12 elderly-related organizations conducting activities of their own individually, when the research on active ageing was started in 1960. In 1989, these 12 organizations agreed on “the need to show the world ‘what elderly people can do together’” and established BAGSO to represent the benefit of all the elderly people. To become an affiliated member, it is required to 1) be a nationwide organization, 2) have branches at least in 5 States and 3) work in the area related to the elderly people.

Current member organizations include self-help groups of Alzheimer’s and Parkinson diseases. There are 113 affiliating organizations: they work for elderly people as well as for those to become elderly.

Activities during the visit:

[Contents of explanation]

The Association’s major activity is to communicate elderly people’s voices to the ministries and to recommend policies. It is asked of opinions not only by the responsible ministry,

but also from many others including the Federal Ministry of Health, Federal Ministry of Justice and Consumer Protection among others. For example, the Federal Ministry of Food and Agriculture asked the Association for an opinion on a healthy diet. Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety has “town making policy friendly for the elderly”; in light of this BAGSO conducted an interview with 113 organizations and received opinions such as “the signal turns red too fast so that it is hard to cross street crossings,”

“not enough number of benches are available,” “hard to walk stone pavements,” “the number of toilet is limited,” “too many steps without handrails” and “hard to get on and off trains.” The association provided feedback to the Ministry: as a result, this feedback was reflected in the policy to establish elderly-friendly towns.

BAGSO compiles comments on the report on elderly people, to be submitted from the federal government during the Prime Minister’s term in the office, from the 113 affiliated organizations and proposes better approaches.

	Embassy of Japan in Germany
Day of the Visit	October 13, Tuesday
Receivers	Mr. Takayuki Miyashita, Minister Ms. Satoko Sakuma, Second Secretary Ms. Retana von Bülow, Department for Culture and Public relations
Address	Hiroshimastr.6, 10785 Berlin
Telephone number	(49)-30-210-94-0
URL	http://www.de.emb-japan.go.jp/nihongo/index.html

Outline of the organization/institution:

The Embassy of Japan is the center of diplomatic activities in Germany and offers various consular services such as visa issuance, protecting the lives of Japanese nationals, public relations, cultural exchanges and information gathering.

Activities during the visit:

[Exchange of opinions]

- Similar to Japan, Germany is faced with a declining birthrate and an ageing population. Birthrate in Japan is slightly higher than the one in Germany.
- Refugees from Syria is a topic of considerable discussion in Germany: although there are various opinions among citizens, Germany is on the plan to continue accepting immigrants. Within the month of September 2015, more than 100,000 immigrants arrived in Germany and were sheltered in 16 federal states according to the capacity in each state. Germany accepted a number of Turkish

laborers to supply a labor gap in the 1960s. It was not successful to integrate Turkish laborers with different languages and religions into the society then; therefore, the country is determined to utilize their experiences and lessons-learned in this current situation.

- The minimum wage in Germany was uniformly set at for 8.5€ throughout the nation as of 1 January 2015. Therefore, nursing care staff are paid following the legal amendment.
- There was an excess number of general practitioners in the 1990s and Germany adopted a retirement system for the age 68. Later, there was a lack of practitioners so the retirement age system was abolished.
- As of 2015, reception of pension starts at the age of 64; it is decided to delay the starting age. There are a number of people who wish to retire as soon as possible, if they have enough to live until the pension payment starts.

	Gelsenkirchen City
Day of the Visit	October 14, Wednesday
Receiver	Ms. Martina Rudwitz, Mayor
Address	Hilgenboomstrasse 23, 45884 Gelsenkirchen
Telephone number	(49)-209-138632
URL	www.gelsenkirchen.de

Outline of the organization/institution:

Gelsenkirchen is a city with a population of 260,000 and full of cultural diversity with people from various countries and with different religions. The City is the home for FC Schalke 04.

Activities during the visit:

[Contents of explanation]

Gelsenkirchen once had a population of 400,000 when the mining industry thrived; with the mines closure, the industrial structure changed significantly. The city is faced with a difficulty to support citizens to continue their everyday life even after their work shifted from mine industry to others. The city's declining birthrate and an ageing population is similar to the one at a national level in

Germany, with many persons with Alzheimer's disease and with disabilities. People from various cultural backgrounds are also becoming old and possible to have dementia.

Although the City is in financial straits, its administration has been supported by active volunteer groups, such as ZWAR. Persons accessible to neighbors are very important. In Gelsenkirchen people of all generation, from the elderly to their grandchildren, support FC Schalke 04 together. The elderly of Gelsenkirchen also organize projects by themselves and visit Berlin to hold lectures on some occasions. Gelsenkirchen has an orchestra and theaters and promotes tourism. There are a number of projects for grandparents and grandchildren to promote multigenerational interaction, drawing the attention of other federal states.

	Generation Network Gelsenkirchen
Day of the Visit	October 14, Wednesday
Receiver	Mr. Hans-Werrner Rössing, Second Chairperson
Address	Stadt Gelsenkirchen, Vattmannstr. 2 - 8, 45879 Gelsenkirchen
Telephone number	(49)-0209-169-3098
URL	http://www.seniorennetz-ge/

Outline of the organization/institution:

Generation Network Gelsenkirchen has the mission to enhance the quality of life for the elderly and to support their independent and healthy life. Its vision is to establish communities with values for all generations to live. Collaborating with many private and non-profit organizations as well as public administrations, it mainly works as 1) information center, 2) secretariat, 3) support to secure sponsorship and 4) support for establishing groups. It participated in a joint research project with a university for four years. The organization places great importance on multigenerational interaction and mutual learning, while improving the quality of life through securing sustainable budgets, establishing collaboration and strengthening

corporation at community and neighborhood levels.

Activities during the visit:

[Contents of explanation]

- Generation Network Gelsenkirchen has various affiliate organizations, one of which is ZWAR, the next visited organization by the delegation. Established by active elderly on pensions who then wished to be of service to the society, Generation Network Gelsenkirchen provides networks to implement activities which are rather difficult by individuals alone.
- Activities are varied: "housing reforms," "providing meeting places," "promotion of volunteer activities," "provision of activity sites in communities," "care for

elderly and dementia care,” “health,” “inclusion” and “multi-culture and gender.”

- Building information centers and placing experts and welfare workers across the city is important to establish a solid network.
- In order to conduct activities that respond to the true needs of citizens, it is essential to reflect the voices of who will be participating in the program, instead of unilaterally organizing. The bigger the network becomes, the more difficult to collaborate: therefore,

each group consists of one neighborhood where residents know each other, including local experts and related professionals. The network needs to consider all opinions of the participants, not only the ones of one group, to organize activities. It also promotes to establish an “all-win” relationship with companies and service providers, as their participation in the network helps improving their image as well as benefitting civic lives.

	ZWAR e.V.
Day of the Visit	October 14, Wednesday
Receiver	Mr. Christian Adams, Managing Director and Project Coordinator of ZWAR NRW Central Office
Address	Steinhammerstrasse 3, 44379 Dortmund
Telephone number	(49)-231-96-13-17-0
URL	http://www.zwar.org

Outline of the organization/institution:

ZWAR stands for “Zwischen Arbeit und Ruhestand (between work and life on pension).” The main activity of ZWAR is to support the shift of one’s life from working career to retirement. The organization provides opportunities to think of how people should continue their contribution to society especially after their retirement, instead of losing their societal connection once they are retired. ZWAR is one of the approaches in the Federal State of Nordrhein-Westfalen, therefore it is not organized at a national scale. Networks of ZWAR are not virtual but physical where people can gather themselves, targeting those over 55 years old.

Activities during the visit:

[Contents of explanation]

- Activities of ZWAR:
ZWAR supports participants to decide what to do next, instead of providing programs designed by experts.

ZWAR’s activities are expected to become a starting point of new friendship among the participants and to enable continuous support to each other even after one becomes incapable to join the organization’s activities. ZWAR works to encourage citizens over the age of 55 to participate in social activities, thereby keeping a high quality of life and continuing their personal development. The effect brought about through the activities of ZWAR will improve the quality of life in the community and revitalize the neighborhood with the participation of active generation around the age of 55.

- How to establish a network:
To establish a network in a community, ZWAR sends a letter signed by the mayor to its residents. The organization advises people who responded to the letter how to initiate something by themselves. ZWAR considers it important to build a group where the responsibility is shared by many people instead of burdening one leader.



	Frankfurter Federation
Day of visit	October 15, Thursday
Receivers	Mr. Frederic Lauscher, Director of the Board Ms. Ute Bychowski, Specialized Service for Inpatient Care, Victor-Gollancz-Haus
Address	Freiwilliges Engagement & Seniorenreisen Hühnerweg 22, 60599 Frankfurt am Main
Telephone number	(49)-69-299-807-321
URL	http://www.frankfurter-verband.de

Outline of the organization/institution:

Biggest care-providing non-profit organization in Frankfurt, established in 1960s. Major activities include operation of care facilities, home-care services, emergency report services targeting citizens nationwide, activities for elderly people and consultation on social welfare. In Germany there are few social welfare corporations that provide integrated services like Frankfurter Federation. Among 50,000 elderly people using the services of the Federation, 12,000 live in Frankfurt City and the others live outside of the City to use emergency report services. The number of the facility residents is 1,000, while the one of day care users is 350. About 10,000-12,000 people participate in activities for elderly people and use consultation services on social welfare. There are 1,500 staff, including a number of immigrants. Care facilities in Germany often rely on people with immigrant background.

Activities during the visit:

[Contents of explanation]

- The population of Frankfurt is 660,000. The ageing rate is 17.3%, lower than the national average but in a tendency of increase. Social welfare and care services in

Frankfurt include care facilities and residential services, as well as support for the activities for the elderly in Frankfurt. There are numerous activities that support social activities by the elderly; there are approximately 100 programs offered a day. Frankfurt City funds 60% of their activities, whereas the participants bear the costs for 30% and the rest are covered by donations. Their current challenge is how to attract more males and immigrant participants to join in the programs.

- Emergency report systems and global positioning system (GPS) are used to support home-care. GPS is now widely used to support persons with dementia.
- In regard to the body restraint, the law prioritizes freedom of the elderly over possible injuries. For the case of body restraint, judiciary and psychiatrists shall inspect the situation and decide its necessity.
- Guardian system was amended in 1980s. Guardians are now considered as those who stay beside the elderly and think together about any matters that arise.
- Staff: due to financial reason, people without qualification are also employed. The Federation supports them to obtain national qualifications while working.

	Multicultural Home "Victor Gollancz House"
Day of the Visit	October 15, Thursday
Receiver	Ms. Ute Bychowski, Specialized Service for Inpatient Care, Victor-Gollancz-Haus
Address	Kurmainzer Str. 91, 65936 Frankfurt am Main
Telephone number	(49)-69-299-807-417
URL	http://www.victor-gollancz-haus.de/index.html

Outline of the organization/institution:

Care House run by Frankfurter Federation, established in 2004. As of October 2015, there were 123 residents, with 10 units to accommodate 10-12 in each. All rooms are for individual use and the size of each is 23m², equipped with

a toilet and shower. The House was the first multi-cultural facility with residential spaces to accommodate Muslims in Germany. There were 11 Muslim residents moved in when the house opened; as of October 2015 there were 40 Muslims residents.

Activities during the visit:

[Contents of explanation]

- Muslim families have a tendency to hesitate to reside at care facilities because the Quran says the children shall take care of their parents and they are concerned how they will be perceived by other people. They also worry that their religion would not be respected in care facilities. The House makes arrangements for multi-culture by setting a prayer room which can be used by families as well as by the staff. Ingredients are procured from halal shops and Turkish newspapers and television

channels are available. Some have raised voices against the House's arrangements as isolating different cultures; however the House considers their arrangements as a form of person-centered-care and self-determination.

- Individual rooms are equipped with a bed, a side table and several shelves: other furniture can be brought by residents. Each room has a very different atmosphere with a resident's choice of interior and shows his/her personal history. Welfare equipment, such as wheelchair, is purchased by an individual but the cost is covered by nursing-care insurance.

	Community Service Centers
Day of visit	October 16, Friday
Receiver	Mr. Frederic Laucher, Director of the Board
Address	Schliemannweg 12-14, 60435 Frankfurt-Eckenheim
Telephone number	(49)-96-299-807-321
URL	http://aktiv.frankfurter-verband.de/begegnungs-und-servicezentren.html

Outline of the organization/institution:

Community activities organized by Frankfurter Federation have two roles: residential services and provision of open spaces for elderly people. The former is 45 rented accommodation for 3,500 people over 60 years old with lower income to live in. Care services are decided by Frankfurt City and the service costs, including an expense for preventive approaches, are covered by the City to support independent living of the elderly. The latter is "open services for the seniors", which are spread in 51 areas in Frankfurt City with 12 community service centers and 60 smaller-scaled assembly rooms.

Frankfurter Federation Community Service Centers are consisted of 110 staff, 67 among them are full-time employees, and 130 volunteer.

Activities during the visit:

[Contents of explanation]

Generation over 50 years old gather themselves at service centers to participate in diverse programs designed with leisure, cultural and health activities organized by the Frankfurter Federation Community Service Centers and interact among themselves. The participants may create volunteer activities and implement by themselves. The main objective is to encourage the elderly living alone to participate in social activities. Activities are funded by Frankfurt City as well as by the revenue earned by renting rooms of the service centers. There are 14,000 people registered as community members: monthly subscription is 10€ with specific benefits such as invitation to tea parties for 4 times a month, Christmas gifts and a free ticket for one lecture. Service centers' work spaces are open to community residents for their utilization; this helps to advertise their residential services as well. Since 1960s spaces for children, such as youth centers and community centers, started to be established but there was no space designed for elderly people. There are also multigenerational house with atelier, workshop and internet café where persons of any generations or cultural background gather. Nursing care insurance was amended for 26 times in the last 20 years and the methods of nursing care is shifting from residence-based to home-based care. Within the area of home-care more emphasis is given to dementia measures and mental care of the cared to encourage their social participation.

	Service Center Eckenheim
Day of the Visit	October 16, Friday
Receiver	Mr. Mike Schubert, Director
Address	Schliemannweg 12-14, 60435 Frankfurt-Eckenheim
Telephone number	(49)-69-299-807-278
URL	http://aktiv.frankfurter-verband.de/eckenheim.html

Outline of the organization/institution:

One of the service centers organized by Frankfurter Federation. There are 8 physical therapists, 2 occupational therapists, and 2 foot therapists for diabetes patients. Patients need to obtain medical certification to get therapies. Besides the therapies by physical and occupational therapists, several professionals collaborate in activities. The majority of patients are elderly of 50s to 90s with orthopedic diseases: after-surgery rehabilitations is provided through day services and rehabilitation of 4-6 weeks. The Service Center has contacts with 80-100 physicians and it is immediately reported if a patient's condition worsens. Patients are introduced to swimming and fitness programs after completing therapies upon their requests. There are a number of physical, occupational and speech therapists available, but the patients need to visit facilities like the Service Center if they wish to combine therapies of various types. The center also provides individual programs for active ageing.

Activities during the visit:

[Contents of explanation]

The Center develops therapy plans upon conditions estimated from medical certification, and examines possible improvements from therapies.

There are several health insurance associations: national health insurance societies, health insurance unions for engineers, corporate health insurance society for Mercedes and other private health insurance associations. Health insurance associations are responsible for determining the potential extent of recovery and the beginning of the treatment, since necessary care may include not only physical but also psychological therapies.

[Exchange of opinions]

Number of users a day and duration of therapy for each patient: 150-200 including fitness users. Each therapist provides treatment on 16 patients a day. Treatment for each person is for 30 minutes, including record-making. Individual or group: majority of therapies are provided individually as many patients face severe conditions or neurological diseases.

Expenses: basic rehabilitation exercises of 3 hours are provided for 6 times for the expense of 120€ in total. Services users pay an personal expense of 19€ (3€ for each time). Health insurance associations will cover the expenses of up to 3 sets of the exercises course. With 12-weeks interval, any person may continue this basic rehabilitation exercises. For fitness service to maintain one's health, users pay annual subscription of 25€.

	Network New Neighborhoods
Day of the Visit	October 16, Friday
Receiver	Claudia Muñoz del Río, Network Office
Address	Gummersbergstraße24, 60435 Frankfurt am Main
Telephone number	(49)-069-299-807-321
URL	http://neue-nachbarschaften-ffm.de/

Outline of the organization/institution:

Citizen’s approach started from the necessity to reestablish the connection within neighborhoods in urban areas of Frankfurt. Network New Neighborhoods is not an organization but a movement to facilitate everyday living of neighbors together regardless of their cultural backgrounds or generation. Frankfurter Federation supports the Network by lending their facilities in the city for the Network’s meetings free of charge. There are 200 active members within this Network: more than half of them are over 50 years old. 10% of the members are men (20% of them have jobs) and the rest are women. With longer life expectancy and more time available after the retirement, many members are hoping to communicate their ideas on how to get older. Many members have a variety of life experiences and believe “seniors can create new values,” taking an attitude of “doing good things for the society themselves” instead of waiting for the services to be provided.

Activities during the visit:

[Contents of explanation]

- The approach was started with a change of perspectives, from establishing a new organization to create a network. At the meetings, people in the neighborhood are invited and heard of their opinions what they are interested to do, discussing what kind of role each of them can play.
- Representatives of each group under the Network gather once a month to exchange their opinions on their communication activities and training sessions,

interacting with each other.

- The Network utilizes online communication and promotes activities that can draw people’s attention and show enjoyment of the network. The members participate in communication training sessions and joined the European convention on neighborhood held in Frankfurt. Within the Network, every member conducts activities of their preference: a former baker bakes before Christmas, some paint the walls and others organize dancing events. The Networks’ motto is: “don’t be narrow-minded!” but “be active and think of how we want to get older!”

[Exchange of opinions]

It was mainstream that people follow the decisions made by administrative bodies; however, beginning 20 years ago, there was a new movement to raise their opinions to the public administration. Staff of the Network Secretariat who support the activities believe it is important to establish trust among the members and align their way of thinking. Their work is to support people who wish to make an action, therefore the staff are also required to have know-how themselves. It is becoming mainstream in the society that people act and advocate themselves, not simply following decisions made by someone else. Also, participation creates responsibilities; therefore, participants have to work to make contribution to society. The members take pride in their activities as these have alleviated the financial burden of the public administration.

	Multicultural Home “Julie Roger House”
Day of the Visit	October 16, Friday
Receiver	Mr. Armin Blum, Facility Director
Address	Gummersbergstraße24, 60435 Frankfurt am Main
Telephone number	(49)-069-299-807-265
URL	www.julie-roger-haus.de

Outline of the organization/institution:

Multicultural coexistence home for dementia and LGBT and one of various care homes run by Frankfurter Federation. It was established in 1963 as the most modern care home of the time. Contrary to the current trend to equip a bathroom in each room, the home does not have a bathroom because the building is old. With the motto of “at home” (“zu Hause” in German) the home tries to create an atmosphere of 1940s to 1960s, the time period their residents vividly remember. Its interior and furniture were brought by the residents or donated. About 80% of the residents have dementia, and 5-10% are transgender and 20% are homosexual.

Activities during the visit:

[Contents of explanation]

As a multicultural coexistence home, it provides services that address the needs of individuals. Examples are as follows:

- Creating an atmosphere which may help recall the memories of those who no longer express themselves: according to the research conducted by the Federation people remember the time when they were 15-28 years old the most.

- Striptease is organized in the dining hall every November to elicit an instinctive response of the residents and to refresh themselves. Activities are designed to invite reclusive residents to open-spaces. The home also invites the families and neighbors to promote understanding towards the home and its activities.

[Exchange of opinions]

- Popular care homes are all full but other care facilities have vacant rooms. Needy persons fulfilling conditions of long-term care needs able to reside; however, due to financial difficulties of the municipality, it is recommended their families be responsible for associated costs. Guarantor is not required for hospitalization, but the person to be hospitalized or his/her friend’s needs to agree on hospitalization.
- The home became a facility rich in diversity in 2014. There are only two facilities in all Germany that respect diversity. The home was honored by the Netherlands where similar approaches are taken.
- Residents within the neighborhood showed no hostility against the facility; which means their positive acceptance was more than expected. One of the reasons is that there is a grounding built to accept LGBT in Germany over the last 20 years.



	Nursing Home “Heinrich Schleich House”
Day of the Visit	October 16, Friday
Receivers	Ms. Ute Bychowski, Specialized Service for Inpatient Care, Victor-Gollancz-Haus Ms. Morin Okonkwo, Sister
Address	Bregenzer Straße 23, 60386 Frankfurt am Main
Telephone number	(49)-069-408-080
URL	http://www.heinrich-schleich-haus.de/index.html

Outline of the organization/institution:

First established by Mr. Heinrich Schleich as a foundation, the nursing home fell into financial difficulties after his death, and its management has been run by Frankfurter Federation since 2009 when the former was sold to the latter. The facility was demolished in 2011, rebuilt and reopened in 2014. Its concept is “residence with a home-like nursing care”. A restaurant is located in the first floor mainly for visitors.

Activities during the visit:

[Exchange of opinions]

- Consists of 10 persons in each unit. Each unit has a staff for cooking and washing respectively. Different from the unit-typed facilities in Japan, it is operated for residences to continue living in their homes and by controlling medicines themselves.
- In addition to the standard care benefit, people receiving home-care services are provided with 200-300€ from the statutory health insurance when medical practices like insulin injections are needed.
- Video cameras are not installed to protect the rights of service users and laborers.
- Visitation: family members and guardians have chip cards and are able to visit the residents anytime.

To learn the present situation of care for elderly people in Germany, and to consider the ways to promote the Integrated Community Care System

Bunzo Konoura, Delegation Leader

1. Introduction

The general theme of the delegation to Germany was “Fulfilling life for elderly people.” Based on this theme, we set up our delegation goal, “To learn various cooperation and concrete methods in order to support the lives of elderly people based on their self determination, and working to promote the establishment of the Integrated Community Care System in Japan.” When seen from the viewpoint of “who will bear the cost?” the Integrated Community Care System has four categories: “self-help,” “mutual help,” “cooperative help,” and “public help.”ⁱ We classified our destinations in Germany into the four categories, and made our investigation.

We visited and observed a fitness center managed by the social corporation Frankfurter Federation in the category of “self-help” from a viewpoint of preventive rehabilitation. Visits were made to a neighborhood network for elderly

people ZWAR e.V. and other organizations in the category of “mutual help.” The German National Association of Senior Citizens’ Organizations (BAGSO) and Social Association of Germany (SoVD) were categorized as “cooperative help.” The “public help” category was filled by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). As a result, we were able to learn effective methods that can be used to promote the Integrated Community Care System in Japan, and I would like to make my report on that here.

Section 2 describes “Changes in welfare policy of Japan,” Section 3 “Understanding of the Integrated Community Care System,” Section 4 “Pre-Program Training and Independent Study,” Section 5 “What we learned in Germany,” Section 6 “Promoting the application of the Integrated Community Care System,” and Section 7 is a summary of the results in this report.

2. Changes in welfare policy of Japan

The so-called three welfare laws were enacted one by one. In 1946, the Livelihood Protection Law was enacted as a measure to help veterans and their families after the WWII. In 1947, the Child Welfare Law began as a way to assist war orphans. In 1949, the Disabled Persons Welfare Law went into effect as a measure to deal with disabled veterans and war victims. In addition to these laws, the Law for the Welfare of People with Mental Retardation was enacted in 1960. In 1963, the Welfare Law for the Aged came into being. Then in 1964, the Law for the Welfare of Mothers, Children and Widows began. This was the completion of what are called the six welfare laws. In 2000, the Social Welfare Services Law that had stipulated social welfare services, social welfare corporations, and welfare offices for 50 years after the war was amended and its name was changed to “the Social Welfare Law” in order to cope with changes in social situations. At the same time, “the Long-term Care Insurance Law” was enacted by unifying health and welfare services for elderly people, and in 2006, “the Law to Support Independence of People with Disability” was enacted. In this way, welfare policy of Japan started as a measure mainly to help needy people after the war, and later on began to look at support for individual independence. Efforts were made to provide new social welfare and to meet needs by presenting choices among various services for users, efficient provision of services, and others.

When we look at elderly people under the general theme of a “Fulfilling life for elderly people,” Japan faces an extremely aged society where one out of four citizens is 65 years old or over, and a forecast says that in 2050, one out of three will be over 65. Also soon ahead in 2025, the baby boomers will be 75 years old or over, making the percentage of people aged 75 or over to the total population of 18.1 per cent. Meanwhile, the birthrate continues to shrink. In 2015, the percentage of people aged 19 years old or below to the total population was 17.2 per cent, and in 2025 that percentage will drop even further to 15.3 per cent. At present, the percentage of those aged 65 to 74 to the total population is 13.8 per cent, and 13.0 per cent for those aged 75 or over. In 2025, these ratios will reverse, that is, the percentage of those aged 65 to 74 to the total population will be 12.3 per cent, and those aged 75 or over to total population will be 18.1 per cent.ⁱⁱ Those aged 75 or over at high risk are rapidly increasing. In 2015, elderly people with dementia certified as Independent Level of Daily Living II or over number 3,450,000, accounting for 10.2 per cent of population aged 65 or over. It is estimated

that in 2025 they will number 4,700,000, accounting for 12.8 per cent.ⁱⁱⁱ

Welfare for elderly people has been developed based on “the Welfare Law for the Aged” with the purpose of society as a whole rendering support so that elderly people can find their lives worth living, and live healthy and secure lives. As described above, since 2000, based on the Long-term Care Insurance system, services have been implemented at users’ houses, and at facilities. In accordance with the spread of the Long-term Care Insurance System, the number of users has increased; treatment for elderly people with dementia has also increased, along with insurance benefits. From the viewpoint of stable management of the Long-term Care Insurance System, discussions were held to streamline and prioritize benefits. In an attempt to overcome the 2025 issue, the “Integrated Community Care System” was proposed. Under the system, elderly people can keep living in the homes and communities they know, and receive the five seamless services of “medical treatment, care, care prevention, life support, and residence.”^{iv}

3. Understanding of the Integrated Community Care System

Another major reason the “Integrated Community Care System” should be promoted is the financial issue. As described in Section 2, it is inevitable that the number of users of medical treatment or Long-term Care Insurance will increase in accordance with an increasing number of elderly people. It is projected that the population aged 75 or over will number 16,460,000 in 2015, and 21,790,000 in 2025.^v The public burden of medical treatment and care costs for those aged 75 or over in 2010 was 17.8 trillion yen^{vi} (at this time population aged 75 or over was 14,070,000). Calculated by simply dividing the population based on this data, it is estimated that the public burden in 2015 will be 20.8 trillion yen, and 27.6 trillion yen in 2025. By implementing preventive measures against care-needy conditions, the cost may be decreased. However, when considering the advancement of medical technology and increase of personnel expenses, the cost may be higher than this estimate. When considering the decreasing birthrate as well, it is clear that Japan faces difficulties continuing to bear the present public burden. Rather than emphasizing this point, and just citing idealistic matters in order to promote the “Integrated Community Care System,” it is no wonder that Japanese people may not see the system as an urgent issue for them.

Medical corporations are also promoters in discussions on the Integrated Community Care System, as are social

welfare corporations and governments (Integrated Community Support Centers), but unfortunately, this structure does not include the people (residents). Japan has been developing welfare and care policies up to now in ways the government set up as a system, service providers implement services in compliance with management standards, and then residents were included. This kind of development method was good for elderly people up to now, however, will the same method still be good for baby boomers who have different senses of values, know their rights, and have lots of knowledge and information?

The Integrated Community Care System is defined as “a system in community, based on the provision of residence that meets the needs of the users, in an attempt to secure safety, peace of mind, and health, where various services support life, including medical treatment and care as well as welfare that can be properly provided where everyday life takes place.” In other words, it means “Please live a healthy life at home without using medical treatment and long-term care insurance as long as possible.” I believe it is important to clearly show the “Japanese government would like to keep the cost of medical treatment and care as low as possible by introducing the Integrated Community Care System. If this fails, pensions will be decreased,” and it is needed to motivate elderly people to think over the issue on their own, and actively take part in self-help and mutual-help activities.

4. Pre-Program Training and Independent Study

Each delegation member worked on their independent study based on the delegation theme set up in the Preparatory Session. In Nagasaki City, we organized an independent program for two days and one night. In this program, we learned that in an attempt to promote the Integrated Community Care System in Japan, the key is to develop self-help, mutual help, cooperative help, and public help in a well-balanced manner. Also in this sending program to Germany, we confirmed that we would learn the items below in a combined way: a survey on the present situation for care prevention, a neighborhood network that enables elderly people to live with peace of mind, a situation to support elderly people to live fulfilling lives, informal efforts and schemes in the field of dementia, human resources development of medical and care workers, cooperation among specialists of physical, occupational, and music therapies, rehabilitation in the community to prevent care-needy condition, the roles of social welfare corporation, and other related matters.

Further, we exchanged our views on the present

situation of the Integrated Community Care System in places where delegation members live, and found some issues. Regarding self-help, we found a tendency in men who don't want to go out, and how individual elderly people have a low sense of independence. Regarding mutual help, helping each other in a community has been decreasing. Regarding cooperative help, those who are engaged with elderly people have not built cooperative relationships. Local people don't understand the Integrated Community Care System. Regarding public help, senses of self-determination and advocacy are low.

Regarding the issues above, the organizations and bodies that we visited and investigated in Germany are as described in Section 1. The survey results will be described in detail in the following section.

5. What we learned in Germany

5.1 Service Center Eckenheim

A social welfare corporation Frankfurter Federation runs a community service center, where eight physical therapists, two occupational therapists, and two foot care therapists for diabetics work. Patients come to the center on the advice of doctors with a medical certificate. Treatment will be done based on the certificate. A review is made on what kind of issues occur due to the disease listed in the medical certificate, and what effects the treatment should bring to the user when treatment is completed under the guideline of such information.

There were many cases of elderly people in their fifties to nineties with orthopedic disease, and a small number of cases of rehabilitation after surgery other than for artificial femoral heads and others. In Germany, rehabilitation after surgical operations is done in two ways: the patient commutes to a facility on a scheduled basis, or the patient is hospitalized for four to six weeks to do rehabilitation. Patients need psychological care as well as physical care. The Health Insurance Association will decide commuting frequency and other related things considering the degree of patient recovery, and what the patient will start with. Doctors provide periodic instructions to Occupational Therapists (OTs) and Physical Therapists (PTs). Since 80 to 100 doctors work at this center, they contact each other whenever any change develops in a user during treatment.

The center implements private programs as well for those who want to remain active as they age. The center also implements swimming and fitness programs at the request of patients who have finished treatment there.

There are many PTs, OTs, and STs (speech therapists) who are in practice, however, when a patient receives a

combination of rehabilitation and treatment, the patient needs to commute to this kind of center. Users number 150 to 200 a day, including fitness program users. Treatment time for one patient is 30 minutes including record keeping time. One therapist provides rehabilitation treatment to 16 users a day.

Since the center provides various services not limited to rehabilitation due to disease, but fitness programs to maintain health, and other programs, the center welcomes many kinds of users. The center makes good efforts to enhance self-help for elderly people as one of community benefit activities of a social welfare corporation.

5.2 ZWAR e. v.

Gelsenkirchen City (population 247,850 as of December 31, 2013) holds up the principle of “building a town worth living in for all generations.” The social corporation Generation Network Gelsenkirchen in the city has various member organizations. The one that we became interested in during the Preparatory Session, ZWAR, is a member organization.

It was explained to us that Gelsenkirchen has many people who think, “I want to do something to contribute to society,” even those living on pensions. The Generation Network started when a nearby mine was closed and the iron and steel industry fell into decline, elderly people who were still active and had a will to work said, “I want to be of help to the citizens.”

The Generation Network works in various fields and has wide-ranging activities. It implements many activities including: “making house improvements,” “providing a place where people come to meet,” “promoting volunteer activities,” “providing various activities in the neighboring area,” “caring for elderly people and those with dementia,” “health,” “inclusion,” and “multi-cultures and genders.”

Not all ZWAR members are volunteers; it hires some staff in addition to the volunteers. ZWAR in Gelsenkirchen city has four information centers, hires 12 staff members, and provides information to citizens. In addition, ZWAR has 36 information centers (something like a branch office set up in a company) under these centers. ZWAR divides the area into 97 sections so that ZWAR members can offer counseling to someone as a close adviser, sometimes a person who knows the area well visits homes, and organizes group activities together.

The organization includes groups of individuals from public administration, religious groups, care companies, hospitals, housing advocates, as well as groups of other individuals and organizations. A board of councilors is

set up above each of these groups. ZWAR has six major social welfare groups as its members. In this way, not only citizens but also specialists and other related people (service providers), and Gelsenkirchen City back up ZWAR activities.

I was told that when building the network, the important point was in what ways information centers, specialists, and social workers were dispersed in Gelsenkirchen City. Once the ZWAR network was completed, the important point was that people at the sites expressed what they needed, not what the public administration gave. This is the explanation I received: In attempting to build an effective network for the community, you need to get as many people involved as possible. However, network building is difficult in too large an area. In this case community means a range of some 7,000 people at most who know each other. It is important to get specialists and other related people in the community involved in the network.

I was also told that this kind of network building needs one person who says, “I will do it.” They also explained that Gelsenkirchen City supported such people, and by doing so, the network came to function well. I understood it is important for the public administration to provide a subsidy to hire such people as ZWAR staff, and the city has citizens who fervently agree with that.

It is important for the public administration to support ZWAR activities, and get many citizens on board with ZWAR. Therefore, it is important not to rely on the opinion of only one group, but to implement an activity after considering the wishes of all participating citizens. Also, one key to getting cooperation from companies is to create an image that participation enhances the company reputation, and creates a useful image for the company as well. In ZWAR activities, I was able to get a glimpse of what a social welfare corporation needs to tackle with, and how the activity can be a good model for a social welfare corporation making a contribution to community service.

5.3 German National Association of Senior Citizens' Organizations (BAGSO)

In 1960 a study was begun of the measures that we should take to maintain health when growing older. People age in various ways, and not all people develop care-needy conditions. In those days, Germany had 12 organizations relating to elderly people, and each of those organizations implemented various efforts. Among those efforts, a sports group worked with sports for elderly people, and life-long study became popular.

In 1989, these 12 groups united under this idea,

“Elderly people should pass on to society what we can do by working together,” and established the German National Association of Senior Citizens’ Organizations (BAGSO). A group seeking to join BAGSO must fulfill these requirements: it must be a nationwide organization, have chapters in at least five states, and undertake some activities for elderly people. I was told that self-help groups of people with Alzheimer’s disease and Parkinson’s disease recently joined BAGSO saying, “We would like to live healthy lives as well.” At present, BAGSO has 113 member organizations and implements activities not only for elderly people but also activities for those who will get old soon.

BAGSO is not an organization representing benefits for individuals, but a representative for the benefit of all elderly people. BAGSO has been contacted by many ministries and agencies for the opinions of elderly people, and given opportunities to talk with them. BAGSO has been consulted by the Federal Ministry of Health, the Federal Ministry of Justice and Consumer Protection as well as the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth. In particular, the Federal Ministry of Food and Agriculture has asked their opinions on what constitutes a healthy diet. Federal Ministry of the Environment, Nature Conservation, Building and Nuclear Safety has a “policy to build cities friendly to elderly people.” Regarding this policy, I was told that BAGSO conducted a fact-finding survey of its 113 groups by asking, “Do you know of any issues concerning your area?” As a result, these groups shared opinions including: “Traffic signal times are too short to cross streets”; “not enough benches”; “walking on cobblestone streets is hard”; “insufficient number of public toilets”; “many staircases have no handrails”; and, “getting on and off trains is tough.” This feedback was passed on to the Federal Ministry of Transport and Digital Infrastructure and reflected in city planning friendly to elderly people.

During the term the chancellor is in office, the government issues a report relating to elderly people. Concerning the report, the 113 member organizations share their opinions, and compile their comments for the report, and propose what kind of report is favorable, as well as what kind of efforts should be made for that purpose to the federal government.

5.4 Social Association of Germany (SoVD)

The Social Association of Germany (SoVD) exists for this purpose: “All citizens are treated fairly and equally in society.” SoVD was established in 1917 to help people such as those wounded people in World War I, as well as widows

who lost their husbands. SoVD aims to further develop Germany as a social welfare state, strengthening social equality and justice. Since SoVD does not seek any profit, and works for the public benefit, it receives preferential treatment in the tax system. SoVD is self-supporting and independent, and does not belong to any political party or religion. SoVD has some 560,000 individual members, as well as group members. Main funding for its activities comes from individual annual membership fees that are 60 euros (some 8,000 yen). Other donations also account for a large portion of funding for its activities.

One of the important roles of SoVD is to provide counseling on social welfare. For example, SoVD provides counseling on the social welfare law, and simple counseling on applications for pensions. When the Social Welfare Bureau refused to grant a pension to a member, and the member filed a suit, SoVD takes a brief for the applicant instead of a lawyer. I was told that the law stipulates that an SoVD member specialized in social welfare can hold a brief instead of a lawyer only on the matters relating to the social welfare system.

Another role is an activity to call on its members, “Let’s get together and do something!” For example, SoVD holds a tea party in the afternoon a few times a month, members bring tea and homemade cakes, and talk about various things. I was told that such occasions allow elderly people to stay in contact with each other, and as a result, the isolation of elderly people can be prevented. SoVD is not engaged with only social welfare policy and other serious activities, but also various activities so that ordinary people can live a happy life.

I was told that SoVD speaks out for those whose opinions are not always heard, and although it receives much recognition from politicians, it is sometimes criticized by those related to finance. SoVD has been making various proposals to politicians. SoVD proposed to “Stop spending money that should be used as pensions,” and “Put more money from taxes into pensions.” They explained that three or four years ago, the federal government started to hold talks with SoVD. At present, they are also holding talks about how to prevent poverty among elderly people. At present, SoVD has incorporated an issue that they have been requesting before, “Private pensions need to be combined.” I was told that neither of these requests has been realized yet, however, a proposal that was once strongly refused is moving forward through dialogue.

In the same way that BAGSO does as described above, SoVD makes proposals from a neutral stance without favoring any government, political party, or religion, and

ensures that citizens' opinions are incorporated in various policies as well. In particular, I was surprised to find out that SoVD can play the role of a lawyer in a lawsuit relating to welfare. I learned of many cases that can be used as a reference by social welfare corporations and associations the delegation members belong to, such as the energetic activities of an interim support organization like this and the roles organizations play, among others.

5.5 Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ)

The Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ) works on policy relating to the decreasing birthrate and aging population. Since the 1960s, the birthrate has been decreasing in Germany. People moving within Germany increased, and immigrants from foreign countries increased. In the 1960s, many seasonal workers came from Italy. In the 1970s, a flood of immigrants came from Yugoslavia and Turkey. I was also told that since that time, life expectancy has been increasing; Germany has an average life expectancy 30 years longer than that of 100 years ago.

It was explained that many refugees from Syria have been rushing into Germany, and Germany should look at what effect this influx will bring about in the long term, however, this influx of refugees is seen as an opportunity. Since refugees include specialists with a very high level of knowledge, they seemed to think refugees are an opportunity for the German labor market, social welfare policy, and from the viewpoint of diversity. One example is an idea to use refugees in the field of care for elderly people. In care for elderly people (not nursing care) there are only 45 applicants per 100 offers. It would be a good opportunity to solve the problem of a shortage of specialists if Germany gives qualifications to refugees and brings them over to care for elderly people.

One working committee "Making my own life decisions even when I get old" takes up "Can all people participate in society regardless of generation?" as its issue. One of the programs that BMFSFJ supports is multi-generation houses (center). These are not places to live; there are 450 multi-generation houses (centers) all over the country operated under subsidies from the BMFSFJ. At the centers, training relating to elderly people and volunteer activities are implemented. Various groups can rent the centers to organize their activities, and use the centers as their activities base. Through the medium of such places, people from different generations can take part in civic life and society. One survey on multi-generation houses shows

that at one center an average of 80 to 90 activities are implemented, and some 20,000 to 25,000 people implement activities at multi-generation houses on a national scale. These activities provided a chance to participate in society, and functioned as a base for elderly people to live an active life. Furthermore, the center becomes a place where people of various generations form a connection to society.

According to their explanation, there are some 1,700,000 dementia sufferers in Germany, and the number is growing. BMFSFJ has been making efforts with the Federal Ministry of Health, and concluded an agreement with a research institution related to dementia. The agreements concluded are in four fields: a study of dementia, responsibility in society, support for dementia sufferers and their families (support for families is extremely important), and arrangement of support and provision system. One major issue that BMFSFJ has been tackling is the building a community network for dementia. Specifically, it means to form a network to support dementia sufferers and their families in their community. I was told that the goal is to build 500 networks throughout the country, and by way of such networks, people can get information in what ways they can render support, and where they can get counseling, and the network involves hospital and multi-generation houses.

Germany had divisions of "care for elderly people," "care for children," and "care for sick persons." Currently, efforts have been made to unify training that has been separate for each division. This is based on the idea of making the field of care for elderly people a more attractive working site. It was explained that they plan to have some flexibility between nurse and caregiver, and flexibility for working both as nurse and caregiver, and for this purpose they plan to amend the law, to provide training free of charge, and grant qualifications after graduating from college. I would like to strongly recommend these efforts for reference in order to raise the status of care staff in Japan as well.

6. Promoting the application of the Integrated Community Care System

The ways Japan takes to promote the Integrated Community Care System give a strong impression, as I described in Section 3, that medical corporations, social welfare corporations, and public administration are the promoters. I get the feeling that the key people – citizens, families, and care staff at sites – have been left behind. During this visit to Germany, we were not able to visit an organization or body that is equivalent to the Integrated

Community Care System. I was told that Germany does not have an idea of Integrated Community Care System yet, however, 70 per cent of people use care at home, and Germany does not receive any request for more places at facilities. Meanwhile, in Japan, 68 per cent of people use care at home, and this figure never less than that in Germany. Then, why should the Integrated Community Care System be quickly introduced? Because the ways of future care for elderly people are facing a sense of crisis, and the financial problem described in Section 3. The fact that the present way of caring for elderly people does not provide enough satisfaction is considered as a cause.

In an attempt to raise the satisfaction level in care for elderly people, the Integrated Community Care System is being proposed. If this system is to be seriously promoted, first of all there must be a sufficient number of care workers. The government showed no turnover from care staff in its three new proposed goals, however in reality, that will be difficult to realize. My view is that if increasing the number of care workers is hard, there is no choice other than depending on care by families, so the government should recognize care by family as labor as they do in Germany, pay for the care, bear the cost of social insurance, ensure the return to the former workers, and quickly amend the system so that families can continue to provide care with peace of mind even for years to come in cooperation with the Ministry of Health, Labour and Welfare, and the Ministry of Finance. Moreover, the idea of further reducing care payments in the next revision of the long-term care fee schedule is putting the cart before the horse. In order not to worsen the labor shortage of care staff from the present level, the minimum requirement is to raise wages to a level equivalent to that of other kinds of jobs. For this purpose, the benefit system needs to be changed so that each facility can calculate the cost of care, and provide satisfactory wages to its care staff. For example, suppose the monthly cost for one user is 500,000 yen by calculating costs of personnel, maintenance and management of facility, depreciation, and others. In this case, long-term care insurance will pay the same amount as the present benefit limit (e.g. 300,000 yen per month), and the user will pay the remaining 200,000 yen out of the user's pension, or others. If the pension is not enough to cover the cost, there is an idea to request the user's family to bear a certain level of burden, and if that is still not enough, in the end, public administration will bear the burden. As a result, the average monthly salary of care staff will be 350,000 yen. Then care staff will be recognized as an occupation they can build their lives around, and we can expect that to some degree the

necessary human resources will be secured.

On the other hand, we need to set up a situation where the community will watch over elderly people, and we should refer to the good efforts made at ZWAR. We need to promote methods of self-determination and self-realization that are common in ZWAR activities, such as "Making my own life decisions even when I get old" by a bottom-up approach of citizens.

I believe in promoting the Integrated Community Care System, and no turnover from care staff can be realized by implementing the radical paradigm shift stated above.

7. In conclusion

It is quite obvious that the first thing needed in order to operate the Integrated Community Care System all over Japan is securing care staff. From now on, care staff shortages will continue to worsen, and in 2025 when baby boomers reach 75 years old, it is estimated that there will be a shortage of some 300,000 care staff even if we keep developing care workers at the present rate. Japan has already learned the long-term care insurance system from Germany, and next needs to learn the measures Germany takes in dealing with the children of foreigners, because their policy is further advanced than that of Japan.

A population survey conducted by the Federal Statistical Office at the end of 2010 shows that the total population of Germany is 81,715,000, and those who have immigrant backgrounds number 15,746,000, accounting for 19 per cent of the total population. To be sure, many among them are Turkish, who number 1,630,000 as of 2010. Since the time when the first Turkish workers came to Germany, 50 years have passed. In many cases, Turkish people who came to Germany with their parents in their childhood, or the second or third generation born in Germany face a situation in German society that sees them solely as Turkish, and Turkish society pushes that sense of identity and values on them. A fair number of cases occur where Turkish children who cannot endure the surrounding pressure take to delinquency, or commit crimes, such as running away from home, fall into drug abuse, become violent, commit thefts, and others. Given this situation, on January 1, 2005, a "law of residence, employment and integration of foreigners" or the so-called "new immigrant law" was enacted. New foreigners who get a residence permit to stay more than one year are required to attend 600 hours of German language instruction, as well as a 30-hour orientation course to learn German history, culture and law.

Germany actively accepts immigrants, and provides

chances for training and employment. Care sites are not exceptions. We visited a facility operated by the Social Welfare Corporation Frankfurter Federation during this program, and some 70 per cent of the staff have immigrant backgrounds. These efforts are never nothing to do with Japan where the birthrate has been falling and population has been graying, furthermore, the labor population has been shrinking. Especially in the field of care, the same is true in Germany. Care work suffers from a bad image, and securing care staff requires serious efforts. Japan concluded an Economic Partnership Agreement (EPA) with the Philippines in October, 2004, with Indonesia in November, 2006, and with Vietnam in January, 2009, and started to receive nursing and care worker candidates. Furthermore, from April, 2016, Japan plans to accept technical trainees in the field of care. It is assumed that in the future, Japan will actively accept foreign care workers. In that case, it goes without saying that one point we should pay attention to is to encourage foreign workers to master Japanese language, but not try to push Japanese culture and sense of values on foreign workers. Japanese people should try to understand the sense of values and culture of foreign workers, eliminate discrimination and prejudice against them, and accept them as our companions. In addition to that, if Japanese people can recognize that foreign care workers are part of Japan, and share the same sense of values and culture of both sides, Japan will become a more wonderful welfare state.

In conclusion, I would like to express my heartfelt appreciation to staff at the Cabinet Office, and the Center for International Youth Exchange for giving me this valuable opportunity, as well as to our interpreter Ms. Junko Honma, Ms. Dorothea Wunsch at the International Youth Service of the Federal Republic of Germany (IJAB), Mr. Niels Meggers, a former chief of Youth Bureau at IJAB, and all those who rendered support to the delegation in Germany.

I also appreciate that I was able to attend a meaningful program with brilliant and young delegation members. Through this sending program, I realized that network built by elderly people is needed more than anything else in order to establish the Integrated Community Care System. In an attempt to disseminate this idea in Japan, it was concluded that one effective way would be inviting those related to ZWAR to Japan, and holding seminars here and there. We decided to formulate this plan as an activity for the delegation dispatched to Germany for next year. It was emotionally satisfying that we were able to decide on an activity goal after coming back to Japan on the last day of the program when the delegation was reflecting on the program. I felt the limitless possibility of the young delegation members, and the strong will that they will contribute to society as specialists. Though my power is limited, I would like to watch over their activities from this time on and help the members develop their abilities.

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Facilitating voluntary participation of care-needy elderly people in community activities

Saori Yoshida

1. Introduction

As an occupational therapist, I have been providing rehabilitation for resident and commuting users certified by the Long-term Care Insurance System at a geriatric health service facility for some seven years. Recently, I have had an increasing number of opportunities to meet those aged around 60 who use commuting rehabilitation services. Many of them are suffering from residual motor paralysis and higher cerebral dysfunction caused by cerebrovascular disease or spinal cord injury or other reasons. They have difficulties in returning to their former positions or going out by themselves, however, they are stable enough intellectually to live their lives indoors without receiving any care. Most of them spend their days commuting between their houses and facilities, and seeing a doctor a few times a month. When I asked them what they want to do, I found that most of them are not satisfied with their present situation saying, “My current life is monotonous,” “I would like to work again, if possible,” among other things.

In order to improve this situation, I came to think about making opportunities for these elderly people who are relatively active and certified with the Long-term Care Insurance to be connected with society other than at their facilities. Should they not have many things that they can do utilizing their former work experience, hobbies, or community activities, as well as from the viewpoint of people with disabilities? Needless to say, their own wishes should be respected. Based on that, for example, they could organize a group with others who face a similar situation and run the group, or they could render learning assistance to students or foreigners who moved into the town, or approach the government in order to build a town where people with disabilities can live more comfortable lives.

So I set my individual theme: “To learn the efforts that Germany makes to connect elderly people with the community. Also, to support elderly people who have become care-needy so that they can independently plan and operate community activities to make their lives worth living.” I decided to learn what community activities and assistance in going out Germany has been providing for elderly people, as well as in what ways the idea of self-support and mutual support is nurtured.

2. What I learned in Germany

(1) Making my own life decisions even when I get old

I was very much impressed by those words when I was listening to a lecture at the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). A BMFSFJ report forecasts that one third of the German population will be aged 65 or older by 2030. So the federal government devised a strategy on population change, and set up ten working committees. BMFSFJ administers four working committees of the ten, and one of the four is named “Making my own life decisions even when I get old.”

I was surprised to learn that at every place I visited, the idea of “self-determination” is recognized as a matter of course in the background of activity. When I visited one facility for commuting users, and another where community activities were held, no one ever said that some users were attending at the request of their family. When I observed a facility for resident users, the users could eat meals in their room or in the dining room as they like. As long as they don’t have any health issues, they have the freedom to drink or smoke. In Frankfurt, the law prioritizes the freedom, even if there are some risks of getting injured, and prohibits keeping dementia sufferers locked up in a facility, not to mention, under restraint. Attaching a GPS device is not allowed if the wandering-about elderly person chooses against it. When the decision is made to use GPS, I was told that there is a pendant type, an armband type, or a wristwatch type GPS that they can choose in line with their preference. In the case of those who have difficulty making decisions by themselves due to dementia or other reasons, I was told that a person designated by law to care for adults will thoroughly respect and prioritize the will of the user, and start discussions together. Translated directly into Japanese, this individual is called “a person who stays together with” or “caregiver.”

One basic premise at care sites in Japan as well is to provide care based on the wishes of users. However, at actual sites, there is the tendency to put user safety and family wishes first given the increasing number of lawsuits filed over care accidents. In addition to that, due to a shortage of care staff, many facilities are fully occupied providing basic life assistance for meals, excretion, and bathing even when they hope to provide care that respects the individuality and wishes of users. This visit gave me the opportunity to remember, “Care for whom?” once again, and reconsider how to get engaged with other kinds of jobs and user families even in the present situation.

(2) To pass on issues at the care site and opinions of elderly people to administrative organizations, politicians, and companies

In Germany, groups of elderly people and organizations related to general social welfare approach administrative organizations, political parties, politicians, and companies, and make proposals on policy, city planning, and others in an attempt to protect their benefits.

The Social Association of Germany (SoVD) is a nonprofit organization aiming at strengthening social equality and justice for Germany as a social welfare state. SoVD is a nationwide organization funded by membership fees and donations, and sets up councils in states, districts, and municipalities. The SoVD can stay in contact with all political parties and have regular discussions with the Federal Ministry of Labour and Social Affairs and other administrative organizations because of the high level of its specialization in its activities, its social independence, the neutral positions it takes, as well as its council members who previously held high-ranking positions in social welfare policy.

The German National Association of Senior Citizens' Organizations (BAGSO) was established by 12 organizations relating to elderly people to promote the concept of "Elderly people should pass on to society what they can do by working together." The president of BAGSO is a former minister of BMFSFJ Dr. Ursula Lehr. When seeking to join BAGSO, organizations must fulfill requirements of a nationwide organization with chapters in at least five states, and be undertaking some activities for elderly people. At present, 113 groups have joined BAGSO. Recently among those groups seeking to join BAGSO are self-help groups for Alzheimer's type dementia, and Parkinson's disease. One role of BAGSO is to represent the needs of elderly people as consumers. BAGSO has been proposing efforts manufacturers can make to improve items that people find more difficult to use as they get older, such as opening and closing bottles and complicated fasteners. Other efforts include proposals so that even people with impaired vision can easily see, such as the size and color of letters, spacing between letters, and so on. I was also told that BAGSO received many requests from ministries and agencies to share the opinions of elderly people, and for the opportunity to talk to them. BAGSO does not receive such requests only from BMFSFJ, but is asked about healthy meals from the Federal Ministry of Food and Agriculture/Justice and Consumer Protection, and making cities accessible to elderly people from the Federal Ministry of Transport and Digital Infrastructure.

Regarding city planning, member organizations raised several points, such as traffic signal times that are too short to cross streets, an insufficient number of benches and toilets, the difficulties of walking on streets paved with stones and getting on and off trains, the lack of handrails on many staircases, and others. They explained that these points were incorporated in actual city planning.



BAGSO President Dr. Ursula Lehr (center)

I got the impression that in Germany nonprofit organizations are close to, and almost equal to administrative organizations, politics, and political parties. In Japan, nonprofit organizations are by no means on equal footing with administrative organizations. However, it would not benefit us to share issues that we find at working sites only among those who are in the same kind of job, and within the same industry. I believe that administrative organizations and policymakers need the special knowledge of working sites as well as practical experience. I came to think that I would like to start building relationships by exchanging greetings, and small information exchanges. Also, I would expect that elderly people would have more opportunities to take part in policymaking and product development.

(3) Support making friends before retirement by simulating retired life

We were able to get an idea to render support while people still have jobs by taking a hard look at what things will be like in retired life. It was at the social corporation ZWAR that undertakes activities with a concept of "Between job and pension life" in Gelsenkirchen City, Nordrhein-Westfalen State. Individuals must be 55 years old or over to be eligible to join ZWAR, and there are more than 10,000 in the state. More than 170 ZWAR chapters exist in over 60 municipalities. ZWAR members decide what content of activity they want to implement, assemble those who want to take part in the activity, organize the group, and begin the activity. ZWAR staff stays close to the new group for two years, providing training and advice to group members, and supporting the group so that it can operate well and continue to exist. After two years have passed, the staff leaves the group. Needless to say, support

is still provided after that as well, however, basically, the group members themselves manage the group.

What impressed me when I listened to the explanation of the group was that as they gradually got older, and when someone in the group could not take part in the activity or when someone developed a care-needy condition, members would voluntarily visit the house, and help the member to go out, such as when commuting to a hospital. One major effect of this is, since they share the same purpose, and along with having joined the group voluntarily, they were able to join from the age of 55. When a person joins the group at the age of 55, that person will have companionship for more than 15 years until reaching 71, which is the average healthy life span in Germany. Comparatively young members can support those aged 75 or over.

In Japan, there is a tendency that after retirement, especially if a man does not have a fulfilling life outside of his job, to keep staying at home. I was told that a similar tendency exists in Germany as well, and that ZWAR was started as one countermeasure to deal with this. Before their ties with society are broken, people will make new connections with the place they live, such as through community associations, and in addition to those connections, they will make connections with interests regardless of residential area. I learned a lot from ZWAR from the viewpoint of care prevention, also from the viewpoint of self-help and mutual-help activities that Japan should start working on from now on.

They explained that a group was organized in 2014 under a theme of inclusion, and its members include people with disabilities, and dementia sufferers. If I have another chance to visit, I would like to observe their activities in actual practice and the efforts they make.

(4) When I want to go out, I will even if the outside environment is not set up for it

When I was walking in the streets of Berlin and Frankfurt, I was surprised to see a far greater number of children, adults, and elderly people using wheelchairs and four-wheeled rollators than in Japan. They were not out with helpers as part of a going out program, but they were in busy shopping streets, department stores, or on residential streets by themselves or with parents or helpers as part of their everyday lives. Berlin and Frankfurt do not have many inclines, and major streets are paved with asphalt, and are set up with pedestrian walkways, bicycle paths, as well as places for vehicles. At the same time, there were more cobblestone streets for vehicles, and walkways for pedestrians, with the space between them for parking.

The length of the green traffic light for pedestrians was surprisingly shorter than that in Japan. As for shops, they are the same as in Japan, department stores are designed with spacious aisles and are barrier-free, however, few shops pay consideration to wheelchair users. Then why do so many people in wheelchairs and four-wheeled rollators go out even though it is an understatement to say the town is not so friendly to users? I was not able to get a clear reason during this visit. However, I realized that whether wheelchair users go out or not is not solely determined by outdoor conditions.

Another thing that impressed me was that many of the wheelchair users I saw outside used electric wheelchairs. Even those who seemed capable of using self-propelled wheelchairs were using electric ones.

I talked with the other delegation members about this, and they agreed that they might not choose a wheelchair only according to their ability, but their purpose for going outside, and choose electric wheelchair as a means of transportation in accordance with that

purpose. When going on uneven ground such as cobblestone streets, the ride is smoother in an electric wheelchair with its broader tires rather than a self-propelled wheelchair. Also, when moving for a long time, users may feel more comfortable in an electric wheelchair than a self-propelled one.

Due to the nature of my job as an occupational therapist, I often advise residents and commuting users on choosing welfare equipment. I realized again that when the user has a specific purpose, I would like to propose a wider choice of various welfare equipment and means in order to meet the purpose, not simply limited to the user's capability. If I have another chance to visit Germany, I would like to find out more about welfare equipment and others.



A person in a wheelchair out by herself



A side street next to a main street

3. How do I use what I have learned in my activity field?

(1) To confirm and respect the user's will and wishes.

The first thing I want to do after this program is to once again firmly grasp the will and intention of the facility users I am engaged with. This program made me think that I need to reconfirm that what I do for the user out of considering the user's benefit might actually be my own self-complacency, or subjective assumptions. It is important to make efforts for what I think the user needs, however, the basics should not be forgotten that what the user wants and hopes to do should be supported. For this purpose, I would like to gain more experience so that I can listen not just to what users say but to read between the lines to understand what they are really thinking, and support the user.

(2) To build a place where users meet various kinds of people

Just the other day, a commuting user aged in his sixties told me that he would like to have a gathering of hemiplegia sufferers like himself. He said he thought that such people may have worries like he does, and that together they could exchange useful information. Since my activity area has never developed this kind of activity before, I immediately started to work to realize such a gathering. Based on learnings from ZWAR, I am thinking that at the gathering I would like to ask users to act as master of ceremonies to lead the gathering, and make a future plan. By doing so, I expect that users will make up for each other's shortcomings, and show a reaction or talk about topics that are different from what they do when staff leads the gathering.

Furthermore, many commuting male users had enjoyed golf and many are interested in hemiplegia golf. I am thinking about making a plan to contact a hemiplegia golf player, and invite the player as an instructor. Because, some users are obsessed with the idea that they cannot do something due to physical and environmental reasons such as care-related or economic reasons. Listening directly to the player may help even such users find a clue to live more positively or make choices that they have never thought of.

In this way, first I would like to make a place where the users I work with at my facility can meet various kinds of people. People meet people; they talk to each other, and by doing so they receive some stimulation. People in similar situations or those who have something in common can empathize with each other. I expect that gathering together will help them acknowledge their old age and disability, and gradually remove the obsession that "I cannot do anything anymore." I would be happy if such gatherings initiate a

chance to encourage them to go out of their homes, and to interact with people in the community.

4. How do I use what I have learned to further develop social activities?

(1) To provide information for wheelchair users

As I mentioned above, there were many wheelchair and rollator users on the streets in Germany. When I saw that, I thought that when people live in an environment where such scenes are quite common, then it may be easier for them to go out in a wheelchair should they come to need one for some reason.

I am sure there are wheelchair and rollator users who want to go out in the city where I am active. It may be difficult to quickly remove the physical or personnel obstacles or solve the economic issues that hinder them from going out. However, if I provide the information that these users want to know, they will become interested in the outside, and come to realize that they have the choice to go out in a wheelchair. For example, the number of wheelchairs available at shopping centers and restaurants in our area that anybody can use; the location of wheelchair accessible toilets; information about wheelchair ramps and other related information. One medium that I can utilize is the newspaper published by the facility where I work that reports facility information. I am thinking about beginning my activities by carrying that information in the newspaper every month. Since this newspaper is being distributed to home care support service providers in the city, it may catch the eye of care managers who support these users living at home when they read this information. I expect that even those who do not use my facility may be able to get the information.

In the near future, I would like to ask for cooperation of users of my facility, students at a primary schools, secondary schools, high schools, and universities to help with a survey of the outdoor environment for disabled and elderly people. We rarely see wheelchair users outdoors in the area where I am active. I hope this survey will become a means where people with disabilities and elderly people can meet the younger generation. I would like to develop this survey into a movement so that people with disabilities and the elderly can tell the city and shops what they find inconvenient, and request improvements, not just recording what they have experienced. Since I believe that an environment friendly to people with disabilities and elderly people should also be friendly to pregnant women and the childrearing generation who are baby carriage users as well, I am sure that their opinions will also be useful. As

for cooperation from students, the number of children who do not live with their grandparents has been increasing, and children hardly have a chance to see wheelchair users in the streets. I hope that working with people with disabilities and elderly people will become an opportunity for young people to realize that those people want to eat out in restaurants and go shopping just as they do, and to become interested in them.

(2) Maintaining face-to-face relationships with administrative organizations

Before the start of the sending program, in an attempt to grasp the actual situation in Japan and the city where I conduct my activities, I was able to meet staff at the Welfare Division for Elderly Citizens at the city office, and at the Comprehensive Community Support Center. Staff at these places taught me very thoughtfully and thoroughly, and I was able to learn again the role each division plays, as well as what efforts the city has been making to build a system for community comprehensive care. I will cherish these connections that I made in this opportunity for my future. I would like to cooperate with each other, and use this connection in my community activities, not only mentioning it in my report on this sending program but also by grasping the needs of the administrative side, and sharing what only the workers at sites can know.

5. In conclusion

I learned many things during this sending program – the German way of thinking about elderly people, policies, community efforts, as well as social issues such as refugees from Syria, their view of life, living and culture in Germany. Among others, the homestay was a very valuable experience for me, because it was my first time to take part in a program like that. I was able to learn from my host family and their friends about new types of couples and same-sex married couples. They live fulfilling lives both in

their jobs and private lives, and enjoy their glorious lives. They seemed radiant, and made me think about what kind of life I will live from now on.

It was also very useful for me to be able to learn again the present situation of medical insurance and Long-term Care Insurance as well as information about central and local governments in Japan. I was able to understand the vision Japan and local municipalities aim at, the advanced efforts that are implemented in various places, and other things. These kinds of information tend to escape my notice when I am only concentrating on my job at the working site, and it helped me a lot while staying in Germany. I was also able to recognize not only the good points of a foreign country but also the good points of Japan. That encouraged me to have positive feelings and to work to promote community activities.

In conclusion, I would like to extend my heartfelt appreciation to the staff at the Cabinet Office, and to the Center for International Youth Exchange for giving me this opportunity, and to those who supported this program in Germany including Ms. Dorothea Wunsch, Ms. Elvira Barbara Sawade Mr. Niels Meggers, and our interpreter Ms. Junko Honma. I would also like to express my appreciation to Delegation Leader Mr. Konoura and each delegation member. Even though we gathered under the common ground of those who work with elderly people, we each had different positions and approaches. Thanks to that, I was able to come into contact with viewpoints and ideas different from mine even when we were working toward to the same objective. I learned quite a lot. I have set up one goal – to invite ZWAR to take part in a seminar in the future. I would like to use the network I created in this program, and work hard together in order to return what I experienced in Germany to social activities here.

Reference

1) World Health Organization (WHO): World Health Statistics, 2013

2. UK (Activities for Persons with Disabilities Course)

Date	Weather	Time	Activity
October 11 Sunday	Fair	11:40 16:20	Departure from Tokyo International (Haneda) Airport by NH211 Arrive at London Heathrow Airport (Stay in London)
October 12 Monday	Fair	8:35-10:00 10:00-13:00 13:00-17:30 19:15-21:15 22:00-24:00	Visit to Embassy of Japan in the UK City tour Visit to The National Council for Voluntary Organizations (NCVO) Welcome Dinner Delegation meeting (Stay in London)
October 13 Tuesday	Fair	9:30-12:30 13:45-17:30	Visit to Council for Disabled Children Visit to Office for Disability Issues, Department of Work and Pension (Stay in London)
October 14 Wednesday	Fair	9:30-16:00 (9:50-11:40) (11:40-12:20) (12:20-13:00) (14:00-16:00) 17:30-19:30	Visit to Office for Civil Society, Cabinet Office Lecture on Cooperation with Voluntary sectors, Compact and Programs aiming for cohesive community Lecture on "Our Place, First Step" program by Department for Communities and Local Government Lecture on Inclusive Education in the UK from Department for Education Lecture on Programs for Mental Health and Persons with Disabilities from Department of Health Delegation meeting (Stay in London)
October 15 Thursday	Fair	9:30-12:00 12:20-16:00 17:00-20:00	Visit to Thrive Visit to Leonard Cheshire Disability, Community Resource Centre Transfer to Brighton by train (Stay in Brighton)
October 16 Friday	Cloudy	9:45-16:00 16:30-17:30 19:00-23:30	Visit to The Fed Visit to Stay Up Late Visit the pub in Westborn to join the service delivery by Stay Up Late (Stay in Brighton)
October 17 Saturday	Fair	9:00-11:00 14:00-15:00	Delegation meeting Homestay Matching (Homestay)
October 18 Sunday	Fair	13:00-14:30 14:50-16:00 18:30-22:00	Homestay Farewell Lunch with Host families Transfer to London by train Dinner meeting with Mr Ben Graham of Headway East London (Stay in London)
October 19 Monday	Fair	8:30- 9:50 11:00-13:30 14:30-15:10 19:35	Visit to The Alliance for Inclusive Education Visit to Headway East London Evaluation at The National Council for Voluntary Organizations (NCVO) Departure from London Heathrow Airport by NH212 (Overnight Flight)
October 20 Tuesday	Fair	15:15	Arrival at Tokyo International (Haneda) Airport

Organizations and institutions visited (reported by the delegation members)

	Embassy of Japan in the UK
Day of visit	October 12, Monday
Receiver	Mr. Kosuke WADA, First Secretary
Address	101-104 Piccadilly, London, W1J7JT
Telephone number	(44)-20-7465-6764
URL	http://www.uk.emb-japan.go.jp

Outline of the organization/institution:

This is the base of the Japanese government in the UK for its diplomatic activities, of which main roles are consulate services, such as expatriate-protection, and public-relations/cultural activities for promoting proper understanding of Japan. In the building, they have exhibition room to introduce Japan and PR/culture center library, where one can also borrow books.

Activities during the visit:

[Contents of explanation]

- Overview of welfare system for persons with disabilities in the UK
 - Their basic principles: rehabilitation and personalization to enable independent living
 - Local government playing the central role in providing diversified welfare services
 - Services for persons with disabilities and for elderly persons are separated in Japan, but they are in the same framework in the UK. The target for expenditure of the national treasury has shifted from welfare for persons with disabilities to one for elderly persons, which places funding sources for welfare for persons with disabilities under pressure.
- Personal Payment
 - They have “Direct Payment (cash allowance system)” to determine payment amount for target individuals, through assessment by respective local governments

upon necessity. Users utilize Direct Payment to choose services of their own needs and receive them. When it is difficult for users to choose appropriate services by themselves, their families, local government or charity organizations support them. There are very informative websites to help users choose necessary services out of various, diversified services offered.

[Exchange of opinions]

- Process for service usage and current situation: respective local governments conduct assessment to determine the necessary service amount for individual users. Users choose services to use within the designated service amount. Application can be made by users themselves, or they also can receive support from organizations which help users manage their choice of services, filing applications and coordinating to go through the process to use services. However, as there is no specific standard concerning assessment, usage of services differs from region to region.



	The National Council of Voluntary Organizations (NCVO)
Day of visit	October 12, Monday
Receiver	Ms. Sandra Turner, EU& International Manager
Address	NCVO, Social Building 8 All Saints Street, London, N1 9RY
Telephone number	(44)-20-7713-6161
URL	www.ncvo.org.uk

Outline of the organization/institution:

It was established in 1919 as an organization to support collaboration of volunteer organizations. It merged with Volunteering in England, a nationwide organization, in 2012. Covering England for its activities, it functions as an umbrella organization taking cross-field approaches. Having 11,726 member organizations, it is operated with approximately 90 staff members. Its revenue is approximately 9 million pounds (as of 2014). It is engaged in activities to promote private volunteer activities.

- Public Policy
 - Providing result of thorough analysis in the field
 - Holding conferences, seminars, forums and community events
 - Issuance of newsletters and others, information provision on the Web
 - Lobbying activities
- Training, Human Resource Development
 - Advocacy for volunteers and voluntary sector
 - Reinforcement of volunteer organizations
 - Development and improvement of volunteers
 - Continuous fund-raising

It makes proposals to and has collaborative discussions with government under “Compact” on behalf of charity organizations, and influences policies. It started publicizing annual report “Almanac” presenting statistical data acquired through its research activities 10 years ago. It works on clarifying outcomes of their service provisions, in collaboration with companies and universities.

Activities during the visit:

[Contents of explanation]

- Charity organizations in the UK

There are approximately 160 thousand organizations in the UK in total. Most of them are small-scale. Charity organizations have a long history. The Charity Act in 2001 defines a charity organization as one “for social contribution,” “has operational board of directors” and “reports its accounting.”

- Financial challenges

Most of charity organizations are funded by donation from individuals, subsidies, and operational revenue. However, due to recent austere fiscal policy, funding source for charity organizations including NCVO has been shifting from subsidies to entrustment by contracts. NCVO also had subsidy from the Office of Civil Society terminated in 2014, and subsidies are cut also for organizations which are not providing direct services to users. They are trying to increase income by renting meeting rooms of the building they own. All charity organizations are required to be creative to increase income in future.

As contracts with government/public entities are large-scale, it is difficult for small-/medium-scale charity organizations to get contracts, which leads to an increase of private companies to gain contracts. Some cases have appeared where charity organizations operate as subcontractors of private companies contracted with government, entrusted for work to directly engage users. Many conflicts occur due to difference of values between companies and charity organizations, which brings out issues and threatens the activities of charity organizations themselves.

- Roles as an intermediary organization

Being positioned to connect government and charity organizations, it takes approaches to establish equal relationship between them and promote Compact (an agreement prescribing role sharing between government and volunteer sector, without legal obligation). It carries out lobbying activities to government to influence policies.

[Exchange of opinions]

- Volunteers in the UK

There are volunteers in each generation. Though volunteering cannot be forced as it is not a job, they enhance motivation of people to participate in activities by clarifying advantages, such as skill acquisition through volunteer work.

- Approach for policies in future

They are going to attend a meeting of the Conservative Party to appeal to enable them to carry out volunteer activities for refugees, in collaboration with other organizations.

	Council for Disabled Children
Day of visit	October 13, Tuesday
Receivers	Mr. Matthew Dodd, Principal Officer Mr. Andrew Fellowes, Senior Health Development Officer Ms. Joanna Carr, Participation Development Office Mr. Chris Rees, Information, Advice and Support Development Officer
Address	8 Wakley Street, London, EC1V 7QE
Telephone number	(44)-20-7843-1900
URL	http://www.councilfordisabledchildren.org.uk

Outline of the organization/institution:

It is an umbrella organization for children with disabilities related organizations. The Council was established in 1974, aiming to practice the items of “Living with Handicap” described in Dame Eileen Youngusband Committee Report. Since establishment, it has been making efforts to realize its objectives, while making adjustment to the objectives according to environment surrounding children with disabilities.

Being a partner with Department of Health and Department for Education, it works on consumer-centered participatory activities, such as dissemination/enlightenment of the national policy and laws/regulations, promotion for practice of inclusive education, and activities to protect the rights of young people with disabilities. As PR activities, it sends out information by SNS, issues and distributes its bulletin and distributes movies on the Internet, in order to deliver voices of consumers to central and local governments. England is its area of activities. Its support covers infants to people up to 25 of age. It expands activities to let consumers know their rights and to change laws and regulations by delivering voices of persons with disabilities to government, putting a value on “listening to feelings of target individuals.”

Activities during the visit:

[Contents of explanation]

- Inclusive education

As for laws related to school education, they have “the Equality Act” and “the Special Education Needs, SEN,” which prescribe that all children have the rights to receive education no matter with or without disabilities, and thus, education is provided according to individual needs. Those children/students who need certain support in general school education are included in SEN, and 12.8% of all children/students in England are targets of SEN. (as of 2015).

- Education and Health Care Plan, EHC Plan

If a child/students among the SEN targets needs more complicated support, making an EHC plan (support plan) consisting of education, health and care integrated is mandatory. The ratio of children/students in need for EHC plans is 2% in all schools. When an EHC plan has a name of school described, the child should get enrolled in the designated school.

[Exchange of opinions]

- “Independence” of persons with disabilities

They put the first priority on needs of individual persons with disabilities, such as towns they want to live, and help those persons to find houses or share-houses with appropriate design for individual needs, or if one has difficulties to live alone, provide support to enable one to live receiving assistance from charity organization staff or local government.

- Future challenges in promoting inclusive education

More and more children who were not enrolled in ordinary schools have shifted to ordinary school. As making EHC plans requires much tax money, conflict sometimes occurs between local government, which in charge of making plans, and parents/guardians of target children. In some cases, court makes judgement if both parties don’t reach to agreement.

- Relation between the Children and Families Act and the Mental Capacity Act

The Children and Families Act, enforced in 2014, includes elements relevant to the Mental Capacity Act. When a child has difficulties to make choices/decisions for his/her life, the family takes responsibility. Persons with psychiatric disabilities ask support organizations specialized in psychiatric disabilities for assistance.

	Office for Disability Issues (ODI)
Day of visit	October 13, Tuesday
Receivers	Mr. Ed Hawker, Head of Strategy, Disability & Work Opportunities Mr. Charles Small, Policy Adviser - Joint Work and Health Unit Mr. Adam Bailey, Head of Policy - Joint Work and Health Unit Ms. Susie Efemini, Project Lead - Personalisation Pathfinders Mr. Stuart Edwards, Senior Policy Lead - Access To Work Mr. Brian Keating, Senior Policy Lead - Disability
Address	Caxton House 7-12 Tothill Street, London SW1H 9NA
Telephone number	(44)-20-7449-5049
URL	https://www.gov.uk/government/organisations/office-for-disability-issues

Outline of the organization/institution:

The Office for Disability Issues (ODI) was established in 2005 in the Department for Work and Pensions (hereafter DWP), to coordinate policies for persons with disabilities within the government. It plays a leading role in the government for collaboration with persons with disabilities and promotion of social participation of persons with disabilities. It has an important function for comprehensively propelling measures for persons with disabilities, and coordinates measures for persons with disabilities under respective ministries and agencies of the government in a cross-entity manner. It aims to promote human rights and to secure executability of the Equality Law, through working on health services, transportation, children and their families, labor and pension, realization of equality between persons with and without disabilities in community and at local governments. It works on improvement of ways for the government to form policies and provide services and accumulates results of surveys on actual situation of disabilities and specialized knowledge for other governmental entities. In administrative change to Cameron administration, it formed “Fulfilling Potential: Making It Happen,” action plan as a basic plan concerning measures for persons with disabilities.

ODI also plays a role to connect the government and civil society, other than to coordinate with other ministries/agencies and respective local governments. It has set up “Fulfilling Potential Advisory Forum,” holds periodic meetings with organizations of persons with disabilities, and collects/summarizes opinions. ODI has taken initiatives on ratification, implementation and monitoring of the implementation of the UN Convention on the Rights of Persons with Disabilities.

Activities during the visit:

[Contents of explanation]

1. Accessible Britain Challenge: It aims to establish inclusive and accessible community by eliminating barriers preventing persons with disabilities from social participation. The London Olympic/Paralympic Games in 2012 triggered change in perception of general public toward persons with disabilities. Major approaches they are taking are as follows:
 - To integrate voices of persons with disabilities, which were scattered over the Internet, into one website.
 - ABC Awards: To promote social participation of persons with disabilities, persons with disabilities, support organizations, or service users make recommendation based on activity-practices/cases, out of which, 3 candidate organizations per category are selected. Finally, prize-winning individual/organization is determined by a team consisting of 3 persons from the field of the rights of persons with disabilities and 1 ODI staff member. It is expected to trigger expansion of activities of respective organizations and sharing new ideas. Some candidate practices for this award are included in the social policy.
 - They propel projects cooperating with organizations of persons with disabilities, in order to eliminate gap in services among local governments. Around 2010, they started to include opinions of consumers with disabilities when they implement new services.
 - They carry out several plans to serve as role models for companies concerning for disability issues and campaign activities for business owners.
 - For 2020 Tokyo Paralympics, designing venues focusing on the importance of accessibility and considering voices of consumers will be significantly effective also in cost-related aspects.

2. Joint Work and Health Unit:

- Good work promotes health. Many people lose their job due to chronic diseases, so, they establish a system to analyze mutual impact between health and employment, and then, share and operate it nationwide.
- Support (=investment) for re-employment leads to economic growth. The manifest puts up the target to employ 1 million people by 2020. Referring the German policy, it is aimed; 1) to improve employment rate of persons with disability and/or health problems and 2) to promote health of employed workers and expand nationwide productivity and labor market.
- The number of people in need for disability allowance has been increasing, but if more people become re-employed, the cost for allowance provision can be reduced. So, government is promoting employment support.

3. Dame Carol Black's Review:

- It is a project consigned to an external study team to explore possibilities of support by conducting research and analysis on how drugs, alcohol and obesity are correlated to employment. As certain consideration should be taken including on the effect, meetings with companies and experts are held. In the future, a report on the study result will be issued in early 2016 to make proposal to the parliament.
- To collect information on contents and method of support on the web, etc. and visit organizations with positive outcome to share success cases and conduct hearing from consumers.
- Drug, alcohol and obesity are perceived as "addiction" in UK. Poverty is related to its background.
- Timing to start support is immediately after release

from prison or hospital. By shortening the interval before getting employed, it is aimed to prevent one from getting involved in the vicious circle of drug, alcohol and excessive eating.

4. Personalization Pathfinder

- To improve employment of persons with disabilities by cultivating personalization policy. In the 2-year pilot project starting on April 1, 2015, model programs are being carried out in 3 locations across the country, with input of persons with disabilities. The cumulative number of targets is 18,000 persons as of October, 2015. If the effect is proven, it will be introduced nationwide.
- Subsidy has been provided since 2014 for Job Club (functioning as Hello Work in Japan and as welfare operator, such as provision of allowances). By peer support and employment support by Job Club, employment rate was improved.

5. Access to Work

- Target group consists of those who acquired disabilities or progressive diseases during employment, aiming to provide employment continuation support. The number of the target is approximately 36,000 persons, two-thirds of which are need in continuous support. Three centers are engaged in operation, where total 200 public workers are employed.
- They don't provide matching support, etc., but subsidy for persons with hearing disabilities to have sign-language interpreters needed for job interviews.
- The annual budget is 1billion pounds. The cap of amount per person has been imposed since April, 2015.
- The difference in employment support between UK and Japan is whether having statutory employment quota or not.

	Office for Civil Society
Day of visit	October 14, Wednesday
Receivers	Mr. Ryan Letheren, Head of Programmes, Programme and Strategy Office Mr. Lee Vasey, Programme and Strategy Office Ms. Hannah Rignell, Head of Community Action Social Action Team Ms. Charlotte Roberts, Policy Adviser Ms. Kate Stewart, Ministerial and Stakeholder Engagement Team
Address	1 Horse Guards Road , London, SW1A 2HQ
Telephone number	(44)-20-7276-6257
URL	https://www.gov.uk/government/organisations/cabinet-office

Outline of the organization/institution:

Office for Civil Society was established in the Cabinet Office in 2010. It establishes cross-sectional collaboration not only externally (civil society), but within the Cabinet Office to provide support to private organizations and communities. Its roles are as follows:

1. To support charity organizations, social companies, volunteer organizations, etc. for their smooth operation and activities.
2. To support intermediary organizations
3. To plan social investment
4. To promote social activities

Under the new administration, focus is on devolving authorities to community, social investment reform, promotion of volunteer activities to working population, transition of service providing function from government to charity organizations and promotion of social activities by young people.

Activities during the visit:

[Contents of explanation]

1. Compact

Compact is the agreement announced in 1998 between government and charity organization/community organizations. It is to strengthen mutual collaboration, where government expects creation of necessary services from private organizations in order to reflect needs of community and private organizations to government policies. It doesn't have statutory power of obligation. It covers various important areas of contents, such as opinion exchange with charity organizations for policy-making and support for charity organization to implement project and/or services. Compact Voice (within NCVO) collaborates with government to promote Compact in community and private organizations.

2. Social Action (Social activities)

Social Action means traditional volunteer activities. It is a traditional culture of UK, including giving one's time and making donation. Donation is easily made on-line. Government provides information and support people to get connected with charity organizations, in order to

promote social activities by citizens. Approaches of social activities in the US and Germany, as well as "Dementia Supporters Caravan," in Japan are used as references.

3. Youth National Citizen Service, NCS

It is a support program to develop capabilities of young people for social activities. The target ages are from 15 to 17. For human resource development for those who will assume social activities in next generation, programs for 2 to 3 weeks are provided with 4 elements, namely; 1) Outdoor activities, 2) learning community, 3) planning of social activities and 4) graduation/evaluation. These young people who participated in the program have become actively engaged in volunteer activities in community and positive outcome of promoting cohesive society has been seen.

Young people learn much by themselves through various experiences, such as work experience, at companies introduced according to inclination of individual young people. Effectiveness of the program can also be seen with companies, for example, companies can collect ideas and opinions of young people.

[Exchange of opinions]

- Background to form Compact

Labor Party administration started in 1997 and its privatization of services was the trigger. Currently, it is important agreement for government, community and private organizations.

- Donation

Government and private organizations have created websites to enable on-line donations. Subsidy is available also for creation of websites.

- Reasonable Accommodation in implementation of NCS programs

Anyone of the target age group can participate in the program. If reasonable accommodation is necessary, its cost is paid by government. It is considered valuable to have diverse people gather, regardless of religion, race and/or disabilities, and this is expected to further develop to become Social movements.

	Department of Community and Local Government
Day of visit	October 14, Wednesday
Receivers	Ms. Tracey Foster, Policy Advisor, Local Service Transformation Mr. Jon Yates, Communities Support Contracts Programme Manager
Address	2 Marsham Street, London, SW1P 4DF
Telephone number	(44)-30-3444-0000
URL	http://www.communities.gov.uk

Outline of the organization/institution:

Main roles of Department of Community and Local Government are to create the most appropriate place for living and work and to plan policies to enable community people to execute their capabilities in community. Its duty covers collaboration/coordination among communities, support for purchasing/building houses, support for reviewing plans and support for families.

Activities during the visit:

[Contents of explanation]

- Our Place: This is a program implemented with the aim to unite policy-makers, public workers, economic society, voluntary organizations and community as a whole in decision-making. There are various approaches to drastically change functions of neighboring communities. 118 projects were implemented in FY2014, and 65 projects were newly added this fiscal year. Implementing body differs for each project, for which each organization makes contract.

<Program Examples>

- Community Café: Young people with disabilities gather at community café to learn social skills. By having those young people gather at places anyone can gather,

such as café, instead of a facility dedicated for persons with disabilities, they are provided with opportunities to feel as members of society.

- CoolTan-Arts: An art group of young people with psychiatric disabilities. Mental health is strengthened by power of creative activities.
- Development of passionate community leaders: A new plan for collaboration with community and support for community organizations/groups with application for subsidies, in order to develop leaders who are engaged in social activities aiming at better community.

[Exchange of opinions]

- To mitigate feeling of resistance against activities by young people with disabilities, by carrying out plans in collaboration with community people.
- To simplify the procedures for planning/implementation by persons with disabilities and teach them how to fill in the application forms.
- To help people with disabilities regain their confidence via programs for persons with visual disabilities, resolving loneliness of persons with disabilities.

	Department of Education
Day of visit	October 14, Wednesday
Receiver	Mr. Gareth Ashcroft, Special Education Needs and Disabilities Team
Address	Rm G/12 PLW, 1 Horse Guards Road, London, SW1A 2HQ
Telephone number	(44)-370-000-2288
URL	https://www.gov.uk/government/organisations/department-for-education

Outline of the organization/institution:

It is responsible for overall child welfare and education in the UK, in addition to that, it is engaged in infantile education, education for youths under 20, support for

experts involved in education for children and youths, establishment of community services for protection and support for children and educational support for children with disabilities.

Activities during the visit:

[Contents of explanation]

1. Special Education Needs, SEN

This is a system concerning school education. If a child needs special support at ordinary school, it is perceived that the child has special educational needs. Currently, approximately 1.3 million children of age 5 or older are in need for SEN. The number of children with more complicated needs is approximately 250 thousand. SEN also includes support which is not disability-related, such as support for children whose mother tongue is not English. It works on improvement of education by reforming/reviewing the system while exchange opinions with local government and charity organizations.

2. Education and Health Care Plan, EHC Plan

When one needs more complicated support, support is provided based on EHC Plan (support plan) with 3 fields (education, health and care) integrated. For assessment, it is required to have input of information and opinions of all those who are engaged with the target child, such as school staff, medical staff, social workers, specialists, educators and family members. Evaluation of EHC Plan is an obligation for local government. In addition, for children in need for support, there are dedicated supporters called “Independent supporter” who continuously give advices to

parents and children. Services of Independent supporters are independent from local government, and Council for Disabled Children (CDC) consolidates management of contracts.

[Exchange of opinions]

- Current situation of inclusive education

Most children with disabilities are enrolled in ordinary school. Only part of children with disabilities go to special needs school. An EHC Plan is made by specialists in various field, but consent of the target child and his/her guardian is essential. In most case, discussion is held toward agreement, but there are some cases where reaching to agreement is difficult between the individual/guardian and local government. Sometimes, a case is brought to the court demanding for change of EHC Plan, when individual/guardian cannot be convinced.



	Department of Health
Day of visit	October 14, Wednesday
Receivers	Mr. Matthew Lees, Mental Health and Policy Mr. Zawar Patel, Social Care, Local Government and Care
Address	Richmond House, 79 Whitehall, London, SW1A 2NS
Telephone number	(44)-20-7210-4850
URL	http://www.dh.gov.uk/

Outline of the organization/institution:

This was established as a new national organization for National Health Services (NHS) and public health services, etc. under the Welfare Reform Act in 2012. In addition to health and social security policy, it has jurisdiction for NHS. Its main roles are as follows:

- Making strategy, funding and supervision for medical/welfare system in the UK
- Collaboration with new national organizations, partners and stakeholders
- Overall responsibility for medical/welfare-related budget
- Support for and advice to Minister

Activities during the visit:

[Contents of explanation]

1. Mental Health Program

- Supporting members, a psychiatric specialist nurses and police officers visit homes of people with psychiatric disabilities together for emergency intervention. Supporting team is available for 24 hours to provide support.
- Prevalence of psychiatric diseases shows trend to increase. The annual budget for psychiatric-related matters is 70 billion pounds. The reality where persons with psychiatric disabilities cannot get employed is leading to deterioration of national productivity and

heavier burden for mental-health care and allowance. To prevent persons with severe psychiatric disabilities from hurting themselves and/or others and protect the safety of both themselves and/or community residents, it is possible to protect such consumers, but judgement by social worker and psychiatric psychologist is required. In case a person has very severe condition, a police officer arrests/restrains and then, protects that individual at psychiatric hospital. If there is no vacancy at hospital, police office protects the individual. For future, it will be required to take such individual to a safe place for treatment, instead of arresting/restraining. The cases where protection is required:

- Suicidal act or suicidal intention
- Panic attack / extreme anxiety
- Expression of psychiatric symptoms (derealisation, visual/auditory hallucination)
- Uncontrollable behavior, abnormal behavior, other behaviors possibly leading to hurting self and/or others.

Critical condition of mental health can happen to anybody and urgent support is required when one has got into a critical condition. It is necessary to have “Mental health crisis care agreement,” an agreement on response by police, psychiatric medical institutions, social worker, emergency medical specialists who are involved in support provision. This agreement was formed having input of opinions of supporting organizations about how respective relevant entities should collaborate together. After introduction of this agreement, most of local governments in England formed their agreements, which has resulted into halving the number of persons with psychiatric disabilities restrained and protected by police since 2012.

2. Social Care System

- In the medical welfare system in the UK various entities are involved having the target individual in the center.
- National Health Service, NHS

This is medical service which allows anyone to use general medical practitioner and hospital free of charge. The annual budget is 115 billion pounds. The NHS 5-year plan includes improvement of services for persons with psychiatric and learning disabilities as a prioritized policy for the future.

- Social (long-term) care

This is a wide range of community service concerning long-term adult welfare, such as day-care, meal service, facility nursing care and in-home care. The annual budget is 15 billion pounds, including small amount of NHS budget. They conduct assessment for use of services. Services are provided according to users’ needs. Service fee paid by users depends on economic situation of individual users, and users can use Direct Payment and/or Personal Budget.

- Integration of medical and social care services

Integration of medical, welfare, public health and child services are in progress. Service provision is determined by assessment, and the right of individuals to manage medical/welfare expenses by themselves is acknowledged. Prescription of the Care Act requires a free choice of services and participation of the target individual in assessment and care plan forming.

- Collaboration with private organizations

The number of strategic partners of Department of Health is 22 organizations including intermediary organizations, such as NCVO, and a total of 70 organizations including private partner organizations.

- Consumers’ participation in policy making

Persons with disabilities always participate in Policy Committee to have opinions of consumers input in policies. Remuneration is paid for attendance to committee meetings. They plan to increase the number of persons with disabilities working for Department of Health.

[Exchange of opinions]

- Disability issues in gaps among the systems

Prompt assessment, shortening period of hospitalization and early-stage outreach are demanded. Resolution of gaps among the systems is in process by integrating the systems in fields of medical, welfare and elderly persons. Support is provided in silo approach in Japan, which tends to make support provision inconsistent. It is important to provide support by a team consisting of different work categories.

- The number of beds at psychiatric department / transition to community of persons with psychiatric disabilities

In UK, they have a policy to increase the number of beds at psychiatric department, to enable individuals to receive necessary medical treatment by collaboration of police and welfare-related parties. On the other hand, in Japan we intend to decrease the number of beds and promote transition to community by resolving social hospitalization of persons with psychiatric disabilities.