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KEISHIN 敬心学園

Advanced Level Textbook

for Leaders of the Long-Term Care

Japan Welfare Education College
Keishin-Gakuen Educational Group
(2017 Commissioned Project by the Ministry of
Education, Culture, Sports, Science and Technology)

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Advanced Level Textbook

for Leaders of the Long-Term Care

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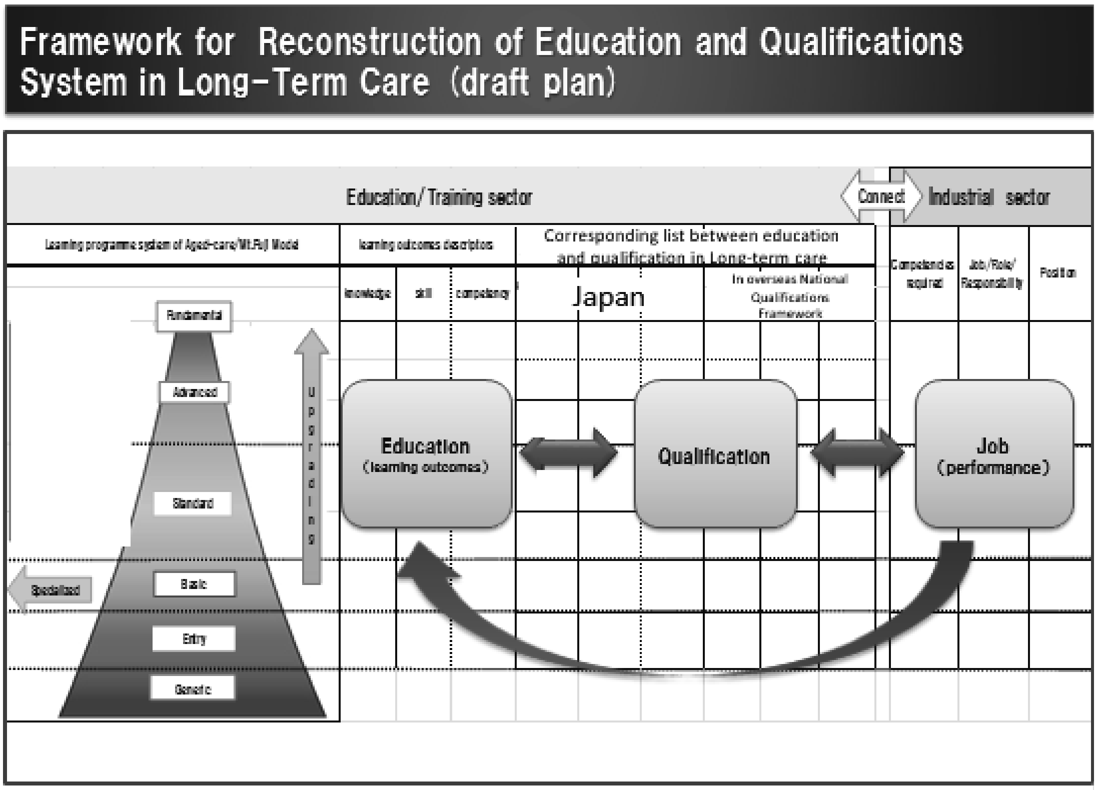
INTRODUCTION　WHAT IS ADVANCED LEVEL FOR LONG TERM/CARE WORKERS?

The positioning of advanced level


Framework for Reconstruction of Education and Qualifications System in Long-Term Care (draft plan)
Education/Training sector
Connect
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Learning programme system of Aged-care/Mt.Fuji Model
learning outcomes descriptors
Corresponding list between education and qualification in Long-term care
knowledge
skill
competency
Japan
In overseas National Qualifications Framework
Competencies required
Job/Role/Responsibility
Position
Fundamental
Advanced
Standard
Basic
Entry
Generic
Specialized
Upgrading
Education (learning outcomes)
Qualification
Job (performance)

Entry level：Training for the ones before starting care works and/or the ones doing in-home care

Basic level：Training for the ones who are going to work as care workers like those who have completed the induction course for care worker

Standard level：Training for the core human resources in long term care like certified care workers

Advanced level: Training for the ones in charge of long term care sites

This textbook targets advanced level care workers as the leaders providing leadership and supervision for other staffs in long term care sites.

The definition of advanced level care workers is the followings：possessing self-decision-making skills applying expert knowledge and technique based on ethical standards and values as specialists of care and social service, improving work efficiency, Solving problems, training their subordinates to improve the quality of care and taking responsibility for the consequences.

Learning Objectives and Target Achievements

<Organization/Team Operations> Key Learning Points

The goal is to be able to understand the management philosophy of welfare business, set your own goals and objectives for your organization, and lead efforts to improve the quality of long-term care service through innovation and reform. Here you will learn learn how to conceptualize the corporate philosophy of the company as the objective of the organization, set concrete goals and turn them into action plans, and practical methods to solve expected future issues.

<Organization/Team Operations> Target Achievements

1. Be able to maintain a perspective in which you compare your own behavior in your everyday work to the goal of the organization, and share this way of thinking with other long-term care staff members.
2. Clarify the issues of the organization, and provide support for the process of proposing measures to handle them.
3. As an advanced long-term care worker, support efforts towards improvement and reform in the organization and lead these measures to success.

1) What is an Advanced Long-Term Staff Member?

- ■ You, as an Advanced long-term care staff member, are expected to fulfill a variety of roles. For instance, communicating management philosophy to long-term care staff members, or encouraging long-term care staff members to work proactively to improve long-term care services. What is required of you in these roles is your ability to be and behave like a leader.
- ■ What do you think of when you think of a leader? It could be anybody—a celebrity, an athlete, a colleague?
- ■ What aspects of this person do you think makes him/her a leader?

Successful people, people who lead their teams to victory, people who work hard and achieve results. Different people will have a different image of what constitutes a leader. The word “leader” will perhaps bring to mind, for most people, a very specific type of person who is charismatic, who draws people to them. As such, being a “leader” has come to be thought of over the years as a talent of sorts.

This idea has shifted somewhat, however, in modern society, into the belief that a leader is a role that anybody could fulfill, and leadership a skill that anybody could have—not just the special people.

Understanding your role within a team, and working with other members to produce results—this is something that everybody does, and this “working with others” is a key ability, one that helps develop leadership skills. In other words, everybody is a leader in some form or another. Being a leader is not something exclusive to certain people.

2) What does leadership mean to you?

"I can't be like the type of leaders I see on TV."
"I don't have any of the qualities needed to be a leader."
There are many people who think in this way.
When you find yourself thinking these things, try "modeling."
In "modeling," you try to understand the ways of thinking and behaviors of the "leaders" you mentioned above, and imitate these behaviors in order to achieve similar results. Of course, imitation does not always yield immediate results. The important thing is to continue to engage in these thought processes and behaviors.

If you have a manager or someone at your workplace who you would be able to consider a "model," try "becoming" them.

Look again at the examples you gave for 1), and try it out.

3) As Many Leadership Styles as There Are Advanced Long-Term Care Workers

- "It's hard for me to voice my opinions." "I'm not good at leading meetings." "I don't think I could manage people and tell them what to do..." There are many people that have become Advanced long-term care workers who have felt these kinds of worries.
- But even people who have these sort of worries are more than capable of leadership.

The idea that leaders "lead," "pull people along," makes it seem like the act of being a leader is inherently difficult.
In actuality, leaders themselves do not always have all the answers, or achieve all of the results. The true quality of an Advanced long-term care worker is the ability to gain the trust of his/her team members.

- Current theories of leadership posit that there is no ideal way or method to be a leader. Instead, what is important is using the positive aspects of many leadership styles (whether it be coach-style leadership, democratic leadership, etc.), depending on the situation.

In other words, there are as many leadership styles as there are Advanced long-term care workers.

4) Awareness as an Advanced Long-Term Care Worker Begins with an Image of the Ideal State of the Organization

Answer the following questions.

Ⓠ What image do you have of the ideal workplace?

Ⓠ Why do you think this?

- Think about what any occasions, triggers, or experiences have led to you thinking this way.

Ⓠ Write down your image of the ideal workplace, imagining this time that you are presenting this information to those at your workplace.

- What did you write? Perhaps some of you thought back to when you first began your job, or about your companies' philosophies, or what you would consider your ideal image of welfare.
- Why did you choose this job in the first place? What was the image you had of yourself back then, when you thought of yourself in this job?
- Most likely, your feelings have not changed since then, even now that you have become an Advanced long-term care worker.

- Awareness as an Advanced long-term care worker starts when you envision the ideal image of the team's organization you are leading. This ideal should also align with the goal of the company and of the facility.
- Perhaps some of you have never thought about this matter to this extent. But look at the definitions ascribed to your facility through laws and regulations, and you should be able to discern what these ideals should be.

"Leadership means to consider thoroughly the missions of the organization, and to exemplify these missions in very visible ways." (P.F. Drucker, *The Essential Drucker on Individuals: To Perform, to Contribute, and to Achieve.*)

You as an Advanced long-term care worker must be able to communicate your organization's missions, in a way that is consistent no matter who or what situation you are speaking in.

5) Objectives and Goal

- ■ As an Advanced long-term care worker, you have envisioned the ideal image of the organization you are leading.
- ■ The next step is setting objectives and goal. "Objectives" and "goal" mean two different things. Let's break it down in detail.

① Objectives exist to accomplish the goal. "Objectives" are steps that must be taken to achieve the "goal." As such, objectives are the behaviors and/or roadmap necessary to achieve the goal.

② Objectives are concrete, while the goal is abstract. The "goal" can be conceptual things, like "providing welfare for the elderly," and can also serve as decision-making standards in every long-term care staff member's daily work life. On the other hand, "objectives" are steps to achieve the goal, and so must be concrete, with concrete measures and methods for their achievement.

③ Objectives are the process, and the goal the destination. When we achieve an objective, we must find out how best to get to the goal, and tweak or change our objectives accordingly as we strive towards the next objective.

④ There are multiple objectives, but only one goal. There is oftentimes more than one objective that must be achieved to reach the goal. Objectives can also branch out, and depending on the way the objectives are set, there may be one larger objective, or many, smaller objectives.

⑤ Objectives can be changed, but goal cannot. There are times when achieving an objective will not bring you any closer to achieving your goal. There are even times when you should change an objective to get closer to the goal. But as long as you do not lose sight of the goal, it is possible to set a different objective to approach the goal in a different way.

Let's try thinking about objectives and goal, using a vacation as an example. Fill in the blanks.
Goal: Go to ________________ on vacation.
Objectives: Set concrete objectives in order to achieve this goal. List as many as you want.
Objective ①: ____
Objective ②: ____
Objective ③: ____
Now, think in more detail about a timeline to achieve these objectives. This is called an action plan. List as many as you want.

▪

▪

▪

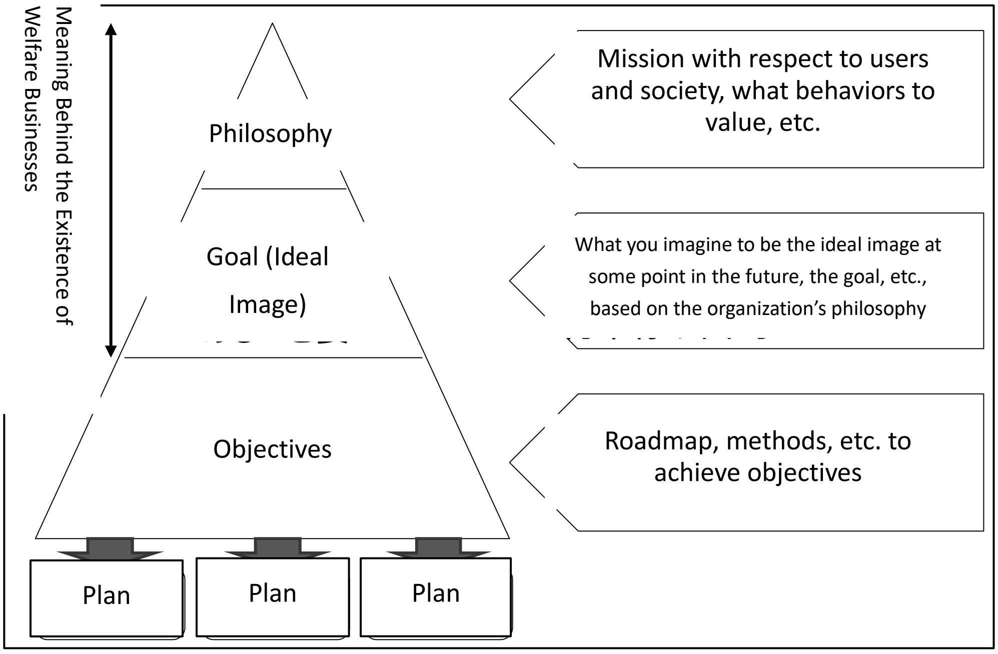
▪

6) Think About Your Workplace

■ So far, we have discussed goal and objectives. Next, let’s think about your workplace, and think about how to set action plans in addition to the goal and objectives.

Item	Fill in the following (you may write more/less than the bullet points allow)
Goal of the Organization	
Setting Objectives	▪ ▪ ▪ ▪ ▪
Action Plan to Achieve Objectives	▪ ▪ ▪ ▪ ▪

It could be said that the role of the Advanced long-term care worker is to lead efforts to think of and implement concrete plans to achieve the organization’s goal. As in the saying, “organizations obey strategies,” organizations move towards objectives. This is another reason why it is so important to clarify goal and objectives.


Meaning Behind the Existence of Welfare Businesses
Philosophy
Mission with respect to users and society, what behaviors to value, etc.
Goal (Ideal Image)
What you imagine to be the ideal image at some point in the future, the goal, etc., based on the organization’s philosophy
Objectives
Roadmap, methods, etc. to achieve objectives
Plan
Plan
Plan

7) Directing the Team

- So far, we have discussed the “ideal image” that is to be the goal of your organization, and have set objectives as a roadmap for how to get there.

Here, we will actually begin to direct the team.

Ⓠ Use the bullet points from your action plan on the previous page to fill in this chart title. (Each action plan will produce one chart.)

Your Action Plan	
Who	
What	
When (Until When)	
Where	
Why	
How	
How Many (Much)	

- This chart divides the action plan into 5W2H. This framework allows you to communicate information thoroughly and accurately. *The 5W1H framework is more common, but we have added an H and made it 2H for a more quantitative understanding
- Leaving any of the 5W2H categories blank in an action plan leaves room for interpretation and decision-making amongst the team, and can cause misunderstandings. This can lead to results that differ from your original intentions.

Who
What
When
Where
Why
How
How Many (Much)

- This framework allows every member of the team to see what they are supposed to do. Using this framework as an entire team also allows team members to communicate information (report, contact, discuss, etc.) in a thorough and accurate way.

8) Handle Issues Expected in the Future

- You as an Advanced long-term care worker have set objectives towards the organization’s goal, and have used the 5W2H framework to delineate in concrete terms what must be done in the action plan.
- In the real world, this kind of action plan is created through communication in meetings and discussions with team members. (We will discuss more on communication in the “Personnel Training” section.)
- Additionally, the method we have described thus far only encapsulates the implementation of objectives that every member of the team can understand, and the solving of issues that already exist in the workplace. An Advanced long-term care worker should take a broader view of the organization as a whole, and work to handle future issues before they arise, to improve the organization. For instance, issues like, “there aren’t enough new college graduates that apply to work for the facility, despite efforts at recruitment.” “There’s only two years until the repair period for the equipment in the facility.” “How do we adapt to new long-term care fee policies?” These issues may not be urgent time-wise, but tend to be very important.
- Though members of the team are aware of these issues, they tend to prioritize their everyday work, and put these issues on the back burner. As an Advanced long-term care worker, another one of your roles is to lead efforts to solve these less urgent issues as well.

- Think of of some issues that you expect to crop up in your organization in the future.

Trigger	Expected Issues
Changes in politics/law	Ex) Decrease in revenue due to revision of long-term care fees ▪ ▪
Changes in the economy	Ex) Increase in labor costs due to labor shortage ▪ ▪
Changes in society	Ex) Increased demands/requests due to the increase in the number of elderly ▪ ▪
Changes in technology	Ex) Changes in work due to the implementation of IT ▪ ▪
Changes in management	Ex) Large-scale restructuring of facility in two years ▪ ▪

Reference: For Those Who Wish to Know More About Organization/Team Operations

- Ways of thinking related to management: *Management*, P.F. Drucker
- Theories of management (case studies, etc.): *Fundamentals of Management: Essential Concepts and Applications*, Stephen P. Robbins
- How to be a leader, etc.: *The Essential Drucker on Individuals: To Perform, to Contribute, and to Achieve*, P.F. Drucker

Learning Objectives and Target Achievements

<Personnel Training> Key Learning Points

Understand the types of communication methods that exist in the workplace, and use them to motivate ad supervise individuals, to better support the training of long-term care staff members.

In order to achieve this goal, we will introduce theories of motivation and coaching while also applying them to the daily work conducted by Advanced long-term care workers, so that you can use this knowledge in practical ways.

<Personnel Training> Target Achievements

1. Gain an understanding of the necessary communication skills and be able to use the right communication methods at the right times.
2. Gain an understanding of the skills to support the growth of long-term care staff members, and use these to support them.
3. Be able to display the leadership it takes to encourage growth in individuals and organizations.

1) Communication Skills as a Factor in Personnel Training

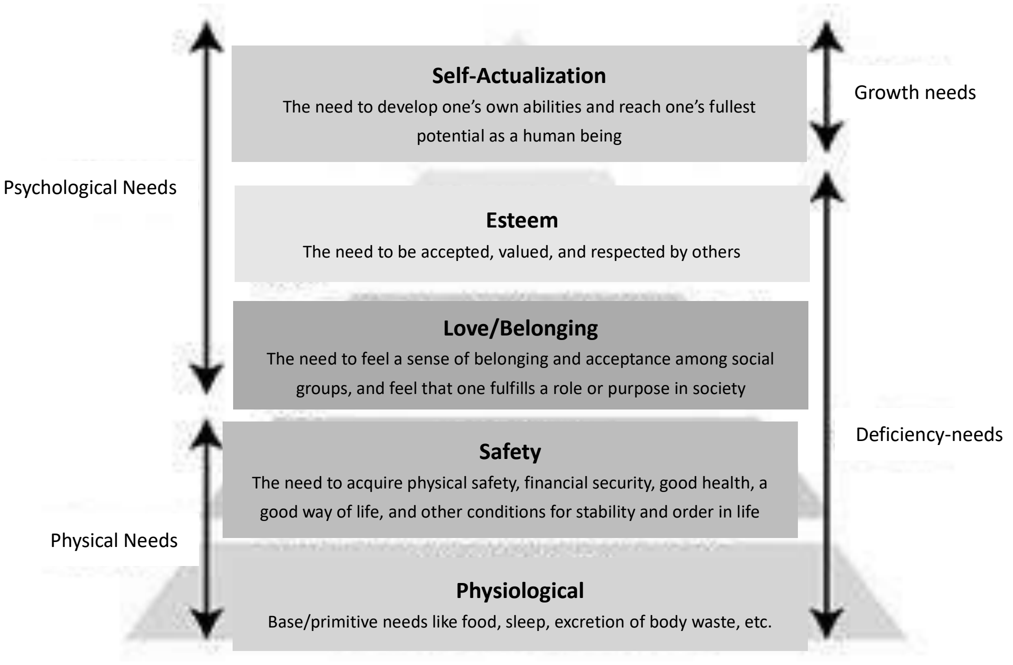
- Organizations are made up of a number of long-term care staff members.
- Each of these members have different perspectives in the organization, from their roles and positions to their motivations for their jobs.
- Leaders must begin by understanding the differences between each long-term care staff member’s perspective, as this is where team management begins.

For instance, let’s say you ask an experienced long-term care staff member to train a new staff member, but this caregiver is happy with just completing his own tasks, and doesn’t want to take on the responsibility of educating someone else—the training will most likely not go well due to the differences in opinion. And asking experienced staff members to conduct training can sometimes even backfire if they lack the motivation to conduct the training, as they may try to teach new staff members difficult methods and skills that go over their head, forcing them to lose motivation.

- Advanced long-term care workers must communicate with others and learn to see matters from their perspective.
- When you do so, you must eliminate all preconceptions or biases that you have for or against that person, listen to what they tell you in its entirety, and use the ways of thinking and theories you will learn below to understand their perspective.

2) Maslow’s Hierarchy of Needs

■ People interpret and think about matters from their very own perspectives. Their needs also change depending on the situation they are in.



Self-Actualization
The need to develop one’s own abilities and reach one’s fullest potential as a human being

Esteem
The need to be accepted, valued, and respected by others

Love/Belonging
The need to feel a sense of belonging and acceptance among social groups, and feel that one fulfills a role or purpose in society

Safety
The need to acquire physical safety, financial security, good health, a good way of life, and other conditions for stability and order in life

Physiological
Base/primitive needs like food, sleep, excretion of body waste, etc.

You can see from this hierarchy that those who have a motivation for their jobs and who are actively in charge of their own lives have fulfilled the “self-actualization” need, as well as everything from the “esteem” need to the “physiological” need.

What about a new staff member on the first day of their job? Perhaps their “safety” need has been fulfilled, but they have yet to feel a sense of belonging or purpose in their workplace.

These five stages act as a barometer for each individual’s fluctuating needs.

According to this way of thinking, in order for people to behave in ways that are conducive to their own growth, their needs must be fulfilled all the way to the level of “esteem.”

■ Then, think about concrete actions/behaviors that you think could fill the need for esteem in long-term care staff members, and see whether these actions/behaviors are being implemented.

●
●
●
●

4) What Are the Factors that Lead People to Resistance?

- It is oftentimes necessary in an organization for Advanced long-term care workers to instigate change. However, there are some people who will express resistance to the idea of changing something that they are used to, or introducing something new.
- Resistance can be expressed in many ways, from passive resistance (pretending to agree but secretly going against the measure), to being uncooperative, protesting proposals, and even announcing one’s intention to resign. There are reasons for each and every one of these forms of resistance.
- Though it may seem at first glance as if staff members are simply unmotivated, they almost always have legitimate reasons for thinking and behaving in these ways. Understanding this as an Advanced long-term care worker allows you to be more open and empathetic to their situation and get to the root of the cause, which will help move the organization gradually towards a better direction.
- Defensive Behaviors

Avoid desired behavior	Practice excessive adherence to existing standards, shift responsibility to others, pretend ignorance, drag out their work, cover up undesirable behaviors
Avoid being criticized	Do more than what is necessary, take precautions, rationalize their own behavior, set up a scapegoat, submit false reports
Avoid reform	Obstruct reform, self-defense, give reasons why they cannot implement reform

- These defensive behaviors can occur as a result of changes to work methods and communication styles that members of the organization have grown accustomed to, whether it be personnel changes, restructuring of the organization, the addition of a new kind of work, etc.
- Work in welfare environments has the tendency to settle into routine, as staff members often engage in the same work with the same methods, amidst fairly static human relationships. These staff members often come to believe that their methods are the best methods.
- As these long-term care staff members believe that their methods are needed and that they are the best way, they will not understand why change/reform is necessary if you come into their workplace and attempt to implement change and reform.
- It is difficult to get long-term care staff members to understand issues that you are perhaps able to see as an Advanced long-term care worker. The job of a leader is to try to understand what is at the root of their resistance and understand their perspectives, all the while resolving issues and moving steadily (however slow the process may be) towards the goal. If you do this right, you will notice that resistance will begin to wane.

5) Communication Methods

- ■ Communication is the best tool that an Advanced long-term care worker can use to bring drive and energy into an organization.
- ■ Lead your team with an understanding of the methods and characteristics of different forms of communication.
- ■ Communication in the workplace occurs in various forms, including lectures/presentations given by the chairman, meetings, in-house reports, PR magazines, morning assembly, etc. These fulfill various objectives, from discussing current issues, to conveying information and introducing facility events/functions.
- ■ Advanced long-term care workers must use these forms of communication in effective ways.

Ⓠ Write down the forms of communication at your workplace, as well as their frequency and objectives.

	Hosted by	Participants	Frequency	Method
Ex: Morning assembly	Facility director	All staff members present	Every morning	Assembly

- ■ Normally, “workplace communication” brings to mind things that are systematized, like briefings, meetings, daily reports, committees, etc. However, communication also includes things like discussions/planning of facility philosophy, business operations, and activities, as well as casual conversation and study sessions amongst members, that help build a foundation of shared goal within the team. It also includes yet more casual forms of communication, like small talk, casual conversation, and drinking parties, that help strengthen relationships between members of the team.
- ■ Regardless, Advanced long-term care workers must use these various opportunities for communication to gain an understanding of the other members of the team.

6) Running a Meeting

- ■ Meetings are effective communication methods where all related members of the team gather together to make decisions on certain matters/issues.
- ■ If not managed properly, however, meetings can actually decrease the motivation of its participants and devolve into a time sink.
- ■ Let’s think in depth about meetings, which are indispensable to Advanced long-term care workers accomplishing their targets.

Ⓠ Conduct a self-evaluation of the meetings for one form of communication that you conduct.

- ☐ You communicate the time, location, participants, content, etc. of the meeting to the organization before the meeting
- ☐ You prepare outlines for meetings
- ☐ Meetings start and end on time
- ☐ There are clear points of discussion for each meeting
- ☐ Meetings begin with friendly greetings
- ☐ There are set rules for meetings
- ☐ There is tea, snacks, etc. prepared for meetings
- ☐ Seating arrangement is conducive to participation
- ☐ For meetings with a large number of participants or when people have a lot to say, you prepare things like sticky notes and white boards to make it easier for everyone to give their opinion
- ☐ There are more positive remarks than negative remarks
- ☐ All participants are encouraged to participate the same amount, and they do so
- ☐ Participants interpret others’ opinions in logical/rational ways
- ☐ The meetings make clear who should do what, and what should be done by what time, for any leftover issues or points of discussion
- ☐ Reports of the meeting are provided to managers and those who were absent
- ☐ There is a set way to store meeting records
- ☐ There is a set method for long-term care staff members to be able to view meeting records (even for those with authority limits)

- ■ You will most likely be unable to implement all of these things immediately. However, as long as you take these points into account, team members will find it easier to voice their opinions in these meetings, and there will come to be more communication between participants. This should help instigate day-to-day communication as well, and help create an open and transparent organizational culture.

7) Wrapping Up a Meeting

- ■ Meetings are the most effective communication method to improve openness and transparency in an organization.
- ■ Work to make the meetings you facilitate more effective for the organization as a whole.

Ⓠ What is your conception of a meeting facilitator?

- ☐ Facilitators must be good at talking.
- ☐ Facilitators must always have the correct answers to issues discussed in the meeting.
- ☐ You ask for opinions, but there are very few people that speak up.
- ☐ You are worried that meetings end up being biased towards the people who speak up the most.

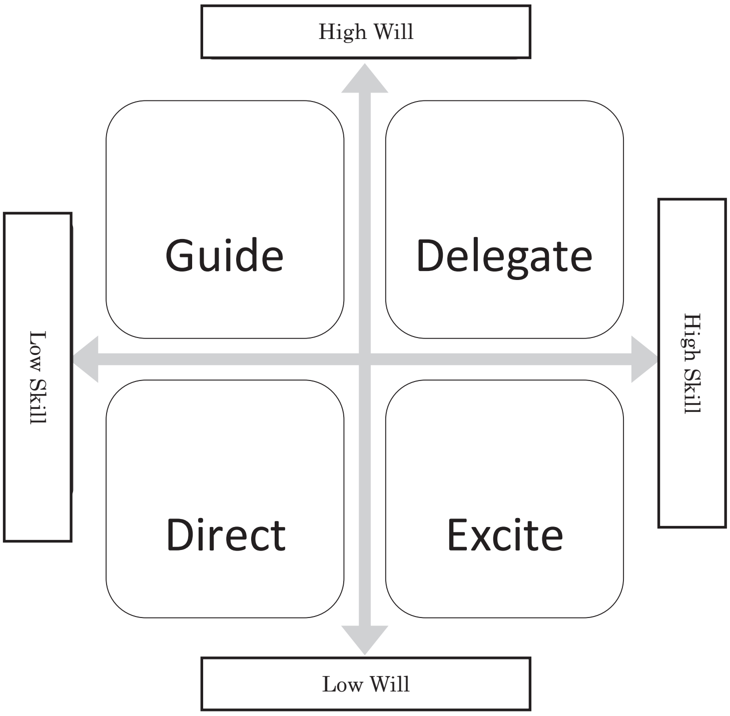
Meetings are places for people, specifically those related to the matters in question, to discuss and make decisions on issues. It is not the facilitator that makes the decisions—it is all the participants. Your job as a facilitator is simply to support the discussion.

- ■ Prepare an Agenda: Prepare all necessary documents, including outlining the issues, start/end times, timeline of the discussion and materials, and hand them out in advance to make it easier for the participants to understand the meeting as a whole.
- ■ Clarify Meeting Objective: At the beginning of the meeting, clarify to the participants the points of the discussion and objective of the meeting. If the objective of the meeting is made clear, the meeting will stay focused and on-topic.
- ■ Decide on the Rules: For instance, anyone who speaks must start with their conclusion first and speak for a maximum of one minute. Don’t outright deny someone else’s opinion. Managers must take on listening roles. The last five minutes are to be used to look back on the meeting, etc. Announcing the rules at the beginning of the meeting is a good strategy to make sure the meeting goes smoothly. Try to think of the appropriate rules according to the participants of the meeting and its goal(s).
- ■ Conclude Meeting with Action Plan: Go over the action plan to fulfill the objectives announced at the beginning of the meeting, through the 5W2H framework.

Depending on the circumstances, it can be an effective strategy to have a newer staff member act as facilitator. Newer staff members may hesitate to speak under normal circumstances due to their relative inexperience and/or differences in workplace roles, so this experience managing a meeting can serve as valuable leadership training.

8) Training for Long-Term Care Staff Member

- One of the jobs of an Advanced long-term care staff member is to train personnel.
- The goal of training personnel is to develop and utilize the abilities of the “individuals” that are the driving force behind an organization achieving its goal.
- On the other hand, each individual has their own ways of thinking and development goals. No amount of expensive external training can be effective if these do not align at least somewhat with the direction of the organization.
- The **Will/Skill Matrix** offers 4 approaches depending on the individual’s level of will and skill. Personnel training can be made more effective by using these different approaches for different types of long-term care staff members.
- The most effective means of training for those with high levels of both will and skill is to delegate them with more responsibilities. On the other hand, those with high will but low skill should be guided first to acquire the appropriate skills.
- Those with high skill but low will must be motivated (excited) in some way to work harder, or it will be a waste of talent. Those with both low will and skill must be directed through orders. It is dangerous, however, to decide early on that someone is “unmotivated,” as the individual in question may simply have hidden issues with respect to their ways of thinking, their beliefs, motivations, sense of purpose, self-image, etc., or there may just be a gap between their wishes and the wishes of the organization. **Knowing the individual is the most important aspect of personnel training.**



9) Keeping Your Eye on the Individual

- As we have seen so far, individuals express different attitudes depending on where they are in their hierarchy of needs (Maslow's Hierarchy of Needs), and each hold different sets of values. Though individuals are sometimes not even aware of these attitudes and values, they express themselves stronger or weaker depending on the circumstances in which they find themselves. If you can figure out what individuals truly cares about with respect to their job, it can aid greatly in helping them develop their career, in personnel transfers in general, as well as in their education/training and motivation.
- A **career anchor** is something that remains fairly static throughout an individual's life and shapes significantly an individual's decisions with regards to their jobs.
- Awareness of your career anchor can help you develop your career, and even help you reevaluate your own behaviors. Being aware of the career anchors of your long-term care staff members can also help, not only in terms of training, but in motivating them in their work as well.
- There are, however, people who have multiple career anchors, or whose career anchors have not been fully established yet, and it can be dangerous to make decisions due to specific circumstances.

Career Anchor	Content
Professional Ability	I want to use my professional abilities in a field that suits my strengths
Business Administration	I want to manage an organization effectively and meet the needs of the organization
Stability	I don't like change, and want to work in a stable/steady manner
Creativity	I'm not afraid of risk, and want to create new things, like an entrepreneur
Independence	I want to be able to work at my own pace and discretion without the rules and boundaries of an organization
Social Contribution	I want to make positive contributions to society and assist others through my work
Balanced Life	I want to live a life that balances work, my household, and my self-actualization
Challenge	I want to challenge myself to solve difficult problems, beat the competition, etc.

- Particularly important when discussing an individual's future career with him/her is whether a certain path will fulfill all three elements of "Will/Can/Must," as this will allow them to challenge themselves and feel the most sense of purpose. Make sure you remember to do so in your interviews with long-term care staff members. (Chart below is an example.)

	What Will You Do?	What Can You Do?	What Must You Do?
Acquire a certain certification	○	×	△
Coaching	○	△	○

10) Coaching

- **Coaching**, in addition to guidance and advice, is an effective strategy for Advanced long-term care workers to encourage team members to engage in certain behaviors.
- Coaching is a method in which you speak to the team member, encourage them to make some sort of change to their behavior, and support their achievement of this goal. It can help in situations where team members have learned what to do but don’t know exactly how to act, and fill in the gaps in their understanding through interactive communications between Advanced long-term care workers and individuals.
- The most well-known technique is the GROW model, in which leaders encourage the action towards achievement of goals through a 5-step model. This method also helps in establishing a concrete action plan.
- For instance, if a more experienced staff member needs advice on training a newer member, ask them, “what kind of worker do you want this new staff member to be?” and **set goals accordingly**. Next, ask them “what are the issues to solve?” to help them **clarify the current reality**, and then, “are there any cases of successful training in the past?” to aid them in **discovering resources**. Next, help them to **come up with options** by asking them, “what kind of methods have you not tried yet?” Finally, ask “which one will we begin with?” and **verify their will** towards concrete action.

GROW	Examples of Questions
G: Goal	What is the thing you need to accomplish the most right now? What kind of result is desired?
R: Current Reality	Where are you in achieving this goal? What would be three issues obstructing you from reaching this goal?
R : Discovery of Resources	What kind of support do you need to move forward? Have there been any successful cases in the past?
O: Options	Is there a new method that hasn’t been tried before? What kind of methods have not been tried yet?
W: Will	Which issues have the highest priority? “By when,” “who,” and “how” will you accomplish this goal?

- What is important in coaching is to move slowly through the discussion, and not rush through the steps to get to the “W: Will” stage. Take creative efforts to deepen the conversation gradually and gain a more thorough understanding of their standpoint, using the 5W2H framework, asking them to clarify what they said (“so you mean __________?”), or pressing them for details (“give me a concrete example”), turning a difficult, more open-ended question into a yes/no question, and tweaking the way you ask questions in general.

11) What the Advanced Long-Term Care Worker Gains

- As a leader, you are given the opportunity to lead your team towards your ideal image of welfare and the ideal image of your facility. To achieve this goal, you have at your disposal methods and ways of thinking like communication methods, meeting management, personnel training, coaching, and more, that you can use on your team.
- Your role in the organization is to use these various tools to lead the rest of your team. To achieve goals, plan actions, implement these actions, monitor and evaluate the status of these implementations through meetings etc., and make improvements as necessary. This cycle (known as PDCA) is powered by the Advanced long-term care worker, which serves as its engine. A measure that you may have been alone in calling for in the beginning may gain traction as the results become more obvious, and more and more team members join the effort to keep the cycle going. Part of the joy of being an Advanced long-term care worker is being able to create this kind of dynamism.
- Finally, we will introduce common traits that define the behaviors of Advanced long-term care workers who have successfully learned how to build trust in their relationships.

① Open-Minded	Communicates the reasons why they made a certain decision. Discusses issues honestly and openly. Discloses all related information.
② Fair	Engages in objective and fair work evaluations.
③ Verbally Expresses Emotions	Depending on circumstance, will speak honestly and openly about their own feelings, not just the facts. Letting their emotions take over them and becoming angry, however, must be avoided.
④ Tells the Truth	Long-term care staff members would prefer if you tell them the truth, however unpleasant it may be, over lying to them.
⑤ Be Consistent	Consistent in their decision-making, which is based on their values and principles as Advanced long-term care workers.
⑥ Keep Promises	Makes sure to keep promises and pledges.
⑦ Keep Secrets	Does not tell people about others’ secrets.
⑧ Use Abilities	Refines their communication, negotiation, and dialogue skills over their professional knowledge, and uses them in effective ways.

Reference: For Those Who Wish to Know More

- For those who wish to learn more about the topics we’ve discussed:

About Maslow’s Hierarchy of Needs: *Motivation and Personality, Maslow on Management,* Abraham Maslow
About career anchors: *Career Anchors and Career Survival*, Edgar H. Schein
Individual behavior in an organization (factors that cause resistance, etc.): *Essentials of Organizational Behaviors*, Stephen P. Robbins
About coaching: *Coaching for Performance: GROWing Human Potential and Purpose – The Principles and Practice of Coaching and Leadership,* John Whitmore

Learning Objectives and Target Achievements

<Learning Objective>

Learn the background behind “burnout” syndrome, and the perspectives and methods needed to prevent it. The goal is for Advanced long-term care staff members to be able to “**care for those who care**.”

<Achievement Targets>

(1) Gain an understanding of the factors behind “burnout” (burnout syndrome).
(2) Gain an understanding about emotional regulations in emotional labor.
(3) Gain an understanding of the concept of resilience.
(4) Be able to support long-term care staff members in ascribing meaning to their experiences to turn them into learning experiences.
(5) Gain an understanding of the systems related to mental health care.

Does any of the following apply to you?

1 I feel my work is emotionally draining
2 I feel it takes an immense amount of energy to deal with people all day for work
3 I feel like my work is slowly breaking me down
4 I am frustrated/dissatisfied with my work
5 I feel I am trying too hard at my work
6 I feel like I am both physically and emotionally exhausted

The checklist above was extracted from the MBI (Maslach Burnout Inventory), a measure for evaluating “burnout” (burnout syndrome).

(1) What is Burnout Syndrome?

1) Summary of Burnout Syndrome

Burnout as a concept was first proposed by Freudenberger in 1974. In Japan, it is commonly known as “*moetsuki shokogun*,” or “burnout syndrome.”

“Burnout” (burnout syndrome) is defined by three symptoms: “emotional exhaustion,” “depersonalization,” and a “diminished sense of personal accomplishment” (Kubo, 2007). It is a situation wherein a previously motivated individual loses all of this motivation, as if burnt out, and becomes unable to handle the demands of his/her work.

Though there are many causes of burnout, the main cause, if we were to put it simply, would be “stress.”

Stress accumulates through various situations and occurrences in the workplace, and is a **burden on both mind and body**.

Once stress accumulates over a certain threshold, it can cause burnout.

For this reason, **the most effective way to prevent “burnout” (burnout syndrome) is to learn how to handle everyday stress.**

2) The Characteristics of People Who Experience “Burnout” (Burnout Syndrome) in the Human Care Service Field

Many people who experience “burnout” (burnout syndrome) are idealists, who work towards a very specific ideal in their everyday work and who devote themselves each day to making their users’ lives better.

These people are indispensable to a long-term care workplace, as they engage in their work with a strong sense of purpose and ethics.

For this reason, it is particularly necessary for us to support these people and prevent “burnout” (burnout syndrome).

3) The Factors Behind “Burnout” (Burnout Syndrome)

Here we will discuss the factors behind “burnout” (burnout syndrome), from two perspectives: the environment of long-term care work and the characteristics of long-term care work in general.

The environment of long-term care work

1. More Diverse and Complex Long-Term Care Needs

In modern society, more and more people are living different kinds of lifestyles.

This means that there are differences in values and ways of thinking. This is exacerbated also by the fact that many of these people wish to maintain the lifestyle they are accustomed to, and remain true to themselves, even when they come to require long-term care.

Long-term care services must be provided in individually tailored ways that meet these diverse needs.

2. More Severe Conditions in People Who Require Long-Term Care

For instance, elderly long-term care facilities. In order to enter an intensive care home for the elderly, people must be classified Long-Term Care Requirement Grade 3 or above, and many of these people have dementia.

High-level long-term care is required, as the Long-Term Care Requirement Grade for people entering the facilities is higher, and the amount of long-term care that must be provided has increased.

3. More Complex Work Due to Multi-Disciplinary Cooperation

It is impossible for caregivers on their own to support a user’s entire lifestyle. Currently, there is a need for a team approach to long-term care that requires cooperation with those of other disciplines. Multi-disciplinary cooperation requires a level of operational ability to be able to handle differences in opinions at conferences, the sharing of information, communication in general, reports, etc.

4. Cooperation with a Diverse Group of Long-Term Care Workers

People who work in the long-term care workplace are of different genders and ages. There are people who have undergone the government’s Beginner’s Training Program and Practice Training Program before acquiring their caregiver certification, and there are those who learned their caregiving skills at a vocational school.

In recent years, there are also many foreigners who are working as long-term care workers. Working in a team with this kind of diversity can give rise to stress due to issues caused by differences in life history and values.

The Characteristics of Long-Term Care Work

Human care service professionals are particularly prone to “burnout” (burnout syndrome). The reason for this tendency can be explained by a concept called “emotional labor,” proposed by Arlie Hochschild.

Mitsui[1] explains emotional labor in the following way: “[emotional labor is] the concept wherein an individual feels an emotion that is different from the emotion that would be expected of them in a given situation, and attempts to manage their emotions in order to fit the mold. This is thought of as emotional labor when this emotional management is part of one’s job.”

In other words, people who are under the burden of emotional labor are expected to act and behave in ways that express only the emotions appropriate to their situations. These situations require them to express emotions that are different from the ones they actually feel, and when they occur often, the emotional management can lead to fatigue.

What kind of emotion is “appropriate to their situation” is not usually described in concrete terms. They may be, for instance, communicated from the more experienced people to the less experienced, from manager to subordinate, etc.

Reference: 1) Sayo Mitsui. “Kaigoshoku ni Okeru Kanjorodo (‘Emotional Labor in Nursing Occupations’),” *Journal of Ohara Institute for Social Research*: No. 567 (2006).

Exercise 1: “What is your ideal image of a long-term care worker?” Come up with as many ideas as you can.

(2) Emotional Regulations

What you all would consider the ideal conduct and behavior of a care worker

What is the ideal image of a care worker as envisioned by human care service professionals?

"Always calm," "smiling," "bright, active energy," "give users energy," "give users the hope to live"

1) How the Ideal Image of a Human Care Service Professional is Created

Education at School

TV and Books

Workplace Philosophy, Policies

Individual Values, Perspectives

2) The Emotional Regulations of Long-Term Care Workers

Emotional regulations as it relates to long-term care workers refer to the "appropriate behavior and actions" of idealized vision of a human care service professional.

Long-term care workers also evaluate their own everyday communication and behaviors against an internalized set of emotional regulations.

These emotional regulations do have the effect of heightening workers' awareness as to the specialized nature of their work, as well as their sense of ethics, guiding their behavioral policies and principles. However, they are also an important factor in causing burnout.

3) The Effects of Emotional Regulations

Case Study:

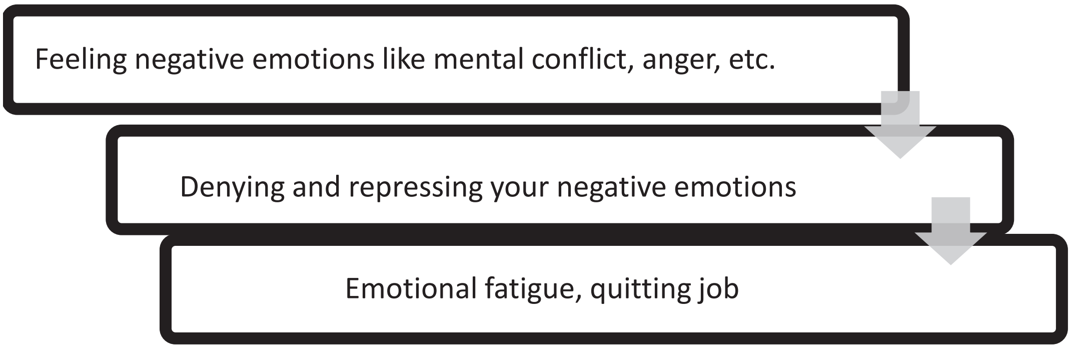
Ms. A (25 years old) works as a caregiver at an intensive-care home for the elderly. She has worked as a long-term care worker for 5 years.

Recently, Ms. B (83 years old), a resident of the care home who has dementia, has taken to accusing Ms. A of stealing her money 3 to 4 times a day. So far, Ms. A has been patient in handling the accusations, but Ms. B's suspicion of her has now led her to reject Ms. A's long-term care efforts, and Ms. A is exhausted.

Ms. A begins to wish that Ms. B be moved to a different facility, and the mere sight of Ms. B begins to make her feel frustrated. Her frustration shows in her facial expression as she communicates with Ms. B.

This frustration towards Ms. B makes Ms. A even more frustrated with herself about her inability to behave appropriately as a long-term care worker.

4) The Burnout Process as Seen Through Emotional Regulations


Feeling negative emotions like mental conflict, anger, etc.
Denying and repressing your negative emotions
Emotional fatigue, quitting job

Earlier, we mentioned that long-term care workers evaluate their own everyday communication and behaviors against an internalized set of emotional regulations. When there is a discrepancy between their emotional regulations and their actual communication and behavior, they begin to think that they are not fit for the role of long-term care worker.

They continue trying to communicate and behave in the ideal ways, but will soon redevelop their negative emotions towards certain users, making them feel even more frustrated about feeling these negative emotions, and ultimately increasing emotional fatigue. The result is burnout.

(3) Resilience

Let’s use the concept of resilience to pick up some tips on how to prevent burnout due to emotional labor.

1) What is Resilience?

Resilience is the ability to “bounce back,” “recover quickly,” and “spring back into shape.”

People with high resilience are said to have three abilities.

① The ability to recover from setbacks and difficulties
② The ability to buffer oneself, and deal with intense stress through a more flexible mentality
③ The ability to adapt to new environments and unexpected change

Source: “Leadership Monthly,” *Nihon Kantokushi Kyokai* (‘Japan Supervisor Association’): No. 713 (2016).

2) An Example of Problem-Solving with a Person with High Resilience

They do not consider an issue to be an insurmountable, even if the issue is mired in high levels of risk and stress.

After making a mistake, they look for opportunities for self-discovery.

They set realistic goals and work towards these goals.

They maintain an optimistic outlook, expect good things, and visualize their hope.

(Reference: "The Road to Resilience," American Psychiatric Association)

Exercise 2:

Think of a failure you experienced in your career as a long-term worker that you will never forget.

Then share your experiences amongst each other.

Make sure to convey your feelings when you experienced this failure, and your feelings now as you look back on this experience.

Exercise-Based Discussion

What kind of differences exist between your feelings when you first experienced the failure and your feelings now looking back on it?

First, let us just say that you all who have experienced failure have overcome this failure.

This means that you all are highly resilient individuals.

Many of you probably said that when you experienced your failure, that it was painful or sad. But how do you feel looking back on that experience now? Many of you would probably see it now as a learning experience.

This way of handling a failure the way highly resilient individual handle failures—by looking for opportunities for self-discovery after a mistake, and not considering an issue to be insurmountable even if it is mired in stress and risk.

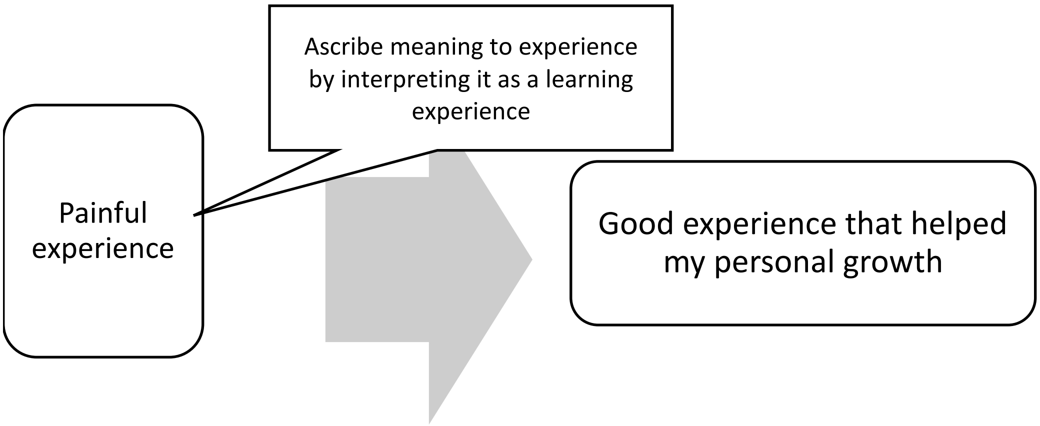
(4) Handling Stress by Ascribing Meaning

Here we will discuss how to apply the factors of resilience ("after making a mistake, look for opportunities for self-discovery," and "do not consider an issue to be insurmountable even if it is mired in risk and stress") in a more concrete way.

1) Ascribing Meaning to Experiences for Learning

As we mentioned earlier, we go through our whole lives "interpreting" things. These interpretations are influenced by your circumstances, your knowledge, and your values at the time. For this reason, the way we understand an experience changes as time passes, as it is filtered through newly acquired knowledge and experiences. In other words, the way we interpret experiences is subjective. If we are able to interpret "bad experiences" in a way that gives them meaning, we can change the way we feel about these experiences.

For instance, a long-term care worker who currently sees an experience as being painful can ascribe meaning to the experience in such a way as to change the way they interpret it.


Ascribe meaning to experience by interpreting it as a learning experience
Painful experience
Good experience that helped my personal growth

2) Thought Process Behind Interpreting Experiences to be Learning Experiences

When we use words like "ascribe meaning" and "interpret as a learning experience," we make it sound more difficult than it is. Try to think, "what does this painful experience (situation) teach me?" In doing so, you will be able to think of your own situation from a different perspective, and be able to handle it in a more positive way.

3) Supporting the Ascribing of Meaning for Long-Term Care Staff Members

Advanced long-term care staff members, in addition to being able to turn their own difficult experiences and setbacks into learning experiences, must also be able to support other long-term care staff members when they are in a difficult situation, and work with them to turn what may be bad experiences into learning experiences.

This also requires that Advanced long-term care staff members engage in day-to-day communication with the staff members and maintain a relationship that allows for honest communication.

(5) Compassion Fatigue and Self-Care

Compassion fatigue is when you become exhausted from the stress of wanting to and/or actually helping others who are suffering or in pain (Figley, 1995). Human care service professionals, like long-term care workers, are said to be particularly prone to this fatigue.

For this reason, it is important that Advanced long-term care workers remain aware of the importance of “caring for those who care.”

It is, of course, unrealistic to expect to be able to keep up with everyone’s emotional needs all the time. As such, it is important for Advanced long-term care workers to educate others as to self-care methods and how best to deal with stress.

Here, we will introduce some simple self-care methods on how to “care for those who care.”

- Think about concrete ways you can try to be more positive.
- Think about whether you can try to increase how you feel positive emotions.
- Instead of trying to avoid negativity, try to increase the time you spend on thinking positively.
- Accept your emotions.

(6) Basic Systems Related to Mental Health

Here you will gain an understanding of the basic systems related to mental health, which you can use to help preserve the mental health of long-term care staff members.

1) Industrial Safety and Health Act

The Industrial Safety and Health Act (hereafter "the Act") is a law that aims to preserve the safety and health of workers with respect to the workplace, and encourage the creation of comfortable work environments. The Act defines safety and health management systems, measures to protect workers from danger and health impairment, regulations for machines, hazardous materials, and harmful substances, safety and health education systems, and measures to preserve and advance worker health, and comprehensively regulates matters related to safety and health in the workplace. (The Japan Institute for Labour Policy and Training)

1 Industrial Physicians

Any workplace that regularly employs more than 50 workers are required to appoint an industrial physician (Article 5, Order for Enforcement of Industrial Safety and Health Act).

2 Health Committees and Health Managers

The Act requires workplaces to appoint health managers. It also requires workplaces of certain industries that regularly employ more than 100 workers (for certain special industries, more than 50 workers) to establish a safety committee, and workplaces of all industries that regularly employ more than 50 workers to establish a health committee.

3 Stress Check Systems

A stress check system is required for workplaces that regularly employ more than 50 workers.

2) Mental Health Care Support Systems

1 Examples of Various Support Websites

- “Minna no Mentaru Herusu (‘People’s Comprehensive Site on Mental Health’),” Ministry of Health, Labour and Welfare [http://www.mhlw.go.jp/kokoro/]
- “Akarui Shokuba Oendan (‘Joyful Workplace Support Group’), Ministry of Health, Labour and Welfare [http://www.no-pawahara.mhlw.go.jp/]
- “Kokoro no Mimi (‘Ears of the Soul’), Ministry of Health, Labour and Welfare [https://kokoro.mhlw.go.jp/worker/]
- “Federation of Inochi no Denwa” [http://www.inochinodenwa.org/lifeline.php]

2 Various Support Institutions

- Health centers
- Health and welfare centers
- Free consultations at city halls
- Medical institutions (psychiatry, psychosomatic medicine)

(7) Supporting the Mental Health of Long-Term Care Workers

1) Use of Checklists

With respect to the mental health of long-term care workers, it is important to be able to sense the early signs and handle them immediately. Early signs that a long-term care worker is experiencing an unbalanced mental state are often symptoms like “feeling frustrated,” “feeling anxious,” and “being unable to concentrate.”

For this reason, it is necessary for those in the workplace to utilize check sheets to measure the accumulation of fatigue for those of different job types, and decide which early signs they should pay particular attention to.

The Tokyo Labor Consultation Center has created a checklist that could be a great point of reference when creating accumulation of fatigue checklists.

http://www.kenkouhataraku.metro.tokyo.jp/mental/self_care/check.html

Learning Objectives and Target Achievements

- **Key Learning Points**
  Deepen understanding of service.

- **Target Achievements**
  Be able to handle issues related to long-term care and user service.

① Service (What is "Service" in a People-Oriented Job?)

The long-term care insurance system, established in 2000 (Heisei 12), changed long-term care from a government measure applied to users as a welfare service, to something that the users themselves could choose, choosing to establish contracts with businesses that are coordinated with welfare services.

“From measure to contract”

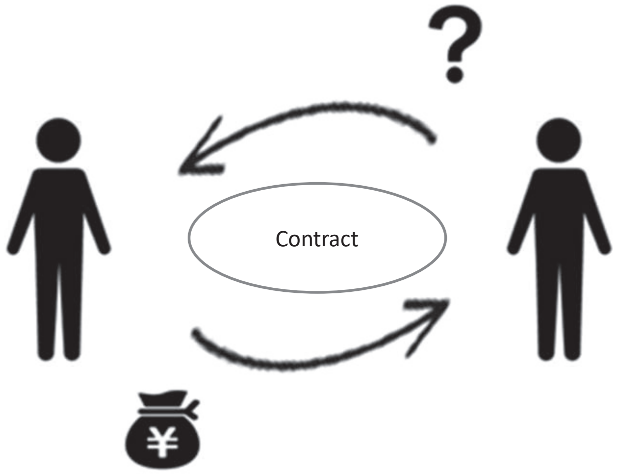
The conceptualization of users has shifted accordingly, from simply receivers of a government measure to customers that are using a service. For this reason, as well as the competition between businesses, there has been a need to reevaluate service as it applies to long-term care.

<Exercise 1>

There are various kinds of customer service jobs. Think of one, and think about what you need to consider in your work for this job.

* Think individually, then organize your ideas within the group, grouping the similar ideas together, and discuss how these kinds of jobs differ from that of long-term care work.

What kind of service are contractually obligated to provide in the long-term care workplace? Think about it.



In long-term care, there must first be a focus on “preserving dignity.” As is described in the Long-Term Care Insurance Act, we must first provide an environment where users can live true to themselves, regardless of the type of service. We must, additionally, provide the kind of service that empowers the user from the perspective of self-sufficiency.

Service in this kind of environment does not necessarily mean listening to every request by the user or their family, and providing what could amount to excessive service. An important aspect of service is to help increase the number of things that a user is capable of doing in the current situation.

As such, it is important to remember that excessive service can have negative effects on both users’ physical abilities and daily motivation. Service as it relates to long-term care must be provided in such a way as to maintain what users are currently capable of doing, physically and emotionally—not too much and not too little. It is important to gain the understanding of the user and their family with regards to this conceptualization of service.

② User-Oriented Long-Term Care Services/Empowering the Family

<Exercise 2>

Ms. A (80 years old) has been living at home. Think of possible things (people, organizations, environment, etc.) that she could be involved in her life.

* You do not need to think of whether she is using a welfare service or not.

* Think individually, then discuss in groups.

In order for users to maintain their at-home lifestyle, and depending on their situation, there is a need for them to be involved in more than their welfare service. Amongst these other involvements that a user may have, nearby people are perhaps one of the most important. For instance, a long-time friend who lives nearby, fellow members of a neighborhood association, their siblings and family, etc.

The cooperation of the family is indispensable in maintaining an at-home lifestyle for elderly users that require long-term care. Even if the user is employing at-home long-term care service, the time that the long-term care worker spends in their home is limited, and the empowerment of the user's nearby people becomes very important.

In order to build a support relationship with the user's nearby people, and be able to communicate with them, we must maintain a perspective of assessment for the these people as well.

③ Case Study of Family-Related Troubles, Their Causes, and How to Handle/Solve Them

Risk management is necessary in an organization to reduce and avoid loss. One risk that must be managed is complaints. Upon receiving a complaint, we must not only look into the direct cause of the complaint, but the cause of the cause, and so on.

Complaints are also oftentimes an expression of client wishes and desires. As such, we must take them seriously as an organization and use them as opportunities to brush up or improve the quality of our service—not of each individual long-term care worker, but of the organization as a whole.

<Case Study>

Mr. A (80 years old; one month into admission), who lives in a senior home, is visited by family member Ms. B (his oldest son’s wife). The next day, the facility receives a call from family member Mr. C (his oldest son; key person), who says, “you don’t seem to be taking care of my father at all—what do you think you’re doing, abandoning the elderly?”

When long-term care worker Ms. D (2 years into employment) receiving the call asks him what had happened, Mr. C tells her that Mr. A had complained to Ms. B, “I have to walk and change and do everything by myself here, and I’m tired.” Ms. D loses her confidence as a long-term care worker and begins to not show up to work.

Think about the causes of this issue and how you could handle them.

Additionally, think of how you could support long-term care worker Ms. D in this situation.

*** Imagine you are in a position to manage the long-term care staff members.**

④ Case Study of User-Related Troubles

<Case Study>

Ms. A (75 years old) lives in a private senior home with long-term care services. She tells new staff member Ms. B, “I don’t like your attitude and you’re bad at your job, so don’t come care for me anymore,” and “I’ll leave this facility if you don’t leave.” Ms. B has come to a manager (you) for advice.

Think about the causes of this issue and how you could handle them.

Additionally, think of how you could support long-term care worker Ms. B in this situation.

Learning Objectives and Target Achievements

- **Key Learning Points**

Deepen understanding of risk management through case studies.

- **Target Achievements**

Be able to provide guidance on risk management.

① Labor Laws and Regulations

What is the Labor Standards Act?

"To labor" is to establish a contract between employer and worker. The Labor Standards Act exists to protect workers from injustice and disadvantage by setting minimum standards that all workplaces must adhere to.

The fundamental idea of this law is to protect workers (those in the weaker position) from employers (those in the stronger position).

① Labor Laws and Regulations

Regulations on Working Hours

1) Working hours must not exceed 8 hours per day, or 40 hours a week.

2) Employers must allow at least 45 minutes of rest for workers if their working hours are to exceed 6 hours, and at least 1 hour of rest if working hours are to exceed 8 hours.

① Labor Laws and Regulations

<Case Study>

Long-term care staff member Ms. A, who works at a residential care home, consults you for advice.

“Last month, I worked 30 minutes or so of overtime every day, but I didn’t receive any extra pay. This isn’t normal, right? I don’t have the time to talk to the chairman, so could you tell me the reason why?”

How would you respond as a manager?

* Ms. A works from 9AM to 5PM.
* Ms. A works 5 days a week.
* Ms. A is allowed to take 1 hour of rest away from her work.

② Heinrich's Law and "Close Calls"

Incident: Instances in which something happens or is done that is inappropriate in a long-term care workplace, but **without causing damage to the user**.

Accident: Instances in which, for some reason or another, **damage is caused to the user**.

<Case Study> Intensive Care Home for the Elderly

It is nighttime, and long-term care staff member Mr. A visits user Ms. B’s room. Mr. A finds Ms. B sitting up in bed, holding onto the railings and trying to stand. When Mr. A asks what her she is doing, she says she wants to go to the bathroom. Mr. A gets her to sit in a wheelchair, guides her to the bathroom, and takes her back to her bed after she is done. Later, he returns to the staff room and creates a “close call report.”

A few days later, long-term care staff member Mr. A, an Advanced long-term care worker, and two members of the Accident Prevention Committee (long-term care workers) are to gather for a meeting to discuss future measures to prevent this kind of thing from happening again.

* Staff members have asked Ms. B to call a nurse when she wishes to go to the bathroom.
* Ms. B does feel the urge to go to the bathroom, she uses rehabilitation underwear, and staff members use a wheelchair to take her to the bathroom.
* Ms. B’s knees tend to buckle when she stands due to the decrease in muscle strength in her lower limbs, so a wheelchair is used to help her move, and requires partial support to stand up.
* Similar close call reports have been submitted about Ms. B in the past, and long-term care staff member Mr. A has said that he doesn’t know what to do, as he’s already explained this to her many times.

How would you, as an Advanced long-term care worker, conduct the meeting if you were in the position of the manager, and what kind of measures would you take?

③ Standardization of Care Methods/Procedures that Utilize Care Cards, etc.

Currently, there is a particular focus on the quality of service provided by welfare institutions. There exists currently a lack of standardization in the reasoning behind long-term care. For instance, experienced long-term care workers who are asked why they practice a certain support method often reply that they were simply taught that way, and there is disparity in the methods used even in the same facility.

In resolving this situation, it is important to use care cards and standardize the support and communication methods used by long-term care staff member.

For instance, when helping a user stand up, long-term care staff member Mr. A may support their core, but Ms. B may support their knees and hips. These differences in method can cause confusion for the user receiving the support as well.

* Care cards are referred to as different things depending on the workplace (“support manual,” “support plan,” etc.)

<Exercise>

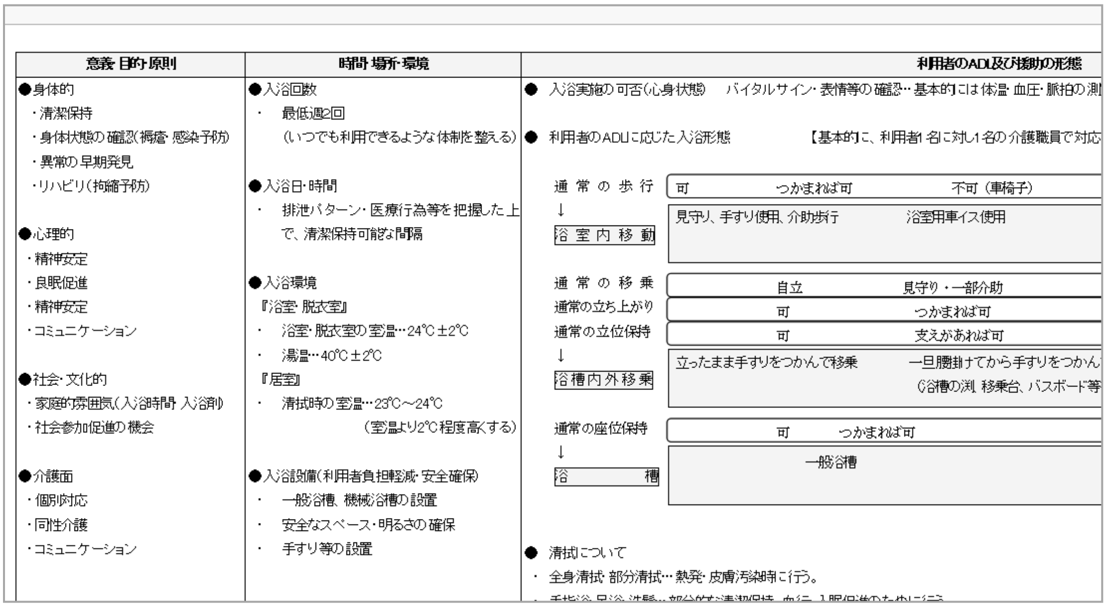
Create care cards to standardize the care method for changing clothes before sleep.

* There is no set format.

* Make sure to include concrete details so that all long-term care staff members can have the same understanding.

* Make sure to include specifics that must be standardized as well, like different methods for changing clothes on the bed vs. while the user is sitting, etc.

<Example of a Care Card>



意義 目的 原則	時間 場所·環境	利用者のADL及び援助の形態
●身体的 ・清潔保持 ・身体状態の確認(褥瘡·感染予防) ・異常の早期発見 ・リハビリ(拘縮予防) ●心理的 ・精神安定 ・良眠促進 ・精神安定 ・コミュニケーション ●社会·文化的 ・家庭的雰囲気(入浴時間 入浴剤) ・社会参加促進の機会 ●介護面 ・個別対応 ・同性介護 ・コミュニケーション	●入浴回数 ・　最低週2回 （いつでも利用できるような体制を整える） ●入浴日·時間 ・　排泄パターン·医療行為等を把握した上で、清潔保持可能な間隔 ●入浴環境 『浴室·脱衣室』 ・　浴室·脱衣室の室温…24℃±2℃ ・　湯温…40℃±2℃ 『居室』 ・　清拭時の室温…23℃～24℃ （室温より2℃程度高くする） ●入浴設備(利用者負担軽減·安全確保) ・　一般浴槽、機械浴槽の設置 ・　安全なスペース·明るさの確保 ・　手すり等の設置	●　入浴実施の可否(心身状態)　バイタルサイン·表情等の確認…基本的には体温·血圧·脈拍の測 ●　利用者のADLに応じた入浴形態　【基本的に、利用者1名に対し1名の介護職員で対応 通常の歩行　可　つかまれば可　不可（車椅子） ↓ 浴室内移動　見守り、手すり使用、介助歩行　浴室用車イス使用 通常の移乗　自立　見守り・一部介助 通常の立ち上がり　可　つかまれば可 通常の立位保持　可　支えがあれば可 ↓ 浴槽内外移乗　立ったまま手すりをつかんで移乗　一旦腰掛けてから手すりをつかん (浴槽の淵、移乗台、バスボード等 通常の座位保持　可　つかまれば可 ↓ 浴槽　一般浴槽 ●　清拭について ・　全身清拭·部分清拭…熱発·皮膚汚染時に行う。

④ Hygiene Management and Risk Management

There are many risks inherent in the lives of elderly people who require long-term care. In order to give them a sense of safety and security, it is necessary for us to engage in risk management—preventing accidents, taking safety measures, etc. through the establishment of organizations like accident prevention committees, infection control committees, and disaster management committees.

Particularly in the case of welfare facilities, however, it is not enough simply to establish these organizations. In addition to safety measures in each of the user’s rooms, we must check whether there are objects placed in front of the emergency exit, for instance, and ensure that routes of movement are clear throughout the building itself. Risk management to prevent choking, errors in medication, etc. are also necessary in welfare facilities.

④ Hygiene Management and Risk Management

<Exercise> 2F of Intensive Care Home for the Elderly (Unit-Type Facility)

2:00PM: In the cafeteria, you (an Advanced long-term care worker) and another long-term care staff member are watching over ten users enjoying conversation and reading newspapers. Suddenly, user Ms. A, who has been watching, begins to vomit.

Discuss how you would handle this situation.

* There is a chance that Ms. A could be suffering from infectious gastroenteritis due to the Norovirus.

* The 2F of this facility is divided into a North Unit (where Ms. A lives) and a South Unit, with ten rooms each.

* Use infection control guidelines and documents from the infection control committee at your facility as reference.

④ Hygiene Management and Risk Management

<Exercise>

Risk management in a welfare facility also requires standardized measures for emergencies and disasters (fire, earthquake, storm and flood damage, etc.). Look back on the concrete plans that your workplace has established for emergencies and disasters.

1) How does your facility communicate evacuation routes for emergencies?
2) Where does your facility store emergency provisions and disaster supplies?
3) How much emergency provisions do you have stored (for how many people for how many days, etc.)?
4) How will you coordinate with community residents during an emergency and/or disaster?

* It is important that all of the long-term care staff members at your workplace understand each of these elements, not just you, so that they are able to handle whatever situation that arises on their own as well. Discuss information sharing and training methods to accomplish this as well.

Learning Objectives and Target Achievements

<Learning Objectives>

In this training theme, you will learn knowledge on long-term care insurance systems, long-term care fees, medical and welfare policies, etc. The long-term care business exists on the basis of a variety of laws and regulations. You must understand these laws and regulations, as well as the necessity of compliance, what kind of influence and/or effects they will have on users and staff, and be able to utilize this knowledge to provide guidance.

<Target Achievements>

- Be able to explain the objectives of long-term care/welfare laws and regulations, and the importance of compliance.
- Be able to provide guidance to others as to long-term care insurance systems and how to utilize long-term care services.
- Understand revisions to long-term care insurance systems and long-term care fees, and be able to use this knowledge when providing service.
- Understand the Services and Supports for Persons with Disabilities Act and medical and welfare policies, and be able to provide guidance to staff about them.

First…
Let’s think about the laws and regulations that are necessary for long-term care/welfare work.

You are working in the midst of a variety of laws and regulations. It is important for you to understand the types of laws and regulations, their content, and their objectives.

Compliance means to obey and adhere to the orders, regulations, rules, standards, agreements, laws, ordinances, etc. established by laws and regulations.

Laws and regulations are established in order to create an ideal society. The Constitution of Japan defines “respect for fundamental human rights” as one of its principles, and long-term care/welfare laws and regulations are based on this principle.

1. Compliance with Long-Term Care/Welfare Laws and Regulations

The Social Welfare Act, Long-Term Care Insurance Act, and the Services and Supports for Persons with Disabilities Act, which you all should familiarize yourself with as people involved in welfare, have the shared objectives of “**preserving dignity**” and “**supporting self-sufficiency**.” “Preserving dignity” means to **respect people as human beings** no matter their age or disability, **ensure their fundamental human rights,** and to **cherish all people**. “Supporting self-sufficiency” means to allow people as much as possible to engage in their own decision-making and live the life they want to live, and to support people in this endeavor.

Long-term care/welfare laws and regulations work to ensure a certain level of service so that users are not at a disadvantage. The **long-term care business in particular has more meaning to society as a social resource than the average company, not to mention that much of their revenue derives from long-term care fees, which are sourced from insurance fees and taxes. This means that this business in particular must maintain particularly close compliance to laws and regulations.**

We must understand the goals of these regulations, remain compliant to them, and provide appropriate services that adheres to **workplace ethics**. Managers of long-term care workplaces in particular must behave in ethical ways (with regards to business), and educate staff members as to the importance of ethics.

<What is Ethics?>

Ethics is when you adhere to standards, laws, and rules (in society, the workplace, etc.), follow social agreements with respect to human relationships, and **think and behave in a morally correct way** as a human being. Ethics is an important factor in being compliant to laws and regulations.

<Workplace Ethics for Caregivers>

The preface of the Code of Ethics of the Japan Association of Certified Care Workers (established on November 17, 1995) states, “we wish that all people with long-term care/welfare needs are able to live with a sense of security in their very own neighborhoods, and that our society becomes one where they can continue to live in this way. For this reason, we of the Japan Association of Certified Care Workers, as an association of caregiving professionals that wishes to support the rich and meaningful lives of users in Japan, will hereby establish a code of ethics, and dedicate ourselves to providing the best possible caregiving services, armed with our professional knowledge and techniques, and with an awareness of ethics.” It goes on to define the following seven codes of conduct:
① User-oriented/self-sufficiency support, ② Providing professional services, ③ Protecting privacy, ④ Providing comprehensive services and active coordination/cooperation, ⑤ Representing users as to their needs, ⑥ Advancing welfare in the region, and ⑦ Training the next generation

<Situations Where Compliance May Fail>

○ Workers do not have the proper knowledge of laws and regulations

⇨ Workers do not understand the work necessary for compliance, and provide service according to their own decisions and personal circumstances. (I'm busy or having a hard time so I can't do this or that.)

○ Workers are too caught up in their everyday work tasks and the management system is insufficient

⇨ Decreased sense of mission and responsibility; issue with organizational structure

○ Workers prioritize their own interests (improper charges, covering up violations/accidents, not maintaining sufficient records)

⇨ Decreased sense of ethics and morals: "this much can't hurt" or "we can't make money unless we do this"

Without the right knowledge and the right awareness, people cannot comply with laws and regulations.

There must be a strong will to "comply."

Ex) Are you following the rules of the road? Do you make sure to drive under the speed limit?

2. Maintenance/ Improvement of Service Quality

2-4.Utilization of long-term care robots, AI, and ICT in long-term care

Learning Objectives and Target Achievements

- **Gain an understanding of efforts and methods involving long-term care robots, AI, and ICT in the latest long-term care, and be able to use them appropriately**
- **Learn how to utilize long-term care robots, AI, and ICT to improve work and maintain/improve the quality of service**
- **Be able to provide long-term care service that meets changing needs in the future**

By 2025, the baby-boomer generation will be of late-stage elderly age, and coupled with the declining population, we will reach a peak in our aging society. One possible countermeasure that has been proposed to combat this issue, the chronic shortage of long-term care workers, as well as the increasing workload on these workers, and has quickly gained traction in recent years, is the implementation of long-term care robots and AI.

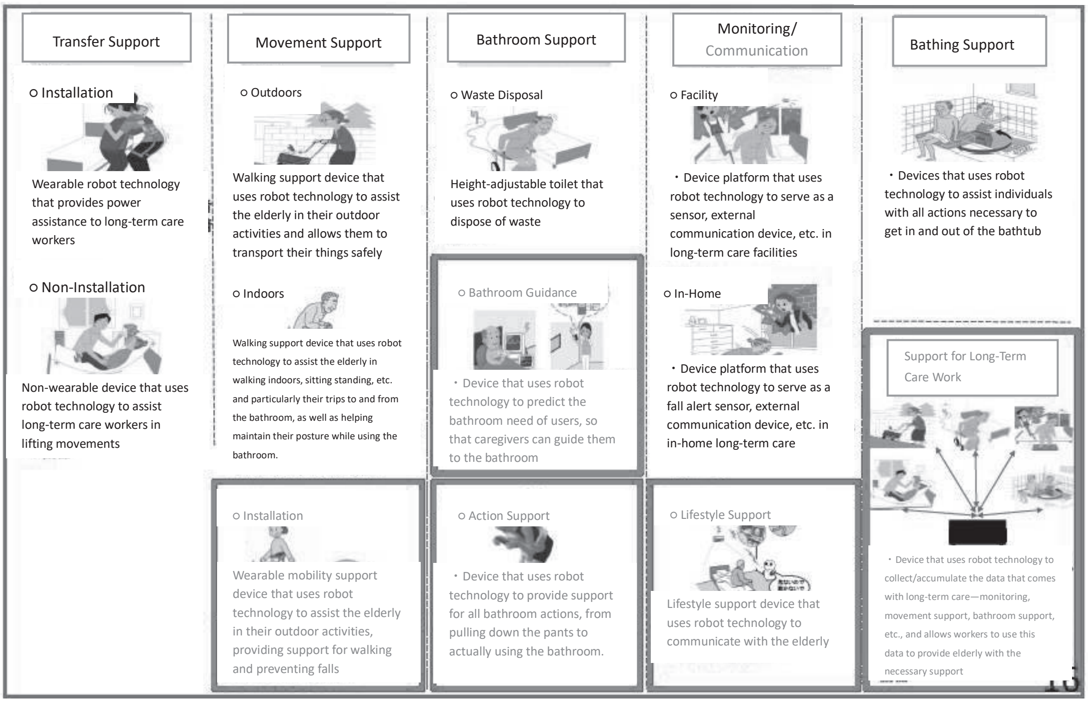
Living with robots will be absolutely necessary, especially for the long-term care industry and its shortage of workers.

Revision of the “Priority Areas to Which Robot Technology is to be Introduced in Nursing Care” (established November 2012; revised February 2014) by the Ministry of Economy, Trade and Industry and the Ministry of Health, Labour and Welfare

Here in Japan, businesses to advance the development and implementation of long-term care robots began in 2013, and has since then focused on such fields as the support of transfer and movement and support in the bathroom and with bathing, as well as monitoring and communication. The revision, however, defines 13 themes in 6 different fields, and places more importance on robots capable of high-level yet precise movements, as well as equipment that can provide support for long-term care work, with developments in these fields expected to pick up in the future.

Revision of “Priority Areas to Which Robot Technology is to be Introduced in Nursing Care” (October, 2017)

*Text in red are the revised (added) fields



Transfer Support

○ Installation

Wearable robot technology that provides power assistance to long-term care workers

○ Non-Installation

Non-wearable device that uses robot technology to assist long-term care workers in lifting movements

Movement Support

○ Outdoors

Walking support device that uses robot technology to assist the elderly in their outdoor activities and allows them to transport their things safely

○ Indoors

Walking support device that uses robot technology to assist the elderly in walking indoors, sitting standing, etc. and particularly their trips to and from the bathroom, as well as helping maintain their posture while using the bathroom.

○ Installation

Wearable mobility support device that uses robot technology to assist the elderly in their outdoor activities, providing support for walking and preventing falls

Bathroom Support

○ Waste Disposal

Height-adjustable toilet that uses robot technology to dispose of waste

○ Bathroom Guidance

・Device that uses robot technology to predict the bathroom need of users, so that caregivers can guide them to the bathroom

○ Action Support

・Device that uses robot technology to provide support for all bathroom actions, from pulling down the pants to actually using the bathroom.

Monitoring/
Communication

○ Facility

・Device platform that uses robot technology to serve as a sensor, external communication device, etc. in long-term care facilities

○ In-Home

・Device platform that uses robot technology to serve as a fall alert sensor, external communication device, etc. in in-home long-term care

○ Lifestyle Support

Lifestyle support device that uses robot technology to communicate with the elderly

Bathing Support

・Devices that uses robot technology to assist individuals with all actions necessary to get in and out of the bathtub

Support for Long-Term Care Work

[redacted]

・Device that uses robot technology to collect/accumulate the data that comes with long-term care—monitoring, movement support, bathroom support, etc., and allows workers to use this data to provide elderly with the necessary support

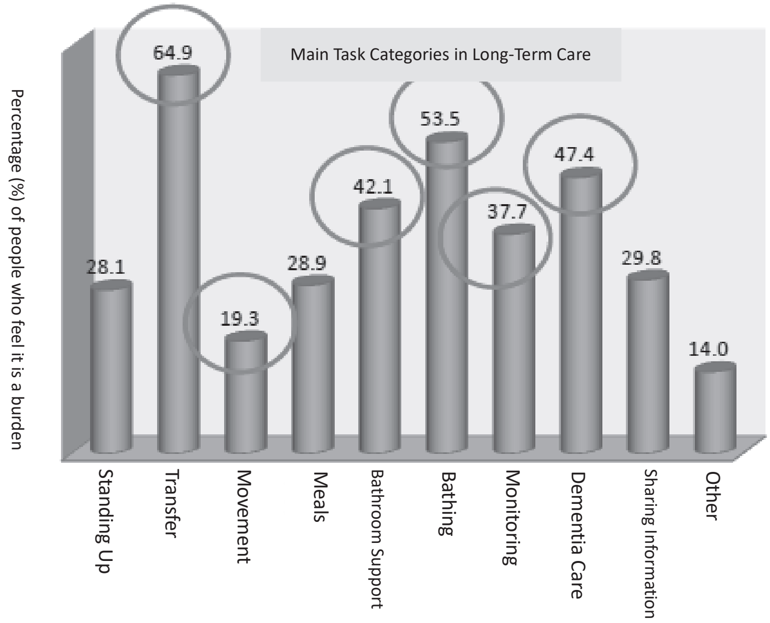
(Reference: Ministry of Health, Labour and Welfare.,Ministry of Economy, Trade and Industry. ”miraitoshikaigi”)

For the next revision of long-term care fees, the government has proposed a reevaluation of personnel, equipment, and fees regarding the implementation of long-term care robots, ICT, and AI.

For this reason, staff of the long-term care industry must continue to pay close attention to the latest information, and continue to brush up their knowledge with respect to the use and operation of these technologies.

Survey Conducted by the Ministry of Health, Labour and Welfare (MHLW) on the Percentage of Care Workers Who Feel Burdened by Certain Long-Term Care Tasks

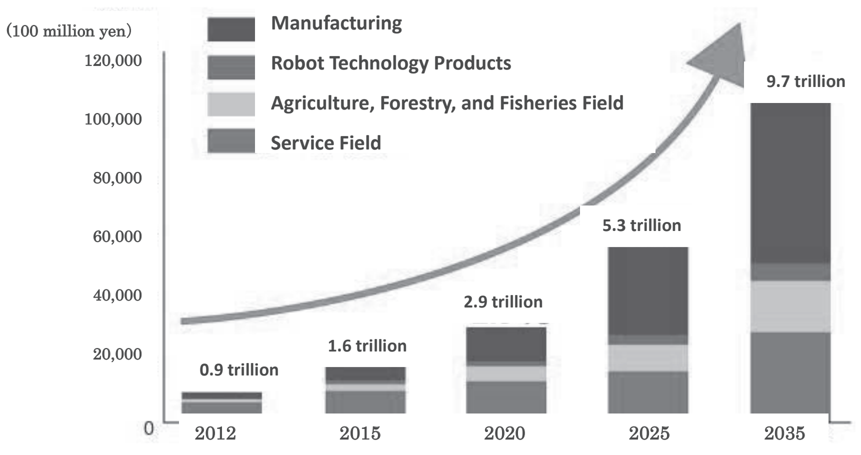
In 2011, the MHLW conducted a survey of 220 facility managers/long-term care staff as to whether they felt burdened by certain long-term care tasks.



(Source: "Report on Businesses to Support the Implementation of Assistive Technology and Long-Term Care Robots," Ministry of Health, Labour and Welfare)

The use of Big Data, AI, and IoT (the Internet of Things) is indispensable to the operation of long-term care robots, and the robot market is expected to expand drastically, increasing to 5.3 trillion yen by 2025 and 9.7 trillion yen by 2035.

Market Forecast for the Robot Industry Leading Up to 2035



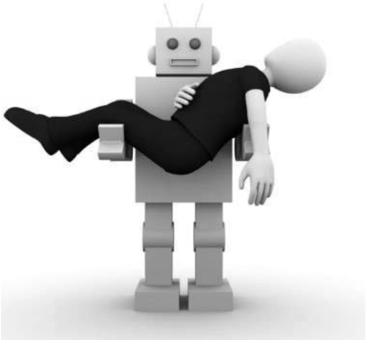
Source: Ministry of Economy, Trade and Industry

***ICT** is an abbreviation of “information and communication technology.” It refers to technology that focuses on communication, and utilizes computers to advance various aspects of our lives. “IT,” a term that sounds similar, refers to technology that creates things, whereas “ICT” refers to the technology to use (communicate through) IT.

***AI** is an abbreviation of “artificial intelligence.” It refers to technology that attempts to artificially create human-level intelligence in computers and other platforms, and is gathering widespread attention as something that could solve various societal issues and create new value.

The Use of Long-Term Care Robots and AI in the Long-Term Care Workplace

Currently, development, verification, and implementation is underway for long-term care robots and AI for a variety of long-term care task categories, including those that provide transportation/movement support, bathroom support, bathing support, monitoring/communication services, etc. Here, however, we will focus on examples from the Silverwing Social Welfare Corporation, a company working to implement long-term care robots in order to ensure user safety and decrease the burden of long-term care work.



Examples of Long-Term Care Robot Implementation in Facilities

(Silverwing Social Welfare Corporation)

Since 2013, we have focused on the following points in order to advance the implementation of long-term care robots, making sure we can use them in safe yet effective ways, in order to improve employment environment and in particular improve the physical health of our staff.

・ Ensure user safety, improve functional training effectiveness, improve ADL scores, improve QOL

・Decrease long-term care worker workloads, and make long-term care work more efficient

Incorporated long-term care robots from five categories:

1	Transfer Aid System	Muscle Suit
2	Mobility Device	scalamobil
3	Status Monitoring Device	OWLSIGHT, Nemuri SCAN
4	Communication Robot	PALRO, Pepper
5	Labor-Saving System	Smart Suit

I. Long-Term Care Robot

1. Transfer Aid System

(1) Muscle Suit (Innophys)

Uses air pressure to generate power for lifting/lowering movements, for instance when transferring a person from a bed to a wheelchair, a bathtub to a bed and vice versa, thereby decreasing the amount of hip stress on long-term care staff members. It generates about 30kgf of power and can reduce hip stress by up to two-thirds.

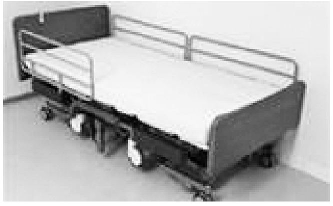
Muscle Suit

When Worn (Front)

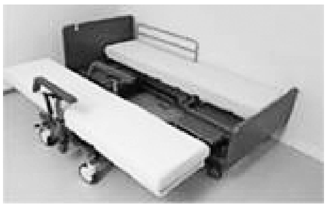
When Worn (Back)

(2) Resyone (Panasonic)

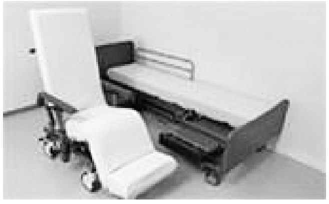
A sit-up assistance bed that allows long-term care workers to safely, easily, and smoothly transfer intensive-care users from bed to wheelchair without having to lift him/her up on their own. A revolutionary new kind of long-term care robot that combines electric care beds and reclining electric wheelchairs. Part of the bed separates from the whole to become a reclining electric wheelchair, making transfer from bed to wheelchair safe and stress-free for both long-term care worker and user.



Electric Care Bed State



Wheelchair Part Separates



Wheelchair State

2. Mobility Device

(1) scalamobil (Alber Japan)

Electric stair device designed to transport users up and down the stairs while still in their wheelchairs, and small and lightweight enough to be stowed easily in cars. Developed in Germany, it has received international patents from 13 countries throughout the world. The device greatly reduces the burden on caretakers in taking users up and down the stairs, and is relatively low-cost compared to elevators and lifts.

We use this device when picking up/dropping off users that live in housing complexes with no elevator.

scalamobil

3. Status Monitoring Device

(1) OWLSIGHT (Ideaquest)

A bed monitoring device that can recognize anything from changes in a user’s posture (standing up, leaning against the railings) to smaller movements (writhing movements, trembling).

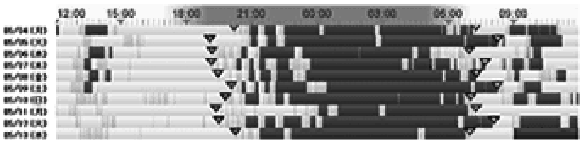
An AI processes the information collected through an infrared sensor placed above the user’s head, and notifies you if it decides that the user may be at risk. The device is also capable of storing three month’s worth of a user’s conditions and risk assessments, so you can look back on a timeline of user risk at any time during the storage period.

OWLSIGHT Device

Risk Alert Notification

(2) Nemuri SCAN (PARAMOUNT BED)

When laid under a mattress, the Nemuri SCAN will record a daily sleep log that keeps track of when users sleep, when they wake up, and when they get out of bed. This allows you to be aware of user sleep conditions to take better care of them, and also to see what kind of impact sleep conditions have on different users. The device also provides alerts via computer if a user’s status changes. This not only allows you to provide effective emergency help, but also gives you the opportunity to recognize user patterns through an archive of past data, allowing you to structure more efficient night patrols and decrease the staff’s psychological stress.



Nemuri SCAN

Sleep Log

4.Communication Robot

(1) PALRO (FUJISOFT)

PALRO is used for recreational purposes. This small robot is packed full of various recreational activities for the elderly, including games, physical stretches, quizzes, music, etc. Passes the Ministry of Health, Labour and Welfare’s standards on long-term care prevention.

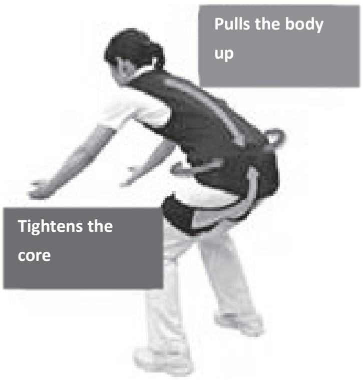
(2) Pepper (SoftBank)

Pepper not only senses human emotion through people’s voices and facial expressions, but has its own feelings as well, developed through an original emotion system, through which it behaves. Because Pepper can be connected to the Internet at all times, it can tell users at any time about the news or the weather by accessing information on the Internet.

5. Labor-Saving System

(1) Smart Suit (Smart Support Technologies)

Labor-saving suit that makes use of the tension of the elastic (rubber band) to stabilize the core and support the muscles when bent over, decreasing the stress and fatigue on the lower back. Provides support for the human body via a simple elastic (rubber material), thereby decreasing the risk for lower back pain.



Smart Suit

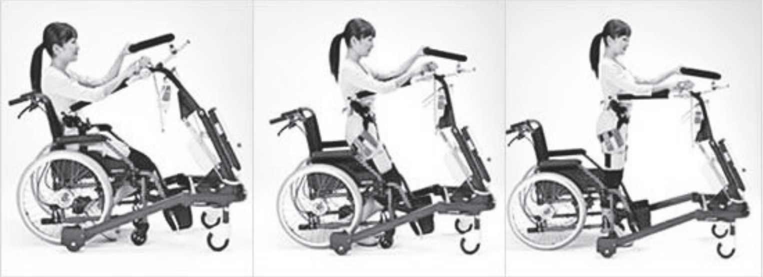
In addition, we have also worked to implement functional training (rehabilitation) robots such as walking assistance rehabilitation robots and random-pattern electric stimulation devices for long-term care users.

Ⅱ Functional Training Robot

1. Walking Assistance Rehabilitation Robot

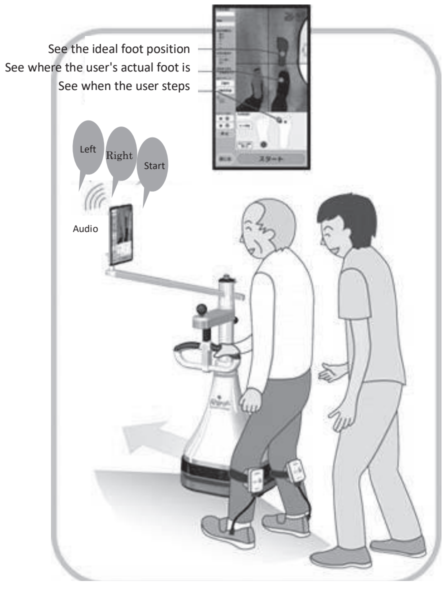
(1) Weight-Reduction-Type Lift POPO (Daiwa House)

POPO’s lift function allows users to stand up safely, and its weight-reduction function allows them to walk without causing as much stress to their bodies.



(2) Walking Rehabilitation Support Tool Tree (Leaf)

Walking training robot designed for those rendered hemiplegic by cerebrovascular disease. Foot pressure measurements allow for precise weight balance training, and allow them to engage in step training and rhythmic walking training

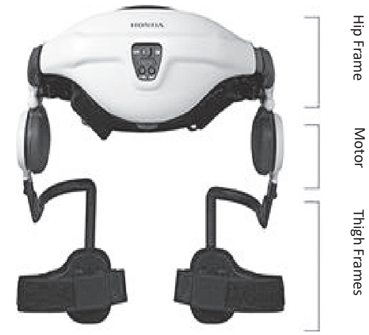


See the ideal foot position
See where the user's actual foot is
See when the user steps
Left
Right
Start
Audio
スタート

（3）**Walking Assist (Honda)**

Walking training device based on “Inverted Pendulum Model,” for effective support.

Helps guide the pendulum movement of the legs caused by the bending of the hip joint, as well as the swing of the legs after they straighten.



Hip Frame
Motor
Thigh Frames

2. Random-Pattern Electric-Stimulation Devices for Long-Term Care Users

(1) IVES (OG Wellness)

Device used in the arm/leg rehabilitation of stroke patients and those with motor system diseases.

(2) Leg Rehabilitation Tool LR2 (YASKAWA Electric)

Device used to coordinate action movement amongst the three major joints (hips, knees, ankles).

3. Other

(1) AEROBIKE 2100R

Device used to combat reduced lower limb-muscle strength, improve the lower-limp muscle strength of those with low physical fitness, improve physical fitness, maintain a healthy weight through aerobic exercise, improve lower-limb range of motion, and conduct muscle contraction/relaxation training (which leads to the ability to walk).

*Information on these systems/devices are based on public information and are published with the approval of the companies involved.

In addition to the examples we just described, there are also assistive technologies like GP shoes, etc. as well as ICT technologies meant to simplify records and share data, that are already being implemented in the long-term care workplace. Let’s do some research on the latest long-term care robots, ICT devices, and AI devices that could be used in the long-term care workplace.

Transfer Support

Movement Support

Eating Support

Bathroom Support

Bathing Support

Status Monitoring

Communication

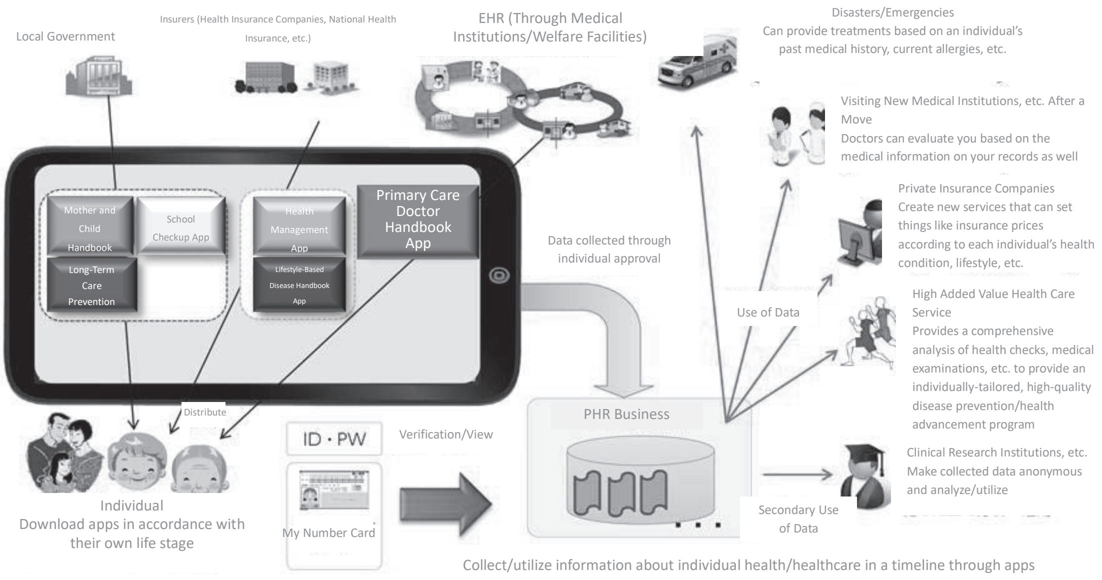
Simplification of Work/Information-Sharing

The Future of Healthcare and Long-Term Care

The Ministry of Internal Affairs and Communication is currently deliberating how long-term users should manage and utilize information on their health, healthcare, and long-term care, and how the latest ICT services like mobile devices and 8K resolution should be utilized, in order to maintain citizens' health for even longer and to realize a society that is capable of providing high-quality health, healthcare, and long-term care services.

In more concrete terms, the Ministry in FY2016 began a three-year plan, the "Personal Health Record (PHR) Utilization Project" as a research project through the Japan Agency for Medical Research and Development (AMED), aimed at developing a PHR service model adapted to four life stages, providing support for ① pregnancy, childbirth, and childcare, ② prevention of disease and long-term care, ③ prevention of progression of lifestyle-related diseases, ④ healthcare and long-term care coordination. The Ministry has also established the basic technologies necessary to allow individuals to maintain comprehensive management over a wide variety of information.

<PHR Model Creation Project>


Local Government
Insurers (Health Insurance Companies, National Health Insurance, etc.)
EHR (Through Medical Institutions/Welfare Facilities)
Disasters/Emergencies
Can provide treatments based on an individual's past medical history, current allergies, etc.
Visiting New Medical Institutions, etc. After a Move
Doctors can evaluate you based on the medical information on your records as well
Mother and Child Handbook
School Checkup App
Long-Term Care Prevention
Health Management App
Lifestyle-Based Disease Handbook App
Primary Care Doctor Handbook App
Data collected through individual approval
Private Insurance Companies
Create new services that can set things like insurance prices according to each individual's health condition, lifestyle, etc.
Use of Data
High Added Value Health Care Service
Provides a comprehensive analysis of health checks, medical examinations, etc. to provide an individually-tailored, high-quality disease prevention/health advancement program
Distribute
ID・PW
Verification/View
PHR Business
Clinical Research Institutions, etc.
Make collected data anonymous and analyze/utilize
Individual
Download apps in accordance with their own life stage
My Number Card
Secondary Use of Data
Collect/utilize information about individual health/healthcare in a timeline through apps

(Reference: "Advancement of ICT Utilization in the Healthcare, Long-Term Care, and Health Fields," Ministry of Internal Affairs and Communication)

Long-Term Care Robots and AI Can Reduce the Psychological Stress of Those Receiving Care as Well

The use of robot technologies in long-term car workplaces is greatly anticipated for its effects in reducing the physical stress on long-term care workers, and these effects indeed have been verified in actual practice.

However, perhaps more surprisingly, robot technologies may reduce the psychological burden of those receiving care as well.

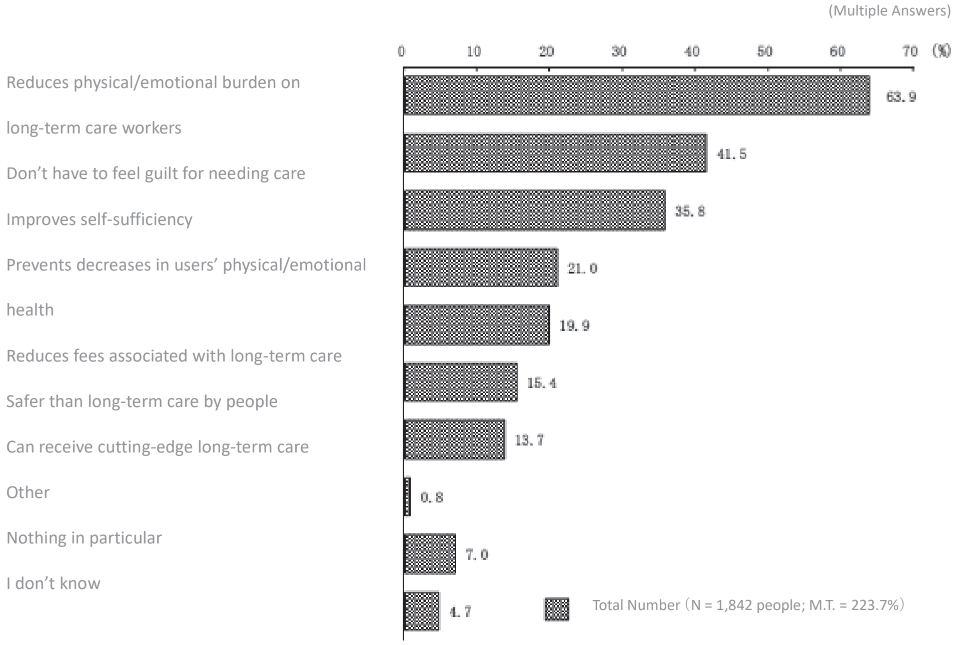
In the future, more and more people in the baby boomer generation, or with their diverse values and cultural backgrounds, will require long-term care. Amongst them, there will be many who will feel they don’t want anyone taking care of them, that they’d prefer to have a robot help them than feel guilty being a burden to anyone else, or that they want to live at their own pace. For these kinds of users, long-term care provided through robots and AI may be what it takes to preserve their dignity.

(Reference)

“**Special Poll on Long-Term Care Robots**,” Cabinet Office

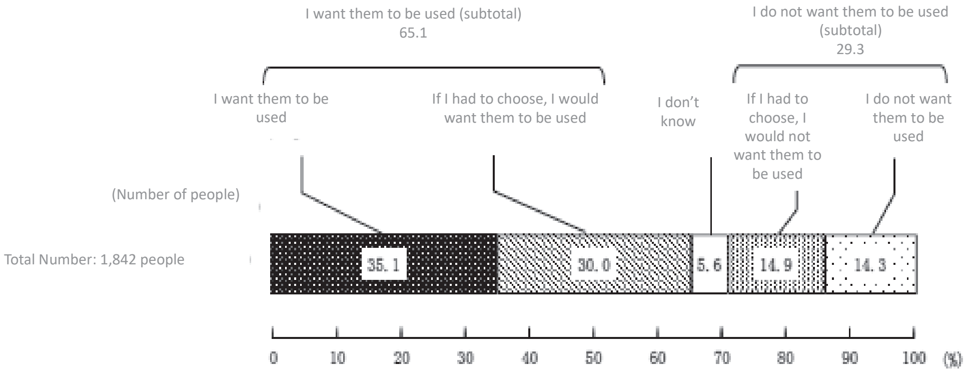
In 2013, the Cabinet Office conducted a special poll of 3000 Japanese citizens 20 years of age or older through individual reviews. The results are as follows (61.4% meaningful responses).

(1) Appeal of Long-Term Care Robots



(Source: “2013 Special Poll on Long-Term Care Robots,” Cabinet Office)

(2) User Attitudes Towards Long-Term Care Robots

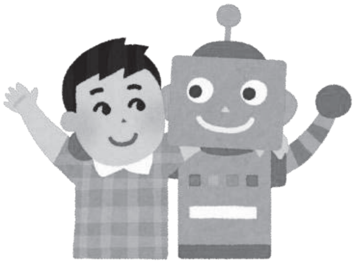


(Source: "2013 Special Poll on Long-Term Care Robots," Cabinet Office)

Things to Consider When Implementing Long-Term Care Robots, etc.

In addition to the examples we just described, there are also assistive technologies like GP shoes, etc. as well as ICT technologies meant to simplify records and share data. However, when implementing robots and AI in the long-term care workplace and using them in effective ways, it is very important for us to understand **the reasons why these technologies are being used**, and understand their positives and negatives for users and long-term care workers.

It is also important for us to first **improve the quality of our overall work before implementing these technologies**, and not simply use them as ways to make up for the labor shortage, or to decrease the burden of long-term care work. And after implementation, it is also important to properly evaluate the effects of the technologies, to try to make better use of them in the future.



Discuss in your groups your opinions on these topics: “coexisting with long-term care robots,” “reducing user psychological stress,” “making work more efficient,” etc.

Task:

Choose one specific user you are currently in charge of in your workplace, and think in concrete terms about how you would utilize long-term care robots and/or AI in their care—which parts of your work would you use these technologies for, and which parts would you yourself provide support? Also think about the reason why you would use these technologies for these specific situations, as well as their positives (expected effect) and negatives (cautionary points).

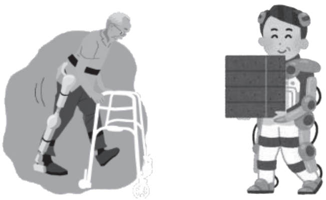
- Parts of work you chose
- Explaining the robots/AI you chose
- User situation
- Reason for use
- How you would use them
- Positives (Expected Effects)
- Negatives (Cautionary Points)

Your Situations	
User Condition	
The Devices You Will Use and How You Will Use Them	
Reason for Use	
Method of Use (When and How Will You Use Them?)	
Positives (Expected Effects)	
Negatives (Cautionary Points)	

Purpose of Using Long-Term Care Robots, AI, and ICT

The purposes of using long-term care robots, AI, and ICT can be organized into the following:

- Handling the shortage in long-term care personnel
- Reducing the burden of long-term care work
- Supporting user self-sufficiency
- Controlling long-term care fees
- Adapting to users' changing values
- Developing new business (economic development) etc.



As we come to coexist with long-term care robots, etc. in the long-term care field, it is important to remember that we are not necessarily being taken over by these technologies—in fact, it is our job to utilize these technologies in effective ways to provide high-quality long-term care services that are efficient and safe for both long-term care workers and those being cared for.

To accomplish this, we must take a good long look at what makes us human, and decide for ourselves which areas to use these technologies in, and which areas long-term care staff will provide support for.

We must understand that we as humans are able to offer certain kinds of support that long-term care robots cannot, and shift our specializations to these areas in order to do our best work as long-term care workers.

3-1.Basic principles of long-term care

Learning Objectives and Target Achievements: Be Able to…

◇1. Be able to (logically) explain the theoretical rationale behind the practice of “caregiving” through internationally recognized frameworks.

◇2. Be able to explain the differences between the work of “caregiving” and the work of other, similar fields, through a common theoretical basis.

◇3. Be able to explain in scientific terms the social and productive meaning in the practice of “caregiving.”

◇4. Be able to propose long-term care plans that are adapted to social changes in Japan (and the world), and that take into consideration the future outlook of caregiving systems.

◇5. Understand public long-term care policies in Japan, and be able to use the most appropriate legal systems depending on client needs.

<Learning Points>

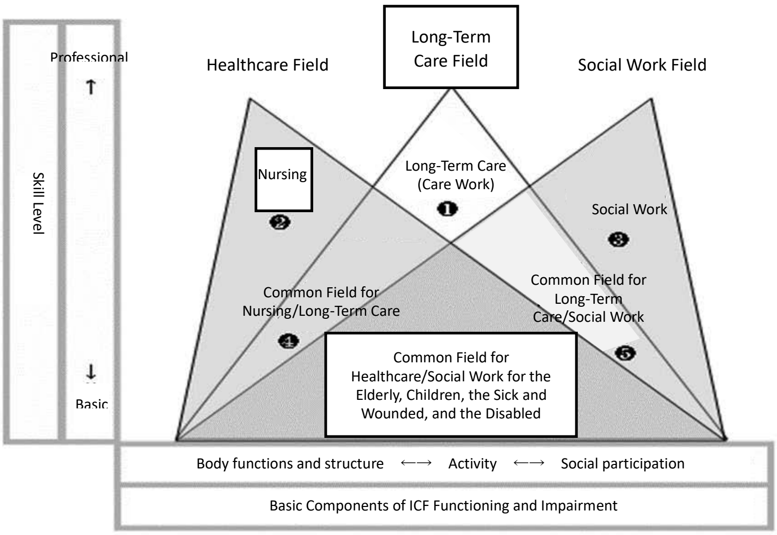
To be an Advanced long-term care staff member that can supervise other staff members, you must be able to do the above, be aware of the tremendous significance and meaning of long-term care work, and be able to describe what makes the job interesting, as well as its future outlook through a creative framework.

For this, it is necessary for you in your everyday work to provide professional care, maintaining awareness and verifying the reasoning behind their care, including the long-term care plans of each client (person that requires long-term care). It is not enough to simply complete the tasks.

Below, we have organized the “basic principles of long-term care,” which will help structure this process. Typical training for caregivers tends to gloss over this very important information, focusing instead on the acquiring of day-to-day skills.

Look back on your own work and connect this information to it as we go through this section, and learn how to logically explain the rationale (be able to explain why it is done in that way) behind each aspect of long-term care.

1) Basic Principles of Long-Term Care (Division of Roles with Similar Fields) as Defined by the WHO ICF


Long-Term Care and Similar Fields

Skill Level
Professional
Basic
Healthcare Field
Long-Term Care Field
Social Work Field
Nursing
❷
Long-Term Care (Care Work)
❶
Social Work
❸
Common Field for Nursing/Long-Term Care
❹
Common Field for Long-Term Care/Social Work
❺
Common Field for Healthcare/Social Work for the Elderly, Children, the Sick and Wounded, and the Disabled
Body functions and structure ←→ Activity ←→ Social participation
Basic Components of ICF Functioning and Impairment

Note: Fields 1-6 show the individual and common fields for nursing, long-term care, and social work.
Reference: Motoyuki Kawatei, "Kaigo Kyoiku Hohoron" ('Methodology of Long-Term Care Education), *Kaigo Fukushi Kyoiku no Zentaizo* ('Comprehensive View of Caregiving Education') (Koubundou: 2008), pg. 7. Partially edited.

◇1. Long-Term Care Handles Impairment of Day-to-Day Life as a Result of Disability.

○ According to the classifications of the WHO's International Classification of Functioning, Disability and Health (ICF), impairment of day-to-day life can be divided into three categories: "body function and structure," "activities," and "social participation."

○ Long-term care handles ①, "activity." **Long-term care encourages various kinds of activities, regardless of function or structure**. This field is characterized by levels from the "basic" to the "professional" levels.

○ The nursing/healthcare/rehabilitation handle ②, "body function and structure." In this field, people aim for recovery of impaired functioning and structure.

○ Social work/social welfare/support handles ③, "social participation."

◇2. Professionalism and Mutual Cooperation of Each Field

○ Because fields ①②③ each developed out of the day-to-day behaviors of everyday life, they each have different levels of professionalism, with the highest level deemed "professional" work. On the other hand, ⑥, which is basic level, is made up of activities that anybody can do in their day-to-day lives (①: drink an energy drink; ②: carry someone's heavy luggage for them; ③: discuss your issues with friends)

○ As you go higher up in ①②③, the level of professionalism increases. Professionals in each field, however, cannot be content only to work within their own fields. They must be able to have a holistic understanding of the issue of “impairment,” and work with other disciplines to take a more comprehensive approach to the issues. As in ⑥, they must be able to provide certain levels of support from other fields as well.

○ ④ is a field shared by nursing and long-term care. ⑤ is a field shared by long-term care and social work.

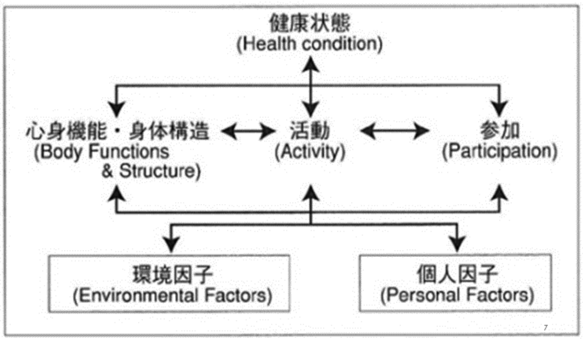
◇3. The “Long-Term Care” Field and Levels of Professionalism

○ Look at ④⑤⑥, and you will see that ①, the long-term care field, has more areas in common with other disciplines than the other fields. Because of this, professionalism in the long-term care field tends to be more difficult to define than for other fields

○ There are, of course, significant level differences in the content of ① versus ⑥. What was considered long-term care in the past—“bathing, bathroom, and meal support”—would actually be considered mid-level in area ⑥. Even without the levels in the chart, there is a great range in the level of ADL activities that users need support for, whether it be cleaning, laundry, cooking, or support for going outside. This shows the range of skill necessary to practice what is generally considered long-term care. In other words, professionalism with regards to long-term care is still stuck in the level of ⑥, with higher levels (like the professional content of ①; management of the long-term care process, etc.) still in the process of establishment.

◇2. ICF is an international classification system of “functioning, disability and health.”

The International Classification of Functioning, Disability and Health (ICF)



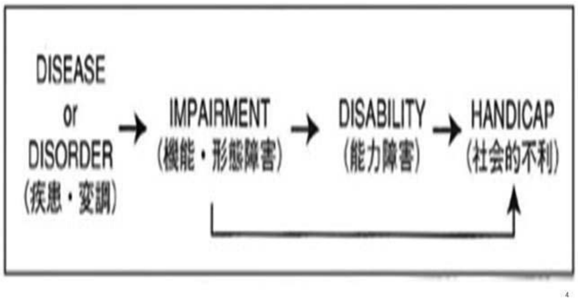
○ The concept of “health” has changed. Previously, “health” had been conceptualized as a state of “complete physical, mental, and social well-being,” though it did acknowledge that “health” was not simply the lack of disease and/or impairment.” Now focus has shifted to a conceptualization that emphasizes quality of life (QOL), and sees health and illness not as separate things but two ends of the same spectrum.

○ Through this perspective, the practice of long-term care becomes a professional framework wherein care workers support clients in engaging in the everyday activities that everyone else wants to engage in, regardless of their physical/mental function.

2) Impairment as Seen by the WHO IC-IDH (Past)

ICIDH (First version of the ICIDH)

1980: International Classification of Impairments, Disabilities and Handicaps



The IC-IDH divided "impairment" into 3 categories.

○ It was meaningful as an analysis of what "impairment" meant, but had several issues.

① Considered impairment to be "abnormal," a "negative" state.

② Ignored environmental factors, and tended to reduce certain factors into individual issues.

③ Considered the three factors to be part of a cycle when they should be considered independent factors.

3) Long-Term Care Issues in Aging/Aged Society (History)

◇1. Elderly Who Have Lived in Communities

○ In villages and hamlets, elderly people enjoyed certain roles in their communities, taking care of their grandchildren and overseeing village rituals (communication of tradition).

○ As a very small minority of the population, whose who lived long were well taken care of.

○ Limits in food production meant there were limits to the population of these villages and hamlets. Once the population went over the limit, the elderly were made to disappear through "*ubasute*" (the practice of carrying elderly or infirm members of the family to a remote, desolate place and leaving them to die).

○ This was not a society where people who were disabled or sick could survive. (No such thing as long-term care.)

◇2. People Who Did Not Plan to Become "Elderly"

○ Of those from older generations, there are people who planned to simply work and live without much planning, and die somewhere along the way. They did not expect to be able to live this long, or for society to house so many elderly people that it would be considered an "aged society."

○ It is difficult to provide long-term care for those who did not plan to live this long.

☆ Providing care for people who have completed all of their end-of-life procedures, and who are waiting for (and anticipating) the end.

◇3. Why Did Long-Term Care (Work) Become Necessary?

○ There became a public need for long-term care due to the increase of elderly people living on their own and due to limits on the familial provision of long-term care.

◇4. Demand for the Socialization of “Long-Term Care”: Elderly Healthcare and Issues of Long-Term Care

○ There were a variety of issues in particular for families providing long-term care to elderly people with dementia or some kind of impairment. Disuse syndrome and bedsores were common, and there were even cases of long-term-care-related murders by family members.

○ The urbanization of society had given rise to a population of elderly people who were alone, living in poverty, and unable to engage in ADL, and it became difficult for communities to handle these individuals on their own.

○ The increase in the number of the elderly led to an increase in terminal care expenses, and there arose the need to separate a portion of elderly health care policies from general health insurance policies, to reduce the national burden caused by these costs.

◇5. People Who Enter the “Elderly Stage” of Their Life with Knowledge, But Without Preparation

○ There is a need now to plan one’s life on the assumption that we will live to be 100 (perhaps even 120 in the future).

○ There are 3 issues expected: ① Daily life expenses, ② Health (long-term care) issues, ③ Sense of purpose (meaning).
* “Caregiving” provides support mainly for ③ and part of ②

○ Long-term care in its current state (long-term care that *provides*, in both the common/basic fields) may not be fit for the people in the baby boomer generation, with their strong tendencies towards self-sufficiency. There is a need for more professional, universal long-term care.

4) Long-Term Care Issues in Aged Societies/Super-Aging Societies

How Do We Handle Long-Term Care, Robots and AI in the Mid-21st Century?

◇1. Long-Term Care, a Universal Requirement for Human Beings/Society

○ There is a need for long-term care that helps support self-sufficiency and the activities of clients, and which is based on a framework of scientific theory based in empiricism. (Can withstand changing times.)

○ It is also important to establish and define the professional nature of long-term care work—work that will be necessary all throughout history. (Needs leveling up.)

○ It is important to engage in research and development to figure out long-term care needs and skills as seen from the perspective of the users (clients).

◇2. Long-Term Care That Can Hold Its Own Internationally

○ If the need for long-term care is universal for all humans, irrespective of national borders and culture, then it is also an international need, in which case there must be a shared, international framework for long-term care in general.

○ This cannot be limited to us asking foreign personnel to assist us in long-term care in Japan. We must work to contribute to long-term care in their countries as well, particularly if their societies too are aging rapidly.

◇3. The First Half of the 21st Century, in the Midst of the 4th (5th) Industrial Revolution

○ The 4th industrial revolution (changes in communication tools, ICT, etc.) and the 5th industrial revolution (changes in life sciences, etc.) are very likely to cause significant changes to our daily lives and social systems. (Common/basic field long-term care will most likely be conducted by robots.)

○ With these industrial changes will come great changes to long-term care technologies. The incorporation of robots in the three major long-term care task categories (bathroom, bathing and mealtime) is currently limited only by time and money, and there have already been technologies developed that will come into actual practice. (Estimates say that by 2035, there will be robots and houses capable of supporting the elderly and people with disabilities, without the help of long-term care workers. [Source: *"Tokyo no Mirai wa Donaru"* ('What is the Future of Tokyo?') (pg. 21), Nikkei BP Intelligence Group Report])

○ There is currently an urgent need for research on this kind of long-term care equipment. A large-scale reform of the long-term care system is also expected. We are approaching the limit of long-term care provided by humans, due to care workers quitting their jobs and causing a loss to society in general.

○ Clients (users) are expected to live until 120 years old. People will require support to help plan and realize a 120-year life (human relationships, academics, income, sense of purpose, etc.). The longer these individuals can contribute to society, the more society can reduce its long-term care costs.

○ Long-term care workers will have to help create these life plans, though it may be difficult, taking into account the maximum life expectancy of people in current and future society.

5) Long-Term Care (Insurance) Policies in Japan vs. Policies for the Support of the Disabled/Elderly in the West and East Asia

◇1. Public Long-Term Care System as Part of a System that Ensures Fundamental Human Rights

○ Operates on the basis of ensuring economic security

○ Ensures physical security, physical/psychological activity, social security, and maintenance of lifestyle (environmental factor = factors outside of the individual's control)

◇2. System of "Public Long-Term Care Insurance"

○ "Insurance," "payment (allowance)," "assistance" policies

○ "Public long-term care insurance" and "private long-term care insurance"

◇3. Policies for the Support of the Disabled/Elderly in the West

○ Differing circumstances depending on country: Service systems (content), payment standards, etc.

◇4. Policies for the Support of the Disabled/Elderly in East Asia

○ How to engage in policy-making, using Japan as a precedent? Issues for 5 years, 10 years into the future.

<reference>
① *“kokusaiseikatukinoubunrui-kokusaishougaibunruikaiteiban-”*（nihongoban）
http://www.mhlw.go.jp/houdou/2002/08/h0805-1.html
②Ookawa Yayoi cho *“「yokusurukaigo」wozissensurutamenoICFnorikaitokatuyou”*
chuuouhouki
③Kawatei Motoyuki hencho *“kaigokyouikuhouhouron”*
koubundou
④Ookawa Yayoi cho
“seikatukinoutohananika-ICF:kokusaiseikatukinoubunruinorikaitokatuyou-”
oukyoudaigakushuppan
⑤Kurosawa Sadao hencho *“ICF wotoriiretakaigokateinotenkai”*
kenpakusha

Learning Objectives and Target Achievements

◇1. What kind of “value” do the elderly/disabled have?
Be able to provide your own answer to this question. There is no correct answer.

◇ 2. What kind of support do we have to give in order to help the elderly/disabled realize their inherent “value”? Be able to provide your own answer to this question.

◇3. Be able to explain how these ways of thinking and support methods are connected to legal systems related to human rights.

◇4. Be able to conduct measures to prevent the abuse of disadvantaged people, including the elderly/disabled, by long-term care staff members.

<Things to Remember/Points of Issue>

○ Despite the significant efforts by many people involved in long-term care, there is no end to cases of client (user) abuse in the long-term care workplace. Abusing clients that are paying for their services would be unthinkable in any other industry. However, abuses of the “disadvantaged” (those who receive the service) by the “advantaged” (those who provide the service) unfortunately remains fairly common in the long-term care workplace, as well as in other service institutions like welfare agencies, schools, and government offices.

○ As an Advanced staff member, it is important for you to be aware of the “human value” of the disabled/elderly. With this knowledge, you must help other staff members advance client (user) self-fulfillment (realizing human rights), and take measures to prevent injustices like abuse.

○ In order to do so, there is a need to put standards in place for everyone to recognize the “human value” of the “disadvantaged” in the long-term care workplace. As you think about taking these active measures, it is also necessary to make sure you understand why they are necessary, including the legal reasoning behind them.

○ Currently, the training of long-term care workers tends to focus on acquiring the skills necessary for day-to-day work, with not as much focus on the human value of the elderly/disabled. With the lack of regard for the human value of long-term care staff members also an issue, the reality is that it can be difficult to consider the value of the users (as clients) in addition to it all. Learn the following with an understanding of this reality, as basic knowledge to use when thinking of comprehensive measures.

1) Human Dignity/What is Independence?/Rights of Disadvantaged People

◇1. Principles Related to Long-Term Care Services for the Elderly

"United Nations Principles for Older Persons": Towards a Society for All Ages

Independence/Participation/Care/Self-Fulfillment/Dignity (All five of these principles must be implemented.)

◇2. What is "Independence" for the Elderly?

・Reference: "United Nations Principles for Older Persons"

・Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help

・Older persons should have the opportunity to work or to have access to other income-generating opportunities.

・Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

・Older persons should have access to appropriate educational and training programs.

・Older persons should be able to reside at home for as long as possible.

☆ Support for the elderly must help them establish what kind of life they wish to live, how best to handle their current situation and set goals, figure out what is needed to accomplish these tasks, and establish the necessary environments. (Long-term care takes on a central role in this process.)

◇3. What is "Participation" for the Elderly? ("UN Principles for Older Persons")

・Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

・Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

・Older persons should be able to form movements or associations of older persons.

◇4. What is "Care" for the Elderly? ("UN Principles for Older Persons")

・Older persons should benefit from family and community care and protection.

・Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

・Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

・Older persons should have access to social and legal services to enhance their autonomy, protection and care.

・Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

◇5. What is "Self-Fulfillment" for the Elderly? ("UN Principles for Older Persons")

・Older persons should be able to pursue opportunities for the full development of their potential. (Maslow/self-actualization)

・Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

◇6. What is "Dignity" for the Elderly? ("UN Principles for Older Persons")

・Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

・Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

◇7. Human Dignity/What is Independence?/Human Rights of Disadvantaged People

・ "People who require long-term care" are, first and foremost, "human beings" before they are "long-term care users."

"Human being" = Someone who has had their very own life history, and who is trying to live in a way that is true to themselves.

"Human being" = Someone whose life will remain in their control, except in the case of special circumstances.

・To give long-term care is to support the life activities of this "human being."
To provide long-term care is to provide support. The care cannot be provided on the terms of the provider.

2) Accepting Multi-culturalism/Multi-Dimensional Understandings of Human Beings/Long-Term Care for Foreigners

◇1. Multi-Dimensional Understanding of Human Beings

○ The same person can have different values and ways of thinking depending on various factors like time, place, relationships, physical circumstances, life history, social standing, etc.

○ Because the elderly will have lived longer life histories, individual differences in this age group tend to be even more pronounced than in other age groups. (Ex: There are cases where a 70-year old has aged more than a 90-year old.)

○ In the long-term care workplace, each of these people are considered individual human beings. You must not lump them together.

○ You must understand the differences between each individual, gain insights from these differences, and use them to come up with new ideas.

◇2. Accepting Multi-Culturalism/Diversity

○ You will find that individual differences in ways of thinking stem from various environmental differences such as nationality/ethnicity, generation, gender, and region. These differences should all be accepted.

◇3. Long-Term Care for Foreigners *Does not refer to long-term care *by* foreigners

○ Long-term care for people who have grown up in different cultures are becoming increasingly necessary. Korean, Brazilian, etc.

3) Discussing the Human Rights of the Elderly (and Disabled)

◇1. The Fundamental Question: How Do We Think of Human Rights (the Value Inherent in a Person)?

○ Value to society: "*Konokora wo yo no hikari ni* ('These people light up our society')" (slogan meant to convey the value of disabled people/children to Japanese society)

○ Value to the economy: "All people have the talent to contribute to society"

○ Value to friends and family: "Loved one—people you love (unconditionally)"

○ Value to long-term care workers: "Someone to learn from," who has lived a life different from themselves (a "privilege" only long-term care workers get to experience)

◇2. The Constitution of Japan, Chapter 3: Rights and Duties of the People

○ Right to life, liberty, and the pursuit of happiness (Article 13): All of the people shall be respected as individuals. Their right to life, liberty, and the pursuit of happiness shall […] be the supreme consideration in legislation and in other governmental affairs.

○ Right to standard of living (Article 25): All people have the right to maintain the minimum standards of wholesome and cultured living.

○ Right to work (Article 27): All people shall have the right and the obligation to work.

○ Right to education (Article 26): All people shall have the right to receive an equal education correspondent to their ability, as provided by law.

◇3. International Covenants on Human Rights (international resolution adopted in 1976)

○ The fundamental document on human rights, composed of two parts: the **International Covenant on Economic, Social and Cultural Rights,** and the **International Covenant on Civil and Political Rights**.

◇4. Declaration on the Rights of Disabled Persons (1976 UN Resolution)

○ Declaration (no legal authority) on the rights of persons with disabilities, which reaffirms their right to live free from discrimination and identifies areas where adaptations have to be made (medicine, economic security, education, training, etc.).

○ This declaration paved the way for further measures for people with disabilities, including the International Year of Disabled Persons (1981), the International Classification of Impairments, Disabilities and Handicaps (1980).

◇5. How to Realize Laws and Declarations

○ Duty of citizens, the duty of human care service professionals (Article 12): The freedoms and rights guaranteed to the people by this Constitution shall be maintained by the constant endeavor of the people.

○ Long-term care staff members must be particularly aware of this duty, and make sure to respect the user's "will to live" (right as a human being to pursue self-fulfillment).

○ Special support must be given to those who have, for one reason or another, lost their "will to live."

4) How Should We Think of QOL? How Do We Improve It?

◇1. How Do We Improve QOL?

○ QOL = “(A certain) quality of life (activities/ADL)”

○ Support must be given to help those in question realize the quality of life/activity they wish to have, not just the bare minimum

◇2. How Do We Implement Normalization?

○ Eliminating "discrimination" refers to all kinds of discrimination, including discrimination on the basis of gender, class, race, disability, sexual minorities, economic status. "Normalization," however, is particularly central to the elimination of discrimination based on disability. People with disabilities have the same rights as those without disabilities.

○ “Normalization” as a way of thinking also helped advance this movement from simply emphasizing the equal rights of people with disabilities, to seeing their disabilities as a unique characteristic that they could utilize in society, in the form of social activities, etc.

◇3. How Do We Implement Empowerment?

○ A method/way of thinking to support and empower people who are at disadvantaged positions in society.

○ It requires information (learning), supporters (support system), and the awareness of the people in question as to their own rights.

◇4. How Do We Implement Informed Consent?

○ A way of thinking/method centered on the respect of “human beings (human rights),” conceived in the medical field as a reaction to human rights violations, like human experiments, that so severely violated the idea of the value inherent in each human being

○ As a method of respecting the wishes of those in question, it requires that medical professionals provide information on various treatment methods, and allow the person themselves to make the ultimate decision on their treatment.

○ Even after this way of thinking was established on an international scale in the 1960s, there were some (mainly doctors) who prioritized the decision-making of the doctor over that of the person in question. In recent years, however, the proliferation of information on the Internet has made it easier for anyone to access the information they need, and decision-making is generally in the hands of the person themselves.

◇5. Concepts and Methods, Not as “Philosophy” But as “Challenges to be Tackled”

○ "Philosophies” and “goals” are meaningless if they cannot actually be realized.

○ In order to do this, you must gain knowledge of the methods and skills necessary to realize them.

○ Necessary methods and skills include a course of action (a step-by-step process that organizes everything you have to do), as well as the necessary resources (including tools), the skills to convey information (communication skills), and the skills to evaluate the content you are to convey.

5) The Causes of Elder Abuse and How to Handle Them

◇1. Awareness of “Human Rights” of People Who Require Long-Term Care. Way of Life. Self-Understanding.

○ An important factor in preventing elder abuse is whether the person who requires long-term care has the will to live, and/or their own personal understanding of how they wish to live their life.

○ There are more than a few people who have lived their whole life with no choice but to obey others (or have been taught in this way), and who do not have the will to live in a way that feels true to themselves

○ However, starting with the generations of people who received their human rights education under the new 1945 constitution, people have increasingly lived lives that are their own. (Accordingly, the way of thinking of people who require long-term care will change greatly in the future.)

○ We must remain particularly vigilant for people whose wills and wishes may be unclear, such as people with severe dementia, as “unclear” does not point to a complete lack of will. <Advocacy, adult guardians, etc.>

◇2. How Long-Term Care Workers Should Understand Users: Understanding Their Value as Human Beings

○ Long-term care workers must maintain a way of thinking that sees people who require long-term care (“clients”) as people with their own wishes and ways of thinking, that are equal to them. Not having this sort of mindset increases the possibility of abuse.

○ It is very important to remember this, as there is a natural tendency for those that are advantaged to inadvertently manipulate the disadvantaged.

◇3. Self-Understanding of Long-Term Care Workers: How Do They Feel About Providing Care?

○ Providing long-term care is a valuable experience that allows you to learn a lot from the lives of others. The possibility of abuse increases, however, if the long-term care workers themselves do not feel a sense of meaning or pride in what they do.

○ There is a need for appropriate training/education so that long-term care workers are able to think in these ways.

◇4. Is the Long-Term Care Environment Sufficient? Financial Issues, Issues with Facility Equipment, etc.

○ The possibility of abuse increases if the environment for long-term care is insufficient, and long-term care workers are not able to maintain living environments conducive to their jobs, and/or the appropriate care tools, as this forces them to work in difficult conditions (the proper financial standard to maintain conditions).

○ The possibility of abuse also increases if long-term care workers do not have enough time to spend on each user (people who require long-term care tend to need a lot of time to move), or if they do not have the proper support in their work.

◇5. Abuse of the Elderly/Disabled Can, Except in Special Cases, Be Prevented

○ People live life in the midst of their relationships with others, and it is these relationships that are the source of issues of “human rights” and “rights” in general. “Abuse,” the most severe violation of human rights, also occurs through these relationships.

○ We must establish various standards to prevent these relationships from turning abusive, including managing the mentalities of both those who require care and those who give care.

<The Role of Caregivers in Care Management>

1) Think of Their Lives as a Whole

Many people conceive of caregivers as professionals that provide support for things like eating, going to the bathroom, and bathing. However, is this really all we are? Think of your own lives—our lives are made up of so many little activities like, for instance, making a phone call to a friend, impulse shopping, or placing a flower in a vase next to the front door. Our role as caregivers, as lifestyle support professionals, is to think about how each individual has lived their lives so far, and how we can help them to maintain these lifestyles.

It is important for caregivers, as workers supporting users' daily lives, to assess what is necessary for each individual to continue living the life they've had, and to give the appropriate advice to workers of other disciplines.

2) Taking Note of Connections to Society

Our lives supported by the various connections we have to society. For instance, even people who stay at home all day will interact with others to eat. Furthermore, the connections we have to society are not necessarily always with welfare-related institutions, facilities, and organizations. In fact, most of our connections will be outside of these categories.

Thus, to live is to need social resources outside of welfare-related institutions. Using these resources in organic ways is what will allow us to continue living in the areas we are accustomed to.

3) Work Towards Using Wider Variety of Resources in Care Plans

Long-term care insurance systems dictate that care plan drafts (in-home service plan) are created by long-term care professionals. These care plans can be integrated with informal resources/services, but are generally centered around long-term care insurance services.

Furthermore, care professionals are discouraged from using services offered exclusively by the same company that provides the in-home long-term care support. However, this can be difficult to accomplish depending on regional circumstances.

Though in the future, increasing numbers of people will come into the elderly age bracket, it is as of yet unclear whether the number of long-term care insurance service providers will increase accordingly.

For this reason, it is important not to become overly reliant on long-term care insurance services, and instead learn to make effective use of the various resources available in each region.

Exercise (Group Work):

Discuss with your group examples of the use of societal resources.

5. MULTI-DISCIPLINARY COOPERATION

5-1.Actively appealing to and cooperating with staff members of different disciplines

Learning Objectives and Target Achievements

“Key Learning Points”: Goals and Summary

◇1. The role of long-term care workers and policies for information transmission

◇2. Handling of personal information that comes with coordinating with families

“Target Achievements”

- **With this knowledge, be able to maintain an awareness of one’s leading role in the cooperation required to provide effective service, and actually be able to take on this role.**

*** Fill in the blanks with the correct terms as you move through this section.**

1) The Role of Long-Term Care Workers and Policies for Information Transmission.

(1) Verify the role of a long-term care worker.

Think of your role as being a professional of long-term care—a “caregiver.”

Caregivers provide support for people whose ability to live their daily lives is impaired in some way, as well as their families and those who care for them, so that they may live in a way that is ①______________________.

The role of a caregiver is broad, encompassing all matters of a person’s daily life in order to guide them to self-sufficiency.

☝ 1 Fill in blank ① with the correct term(s).

(2) Transmission Methods and Skills

Can long-term care workers on their own provide the appropriate level of care to people whose ability to live their daily lives is impaired, as well as their families, and provide support for their entire lifestyle?

There is a need to cooperate with those of related disciplines.

In doing so, we must ② _____________ the ③____________ information.

☝ 2 Fill in blank ② and ③ with the correct term(s).

(3) Proper Method of Communicating Each Type of Information

What kind of communication methods are available to use in our lives? Discuss the characteristics of each of the communication methods and fill in the following chart.

Method	Characteristics
Meeting In Person	
FAX	
Email	
Phone	
Video Call	
Letters	

*** Group Work**

(4) Creating Environments Conducive to Care

The Ministry of Health, Labour and Welfare is encouraging the implementation of "community-based integrated care systems," in a shift towards "region-contained" systems wherein communities work as a whole to provide support for long-term care in their region. "Information sharing" amongst various disciplines is very important in this kind of system, along with the quick and effective provision of medical/long-term care services. The use of ICT (information and communication technology) has been made possible through the establishment of Internet networks throughout the country.

"Policy Direction for Future ICT Implementation in the Medical and Health Care Fields" (December 2013), The Ministry of Health, Labour and Welfare

http://www.kantei.go.jp/jp/singi/it2/senmon_bunka/iryou/dai2/siryou3.pdf#search

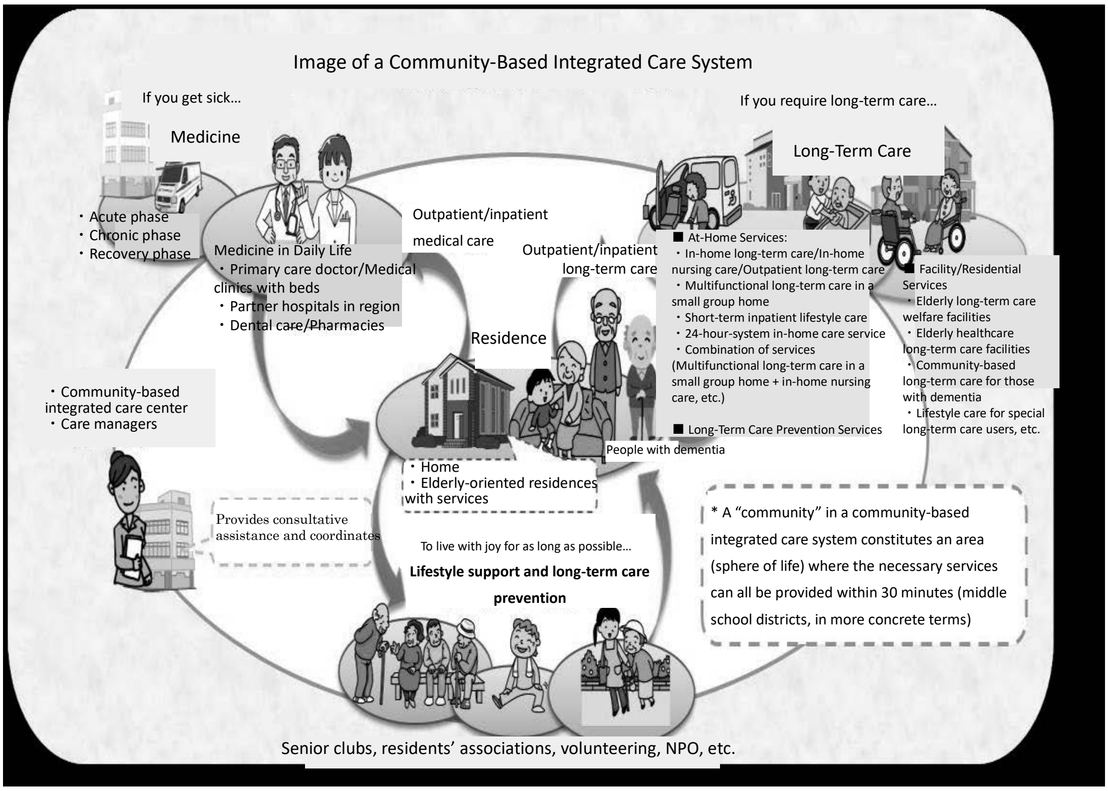


Image of a Community-Based Integrated Care System
If you get sick…
Medicine
・Acute phase
・Chronic phase
・Recovery phase
Medicine in Daily Life
・Primary care doctor/Medical clinics with beds
・Partner hospitals in region
・Dental care/Pharmacies
Outpatient/inpatient medical care
Outpatient/inpatient long-term care
If you require long-term care…
Long-Term Care
■ At-Home Services:
・In-home long-term care/In-home nursing care/Outpatient long-term care
・Multifunctional long-term care in a small group home
・Short-term inpatient lifestyle care
・24-hour-system in-home care service
・Combination of services (Multifunctional long-term care in a small group home + in-home nursing care, etc.)
■ Long-Term Care Prevention Services
■ Facility/Residential Services
・Elderly long-term care welfare facilities
・Elderly healthcare long-term care facilities
・Community-based long-term care for those with dementia
・Lifestyle care for special long-term care users, etc.
Residence
People with dementia
・Home
・Elderly-oriented residences with services
・Community-based integrated care center
・Care managers
Provides consultative assistance and coordinates
To live with joy for as long as possible…
Lifestyle support and long-term care prevention
Senior clubs, residents' associations, volunteering, NPO, etc.

* A "community" in a community-based integrated care system constitutes an area (sphere of life) where the necessary services can all be provided within 30 minutes (middle school districts, in more concrete terms)

2) Handling of Personal Information that Comes with Coordinating with Families

(1) The following efforts are necessary with respect to the handling of personal information by long-term care workers and those of other disciplines.

	Type of Effort	Example
①	**Collection/use of personal information**	**Specify the purpose(s) of use, and use personal information only for those purposes. Communicate or make public the purpose(s) of use.**
②	**Storage of personal information**	**Store personal information securely so as to prevent leaks, etc. Ensure high standards of security by staff members and contractors as well.**
③	**Provision of personal information to a third party**	**Gain prior approval of the people in question when providing their personal information to a third party. Record certain kinds of information when providing/receiving personal information to/from a third party.**
④	**Handling requests for the disclosure of stored personal information**	**Handle the situation accordingly when a person asks for disclosure of their own personal information. Handle complaints, etc. swiftly and appropriately.**

(2) Ways of thinking with regards to the security of personal information come to shift with changes in ④________________ and the awareness of users, etc. For this reason, those of disciplines related to long-term care must engage in appropriate handling of personal information, and make efforts towards constant ⑤________________ and ⑥________________.

☝ 3 **Fill in blanks ④-⑥ with the correct term(s).**

“Q&A for the ‘Guidelines for the Appropriate Handling of Personal Information by Medical- and Long-Term Care-Related Businesses’ (Case Studies)” (May 30, 2017), Personal Information Protection Commission Secretariat, The Ministry of Health, Labour and Welfare

http://www.mhlw.go.jp/file/06-Seisakujouhou-12600000-Seisakutoukatsukan/0000166287.pdf#search

Learning Objectives and Target Achievements

"Key Learning Points": Goal and Summary

◇ **Understand the specialization and area of activity for each discipline**

"Achievement Targets"

* **With this knowledge, be able to maintain an awareness of one's leading role in the cooperation required to provide effective service, and actually be able to take on this role.**

1) Specialization and Areas of Activity for Each Discipline

(1) Let's check out the roles and tasks of the specialists you will work with.

Nationally Certified Legally Qualified	Tasks/Roles
Doctor	Engages in treatment and urges recovery; makes diagnoses and gives instructions accordingly; deathbed attendance as a home-visit family doctor or home doctor; gives instructions as to medicine, prescribes medicine; fills out the "⑦ _________" portion of long-term care requirement authorization forms.
Dentist	Works to prevent and treat cavities and periodontal disease; provides dental care as a visiting dentist; provides consultations for eating and swallowing and provides assistance
Pharmacist	⑧

Nurse	⑨
Registered Dietitian	⑩
Nutritionist	Provides nutritional advice and food management services, generally for healthy individuals.

Social Worker	Provides consultations and support for those who have trouble living their daily lives, whether due to physical and/or mental disability or circumstantial reasons; coordinating and communicating with healthcare professionals
Caregiver	Provides long-term care for individuals who have trouble living their everyday lives, whether due to physical and/or mental disability, according to their individual physical and emotional need; provides long-term care advice with respect to the individual's overall lifestyle; supports efforts towards self-sufficiency
Physical Therapist	Conducts rehabilitation, under the direction of a doctor, for individuals with physical disability or elderly individuals with reduced physical functioning; provides support for the recovery of athletic ability; works to prevent the need for long-term care

Occupational Therapist	Works towards physical recovery and improvement of mental state through activities like handicraft, craftwork, and housework; works towards the recovery of social adaptability
Speech Therapist	Provides training for individuals who have trouble with speaking, language, hearing, etc. and/or have dysphagia; runs the necessary tests and gives advice; supports individuals’ return to society
Care Manager	Communicates with various channels to provide appropriate service, depending on the physical and emotional needs of each long-term care/support user, that aligns with the desires of these individuals

4 **Fill in “⑦__________” with the correct word.**

5 **Fill out the empty spaces for ⑧ - ⑩.**

Learning Objectives and Target Achievements

“Key Learning Points”: Goals and Summary

◇ How to operate care conferences and the necessary skills

◇ Communicating with those of various other disciplines from the long-term care perspective

“Target Achievements”

- **With this knowledge, be able to maintain an awareness of one’s leading role in the cooperation required to provide effective service, and actually be able to take on this role.**

1）How to Operate a Care Conference and the Necessary Skills

（1) Understand the Care Conference

☝6 What is a “care conference”?

⑪

☝7 What is a “service personnel meeting”?

⑫

- **Make sure you are able to explain the difference between care conferences and service personnel meetings.**

(2) How to Operate a Care Conference and the Necessary Skills

Think about the process of operating a care conference for outpatient long-term care, in-home long-term care, etc., and about what kind of skills would be necessary.

Process	Characteristics
Advance Preparation	
Setting a Time	
Beginning of Meeting	
Attitude/Directionality During Meeting	
Organizing Discussion Content	
Clarifying Discussion Content	
End of Meeting	

2) Communicating with Those of Various Other Disciplines from the Perspective of Long-Term Care

(1) Case Study: “In-Home Terminal Care”

Case Study

Mr. T (93 years old; long-term care requirement category 4), who lives on his own, is receiving outpatient long-term care (4 days/week), in-home long-term care (6 days/week; morning and evening; support during meals, in the bathroom, etc.), and in-home nursing care (1 day/week) in his home, for which he is the owner. Due to a cerebral infarction 20 years ago, he suffers from left hemiplegia and some cardiac insufficiency, and uses a wheelchair. Having run his own company, he is financially well off. His niece, Ms. M (76 years old) is his only remaining family. Ms. M is a very important person in Mr. T’s life, but has since 2 years ago shown signs of dementia, which has started making it difficult for her to provide long-term care for Mr. T and make financial decisions on his behalf. As a result, Mr. T has begun asking a lawyer who worked with him in his company to manage his finances.

The lawyer, worried about Mr. T, whose advanced age has caused a decline in his physical and emotional health, is strongly encouraging him to enter a private senior home. Mr. T, however, wishes strongly to remain at home, and has been discussing his own long-term care and terminal care with Staff Member S at his outpatient long-term care facility (day service), as well as Staff Member Y from his in-home long-term care (home-help service), which he has used for the past 3 years.

(2) Let's look at this from each of the care worker's perspectives, and think about what they should communicate to staff members of different fields, taking ① - ④ into account.

Staff Member S from the Outpatient Long-Term Care Facility (Day Service)

① What kind of other staff members you would expect to be involved, given the information in the case study
② What regional/societal resources could be used (people, things, programs)
③ What kind of information and analyses (ICF, PDCA, Maslow) would be needed to gain their understanding and cooperation
④ How to communicate Mr. T's main complaints

Staff Member Y, Who Conducts In-Home Long-Term Care (Home Help Service)

① What kind of other staff members you would expect to be involved, given the information in the case study
② What regional/societal resources could be used (people, things, programs)
③ What kind of information and analyses (ICF, PDCA, Maslow) would be needed to gain their understanding and cooperation
④ How to communicate Mr. T's main complaints

- To allow Mr. T to fulfill his wish: **living his life in a way where he feels like himself**.

- **Speak on users' behalf as a long-term care professional.**
- **Communicate with those of other fields as the professional closest to the users.**
- **Propose long-term care/support that is based in evidence.**
- **Maintain transparency and be ready to explain anything.**

☝ **Make sure long-term care staff members understand these points.**

Learning Objectives and Target Achievements

- **Be able to educate long-term care staff as to the importance of evidence-based long-term care and its principles.**
- **Be able to explain to users, their families, and others why a certain long-term care method was chosen, and be able to back it up with evidence.**
- **Be able to share with others in the workplace the importance of long-term care that supports self-sufficiency, and educate them as to its methods.**

1. Evidence-Based Care (EBC)

Recently, the idea of “scientifically-supported long-term care” is seeing more widespread recognition. But first, what exactly constitutes evidence-based care (EBC)? Discuss what you think in your groups.

(Exercise)

Think about the following situations and fill out the chart with the actual long-term care methods you use for a specific user, why it is necessary for you to use these methods, and the **decision-making reasoning (evidence)** behind it. (Each category can be about a different user.)

Situation	Method	Evidence
Waking the user up		
Communication		
Transfer support		
Bathroom support		
Bathing support		
Recreation		
Oral/swallowing exercises		
Recording food/water intake		
Participating in events		

What kind of things did you come up with?

Long-term care is not something that should be based only on feel, intuition, or past experience. It is necessary to think about and be able to explain the evidence, or the reasoning, behind why this user needs this specific kind of long-term care, and why the care must be given in this specific way. It is not enough to talk to and support users just as part of the flow of your workday—you must be able to back up your care with evidence.

But why? Think about the reasons why evidence-based long-term care is necessary.

- The necessity of evidence-based long-term care

- How should you educate long-term care staff members as to the necessity of evidence-based long-term care so that they understand its importance? Think about it.

Evidence-based long-term care is necessary for a wide variety of reasons—to alleviate the issue of long-term care fees, the shortage of long-term care workers, the burden on these workers, etc. With regards to actually providing long-term care, however, the following are the main reasons.

1) To be able to provide consistent, objective long-term care as a facility regardless of the specific long-term care worker in charge, in order to solve user issues and improve their QOL.

2) To be able to provide, as a professional, objective observations to medical professionals involved in the process through multi-disciplinary cooperation, and share with them common goals.

3) Evidence-based care can be verified (what actual effects did this long-term care method have on the user?), and long-term care methods verified in this manner can later be applied not only to this individual, but to others as well (data accumulation).

4) Case studies, though also important with regards to the long-term care workplace, work only to show, “we did this, and then that happened” In the specific situation. It is unclear whether using this same long-term care method in other cases would have the same effect. In that sense, evidence-based long-term care is also necessary in refining the professional skills of long-term care workers.

5) As professionals, long-term care workers have a responsibility to explain to users, their families, and other related institutions why certain long-term care methods are being used. Muddling through is unacceptable—you must be able to give evidence to back up these explanations.

6) When educating long-term care staff members, it will also be difficult for them to understand why they are doing what they are doing without evidence to back up your explanations. They will have a harder time thinking and behaving for themselves, as they have only been taught to complete tasks and are not aware of the meaning behind these tasks.

7) When long-term care personnel are under training, it is important that they be able to measure concrete results: “I used this evidence-based type of care and the user’s life changed in these specific ways.” This helps build up their sense of accomplishment and joy, making them feel their job is more meaningful and allowing them to grow as long-term care workers.

2. The Science of Long-Term Care

It is difficult, if not impossible, to explain all of the work of long-term care work in scientific terms.

However, the more we are able to measure the effects of evidence-based long-term care and accumulate verified data, the more we will be able to apply these methods to the other users in general. This will also lead to advancement in the field of long-term care studies.

In the long-term care of the future, it is important that you do not rely on intuition and experience, and instead seek out the science that backs up your work. Any discoveries as to the science behind long-term care work accumulate as evidence, and allow long-term care workers in the future to choose and practice care that is based in logic.

Currently, with regards to “Growth Strategy” (*), the government is discussing efforts to focus on “scientific long-term care," implementing it in such ways as to support self-sufficiency and prevent worsening of existing ailments. Discussions are also underway to evaluate the effectiveness of certain methods to support self-sufficiency, in preparation for the next revision of long-term care fee policies in FY2021.

The goal of this strategy is to make clear what kind of long-term care is needed to improve self-sufficiency for which kinds of conditions, and build a database to gather and analyze the necessary data to establish the evidence-based long-term care that is scientifically proven to have beneficial effects.

The plan is to create care categorization algorithms, etc. for data collection by the end of this fiscal year, begin constructing the database in FY2018, run test operations in FY2019, and begin official operation of the database in FY2020. The government is also discussing incentives for self-sufficiency support, with regards to its 2018 revision of long-term care fee policies.

(From the main text of “Growth Strategy 2017”)

*** What is “Growth Strategy”?**

“Growth Strategy” is a strategic blueprint established by the government towards to realize the dream of “Society 5.0” of solving a variety of social issues through the widespread incorporation of IoT, AI, robots, the sharing economy, etc. across industries and social life. It is the fruit of ten “Growth Strategy Meetings” that were held from September 2016 to June 2017, and was approved by the cabinet on June 9, 2017.

The name of this blueprint, “Society 5.0,” comes from the idea that we are now in the 5th era of civilization, after the (1) hunter-gatherer, (2) agricultural, (3) industrial, and (4) information societies.

Clarifying the Evidence Behind Long-Term Care and Providing Scientific Long-Term Care

- The important elements are “evaluation” and the “long-term care process”
  - Collecting precise yet multi-dimensional data
  - Clarifying the issue
  - Clarifying why support is necessary
  - Deciding long-term care direction
  - Establishing a long-term care plan for solving issues
  - Making evaluations through the lens of ICF

- “Explainable Long-Term Care”
  - Why is this kind of long-term care necessary?
  - Why are you using this specific method of long-term care?
  - What results are expected from these kinds of care?

As professionals, long-term care workers must be able to back up everything they say and do, and provide meaningful service.

Advanced staff members in charge of educating others must be particularly aware of their responsibilities and should, additionally, study the legal foundation (laws, regulations, and standards on long-term care insurance) that supports jobs at long-term facilities and offices.

3. Long-Term Care for the Support of Self-Sufficiency

The goal of the Long-Term Care Insurance Act, as delineated in Article 1, is "self-sufficiency support." And indeed, we as long-term care workers work hard every day to provide long-term care that supports user self-sufficiency. But what exactly does it mean to support self-sufficiency? Let's look back on our experience in the long-term care workplace and think about what it means.

Long-Term Care Insurance Act (Article 1, Paragraph 1)

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

What is “self-sufficiency” or “self-sufficiency support” as it applies to the elderly? Think of concrete examples.

・Self-sufficiency is…

・Self-sufficiency support is…

Discuss your concrete examples with your group and separate them into different categories of “self-sufficiency.”

What is Self-Sufficiency and Support of Self-Sufficiency?

By 2025, we will be in an era where the baby boomer generation will have entered the latter-stage elderly age bracket, and the values of those requiring long-term care will have diversified in the near future. As society undergoes massive tectonic shifts, it is important in the user's self-efficiency to consider, in addition to things like ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living), the following five points as well.

- Changes in values
- Extension of average lifespan, with a maximum life expectancy of 120 years
- Reason to live, education, social contributions
- The rapidly changing nature of the 21st century
- Lifestyle, life design

Clarify What Self-Sufficiency Means for Each User, and The Goal(s) in Supporting Their Self-Sufficiency

“Self-sufficiency support” in long-term care means to support users’ abilities to take control of their daily lives and life in general by themselves. Instead of looking at it solely from the perspective of long-term care workers, it is important to think about what self-sufficiency means for that specific user, and tailor support for them according to this conceptualization.

For example, there may be female users who have been housewives for many years and who previously felt as if their roles in their households gave their life meaning. If these users were able to improve their ability to engage in household chores and reclaim some of that role in the household, their range of activity would expand, and they could become more self-sufficient. On the other hand, male users who have devoted their life to earn a living for their family may be energized and driven to work if the facility rewards them for some of the work they do in the facility, leading them to improve physical and mental self-sufficiency.

It is important to **view each user’s situation from the ICF perspective, draw out their latent abilities, and work with them towards self-sufficiency** if we are to realize their dreams of making their current lives better, making themselves useful to others, and living true to themselves

For Long-Term Care with Self-Sufficiency Support

1. **Maintain an awareness of the need for “self-sufficiency support”** in the facility/office as a whole.

Though it seems as if companies are aware of the need for self-sufficiency support, the way each staff member think about it is actually different.

2. **Conduct regular training programs** to educate workers on the practicalities of self-sufficiency support.

Train them with specific guidelines as to what theories and methods they should use.

3. Engage in these efforts with **multi-disciplinary cooperation.**

Share these ways of thinking across disciplines, implement the measures together, and share information about their effects as well.

4. **Maintaining the motivation of staff members** is also important for providing continuous self-sufficiency support.

In order to advance efforts for self-sufficiency support, it is important for facilities/offices as a whole to maintain an awareness of its importance, and work to heighten the motivations of the staff members.

In long-term care environments, however, long-term care workers are occasionally met with users' heartless words and selfish attitudes. As these kinds of situations continue, these workers may find it difficult to remain empathetic to the users, think for the users, or maintain the motivation to provide patient and considerate care.

In these kinds of circumstances, what kind of guidance/advice could you give these workers to heighten their motivation as a leader? Discuss in groups.

How would you solve their troubles?

4. Self-Sufficiency Assessment

What kind of assessments are necessary to support user self-sufficiency?

If our goal is to realize self-sufficiency as it applies to each specific user, we have to do more than assess them by the same standards. We must take into account the following as well.

○ The kinds of criteria required to assess the self-sufficiency support

○ The details of the criteria

○ Assessment levels:

- Beginner (novices, volunteers, etc.)
- Qualified (new staff members, etc. who are able to maintain a certain level of work)
- Independent (staff members who can work completely independently)
- Advanced (able to handle special cases, circumstances, etc.)

<Standard Assessment Criteria>

① Health condition, ② ADL, ③ IADL, ④ Cognitive ability, ⑤ Communication skills, ⑥ Societal involvement, ⑦ Urination/defecation ability, ⑧ Bedsores, skin issues, ⑨ Oral hygiene, ⑩ Meal intake, ⑪ Problematic behavior (behavioral disorders), ⑫ Long-term care ability of workers, ⑬ Living environment, ⑭ Special circumstances

Think of one user you are currently in charge of and fill out this chart with what kinds of assessments you believe are necessary for what kinds of criteria, in order to provide the user with the self-sufficiency support. Imagine also that you are training other staff members as to these assessments, and think of level-adjusted criteria for these assessments.

Assessment Criteria	Explanation of Criteria	Level 1 Beginner	Level 2 Qualified	Level 3 Independent	Level 4 Advanced

Important Perspective with Regards to Assessments

It is important in self-sufficiency assessments to clarify "current actions," "possible actions," and "future actions" from the ICF perspective, and evaluate accordingly. If the evaluations are arbitrary, it becomes impossible to decide at which level a user has achieved self-sufficiency, and the user will have a hard time maintaining motivation towards becoming self-sufficient.

Actions they perform in daily life → **"Current Actions"**

Abilities upon evaluation/practice → **"Possible Actions"**

Actions they wish to perform → **"Future Actions"**

(Example)

	Goal (Future Actions)		Actions They Perform in Daily Life (Current Actions)		Abilities Upon Evaluation/Practice (Possible Actions)	
Criteria	Status	Necessary Tools	Status	Necessary Tools	Status	Necessary Tools
Outdoor Movement	Supervision	Ankle foot orthosis, T-cane	Partial assistance	Ankle foot orthosis, walking cane	Verbal guidance	Ankle foot orthosis, T-cane

Uncovering and Handling the Reasons Behind Daily Life Impairments

If users are unable to engage in their goal actions (movements) towards self-sufficiency, it is necessary to uncover the reason they cannot engage in these actions, and incorporate this into further discussion about their long-term care direction.

Clarifying the Issue

(What exactly can they do, and what can't they do?)

⇩

Uncovering the Reason(s)

(What are the multi-dimensional/scientific reasons they cannot engage in their goal action?)

⇩

Predicting the Future

(How do we prevent possible issues in the future?)

⇩

Long-Term Care Direction

(Why do they need long-term care? What kind of method(s) would be best?)

One day, a user that has been using a cane to walk suddenly stops walking on his own. What kind of reason do you think could be behind such a daily life impairment? Think from multi-dimensional perspectives about the possible reasons and how you would handle them.

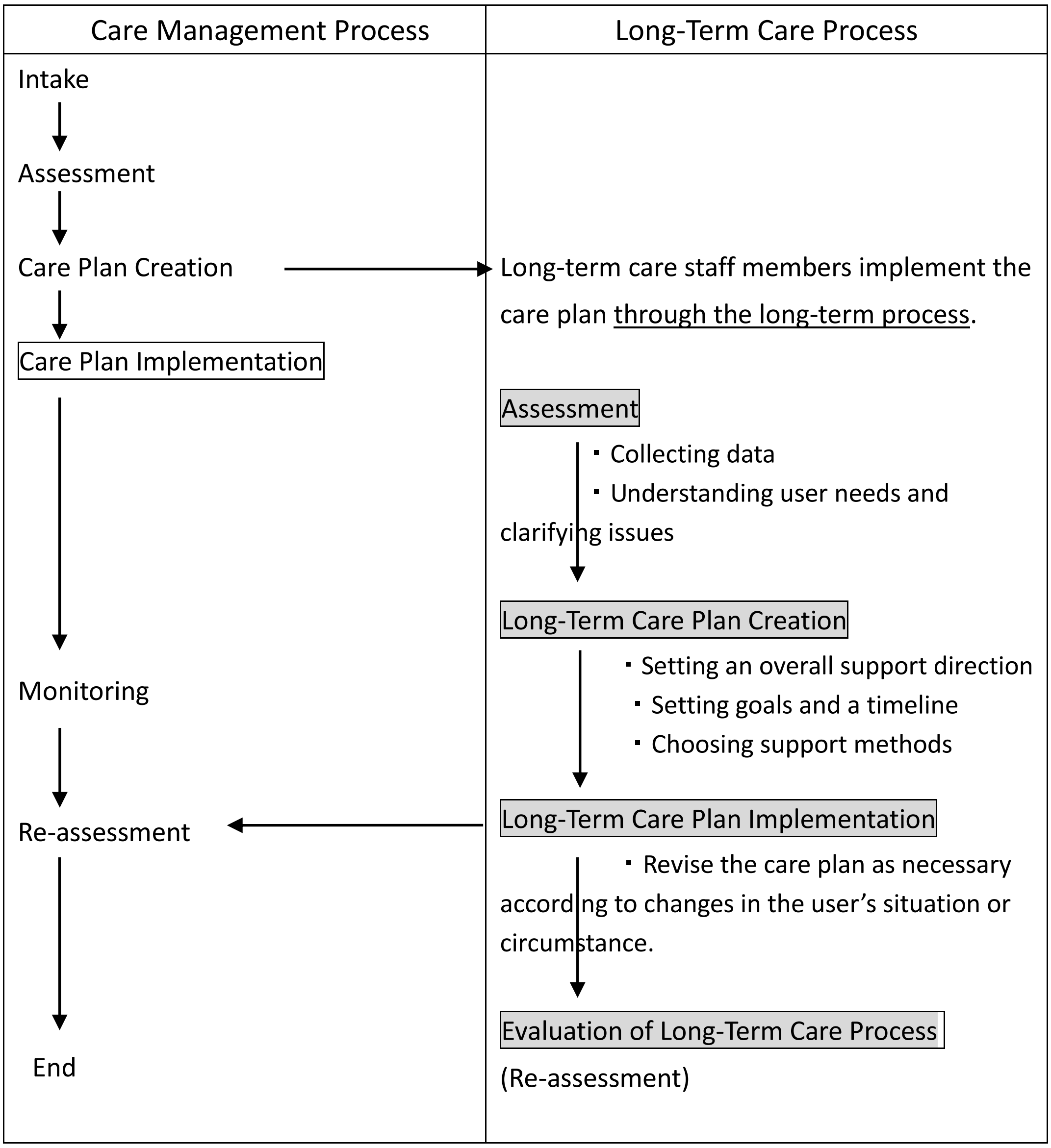
	Reason	Long-Term Care Direction
①		
②		
③		
④		
⑤		
⑥		
⑦		

5. Principles of Long-Term Care Planning

Before delving into the specifics of creating a long-term care plan (individual support plan), let's first learn about the relationship between these care plans and the long-term care process.

Long-term care plans are not created independent of other elements. Care managers create a care plan, which the long-term care worker puts into action through the long-term care process, and the long-term care plan must be created on the basis of clear evidence.

Relationship Between Care Plans and the Long-Term Care Process


Care Management Process
Long-Term Care Process
Intake
Assessment
Care Plan Creation
Care Plan Implementation
Monitoring
Re-assessment
End
Long-term care staff members implement the care plan through the long-term process.
Assessment
・Collecting data
・Understanding user needs and clarifying issues
Long-Term Care Plan Creation
・Setting an overall support direction
・Setting goals and a timeline
・Choosing support methods
Long-Term Care Plan Implementation
・Revise the care plan as necessary according to changes in the user's situation or circumstance.
Evaluation of Long-Term Care Process
(Re-assessment)

Care plans, created by care managers, are comprehensive support plans made to fit the various needs of a user in their daily life, and which utilize a variety of social resources. Based on these care plans, long-term care plans are support plans wherein service providers approach the user's daily life issues through the professional long-term care perspective, set goals, and establish action levels towards these goals. As such, long-term care plans must be created on the basis of care plans.

Additionally, long-term care plans are just one step in the long-term care process, and must be coordinated with what comes before and after it in order to make sense in the grand scheme of a user's care.

In order to create a long-term care plan that supports user self-sufficiency, it is necessary to collect data appropriately at the assessment stage, the first step in the long-term care process.

The necessary information is not limited to information about ADL and IADL. It is important to gather information (both objective and subjective) from the following channels as well, and gain an understanding of the issues of every user.

- Long-Term Care Requirement Grade
- Life history (including occupation)
- Level of self-sufficiency in daily life for disabled elderly
- Level of self-sufficiency in daily life for elderly with dementia
- Values, beliefs, religion
- Medical history
- Current diseases/illnesses
- Medications
- User's wishes
- Family's wishes
- Level of impairment (physical, intellectual, mental)
- Family structure
- ADL
- IADL
- Financial status
- Other special circumstance, etc.

* Information should be collected from the ICF perspective, as it allows you to gain a comprehensive and holistic understanding of the user's lifestyle.

The Purpose of Creating a Long-Term Care Plan

For users, the plan is…

Who is the plan for?

What is going to accomplish?

With regards to multi-disciplinary cooperation, the plan is…

Implementing the plan will lead to…

As a result…

Realize an independent life for the user
(**self-sufficiency support**)

There is an infinite variety of user wishes and issues.

If the goal is just “be able to walk,” it may be difficult for them to remain motivated in their daily lives, or feel like their lives are meaningful.

・I want to be able to walk again so I can sing again at a karaoke bar.
・I want to be able to walk again so I can watch a movie in a movie theater.
・I want to be able to walk again so I can visit Kyoto, where I have so many memories.
・I want to be able to walk again so I can go see my brothers and sisters.

We as people have all kinds of these wishes and desires.

Each individual user has a different life history, and no matter how old they are or what kind of situation they are in, they have hopes and wishes that cannot be put into words. Long-term care plans exist to support these users’ self-sufficiency so that they are able to fulfill these hopes and wishes.

What to Consider When Creating a Long-Term Care Plan

(1) The plan is realistic/possible
  ・Integration of user wishes and user abilities
  ・The care environment (number of staff members, time constraints, etc.)
  ・Financial resources, materials, tools, etc.
(2) The plan will give the user a sense of accomplishment
  ・A goal that is an accumulation of smaller goals
  ・Observable; set specific numbers, actions, etc. for evaluation purposes
  ・Make the user the subject, and express the goal in language like “I will ____,” “I can do _____.”
(3) The plan will be something you will work on with the user towards self-sufficiency
(4) The plan maintains continuity from the assessment
(5) Convey information in 5W1H fashion so it is understandable to all
(6) The plan relates to the content of the care plan, and involves multi-disciplinary cooperation
(7) The plan can be backed up with evidence from the ICF perspective

(Exercise)

Think of one specific user, and create a long-term care plan in support of self-sufficiency.

User Name (Pseudonym)	
Overall Support Direction	
Long-Term Goals/Timeline	
Short-Term Goals/Timeline	
Support Methods ・Why ・What ・How ・When ・Where ・Who	
Other Things to Consider	

Long-term care workplaces are obligated by law to create various records and documents, and it is true that you may have little time to devote to creating long-term care plans. Make sure to remember on a daily basis, however, the meaning behind this process and what makes it so important, and take joy in creating these long-term care plans.

Also remember that a user achieving his goal brings happiness not only to the user him-/herself, but will help feel staff members feel motivated as well, as they are reminded as to the meaning in their work. And when educating long-term care staff members, be sure to frame this not just as a step in the process, but as the very meaningful task that it is.

Long-term care plans are created, with the cooperation with the users themselves, so that the long-term care team can work towards the same goals and maintain consistent care in order to solve user issues and realize user wishes.

“**Long-term care plans will change users’ lives.”**

Learning Objectives and Target Achievements

- **Key Learning Points**

Understand the principles on how to notice changes in symptoms and illnesses.

- **Target Achievements**

Be able to educate others as to support methods for people with illnesses and disabilities.

① Awareness of Illnesses/Symptoms, and Observation Principles

Main Points when Observing an Elderly Person's Health Condition:

1) Do they have a fever?
2) Do they have energy?
3) Do they have an appetite?
4) Are they sleeping well?
5) Differences from their regular condition, etc.

Differences from their regular condition can be discerned through day-to-day communication with the user as well as long-term care records. However, in order for long-term care staff members to coordinate amongst each other, it is necessary for them to know how exactly their condition differs from usual, and share this information with the others.

① Awareness of Illnesses/Symptoms, and Observation Principles

<Case Study 1> Private Senior Home

Long-term care staff member Ms. A (1 year of experience) visits user Ms. B (history of heart failure) in her room. She usually finds her around this time reading in her chair, but today she finds her lying down in bed. When she looks closer, she finds that she has sweat on her forehead and that there are signs of cyanosis on her arms and legs. When Ms. A asks Ms. B how she feels, she nods and says, “I’m okay.”

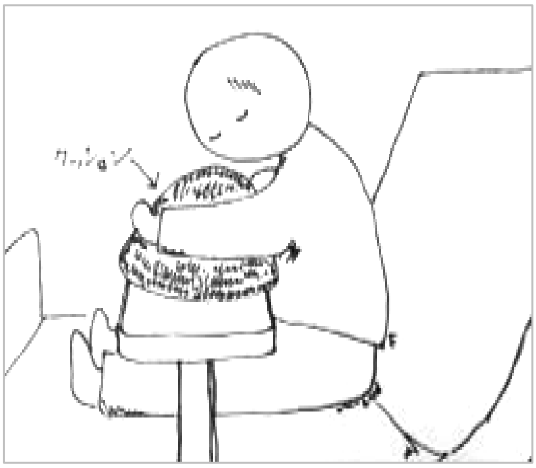
Ms. A goes immediately to the medical office and tells nurse Mr. C, “there’s something wrong with Ms. B. Come immediately." Mr. C, however, is in the middle of treating another user’s bedsores, and cannot go with her. He asks her for more details on Ms. B’s condition to see if there is anything that Ms. A can do, but Ms. A is only able to tell him that Ms. B seemed “different from usual,” without any specifics.

After completing treatment of the bedsores, Mr. C hurries to Ms. B’s room, checks her condition, folds up the bed, and uses the table and cushion to move her to a sitting position.

Afterwards, nurse Mr. C comes up to you, an Advanced long-term care worker, and tells you many times to educate the staff properly so they can provide adequate reports.

How should you educate long-term care staff member Ms. A?

Using your knowledge on the symptoms of heart failure, consider which parts of the body needed observation, and the information that Ms. A should have given to the nurse.

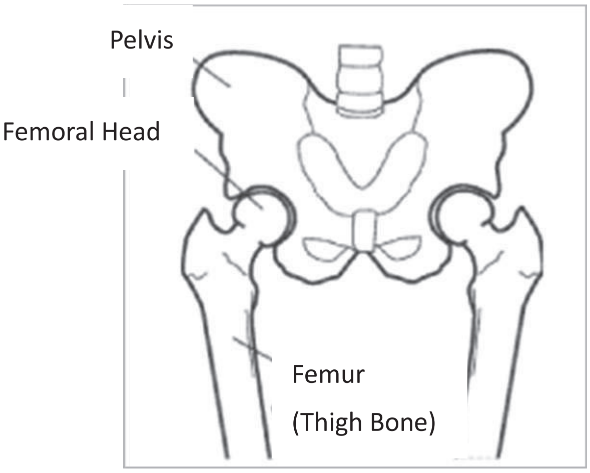


② Reporting to and Cooperating with Other Disciplines

<Case Study 2> Intensive Care Home for the Elderly

Mr. A (82 years old; orthostatic hypotension) has been walking on his own in his daily life. On November 2, after dinner, his knees falter and give way suddenly when he tries to stand up from his chair to return to his room, and he falls.

He is taken by ambulance to a partner hospital, where it is revealed he has suffered a right femoral neck fracture, and must be hospitalized. A week later, he undergoes surgery for an artificial femoral head.



His recovery after the surgery goes well, and he is able to leave the hospital on December 5. He can walk on his own using a cane, but has been seen occasionally walking without his cane.

What points do you, as an Advanced long-term care staff member, have to keep in mind in providing support for Mr. A? Also come up with ways to share information with those of other disciplines (Ex: Using photographs or tablets, etc.).

Surgery for Artificial Femoral Head Following Right Femoral Neck Fracture, and Things to Be Aware of Post-Surgery

1) Preventing Dislocation

Have them avoid the following movements, as the treated joint may become dislocated.

- Crossing their legs with the treated leg over the other.
- Using low chairs.
- Flexing the hip joints over a certain amount.
- Adducting the hip joints over a certain amount.
- Bending backwards using the hips.

2) Preventing Falls and Fractures

Watch to make sure they do not fall again.

- Make sure they use their cane properly. (Hold it with the hand on the opposite side of the treated leg)
- Maintain lower limb muscle strength through an appropriate level of exercise.

3) Symptoms to Watch Out For

Contact medical staff immediately if you see the following symptoms.

- Reddening, inflammation, and/or swelling of the surgical scar.
- Breathing difficulties, chest pain.

4) Other

- Reorganize their rooms to suit their new physical needs.
- Adjust the height of their beds.
- Reevaluate their bathing methods.

<Case Study 2> Intensive-Care Home for the Elderly

Ms. B (81 years old) walks on her own in her daily life. She suffers from Type 2 diabetes, and a nurse gives her insulin shots three times a day before each meal. The hospital has instructed her to eat healthier (limit calories), but because Ms. B also suffers from Alzheimer’s Disease, she forgets that she received this instruction.

One day, during a family visit (once a week), long-term care staff member Mr. A spots Ms. B’s husband giving her a bag of rice crackers (10 pieces; 600 calories in total), her favorite food item. Mr. A, who is in charge of Ms. B, tells the husband to avoid giving her food, but he doesn’t seem to take it very seriously, telling him, “it’s okay, because I’ve told her to eat only one per day.”

Mr. A has also noticed that Ms. B has begun eating other people’s leftover food.

Later, Mr. A comes up to you, an Advanced long-term care worker, to ask for advice on how to handle this situation. Around the same time, a nurse also approaches you and tells you to reevaluate the support methods for Ms. B, as her HbA1C levels have gone over 8%.

Discuss what things you, as an Advanced long-term care worker, should be aware of when providing support for Ms. B. Also come up with ways to share the necessary information with those of other disciplines.

* Take into account how Ms. B’s symptoms could worsen in the future if this situation continues.

<Case Study 3> Private Senior Home

Ms. C (91 years old) uses a wheelchair to move herself around in her daily life, due to her lower back pain. Because she also suffers from chronic renal failure, she undergoes artificial dialysis 3 times a week (Tue., Thurs., Sat.) at the hospital, and her water intake (excluding meals) is limited to 600 ml per day.

During the day, she is often in the cafeteria and in other places where users gather, engaged in conversation, as she says she feels depressed when cooped up in her room. Though Ms. C understands the need to limit her water intake, she tends to complain when she sees other users drinking tea, saying, “I want to drink tea too,” and “I’m 91 years old, I don’t need to limit anything.”

What things should you, as an advanced long-term care worker, be aware of when providing support for Ms. C?
* Think not only of Ms. C’s renal failure, but the quality of her life as a whole.

<Case Study 4> Intensive-Care Home for the Elderly

Ms. D (75 years old) suffers from Parkinson’s Disease (Stage 4 on the Hoehn & Yahr Scale) and requires support in all areas of her daily life. Ms. D herself would prefer not to be a burden to anyone else, and has made it one of her goals to be able to change clothes on her own.

What things should you, as an Advanced long-term care worker, be aware of when providing support for Ms. D in all aspects of her life, especially with regards to her Parkinson’s Disease symptoms? Use care cards as reference in supporting her changing clothes, and discuss with consideration for individual differences.

Learning Objectives and Target Achievements

- **Be able to explain the basic principles of assistive skills.**
- **Be able to explain the evidence, or reasoning, behind why specific long-term care methods were chosen.**
- **Be able to educate long-term care staff members as to evidence-based assistive skills.**

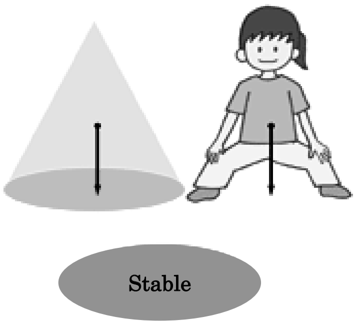
In this training theme, we will discuss the basic principles of the assistive skills that you use in your daily work, and the reason why they must be used in certain ways. Throughout this process, we will also ask you to imagine that you are in a position to educate long-term care staff members in an actual workplace.

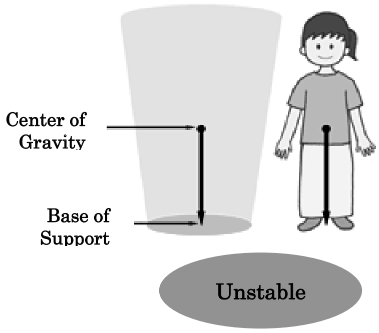
First, what is **"body mechanics"** as it relates to assistive skills in the long-term care workplace? Describe what it is.

Body mechanics is…

What are the 8 basic principles of **body mechanics,** and why are these principles important? Give the evidence (effects) of each of these principles.

	Basic Principles	Evidence (Effects)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		




Center of Gravity
Base of Support
Unstable

Next, think of specific users, and consider that you must provide them support that involves ADL and IAD. Imagine that you are in a position to train other staff members, and for each case think about (1) what kind of information would be necessary, (2) what kind of long-term care method you would use, and (3) why you would use that long-term care method (evidence).

Change-of-Position and Sitting-Up Support

<Case Study>

Ms. F (89 years old) requires long-term care because of weakness due to old age. She has little strength in her lower limbs, and cannot draw her knees up on her own. Because she lays in bed for long periods of time, her position must be changed regularly. She also needs support to sit up in bed.

① Necessary Information

② Long-Term Care Method(s)

③ Evidence

Transfer Support

<Case Study>

Mr. S (75 years old) is paralyzed on the left side of his body, and finds it difficult to stand due to muscle weakness in his lower limbs. You must transfer him from his position sitting at the edge of the bed to his wheelchair, then take him to the cafeteria.

① Necessary Information

② Long-Term Care Method(s)

③ Evidence

Movement Support

<Case Study>

Mr. K (80 years old) is paralyzed on the left side of his body due to a cerebral infarction. He uses a T-cane to walk. Currently, his status is unstable and he requires support to walk. You must help him walk with his cane to the front door of the facility, but he also needs support to go down the stairs along the way.

① Necessary Information

② Long-Term Care Method(s)

③ Evidence

Meal Support

<Case Study>

Ms. D (93 years old) suffers from Alzheimer’s Disease, spends her mornings with her head down on the table, and does not usually wake up for meals when workers call out to her or shake her lightly by the shoulder. For this reason, it has become common for her to miss breakfast and/or lunch. What kind of support is necessary in order to have such a user eat their meals?

① Necessary Information

② Long-Term Care Method(s)

③ Evidence

Bathroom Support

<Case Study>

Mr. P (82 years old) finds it difficult to sit up, suffers from some urinary incontinence, does not communicate his urge to go to the bathroom, and wears a diaper. He is about to eat dinner, so you must go to his room and change his diaper on the bed.

① Necessary Information

② Long-Term Care Method(s)

③ Evidence

Bathing and Hygiene Maintenance Support

<Case Study>

Mr. O (72 years old) is paralyzed on the right side of his body. He is also obese and suffers from diabetes and high blood pressure. He can stand up and walk using hand railings. He loves to take baths and looks forward to bathing in his house more than anything else. You must help him take his bath.

① Necessary Information

② Long-Term Care Method(s)

③ Evidence

Organization of Living Environment

What kind of perspectives must you consider when you organize users' living environments to honor their lifestyle and values and allow them to live safely and true to themselves? Think about the following points.

① What kind of "actions" do users engage in in their "life locations" (facility or home)?

② What are some concrete examples of organizing a living environment?

③ Why is organizing their living environments necessary?

What kind of answers did you come up with for each category?

When using assistive skills, it is necessary first to collect the necessary information. Having the necessary information clarifies the issues that users face in their daily lives, and allow you to choose appropriate long-term care methods. It is also necessary to be able to explain why you choose the methods with evidence.

When educating long-term care staff members, for instance, it would be beneficial for you to explain the evidence behind the following elements of long-term care.

Change-of-Position and Sitting-Up Support

- Why we have to provide explanations before engaging in any kind of support, and why we need users' approval.
- Why we have to draw up the users' knees when we change their position on the bed.
- Why we cannot turn users on their side (so their side is perpendicular to the bed) when changing their position on the bed to prevent bedsores.
- If the user suffers from hemiplegia, why we cannot have the paralyzed side of a user's body supporting their body on the bed.
- When guiding them into sitting on the edge of the bed, why it is necessary to bring their feet down towards the edge of the bed while helping them lift their torso.

Transfer and Movement Support

- Why we ask users to sit close to the edge of the bed when we transfer them.
- What angle the wheelchair must be positioned relative to the bed when transferring a user.
- The appropriate length of canes that are used to assist users in their walking.
- If the user suffers from hemiplegia, why we provide them support from behind their paralyzed side.
- If the user suffers from hemiplegia, why we tell them to go up the stairs with their mobile side first, and down the stairs with their paralyzed side first.

Meal Support

- Describe the basic posture for meals.
- Why the elderly in particular need to drink lots of water.
- Why we recommend users start with soups at the beginning of their meal.
- Why we wait to confirm that they have swallowed their previous bite, before helping them with the next.
- Why users should not lie down immediately after a meal.

Bathroom Support

- Why it is necessary to be able to recognize signs that a user wants to urinate/defecate.
- Why leaning forward makes it easier to defecate when using Western-style toilets.
- When using a portable toilet on the bed for bathroom support, why we must lift up the user's torso and make sure it is touching their kneecaps.
- Why we massage users' stomachs in clockwise circles.
- Why it is important to observe the characteristics of users' urine/feces.

Bathing and Hygiene Maintenance Support

- Why we wipe users' bodies from the extremities towards the center of their bodies.
- Why it is necessary to make sure the changing room and bathtub room are warm before helping a user bathe.
- Why we engage in bathroom support for users before helping them bathe.
- Why we avoid bathing users before and after meals.
- Why elderly users should not be in the bathtub for long periods of time.

Organization of Living Environment

- Why it is necessary to adjust light and sound elements in an elderly user's living environment.
- The appropriate temperature and humidity of elderly users' rooms.
- Why we make sure there is room for users around their feet, related to the blankets and futons on the bed, etc.

Other Emergency Measures

- Why it is necessary sit a user upright if they are suffering breathing difficulties.
- Why it is necessary to turn a user on their side on the bed if they are vomiting.
- Why we must make sure the user's airways are clear if they are unconscious.

It is important in your daily work to wonder to yourself, "why this? why that?" and work towards seeing situations **from the ICF perspective in order to be able to choose the right evidence-based long-term care methods**.

Learning Objectives and Target Achievements

<Learning Objectives>

In this subject, you will gain an understanding of the necessity of consultative assistance in the long-term care workplace, and learn the basic perspectives necessary to provide this assistance to users and their families as an Advanced long-term care worker.

<Target Achievements>

(1) Gain an understanding of the background behind the consultative assistance skills necessary in long-term care workers.

(2) Gain an understanding of the perspectives necessary to be able to provide consultative assistance as a long-term care worker.

(1) **Caregivers and Consultative Assistance**

First let’s take a look at the definition of a caregiver.

> The term “certified care worker” as used in this Act means a person with expert skills and knowledge who has received the registration provided in paragraph (1), Article 42, and uses the appellation “certified care worker” to engage in the business of providing care for a person with physical disabilities or mental disorder and intellectual disabilities that make it difficult to lead a normal life (including mucus aspiration, and other conduct that is necessary for the everyday life of the person, exercised under the direction of a medical doctor (limited to the services provided for in Ordinance of the Ministry of Health, Labour and Welfare; hereafter referred to as “mucus aspiration, etc.”), and providing instructions on caregiving (hereafter referred to as “caregiving, etc.”) to the person and the person’s caregiver.

(Article 2 Paragraph 2, Certified Social Worker and Certified Care Worker Act)

(2) The Background Behind the Necessity of Consultative Assistance Skills in Long-Term Care Workers

In order to discuss why consultative assistance skills are necessary in long-term care workers, let’s first take a look at the “2017 Annual Report on the Aging Society” (Cabinet Office, Government of Japan).

1) At-Home Long-Term Care

40% of men and 30% of women wish to live at home, in the environment they are used to, even when receiving long-term care.

2) Elderly Caring for the Elderly

There is an increasing amount of people who wish to live at home, in the environment they are used to, even when they are required to receive long-term care.

In over 60% of the cases of at-home long-term care, the main provider of long-term care is an individual who lives in the same house. Looking even further into the details, you will notice that 26.2% of these people are spouses, and that 69% of these men and 68.5% of these women are over 60 years old, which would make many of these households cases of elderly caring for the elderly.

3) Dementia Long-Term Care

The statistics for those who require long-term care, etc. show that the top reason for needing long-term care is “cerebrovascular disease (stroke)” at 17.2%, followed by “dementia” at 16.4%.

4) Terminal Care

When asked where they would like to spend the final moments of their life if they became ill with no significant hope for recovery, 54.6% of people said “home,” followed by “a hospital or some other medical facility” at 27.7%.

(“2017 Annual Report on the Aging Society,” Cabinet Office, Government of Japan)

People who come to require long-term care enter an elderly long-term care facility and receive long-term care. The way of thinking, however, has begun to change, from long-term care workers simply providing care to these people to helping them maintain their lifestyles at home, even when the user does require long-term care.

As in the annual report above, the social factors that surround people who require long-term care is diverse and complex. Their interplay gives rise to a variety of issues, which can be complicated as well.

Long-term care workers must be able to provide consultative assistance to the users and their families, and provide advice and guidance that suits their consultative needs. This is the role that is coming to be required of long-term care workers as they support user lifestyles.

(3) Perspectives Necessary to Engage in Consultative Assistance as a Long-Term Care Worker

1) Mutual Interaction Between Individual and Environment

There is an interplay between individual and environment that is based on their mutual interactions with each other. Various factors influence each other to create issues.

It is easier to understand this as it applies to long-term care if you think about it from the perspective of the International Classification of Functioning, Disability and Health (ICF), which is the basis for the implementation of long-term care processes.

2) Perspective on “Strength”

The assumption is that people have the strength to be able to solve their own issues. The idea is that people who currently have issues and need support are in situations where they cannot properly utilize their problem-solving abilities. It is important not to view these people as “weak” people in need of saving.

3) Perspective of Partnership

It is important to maintain the perspective that the long-term care worker and the user are partners, working together. From this perspective, you are not providing them a service (hierarchical relationship), but working together as equals to solve issues.

4) Perspective of Listening

Listening is very important when providing consultative assistance. To “listen” is different from simply hearing what they say.

To “listen” means to try to understand the heart of what the user and their families are trying to convey, whether they are discussing their thoughts or an issue they may be having.

(4) Assessment Perspective

When users and their families come to you for consultation, it is because they are having trouble with something. There is a wide variety of topics you can be consulted on, but this does not mean that everyone will be able to convey precisely what their trouble is, and what the root issue may be.

For this reason, long-term care workers must have the skill to figure out “their trouble,” and “the issue.”

This requires assessment skills.

The following are the criteria for assessment.

Assessment Criteria

① What are the client’s issues?

② Detailed explanation of the issues (when did it start? how often? etc.)

③ What does the client think of these issues? What emotions do he/she feel and how are he/she behaving?

④ At what stage in the client’s development or lifecycle are these issues cropping up?

⑤ To what extent are these issues impairing the client’s ability to live his/her daily life?

⑥ What are the human and/or material resources that can be used to solve the client’s issues?

⑦ What problem-solving methods and/or plan has been thought of to solve the client’s issues?

⑧ Why did the client decide to ask for help? Was it the client who decided to ask for help?

⑨ Are the people and situations related to the issues making the issues better or worse?

⑩ What kind of unmet needs and desires does the client have that may be causing these issues?

⑪ Who and what systems are related to these issues?

⑫ What are the client’s skills, abilities, and strengths?

⑬ What kind of external resources does the client need?

⑭ Medical, health, and mental health information related to the client’s issues

⑮ Client’s life history

⑯ Client’s values, life goals, and thought processes

(Watanabe, Ritsuko. *Koreisha Enjo ni Okeru Sodan Mensetsu no Riron to Jissai* [‘Theories and Practicalities of Consultations in Support of the Elderly’] [2007].)

You are not required to go through all of these assessment criteria every time you receive a consultation. Adjust the points to focus on depending on the content of the consultation.

(5) The Realities of Consultative Assistance Provided by Long-Term Care Workers

Let’s go through some case studies of consultative assistance provided by long-term care workers engaged in at-home long-term care.

Case Study 1

Mr. A (70 years old) lives with his son and his wife (43 years old; 42 years old) and his grandson (10 years old) at home. Mr. A has been classified Long-Term Care Requirement Grade 2, and is paralyzed on his left side due to cerebral infarction. He uses an in-home long-term care service 3 times a week, but during the day his son’s wife takes on most of the long-term care duties. His son’s wife has trouble transferring him from his bed to his wheelchair, and has recently come to the in-home long-term care worker and told her that she has pain in her hips due to this task.

What kind of advice/guidance would you give her?

Case Study 2

Ms. B (69 years old) lives with her husband (73 years old) at home. Her husband has been diagnosed with dementia, and is classified Long-Term Care Requirement Grade 2.

He is self-sufficient for most of his daily life, but recently, Ms. B has come up to the in-home long-term care worker and said that her husband does not know where the bathroom is, and will sometimes urinate in places that are not the bathroom, and it is tedious for her to clean.

What kind of advice/guidance would you give her?

Case Study 3

Ms. C (50 years old) lives with her parents (both 81 years old) at home. Her father has been classified Long-Term Care Requirement Grade 1, and has some slight dementia. He occasionally uses a short-stay long-term care service, while also receiving at-home long-term care.

While her father is using the short-stay long-term care service, Ms. C comes to visit, wanting to see how he is doing. During this visit, Ms. C comes up to a short-stay long-term care worker and asks for advice—her father has started not being able to do things he used to be able to do, and she feels frustrated and angry every time this happens. How is she supposed to control her feelings?

What kind of advice/guidance would you give her?

The consultation in Case Study 1 was about long-term care skills, Case Study 2 about care related to dementia, and Case Study 3 about the psychological effects of long-term care.

Other than these, there are also people who will consult you on what institutions they should discuss their issues with, or what kind of social resources are available for them to use.

Depending on the content of their consultation, you must be able to report the information to other disciplines as well, and not simply end the consultation.

Advanced long-term care staff members must also be able to supervise the advice and guidance that long-term care staff members provide to users and their families through consultative assistance.

Learning Objectives and Target Achievements

1. **Be aware of staff members' abilities in relation to the long-term care process, and give the proper educational guidance, at the right moments, to each individual staff member depending on where in the process their users are and the staff's performance**
2. **Explain to new staff members and mid-career recruits the logical thought process behind the long-term care process, and train them through every step until they can actually practice long-term care through the steps of this thought process**
3. **Evaluate the results of staff members' assistance based on the long-term care process with the staff members themselves, and educate them further by reviewing both their abilities and the long-term care process**
4. **Look for social resources both inside and outside of the facility that can help staff members come up with creative ways to handle user needs, in accordance with the user needs evidenced in assessment results, and maintain a workplace environment that encourages staff members to speak up with creative ideas**

0. Why Is a Long-Term Care Plan Based on the Long-Term Care Process Necessary?

- ”Isn’t it enough to be able to practice assistive skills as a care worker?”
  However, “there isn’t a need to provide full support to every single user.”
- Where does the difference between the users in ①-⑤ come from? How would we provide consistent care?
  - ① Ms. A can use the bathroom by herself, without any particular help from the staff
  - ② Mr. B can use the bathroom by himself as long as a staff member helps him walk to the bathroom
  - ③ Ms. C can use the bathroom by herself as long as a staff member helps her walk to the toilet
  - ④ Mr. D can use the bathroom by himself as long as a staff member helps him walk into the bathroom and pull down his pants
  - ⑤ Ms. E needs the support of a staff member to walk into the bathroom, pull down her pants, and sit on the toilet; after using the bathroom, she needs support to wipe and pull up her pants
- Doing everything for the user, using the same methods to support every user, and being taught by someone else how to support each user
  => Care workers who provide care in these ways are not care workers
- **“Long-term care plans” establish a method of care that that is common to the team, and are tailored to each user’s situation to best support their self-sufficiency, helping them solve their issues and realize the lifestyle they wish for**

1. **The Similarities Between the Long-Term Care Process Thought Process and the Staff Training (Education) Thought Process**

There are similarities between assessing each user and providing support for their individual needs, and training staff members (students) in ways that consider their level of study and tailored to their individual growth

1) See users/students in objective ways (perspective), collect facts about them, and organize these facts in order to provide care/education (observation)
2) Use your understanding of users'/students' abilities and knowledge and deepen your reserve of information on them (assessment/understanding where a student is in their training)
3) Based on 1) and 2), think about what kinds of things the user wishes to do in their daily life, or what kind of person the student wishes to be and wishes to be able to do, and decide how best to care for/educate them
4) Propose a plan to best care for/educate them (long-term care plan/education plan)
5) Provide actual care/education, and record progress and results (implementation)
6) Constantly think about how users could get closer to the things they wish to do, and students closer to the person they wish to be, and what is the better care. Point out the reasoning behind certain types of care, and improve upon them (evaluation and revision)

The only thing that makes "logical support/education" possible is the systematic and logical "thinking" of care workers/educators.

2. Understanding That Long-Term Care is Conducted Through a Logical Thought Process Known as the Long-Term Care Process

1) "Perspective" that care workers should maintain
   The (dictionary) definition of perspective:
   ① Where the eye is looking … Where?
   ② The state of one's ideas … How?
2) Understanding that the way you see the world around you (the way you understand impairments) greatly affects your "perspective," "care," and "education" with regards to understanding users and staff members
   Ex) A student falls into a ditch on the side of the road
   a. Is it the student's fault (individual) for not noticing the ditch?
   b. Is it society/the environment's fault for having an uncovered ditch?
   → Be aware that there are many different ways to see the same situation
   a: Medical Model:
   Considers diseases and impairment to be an issue with the individual, who must receive treatment, rehabilitation, etc. from professionals; the user must exert their own willpower to overcome impairment
   b: Social Model:
   Considers problematic situations to be an issue with the environment, and aims to overcome impairment by improving the environment and preventing society as a whole from experiencing the same issues

2. Understanding That Long-Term Care is Conducted Through a Logical Thought Process Known as the Long-Term Care Process

3) Neither the Medical Model or the Social Model is superior to the other—what is important is how they are applied

① Problem-Oriented Assessment/Care Plan (Medical Model)
Perspective that considers impairment to be cause of declines in communication skills and range of action, and seeks to treat the cause (cure the actual affected area, impairment, etc.) (Passive: the individual must change)

② Goal-Oriented Assessment/Care Plan (Social Model)
Perspective that considers everything except the individual to be environment (including care workers), seeks to change this environment to make it easier for individuals to perform to the best of their ability, and supports them to live independently even with their impairments (continues to exist/gets worse) (Active: society must change)

*One is not superior to the other—we must make effective utilization of both
=> Use the ICF and life function way of thinking, which combines the two
=> The necessity of communicating these two models to both users and staff members to shape their way of thinking

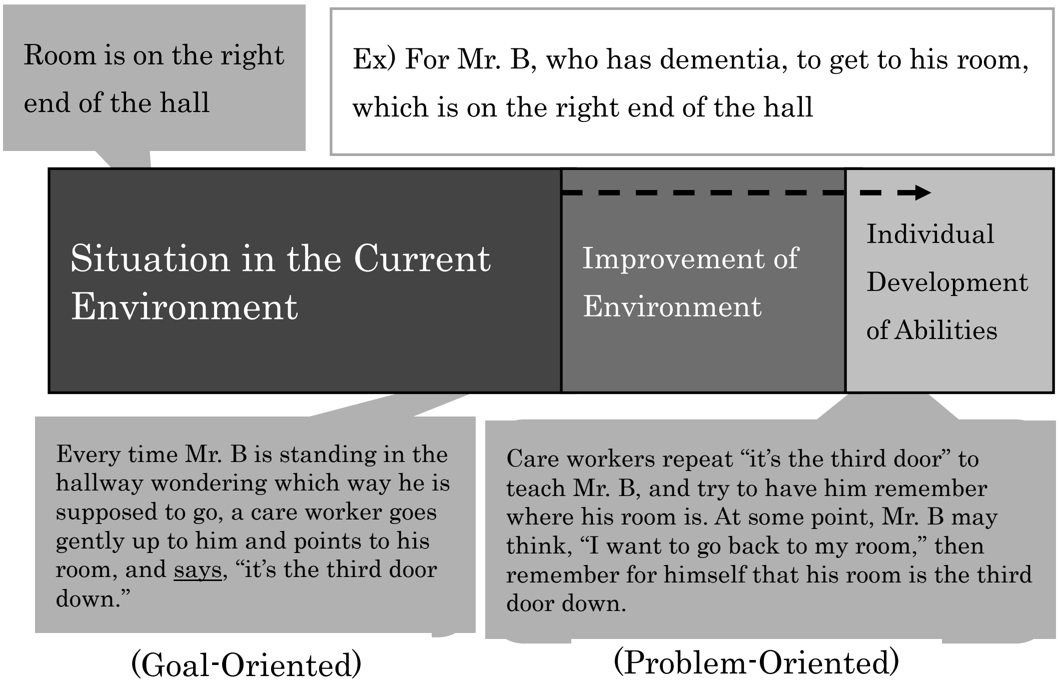
2. Understanding That Long-Term Care is Conducted Through a Logical Thought Process Known as the Long-Term Care Process

4）How Changes in the Conceptualization of Impairment Change the Conceptualizations of Care and Care Workers

	Focus on Medical Model	**ICF = Medical + Social**
Impairment	An abnormality	Part of an individual’s unique identity
Abilities (Conceptualization)	Abilities that have declined due to old age and disease	Current abilities that have gone through changes due to impairments, etc.
Support (Way of Thinking)	Make up for declines in ability and prepare for upcoming risks (problem-oriented)	Improving abilities + environment, developing further ability (goal-oriented)
User Identity Staff Member Identity	Impairment has meant more things that are risky or that cannot be done	Use an accumulation of support to develop abilities and accomplish goals
Care Worker Identity (You)	Someone who makes up for declines in ability and prevents risks	Someone who analyzes user ability and who provides an accumulation of support

2. Understanding That Long-Term Care is Conducted Through a Logical Thought Process Known as the Long-Term Care Process

5) Implementation of Long-Term Care Processes Based on the ICF Way of Thinking


Room is on the right end of the hall
Situation in the Current Environment
Improvement of Environment
Individual Development of Abilities
(Goal-Oriented)
(Problem-Oriented)

Ex) For Mr. B, who has dementia, to get to his room, which is on the right end of the hall

Every time Mr. B is standing in the hallway wondering which way he is supposed to go, a care worker goes gently up to him and points to his room, and says, "it's the third door down."

Care workers repeat "it's the third door" to teach Mr. B, and try to have him remember where his room is. At some point, Mr. B may think, "I want to go back to my room," then remember for himself that his room is the third door down.

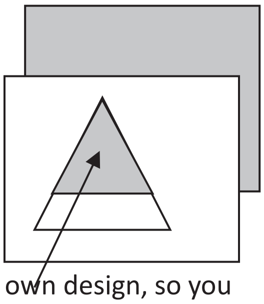
3. Evaluate the results of staff members' assistance based on the long-term care process and educate them by reviewing both their abilities and the long-term care process

1) What is "critical thinking" and "review"?

- ✓ If the result was undesirable, it is not enough to think, "I'll learn from this," "I'll be more careful"
- ✓ In critical thinking, it is important to ask yourself why something happened the way it did, and think of methods to improve both your skills as a worker and the methods you use for your care (self-education)
- ✓ Critical Thinking Process
  - a. What were the facts in this care/education situation?
  - b. Why did these facts come about, and what reasons and possibilities are inherent in them?
    Why did these reasons and possibilities occur?
    (Encourage self-reflection in care workers and students)
  - c. Propose a possible practical solution for the causes and possibilities brought up in (b).
    (Practical = Set a timeframe and use methods and content that can be evaluated)

2) The result of support given is evaluated on the basis of whether the user's goal has been achieved through the long-term care process, and the goals and methods of the care are evaluated whether it is in line with the facility's philosophies.

4. Look for social resources both inside and outside of the facility that can help staff members come up with creative ways to handle user needs, and maintain a workplace environment that encourages staff members to speak up with creative ideas
    1) Does the user's life as a whole have the same elements that my life does? Each person is an independent individual (with their own diversity and complexity). We are also, however, social beings who live independently in society while working with and depending on others.



Are you seeing the entirety of a user's life? (Image)
The triangle in the front: How you see them (how much of the user's life you can see, etc.)
The arrow represents your perspective (like peering at the user through a hole)
The colored box in the back is who the user actually is
⇨ You only see what you want to see through a frame of your own design, so you can barely see who the person actually is

    2) The Assistive Skills to Support the Entirety of a User's Lifestyle

Providing basic support (meal, bathroom support)

Building relationships, cultural/social activities (discovery and use of resources inside and outside the facility)

In order to create an environment where staff members can come up with creative ways to support users and put it into practice, it is necessary to maintain a foundation and model (manager) in the workplace that encourages this to happen

8. DEMENTIA CARE 8-1.Guidance of staff in matters related to dementia

Learning Objectives and Target Achievements

“Key Learning Points”: Goals and Summary

◇1. Understand a summary of the policies.

◇2. Understand the underlying diseases of dementia, diagnostic criteria, the main symptoms, and BPSD.

◇3. Be able to use non-drug therapies and activities.

◇4. Be able to use concepts like “validation” and “humanitude” and activities like the “himotoki sheet”

◇5. Be able to use the “himotoki sheet” to solve ethical issues

“Target Achievements”

*** Be able to practice dementia care as a professional and educate staff members as to its practice.**

*** Fill in the blanks with the correct terms as you move through this section.**

1. Summary of Policies

1) Let’s discuss the 7 pillars of the “New Orange Plan (Comprehensive Strategy to Accelerate Dementia Measures)

① Advance the implementation and development of measures designed to deepen understanding of dementia
② Provide the appropriate medical care, long-term care, etc. at the appropriate times, depending on the level of dementia
③ Strengthen policies for early-onset dementia
④ Provide support for workers that care for people with dementia
⑤ Advance measures to create ①____________ that are considerate of the elderly, including those with dementia
⑥ Research and develop prevention methods, diagnostic methods, treatment methods, rehabilitation methods, and long-term care models for dementia, and advance the use and implementation of research results
⑦ Focus on the perspective of people with dementia and their families

☞1 Fill in “①______________” with the correct term.

2) Discuss "focus on the perspective of people with dementia and their families," one of the 7 pillars of the "New Orange Plan", and think about what kind of measures would be necessary to make this a reality.

Group Work

3) Your Role as Long-Term Care Staff Members
You will need to advance the implementation and development of measures designed to deepen understanding of dementia.
One way to do this is to host a "Dementia Supporter Training Course."

Goal: Gain the correct knowledge and understanding of dementia, train "dementia supporters" throughout Japan that can help people with dementia as much as possible, as well as their families, in the community, and help build communities that are considerate to the elderly people with dementia, etc.

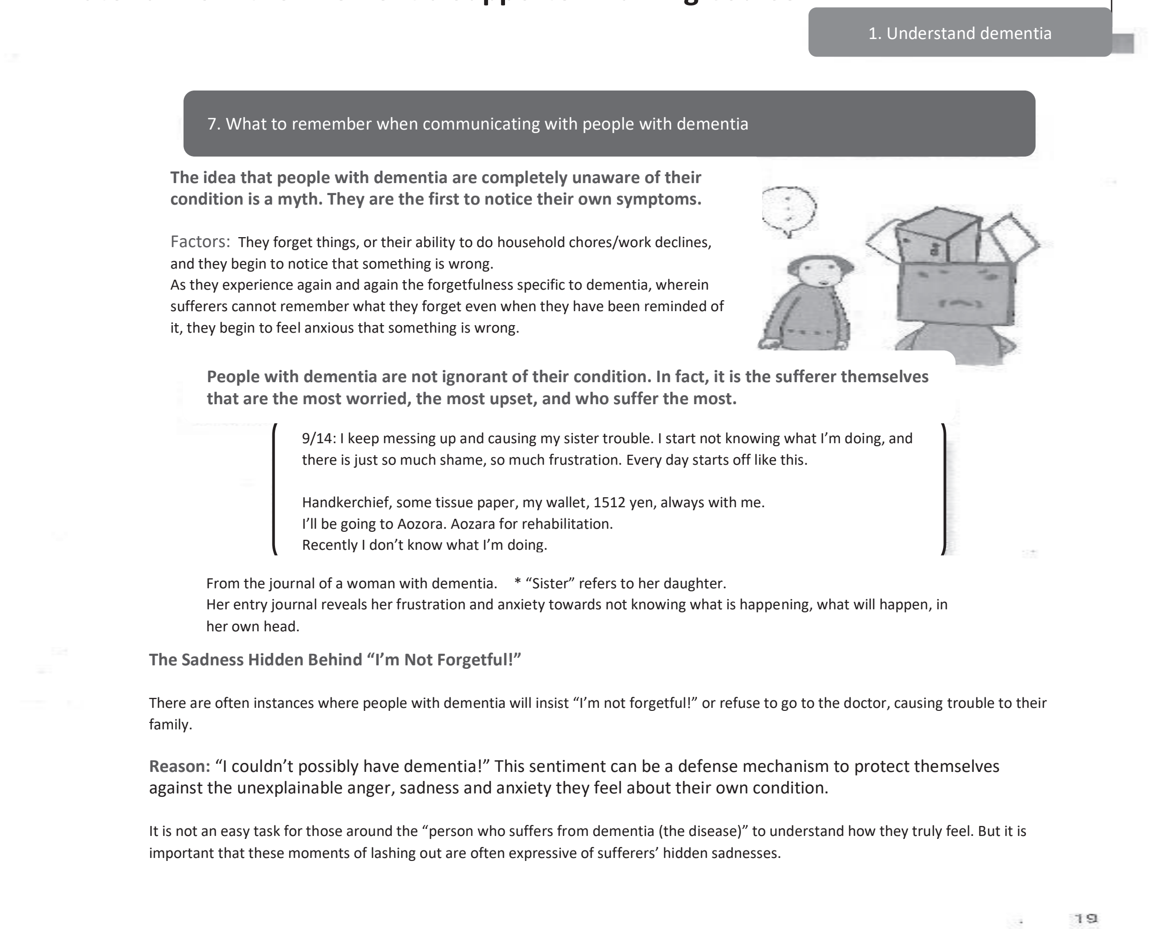
Target Audience: Community residents, staff members at financial institutions and supermarkets, students at elementary/middle/high schools, etc.

● What is Expected of a Dementia Supporter

① Have an appropriate understanding of dementia untainted by prejudice.
② Watch over people with dementia and their families with consideration and empathy.
③ Help out in any way that you can, no matter how simple, in the lives of neighbors with dementia and their families.
④ Look for ways to help in the community and a create a network, supporting each other, cooperating, and coordinating.
⑤ Lead community efforts to improve and develop the community.

4) Explaining Dementia in an Easy-to-Understand Way

Material from the “Dementia Supporter Training Course”



1. Understand dementia

7. What to remember when communicating with people with dementia

The idea that people with dementia are completely unaware of their condition is a myth. They are the first to notice their own symptoms.

Factors: They forget things, or their ability to do household chores/work declines, and they begin to notice that something is wrong.
As they experience again and again the forgetfulness specific to dementia, wherein sufferers cannot remember what they forget even when they have been reminded of it, they begin to feel anxious that something is wrong.

People with dementia are not ignorant of their condition. In fact, it is the sufferer themselves that are the most worried, the most upset, and who suffer the most.

> 9/14: I keep messing up and causing my sister trouble. I start not knowing what I’m doing, and there is just so much shame, so much frustration. Every day starts off like this.
>
> Handkerchief, some tissue paper, my wallet, 1512 yen, always with me.
> I’ll be going to Aozora. Aozara for rehabilitation.
> Recently I don’t know what I’m doing.

From the journal of a woman with dementia. * “Sister” refers to her daughter.
Her entry journal reveals her frustration and anxiety towards not knowing what is happening, what will happen, in her own head.

The Sadness Hidden Behind “I’m Not Forgetful!”

There are often instances where people with dementia will insist “I’m not forgetful!” or refuse to go to the doctor, causing trouble to their family.

Reason: “I couldn’t possibly have dementia!” This sentiment can be a defense mechanism to protect themselves against the unexplainable anger, sadness and anxiety they feel about their own condition.

It is not an easy task for those around the “person who suffers from dementia (the disease)” to understand how they truly feel. But it is important that these moments of lashing out are often expressive of sufferers’ hidden sadnesses.

19

＊ Communicate, Connect, Expand

● Make creative efforts to help people understand the suffering and sadness of people with dementia. For instance, using the journals/notes of people with dementia and their families.

● Make sure to understand that you are in a position to communicate to others “what is expected of a dementia supporter”

Ministry of Health, Labour and Welfare

http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000064084.html

http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000089508.html

2. The Underlying Diseases, Diagnostic Criteria, Main Symptoms, and BPSD

1) Difference Between “Dementia” and “Forgetfulness” (due to aging)

Dementia	Forgetfulness Due to Aging
I am not ①____________ that I forget anything	I am ①____________ that I forget some things
I even forget ②____________ that I’ve had	I forget some of the ②___________ that I’ve had
I can’t remember even with hints	I can remember if given hints
It impairs my ability to live my daily life	It does not impair my ability to live my daily life
My ③___________ abilities have decreased	My ③____________ abilities have not decreased

☝ 2 Fill in ①～③ with the correct terms.

● Make sure long-term care staff members can explain the differences.

2) Dementia Caused by Lifestyle Habits

There are certain lifestyle-related diseases caused by habits like overeating, alcohol, lack of exercise, smoking, etc.

These include diabetes, lipid abnormalities, high blood pressure, stroke, obesity, etc.

Lifestyle-related diseases in the elderly are related to the onset of dementia.

● These diseases make it easier for people to develop vascular dementia.

3) The Effects of Lifestyle-Related Diseases on the Brain

- **Diabetes**: Decreases insulin secretion and causes insulin resistance, which makes it difficult to eliminate glucose effectively from the bloodstream and increases insulin resistance, causing chronically high blood sugar and increasing the risk for cerebrovascular and cranial nerve impairments
- **Lipid Abnormalities**: Increases the amount of triglycerides and cholesterol in the bloodstream and causes arteriosclerosis, which narrows the blood vessels, causes poor circulation, and weakens the blood vessels, thus increasing the risk for heart disease, cerebral infarction, and cerebral hemorrhage

4) Underlying Diseases

Neurodegenerative Diseases	Alzheimer’s disease, Lewy body dementia, frontotemporal dementia, Parkinson’s disease, Huntington’s disease, etc.
Cerebrovascular Diseases	Vascular dementia, etc. as a result of cerebrovascular diseases like cerebral infarction and cerebral hemorrhage
Traumatic Disease	Brain contusion, chronic subdural hematoma, etc.
Brain Tumor	Brain tumor (primary, metastatic), Ollivier’s disease, etc.
Infectious Disease	Meningitis, encephalitis, Creutzfeldt-Jakob disease, etc.
Metabolism and Nutrition Disorders	Alcoholism, thiamin deficiency, liver failure, etc.
Endocrine Diseases	Hypothyroidism, hyperparathyroidism, reactive hypoglycemia, etc.
Toxicity Disorders	Drug addiction, carbon monoxide poisoning, metal poisoning, etc.
Collagen Disease	Behcet’s disease, Sjogren's syndrome
Other	Idiopathic normal pressure hydrocephalus, chronic pulmonary insufficiency, etc.

● What are the three main types of dementia, and which of them can be prevented/treated through prevention/treatment of these diseases??

(1) Three Main Types of Dementia	
(2) Dementia That Can Be Prevented and/or Treated	

5) Diagnostic Criteria/Diagnosis and Evaluation

(1) Diagnostic Criteria

Main Criteria: (1) Diagnostic Criteria for Dementia (Ministry of Health and Welfare Research Team, 1989)
(2) DSM-IV-TR (American Psychiatric Association)
(3) ICD-10 (WHO)

(2) Diagnosis and Examinations

① General physical examination

What is important is distinguishing whether or not they have a treatable type of dementia. Physical evaluations are necessary to check for the existence of physical diseases that may be the cause of the dementia.

☝ Let users and their families know that knowledge of this information is necessary, especially if they feel unsure or worried about the examinations.

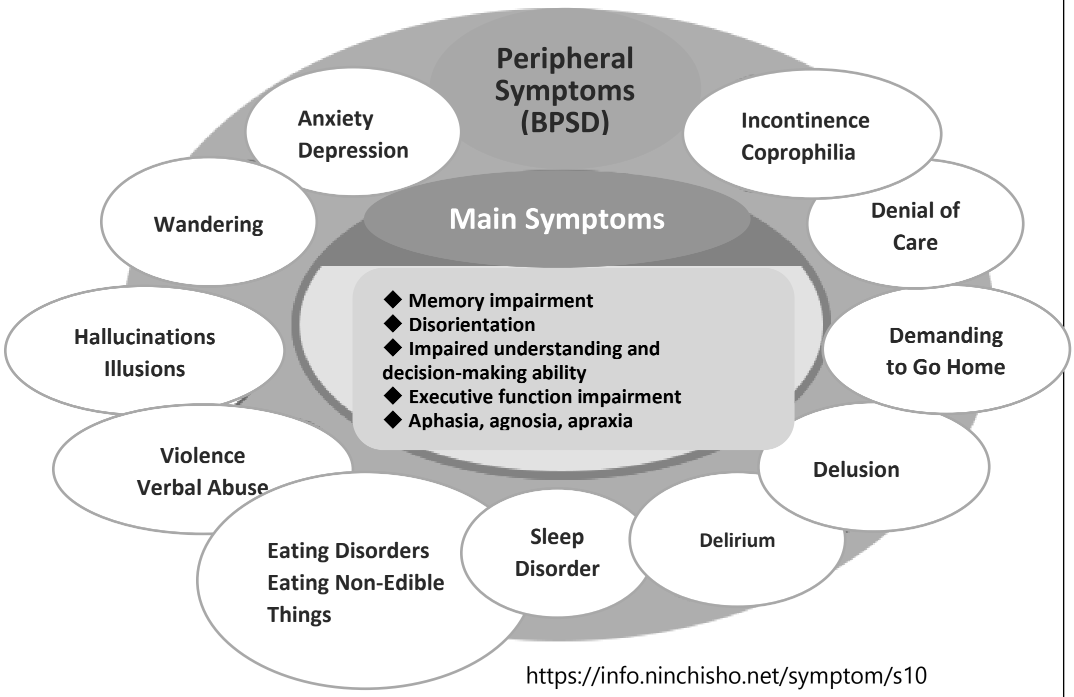
② General brain examination
③ Brain imaging examination
④ Psychological examination to measure intellectual ability
⑤ Other: Gene testing, pathological examination

6) Understanding the Main Symptoms and BPSD

The “main symptoms” refers to symptoms that ⑥____________ who suffers from dementia will experience in general.

BPSD occur when the main symptoms affect the person to behave or feel in certain ways. They emerge based on the person’s personality, ⑦_____________, and psychological stages, and there are ⑧_______________. Some of these can be improved with the appropriate care and rehabilitation.

☝3 Fill in ⑥～⑧ with the correct terms.


Peripheral Symptoms (BPSD)
Anxiety Depression
Incontinence Coprophilia
Wandering
Main Symptoms
Denial of Care
◆ Memory impairment
◆ Disorientation
◆ Impaired understanding and decision-making ability
◆ Executive function impairment
◆ Aphasia, agnosia, apraxia
Hallucinations Illusions
Demanding to Go Home
Violence Verbal Abuse
Delusion
Eating Disorders Eating Non-Edible Things
Sleep Disorder
Delirium

https://info.ninchisho.net/symptom/s10

☝ The severity of BPSD is said to be particularly affected by how the person is treated by those caring for them.
Family is the most common example. However…

Dementia can sometimes get worse as a result of the long-term care workplace…

Ex)

① Not allowing them to go outside because you are afraid they will cause trouble
② Criticizing them for any trouble they cause
③ Denying their feelings and wishes
④ Ignoring them
⑤ Correcting their mistakes
⑥ Ordering them to do things

☝ **Discuss these kinds of situations and how to handle them with long-term care staff members, and come up with possible solutions.**

4. Non-Drug Therapies and Activities

＊ Long-term care staff members must be able to support people with dementia in order to lessen their symptoms, and create an environment that is comfortable for them to live in.

Fill in the blanks with details and **practice those you can actually do.**

	Type	Details
①	**Reminiscence Therapy**	
②	**Reality Orientation**	
③	**Music Therapy**	
④	**Exercise and Physical Therapy**	Muscle strengthening, balance training, range of motion exercises (for the joints)
⑤	**Occupational Therapy**	Household chores/household roles, handicrafts
⑥	**Recreation Therapy**	
⑦	**Horticultural Therapy**	
⑧	**Calisthenics**	Radio calisthenics, rhythm calisthenics, folk calisthenics, stretches
⑨	**Environment Maintenance**	Advice/guidance for long-term care workers, etc.

What did you think about the practice?

4. The Use of “Validation,” “Humanitude,” and the “Himotoki Sheet”

1) Summary of “Validation”

“Validation” is a technique for communicating with people with dementia, proposed in 1963 by Naomi Feil in the U.S. It is used particularly for those with Alzheimer’s Disease. “Validation” sees the behavior of people with dementia as all having some sort of meaning, and attempts to discern the reason behind their behavior. It also seeks to communicate with these people **without lies and without obfuscation**.

2) 14 Basic Techniques

① Centering	**Long-term care workers must center their thinking and repress their frustration**
② Open-Ended Questions	**Ask open questions that can be answered freely**
③ Rephrasing	**Repeat the same words back to the person; rephrase what they said to give them a sense of security**
④ Exaggerated Expressions	**Exaggerate situations in order to make it easier for them to express their feelings**
⑤ Asks Them Opposite Question	**Think of something you want to help them remember and ask them questions to help them get there**
⑥ Reminiscing	**Talk about nostalgic memories; use past experiences**
⑦ Use Ambiguous Expressions	**Communicate using ambiguous expressions**
⑧ Use Senses They Like	**Find a sense that they like (sight, smell, touch), and speak in words that relate to this sense**
⑨ Friendly Eye Contact	**People with dementia often have a narrowed field of vision; meet eyes with them to give them a sense of security** *** Technique shared with “humanitude.”**

⑩ Speak in a Low, Clear, Gentle Tone	**Elderly people have trouble hearing higher-pitched sounds; a low, gentle tone makes you easier to hear and gives them a sense of security**
⑪ Touching	**Touch them on the hands and shoulders, where they feel comfortable being touched** *** Stop if they seem uncomfortable with being touched**
⑫ Use Music	**Communicate by listening to or singing songs they used to like together**
⑬ Mirroring	**Mirror (imitate) the person's movements and facial expressions**
⑭ Connect Unfulfilled Human Desires to Their Behavior	**If they are restless, think about which of the three main human desires may be unfulfilled—the desire to be loved, the desire to help others, and the desire to process their emotions**

Provide advice/guidance to long-term care staff members that are confused or lack the confidence to be able to communicate with people with dementia, and help them maintain their motivation towards long-term care.

● Let's think about this through case studies.

A person with dementia…

- **Is restless and looking for something**
- **Packs their bags, says they are going home, and tries to leave**

The long-term care staff member responds:

"This is your home."
"The front door is broken so you can't leave."
"There aren't any more buses and trains, so let's drink some tea and wait."

This kind of care is known as "passing care," or care where you "let things go." This passing care is said to cause in people with dementia the feeling that something is wrong, that they are being lied to.

☝ As an Advanced long-term care staff member

Try out basic validation techniques.

The long-term care staff member asks:
"Where is your home?"
"Who lives in your home?"
"How many children do you have?"
"Are you worried about your home? Do you want to go check up on it?"

In this way, you can try to figure out the reasoning that led to them wanting to "go home."

● Techniques
- **Ask questions that are easy to answer**
- **Maintain a consistent conversation for a certain period of time**

● Effects
- **The person realizes the value in where they are trying to return to**
- **They feel secure because the long-term care worker is trying to understand their feelings**
- **There is an opportunity for them to understand the position they are in**

3) "Humanitude"

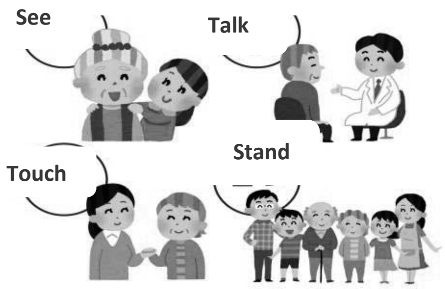
"Humanitude" as a concept was developed through the joint research of Yves Ginest and Rosett Marescotti in France.

* Skills required to be with people who have dementia and who are difficult to communicate with

The quality that makes people feel like you are communicating with them in a kind way, and feel that they are recognized, and that you are on their side—a companion. This allows them to recognize their own humanity, gradually open up their heart to those around them, and maybe even start thinking "I want to be of help to other people," or "I want to continue to live a meaningful life."

https://www.minnanokaigo.com/guide/dementia/humanitude/

The Basic Concept of “Humanitude”



Humanitude is made up of approximately 150 skills, centered around the four concepts of “see,” “talk,” “touch,” and “stand.”
✔ The practice of “see, talk, touch, and stand” can sometimes surprise people. It is important to think kindly of the person, and implement these skills in a way that is suited to their reaction.

● See
Bring yourself to their height, and look into their eyes at a short distance for a long period of time. By bringing yourself to their height, you are eliminating any intimidation or pressure, and allowing them to feel that you are working together as equals. People with dementia often have narrowed fields of vision, but this method allows you to communicate with them without causing surprise.

● Talk
Talk to them gently, repeatedly using positive words. When touching them to provide long-term care, make sure not to touch them suddenly, but to tell them first in words what areas of the body you will touch.
● Touch
Touch their body. Do not grab them from above. Instead, rub their back, put your hand gently on their back as they walk, etc. to give them a sense of security.
● Stand
It is important that people be able to stand on their own so they do not become bedridden. Try to have them stand as much as possible when brushing their teeth, cleaning up their appearance, or bathing. Standing as much as possible prevents decline of muscle power, gives a wider perspective, and also increases the amount of information they process.

☝ Guidance to long-term care staff members:

Learning all 150 of these skills can be quite a burden. However, have them understand that caring for those with dementia requires this kind of high-level professionalism.

4) The Ethics of the “Himotoki Sheet”

- **The Goal of the “Himotoki Sheet”**

Instead of focusing on treating the symptoms of dementia, the goal of the “himotoki sheet” is to help people with dementia maintain their dignity, their relationships with their families and the community, and live a way of life that is true to themselves and their past lives.

Supporters must learn the ability to not get caught up in the words and behaviors of people with dementia, read the messages and signals hidden behind them, and analyze their life history and life situation in order to figure out what the issues are for the person themselves.

http://www.dcnet.gr.jp/retrieve/info/fig02.html

From “Mr. A with Dementia” to “Mr. A”

The “himotoki sheet” allows long-term care workers to recognize that their evaluation and understanding of the user is based on their own opinions and decision-making, and figure out whether they have any biases or subjective impressions that may be coloring these evaluations. It also evaluates whether you as a long-term care worker are hurting the dignity of the users.

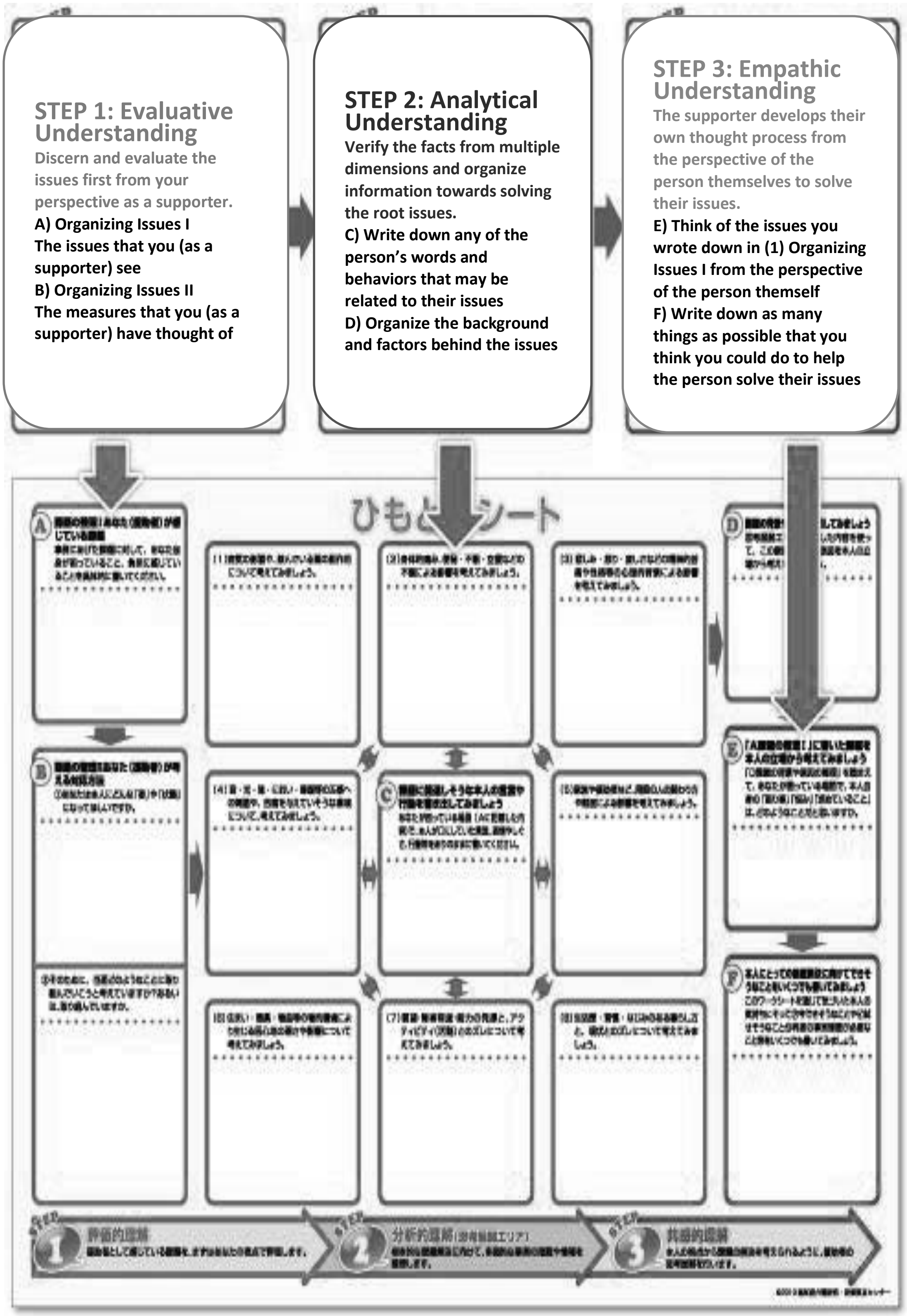
Analytical analysis gives you an understanding of the necessity of information collection and having adequate assessment abilities.
You will learn that the moral interpretations of long-term care workers are based upon this analysis.

Empathic understanding allows you to think of people not as “Mr. A with dementia” but as “Mr. A,” and understand what kind of thought processes this individual has.

You will learn that the way to provide care to people with dementia is to be aware that:

“Every person is different. There are many answers, but no right answers.”

8. DEMENTIA CARE 8-1.Guidance of staff in matters related to dementia



STEP 1: Evaluative Understanding
Discern and evaluate the issues first from your perspective as a supporter.
A) Organizing Issues I
The issues that you (as a supporter) see
B) Organizing Issues II
The measures that you (as a supporter) have thought of

STEP 2: Analytical Understanding
Verify the facts from multiple dimensions and organize information towards solving the root issues.
C) Write down any of the person's words and behaviors that may be related to their issues
D) Organize the background and factors behind the issues

STEP 3: Empathic Understanding
The supporter develops their own thought process from the perspective of the person themselves to solve their issues.
E) Think of the issues you wrote down in (1) Organizing Issues I from the perspective of the person themself
F) Write down as many things as possible that you think you could do to help the person solve their issues

Learning Objectives and Target Achievements

1. **Starting from when the user is admitted into the facility, make sure to educate long-term care staff members to be able to provide the user and his/her family with information and consultations (based on care worker ethics and care principles) so they have the resources to make decisions for end-of-life**
2. **Educate staff members as to the process of death, nurture their outlooks on life and death, and train them on basic behaviors at the deathbed and terminal care methods**
3. **Be aware of how to make decisions on in-house medical practice depending on the steps of terminal care, and to cooperate with other disciplines and take in-house leadership**
4. **Following terminal care, look back on the care that was given with relatives and staff members, and discern information that can be utilized for grief care or for the next instance of terminal care**

1. The Process from Admission to Terminal Care

1) Admission: Consult the user as to their stance on terminal medical care and decisions for end-of-life in general
   (In some cases, the family may have to make the decisions)
2) Enter the “terminal” stage of care on the basis of doctors’ and nurses’ evaluations and opinions
3) Explain the process to the family, gain their approval, and move into implementing terminal care
   ① Collecting information during the terminal care stage
   ② Creating a care plan for a period of preparation that predicts a timeframe for end-of-life
   ③ Creating a care plan for when a user begins to show signs of being critically ill
      - **Requires conferences with family, care managers, consultative assistants, nurses, long-term care workers, registered dieticians, adult guardians, etc. to explain the care and gain their approval**
      - Verify **coordination with the doctor in charge**
      - Verify the organizational structure in the facility capable of handling terminal care
        (24-hour communication system, the creating of a guideline for monitoring/support when the nurse is not present, the maintenance of the environment necessary for terminal care)
4) Provide counsel and support for the rituals at time of user's death (washing and dressing rituals, deathbed rituals)
5) **Support family members and other staff members** after the user’s death (grief care, conferences)
6) Complete the care process for the user and complete all administrative procedures

2. Basic Behaviors at the Deathbed and Terminal Care Methods

1) Conceptualization of Life and Death
   - “Terminal” means… borderline, boundary, final
   - “Terminal care” is care meant to maintain a life as close as possible to the individual’s wishes, up until the point of death, which exists on the same continuous plane as the rest of their life
   - It is necessary for each staff member to ask themselves, “what is death?” To think about death is to also think about “living,” “life,” and “dignity.”

2) How do you want to live until the very moment of your death? Therein lies the goal of terminal care.
   Even in situations where recovery cannot be expected, individuals should be able to live full lives, with their dignity respected
   - Psychological: “I want to live in a way that is true to myself;” struggles with fear of death
   - Physical: Wishes for terminal medical care, including life-sustaining treatments; management of pain and suffering
   - Social: Where they wish to live (without feeling like a burden on others)
   - Mental: Creating an environment where users are free to practice whatever religion or belief they hold

   No matter what kinds of decisions users and their families make, our jobs are to help relieve fear and suffering and create a peaceful environment, by understanding user wishes, strengthening coordination with medical institutions, sharing information amongst multiple disciplines, and making sure the process goes smoothly.

3) Basic Behaviors at the Deathbed
   (1) Death exists on the same plane as our daily lives.
   What is important is maintaining the user’s will to live, and helping them to live the way life they have always lived. It is not a period of “waiting” before death
   (2) Look at the entirety of the user’s life, and maintain a way of life that remains true to who they are.
   Try not to focus too much on health, instead making careful, creative efforts to make up for declines in psychological, physical, and social ability as well, so they are able to maintain their way of life
   (3) Meet the needs of users and their families through coordination between medicine and welfare.
   As users get closer to end-of-life, there will be certain changes to vital signs, etc.
   Understand that intimate coordination between healthcare and welfare is the basis for our being able to provide for user needs, in order to eliminate physical and psychological suffering as much as possible and ease the tension in your mind as well
   (4) Ensure lack of regrets not only for the user but for the family as well
   Support the user as a team, along with the family, so that not only the user but also the family, whose lives must go on even after the user’s passing, can be free of regrets
   (5) Not to let the facility’s/staff’s lack of knowledge and/or skills cause an earlier passing
   Educate and prepare staff members so as not to let their lack of knowledge and/or skills cause an earlier passing

3. The Steps of Terminal Care

1) Preparation Period Before Predicted End-of-Life Timeframe
Medical and welfare professionals clarify and divide each of their roles/functions in the process
Make sure team care proceeds smoothly, according to the facility’s care “philosophy”

- Doctors/nurses: Meet with family to explain and discuss the situation
- Facility, partner hospitals, and commissioned doctor: Share information about changes to the user’s condition
- Social worker: Explain the direction of the facility’s terminal care, establish consent forms
- Nurses: Help eliminate suffering, palliative care
- Care managers and long-term care workers: Create care plan, implement care plans, and report to others
- Nutritionists and chefs: Provide meals in accordance with user health and tastes, even if just one bite
- Environment maintenance: Preparing places for family to stay (upon request)

Emotional Preparation for Those Giving Terminal Care

- Understand the user’s situation
- Infer/read the emotions of users and their families, even if they do not outwardly express them
- Commit to providing the care that must be provided, and try as much as possible to give additional care as well
- Make sure all staff members are considerate to the feelings of the users, and make sure they do not feel isolated

3. The Steps of Terminal Care

2) Period After User Begins to Show Critical Signs

- Understand the natural process of death in human beings, and explain this to the family.
  The process begins with circulatory impairments in the extremities, decreases in vital signs like blood pressure, changes in breathing (Cheyne-Stokes breathing, mouth breathing, etc.) (let them know that users feel little pain even if they are suffering from breathing difficulties, due to reduced functioning of their brains, and that this is a natural process), and that there is a high chance their hearing ability is intact until the very end
- Engage in palliative care to relieve suffering from symptoms during critical conditions according to the doctor's direction.
  IV fluid replacement, oxygen therapy for breathing difficulties, sputum suction, etc.
- Moving the user into an individual room for deathbed based simply on the wishes of the user or their family
  Changing the environment without consideration may actually cause psychological damage
- In the future, discussions will become necessary as to when artificial feeding (gastrostomy, etc.) and dialysis should be terminated (currently in Japan, it is difficult to apply the guidelines for the removal of ventilators and other technologies, but focus will most likely be on precedents, etc. as well)

✓ Maintain the usual care for all users residing in the facility

4. Looking Back on Terminal Care with Family and Staff Members, and Discerning Information That Can Be Utilized for Grief Care or the Next Instance of Terminal Care

1) Support the family members, whose lives must go on even after the user has passed

- Immediately after the user's passing, give the family time to say goodbye
- The process after the user's passing can be conducted in part with the family, if they wish to participate

- "Commemoration" Care: Grief Care
    - Period of crisis between loss and recovery
    - People need time to thoroughly experience, express, and understand their sadness
    - Shock (longing, emptiness) → Loss (alienation)→ Shutdown (depression) → Healing/Recovery (efforts to adapt and handle sadness)
      People oscillate between these states many times throughout the months, weeks, and days, and even over the course of just one day
    - It is important for the family members themselves to be aware of this process as well (that this is a normal reaction)
- Predict the user's passing, and explain in advance the various procedures (social workers, administrative workers, etc.).
  Various procedures involving temples/churches, funerals, bank accounts, and administrative procedures for insurance, and social security, etc.
- Withdrawal procedure, calculating any fees/returns, verifying and returning personal belongings, end-of-life/end-of-care records

4. Looking Back on the Care with Relatives and Staff Members, and Discerning Information That Can Be Utilized for Grief Care or the Next Instance of Terminal Care

2）Staff members require care both as "people" and as "professionals"

（1）As People

- The lack of experience with human death before working in the long-term care field
- The shock and sadness of losing someone that they have cared for for a long time
- If not properly dealt with, these can serve as causes for staff members to withdraw and eventually resign from their jobs
- They need opportunities to grieve, talk about their sadness, and receive follow-up care

（2）Looking back as a Professional, and Connecting the Experience to Future Care

"Were we able to alleviate his/her suffering?"
"Was the family confident in our terminal care?"
"Was the family ready for the day of the user's passing?"
"Were the user and the family able to communicate with each other?"
"Were the family and staff members able to communicate with each other?"
"Was there sufficient coordination between healthcare/long-term care staff members?"
"Did we have a sufficient understanding of the user's and his/her family's end-of-life wishes?"
"Were we able to provide them with sufficient nutrition, water and alleviate his/her suffering?" etc.

2017
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Module-type development project for a program to train long-term care personnel, with consideration for community relations and international standards

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