Developing TOT (Training Of Trainers) for Elderly Care Program: Collaborating with Korea, Indonesia and Japan

In order to realize the ideal concept of “Aging in Place,” it is the common acknowledgement to enhance the comprehensive community-care and to develop the place and the chance where older persons can be cared by themselves. It means that every resident should learn the knowledge and skills of elderly care, and that every care worker, whether he/she is domestic worker or foreign worker, should be trained in coping with their competency, and that each professional should engage in training of trainers for elderly care. It is our mission to develop TOT for elderly care program beyond cultural/social/economical/political differences in Korea, Indonesia and Japan.

□ Purpose
- Constructing an integrated strategy for elderly care
- Disseminating knowledge and skills for elderly care in communities
- Sharing practical care models internationally
- Understanding current elderly care systems of Korea, Indonesia and Japan
- Suggesting future directions for the TOT Elderly Care Program

□ Program
- Date: 18-19 October, 2016
- Venue: International Trade Association Building, Busan
- Host: Research Institute Science for the Better Living of the Elderly (RISBLE)
  Co-Host: Asia Aging Business Center, Japan (AABC)
- Sponsor: Toyota Foundation
  National Medical Insurance Service
  Korean International Trade Association Busan Center
  Nara Hospital
Schedule

Seminar: October 18 (Tuesday), 2016

Topic: Moving Forward for Developing TOT Elderly Care Program

9:30-10:00  Registration
10:00-10:10  Opening Ceremony
   Welcome Message
   Dr. Dong Hee Han (Director, RISBLE)
   Dr. Takeo Ogawa (President, AABC & Emeritus Professor, Kyushu University)
   Speech of Congratulation
   MooSung Kim (Korean Congressmen)
   EunSook Kim (Major Jung-gu Busan)
   KookSang Park (Chairperson Busan Kyungnam Center
   Center of National Medical Insurance Service)
10:10-10:30  Keynote Lecture
   Dr. Takeo Ogawa (President, AABC)
   Towards International Harmonization of TOT Program Development for Elderly Care
10:30-11:20  Panel Presentations: Elderly Care and Training Program in each country
   Prof. Tribudi W Rahardjo (Centre for Ageing Studies, University of Indonesia)
   Developing Elderly LTC Training Program in Indonesia
   Dr. Sunwoo Duck (Korea Institute for Health and Social Affairs)
   Work Improvement for Care Related Employees in Long Term Care
   Prof. Reiko Ogawa (Kyushu University)
   Creating a Caring Society in Asia
11:20-12:30  Panel Discussions: Long Term Care and Training Program in each country
   Dr. Jong Kwon Kang (President Saeall Rehabilitation Hospital in Inchon)
   Dr. Jae IL Lee (President Grand Natural Geriatric Hospital)
   Prof. Ga Eon Lee (Dept. Nursing Donga University)
   Mr. Yunki (Director Jungbu Long Term Care Service for the Elderly)
   Mr. Lee Sang Jun (President, Korean Homecare Service Association for Information)
   Ms. Kim, Dong Ju (President, Busan Center of Korean Caregivers Association)
12:30-13:30  Lunch
13:30-17:00  Workshop: Introducing good practices
13:30-14:30  Practices of Indonesia
    Ms. Dwi Endah (Cita Sehat Foundation)
    Prof. Fajar Susanti (Dept. Nurse University of Respati Indonesia)
    Ms. Dinni Agustin (Centre for Ageing Studies University Indonesia)
14:30-15:30  Practices of Korea
    Wellageing Education Service Co.LTD
    Ms Jung Myung Sook, Choi, Kil Soon and Han, Jung Ran
15:30-15:50  Break
15:50-17:00  Practices of Japan
    Professor Masako Yokoyama (Dept. Nurse University of Kobe Women)
    Mr. Mikio Taguchi, (Aso Education Service Co.LTD.)
    Ms. Sachiko Managi (Fukuoka-city Council of Social Welfare, Japan)
17:00-17:10  Wrap up Comment
    Dr. Sungkook Lee (Emeritus Professor, Kyungpook National University)

Study Tour of Facilities for the Elderly: October 19 (Wednesday), 2016
9:00-10:00  Busan National Medical Services (Jungbu Branch)/Long Term Care Service Center
10:30-11:00  Dementia Center of Donga University Hospital
11:30-12:00  Grand Natural Elderly Hospital
12:00-13:00  Lunch
13:30:  Hana Home Care Center
14:00-14:30  Brue Bird Day Care Center/ Senior Citizen Group Home
15:00-15:30  Homecare Service Center in Yeongdo
16:00-16:30  Education & Training Center for Caregivers
17:00-18:00  Inchang Complex (Geriatric Hospital, Nursing Home, and Elderly Care Center)
18:00  Farewell Dinner
Greeting

It is a real pleasure and privilege for me to organize the “Busan Meeting for the Developing ‘TOT’ for Elderly Care Training Program among Indonesia, Japan, and Korea” with Dr. Donghee Han. On behalf of the organizer, I am so glad to welcome all of you to this excellent meeting.

It is highly appropriate that a meeting should be held in your Busan-city, because as everyone knows Busan-city is one of International Age-friendly Cities. Our discussing issues are closely related to Age-friendly City programs of WHO, because “Community Support and Health Services” is one of 8 domains in the Age-friendly City framework.

Almost 15 years ago, I have established Active Aging Consortium in Asia Pacific (we called it as ACAP), with Dr. Donghee Han and many colleagues. Since 2005, we have a several international congress in several countries, and discussed issues of active aging. We held the 2nd Active Aging Conference in Asia Pacific in Busan, the 3rd Active Aging Conference in Asia Pacific in Namhae County, and the 8th Active Aging Conference in Asia Pacific in Busan. And just in last March, we held the 10th anniversary Active Aging Conference in Asia Pacific in Fukuoka. At that time, we were discussing “Designing Long-term Care for Aged Society,,” and declare the Fukuoka Declaration of ACAP 2016. It contained the sentence as below: For sharing best practices of active aging internationally, we should establish our accessible portal-site and networks. For example, a training center of long-term care, a solution center of aging issues, and an inclusive design center should be established nationally and expanded internationally.

In this Busan meeting is a next step beyond the 10th ACAP in Fukuoka.
Already, we, Korean and Japanese delegates have visited Indonesian communities and learned the Indonesian way of health and social services for the elderly in a community. Also, Korean and Indonesian Delegates have visited Fukuoka-city and observed various Japanese way of Elderly Care programs. In this time, we, Japanese, Indonesian, and Korean delegates will discuss the perspective of Training of Trainers Program for Long-term Care and visit to some facilities of Korean style elderly care. We will get ideas and recommend the “Training of Trainers of Elderly Care” program to the concerned.

Our Activities are supported by the Toyota Foundation in 2015-2016. Let me first of all express sincere appreciation to Toyota Foundation for their generous support. And I wish to thank to all of Korean supporters: National Medical Insurance Service and Korean International Trade Association Busan Center for their active cooperation, without which it would have been impossible to organize our meeting. And Also I will say many thanks to Korean counter-partner RISBLE and Indonesian counter-partner CASUI and my staffs AABC.

I hope all of you can learn and share the “Training of Trainers” program of Elderly Care. And everyone make effort to promote it for capacity building of all citizens in aging society.

Thank you for your attention.


Takeo Ogawa
Towards International Harmonization of TOT Program Development for Elderly Care

Takeo Ogawa, Ph.D.
Emeritus Professor, Kyushu University
President, (NPO) Asian Aging Business Center

OUR MISSION
• We are living in an aging society.
• In aging society, we will be caregivers for the elderly and will be clients of long-term care (LTC) probably.
• Therefore, we will have to construct active aging society not only domestically but also internationally.
• Especially, we need capacity-buildings of LTC.

### Some Data

<table>
<thead>
<tr>
<th>Country</th>
<th>65+ (%) 2013</th>
<th>65+ population</th>
<th>Formal LTC Workers</th>
<th>FLW/100 persons 65+</th>
<th>Public Expenditure on LTC/GDP(%)</th>
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<tr>
<td>Indonesia</td>
<td>5.22</td>
<td>13.1million</td>
<td>N/A</td>
<td>N/A</td>
<td>0.1</td>
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<tr>
<td>Japan</td>
<td>25.08</td>
<td>31.9million</td>
<td>1,233,587</td>
<td>4.0</td>
<td>0.7</td>
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<tr>
<td>Korea</td>
<td>9.46</td>
<td>2.4million</td>
<td>114,286</td>
<td>1.9</td>
<td>0.3</td>
</tr>
<tr>
<td>USA</td>
<td>13.96</td>
<td>44.1million</td>
<td>2,769,442</td>
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<td>0.6</td>
</tr>
</tbody>
</table>

Scheil-Adlung, Xenia
Global estimates of deficits in long-term care protection for older persons
(Extension of Social Security series; No. 50)
Providing Elderly Services Apart (status quo)

- In almost countries, services for the elderly are differentiated in several administrations: Ministry of Health, Ministry of Welfare, Ministry of Population and Family Planning and more.
- Therefore, the Training of Trainers Programs for LTC are implemented by several sections separately.

For Good Quality and Abundance LTC for the Elderly

- Enhancement of LTC literacy of Citizens.
- Enforcement of Professional Knowledge and Skills (Medical, Nursing Care, Therapy, Design, and so on).
- Development of New Job Category of LTC for the Elderly with International Collaboration.
- It needs to develop a training of trainers programs for LTC internationally.
FRONTIER OF LONG-TERM CARE FOR THE ELDERLY

A Public-Health Framework for Healthy Ageing (WHO)

- **High and Stable Capacity**
  - Prevent chronic conditions or ensure early detection and control
  - Support capacity-enhancing behaviours
  - Remove barriers to participation, compensate for loss of capacity

- **Declining Capacity**
  - Manage advanced chronic conditions
  - Ensure a dignified late life

- **Significant Loss of Capacity**
  - Promote capacity-enhancing behaviours
  - Support capacity-enhancing behaviours

**Functional Ability**

**Intrinsic Capacity**
Shared Care
Daily Choices
Self-managed Ailments
Minor Ailments
Preventive Care
Long-term Conditions
Acute Conditions
Compulsory Psychiatric Care
Major Trauma
Assisted Management
In-Hospital Care
Community Care
Institutional Care
Pure Self Care
Responsible Individual
Pure Medical Care
Professional Responsibility
Self-Care Continuum
Life Style
Nutrition, Exercise, Good Sleep, Brain Training, Oral Hygiene, Preventive Therapy, Rehabilitation, etc.
Commission Doctor, Consultation, Education, Training, Dissemination, Capacity Building, etc.
Multi-disciplinary Cooperation Visiting Nurse, Home Helper, Visiting Doctor, Home Hospice, etc.
Hospital Transfer, Referral to Specialized Hospital or to rehabilitation Hospital, Sanatorium, Hospice, etc.
Institutional Care
Preventive Care
Shared Care
Long-term Conditions
In-Hospital Care
JAPANESE WAY OF CONSTRUCTION OF INTEGRATED LTC

Japanese Integrated “KAIGO” (One of Best Practices)

• Japan has integrated the “KAIGO”, which is a Japanese sense of “Long-term Care” beyond the bureaucratic differentiation.
• The “KAIGO” is engaged by professionals and para-professionals.
• Professionals of “KAIGO” are qualified as the “KAIGO-FUKUSHI-SHI” with long-term training and national examination. Also, para-professionals of “KAIGO” are trained privately.
Japanese Achieved an Integrated Elderly Care

- **Kaigo (Japanese sense of long-term care)**
  - (Geriatric Nursing + Social Work) × Specialize
- **Care Provider** = Institutional Care & Community Care
- **Financial System** = Public Long-term Care Insurance
- **Qualification of Care Work** = Certified Care Workers
- **Authorizing Certified Care Workers** = The Certified Social Workers and Certified Care Workers Act

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Japanese Concepts around “Kaigo”

![Diagram showing the relationship between Nursing Care, Long-term Care, Social Work, Professional, Basic Requirement, and Attendant Maid.](image)
Long-term Care Insurance
Applicable Services

- Geriatric Hospitals
- Residential Care Home
- Rehabilitation Facilities
- Home Help Services
- Day Service Center
- Assisted Living
- Day Services
- Visiting Services
- Short Staying
- Small-scale Multi-functional Care Facilities

Public Long-term Care Insurance System

- National Government
- Local Government
- All of 40+

- Requirement of Qualified Care Workers
- Pay 90%
- Institutional Care
- Community Care
- Pay 10%
- Needed 65+

Training and Education of Certified Care Workers

High School
- Polytech of LTC (2 years)
- School of Social Work (4 years)
- Polytech of Social Work
- Polytech of Child Care
- Graduate High School (Welfare)

Work Experience (3 years)
- Technical Skills Test (Unexecuted)

Polytech of LTC 1 year

National Exam.

Certified Care Workers (registered)

Legislation of Caring in Japan

Act on Public Health Nurses, Midwives and Nurses (1948)

Physical Therapists and Occupational Therapists Act (1965)

Certified Social Workers and Certified Care Workers Act (1987)
ISSUES OF JAPANESE LONG-TERM CARE FOR THE ELDERLY

Japanese Issues of Kaigo

• Hospitalization and Institutionalization
• Excessive Expectations to Professionalism
• Quasi-Market of Care Services
• Shortage of Direct Care Workers
• Challenges for Inviting Foreign Care Workers
• Continual Care System of Client-based Care
• Sustainability of Long-term Care Insurance
Preferred Place Whence Needs Care

Beyond Hospitalization and Institutionalization
Relationship of Caregivers

- Spouse: 26.2%
- Child: 21.8%
- Child in Law: 14.8%
- Parent: 9.6%
- Other Relative: 11.2%
- Separated Family: 1.8%
- Service Providers: 1.8%
- Others: 0.5%
- D.K.: 1%


Shortage of Care Workers in Japan

- Estimating Trend: 2,060,000
- Shortage: 250,000
- Additional Improvement: +50,000
- Estimating Need: +200,000

2020s
Acceptance of Candidates of Certified Care Worker under Economic Partnership Agreement

Indonesia
Higher Education Diploma + Training

Philippines
Caregiver School Certificate University Diploma

Viet Nam
Nursing School Diploma

Japanese Language Proficiency Test

Matching Candidates with Facilities for Older Persons

Japanese Language Training

Tentative Employment in facilities for Older Persons

National Examination of Certified Care Worker

NEW CHALLENGES FOR ESTABLISHING INTEGRATED COMMUNITY CARE
Integrated Community Care System

Area Comprehensive Support Center

Social Worker
Public Health Nurse
Chief Care Manager

Advocacy
Preventive Care
Comprehensive/Continuous Care
New Career Path of Care Workers

Professional Ladder System based on Competency

ToT

Certified Care Workers
Care managers
Home Helpers

status quo

New Challenges

New Qualification Framework of Training Programs

Knowledge | Skills | Competency
---|---|---

Assessor
Establishing a Training of Trainers Programs

Eligibility for ToT

Basic Qualification: Certified Care Worker, Social Worker, Nurse, Public Health Nurse, Medical Doctor, Therapist, Pharmacist, Dietician, Dentist, Dental Hygienist, etc.

Practical Experiences in 5 years +

Passing Examination + Lectures + Training = Care Manager

Practical Experiences in 5 years as a Care Manager + Lectures + Training = Chief Care Manager
Circulation of Foreign Care Workers

Candidates of Certified Care Workers under EPA

Foreign Students Learning LTC

Technical Intern of Care Work 3 years Stay

LTC Care Workers Return to Home Countries

Next Aging Phase

Working Visa

Return as Preceptors

Certified Nurse in Nurse

APN

Sa-hoe-bok-chi-sa

Yo-yang-bok-chi-sa

Unqualified Care Givers

Capacity Building of LTC

TRAIN the TRAINER

Level 8

Level 7

Level 6

Level 5

Level 4

Level 3

Level 2

Level 1

Japan

Korea

Ideas of Harmonization with Korea
Ideas of Harmonization with Indonesia

OUR PROPOSITION OF INTERNATIONAL TRAINING CENTER
The Asia Pacific Training Center for Aging provides opportunities for Membership and Internship. It is open to Foreign Researchers/Policymakers and Members Consulting.

Needs of:
- International Comparative Studies
- Policymaking
- Developing Training Programs of LTC
- Social Marketing of LTC
- Evaluation Researches
- Open Innovation
- Co-Creation

Needs of:
- Philanthropy of LTC Facilities
- Caring Innovation
- Capacity Building of Care
- Job Redesign
- Maintaining Care Workers

Glocal Intermediary Functions:
- Train the Trainers Programs
- Introducing LTC Cases
- Utilization Database and Collections
- Program Evaluation
- Test-Bed of Goods and Services
- Co-Creation of Active Aging
- Certification and Qualification of Training
- Awards of Best Practices
- Compassionate Care for Managers and Workers

Public Sectors, JICA
Private Sectors
THE DEVELOPMENT OF TRAINING PROGRAM ON LONG TERM CARE FOR ELDERLY CARE GIVER IN INDONESIA

Collaboration Program between Asia Aging Business Center, Research Institute of Science for the Better Living of the Elderly and Center for Ageing Studies Universitas Indonesia,

Supported by Toyota Foundation

Presented at Busan Meeting of “Developing TOT (Training Of Trainers) for Elderly Care Program: Collaborating with Korea, Indonesia and Japan”

International Trade Association Building, Busan, Korea 2016

BACKGROUND

- The size limitations of the elderly will be more apparent from their ability to care for themselves as an indicator of the need for long-term care
- In developing country like Indonesia, providing the support of long term care (LTC) which enables older persons with care needs to stay at home as long as possible can help greatly to improve their situation, and it is what most want.
- It needs such training for the care givers on LTC
SELF CARE

Having difficulties in self-care, women suffer more than older men do.

Older women are more likely to suffer severe difficulties in self-care. Long-term services will be highly needed by those who are bedridden. Therefore, it is important to focus on the availability of long-term care and rehabilitation professionals in the near future. The total of them reached 5 to 10 percent?
DEFINITION OF LONG TERM CARE

WHO, 2012 defines Long Term Care (LTC) as a system of activities undertaken:

- by informal caregivers, or professionals to ensure that a person who is not fully capable of self care, can maintain the highest possible quality of life, according to his or her preferences,
- with the greatest possible degree on independence, autonomy, participation, personal fulfilment and humanity.

THE STANDARD OF LTC IN THE COMMUNITY PROPOSED BY MINISTRY OF HEALTH, 2016

- In the implementation, a multi sector approach would be conducted.
- On the other hand, such traditional LTC services have been being conducted by the family and informal care givers in the community as volunteers,
- The quality of service is still being improved. Hence, the standard of LTC in the community is highly needed.
LONG TERM CARE SYSTEM, WHO 2016

- A comprehensive system for long term care that can be provided at home, in communities or within institution should be to maintain a level of functional ability in older people with, or at high risk of, significant losses of capacity.
- This is consistent with ensuring older persons’ human rights and dignity.
- Putting this in practice will also acknowledge older persons’ legitimate and continuing aspirations for healthy ageing and well-being.

QUALITY OF LTC (WHO, GENEVA 2016)

- Developing and disseminating care protocols or guidelines that address key issues
- Establishing accreditation mechanism for services and professional care givers
- Establishing formal mechanisms for care coordination between LTC and health care services
- Preventing and reporting elder abuse
- Ensuring access to essential medicines, including those for pain relief
- Establishing quality of management system to help ensure that focus on optimizing functional ability is maintained
OLDER PERSONS

Mental and Spiritual Services
Health Services
Opportunity to Work
Training and Education
Public services and facilities
Access to Law Services
Social Protection
Social Support

PARTNERSHIP
In SERVICES
GOVERNMENT
INSTITUTIONS
FAMILY
BUSINESS
VOLUNTEERS
COMMUNITY
LEADERS
NGOs

WORKSHOP ON LTC IN JAKARTA AND VISITING COMMUNITY SERVICE IN YOGYAKARTA, 2015
TRAINING ON LTC IN JAKARTA: AT INSTITUTIONAL CARE AND IN YOGYAKARTA: AT COMMUNITY CARE, AUGUST 2016

DEVELOPMENT OF NATIONAL TRAINING SYSTEM REFER TO INTERNATIONAL STANDARD ON LTC (LTC WORKSHOP, AABC, TOYOTA FOUNDATION, JAPAN FOUNDATION, JAKARTA, 2015)

International Training System for LTC

- NCOP: Monitoring, Evaluation and Policy development
- Japan Institution
  - Korea Institution, WHO, HelpAge, ACAP, and OTHERS
- International Training Centre: Coordinated by Academic Institutions in collaboration with other institutions
- Local/national Training

Central Government: Coordinated by Ministry of Coordinator for Welfare

International: Governments

Training for the Trainers: Provides by international experts and Practitioners

Training for providers: Health Providers, Social Workers, Formal and Informal Care Givers
THE SUBJECTS OF BASIC TRAINING, BY CAS UI, AUGUST, 2016

- MOTIVATION, HUMAN NEEDS AND WORK CULTURE
- ETIQUETTE IN ELDERLY CARE
- COMMUNICATION
- EMPLOYMENT CONTRACT
- MENTORING CLIENT / ELDERLY
- BASIC CARE
- INTRODUCTION TO DISEASE AND LONG-TERM CARE OF ELDERLY
- EMERGENCY RESPONSE
- PHYSIOTHERAPY, TRADITIONAL HERBAL TREATMENTS
- NUTRITION FOR THE ELDERLY
- HOUSEHOLD ECONOMY
- PSYCHOLOGY AND SPIRITUAL LIFE OF ELDERLY
- INTRODUCTION TO ORAL HEALTH DISORDERS
- VISION, MISSION, PHILOSOPHY AND MOTTO ELDERLY CARE GIVER
- MENTAL HEALTH OF ELDERLY FOR HEALTH PROVIDER

THE SUBJECTS OF BASIC TRAINING BY KEISHIN GAKUEN EDUCATIONAL, JAPAN, IN CAS UI, OCT, 2016

1. The Values of Social Care
2. Mental and Physical Mechanisms
3. Promote Life Quality for the Individuals you Support
4. Understand your Role as a Care Worker
5. Communicating Positively
6. Dementia Care
7. Working with Risk & Safety at Work
8. Support for Activities of Daily Living
9. Support for Instrumental Activities of Daily Living
10. Recognise and Respond to Abuse and Neglect
11. Develop as a Worker
CONCLUSION

- The demand of LTC services in the community is significant, hence the standard of LTC in the community is highly needed.
- The development of training program on LTC has been established by CASUI, URINDO and Cita Sehat.
- The collaboration between Japan, Korea and Indonesia in developing harmonization of training, and the standard of services is highly appreciated.

THANK YOU
Creating a Caring Society in Asia

Assoc. Prof. Reiko Ogawa
Graduate School of Social and Cultural Studies
Kyushu University
reiogawa@scs.kyushu-u.ac.jp

Rapid increase in Population Aging

OECD Statistics, 2014
Crisis of Care

• 1) Care deficit for both paid and unpaid care
• 2) Commodification of care
• 3) Stratification according to ethnicity, class and gender

Care Work in Different Contexts

• New Occupation, feminized job, unclear job description, ambiguous expertise/skill
• Registered nurse, nurse assistants, domestic workers

<Japan>
• Kaigofukushishi (skilled?)
• Shoninsha kenshu (semi-skilled?)

<Korea>
• Yoyang pohosa (semi-skilled?)
• Kanbyonin (unskilled?)

<Taiwan>
• 長期照顧服務員 (semi-skilled?)
• 看護工 (unskilled)

<Singapore>
• Enrolled nurse (semi-skilled?)
• Nursing aides (semi-skilled?)
• Healthcare attendant
Certified Care Worker (Kaigofukushishi)


- 125 questions in 220 minutes
- Choose one correct answer from five choices
- Passing ratio for the past five years for Japanese is 48%~63%

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**Care Workers in Japan**

- Blue line: No. of Care Workers
- Red line: No. of Elderly who needs Care

Salary lower than other sectors & turn over rate higher
Care Workers in Japan

<table>
<thead>
<tr>
<th></th>
<th>Regular Staff</th>
<th>Non-regular Staff</th>
<th>Female ratio</th>
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<tbody>
<tr>
<td>Care Facilities</td>
<td>56.5%</td>
<td>41.4%</td>
<td>73.0%</td>
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<tr>
<td>Home Care</td>
<td>17.5%</td>
<td>78.4%</td>
<td>88.6%</td>
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</table>

In 2025, Japan needs +700,000 care workers

Figure 1. Employment Status of Care Workers

Figure 2. Age distribution of Care Workers

Population Growth

- Japan
- Republic of Korea
- Indonesia
- Philippines
- Viet Nam
Globalization of Care Work

• In Japan, under the Economic Partnership Agreement (EPA), migrant caregivers are working in care facilities.
• In Korea, minimum 15,000 to maximum 54,000 Chinese Korean women are engaged in care work. (Lee, 2012)
• In Taiwan, approx. 200,000 migrants are working as caregivers which shares 62% of the long term care workforce (Wang, 2010).
• In Singapore, more than 210,000 migrant domestic workers are working in private homes. More than 80% of the staff in long term care facilities are migrants.
Globalization of skills?

<Japan>
• Kaigofukushishi (skilled?)
• Shoninsha kenshu (semi-skilled?)

<Taiwan>
• 長期照顧服務員 (semi-skilled?)
• 看護工 (unskilled)

<Korea>
• Yoyang pohosa (semi-skilled?)
• Kanbyonin (unskilled?)
• Domestic worker (unskilled)
Migration of Care Workers to Japan

- Conditions from the Japan Nursing Association to pass the national exam for caregiving (kaigo fukushishi) within a limited time. If they cannot pass, they have to return.
- Migrants will receive one year free Japanese language training
- Involvement of the state agencies in recruitment, deployment, training and allocation of caregivers
- Migrants are allowed to work only in institutions

Migration of Care Workers to Taiwan

- Modeling the Singaporean migration regime, acceptance started in 1992
- Approx. 200,000 migrants from Indonesia, Philippines and Vietnam work in private homes and institutions.
- Since 2012, the migrants can work up to 12 years without any license.
- Live-in caregivers are not covered under the Labor Standard law and they receive lower salary than Taiwanese workers
Migrant Care Workers to Korea

• Korean government’s immigration policy is two tier system depending on ethnicity.
• Since the late 1990s, it relaxed its policy towards Overseas Koreans. The Working Visit System introduced in 2007 allowed Korean Chinese to work in service sectors.
• Korean Chinese women dominated in household work as large as 90%. Others work as kanbyonin or yoyang pohosa.
• Multicultural Family Center and Hanna Won also provides training of yoyang pohosa.
Creating a Just and Caring Society

• We need to build an democratic and inclusive society where care work does not become a social dumping of unwanted work relegated to the marginalized sector of the society
• Skills gained by both locals and migrants should be shared and developed across borders
• If more people share the caring responsibilities, the society will become more open and humanistic
Background

- The proportion of elderly people who no longer could care for themselves tend to increase with age, while the informal care giver as well as cadres and family members even the professionals have not received adequate training.
- On that basis it is necessary to develop a training program for health workers and care giver of elderly who need LTC.
General Objective

The general objective of the training is the care giver improved their ability to give services of LTC to the elderly who could no longer care for themselves, to meet the quality of life of elderly optimally.

Specific Objectives

Improving the ability care giver in LTC:
- Increased understanding of humanity and ethics
- Increased understanding and skills of nursing assistance
- Increased understanding and skills about the disease and its treatment by the elderly care giver
- Basic care of elderly who have limitations in their daily care
- Long-term care for the elderly who have limited aspects of bio – medical
- Long-term care that supports the fulfillment of the quality of life of elderly optimally.
Benefit

- The establishment of LTC training curriculum for the elderly as well as the implementation of the system of training that could be applied in Indonesia

Location

- Yayasan Cita Sehat Bantul Yogyakarta
- Panti Tresna Werdha Budi Mulia I, Cipayung Jakarta Timur
Profile of Yayasan Cita Sehat Yogyakarta and Panti Tresna Werda Cipayung Jakarta Timur

Participants

- At institutional care: health provider staff/care giver
- At community: Cader/interest care giver in elderly, with minimum education Junior High School, aged 18 – 50 yr, total @ 20 participants
Program description

- General lecturer
- Nursing lecturer
- Supporting lecturer
- Practices
- Techniques and outcomes
- Location and participants

Why training requires

- The number of elderly who need LTC continues to increase, but the training provided is still scarce and general
- LTC models require integrated training by involving cross-sector that requires socialization to the Ministry of Health, Ministry of Social Affairs, BKKBN, and non-governmental organizations concerned elderly.
- Currently there are 337 elderly welfare institutions who have not received integrated training of LTC
Sustainability

Participants who will participated in the training at Cita Sehat Foundation (CSF) area were selected by CSF so that they can later pass on their knowledge to other participants (TOT) in other working area of CSF, so that created sustainability LTC training for the elderly in Yogyakarta
Model facilities of LTC in Japan

Follow up

- Participating in “Developing TOT (Training Of Trainers) in LTC for Elderly Care Program: Collaborating with Korea, Indonesia and Japan” di Busan Korea, and Study Tour to learn service facilities of ‘Best Practice of LTC’ Busan, Korea, 17-20 October, 2016
- Harmonisation modul of “Training family caregivers and volunteer caregivers in communities to engage in long-term care for the elderly”, collaboration with Keishin Gakuen Educational Japan, 31 October – 1 November 2016 at Kampus UI, Depok
- Correcting material / training modules based on the results of training and harmonization module
Training activities at Jakarta and Yogyakarta

Gamsahabnida
Elderly LTC in Community
Dwi Endah Kurniasih
Cita Sehat Foundation

Background

• In 2020, the number of older people in Indonesia is estimated to steadily increase to 28.8 million (11% of total population).
• On the other hand, it found that the level of disability is also relatively high (70% with light disability).
• The Elderly Index in Jogjakarta is the highest (60%) compared to other provinces in Indonesia.
• In developing countries like Indonesia, providing home and community long-term care can enable older persons with care to stay at home as long as possible.
• This can help greatly improve their situation, and it is what most want. Also, supporting an older person in their own home.
Age Friendly Neighborhoods, Community care for elderly

INPUT (Resource) LTC in Community

TEAM:
1. Facilitator
   Cita Sehat (3 people)
2. Trainee 10 people 3.
   Kader Posyandu
   (15 orang)
4. Care giver (22 people)
5. Expert (Prof Tri Budi, AABC etc)

Financial:
stimulants from
Cita Sehat, CSR
(Corporate Social
Responsibility) and
governmental
organizations, the
village fund

Tools:
1. Sheet periodic
   monitoring, medical
   records
2. Innovation media
   promotional /
   counseling
3. Curriculum care
giver training

Networking:
1. Puskesmas
2. Dinkes Bantul
3. Komda Lansia DIY
4. Alzheimer Indonesia
5. Pemegang kebijakan
   lokal
6. CAS UI, Akademisi

Donate (finance and in kind) Supported by:
Purpose of LTC in community

- Independence for the Elderly
- Able to care for the elderly at home with those close (family)
- Supporting older person in their own home generally costs less than keeping them in a nursing home or other residential care option.
- It is assumed however, that fewer children and kin will be available to care for the elderly in their own home
- To explore the demand and barriers to living at home with a broad range of support services.

PROCESS

1. The data on the number of elderly and the caregiver as well as the need
2. Brainstorming with religious leaders, community leaders
3. Make Program Plan (curriculum, method, trainee, place, fund)
4. Implementation
5. Monitoring & evaluation

LTC Program in community
Care Giver Training
Homecare in community
Mobile transport to health care services and friendly clinic

Brainstorming with Community Leader
Care Giver Training in community

Result Maping LTC in Indonesia

Care Giver Informal Training Program has been implemented in 13 branches of Cita Sehat in Indonesia
With expert from Japan and Korea, member LTC program have significant progress

With expert Prof Tri Budi and Prof Takeo

Field Visit AABC

With expert from CAS UI and URINDO

Topics and Method care giver in community

Topic :
1. The role of care giver training (Motivation Care Giver)
2. Communication technique
3. Ethics in Nursing
4. Activity Daily Living / Instruments ADL
5. Nutritional status assessment
6. Sanitation, Hygiene and Safety elderly at home
7. The introduction of Degenerative Diseases
   Long Term Care in the Elderly
8. Oral health
9. Dementia Care
10. Physical activity / sport light in the elderly is limited motion
11. Aging process and clinical implications
12. Fisioteraphy, Traditional Treatment with Herbs
13. Psychological and Spiritual Elderly
14. Access to health services and health insurance

Method : Lectures, Practical sessions, Case-discussions, video
Objective of Care Giver Training

- Target Training for the Caregiver (wife, husband, children, elderly neighbors)
- Care giver training - conducted once in 2 weeks
- The time of each meeting is 2 hours (total 20 hours) or 6 month/packge
- Measurement of knowledge: Pre and Pos Test
- After training, participants expected would be able to:
  - Perform effective communication
  - Understand aging process and its clinical implications
  - Explain the domains of Geriatric Assessment, happiness for elderly

The Role of Care Giver in Community

- Empowering members for sustainability of training program
- Strengthening networking and fund rising
- Advocacy to both policy makers and providers
- Monitoring and Evaluation (particularly, Local Commission for Older Personal)
Care Giver in Jogjakarta

Home Care
Documentation pictures

Photos

• Cader of Posyandu
• Dimensia Care Program
• Detection and prevention of dementia
**Bedah Rumah**  
( Helping in cleaning house and environment )

- One important point is environment health
- Some disease are caused by dirty, unproper environment
- This program do help the elderly to make health their house, clean, comfort to live
- The focus is elderly who live alone or their un proper house

**Mobile transportation to health care services**

- To make easier for elderly to access health services facility
- Drop or pick up elderly to get the health services
Elderly Friendly Clinic

• The participation of other cadre at the village or surrounding make this program more quality. Solidarity in care for elderly with long term care.

• Care Giver Training in community have challenge
  • Diversity care giver education level
  • Diversity of the level of understanding of the material care giver training
  • Basic material is more appropriate for the care giver in the community

• In the long term in community, Age Concern program as a means to achieve health, wellbeing and independence of older persons

Lesson Learn LTC in Community
Thank You
福岡市社会福祉協議会
地域福祉ソーシャルワーカーの活動
（CSW：Community Social Worker）

Sachiko Managi

社会福祉協議会（社協）とは

・社会福祉活動を推進することを目的とした営利を目的としない民間組織。
1951年に制定された社会福祉事業法（現在の「社会福祉法」）に基づき、都道府県、市区町村に設置されている。

・福岡市には1つの市社協と7つの区社協を設置。

・地域住民をはじめ、民生委員・児童委員、社会福祉施設等の社会福祉関係者、保健・医療・教育など関係機関の参加・協力のもと、誰もが住み慣れたまちで安心して自分らしく暮らし続けることができ、「福祉のまちづくり」の実現をめざし、様々な活動を行う。
地域福祉ソーシャルワーカー（CSW）とは
地域ごとの実情を把握し、地縁団体や地域で活動するボランティアとの強いパイプを持つ専門職。福岡市では小学校区ごとにCSWを配置（区社協職員）。

個別相談等で把握した課題を
地域にある福祉課題として問題提起
地域の課題解決に取り組む活動の支援
福祉のまちづくり
※地域福祉活動を通して住民・地域をエンパワメント

地域の課題の把握・共有
～CSWはファシリテーター役～
ワークショップや座談会を開催
校区全体で活動を進める「きっかけの場」
住んでいる地域を見直し、福祉を考える「学習の場」
※団体間の枠を超えて話し合うことが大事。
横のつながりを作ることで連携・協働に発展する
ふれあいネットワーク活動（見守り活動）
～課題の早期発見・孤立死防止・支え合い～

見守り対象者の状況を一目で確認でき、
活動者同士の情報共有がしやすくなる。

見守り対象者の安否確認・避難支援訓練
～災害時に助け合える地域づくり～

災害時必要者やネットワーク対象者に対する安否
確認・避難訓練の手順等の提案・助言。
災害時に備えた平常時の見守りの必要性を啓発。
ふれあいサロン(高齢者の居場所)
～住民同士顔の見える関係づくり、交流～
孤立防止や介護予防、健康づくりなどを目的に、高齢者や障がい者と地域住民（ボランティア）が公民館等に定期的に集まり、仲間づくりや交流する場を開催する活動。
月に1～4回（1回2時間程度）、健康チェックやレクリエーションなどを行う。

地域カフェ
～世代を超えて気軽に立ち寄れる居場所～
地域住民と福祉施設とが協働するカフェも増えている

會 場：介護付有料老人ホーム
参加者：地域住民・施設入所者
運 営：施設スタッフ・地域住民

會 場：三苫公民館
参加者：地域住民・施設入所者
運 営：地域住民（カフェサポーター）
生活支援ボランティアグループ
～地域で助け合う仕組みづくり～

校区・町内圏域での立ち上げ・活動継続の支援
（現在、市内31団体が活動中）

【主な活動内容】電球交換、家具の組み立て・移動、
網戸修理、草取り、庭木の剪定など

買物支援・移動支援

地域と社会福祉法人の共働事業
買い物支援バス
施設や企業所有の送迎用バスによる
丘陵地～商業施設への送迎サービス

地域と福祉施設の共働事業
移動販売車
ふれあいサロンの場を活用した障がい者
施設による無農薬野菜等の移動販売
多様な社会資源との協働による地域福祉活動

●地域の施設との協働
校区在宅介護者の集い

地域に身近な施設・企業・学校などの社会資源を地域福祉活動とコーディネートし、外部からの担い手確保、新たな活動の展開を支援。

多様な社会資源との協働による地域福祉活動

●大学との協働
住民安心メール登録会＆携帯電話・スマホ教室
校区福祉のまちづくりプランの策定支援
〜地域の実情に応じた福祉活動の展開〜

ワークショップの開催支援
校区の課題把握・共有、校区目標や実践内容を考える

「校区福祉のまちづくりプラン」の策定支援
課題の把握・共有
目標実現のための具体的な活動
目標実現のための具体的な活動

〜地域の実情に応じた福祉活動の展開〜
Conference on:

To find out the best practices of Long Term Care for the Elderly for the future indicator by comparing 3 countries; Indonesia, Japan and Korea, Developing settlement methods of the TOT (Training of Trainers) program. In this time, we tried to understand Korean formal and informal care systems for older persons. We made a round table to discuss and understand limitations and resources in caring. We prepared a communication between medical and social parts. Because different health disciplines are involved in long term care, we invited doctors, nurses, caregivers, home care services, training centers and National Long Term Care insurance services. This conference would be conducted based on projects:

1. Introduce Long Term care for the elderly of each Country, Japan, Indonesia, and Korea and then find out the best practices for the future indicator

2. Understand difficulties of interested parties such as doctor, nurse, care worker (YoYangBoHoSa), homecare service center, and training center by showing Korean situations: 1.Formal services of government type 2. Informal service in community. After that, find the ways to settle the TOT (Training of Trainers) program

3. There are sever our achievements our activities, conference, discussion, workshop and study tour

October 17(Monday):

Press conference

From 13:30-14:00 at Crown Hotel

Dr. Takeo Ogawa
Dr. Tribudi W Rahardjo
Dr. Donghee Han
Dr. Reiko Ogawa

By Busan Newspaper: Report Joung Soon young

Preliminary Meeting

From 19:30-21:00

At Crown Hotel 3 (F)

Japan, Indonesia and Korean delegations
Meeting detections:

Dr. Han: Tomorrow, we have discussion on the problems and solution of Caring for the elderly in Korea. After discussion, presentation for the best practice in each country will be shown.

Dr. Tiribudi: What we are going to do after workshop? Compare what we are and what we will be.

Dr. Han: The purpose of forum in Korea is showing Korea situation now. And we want to develop the program TOT for better care.

Each country has its own ways and purpose for improving care system for the elderly.

Dr. Tiribudi: Harmonization is the bes October 19, we will have facility tours include JungBu Long Term Care Service for the Elderly, Bluebird Home where have senior training program and geriatric hospitals and so on.

In the conference, Korean and English are the official languages this time. So all Korean will be simultaneously translated to English.

Dr. Ogawa: In Japan, entry level program started- teaching basic level training

⇒ How to think old person/family/care worker
⇒ How to make good training for care workers
⇒ Framework - Geriatric nursing knowledge and skills
  - Social worker knowledge and skill and ability
  - Training condition and circumstances

Some other necessary program should be added into the course:

Dr. Tiribudi: In 2017 there will be IAGG conference in USA. There will be a good chance to take part in another conference in Washington University. I hope we will present our commitment among three countries there. Basically, What TOT is exactly should be cleared in the forum.

Dr. Ogawa: set next Plan-will have International meeting high possibility to get wide perspective.

⇒ Applying Toyota Foundation +Asian Aging Business center (Indonesia, Japan and Korea) like JICA

Dr. Han: workshop important cause of showing practices

Like successful on Internet navigator, next step would be teaching aids for old persons such as who can be trainers, how to approach and develop common method so on. More detail results will be developing policy.

We all cheered up our conference and exchange gifts. Had questions about presentations and translations and so on.
**Seminar: October 18(Tuesday), 2016**

* Topic: Moving Forward for Developing TOT Elderly Care Program

9:30-10:00 Registration

10:00-10:10 Opening Ceremony

**Welcome Message**

Dr. DongHee Han (Director, Research Institute of Science for the Better Living of the Elderly)

Dr. Takeo Ogawa (President AABC Center & Emeritus Professor, Kyushu University)

**Speech of Congratulation**

MooSung Kim (Korean Congressmen)

EunSook Kim (Major Jung-gu Busan)

KookSang Park (Chairperson, Busan-Kyungnam-Ulsan Center of National Medical Insurance Service)

10:10-10:30 **Keynote Lecture**

Conductor: Dr. Sungkook Lee (Emeritus Professor, Kyungpook National University)

Prof. Takeo Ogawa (President, Asia Aging Business Center)

Towards International Harmonization of TOT Program Development for Elderly Care

⇒ In aging society, we experiencing shortage of Direct Care Workers and challenges for inviting Foreign Care Workers. The best ways to overcome the difficulties are creating new qualification Framework of training programs and establishing a training of trainers programs.

10:30-11:20 Panel Presentations: Long Term Care and Training Program in Each Country

Conductor: Dr. EwiSoo Cho (Director, Busan Welfare and Development Institute)

Prof. Tribudi W Rahardjo (Center for Aging Studies, University of Indonesia)

Developing Elderly LTC Training Program in Indonesia

⇒ In Indonesia, the demand of Long Term Care (LTC) services in the community is significant and the standard of the LTC in the community is highly needed. The collaboration between Japan, Korea and Indonesia in developing harmonization of training and the standard of
services is highly appreciated.

Dr. Duk Sunwoo (Korea Institute for Health and Social Affairs)

Work Improvement for Care-Related Employees in Long Term Care: in case of Korea

⇒ Although Korea’s Long Term Care Insurance (LTCI) for the elderly has been started since 2008, several problems are still remaining unsolved. Yoyangbohosa system is one of urgent problem such as the average age of the Yoyangbohosa, lack of professionality development through the present system, and lack of the manpower. Therefore, it’s necessary to induce younger generation to work as Yoyangbohosa. Alternatives for professionality enhancement as a job are creating training courses in college or university graduate and establishing ‘Senior Yoyangbohosa system’ to ascent of status.

Prof. Reiko Ogawa (Kyushu University)

Creating a Caring Society in Asia

⇒ We need to build an inclusive society where care workers do not become a social dumping of unwanted work. Skills gained by migrant care workers should be utilized to develop the quality of care in the sending countries or elsewhere. Standardization of Long Term Care (LTC) and Training of Trainers (TOT) program is essential to enhance the capacity of the care workers and quality of care.

11:20-12:30  **Panel Discussions**

Conductor: Dr. Donghee Han (RISBLE)

Dr. JongKwon Kang (President Seall Rehabilitation Hospital in Inchon)

Dr. JaeIL Lee (President Grand Natural Geriatric Hospital)

Prof. GaEon Lee (Dept. Nursing Donga University)

Mr. Yunki Kim (Director, Jungbu Long Term Care Service for the Elderly)

Mr. SangJun Lee (President, Korean Homecare Service Association for Information)

Ms. DongJu Kim (President, Busan Center of Korean Caregivers Association)

Dr. YoungJu Park (Director, Brue Birds Home)

12:30-13:30  **Lunch**

13:30-17:00  **Workshop: Introducing Good Practices**

Conductor: Prof. Hwangkun Ryu (Kosin University)

13:30-14:30  **Practices of Indonesia**

Ms. Dwi Endah (Cita Sehat Foundation)
Ms. Fajar Susanti (Dept. Nurse University of Respati Indonesia)
Ms. Dinni Agustin( Centre for Ageing Studies University Indonesia)

14:30-15:30  Practices of Korea
Dr. DongHee Han(Research Institute of Science for the Better Living of the Elderly)
Ms. MyungSook Jung, KilSoon Choi and JungA Han (Wellageing Co.LTD)

15:30- 15:50  Break Time

15:50- 17:00  Practices of Japan
Prof. Masako Yokoyama (Dept. Nurse University of Kobe Women)
Mr. Mikio Taguchi (Aso Education Service Co. LTD),
Ms. Sachiko Managi (Fukuoka city Council of Social Welfare, Japan)

17:00- 17:10        Wrapping up Comment
Dr. SungKook Lee (Emertus Professor, Kyungpook National University)

17:10           Closing

In this conference we would like to know the states core in Korean caring for the elderly. We invited various experts in caring issues; doctors, nurses, geriatricians, directors of homecare facilities, caregivers and government personnel. We shared what we mentioned in this conference as below.

Panel Discussion [Korean Situation: Focus on formal Care Services]

It is not common to see the gathering of these people in the same place. Thank you for coming here to share your opinion. Please speak out your thought about problems and solution of the elderly care program in Korea.
1. Dr. JongKwon Kang (President of Saeall rehabilitation Hospital in Inchon)

- My speech today is focused on the point of the rehabilitation hospital. According to the resource, the elderly is accounts for 12% of Korean. The problems are that those have two times more possibilities for being disabled and need more time to be cured in the hospital. Moreover, 3 times more care-workers are needed to take care of them. Those are the reasons why rehabilitation is so important for not only the elderly but others. The biggest problem in Korea is the “fee”. The cost of care workers in the hospital mostly belong to the patient and only few private insurance policies cover it. It is current system in the rehabilitation field. It leads many patients gave up the rehabilitation and leave it uncured. Let’s think otherwise. If the patients get rehabilitation timely, they would get back to their daily life and prevent from other complications. They improve their life quality for sure.

2. DongJu Kim (President, Busan Center of Korean Caregivers Association)

- The care workers in Korea have not been well-protected due to a lack of proper treatment and systematic training. Even, they have been considered just as a housekeeper, a less professional and a disregard worker. Fortunately, thanks to their robust patience and filial piety-as if they did care their own parents, we have managed to pave our way so far. Care workers would spend a tremendous amount of time to pass the state examination to be the elderly care workers, compared to their hard work, their working condition has been very poor and miserable so that it has wrongly measured the value of what they have been engaged in. Worse yet, giving them the same payment as part-time workers can underestimate the reward that they would receive. To boost their morale and thereby improve our care service, we need to work on their professional education and training at the state levels. Plus, our client’s family members would join this to smooth our improvement.

The other thing I want to say is that let’s encourage the care workers. We should express our appreciation for their hard work, show our respect and give praise to raise self-respect so that more care workers are practicing with confidence and pride.

3. SungHwa Han (director of executive office, Bluebird Home)

- I would like to talk about three things within the framework of the field.

First, we are operating the center for special treatment of dementia patients. The care workers whose specialty of caring dementia patients are working with trained social workers who take responsibility of making program for the patients. A care worker takes care of two patients. We have operated this system just for two months; prejudice of care workers has been changed. Care workers (YoYangBoHoSa) think themselves as an expert for caring and prejudice of visitors and families has changed positively. Moreover, we adopted senior care worker system. Designated care workers who has experienced between 3years and 5years or the social workers work with beginner to offer the continuous services for the elderly patients.

Second, people usually think care workers as just a person doing the house chores or blue collar. It should be changed to the assistant helping the patient to have high quality life.

Lastly, the role of geriatric hospital and nursing home in the long term care system are different. Nursing home is the facility to offer the environments like patients’ home. On the contrary, geriatric hospital offers professional medical services. The patients are able to stay in nursing home and go to
the hospital when they need special medical service and vice versa. These kind of misunderstanding would block families to make a rational decision. If the patients and their families can get differences between them, higher quality services are provided to the patients.

Thank you for your time and attention.

4. GaEon Lee (Professor, Dep. Nursing in DongA university)
- I would like to talk about two things. One is the issues and the other is improvement.

The lack of the nursing manpower is the main concern for the elderly care because of direct impact to the service quality. Most of the nurses in the geriatric hospital or nursing facility have difficulty in unclear roles among doctors, nurses and nursing assistants like their job in the hospital. Plus, they work as temporary employee. Those two facts link high turnover in the field.

To fix the problems, the nurses’ role has to be cleared like the job in the hospital. Main jobs in Long-Term care hospitals must be focused on holistic approach care for the elderly and caregivers in patients’ family members are better to participate and involve in caring. Moreover, education for health care staffs is very urgent: it should be included the skilled care method for elderly patients, infection management, patient safety, hospice and end-of-life care. Those improvements would affect positively to offer high quality services.

5. SangJun Lee (President, Korean Homecare Service Association for Information)
- A shortage of professional caregivers in workforce is the main concern. 70% of the licensed care workers do not want to work in the field. There are two reasons. One is common perception in society. People consider the care worker as a housekeeper, less professional and disregard workers. More than half of the qualified care workers are in 50’s. Those want to get reward through their jobs. The other is the salary problem. Regardless of experience, all the care workers get the same salary. This problem should be solved in the government level.

From the point of the field, on-the-job education is so important. Studying for getting license is important but not so practical. So the intensive training for practical skills and knowledge is necessary. Special tool for the elderly is essential for caring. Caring the elderly by using tools is able to give care workers self-esteem as well. Korea is about to enter the super aged society. Care workers educated cognitive program for the elderly now will be the people who already have knowledge of dementia in the near future. That is the reason why Korean government should support the program.

6. JaeIl Lee (President, Grand natural Geriatric Hospital)
- Low fertility rate, elderly society, and negative concept are the common problems across the world. In addition, care workers are getting aged because the young think no vision is in this field. To fix these problems, on-the-job education and boosting domestic system are essential.

In the case of TOT, manner, communication skills with the elderly should be included so that the young would think and find their own vision through this job.
7. YunKi Kim (Director, Jungbu Long Term Care Service for the Elderly)

- Long Term Care Insurance for the Elderly has been implementing for 9 years. However, this policy still has some problems. He mentioned some as followed; Lack of medical staffs in the nursing facilities => many elderly pp with chronic diseases remain in dead zone. Most of the care service center under LTC do visiting home care service => lack of nursing staffs & health condition of the elderly get worse, unbalanced development have a negative impact on the perspective. The elderly is classified into 5 classes to be covered by LTC program => the unqualified elderly (out of the 5 classes) still in the dead zone and no back-up system for them. Cash benefits from the LTC are given to the caregiver among patients’ family member (the elderly with dementia). Those caregivers usually don’t have knowledge and skills to take care of patients. They focus on the cash benefits rather than caring. Getting more Geriatric hospitals are built in downtown because of reward system of own expenses covered by LTC. This rewarding system can be used only in the Geriatric hospital. That’s why even the elderly who needs care goes to the hospital. He also suggested some solution, Telemedicine system has just implemented since September 2016, so the effect remains to be seen. The National health Insurance Association is trying to make better benefits for care workers by changing several rules. Being allocated more budgets is our other goal. At the same time, we are doing our best for people to change social concepts between Geriatric hospital and nursing home. These solutions take time. To achieve this goal, all the people involved do everything that we can.

8. Audience

- I’m a member of the Korean Homecare Service Association for information. The purposes and contents of this forum are fantastic. I hope RISBLE would send contents to National Assembly or Ministry of Health and welfare for letting them know the voices of the work force.

    90% of the recipients of LTE are satisfied with services. However, problems are still unsolved. Main problem is money! Care workers are surrounded with worst environment. Especially, it’s the wages. All care workers get minimum wages and neighborhoods often ignore their works. It is urgent to find out the solution to increase the number of the care workers. Home care service center is the other problem. Finance problems are always occurred in the centers. Worse yet, government has reinforced regulation forced sacrifice. No vision and plan are shown from the government. To Move forward, there are collaboration among three parties, home care center, patients’ family and care workers. Social concepts have to change to three parties should work harmoniously. Thank you.

9. YunKi Kim (Director, Jungbu Long Term Care Service for the Elderly)

- Common problems of the elderly care are treatment and social concept of YaYangBoHoSa. When parents educated about LTC in the office, we put emphasis on accession deductible payment. Plus, let family keep in mind that don’t disregard YoYangBoHoSa. Now, it’s better than before and it would get better sooner or later. Most of the problems are time consuming matters as I mentioned, so let’s move forward step by step all together.

10. Dr. JongKwon Kang (President of Saeall rehabilitation Hospital in Inchon)
The frequent diseases such as heart disease, chronic disease, and fracture are not covered by National Health Plan. So those patients don’t get rehabilitation treatment. It is important to cover more diseases for the elderly to get better quality of lives. Plus, information of the care skills and method would like to share both caregivers and care workers. PP rarely know the differences between Geriatric hospital and nursing home. Actually, 40% of patients in the nursing home should go to the Geriatric hospital and 30% patients are switched to nursing home. Make people know exact differences between them.

Director: Dr. DongHee Han

Korean caring system largely depends on official channel. On the contrary, both official and private channel are developed in Japan. The purpose of this forum is to find the direction of caring the elderly. Today, Korea introduced TOT(Training of Trainers) program to improve the life quality of the elderly. Intermediary manager training in Bluebird Home is one of the example of the TOT program. For developing the TOT program, all people interested in Caring for the elderly should work together harmoniously. Thank you!

Workshop [Introducing Good Practices]

The best examples in Indonesia, Japan and Korea are introduced. Long Term Care System (LTC) in Indonesia is provided by community. There is caregiver training in community and it has challenges such as diversity care giver education level and understanding of the material care giver training. To overcome these challenges, Indonesia is to collaborate with Japan and Korea. Using teaching-aids is presented by Dr. Han and members of RISBLE. As managing the teaching aids, cognitive skills and Learning skill are improved. Moreover, the elderly starts to communicate and feels of being alive. Audience can feel it as well by watching video clip. Communicating teaching aids is practical mental support teaching. Japanese delegates introduced their status quo such as caring method with IT, community welfare activities and voluntary works. Moreover, Mr. Taguchi from Aso Education Service showed how to help for the elderly to stand up without any pain. All presentation are so helpful and get praise from the audience.
Wrapping up Comment – Dr. SungKook Lee

- I would like to say this conference is perfect. I feel so pleased to be held this integrated conference in Busan. I, on behalf of all, truly appreciate to RISBLE for organizing the conference and Prof. Ogawa who brought the proposal to here. Japan, Indonesia, and Korea, each country has their own system. As participating in the conference, directions of each country could be found out. This is not the end of the story. From now on, move forward following the directions we found here. Thank you.

Study Tour of Facilities for the Elderly: October 19 (Wednesday), 2016

9:00-10:00  Busan National Medical Services (Jungbu Branch)/Long Term Care Service Center

- Jungbu branch covers LTC for the elderly in Jung-gu, Dong-gu, and Yeongdo-gu. Those three districts are congregated by more vulnerable social group, low-income people and elderly people. This center is consisted of 8 institutional services and 123 homecare service.

10:20-10:40  Dementia Center of Donga University Hospital

- Dementia Center established in 2014 in accordance with the National Dementia Management Policy and Regional condition. The center promotes a substantial dementia management project in Busan based on the vision of “Happy Aging with a healthy brain.”
11:00-11:40  Blue Birds Home, Day Care Center, Senior Citizen Group Home

✧ This is homecare center for the elderly. It has unique program specialized for dementia. Moreover, the center started senior care worker system few months ago. This system has already got praise from both patients and their families.

12:00-13:30  Grand Natural Elderly Hospital

✧ This Geriatric hospital has outstanding programs for brain activation like regular concert, moving concert, and gallery in the lobby. Moreover, we observed the group and personal activity with teaching aids which Dr. Han and RISBLE members presented yesterday. Some patients talked about her father when she was young, her story was so touching that some of us were crying.

13:40-14:10  Hana Home Care Service Center

Hana Home Care Service Center has established in accordance with Act on Long Term Care Insurance for the Aged on March 21st, 2015. This center keeps trying to improve life quality of the elderly. The center has been cooperating local community for improving circumstances and supporting welfare.

15:00-15:30  Jungam Education & Training Center for Caregivers

✧ Jungam care-worker [Yoyangbohosa] Training Center is the exemplificative care-worker educational training center for the elderly in Busan. Average 500 care-workers per year are born by this center. Jungam educates person-centered service for truly caring the elderly. It has designated as the best training center from the Ministry of Employment and Labor in 2016.

16:00-17:00  Inchang Complex (Geriatric Hospital, Nursing Home, and Early Care Center)

✧ Inchang Geriatric Hospital and Nursing home established for the valuable life and humanity in 2004. Hospice unit in nursing home has just opened for intensive caring. There is a living room to meet other patients and eat meals with them. Teams consisted of a social worker, nurses and Yoyangbohosa are taking turn to care of the elderly.

18:00  Farewell Dinner

Conclusion
In Korean Cases, it is not easy to set up as one stream of care system. It is separated services for old persons between Medical and Long Term Care Insurance system. But all we must understand are that old persons are not machine but human being. To care services is focus on delivery system by whom and what kind of skillful and understandable patient of old persons. We should make networking and share information base on old persons. Because of increasing old population, many old persons who need of cares are in community. Who care of old person and how to response are very important. Korea should make remodeling care system and continually discuss right directions.

In order to realize the ideal concept of “Aging in Place,” it is the common acknowledgement to enhance the comprehensive-community-care and to develop the place and the chance where older persons can be cared by themselves. It means that every resident should learn the knowledge and skills of elderly care, and that every care worker, whichever he/she is domestic worker or foreign worker, should be trained in coping with their competency, and that each professional should engage in training of trainers for elderly care.

In Japan, Japanese Long-Term Care for the elderly is settled and keeps developing. In Korea, Long-Term Care Insurance Policy has been affected since 2008 and tied to progress. In Indonesia, no government policy for the elderly care is, however, non-government organizations from communities have their own solution and spirits.

Even those three countries have different strategies to take care of the elderly; the goal of the countries is the same, ‘Aging in Place’. For achieving the goal, we will share the best practice of each country and then find out the best practices to move forward. In addition, Korea would share the difficulties in various areas and discuss why the TOT program is so important to move forward to the International Long Term Care Centre Platform.

From this conference, workshops and study tour, we could see all situation in care system in Korea. Even though services and systems are ready and worked in fields, there are many limitation in care. Now we should talk about qualitative care. We have done quantitative services we should go to respect humanity and qualitative life now on. In this moment, our international conference gave us many possibility to approach and concern “care issue” in Korea. RISBLE continually makes on efforts to support and develop various ways of community care.

Again thank you for Toyota foundation, Dr. Takeo Ogawa and Dr. Tribudi who support us.
REPORT OF
INTERNATIONAL SEMINAR AND STUDY TOUR

REPORTED BY
CENTRE FOR AGEING STUDIES UNIVERSITAS INDONESIA
OCTOBER 2016
Developing TOT (Training Of Trainers) for Elderly Care Program: Collaborating with Korea, Indonesia and Japan

In order to realize the ideal concept of “Aging in Place,” it is the common acknowledgement to enhance the comprehensive-community-care and to develop the place and the chance where older persons can be cared by themselves. It means that every resident should learn the knowledge and skills of elderly care, and that every care worker, whichever he/she is domestic worker or foreign worker, should be trained in coping with their competency, and that each professional should engage in training of trainers for elderly care. It is our mission to develop TOT for elderly care program beyond cultural/social/economical/political differences in Korea, Indonesia and Japan.

☐ **Purpose**
  ○ Constructing an integrated strategy for elderly care
  ○ Disseminating knowledge and skills for elderly care in communities
  ○ Sharing practical care models internationally
  ○ Understanding current elderly care systems of Korea, Indonesia and Japan
  ○ Suggesting future directions for the TOT Elderly Care Program

☐ **Program**
  ○ Date: 18-19 October, 2016
  ○ Venue: International Trade Association Building, Busan
  ○ Host: Research Institute Science for the Better Living of the Elderly (RISBLE)
    Co-Host: Asia Aging Business Center, Japan (AABC)
  ○ Sponsor: - Toyota Foundation
    - National Medical Insurance Service
    - Korean International Trade Association Busan Center
    - Nara Hospital

☐ **Schedule Seminar**: October 18 (Tuesday), 2016
  ○ Topic: Moving Forward for Developing TOT Elderly Care Program
  9:30-10:00  Registration
  10:00-10:10  **Opening Ceremony**
    Welcome Message
    Dr. DongHee Han (Director, RISBLE)
    Dr. Takeo Ogawa (President, AABC & Emeritus Professor, Kyushu University)
Speech of Congratulation
MooSung Kim(Korean Congressmen)
EunSook Kim(Major Jung-gu Busan)
KookSang Park(Chairperson Busan Kyungnam Center
Center of National Medical Insurance Service)

10:10-10:30 Keynote Lecture
Dr. Takeo Ogawa (President, AABC)
Towards International Harmonization of TOT Program Development
for Elderly Care

10:30-11:20 Panel Presentations: Elderly Care and Training Program in each
country
Prof. TribudiW Rahardjo (Centre for Ageing Studies, University of
Indonesia)
Developing Elderly LTC Training Program in Indonesia
Dr. SunwooDuck(Korea Institute for Health and Social Affairs)
Work Improvement for Care Related Employees in Long Term Care
Prof. Reiko Ogawa (Kyushu University)
Creating a Caring Society in Asia

11:20-12:30 Panel Discussions: Long Term Care and Training Program in each
country
Dr. Jong Kwon Kang (President Saeall Rehabilitation Hospital in
Inchon)
Dr. Jae IL Lee (President Grand Natural Geriatric Hospital)
Prof. Ga Eon Lee (Dept. Nursing Donga University)
Mr. Yunki( Director Jungbu Long Term Care Service for the Elderly)
Mr. Lee Sang Jun(President, Korean Homecare Service Association for
Information)
Ms. Kim, Dong Ju(President. Busan Center of Korean Caregivers
Association)

12:30-13:30 Lunch

13:30-17:00 Workshop: Introducing good practices
13:30-14:30 Practices of Indonesia: at institutional and community care
Ms. DwiEndah (Cita Sehat Foundation)
Ms. Fajar Susanti (Dept. Nurse University of Respati Indonesia)
Ms. DinniAgustin( Centre for Ageing Studies University Indonesia)

14:30-15:30 Practices of Korea
Wellageing Education Service Co.LTD
Ms Jung Myung Sook, Choi, Kil Soon and Han, Jung Ran

15:30- 15:50 Break

15:50- 17:00 Practices of Japan
Professor Masako Yokoyama (Dept. Nurse University of Kobe Women)
Mr. Mikio Taguchi, (Aso Education Service Co.LTD.)
Ms. Sachiko Managi (Fukuoka-city Council of Social Welfare, Japan)

17:00- 17:10 Wrap up Comment
Dr. Sungkook Lee (Emeritus Professor, Kyungpook National University)

Study Tour of Facilities for the Elderly: October 19 (Wednesday), 2016
9:00-10:00  Busan National Medical Services (Jungbu Branch)/Long Term Care Service Center
10:30-11:00 Dementia Center of Donga University Hospital
11:30-12:00 Grand Natural Elderly Hospital
12:00-13:00 Lunch
13:30:  Hana Home Care Center
14:00- 14:30 Brue Bird Day Care Center/ Senior Citizen Group Home
15:00- 15:30 Homecare Service Center in Yeongdo
16:00-16:30 Education & Training Center for Caregivers
17:00-18:00 InchangComplex (Geriatric Hospital, Nursing Home, and Elderly Care Center)
18:00  Farewell Dinner

Participants from Indonesia:
Centre for Ageing Studies (CAS) Universitas Indonesia:
   1. Tri Budi W. Rahardjo
   2. Dinni Agustin

Yayasan Cita Sehat:
   1. Dwi Endah Kurniasih

Universitas Respati Indonesia:
   1. Fajar Susanti

Participants from Japan:
   1. Takeo Ogawa
   2. Mikio Taguchi  Sachiko Managi
   3. Masako Yokoyama
   4. Reiko Ogawa
Efforts to realize program TOT for LTC in Indonesia

After attending international seminar in Busan, Korea, several things could be served as the basis for developing the "Harmonization of Long Term Care (LTC) between the three countries: Indonesia, Japan and Korea". In this case, Centre for Ageing Studies (CAS) UI in developing the TOT for LTC for the Elderly in Indonesia has conducted several meetings to discuss what steps need to be pursued in order to prepare the TOT program for LTC for the elderly in the community, as follows:

1. Workshop Harmonization Training Program for Long Term Care with cultural perspective: Care in Japan and Indonesia (conducted with the support of the Japan Foundation, Jakarta, December 7, 2015).

This workshop was attended by the representatives from Bappenas (National Board Plan), the Ministry of Health, Ministry of Social Affairs and Academicians. The recommendation of the workshop was to develop a TOT for LTC LTC through the training center, with the concept as follows:

2. The workshop was followed by a field trip to institutional care: Panti Budi Mulia 1 in East Jakarta (December 8, 2015), then went to Yogyakarta and Solo to directly observed the LTC practice in the community (10 to 11 December, 2015).

3. Participating in the Fukuoka Active Aging Conference in Asia Pacific, held on 5-6 March 2016 at the Fukuoka International Congress Center, Japan. The conference was organized by the Asian Aging Business Center (AABC), the Social Welfare Council of Fukuoka City, and Fukuoka Directive Council (FDC), with the theme "Constructing an Age-friendly Collaboration Among Academic, Industrial, Governmental and Civic Circles".

4. National Coordination Meeting of the National Commission of Older Person, at Hotel Salak, Bogor, 11 to 13 October 2016. Prof. Tri Budi W. Rahardjo presented "Healthy Ageing Strategy" in which state the need for caregiver training LTC.

6. Training for Care Giver for Long-Term Care, funded by UI, 2016. The training was conducted in two places: PSTW Budli Mulia 1, East Jakarta and Cita Sehat Foundation, Yogyakarta, in August 2016.

7. Preparation meeting on "Project to modularize Professional Training Programs for Long-Term Care with the Objective of Establishing a Global Standard" collaboration with Keishin Gakuen Educational Group Granted by the Japanese Ministry of Education, Culture, Sports, Science and Technology, and the Centre for Ageing Studies (CAS) Universitas Indonesia, initiated by AABC Japan.

8. Entry Level Training for long-term care (LTC) collaboration with Keishin Gakuen Educational Group, Japan, that initiated by AABC Japan, on October 31-November 1, 2016 and located at Floating Room, UI Campus, Depok, West Java, Indonesia.

Based on the above activities we would like to follow up the program starting 2017, as follows:

1. Realization the establishment of a national center of the LTC training based on the harmonization of the curriculum and system of Japan and Korea. The Government will develop training center involving the Ministry of Welfare, Ministry of Health, Ministry of Social Affairs, and the BKKBN (National Population and Family Planning Board), which will be endorsed by the National Commission for Older Person for promoting community-based care for the elderly. This commitment will be presented at an international meeting coordinated by AABC Japan.

2. CAS UI gives TOT to both government and NGO institutions nationwide whose participants are submissions by Association of Elderly Welfare that currently about 270 members scatter from Sumatra to Papua. The progress will be reported to the team of LTC Japan, Korea and Indonesia gradually.

3. Developing vocational study for elderly caregiver started by University of Respati Jakarta, as already requested by the government. This program will be a middle/long term plan with the Ministry of Research and Higher Education Indonesia.

4. Socialization training harmonization activities between Japan, Korea and Indonesia in IAGG meeting in San-Francisco, also to Washington University in Saint Louis USA.

Based on the above mentioned activities, we are now developing a curriculum that modify between national and international curriculum.
ATTACHMENT: DOCUMENTATION PICTURES
A. SEMINAR & WORKSHOP

B. STUDY TOUR
WHOのLTCと日本の介護

WHOのLong-Term Care（以下LTCと略記）の定義によれば、インフォーマルなケアギバーあるいは専門職によって実施される活動システムであり、十分に自分で自己ケアができない人が、その好みに従って可能な限り高度の生活の質、つまり自立と自律と参加と個的な充実と人間性の最大限の可能性を維持できるようにすることとされる。

WHO, 2010 defines Long Term Care (LTC) as a system of activities undertaken by informal caregivers, or professionals to ensure that a person who is not fully capable of self care, can maintain the highest possible quality of life, according to his or her preferences, with the greatest possible degree on independence, autonomy, participation, personal fulfillment and humanity.

http://www.who.int/ageing/publications/long_term_care/en/

日本ではLTCを「介護」という概念で制度化している。介護は、クライアントの手段的日常生活動作（IADL）や日常生活動作（ADL）を自分だけではできなくなった程度に応じて、専門家及び非専門家が支援する行為である。日本では、介護が必要か否かについて見定める介護認定と、どのような事前評価（アセスメント）に基づいたケアプランを立てて、ケアサービスを実施し、その結果を事後評価するかというケアマネジメントが実施されている。しかし、このような介護認定とケアマネジメントの二本立てで進めるプロセスは日本独自の制度であって、どちらか一方を取り入れているかあるいはまったくこのプロセスを持たない国もある。また介護についての評価基準が日常生活に深く関わっているために、日本の介護は、そのままでは他国の文化・社会・経済・政治・環境によっては全く合わないものとなっててしまうおそれがある。

つまり、日本の介護は、制度化する過程で、独自の外延的意味を付与されてきたので、そのままでは、諸外国に伝えることができない状態にある。いわば「ガラパゴス化」しているといわれる。大陸から隔絶された環境下で、生物が独自の進化を遂げたガラパゴス諸島のような状況にあるとたとえられている。

たとえば、韓国はLTCを「長期療養」として翻訳し、日本の介護保険に当たる制度を「長期療養保険Chaki jojaPohom」と名付けている。そして日本の国家資格である「介護福祉士」を韓国では「療養保護士YoyangBohosa」と名付けているが、実際は日本の民間資格であるホームヘルパー2級程度の内容である。また長期療養保険制度以前からある医科保険による老人病院が「看病人」という看護師の補助業務を行う職種も温存されており、住民の老人福祉観は貧困で身寄りのない高齢者を対象とする残余主義の福祉観から脱却できずにいる。インドネシアでは、LTCについては、まだ独立した制度やその制度を担う人材のイメージにまでは至っていない。「プラム」という職業を表す言葉と「ランシア」という高齢者を表す言葉を合成して「プラムランシアPramulansia」という概念を立てたがどうかという案が、われわれとインドネシア政府関係者との協議の中で飛び出すほどの状況である。いわば日本が「特別養護老人ホーム」や「老人福祉法」成立前の状態にあるといえよう。こうした国々と課題を共有するには、まず日本も時代をさかのぼって考え、当時の高齢者の生活実態と共通する枠組みから説き起こす必要がある。

LTCをめぐる各国の違い

LTCを考える背景の違い及び高齢化の進展具合の差からLTCについての社会的文脈が
大きく異なることをまず理解しておく必要がある。
まず、人口高齢化の違いについてみておこう。

表1 各国の人口高齢化諸指標

<table>
<thead>
<tr>
<th>国名</th>
<th>2015年老年人口割合</th>
<th>高齢社会到達年</th>
<th>2015年従属人口指数</th>
<th>人口ボーナスからオーナスへの転換年</th>
</tr>
</thead>
<tbody>
<tr>
<td>日本</td>
<td>26.3% 超高齢社会</td>
<td>1970年</td>
<td>64.5人口オーナス期</td>
<td>1990-95年に従属人口指数43.4→43.8</td>
</tr>
<tr>
<td>韓国</td>
<td>13.1%高齢社会前夜</td>
<td>1999年</td>
<td>18.0</td>
<td>2015-20年に従属人口指数37.2→41.2</td>
</tr>
<tr>
<td>インドネシア</td>
<td>5.2%前高齢化社会</td>
<td>2025年</td>
<td>7.7</td>
<td>2030-35年に従属人口指数46.9→47.5</td>
</tr>
</tbody>
</table>

UN, World Population Prospects: The 2015 revision

制度としてみた場合、それぞれの国では、まだLTCについての認識が異なっている。
元来家族の役割とみられていたLTCが、人口高齢化と産業化に伴う家族の変容によって、
LTCが家族では担えなくなったり、外部化されて家族以外の人が支えるようになってはならないようになることで、LTCは仕事とみなされるようになるのであるが、まだその段階に達していないインドネシア、なお家族によるLTCと家族が世話できなくなった時の病院依存が強い韓国、そして「介護の社会化」という掛け声で過度に専門職依存に陥って
しまっている日本という特徴が浮き彫りになる。

表2 各国のLTCをめぐる捉え方の違い

<table>
<thead>
<tr>
<th>国名</th>
<th>LTC観</th>
<th>家族のLTC</th>
<th>ボランティアとLTC</th>
<th>看病とLTC</th>
<th>看護とLTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>日本</td>
<td>専門職の仕事</td>
<td>社会化すべき役割</td>
<td>介護保険制度発足以</td>
<td>病院付添婦は過去に廃止</td>
<td>法律で別体系</td>
</tr>
<tr>
<td></td>
<td>労働条件低い</td>
<td>保険から家族介護者</td>
<td>病院の看病人(家族が雇用、自由価格)</td>
<td>介護は看病とは異なる業務</td>
<td>看護師は業務独占、介護福祉士は名称独占</td>
</tr>
<tr>
<td>韓国</td>
<td>職業？手伝い？</td>
<td>本来家族の役割</td>
<td>組織化されたボランティアの関与でお多い</td>
<td>病院の看病人（家族が雇用、自由価格）</td>
<td>法律で別体系</td>
</tr>
<tr>
<td></td>
<td>労働条件低い</td>
<td>保険から家族介護者</td>
<td>地域の豊富なボランティアによる介護</td>
<td>温存</td>
<td>看護師は業務独占</td>
</tr>
<tr>
<td>インドネシア</td>
<td>手伝い職業にならない</td>
<td>本来親族の役割</td>
<td>地域の豊富なボランティアによる介護</td>
<td>病院の看病人（家族が雇用、自由価格）</td>
<td>看護師は業務独占</td>
</tr>
</tbody>
</table>

法律で別体系
看護師は業務独占、介護福祉士は名称独占
未分化
看護師は業務独占
## LTCの提供方法

| 介護保険 | 長期療養保険 |
| 社会的入院をなくすため介護施設で地域介護を推進するため地域密着系、通所系、訪問系サービスで | 20歳以上健康保険・税 |

## LTCの財源

| 介護支援専門員によるアセスメントに基づくケアプラン作成 | ミーンズテスト |

## LTCの認定

| 国家資格介護福祉士養成のための長期訓練（学歴と実務経験年数） | 国家資格療養保護士養成のための中期訓練（日本の元ホームヘルパー2級をモデル） |

## LTCのマネジメント

| 国家資格療養保護士認定作業なし | 各省庁で独自の保健福祉人材訓練プログラムは実施されている。 |

## LTCの教育訓練

| 国家資格介護福祉士認定作業なし | 国家資格療養保護士認定作業なし |

## 文化差を弁えた介護技術の必要性

制度面だけでなく、LTCの技術を考えた場合には、さらに各国の文化差を理解しておく必要がある。

例えば、日本で介護の三大技術といわれる食事介助、排泄介助、入浴介助についても以下のようないきなり食事を念頭にしておかななければならない。

### 表3 LTCの場面における文化差

<table>
<thead>
<tr>
<th>食事の道具の使い方</th>
<th>日本</th>
<th>韓国</th>
<th>インドネシア</th>
</tr>
</thead>
<tbody>
<tr>
<td>著</td>
<td>筷とさじ</td>
<td>手づかみ右手でスプーン左手でフォーク左手でものを渡さない</td>
<td></td>
</tr>
<tr>
<td>食事の時間</td>
<td>食事は決まった時間にしかし現実は個食</td>
<td>食事は決まった時間に年長者が箸を持ちてから始める</td>
<td>食事の時間は決まっていない</td>
</tr>
<tr>
<td>食事の配膳</td>
<td>最初から個々人に取り分けて配食</td>
<td>みんな揃って大皿から取り分ける</td>
<td>みんなでたくさんの皿から取り分ける</td>
</tr>
<tr>
<td>食事のタプー</td>
<td>特におらない</td>
<td>特におらない</td>
<td>ハラールを厳しく守る人が多い</td>
</tr>
<tr>
<td>食事の支払</td>
<td>割り勘とおごり</td>
<td>おごりのみ</td>
<td>おごりのみ</td>
</tr>
</tbody>
</table>
排泄の場所 | 洋式化し、拭う際に紙を使う | 洋式化し、拭う際に紙を使う | 祈りの前の足の洗い場と一緒にっていることが多い、使用後は左手で水を使って拭う

入浴・清拭の方法 | 温浴を重視 | シャワーと清拭マッサージ | シャワーと清拭マッサージ

理髪・洗髪・爪切り | 特にタブーなし | 特にタブーなし | 民族によって他人が触ることもある

体位移動 | 畳から立ち上がることが多い | オンドルのある床から立ち上がることもある | ベッドから立ち上がる

LTC状態になるリスクは、メタボリックシンドローム、ロコモティブシンドローム、認知症などの生活習慣によるといわれるが、その生活習慣とその予防についての背景も異なっている。

表4 LTCが必要になる社会文化的リスク

<table>
<thead>
<tr>
<th>日本</th>
<th>韓国</th>
<th>インドネシア</th>
</tr>
</thead>
<tbody>
<tr>
<td>メタボリックシンドロームのリスク</td>
<td>食事の洋風化と運動不足や睡眠障害で、がん、心疾患が脳血管障害に繋がる高血圧、糖尿病、痛風になるリスクが高い</td>
<td>塩分の取りすぎによる高血圧症候群</td>
</tr>
<tr>
<td>ロコモティブシンドロームのリスク</td>
<td>高齢化と閉じこもり等による運動器官の障害が増えている</td>
<td>ハイキングやトレッキングなどが普及している</td>
</tr>
<tr>
<td>認知症のリスク</td>
<td>2025年には700万人を超える推計</td>
<td>2050年には271万人に達すると展望</td>
</tr>
</tbody>
</table>

TOTプログラム開発による各国LTCの調和化

しかし、それぞれの違いはあるけれども、ますます人口高齢化が進み、LTCのニーズが高まっていくことは容易に想像できる時代になっている。日本政府は、時間差はあるけれども、人口高齢化が進むとすれば、その段階の違いをむしろ好機として捉えて、今度高齢化が進むとみられる国から、日本にやってきて、LTCの知識と技能を学び、いずれその知識と技能を持って母国に帰るといった長期にわたり人材還流計画を構想中であ
ル。そこで、お互いから学びあいながら、LTCに注目して、地域高齢者の保健福祉のT-O-Tを構築することが必要になる。その際、各国の高齢化の進展状況、制度的整備状況の差や文化差などを理解しあうことが必要である。LTCをめぐる取り組みの時間差や地域差を考慮しつつ、拙速な統一化を図るのではなく、あくまでも各国の事情を理解しあった調和化という方式をとるべきだろう。

EUが各国の政策調整を図る際に、「整合化」と「調和化」というふたつの方針があった。本プロジェクトで相互に学びあった点は次のように整理できる。整合化は、各国の制度は基本的には大きく変えずに、適用範囲を拡大しながら調整を図るという手法である。移民政策や医療制度の調整にはこの手法がとられた。これに対して調和化は、要件の標準化を図るという手法で、その標準は各国を統一的に縛るものから、最低限の基準を設定するだけで、後は各国に任せるというものまである。アジアのLTCを考えた場合は、調和化でも後者の方針しかとれないだろう。それには、相互理解と共同取り組みが不可欠である。

表5 各国がそれぞれに伝えたいことと学んだこと

<table>
<thead>
<tr>
<th>日本から</th>
<th>韓国から</th>
<th>インドネシアから</th>
</tr>
</thead>
<tbody>
<tr>
<td>日本が</td>
<td>学ぶことは、介護者支援プログラムである。日本の介護保険では、市町村の地域支援事業の中で任意事業に位置づけられている。ただし、韓国から、家族支援に関する訓練プログラムから学ぶことが大きい。また認知症高齢者の感情処理プログラムは日本では感情抑制に向かいがちだが、むしろ韓国では感情発露を促進するものとなっている。</td>
<td>学ぶことは、施設ケアに頼りすぎてしまった状態を地域包括ケアシステムとして是正するために、地域保健福祉活動を担う豊かな地域ボランティアの組織化とその訓練プログラムである。NGOが地域保健所と協働して地域高齢者の保健福祉活動を指導している。</td>
</tr>
<tr>
<td>韓国が</td>
<td>学ぶべきは、介護と医療の違いである。これが理解されておらず、過度に医療に依存する市民が多いので、日本がなぜ介護を確立したかを学びなおす必要がある。また介護職が誇りをもって働ける労働条件の整備とキャリアパスの枠組みについて日本から学ぶ</td>
<td>伝えることは、高齢者保健福祉サービスの制度を構築しただけでは高齢者の心に届くサービスは提供できないということである。重要性の高い高齢者の残存能力を引き出すプログラムの開発とそれを指導する人材養成におけるコーチングである。</td>
</tr>
</tbody>
</table>

学ぶべきは、高齢者保健福祉に携わる人間の精神である。長期療養保険が入ってから、家族や地域の絆が弱まっている韓国は、インドネシアの宗教的・民族的信念に基づく家族や地域の絆の強さから学ぶことが大である。
インドネシアが学ぶべきは、今後の高齢化に備えて、日本で確立したLTCの知識と技能と政策枠組みである。このような知識と技能と政策枠組みについて普及するためには一定の訓練プログラムの開発とそれを担う人材の養成が必要である。

学ぶことは、高齢者保健福祉プログラムの訓練の調整である。インドネシアでも高齢者保健福祉活動の訓練が複数の省庁に分かれているので、調整しなければならない。

伝えることは、LTCがヒューマン・サービスであるとともに深く精神生活に根差していることである。ジャワ文化のスメレ精神では、無理な延命などはしない死生観がある。

今後のTOT開発拠点構築に向けて

今後、各国の文化差を超えて、地域高齢者の保健福祉を増進するためには、まず、GenerieなレベルのLTCについての知識と技術を普及する必要がある。それは、日本の認知症サポーターキャリアメント事業のように、認知症について正しく理解し、認知症の人や家族を温かく見守り、支援する応援者となる認知症サポーターを養成する短期間の普及教育プログラムのような各種のプログラムを開発することである。次に求められるのは、地域高齢者の保健福祉ニーズにおいてこれに関与して手伝いや初歩的労働を担うために必要なEntryレベルのLTCの知識と技能を訓練するプログラムを開発することである。これには「ヨーロッパ介護認証」で取り組まれているBasic Social Care Learning Outcomes（BESCO）と共通する要件を設定する必要があるだろう。

さらにこの上にBasicレベル（日本の介護職員初任者研修に当たる実務訓練、韓国の療養保護士の実務）を設定し、さらに日本が目指すような介護福祉士資格をStandardレベルとして、その上にAdvanceレベル（介護支援専門員、主任介護支援専門員、アセッサー、preceptor）を置き、このレベルの業務にTraining of Trainers（TOT）を位置づけて各種訓練プログラムの指導者を指導するようにすることが必要になるだろう。

日本から世界に発信できる拠点の一つは「介護実習普及センター」である。介護機関展示と介護実習訓練が実施できる施設と、そこで助言指導ができる介護支援専門員、福祉住環境コーディネーター、介護福祉士などの人材を組み合わせたセンターは、今後世界に伝えるべきシステムであろう。「地域包括支援センター」は、もうひとつの拠点であるが、医療保健と福祉の関係が整備されていないことや、主要な職域が確立されていないことから考えて、しばらくこの概念を共有することは難しいだろう。今後は、介護福祉士養成施設が、リカレント教育を取り入れ、等級別の介護業務能力（コンピテンシー）に即した知識と技能の訓練モデル型訓練プログラムを実施するようになれば、当然、拠点施設となるだろう。

LTCのTOTプログラムの中で取り扱わなければならない業務は、LTCのEntryレベルやBasicレベルの業務を担う人材に対して指導できるようにStandardレベルの知識と技能を訓練することである。知識については、高齢者のLTCに関する身体的・心的・社会的・精神的に良好な動的状態に関する最新情報について訓練を受ける者に解説できること、技能については、高齢者のLTCの業務について訓練を受ける者が適切にできるかどうかを査定して、適切な訓練プログラムを提示すること、そして態度については、訓練を受ける者が高齢者のLTCに関する上で文化差や倫理や耐性力や自己管理を弁えられ
ようなことが目標になる。介護支援専門員やアセッサーや介護教員の業務内容がモジュール化されて、複数のテーマ別T O Tプログラムを構築することになるだろう。そして今後、このT O Tは全国共通の目標として「住み慣れたところで年をとるAgeing-in-Place」を実現することを掲げることが必要がある。そこでは、多職種の連携が大きな課題になる。

<table>
<thead>
<tr>
<th>表6 国内外L T C普及向上のために共有すべき課題</th>
<th>日本</th>
<th>韓国</th>
<th>インドネシア</th>
</tr>
</thead>
<tbody>
<tr>
<td>地域普及拠点</td>
<td>介護実習普及センター・地域包括支援センター・介護福祉士養成施設</td>
<td>臓養保護士養成施設とHome Care Service Centerから普及。</td>
<td>プスケスマスを拠点としながら、地方政府関係者と全国270のNGOにTOTを普及。</td>
</tr>
<tr>
<td>全国普及拠点</td>
<td>職能団体や養成施設で、介護の等級枠組みとモジュール型訓練によるカリキュラムの整備を進める。</td>
<td>職能団体の組織化や今後の課題。</td>
<td>国家高齢者協議会の後ろ盾で、保健省、社会省、人口と家族計画省共同で地域包括ケアの訓練センターを作るよう助言。</td>
</tr>
<tr>
<td>国際訓練センター</td>
<td>厚労省医療保健2035や内閣府アジア健康構想を踏まえ、福岡市健康先行都市戦略に「アジアの介護人材養成のハブ機能の構築」を盛り込む。JICAはタイにLTOP事業でケアマネジメント技術をコミュニティ・コーディネーターに伝える事業を実施であり、これを東南アジアに普及する構想があるのでこれを進める。</td>
<td>東南アジアに韓国式Community Careを普及しようというHelpAge Koreaの取り組みがある。神戸女子大からの呼びかけにより、ひょうご震災記念21世紀研究機構の兵庫海外研修ネットワーク事業のICTを利用したケアマネジメントの共同研究に申請予定。</td>
<td>インドネシア大学にTOT訓練センター設置案。Respati大学に介護の中長期的職業訓練コースを設置する。日本側からJICAのタイで実施したLTOPのインドネシアでの受け入れを打診してはどうかという助言について検討。</td>
</tr>
<tr>
<td>L T C知識の指導</td>
<td>施設ケアから地域ケア、介護から介護予防への転換。</td>
<td>病院依存からの脱却Preventive Careへの転換</td>
<td>包括的・統合的なCommunity Careの調整</td>
</tr>
<tr>
<td>L T C技能の指導</td>
<td>ICTを使ったケアアセスメント技法ケアプラン作成技法ポディメカニクス利用法などL T C実施技法</td>
<td>臓養保護士養成施設での訓練や病院・福祉施設でのO J T高齢者トレーニング遊具・ゲーム開発</td>
<td>「老年看護」と「地域看護」の中でL T Cを取り入れることを検討</td>
</tr>
<tr>
<td>L T C態度の指導</td>
<td>リスクマネジメントコンプライアンス</td>
<td>敬老・孝行虐待防止</td>
<td>スメレ精神虐待防止</td>
</tr>
<tr>
<td>コンパッショネットケア</td>
<td>医療職・福祉職の連携</td>
<td>今後の課題</td>
<td>複数省庁で個別に推進されているプログラムの調整過程にある</td>
</tr>
<tr>
<td>---------------------</td>
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<td>------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>高齢者の尊厳認識</td>
<td>ボランティアや民間事業者との連携</td>
<td>未整備</td>
<td>ポシアンドゥ・ランシアの組織強化。</td>
</tr>
<tr>
<td>虐待防止</td>
<td>今後の課題</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>多職種との連携</th>
<th>医療職・福祉職の連携</th>
<th>今後の課題</th>
<th>複数省庁で個別に推進されているプログラムの調整過程にある</th>
</tr>
</thead>
<tbody>
<tr>
<td>ボランティアや民間事業者との連携</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>予防と生活支援</th>
<th>生活支援コーディネーターの設置</th>
<th>未整備</th>
<th>ポシアンドゥ・ランシアの組織強化。</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>国際的普及</th>
<th>2016年IAGGサンフランシスコ大会で発表。及びアメリカのワシントン大学セントルイス校で発表。</th>
</tr>
</thead>
</table>