

# Japan's journey towards age-friendly and dementia-friendly communities

*JLGC Seminar:*

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# Overview

- Context behind Japan's creation of age-friendly and dementia-friendly communities
- 4 cutting-edge and imaginative exemplars and achievements & remaining challenges
- Shared learning opportunities for the way ahead for Japan and the UK

## 4 factors: demographics, socio-cultural, economics & shrinking workforce

- **Demographics:** world's fastest ageing population
- 26.8% of Japan's 127m = over-65s; by 2025, 20% = over-75s. 5m with dementia; by 2025, 7m (20% of over-65s).
- **Socio-cultural:** *Unmarried*: in 1980 4.5% men & 2.6% women. By 2012, 22.7% & 13.6%. *Living alone*: in 1980 8.3% or 0.9m. By 2014, 17% or 6m. By 2025, 19% or 7m.
- **Economics:** Japan's fiscal constraints deepened by its national debt equal to 242% of GDP. Pressure to manage care costs.
- **Shrinking care workforce:** squeezing care supply.
- All of these 4 factors contribute to the approaching care crisis in Japan predicted for 2025.

## Re-thinking the care system

- While searching for a more sustainable & affordable care system, Japan underwent a philosophical change regarding care system.
- shift away from hospitals and medicalisation models
- move towards good quality of life in community setting.
- broadening care vision = more holistic approach within supportive community.
- ambition to create a comprehensive & integrated care system in every locality + accessible + sustainable + affordable.
- *The Chiiki Hokatsu Care System.*

## Creation of age- & dementia-friendly communities

- Creating the new system required new thinking regarding design, resources and ethos.
- Communities regarded as potential sources of complementary support, engagement and social networks.
- 1,700 local authorities identified as catalysts for the new system.
- Accordingly, in partnership with communities, local authorities fostered wide-ranging initiatives
- Emphasis on: autonomy, engagement & creativity
- Impetus for creation of age- & dementia-friendly communities.
- Age- and dementia-friendly communities: where older people and people with dementia can live within supportive and friendly communities and participate and contribute to their community.

## 4 exemplars from age- or dementia-friendly communities

- 4 cutting-edge & imaginative exemplars from age- or dementia-friendly communities.
- Exemplars quite different but all share key characteristics.
- These include: partnership working & co-production between local authorities and businesses, voluntary organisations and community groups.
- Draw on community capacity for volunteering, grassroots engagement, peer-support & local social networking.
- Opportunity for older people to contribute.

## 1. 'rewarded volunteering' scheme (1)

- Pioneered in 2007 in Inagi City (suburb of Tokyo)
- Now, 268 LAs have such schemes with 64,000 older volunteers.
- Example: Yokohama City (south of Tokyo): 3.7m pop. & 0.8m 65+.
- In 2009 its City Authority decided to run *Yokohama Ikiiki Point Scheme* within the social care system.
- Aim: to postpone healthy older people's social care, while meeting complementary needs of their peers in care.
- Aim: to strengthen community feelings within older population.
- Aim: rewarding volunteers with points to acknowledge their efforts, not recompense.

## 1. 'rewarded volunteering' scheme (2)

- Aims achieved by: recruiting healthy older people to provide peer support for frailer peers
- E.g. by befriending in care homes, delivering meals, helping with exercise sessions and social events.
- For every hour they volunteer their support, they are awarded points.
- Points earned can be cashed in or donated to charity.
- Last year 4,200 of 12,000 volunteers cashed in points worth £100,000.
- Volunteers can enter an annual lottery – with prizes donated by local businesses.



## 1. 'rewarded volunteering' scheme (3)

- Evidence: positive correlation between volunteers' perceived health & their level of volunteering = cost-saving for care.
- Evidence: 80% of participants were positive about the scheme. They said they had made friends, felt self-worth, felt healthy & made a contribution.
- But, grassroots perspectives less enthusiastic.
- Evidence: many older people preferred to join exercise clubs rather than volunteering.
- Evidence: difficult to monitor and evaluate the scheme.
- Evidence: many volunteers would have volunteered anyway – without rewards.
- Government remains upbeat with 268 LAs adopting scheme

## 2. Imaginative interventions for older men (1)

- 'Up and Doing' scheme first introduced in Wako City in 2003.
- Wako City (northwest of Tokyo): 80,000 pop. (16.4% = 65+).
- Aim: to attract isolated older people to join in fun activities.
- City authority subcontracted the scheme out.
- The scheme runs Mon. to Sat., 9am-4pm, 100 daily older users.
- Activities: cooking, fitness & 'coffee and chat' – didn't attract men
- Response = 'amusement casino': mahjong, board games, roulette and karaoke. This soon filled the rooms with older men.
- Users enjoyed free transport to attend.
- Minimal staffing levels and ethos of self-directed groups.
- Wider community events = intergenerational dimension.

## 2. Imaginative interventions for older men (2)

- Nurse, social worker & dietician presence to monitor and assess.
- Impact: national figure of 18.2% of older people eligible for social care down to 9.4% in Wako City
- The 'amusement-themed casino style' provision for more older men spread in day centres across Japan where only 20% of attendees had been men.
- Care & prevention elements integrated into fun activities but perception of misspent public funds and fun activities being inappropriate remain.
- Accordingly, some LAs (e.g. Kobe City) stepped in to regulate such amusement-themed day centres.

### 3. reassurance-visiting network for older people at risk (1)

- Reassurance-visiting networks targeted at older people at risk from social isolation and mild dementia.
- Already, 37% of LAs operate these 'monitoring' networks.
- LAs foster networks and sub-contract their running to local organisations.
- two models:
  - 1) conventional and widespread, drawing on older volunteers;
  - 2) uses a paid workforce from local organisations.

### 3. reassurance-visiting network for older people at risk (2)

- First model: Ogaki City (central prefecture of Gifu) with pop. 163,000; 26% or 42,000 = 65+.
- local social welfare organisation assigned 484 neighbourhood associations to appoint two-year fixed term older volunteers (one for every 50 households).
- Each volunteer visited a couple of older people at risk monthly.
- Each visit was reported to an ongoing monitoring database.
- The model financially viable through use of older volunteers.
- But, issues: social pressure on volunteers to accept the role & problem of recipients feeling embarrassed by cost-free visits – and disclosing personal information to neighbours/ strangers.

### 3. reassurance-visiting network (3)

- In response, second model using paid workforce, with LAs paying local organisations to integrate their business with networks.
- Example: Ogaki City: a home care provider paid their 120 home helps extra to make monthly visits to 1,000 older people at risk.
- Example: Osaka City: such businesses included refuse collection & meals-on-wheels. Workers checked older people's wellbeing.
- This second model more costly but more popular: less embarrassment and less perceived stigma.
- This insight into recipients' negative attitudes raises interesting question about using volunteers in such schemes.
- But, policy makers promote volunteer-driven model, emphasising benefits older volunteers can gain.

## 4. Safety Network for wandering (1)

- Dementia-friendly community initiative: specific network for people with dementia wandering and going missing.
- Example: Omuta City (southern island of Kyushu): 33.7% of its 116,000 pop. = 65+. 5,000 living with dementia.
- One instance of wandering and going missing happened in Omuta City and ended in a tragic death.
- This triggered concern amongst the neighbours who realised that they could have a supportive role to play.
- A subsequent city authority survey showed that Omuta City must support people with dementia.

## 4. Safety Network for wandering (2)

- Result: working group in 2001, working with the city authority
- Aims: raising awareness & building multi-layered social networks.
- SOS Wanderer Network created – the Safety Network.
- Safety Network – a Neighbourhood Watch-*style* network consisting of 5000 citizens, businesses, the LA, transport, media etc.
- How it works: police share a missing person's data with all Safety Network members who carry out the search
- 2014, across Japan 10,000+ wandering / reported missing – with 500+ found dead or remaining missing
- Omuta Safety Network (*Omuta Model*) rolled out across Japan, with 40 % of local authorities adopting it.



## 4. Safety Network for wandering (3)

- Impacts: reduced number of deaths through wandering
- post-rescue visits offered families access to guidance & support
- Network gives peace of mind to family carers
- Network improves QoL for people with dementia through social inclusion, acceptance & sharing of responsibility
- Omuta City's slogan: "Our City is a city where people can wander about safely... rather than where wandering is not allowed..."
- Ethical issues: registration by families excludes people with dementia – puts 'protection' for families before 'rights' of people with dementia
- Network excludes people with dementia, except as object of search

## Shared learning for the way ahead for Japan & UK

- Need for understanding of the impact of ‘rewards’ on volunteers – why ‘rewarded volunteering’?
- Amusement-themed interventions – fun is legitimate?
- Awareness of older people’s embarrassment regarding engagement with volunteers in Reassurance-visiting Networks.
- Ethical considerations for Safety Networks: balance between **protection** of carers and **rights** of people with dementia.



England’s response developing through the Herbert Protocol: Safe & Found in Yorkshire.

Thank you.

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